AY 2026-2027 Internal Medicine Clerkship

Clerkship Contacts

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Clerkship Description

During your third year Internal Medicine Clerkship you will develop basic competencies in the evaluation and management of adult patients and will build a core knowledge of common diseases seen in Internal Medicine. The Internal Medicine Core Curriculum is designed to complement learning experiences in wards, clinics, and conferences by providing a structured review of the basic disease processes seen in Internal Medicine.

The curriculum addresses basic disease processes organized by diagnostic groups: cardiovascular, respiratory, renal, infectious diseases, gastrointestinal, endocrine, hematology/oncology, rheumatology, neurology, and general medicine. The diagnostic groups are further broken down into disease categories with assigned didactic sessions and group discussions. The learning objectives for

each session will be given in the beginning of the session.

Clerkship Objectives

Knowledge for Practice

Goal: The student will develop basic competencies in evaluation and management of adult patients and build a core knowledge of common diseases seen in Internal Medicine. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge in the care of patients.

Objectives:

- Evaluate a minimum of one real or simulated patient from the diagnostic categories for Internal Medicine disease processes as listed in the Op Log requirements, supported by revisiting the clinical presentation diagnostic schemes employed in years 1-2. (1.1, 2.1, 2.2)
- Demonstrate the ability to use epidemiological sciences and evidence based medicine and apply it to specific diagnoses including the behavioral sciences to identify and appropriately treat and provide preventative health measures to specific patients and populations. (2.4, 2.5)

Patient Care (PC)

Goal: Students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health as indicated in the institutional goals and objectives.

Objectives

- Demonstrate the ability to perform and accurately record a complete history and physical examination on hospitalized and ambulatory patients and develop diagnosis and management skills. (1.1, 1.2, 1.3, 1.4, 1.6)
- Demonstrate efficient use of diagnostic testing, including the understanding of basic procedures commonly performed on the internal medicine wards, and display the ability to provide information needed by the patient to provide informed consent for such procedures. (1.3, 1.8, 2.3)
- Maintain adequate written records on the progress of illnesses of each assigned patient and communicate effectively, both orally and in writing, with patients and their families. (1.7, 4.1, 4.4)

- Recognize when patients require an emergent transfer to higher levels of care such as the Intensive Care Unit and when to initiate the appropriate work-up and treatment for such patients. (1.5)

Interpersonal and Communication Skills (ICS)

Goal: Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families and professional associates.

Objectives

- Communicate effectively with both colleagues and patients, including discussing with the patient (and family as appropriate) ongoing health care needs, using appropriate language, and avoiding jargon and medical terminology. (4.1, 4.2)
- Communicate effectively with patients and families who speak another language, with the support of trained interpreters as needed, maintaining professional and appropriate personal interaction. (4.1)

Professionalism/Ethics (PROF)

Goal: The student will demonstrate a commitment to meeting professional responsibilities and adherence to high ethical standards.

Objectives

- Demonstrate sensitivity and compassion to the diverse factors affecting patients and their health care beliefs and needs. (4.3, 5.1)
- Show respect for each patient's unique needs and background and how these factors affect the patient's concerns, values and health care decisions. (5.1, 5.6)
- Demonstrate demeanor, speech, and appearance consistent with professional and community standards. (5.1)
- Display dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems. (5.1, 5.2, 5.3, 5.5)
- Complete all assignments promptly as outlined in the syllabus and upload them to the appropriate place as defined by the clerkship directors and coordinators. (5.7)

Practice Base Learning and Improvement (PBL)

Goal: Student must be able to learn, investigate and evaluate his or her patient care practice, appraise and assimilate scientific

evidence, and improve his or her patient care practices through continuous self-directed learning.

Objectives

- Utilize varied methods of self-directed learning and information technology to acquire information in the basic and clinical sciences needed for patient care. (2.2, 2.3, 3.1, 3.5)
- Demonstrate continuous efforts to improve clinical knowledge and skills through effective use of available learning resources and self-directed learning. (3.3,3.4)
- Accurately assess the limits of his or her own medical knowledge in relation to patients' problems, accept feedback from the faculty, and apply feedback to improve clinical practice. (3.3,3.4)

System Based Practice (SBP)

Goal: Students must demonstrate an awareness of, and responsiveness to, the larger context and system of health care, and demonstrate the ability to effectively utilize system resources to provide care that is optimal.

Objectives

- Describe the organization of the system for health care delivery and the professional, legal, and ethical expectations of physicians. (5.2, 6.1, 6.2)
- Understand and utilize ancillary health services and sub-specialty consultants properly. (6.3, 6.4)

Inter professional Collaboration (IC)

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

Objectives

- Understand the student's role and the role of other healthcare professionals in an attempt to provide safe and effective care as a member of the healthcare team. (7.1, 7.2)
- The ability to function as a leader and as a member of the healthcare team and become flexible to the needs of the healthcare team. (7.3)
- Demonstrate appropriate response to conflict amongst peers and other members of the healthcare team. (7.4)

Personal and Professional Development (PPD)

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

Objectives

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

Integration Threads

Integration Threads represent topics that can arise in more than one clerkship or year of the curriculum. As such, they represent topics that may address horizontal integration (between more than one clinical specialty) or vertical integration (e.g. revisiting the basic science areas).

X Geriatrics	X Patient Safety	X Communication skills
X Basic Sciences	X Pain Management	X Diagnostic Imaging
X Ethics	X Chronic Illness Care	X Clinical Pathology
X Professionalism	X Palliative Care	X Clinical/Translational Research
X Evidence Based Medicine	X Quality Improvement	

- Geriatrics: Inpatient daily rounds discussions, Noon Conference discussions, Geriatrics didactic session
- Basic Science: Clinical rotation, Didactics
- Ethics and Professionalism: Inpatient daily rounds discussions , Noon Conference discussions as a part of resident didactics, Observed History and Physical
- Evidence Based Medicine: Noon conference case presentations, inpatient daily rounds discussions, resident journal club
- Patient Safety: Live didactic session by Dr. Francis, Inpatient rounds

- Pain Management: Didactic session on pain management by FM, Clinical rotation
- Chronic Illness Care: Geriatrics live didactic lectures, Inpatient daily rounds, shared topic discussion (During didactics combined with FM and Psychiatry clerkships.)
- Communication Skills: Discussed in orientation presentation, Inpatient daily rounds, Observed history and physical, OSCE
- Clinical/Transitional Research: Didactic session by Research personnel from Department of IM
- Quality Improvement: Resident noon conference, didactic sessions
- Clinical Pathology: Clinical rotations

Internal Medicine Selectives

Available specialties are:

- Cardiology
- Dermatology
- Gastroenterology
- Hematology/Oncology
- Nephrology
- Primary care
- Long-term Acute Care (LTAC) at Kindred Hospital

The 1 week selective includes Internal Medicine subspecialties. The activities will vary according to the subspecialty. Each subspecialty will have a faculty or a coordinator as the contact person who will manage the schedule and specifics of the rotations. Each student will also have an ambulatory experience in Internal Medicine Primary care clinic separate from the selective.

Examples of some activities in various subspecialties include:

Subspecialty	Activities	Supervisor/Evaluator
Cardiology	Clinics/In patient Consults Outpatient angiography Diagnostic studies such as stress tests, ECGs and Echocardiography	Faculty/ Fellow
Dermatology	Clinics Faculty	Faculty/ Fellow
Gastroenterology	Clinics / Inpatient Consults Endoscopies Gastric emptying studies and gastric pacing	
Hematology/Oncology	Clinics / Inpatient Consults	Faculty
Nephrology	Clinics / Inpatient Consults Inpatient dialysis unit rounds	Faculty/Fellow
Primary care LTAC	Clinics (Part of Ambulatory experience) Inpatient rounds at Kindred Hospital	Faculty/Senior Resident Faculty

Clinical Components and Assignments

All activities are mandatory requirements unless otherwise specified. Unexcused absence will result in a "needs improvement" in the competency of professionalism.

Topic/Activity	Objectives
Orientation to Internal Medicine Clerkship	• Identify Department of Internal Medicine key personnel involved in the clerkship training program. • Describe the sequence of events involved in the case of an absence during the clerkship. (5.7) • Summarize the distinction between business and professional ethics. (5.5) • Describe the goals and objectives for the clerkship rotation to include the numbers and types of real or simulated patients each student is expected to evaluate. (5.7) • Describe the function of the diagnostic categories table. (5.7) • Maintain an up to date log book containing data on all patients evaluated by the student during the clerkship including their age, gender, location of visit, diagnoses or problems addressed at the time of the encounter, procedures (if any), and your level of participation. (5.7) • Describe the Mid-Rotation Evaluation process and identify the student's responsibilities prior to the scheduled meeting with the Clerkship Director. (3.1, 3.3) • Recognize common mistakes 3rd year medical students make and describe how to avoid them. (3.3, 8.2, 8.3) • Describe the medical student's responsibilities as a part of an inpatient ward team. (5.7) • Pursue an educational experience in which the patient is the central focus for learning clinical medicine. (2.5)

Topic/Activity	Objectives
Inpatient Ward Rotation in Internal Medicine Observation and evaluation of patients with different clinical conditions in Internal Medicine Inpatient Wards to develop clinical competencies outlined in clerkship objectives Student is assigned to 1 of 5 ward teams at UMC, 1 of 3 teams at WBAMC, or 1 of 2 ward teams at Transmountain Hospitals of Providence, Hospitalist at UMC, or Hospitalist at Shannon Medical Center San Angelo, TX, where they become part of the team and get patients assigned for evaluation, follow up, and management while patient is hospitalized. Student obtains, writes and presents at least two patient evaluation to the team after each call Student receives documented feedback from faculty and residents	• Students to develop core competencies by observation and evaluation of patients with different clinical conditions (2.3-2.4, 1.1, 1.3) • Student to demonstrate interpersonal and communication skills by interaction with patients, ward, team and family of patient (4.1, 4.2, 4.3) • Student demonstrates sensitivity and compassion to patients and shows respect to patient ideas and needs (5.2, 5.33, 5.5, 5.7) • Student demonstrates continuous efforts to improve clinical knowledge and skills through use of available learning resources and self-directed learning (3.1) • Student accepts feedback from faculty and residents and applies feedback to improve clinical practice (3.3) • Student develops knowledge and understanding of the organization of health care delivery (6.1, 6.2) • Student to understand and utilize ancillary health and consultants properly (6.1, 6.2)

Topic/Activity	Objectives
Student participates directly in the evaluation and management of patients assigned and participates actively during rounds Student gets to observe and perform under supervision basic diagnostic and therapeutic procedures commonly performed on the IM wards *Assessment: Direct Observation, NBME, OSCE, Evaluations*	
Selective rotations in Internal Medicine. (cardiology, gastro-enterology, primary care, dermatology, pulmonology, nephrology, long term acute care) Student will follow the attending in clinic or in patient consults. They will present at least 1 patient per day to faculty. Student documents a minimum of 4 clinic/ consultation notes which are annotated and signed by faculty. Student receives documented feedback from faculty, residents and fellows.	• Students to develop core competencies by observation and evaluation of patients with different clinical conditions appropriate to the subspecialty assigned (2.3-2.4) • Student to demonstrate interpersonal and communication skills by interaction with patients, consult/ clinic, team and family of patient (4.1, 4.2, 4.3) • Student demonstrates sensitivity and compassion to patients and shows respect to patient ideas and needs (5.2, 5.3, 5.5, 5.7) • Student demonstrates continuous efforts to improve clinical knowledge and skills through use of available learning resources and self-directed learning (3.5) • Student accepts feedback from faculty and residents and applies feedback to improve clinical practice (3.3) • Student develops knowledge and understanding of the organization of health care delivery (6.1, 6.2) • Student to understand and utilize ancillary health and consultants properly (7.1, 7.2, 6.1, 6.2)

Topic/Activity	Objectives
Student participates directly in the Resident's Noon Conference (Optional at UMC) ***Note: Attendance to resident's noon conference at THOP and WBAMC is mandatory if assigned by preceptor. Students may attend resident's noon conference at UMC on a voluntary basis. Report takes place at noon Monday through Friday. Students, residents, and faculty discuss different patients admitted to ward teams for discussion of clinical presentation and management. Students may present at Resident noon Report if assigned by their ward team or participate in	• Student will develop skills to demonstrate the ability to perform and present a complete history and physical exam. (1.1-1.2-1.6) • Student will participate in presentations and discussions of patients and discuss schemes reviewed during their MS 1 and MS 2 years to develop skills in communication with colleagues. (4.2, 4.3) • Students will develop knowledge and understand the organization of health care delivery system by discussion and observation of cases presented in noon report. (6.1, 6.2) • Student will develop medical knowledge and better understanding of common diseases seen in Internal Medicine. (2.2, 2.3, 2.4) • Student will learn to apply principles of evidence based medicine and epidemiological sciences in understanding and management of various diseases seen in Internal Medicine by Journal club and tumor board presentation. (2.3, 2.4)

Topic/Activity	Objectives
Tumor Board *Assessment: Direct Observation, NBME, OSCE, Evaluations*	• Student will demonstrate a basic understanding of quality improvement principles and their application to patient care during QI discussion. (3.2) • Student will understand the importance to incorporate cost effective patient care by observing tumor board case discussions. (6.3)
Observed H and P Exercise Mandatory and assigned while on IM wards at UMC or THOP. Student is observed and evaluated by assigned faculty or senior resident. Student presents to faculty and receives feedback. For this patient, student completes history and physical documentation and uploads this document to Elentra. *Assessment: This is graded. Faculty directing Observed H and P exercise*	• Student will develop skills to demonstrate the ability to perform and accurately record a complete history and physical examination (1.1, 1.2, 1.7) • Student communicates effectively with patient (4.1, 4.3) • Student demonstrates demeanor, speech and appearance consistent with professional and community standards (5.7)

Topic/Activity	Objectives
deems if the student need to repeat this exercise based on their performance. >70% needs to be scored to pass this activity. If not, student needs to repeat this.	
The Undifferentiated Patient Series in didactics Students will be given a formal didactic session on high yield topics on their NBME exam and frequently seen presentations in medicine by IM faculty.	• Students will become proficient in the basics of the following topics: Approach to dyspnea, sepsis, abdominal pain, syncope, stroke, COPD/ asthma exacerbation, PFT interpretation, pleural effusion, diarrhea, atrial fibrillation. (2.1,2.2,2.3,2.4,2.5, 2.6)

Student Performance Objectives

Internal Medicine Scheduling

The Internal Medicine Clerkship in this block consists of the following:

- Internal Medicine In-patient ward (5 weeks): Rotation sites:
  - UMC El Paso
  - THOP Transmountain Campus
  - William Beaumont Army Medical Center
  - Shannon Medical Center, San Angelo, TX
- Sub-specialty selective (1 week block)
- Ambulatory experience in IM clinics

Ward Weekly Schedule Guidelines

- Students should not be scheduled for on-call or patient-care activities in excess of 80 hours per week.
  - Students should not be scheduled for more than 16 continuous hours.
  - Students must have a minimum of 10 hours free between shifts.

- Students should have at least one day off each week averaged over a one-month period.
- Students are scheduled for didactics on Wednesday afternoon but should attend clinical duties on Wednesday mornings.

Sample Ward Schedule

Day	Activities
Sunday	07:30 AM – 05:30 PM If team is on long call or post long call
	Free Day IF not on long call or post long day.
Monday	
	7:30 AM – 12:00 PM Morning Rounds
	12:00 – 1:00 Noon Conference
	Afternoon: complete follow up activities assigned by team
Tuesday	
	7:30 – 12:00 PM Morning Rounds
	12:00 – 1:00 Noon Conference
	Afternoon: complete follow up activities assigned by team
Wednesday	
	7:30 AM – 12:00 PM Morning Rounds
	12:00 – 1:00 Noon Conference
	1:00 – 5:00 PM – IM/ Psych/FM/Neurology Didactic
Thursday	
	7:30 AM – 12:00 PM Morning Rounds
	12:00 – 1:00 Noon Conference
	Afternoon: complete follow up activities assigned by team
Friday	
	7:30 AM – 12:00 PM Morning Rounds
	12:00 – 1:00 Noon Conference
	Afternoon: complete follow up activities assigned by team
Saturday	07:30 AM – 05:30 PM If team is on long call or post long call
	Free Day IF not on long call or post long day.

Selective Sample Weekly Schedule at UMC

	Monday	Tuesday	Wednesday	Thursday	Friday
AM activities	Clinic or other clinical activity	Clinic or other clinical activity	Clinic or other clinical activity	Clinic or other clinical activity	Clinic or other clinical activity
12:00 -1:00PM	Noon Conference if cleared by supervising faculty	Noon Conference if cleared by supervising faculty	Noon Conference if cleared by supervising faculty	Noon Conference if cleared by supervising faculty	Noon Conference if cleared by supervising faculty
PM activities	Clinic or other clinical activity	Clinic or other clinical activity	Mind and Medicine Didactics	Clinic or other clinical activity	Clinic or other clinical activity

Assignment Summary/ Portfolio Contents for IM Clerkship:

Documentation of each student's experience during the Internal Medicine component of the combined Internal Medicine, Family Medicine, Psychiatry, Emergency Medicine and Neurology Clerkship is contained in an individually assigned student portfolio in Elentra.

The portfolio is thus used to document student progression towards the learning objectives of the clerkship experiences.

Failure to turn in the following assignments prior to the end of the rotation or assigned due date may result in a "needs improvement" in the competency of professionalism and excludes the student from receiving honors in professionalism.

Refer to Internal medicine Quick Guide (Appendix B in Elentra)

Op Log Expectations

Please see Appendix C for a complete list of required patient encounters for the Internal Medicine Clerkship. You are expected to enter patient encounters weekly. Please monitor your Op Log Dashboard to ensure that you are on track to complete his requirement. If you do not log a required encounter, you will need to complete an alternate assignment. Your progress will be reviewed at your mid-clerkship meeting. You will receive an in progress for your final grade if your Op-Log is not complete by end of clerkship, including the entry for the observed H&P.

You are responsible for informing the Clerkship Director or Coordinator that you have not completed a required patient encounter in time for an alternative experience to be arranged. This typically occurs during and after the mid-clerkship evaluation. After Mid clerkship evaluation, it is your responsibility to inform the Coordinator when and how (clinical encounter or alternate experience) you satisfied the requirements.

Assessment:

Assessment forms used throughout the block are in Appendix D. Honors MUST be accompanied by comments describing exceptional behavior or the grade will revert to a Pass.

Mid-Clerkship Review (see form in Appendix D)

The mid-clerkship evaluation is a face to face one-on-one 10-15 minute session with the clerkship director or assistant director. It is an opportunity for students to receive feedback to better improve their performance. It is also an opportunity for the students to voice any concerns regarding the clerkship.

The session will be scheduled after the first Internal Medicine ward rotation. Students will be notified regarding their assigned time by the clerkship coordinator in an email.

Items that should be included in the student's portfolio by this session is included in Internal medicine quick guide (Appendix B). Failure to have these minimal items completed by the session may lead to a "needs improvement" in the professionalism competency. See Appendix D for a sample mid-clerkship assessment which will be completed by the clerkship director.

Approved by the CEPC – April 2026, updated June 2026

Internal Medicine Final Clerkship Assessment

*All competencies graded as: Needs improvement, Pass, or Honors

Competency	Components	Source
Patient Care & Procedural Skills	○ Completes an appropriate history. ○ Exam is appropriate in scope and liked to history. ○ Generates a comprehensive list of diagnostic considerations based on the integration of historical, physical, and laboratory findings. ○ Provides preventive healthcare services and promotes health in patients ○ Appropriately documents findings.	○ IM Clinical Clerkship evaluation forms across all clinical learning environments- inpatient/ambulatory/selective ○ Preceptor comments on clinical skills (history, exam, notes, presentations, differential diagnosis, treatment plan) ○ Written H&P ○ Admission orders ○ IPASS
Knowledge for Practice	○ Identifies biopsychosocial issues relevant to patient treatment. ○ Can compare and contrast normal variation and pathological states commonly encountered in Obstetrics and Gynecology. ○ Can independently apply knowledge to identify problem.	○ IM evaluation forms across all environments ○ Preceptor comments on medical knowledge and application to patient care ○ OpLog completion and range of pathology ○ Written H&P
Interpersonal & Communication Skills	○ Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds. ○ Presentations to faculty or resident are organized.	○ IM evaluation forms across all environments ○ Preceptor comments on presentations, documentation, and communication with patients, families, team members, and other health care professionals, bedside manner ○ Written H&P ○ Observed H&P
Practice-Based Learning & Improvement	○ Takes the initiative in increasing clinical knowledge and skills. ○ Accepts and incorporates feedback into practice	○ IM evaluation forms across all environments ○ Preceptor comments on receptiveness to feedback, attitude toward learning, effort and initiative to learn and participate in patient care, self-directed learning, collaboration

		○ Improvement and response to feedback over time ○ EBM worksheet
System-Based Practice	○ Effectively utilizes medical care systems and resources to benefit patient health. ○ Demonstrates understanding of processes for maintaining continuity of care throughout transitions (change in team of providers or transfer in level of care).	○ IM evaluation forms across all environments ○ Preceptor comments on use and understanding of health care resources, advocacy for patients, transitions of care, functioning within team hierarchy ○ Mini quality-improvement reflection
Professionalism	○ Is reliable and dependable ○ Acknowledges mistakes ○ Displays compassion and respect for all people. ○ Demonstrates honesty in all professional matters ○ Protects patient confidentiality ○ Dress and grooming appropriate for the setting	○ IM evaluation forms across all environments ○ Preceptor comments on professional behavior, timeliness, professional appearance, taking ownership, attitude, flexibility, handling conflict and adversity, problem solving, reliability ○ Observations of behavior and participation during didactics and in interactions with coordinators ○ Complete all of the clinical requirements as outlined in the syllabus ○ Adhere to all requirements of the clerkship, including: ▪ Duty hours reported ▪ Op log completion as outlined in the common clerkship requirements and syllabus ▪ Compliance with clinical setting rules ▪ Assignments turned in on time ▪ Required number of evaluations requested in a timely manner and includes at least 2 attendings ▪ Proper appearance and dress code • Please refer to Student Handbook available at: https://elpaso.ttuhsc.edu/som/studentaffairs/student-handbook/default.aspx ▪ Completion of background clearance in a timely

		manner if assigned to rotate at WBAMC, THOP, or any outside rotations
Inter-professional Collaboration	○ Works professionally with other health care personnel including nurses, technicians, and ancillary service personnel ○ Is an important, contributing member of the assigned team.	○ IM evaluation forms across all environments ○ Preceptor comments on interactions with team and other healthcare professionals, effort, and initiative to help team with patient care
Personal and Professional Development	○ Recognizes when to take responsibility and when to seek assistance ○ Practice flexibility in adjusting to change and difficult situations	○ IM evaluation forms across all environments ○ Preceptor comments on insight and response to feedback, effort, and initiative to learn and improve skills

Sample Competency Grading Rubric (Sample clinical* factors considered in grading)

Competency	Honor	Pass	Needs Improvement
Medical Knowledge	MS **exceeds** in the ability to: • Describe in detail main psychiatric disorders • Apply knowledge to patient care in detail	MS **has** the ability to: • Describe main psychiatric disorders • Apply knowledge to patient care	MS has **difficulties** in: • Knowledge about main psychiatric disorders • Applying knowledge to patient care
Patient care	MS **exceeds** in the ability to: • Collect an accurate history • Assess mental status • Obtain collateral and review records • Narrowing a differential to 2-3 most likely	MS **has** the ability to: • Collect an accurate history • Asses mental status • Narrow the differential	MS has **difficulties** in: • Collecting history from a patient or family interview • Assessing mental status • Narrowing the differential

	• Formulate a detailed biopsychosocial treatment plan	• Formulate a basic biopsychosocial treatment plan	• Formulate a basic biopsychosocial treatment plan
Interpersonal Skills and Communication	MS **exceeds** in the ability to: • Document accurate medical information • Present patients in a thorough and concise manner • Easily develop rapport with the team, patients, and families	MS **has** the ability to: • Document medical information • Present patients • Develop rapport with team, patient, and families	MS has **difficulties**: • Working with the team, patients and families • Peer and team conflicts are evident • Difficulty transmitting information
Professionalism	MS **exceeds** in the ability to: • Have appropriate communication and body language • Be reliable • Take initiative in patient care • Always be punctual • Behave professionally	MS **showed** the ability to: • Have appropriate communication and body language • Be reliable and punctual • Behave professionally	MS had **difficulties**: • Inappropriate jargon or body language • Frequently tardy or absent • Unreliable • Unprofessional dress • Unprofessional use of phone during rounds or interviews
Practice-Based Learning and Improvement	MS **exceeds** in the ability to: • Participate in self-directed learning • Show evidence of reading with critical interpretation • Eagerly collaborate • Contribute to the team and accept feedback in a very positive way • Apply scales or instruments	MS **has** the ability to: • Participate in self-directed learning • Contribute to the team in acceptable way • Accept feedback • To do scales or instruments	MS has **difficulties** in: • Accepting feedback • Being self-directed in learning • Showing interest in learning • Completing scales or instruments
Systems-Based Practice	MS **exceeds** in the ability to: • Respect the hierarchy of the team • Effectively use thorough understanding of health care resources • Advocate for patients • Be an excellent team member • Accurately formulate a biopsychosocial diagnosis and treatment plan	MS **has** the ability to: • Respect the hierarchy of the team • Use and understand health care resources • Advocate for patients • Be a good team member	MS has **difficulties** in: • Functioning in a team • Recognizing and using health care resources • Advocating for patients

*Students are assessed on their demonstrated proficiencies in the above competencies in both the clinical and academic domains, as applicable.

Disclaimer on artificial intelligence:

TTUHSC EP may utilize institution-approved artificial intelligence (AI)-assisted tools to support teaching, learning, and grading processes. AI tools are used to enhance efficiency and consistency; however, they do not replace faculty expertise, professional judgment, or final decision-making authority. Examples of permitted AI-supported functions may include, but are not limited to: assignment completion support where explicitly allowed, verification of submission completeness, preliminary rubric-aligned feedback, similarity checks, scoring assistance, and workflow efficiency improvements. Faculty are responsible for reviewing and verifying AI-generated outputs prior to assigning grades or providing final feedback.

Student use of AI tools (including generative AI platforms) is governed by course-specific guidelines. In some assignments, AI use may be permitted; in others, it may be limited or prohibited. Students are responsible for understanding and adhering to these expectations. Any AI-generated or AI-assisted content must be appropriately disclosed and cited in accordance with course instructions to maintain academic integrity. Failure to follow course AI guidelines may constitute academic misconduct.

Students should be aware that AI-generated content may contain inaccuracies, incomplete information, or embedded bias. Students remain responsible for the accuracy, originality, and integrity of all submitted work.

Faculty retain full responsibility for final evaluation of student performance. Students may request clarification regarding grading processes or feedback and may appeal decisions through established institutional procedures.

Student Resources

Office of Accessibility Services

TTUHSC EP is committed to providing access to learning opportunities for all students with documented learning disabilities. To ensure access to this course and your program, please contact the Office of Accessibility Services (OAS) by calling 915-215-4398 to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with OAS as soon as possible. More information can be found on the OAS website: https://elpaso.ttuhsc.edu/studentservices/accessibility/default.aspx

Counseling Assistance

TTUHSC EP is committed to the well-being of our students. Students may experience a range of academic, social, and personal stressors, which can be overwhelming. If you or someone you know needs comprehensive or crisis mental health support assistance, on-campus mental health services are available Monday- Friday, 9 a.m. – 4 p.m., without an appointment. Appointments may be scheduled by calling 915-215-TALK (8255)

or emailing support.elp@ttuhsc.edu. The offices are located in MSBII, Suite 2C201. Related information can be found at https://elpaso.ttuhsc.edu/studentservices/student-support-center/get-connected/ Additionally, the National Suicide Prevention Lifeline can be reached by calling or texting 988.

Reporting Student Conduct Issues

Campus community members who observe or become aware of potential student misconduct can use the Student Incident Report Form to file a report with the Office of Student Services and Student Engagement. Student behaviors that may violate the student code of conduct, student handbook, or other TTUHSCEP policies, regulations, or rules are considered to be student misconduct. This includes, but is not limited to, plagiarism, academic dishonesty, harassment, drug use, or theft.

TTUHSC El Paso Campus CARE Team

The university CARE Team is here to support students who may be feeling overwhelmed, experiencing significant stress, or facing challenges that could impact their well-being or safety. If your professor notices any signs that you or someone else might need help, they may check in with you personally and will often connect you with the CARE Team. This is not about being "in trouble"—it's about ensuring you have access to trained professionals who can offer support and connect you to helpful resources. Additionally, if you have any concerns about your own well-being or that of a fellow student, please don't hesitate to reach out to let your professor know. You can also make a referral to the CARE Team using CARE Report Form. Your health, safety, and success are our top priorities, and we're here to help.