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

	cranial nerves, motor and sensory function, reflexes, coordination and gait.	
2. Prioritize a differential diagnosis following a clinical encounter.	Domains of competence: • Patient care	 Knowledge for practice Interpersonal & communication skills
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 Practice-based learning & improvement Personal & professional development 	 Knowledge for practice Systems-based practice
Clerkship	Learning objectives	AAMC PCRS competencies
Internal Medicine	Interpret laboratory and other pertinent data.	1.4, 1.5, 2.1, 2.2, 2.3
Surgery	Interpret laboratory and other pertinent data.	1.4
Family Medicine	Demonstrate ability to interpret laboratory and other pertinent data.	1.4, 2.3, 3.7
Obstetrics & Gynecology	Apply recommended prevention strategies for women's health across the lifespan.	1.9, 3.8, 3.10, 6.2-6.5, 8.7
Obstetrics & Gynecology Pediatrics	strategies for women's health across	1.9, 3.8, 3.10, 6.2-6.5, 8.7 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

earning objectives	
nterpret laboratory studies and other	AAMC PCRS competencies
	1.4
• •	
-	
-	 Practice-based learning & improvement
•	
	AAMC PCRS competencies
	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
	1.4
	1.5
	1.5
	6.6
	0.0
	1.1, 1,2, 1.4, 1.6, 2.1, 2.5, 3.6, 4.7,
	1.1, 1,2, 1,1, 1,0, 2.1, 2.0, 0.0,,
•	
	1.2
xamination.	
omains of competence:	
-	 Interpersonal & communication skills
	• Systems-based practice
	AAMC PCRS competencies
emonstrate ability to provide an	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
emonstrate the ability to complete a	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 4.2, 4.5, 7.3, 8.5
<i>i i i i i i i i i i</i>	
atient in both oral and written	
ormat.	
	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
	, , , - , - , ,
Iness.	
	Interpersonal & communication skills Personal & professional development earning objectives emonstrate clinical skills typically equired in the care of newborns, hildren, and adolescents. terpret laboratory studies and agnostic imaging. cplain the clinical and economic easoning behind ordering laboratory nd imaging studies. erform reconciliation of medications o decrease polypharmacy in the atient with mental illness. se the DSM-V to differentiate the ental illnesses and how to prioritize emental illnesses. erform a basic mental status camination. omains of competence: Patient care Professionalism earning objectives emonstrate ability to provide an essessment and treatment plan. emonstrate the ability to complete a inical presentation of a pediatric atient in both oral and written ormat. erform and document a complete sychiatric history and physical camination of a patient with mental

Clerkship	Learning objectives	AAMC PCRS competencies
	Effectively communicate with other	4.0, 4.1, 4.2, 4.3
Neurology	team members involved in patient	
	care by chart documentation.	
6. Provide an oral	Domains of competence:	
presentation of a clinical	•	 Practice-based learning & improvement
encounter.	 Interpersonal & communication skills 	
	• Personal & professional development	
Clerkship	Learning objectives	AAMC PCRS competencies
Internal Medicine	Provide and communicate an	1.2, 1.6, 1.7, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5,
	assessment and treatment plan.	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	1.6
	plan.	
	Demonstrate ability to provide an	1.2, 1.6, 1.7, 1.8, 1.9, 2.1, 2.2, 2.3, 2.4, 2.5,
Family Medicine	assessment and treatment plan.	2.6, 3.8, 4.1, 4.4, 4.6, 4.7, 5.1, 5.2, 5.3, 5.5,
. anny meanine		5.6, 6.1, 6.2, 6.3, 6.4, 6.6, 7.2, 8.7, 8.6
	Formulate and present a differential	2.3
Obstetrics & Gynecology	diagnosis of the acute abdomen and	2.5
Obstetiles & Gynecology	chronic pelvic pain.	
	Demonstrate the ability to complete a	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 4.2, 4.5, 7.3, 8.5
Pediatrics	, , ,	2.1, 2.2, 2.3, 2.4, 2.3, 2.0, 4.2, 4.3, 7.3, 8.3
Pediatrics	clinical presentation of a pediatric	
	patient in both oral and written	
	format.	
	Communicate a patient assessment	1.3, 3.10, 5.3
Emergency Medicine	and plan to the preceptor in a focused	
Devekister	manner.	1.0
Psychiatry	Provided treatment plan with the	1.6
	biopsychosocial emphasis.	
	Generate a broad neurological	1.5, 1.6, 1.7, 1.8
Neurology	differential diagnosis and produce a	
	plan of management based on clinical	
	reasoning and on patient preference.	
7. Form clinical	Domains of competence:	
questions and retrieve	Patient care	Knowledge for practice
evidence to advance	 Practice-based learning & improvement 	nt Interpersonal & communication skills
patient care.		
Clerkship	Learning objectives	AAMC PCRS competencies
	Demonstrate a commitment to lifelong	2.1, 8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8
Pediatrics	learning through inquiry and reflective	
	practice.	
Psychiatry	Explain clinical reasoning for common	2.3
Psychiatry		2.3

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

Clerkship	Learning objectives	AAMC PCRS competencies
	Regularly reassess the patient and	1.6, 1.7, 3.8, 4.1, 5.1
	communicate with the patient and/or	
Emergency Medicine	their caregivers regarding their	
	emergency department course.	
	Identify the different roles of the	4.3, 4.4
	emergency patient care team and	
	articulate a medical student's role in	
	patient care.	
	Demonstrate professional dress code,	1.7, 1.10, 4.1, 5.1, 7.1, 7.3, 8.5, 4.5, 4.6. 4.7,
	timely attendance and completion of	5.1, 5.2, 5.3, 5.4,5.5, 5.6, 5.99
Neurology	assignments, and respectful behavior	
	toward patients, families, peers, staff	
	and faculty.	
10. Recognize a patient	Domains of competence:	
requiring urgent or	Patient care	 Interpersonal & communication skills
emergent care and	 Systems-based practice 	 Interprofessional collaboration
initiate evaluation and	Personal & professional development	
management.		1
Clerkship	Learning objectives	AAMC PCRS competencies
	Describe to the patient, families, and	1.4, 1.5, 1.7, 1.8, 2.1, 2.2, 2.3, 3.8, 3.10, 4.1,
	other members of the care team the	4.2, 4.3, 4.5, 4.6, 4.7, 5.1, 5.2, 5.3, 5.4, 5.5,
	management and therapy in the ill	536, 6.2, 6.3, 6.4, 6.6, 7.3, 8.5, 8.6, 8.7
	patient, including any procedures	
	required for diagnosis and treatment.	
	Identify strategies to diagnose and	1.2, 1.4, 1.5, 2.1, 2.2, 2.3, 7.3
Internal Medicine	treat metabolic derangements in ill	, , _, , , _, _
	patients, including patients with renal	
	failure, electrolyte abnormalities,	
	endocrine, pulmonary and cardiac	
	abnormalities.	
	Sensitively address the concerns of	1.3, 1.5, 1.6, 1.7, 1.8, 1.10, 2.5, 3.8, 3.9, 4.1,
	patients and their families when	4.6, 4.7, 5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 6.2, 6.4,
	discussing illness, including end-of-life	8.1, 8.2, 8.3, 8.7, 8.8
	issues.	
		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,
		1.11, 2.1, 2.2, 2.3, 3.0, 3.0, 3.10, 4.1, 4.2.
	Participate in assessing trauma	
Surgerv	Participate in assessing trauma patients.	4.3, 4.4, 4.5, 4.6, 4.7, 5.1, 5.2, 5.3, 5.6, 6.1,
Surgery	Participate in assessing trauma patients.	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,
Surgery		4.3, 4.4, 4.5, 4.6, 4.7, 5.1, 5.2, 5.3, 5.6, 6.1,

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 various ages.	1.5, 2.2, 2.3, 3.6, 3.10
	Rapidly assess a patient in shock and provide the initial steps in resuscitation.	1.1, 1.3
Emergency Medicine	Regularly reassess the patient and communicate with the patient and/or their caregivers regarding their emergency 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, and by interpreting the vital signs.	1.3, 5.2
11. Obtain informed	Domains of competence:	
consent for tests and/or	 Patient care 	 Knowledge for practice
procedures.	 Interpersonal & communication skills Personal & professional development 	Professionalism
Clerkship	Learning objectives	AAMC PCRS competencies
	Assess preoperative risk factors for surgery and their effect on surgical outcomes.	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
Surgery	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 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
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, lumbar puncture.	1.2, 1.3, 2.3

12. Perform general	Domains of competence:	
procedures of a	Patient care	 Interpersonal & communication skills
physician.	Professionalism	Personal & professional development
Clerkship	Learning objectives	AAMC PCRS competencies
		1.1, 1.3, 2.2, 2.3, 3.1, 3.3, 3.5, 3.10, 4.2, 4.3,
	Demonstrate basic intraoperative skills	5.4, 6.1, 6.5, 7.1, 7.2, 7.3, 7.4, 8.2, 8.4, 8.5,
	needed to assist in surgery.	8.6, 8.8
Surgery	Discuss key points in surgical anatomy	
	for common operative procedures	
	(e.g., bile duct anatomy in	
	cholecystectomy, location of ureters in	1.1, 1.2, 1.4, 2.2, 2.3, 3.1, 3.2, 3.3, 3.5, 3.6,
	colon resection).	4.2, 4.3, 8.5
	Rapidly assess a patient in shock and	1.1, 1.3
Emergency Medicine	provide the initial steps in resuscitation.	
13. Identify system	Domains of competence:	
failures and contribute	Knowledge for practice	 Practice-based learning & improvement
to a culture of safety	 Interpersonal & communication skills 	
and improvement.	Systems-based practice	 Personal & professional development
Clerkship	Learning objectives	AAMC PCRS competencies
	Participate in weekly surgical	1.2, 1.3, 1.4, 2.1, 2.2, 2.3, 2.4, 2.6, 3.1, 3.2,
	morbidity mortality conference.	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,
		[3.3, 3.0, 0.1, 0.2, 0.3, 0.4, 0.3, 0.0, 7.1, 7.2, 0.2, 0.0, 0.4, 0.2, 0.0, 0.4, 0.0, 0.0, 0.1, 0.2, 0.0, 0.4, 0.0, 0.0, 0.0, 0.0, 0.0, 0.0
		7.3, 8.2, 8.5, 8.6, 8.8
Surgery	Discuss principles of quality	
Surgery	Discuss principles of quality assessment of surgical patients and	7.3, 8.2, 8.5, 8.6, 8.8
Surgery		7.3, 8.2, 8.5, 8.6, 8.8 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,
Surgery	assessment of surgical patients and	7.3, 8.2, 8.5, 8.6, 8.8 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,
Surgery	assessment of surgical patients and rules of transparency in recognizing	7.3, 8.2, 8.5, 8.6, 8.8 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,
Surgery	assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors.	7.3, 8.2, 8.5, 8.6, 8.8 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
Surgery	assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors. Demonstrate principles of self-care	7.3, 8.2, 8.5, 8.6, 8.8 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 5.4, 5.5, 5.6, 6.3, 6.5, 6.4, 6.5, 7.1, 7.3, 8.1,
	assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors. Demonstrate principles of self-care and professionalism by engaging	7.3, 8.2, 8.5, 8.6, 8.8 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
Surgery Family Medicine	assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors. Demonstrate principles of self-care and professionalism by engaging faculty and/or peers and discussing	7.3, 8.2, 8.5, 8.6, 8.8 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 5.4, 5.5, 5.6, 6.3, 6.5, 6.4, 6.5, 7.1, 7.3, 8.1,
	assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors. Demonstrate principles of self-care and professionalism by engaging faculty and/or peers and discussing potential areas of ethical or	7.3, 8.2, 8.5, 8.6, 8.8 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 5.4, 5.5, 5.6, 6.3, 6.5, 6.4, 6.5, 7.1, 7.3, 8.1,
	assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors. Demonstrate principles of self-care and professionalism by engaging faculty and/or peers and discussing potential areas of ethical or professional conflict.	7.3, 8.2, 8.5, 8.6, 8.8 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 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
Family Medicine	assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors. Demonstrate principles of self-care and professionalism by engaging faculty and/or peers and discussing potential areas of ethical or professional conflict. Explain the role of the emergency	7.3, 8.2, 8.5, 8.6, 8.8 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 5.4, 5.5, 5.6, 6.3, 6.5, 6.4, 6.5, 7.1, 7.3, 8.1,
	assessment of surgical patients and rules of transparency in recognizing and learning from surgical errors. Demonstrate principles of self-care and professionalism by engaging faculty and/or peers and discussing potential areas of ethical or professional conflict.	7.3, 8.2, 8.5, 8.6, 8.8 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 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

14. Conduct empathic and effective conversations with patients, families and colleagues of diverse backgrounds to promote health equity, social justice and anti-racism.	 Professionalism Systems-based practice 	 Knowledge for practice Interpersonal & communication skills Interprofessional collaboration 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/or mentoring 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, staff and 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 autonomy and 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

1. Gather a	Domains of competence:	
history and	Patient care Knowledge for practice	
perform a • Interpersonal & communication skills • Profess		ofessionalism
physical		
examination.		
Integration in year 3		Integration in year 4
Longitudinal A	mbulatory Care Experience (LACE)	Critical Care Medicine
	ocument an appropriate history and physical	Perform and document a complete history and
examination.		physical exam on the critically ill patient.
Internal medici	ine	Sub-internship
Perform and do	ocument a complete history and physical	Take an accurate history, perform a thorough
examination or	n a patient.	physical exam.
Surgery		
Perform a com	plete history and physical examination under	
supervision wit	h focus on the surgical aspects of the	
patient's diseas	se.	
Family medicin	le	
Perform and do	ocument an appropriate outpatient history	
and physical ex	amination on the patient.	
Obstetrics/gyn	ecology	
Competently p	erform the medical interview and physical	
examination of	women, and incorporate ethical, social, and	
diversity perspe	ectives to provide culturally competent health	
care.		
Pediatrics		
Perform cultura	ally sensitive, effective age-oriented	
interviews and	physical examinations on newborns, children,	
and adolescent	s from diverse ethnic, social and racial	
backgrounds.		
Neurology		
Produce a co	omplete and accurate neurological history.	
Complete a	full neurological examination including level	
of conscious	sness and mental status, cranial nerves, motor	
and sensory	function, reflexes, coordination and gait.	
Curricular three	ads	
Health equity,	social justice and anti-racism	
		ent societal groups to prioritize fair opportunities
	atient and family member to attain their full he	÷ · · · · · · · ·
/ · · · ·	,	

• Demonstrate a recognition of cultural strengths and resources and an ability to incorporate them into conversations with patients and family members.

2. Prioritize a	Domains of competence:	
differential		Knowledge for practice
diagnosis	e ,	Interprofessional & communication
following a	 Personal & professional development 	skills
clinical		
encounter.		
Integration in yea	r 3	Integration in year 4
Surgery Su		Sub-Internship
Present a differential diagnosis of common causes of the acute		Generate an appropriate differential
	g acute appendicitis, acute cholecystitis and	diagnosis.
perforated viscus.		
Pediatrics		
Demonstrate the	ability to develop and present a clinical	
assessment and p	an in a problem-oriented fashion.	
Neurology		
Generate a broad	neurological differential diagnosis as well as	
producing a plan of	of management based on clinical reasoning and	
on patient prefere	ence.	
Curricular threads	5	
Health equity, so	ial justice and anti-racism	
	rs such as privilege, bias, and intergroup misund	erstanding can contribute to health inequities
	gies for addressing these challenges.	
3. Recommend	Domains of competence:	
3. Recommend and interpret	•	Knowledge for practice
	Patient care	Knowledge for practice Systems-based practice
and interpret	Patient care	
and interpret common	 Patient care Practice-based learning & improvement 	
and interpret common diagnostic and	 Patient care Practice-based learning & improvement Personal & professional development 	
and interpret common diagnostic and screening tests. Integration in yea	 Patient care Practice-based learning & improvement Personal & professional development 	Systems-based practice
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb	 Patient care Practice-based learning & improvement Personal & professional development r 3 	Systems-based practice Integration in year 4 Sub-Internship
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) 	Systems-based practice Integration in year 4 Sub-Internship
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb • Interpret labo data.	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) 	Systems-based practice Integration in year 4 Sub-Internship Interpret laboratory data.
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb • Interpret labo data.	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient-	Systems-based practice Integration in year 4 Sub-Internship Interpret laboratory data. Devise treatment plans to treat the
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb Interpret labo data. Discuss completed	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient-	Systems-based practice Integration in year 4 Sub-Internship Interpret laboratory data. Devise treatment plans to treat the patient's acute issues and work up the
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb Interpret labo data. Discuss completed	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient-ion.	Systems-based practice Integration in year 4 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
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb Interpret labo data. Discuss compl centered fash	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient-ion. 	Systems-based practice Integration in year 4 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
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb • Interpret labo data. • Discuss compl centered fash Internal Medicine Interpret laborato	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient-ion.	Systems-based practice Integration in year 4 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
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb • Interpret labo data. • Discuss compl centered fash Internal Medicine Interpret laborato Surgery	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient ion. ry and other pertinent data.	Systems-based practice Integration in year 4 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
and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb • Interpret labor data. • Discuss compl centered fash Internal Medicine Interpret laborato Surgery Interpret laborato	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient-ion. 	Systems-based practice Integration in year 4 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
 and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb Interpret labor data. Discuss complecentered fash Internal Medicine Interpret laborator Surgery Interpret laborator Family Medicine 	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient- ion. ry and other pertinent data. ry and other pertinent data. 	 Systems-based practice Integration in year 4 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
 and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb Interpret labor data. Discuss complecentered fash Internal Medicine Interpret laborator Surgery Interpret laborator Family Medicine Demonstrate the 	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient ion. ry and other pertinent data.	 Systems-based practice Integration in year 4 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
 and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb Interpret labor data. Discuss complecentered fash Interpret laborator Surgery Interpret laborator Family Medicine Demonstrate the pertinent data. 	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient- ion. ry and other pertinent data. ry and other pertinent data. ability to interpret laboratory and other	 Systems-based practice Integration in year 4 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
 and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb Interpret labor data. Discuss complecentered fash Internal Medicine Interpret laborator Surgery Interpret laborator Family Medicine Demonstrate the pertinent data. Obstetrics/Gyneo 	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient- ion. ry and other pertinent data. ry and other pertinent data. ability to interpret laboratory and other ology	 Systems-based practice Integration in year 4 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
 and interpret common diagnostic and screening tests. Integration in yea Longitudinal Amb Interpret labor data. Discuss complecentered fash Internal Medicine Interpret laborator Surgery Interpret laborator Family Medicine Demonstrate the pertinent data. Obstetrics/Gyneo 	 Patient care Practice-based learning & improvement Personal & professional development r 3 ulatory Care Experience (LACE) ratory and imaging studies with other pertinent ete medication reconciliation in a patient- ion. ry and other pertinent data. ry and other pertinent data. ability to interpret laboratory and other ology led prevention strategies for women's health 	Systems-based practice Integration in year 4 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

Pediatrics	
Practice preventive pediatrics to improve child health through	
age-appropriate screening and anticipatory guidance about	
nutrition, 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 sy	-
various organ systems including: cardiopulmonary, vascular, gastroi	ntestinal track, hepatobiliary, genutourinary,
thyroid, ocular, and musculoskeletal	
4. Enter and Domains of competence:	
	ce-based learning & improvement
and Interpersonal & communication skills System 	ns-based practice
prescriptions. • Personal & professional development	
Integration in year 3	Integration in year 4
Longitudinal Ambulatory Care Experience (LACE)	Sub-Internship
Discuss complete medication reconciliation in a patient-centered	Devise treatment plans to treat the patient's
fashion.	acute issues and work up the differential
	diagnosis in a manner that does not include
	unnecessary tests.
Pediatrics	
Demonstrate clinical skills typically required in the care of	
newborns, children, and adolescents.	
Psychiatry	
Perform reconciliation of medications to decrease polypharmacy	
in the patient with mental illness.	
Emergency Medicine	
 Emergency Medicine Interpret laboratory studies and diagnostic imaging. 	
 Emergency Medicine Interpret laboratory studies and diagnostic imaging. Explain the clinical and economic reasoning behind ordering 	
 Emergency Medicine Interpret laboratory studies and diagnostic imaging. Explain the clinical and economic reasoning behind ordering laboratory and imaging studies. 	
 Emergency Medicine Interpret laboratory studies and diagnostic imaging. Explain the clinical and economic reasoning behind ordering laboratory and imaging studies. Curricular threads 	
 Emergency Medicine Interpret laboratory studies and diagnostic imaging. Explain the clinical and economic reasoning behind ordering laboratory and imaging studies. 	

5. Document a	Domains of competence:	
clinical	•	terpersonal & communication skills
encounter in		stems-based practice
the patient		stenis-based practice
record.		
Integration in yea	lir 3	Integration in year 4
	ulatory Care Experience (LACE)	Sub-Internship
-	ment an appropriate history and physical	Organize and communicate your findings
examination on th		through daily progress notes and oral
		presentations.
Pediatrics		
Demonstrate the	ability to complete a clinical presentation of a	
pediatric patient i	n both oral and written format	
Family Medicine		
	ty to provide an assessment and treatment	
plan.		
Psychiatry		
	ment a complete psychiatric history and	
· · ·	ion of the patient with mental illness.	
Neurology		
-	unicate with other teams or team members t care by chart documentation.	
6. Provide an	Domains of competence:	
oral	•	actice-based learning & improvement
presentation of	Interpersonal & communication skills Pro	÷ .
a clinical	Personal & professional development	
encounter.		
Integration in yea	ir 3	Integration in year 4
	ulatory Care Experience (LACE)	Sub-Internship
Provide a compre	hensive assessment and treatment plan for a	Organize and communicate your findings
patient.		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 treatment		
	plan.	
Obstetrics/gynec		
Formulate and present a differential diagnosis of the acute		
abdomen and chronic pelvic pain.		

Pediatrics		
	ability to complete a clinical presentation of a	
Demonstrate the ability to complete a clinical presentation of a		
pediatric patient in both oral and written format. Emergency Medicine		-
focused manner.	ient assessment and plan to the preceptor in a	
		-
Psychiatry	t plan with biopsychosocial amphasis	
	t plan with biopsychosocial emphasis.	-
Internal Medicine		
	nunicate an assessment and treatment plan.	
7. Form clinical	Domains of competence:	
questions and		owledge for practice
retrieve	 Practice-based learning & improvement 	erpersonal & communication skills
evidence to		
advance patient		
care.		
Integration in yea		Integration in year 4
-	ulatory Care Experience (LACE)	Sub-Internship
-	cuss heuristic error and bias that influence	Demonstrate the ability to read and learn on
clinical reasoning.		your own.
Pediatrics		
Demonstrate a commitment to lifelong learning through inquiry		
and reflective practice.		-
Neurology		
	echnology to search the medical literature and	
	n appraising the scientific evidence and	
	es for a common neurological condition.	
Curricular threads		
	cial justice and anti-racism	
	how racial factors affecting health care systems	
	for equitable health care outcomes (anti-racism).
8. Give or	Domains of competence:	
receive a		
-	patient • Interpersonal & communication skills • Professionalism	
handover to		
transition care		
responsibility.		
Integration in year 3		Integration in year 4
Internal Medicine		Sub-Internship
Provide for patients, families, and other members of the care		Be an active and integral member of a team.
	rounds) the 24-hour patient summary of ill	
patients, including previous and upcoming treatment plans.		

Surgery		Critical Care Medicine
Surgery Provide 24-bour patient summaries of ill patients at daily rounds		Provide 24-hour patient summaries of
Provide 24-hour patient summaries of ill patients at daily rounds, including previous and upcoming treatment plans.		critically ill patients at daily rounds,
including previous and upcoming treatment plans.		including previous and upcoming treatment
		plans.
9. Collaborate	Domains of competence:	piùris.
as a member of	 Interpersonal & communication skills 	ssionalism
an inter-	•	professional collaboration
professional	Personal & professional development	professional conaboration
team.		
Integration in yea	r 3	Integration in year 4
	ulatory Care Experience (LACE)	Sub-Internship
-	interpersonal skills to junior peers during and	Be an active and integral member of a team.
after clinical enco		
Surgery		Critical Care Medicine
	kly surgical morbidity mortality conference.	Demonstrate appreciation and respect for
	,	other professionals by appropriately
		responding to consultative and support
		services.
Family Medicine		
-	ty to work as a member of a therapeutic team,	
	leadership and/or mentoring roles as	
appropriate.		
Obstetrics/gynecology		
Recognize his/her role as a leader and advocate for women.		
Pediatrics		1
Demonstrate professionalism and ethical behavior (e.g., work-		
	, work ethic, timely attendance and completion	
of assignments, and respect for others including patients,		
families, peers, sta	aff and faculty).	
Emergency Medic	ine	
Identify the differe	ent roles of the emergency patient care team	
and articulate a m	edical student's role in patient care	
Neurology		
Demonstrate prof	essional dress code, timely attendance and	
completion of assi	ignments, and respectful behavior toward	
patients, families, peers, staff and faculty.		
Curricular threads		
Health equity, soo	cial justice and anti-racism	
	ect, humility, and effectiveness when communication	ating with and advocating for patients,
families, and colleagues of diverse backgrounds.		
Palliative care		
Compare the roles	s of members of an interdisciplinary palliative car	e team, including nurses, social workers, case
managers, chaplai	ins and pharmacists.	

10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.	Domains of competence: • Patient care • Systems-based practice • Personal & professional development	 Interpersonal & communication skills Interprofessional collaboration
Integration in yea	ar 3	Integration in year 4
Discuss advanced family.	oulatory Care Experience (LACE) care planning with a patient and/or	 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 transfusions in critically ill patients.
derangementsrenal failure, epulmonary andOutline the base	gies to diagnose and treat metabolic in ill patients, including patients with lectrolyte abnormalities, endocrine, d cardiac abnormalities. sic principles underlying the management of common conditions	

-	or identifying and managing	
abnormalities of coagulation.		
• Sensitively address the concerns of patients and their		
families when o	discussing illness, including end-of-life	
issues.		
Surgery		
-	ssing trauma patients.	
Pediatrics		
	ability to differentiate well children	
	re mildly or severely ill based on their	
	ns at various ages.	
Emergency Medic		
	the patient in shock and provide the	
initial steps in		
	a critical and non-critical patient by	
-	patient's presentation and chief	
	d by interpreting the vital signs.	
Curricular threads		
Palliative care		
	approaches to handling emotion in patie	-
		ilies and other team members, incorporating cultural
	l cultural humility.	
Demonstrate empathic communication to family of patient regarding what to expect at enc		tient regarding what to expect at end-of-life.
Identify signs of imminently dying patient.		
Assess and ma	anage symptoms of dying patient.	
Summarize the	e communication tasks of a physician wh	en a patient dies, such as pronouncement, family
notification and support, and request for autopsy.		
11. Obtain	Domains of competence:	
informed	 Patient care 	 Knowledge for practice
consent for	 Interpersonal & communication skills 	
tests and/or	 Personal & professional development 	t
procedures.		
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 potential		
complications of, lumbar puncture.		

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	Domains of competence:		
general	• Patient care	 Interpersonal & communication skills 	
procedures of a	 Professionalism 	 Personal & professional development 	
physician.			
Integration in yea	r 3	Integration in year 4	
Surgery			
Demonstrate basi	c intraoperative skills needed to assist		
in surgery.			
Emergency Medic			
	principles underlying the		
	d invasive (procedural) management		
of common outpa			
Curricular threads	5		
Radiology/ultrasc	bund		
Perform limite	d ultrasound applications to answer clini	cal questions for various organ systems:	
cardiopulmona	ary, vascular, gastrointestinal track, hepa	tobiliary, genitourinary, thyroid, ocular, and	
musculoskeleta	al.		
Obtain ultrasor	Obtain ultrasound views of various organ systems.		
• Teach others how to obtain ultrasound views of various organ systems.		organ systems.	
 Interpret common pathology seen on ultrasound. 			
13. Identify	Domains of competence:		
system failures	 Knowledge for practice 	 Practice-based learning & improvement 	
and contribute	 Interpersonal & communication skills 	Professionalism	
to a culture of	 Systems-based practice 	 Personal & professional development 	
safety and			
improvement.			
Integration in year 3		Integration in year 4	
Longitudinal Ambulatory Care Experience (LACE)			
Analyze and publish results of quality improvement			
process.			

Cumpom		
Surgery		
 Participate in weekly surgical morbidity mortality 		
conference.		
Discuss principles of quality assessment of surgical		
	les of transparency in recognizing and	
learning from s	urgical errors.	
Family Medicine		
	ty to work as a member of a	
therapeutic team,	including fulfilling leadership and/or	
mentoring roles as		
Curricular threads		
Health equity, soo	ial justice and anti-racism	
 Identify and e 	ffectively address racial factors affecting	health care systems, patient management plans, and
health care ou	itcomes.	
Describe how	multiple intersectional aspects of diversion	ity (such as race, ethnicity, culture, birth sex, age, faith
practice, sexu	al orientation, language facility, differen	tial abilities and disabilities, gender identity, and
immigration s	tatus) may interact with the health care	process and affect health outcomes.
 Identify inequ 	ities within health care-related systems,	cultures, and structures (SCS).
Prescribe action	ons that can reduce these systemic, cultu	Iral, and structural obstacles to health equity, social
justice, and ra	•	.,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Palliative care		
	ice and palliative care history and missio	n
-	losophy and role of palliative care across	
14. Conduct	Domains of competence:	
empathic and	Patient care	 Knowledge for practice
effective		ent • Interpersonal & communication skills
conversations	Professionalism	Interprofessional collaboration
with patients,	Systems-based practice	 Personal & professional development
families and	• Systems based produce	
colleagues of		
diverse		
backgrounds to		
-		
promote health equity, social		
justice and anti-		
racism.		
Integration in yea	r 3	Integration in year 4
Longitudinal Ambulatory Care Experience (LACE)		Critical Care Medicine
•		Demonstrate sensitivity to the concerns of patients
 Identify and discuss social determinants of health that affect patient health outcomes. 		and their families surrounding critical illness,
· · · · · · · · · · · · · · · · · · ·		including quality of life and end of life issues.
 Discuss community values that influence a patient's inclu- physical health and communication style. 		including quality of the and that of the issues.

•	Communicate effectively with patients and families		
	across diverse socioeconomic and cultural		
	backgrounds.		
•	Identify and discuss social determinants of health		
	that affect patient health outcomes.		
Ne	urology		
Provide patient-centered counseling to patients of			
div	erse socioeconomic and cultural backgrounds,		
demonstrating sensitivity and responsiveness to the			
diversity of the patient population, and respect of the			
pat	ient's autonomy and confidentiality.		
Cu	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			
Ass	Assess patients' and families' cultural values, beliefs and practices related to serious illness and end-of-life care.		
D	Public health and social modia		

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.