Texas Tech University HSC, Paul L Foster School of Medicine
Family Medicine Sub-Internship Rotation Syllabus

Contact Information:

Katherine, Hartl, M.D.
Assistant Professor
FM Sub-Internship Director
Department of Family and Community Center
9848 Kenworthy Street
El Paso, TX 79924
Phone (915) 215-5510
katie.hartl@ttuhsc.edu

Christy Graham
Program Coordinator | Office of Medical Education
Interim Family Medicine Coordinator
Paul L. Foster School of Medicine
4801 Alberta, TTMC
Phone: 915-215-4624
Christy.graham@ttuhsc.edu

Introduction

The Family Medicine (FM) sub-internship is a 4-week rotation in the 4th Year curriculum. Its purpose is to assist the student in reviewing and mastering competencies necessary for the evaluation and management of general Family Medicine patients. During the rotation, students will hone many of the skills used in the management of patients in both the inpatient and ambulatory setting. These skills include the evaluation and management of medical conditions and also practical skills that will enable them to be ready to function as interns from the start of their residency programs. These skills include, but are not limited to, transitions of care, order entry, interaction with consult and other ancillary hospital and clinical services.

Academic Success and Accessibility
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.

<u>**Learning Objectives of the FM sub-internship rotation**</u>

Corresponding to the PLFSOM Medical Education Program Goals & Objectives

1- **Patient Care**

<u>Goal:</u> Provide patient-centered care that is compassionate, appropriate and effective.

<u>Objectives:</u>

a. Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan through documenting a complete history, physical examination, laboratory data and images (1.1, 1.2)

b. Prioritize tasks for daily patient care in order to utilize time efficiently (1.3,1.4)

c. Patient notes and presentations are accurate, organized and focused (1.1, 4.4)

d. Interpret laboratory data, imaging studies, and other tests required for the area of practice (1.3)

e. Develop appropriate differential diagnosis and management plan using the given patient information and following up-to-date scientific evidence (1.2, 1.2).

f. Recognize life threatening conditions and patients requiring immediate attention (1.5).

g. Communicate effectively with the patients and families, involving the patients in decision making, and providing them with preventive health care services (1.6, 1.7).

h. Demonstrates the ability to write and discuss admission orders using treatment guidelines and algorithms (1.2).

i. Recognizes when a patient's condition or preferences requires deviation from general treatment guidelines and algorithms (1.2).

Assessment:

1. Clinical performance as evaluated by supervising residents and faculty.
2. Admission History and Physical Examination, and daily progress notes (SOAP notes), assessed by the direct supervising faculty.
3. One written order set for admission of a patient seen during rounds. Due during mid-rotation feedback.
4. One discharge summary due by mid-rotation feedback.

2- Knowledge for Practice

Goal: Demonstrate Knowledge of established and evolving knowledge in Family Medicine and apply this knowledge to patient care.

Objectives:

a. Demonstrate knowledge of health problems, risk factors, and treatment strategies of commonly encountered health conditions (2.4, 2.6).

b. Apply basic and updated evidence based medicine to patient care (2.2, 2.3)

Assessment

1. Clinical assessments

3- Practice-Based Learning and Improvement

Goal: Demonstrate ability to continuously improve patient care based on self-evaluation and feedback.

Objectives:

a. Identify and address self-limitations (3.1).
b. Accept feedback from faculty and residents, and continue to work on self-improvement (3.3).
c. Use the available resources and references to access evidence based medicine to solve clinical problems (3.4,3.5)

Assessment:

1. Clinical assessments

4- Interpersonal and communication skills

Goal: Demonstrate the ability of effectively communicate with Patients, families and health care professionals.

Objectives:

a. Communicate effectively with patients and patient's family members (4.1)
b. Communicate effectively with physician and non-physician members of the health-care team and consultants (4.2)

Assessment:

1. Clinical assessments

5- Professionalism

<u>Goal:</u> Demonstrate understanding of and behavior consistent with professional responsibilities and adherence to ethical principles.

<u>Objectives:</u>

a. Demonstrate sensitivity to cultural issues and to patient preferences and incorporate knowledge of these issues into discussion with patients (5.1)
b. Show respect for patient autonomy and the principle of informed consent (5.2)
c. Demonstrate respect for patient's rights and confidentiality (5.2)
d. Show respect for, and willingness to, assist all members of the health care team (5.3)
e. Demonstrate compliance with local and national ethical and legal guidelines governing patient confidentiality in both written documentation and verbal communication with the patient's family members (5.5)
f. Respect time, and meet all the academic commitments during the rotation (5.7)

Assessment:
1. Clinical assessments

6- System-Based Practice

<u>Goal:</u> Demonstrate the ability to use the system resources to provide optimal care.

<u>Objectives:</u>

a. Access the clinical information system in use at the site of health care delivery (6.1)
b. Coordinate care plan, involve social workers when needed, to reduce risks and costs for the patients (6.3)
c. Demonstrate the ability to work effectively with physician and non-physician members of the health care team including nursing staff, physician assistants and nurse practitioners, social workers, therapists, pharmacists, nutrition support staff and discharge planners (6.4)
d. Demonstrates the ability to organize and prioritize information for handover communication (4.2)

Assessment:
1. Clinical assessments
2. Sub-Intern Encounter form

7- Interprofessional Collaboration

<u>Goal:</u> Demonstrate the ability to engage in an Interprofessional team in a manner that optimizes safe, effective patient and population-centered care"

<u>Objectives:</u>

a. Recognize one's own role as well as the roles of other health care professionals (7.1, 7.2)
b. Engage effectively as a team member during daily rounds and be able to manage conflicts appropriately (7.3, 7.4)

Assessment:

1. Clinical assessments.

8- **Personal and Professional Development**

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

a. Recognize when to call a consult for a patient (8.1)
b. Identifies one's limitations and seek self-improvement through problem identification and critical appraisal of information (8.1, 3.1)
c. React appropriately to stressful and difficult situations (8.2, 8.3)
d. Demonstrate improvement following mid-rotation feedback (3.1)

Assessment:

1. Clinical evaluations.

FM Sub-Internship Rotation

This is largely an in-patient experience; however, students will have a weekly continuity clinic (one half-day per week) at the Family Medicine Clinic as listed below. This sub-internship will include the following **required** clinical and learning activities:

- Morning rounds - consists of pre-rounds with the senior resident and then team rounds with the attending faculty. The student will finish any pending work and admit any new patients or consults. Hours are 6A.M. to 6 P.M. daily.

- Student is required to be present and participate in all handoffs and sign-outs. Student is responsible for signing out their patients to oncoming night float resident or team. A minimum of 2 Sub- Intern Transition of care encounter card filled by the supervising senior resident must be submitted to the Sub-I director by the end of the rotation.

- A comprehensive history and physical exam with assessment and plan must be performed on all new patients assigned to sub-intern patients the day of admission and recorded in the EMR, which will be evaluated by the direct supervising faculty.

- The Sub-intern is responsible for writing daily problem-oriented notes on all their patients, which will be evaluated by the direct supervising faculty.

- Sub-interns will write-up one history and physical, one discharge summary, and one admission order set on a patient they have taken care of during their rotation and present to the Year 4 Sub-internship director for review, critique, and grading. The discharge summary will be done in the clinic EMR (on a clinic patient in the hospital and routed to Sub-I Director if possible, or printed and given to the Director, prior to mid-rotation feedback for evaluation and comments). The admission order will be written using a paper order set and submitted at the time of mid-rotation feedback, again, to the Director. The History and Physical will be either typed-up or printed from Cerner and submitted to the Sub-I Director at the time of mid-rotation feedback. If printed from Cerner, the note must have been written by the sub-intern.

- Call schedule – Sub-intern will have 1 week of night float during the rotation (5:30 P.M to 8 A.M) with the rest of the call schedule mirroring the intern's schedule.

- Didactics- Every Thursday afternoon students will attend family medicine conferences after student patients are appropriately transferred to the covering afternoon resident (Webex is available).

- Students will have continuity with discharged inpatient service patients in a weekly continuity clinic at the Family Medicine Clinic. Students will be paired with the senior inpatient family medicine resident in clinic.

- Op-Log- The student is required to log a minimum of 1 on each of the first 13 condition (see Op-Log section under Assignments).

Locations: University Medical Center, El Paso, TX

Family Medicine clinic, 9849 Kenworthy Street, El Paso TX 79924

Duration: Four weeks

Sample Sub-I Calendar:

January/February 2018

Sample Sub-I Calender — Family Medicine Sub-Internship

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1/29 6am – Noon UMC 1 -5 pm Ken Cl with Sr. Resident	1/30 6am – 5:30 pm UMC	1/31 6am – 5:30 pm UMC	1 6am – Noon UMC 1pm – 5pm Ken CL Resident Conference	2 6am – 5:30 pm UMC	3 6am – 8 pm UMC
4 OFF	5 6am – Noon pm UMC 1 -5 pm Ken Cl with Sr. Resident	6 6am – 5:30 pm UMC	7 1pm – 5:30 pm UMC Procedure Clinic Ken CL 8am-Noon	8 6am – Noon UMC 1pm – 5pm Ken CL Resident Conference	9 6am – 11 am, 1 pm – 5:30 pm UMC Mid Rotation Feedback w/Course Director 11:30 am- 12 pm	10 6am – 8 pm UMC
11 OFF	12 Night Float UMC 6pm – 8am	13 Night Float UMC 6pm – 8am	14 Night Float UMC 6pm – 8am	15 Night Float UMC 6pm – 8am	16 Night Float UMC 6pm – 8am	17 OFF at 8 am
18 OFF	19 6am – Noon UMC 1 -5 pm Ken Cl with Sr. Resident	20 6am – 5:30 pm UMC	21 6am – 5:30 pm UMC	22 6am – Noon UMC 1pm – 5pm Ken CL Resident Conference	23 6am – 11 am, 1 pm – 5:30 pm UMC Final Rotation Feedback w/Course Director 11:30 am- 12 pm	24 OFF
25 OFF	26	27	28			

Assignments

Clinical Observation
1. Two Sub-Intern transition of care
    a. See attached at the end of the Syllabus APPENDIX A and also Sub-Interns can upload blank copy from ELENTRA
    b. Should be submitted to ELENTRA FOLDER by end of rotation
    c. Will be evaluated on completeness

Admission Orders:
1. Submit screen shot admission order on 1 patient admission with reflections regarding #2 and 3 below
    a. Compare EMR order set structure with Admission Order mnemonic ADC VAAN SISML or Maxwell handbook example can be followed
    b. Be sure to make note of orders regarding:
        o Vital signs
        o Activity
        o Diet
        o Nursing Instructions
        o IVF if indicated
        o Studies and Labs
        o Medications
    c. Should be submitted to ELENTRA FOLDER by the Mid-Rotation Feedback or after completion of Night Float
    d. Will be evaluated on completeness

History and Physical
1. Submit one complete History and Physical for 1 patient (extracted from your submitted note with patient identifiers removed)
    a. Should Include
        o Chief Complaint
        o History of Present Illness
        o Past Medical History
        o Past Surgical History
        o Allergies
        o Complete Medication List
        o Family History
        o Social History
        o Review of Systems- Pertinent Findings
        o Vital Signs

- Complete Physical Exam
- Labs
- EKG
- Imaging
- Assessment and Plan
2. Should be submitted to the ELENTRA FOLDER by the Mid-Rotation Feedback or after completion of Night Floatv
3. Will be evaluated on completeness and conciseness

Discharge Summaries:
1. DC Summary for 1 patient (extracted from your submitted note with patient identifiers removed)
    a. Helpful Hints:
        - What would you want to know if you had this patient in the office next week?
        - What would you say on the phone to that provider if you were calling directly?
        - A good discharge summary is: Brief, summative, succinct, cohesive
        - A good discharge summary is NOT: Recounting the entire H&P, a day-by-day synopsis of progress notes
    b. Should be submitted to the ELENTRA FOLDER by the Mid-Rotation Feedback
    c. DC Summary will be evaluated on consistency, completeness, being concise and pertinent.

Op-Log:

These are a list of the standard cases expected to be logged by the MS4 during the FM rotation. The student is required to log a minimum of 1 on each of the first 13 conditions (In asterisk) on the list. Mandatory conditions must be at the level of manage or assist. Students are required to submit an op-log by mid rotation feedback and updated by the end of the rotation. This includes patient they have personally cared for, (managed) or observed with the Team during rounds (observed). If Student is unable to see any of this cases by the 3rd week of the rotations they are required to inform the Sub-I coordinator so that case readings may be assigned to them. Case readings will be provided through AAFP articles.

1. Diabetes*
2. Hypertension*
3. ACS*
4. Renal Failure (Acute and Chronic)*
5. Asthma*
6. Cardiac Arrhythmias*
7. COPD*
8. Community Acquired Pneumonia*
9. Heart Failure*
10. Delirium and Dementia*
11. Peri-Operative medicine (Pre-Op evaluation)*
12. UTI*
13. Pain management*
14. Hospital Acquired Pneumonia
15. Sepsis syndromes
16. Stroke
17. Thromboembolic Syndromes

Grading/ Assessment:

Student will receive weekly evaluations by the supervising faculty and the senior resident on the service.
They will have mid-rotation feedback with the Sub-intern Director at which time we will review evaluations to date and completed assignements, see section assignments.
Student clinical performance is based on the sub-internship director's judgment as to whether the student honors, passes, or fails to meet expectations on each of 8 competencies described above, as stated by the PLFSOM discipline performance rubric. The final clinical performance assessment is conducted at the end of the rotation based on the student's level of performance at that point in time.
Possible Final Grades are Honors, Pass, Fail, and Incomplete. A student who fails Professionalism may receive a Pass or a Fail overall at the discretion of the course director depending on the gravity of the professional lapse, regardless of the scores on all other items. Overall grade is based on the assessment in each of the 8 competencies:

- **Honors,** if all of the following are true:
    - Minimum of 4 of the 8 individual competencies rated as "Honors" on the Final Feedback evaluation
    - No individual competency rated as "needs improvement" on the final assessment.

- **Pass** if all of the following are true:
    - Minimum of 6 of the 8 individual competencies rated as "Honors" or "Pass" on the Final Feedback evaluation
    - No more than 2 individual competencies rated as "needs improvement" on the Final Feedback assessment
    - Professionalism concerns are, in the judgment of the course director, not significant enough to warrant a Fail on the Final Feedback evaluation.

- A **failing** clinical assessment is assigned if *any* of the following are true.
    - 3 or more individual competencies rated as "needs improvement" on the Final Feedback assessment
    - Professionalism concern deemed by the course director significant enough to warrant a Fail on the Final Feedback evaluation.

- An **incomplete** grade will be assigned any student who has not completed required assignments, or who has not fulfilled all clinical experience obligations, pending completion of the required work.

Components:
1. Clinical Performance
    - Daily feedback during rounds.
    - Weekly clinical evaluations (sent by Sub-Intern, SEE APPENDIX B)

2. Documentation
   o Admission History and Physical Examination, and daily progress notes (SOAP notes), evaluated by the direct supervising faculty.
   o Attendance of daily rounds, Thursday afternoon didactics and weekly continuity clinic.
3. Assignments: See Assignments section above

Mid-Rotation and Final Evaluations

Weekly evaluations will be assigned to the senior residents and direct supervising faculty. The course director will review the evaluations at the midpoint and final evaluation. The evaluation will help the student to identify strength and weakness, for further improvement.

   o Mid-rotation evaluation will include review of evaluations till date, discharge summary, plan, one discharge summary, and one admission order set.
      o SEE APPENDIX C
   o Final evaluation will review clinical evaluations and progress made toward the final grade.
      o SEE APPENDIX D

Absence Policy: Please see the PLFSOM Common Rotation Requirements.

Preparation for Teaching

Attending faculty and residents will be oriented to the experience by the Family Medicine Sub-Internship Clerkship Director or their designee, and provided copies of the syllabus and forms that they will use to assess student performance.

Residents will be required, as part of their training and orientation, to function as teachers. All residents are required to participate in a "Residents as Teachers" program that is administered by the Office of Graduate Medical Education. In addition, each resident will be provided copies of the Medical Student syllabus with particular emphasis on goals, objectives, and assessment methods and criteria.

References

2- PLFSOM Institutional Learning goals and Objectives, by the PLFSOM Curriculum and educational Policy committee, March 9, 2015.
3- Common Clerkship requirements, Office of Medical Education, TTUHSC, El Paso, PLFSOM 2016.
4- Core Entrustable Professional Activities for Entering residency, curriculum developer's Guide, Association of American Medical colleges (AAMC), version 1.0, 2014.
5- Core Medicine clerkship curriculum Guide, A Resource for Teachers and Learners, Version 3.0, 2006.

APPENDIX A Sub-Intern transition of care

SUB - INTERNSIHIP ENCOUNTER CARD - FAMILY MEDICINE				
Transition of Care/ Handoff Evaluation				
Date:	Level of Performance			Informal feedback (not for the record):
	Below Expectation	At Expectation	Not applicable	
Identify Patient (2 identifiers)				
Patient Diagnosis and current status				
Changes in condition during the shift				Comments for formal evaluation:
Outstanding tasks (labs, imaging consult, SW FU)				
Anticipated changes in condition				
DNR Status				
Please provide comments on the side				
Clinical Setting Observed: [ ] Hospital [ ] Other:				
Student Name:		Resident Signature:		

APPENDIX B: Family Med Clinical Assessment

Family Med Clinical Assessment

Elentra

Can compare and contrast normal variation and pathological states commonly encountered in this specialty

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Can independently apply knowledge to identify problems

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Addresses patient's agenda

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Completes an appropriate history

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Exam is appropriate in scope

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Generates a comprehensive list of diagnostic considerations on the integration of historical, physical and laboratory findings

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Identifies serious conditions that require timely and specific interventions.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Develops a treatment plan appropriate to the patient and based on up-to-date scientific evidence.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Appropriately documents findings.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Communicates effectively with patients and families across a broad range of socio-economic and cultural backgrounds.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Presentations to faculty or resident are organized.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Demonstrates the ability to use digital resources to address gaps in knowledge related to patient care.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Takes the initiative in increasing clinical knowledge and skills; for example, identifies a learning issue on rounds or in the OR and reports back to the team/resident.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Accepts and incorporates feedback into practice.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Effectively utilizes medical care systems and resources to benefit patient health.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Demonstrates ability to identify patient access to community-based resources relevant to patient health and care.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Can describe appropriate processes for referral of patients and for maintaining continuity of care throughout transitions between providers and settings.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Is reliable and dependable (reports for duty on time and stays on duty until expiration of duty hours or until dismissed)

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Acknowledges mistakes

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Demonstrates compassion and respect for all people

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Protects patient confidentiality

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Dress and grooming appropriate for the setting.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Works professionally with other health care personnel including nurses, technicians, an ancillary service personnel.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Is an important, contributing member of the assigned team

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Recognizes when to take responsibility and when to seek assistance.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Demonstrates flexibility in adjusting to change.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

Demonstrates the ability to employ self-initiated learning strategies when approaching new challenges, problems, or unfamiliar situations.

N/A	Needs Improvement	Meets Expectations	Exceeds Expectations

What are the student's 2 - 3 strongest performance areas?

Please discuss what the student can do to most improve his/her performance.

I have discussed this assessment with the student.

Yes	No

Does this assessment require immediate attention by the course director?

Yes	No

APPENDIX C MS3 Mid Clerkship Assessment

MS3 Mid-Clerkship Assessment (Open Form)

Elentra

Target: Fido: Katherine Hartl Delivered on DATE Completed on **DATE**

Professionalism Comments

Planned date of discussion

Actual date of discussion

Please Explain Why Assessment was not Completed as Scheduled

Review of evaluations with the student

Synopsis of discussion with the student

Areas that would yield the greatest improvement in the student's skills

Strongest skill areas

Required clerkship-specific activities - please discuss the student's performance on specific activities that were required for your rotation

OpLog - Discuss student's oplog documentation and any areas where the students does not appear on track. Identify date when student should come back to see you if he/she has not yet met the requirements

APPENDIX D: Final Clerkship Assessment

Final Clerkship Assessment (Sub-I and CC)

[Download PDF] [Forward Task]   [Delete Task]

Assessor

Katherine Hartl
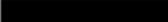Faculty • Paul L. Foster School of Medicine
katie.hartl@ttuhsc.edu

>

Target

Task delivered on

Task Date Range Information

*Knowledge for Practice

○	○	○
Needs Improvement	Pass	Honors

Comments (mandatory)

Please select a response before adding a comment.

*Patient Care and Procedural Skills

○	○	○
Needs Improvement	Pass	Honors

Comments (mandatory)

Please select a response before adding a comment.

*Interpersonal and Communication Skills

○	○	○
Needs Improvement	Pass	Honors

Comments (mandatory)

Please select a response before adding a comment.

*Practice-Based Learning and Improvement

○	○	○
Needs Improvement	Pass	Honors

Comments (mandatory)

Please select a response before adding a comment.

*Systems-Based Practice

○	○	○
Needs Improvement	Pass	Honors

Comments (mandatory)

Please select a response before adding a comment.

*Professionalism

○	○	○
Needs Improvement	Pass	Honors

Comments (mandatory)

Please select a response before adding a comment.

*Interprofessional Collaboration

○	○	○
Needs Improvement	Pass	Honors

Comments (mandatory)

Please select a response before adding a comment.

*Personal and Professional Development

○	○	○
Needs Improvement	Pass	Honors

Comments (mandatory)

Please select a response before adding a comment.

MSPE Statement – This is a narrative that describes the student's strengths during the rotation and any persistent weaknesses that the student did not improve after feedback. You must include a narrative on the student's professionalism. Any feedback that you do not want to include in the MSPE should be included below in the "Comments" field. As a reminder, please use complete sentences and check your grammar, etc. as these comments go out to residency directors across the country.

*Comments: