



AUSOMA Clinical Curriculum Booklet

2025-2026

The policies and procedures appearing in this booklet reflect the approved curriculum for 2025-2026. Any clerical errors will be corrected and posted on the AUSOMA intranet. Notifications will be sent by AUSOMA email. The curriculum was reviewed and approved by the AUSOMA Curriculum Committee.

Table of Contents:

<i>Curriculum Overview</i>	<i>Page 3</i>
<i>Required Clinical Conditions</i>	<i>Page 4-17</i>
<i>Required Core Clerkship Syllabi</i>	<i>Page 18</i>
<i>Family Medicine</i>	<i>Page 19-26</i>
<i>Inpatient Medicine</i>	<i>Page 27-35</i>
<i>Obstetrics & Gynecology</i>	<i>Page 36-42</i>
<i>Pediatrics</i>	<i>Page 43-48</i>
<i>Psychiatry</i>	<i>Page 49-54</i>
<i>Surgery</i>	<i>Page 55-60</i>

Contact information:

Erik Goldklang, M.D.

Dean of Clinical Sciences

eric.goldklang@ausoma.org

404-259-1744

Nazir Umrani, M.D.

Associate Dean of Clinical Sciences

nazir.umrani@ausoma.org

219-307-3569

Melissa Cuff

Clinical Coordinator

melissa.cuff@ausoma.org

678-575-3587

Dr. Farhan Ahmed, Clinical Chair, Internal Medicine

Dr. Saju Joseph, Clinical Chair, Surgery

Dr. Mujtaba Shaikh, Clinical Chair, Pediatrics

To be named, Clinical Chair, Obstetrics and Gynecology

Dr. Muhammad Ahmed, Clinical Chair, Psychiatry

Dr. Darrell L. Murray, Clinical Chair, Family Medicine

Overview of Required Core Clerkships:

CC 1012: **Internal Medicine** (12 Weeks). Students are exposed to adult patients with a variety of disease processes. Objective components emphasized are medical history taking, physical examination skills, case presentation, differential diagnosis of disease processes, and development of a strong foundation of internal medicine knowledge.

Student evaluation is based on the Clinical Component – 70% subjective, 25% step exam, 5% internal assessment (includes attendance, assigned clinical education completion, such as AMBOSS)

CC 2012: **General Surgery** (12 Weeks) Overall goal is to give broad exposure to surgery and understanding of the medicine of surgery. It will not serve as a comprehensive course in surgery, but rather a foundation for the role surgery plays in the care of the hospitalized patient. Students will develop an understanding of the common surgical diseases, as well as develop a framework for self-study. In addition, basic manual skills such as suturing and knot tying will be emphasized.

Student evaluations are based on the Clinical Component – 70% subjective, 25% step exam, 5% internal assessment (includes attendance, assigned clinical education completion, such as AMBOSS)

CC 1006: **Pediatrics** (6 Weeks). Designed to introduce core principles and become familiar with common illnesses of pediatrics, common causes of death in childhood, normal growth and development, concepts of family-centered care, and variations in immunology, biochemistry, pathology, and physiology that occur as the child ages.

Student evaluations are based on the Clinical Component – 70% subjective, 25% step exam, 5% internal assessment (includes attendance, assigned clinical education completion, such as AMBOSS)

CC 2006: **Obstetrics / Gynecology** (6 Weeks). Provides a foundation of knowledge and skills through exposure to normal and pathological conditions associated with the female reproductive organs such as menstruation, conception, and pregnancy. Broader concepts of primary care for women with emphasis on preventive care and periodic screening will also be covered.

Student evaluations are based on the Clinical Component – 70% subjective, 25% step exam, 5% internal assessment (includes attendance, assigned clinical education completion, such as AMBOSS)

CC 3006: **Psychiatry** (6 Weeks). Emphasis on major psychiatric syndromes. Students will work on a multidisciplinary team and are required to be able to employ the bio-psycho-socio-cultural model of assessments and treatments for patients with psychiatric illness.

Student evaluations are based on the Clinical Component – 70% subjective, 25% step exam, 5% internal assessment (includes attendance, assigned clinical education completion, such as AMBOSS)

CC 4006: **Family Medicine** (6 Weeks). Strengthen basic skills such as interviewing, history taking, physical examination, and physical diagnosis. The assessment and management of both routine and complicated medical conditions will be integrated with the application of the principles of quality, cost-effective health care, patient education, and health promotion.

Student evaluations are based on the Clinical Component – 70% subjective, 25% step exam, 5% internal assessment (includes attendance, assigned clinical education completion, such as AMBOSS)

REQUIRED CLINICAL CONDITIONS ON CORE CLERKSHIPS 2025-2026

Conditions: Family Medicine	Min #	Setting (I=Inpatient O=Outpatient)	Alternative/Self-Directed Learning
Abdominal Pain	1	I/O	TBD by Dean of Clinical Sciences
Abnormal Vaginal Bleeding	1	I/O	TBD by Dean of Clinical Sciences
Anxiety	1	I/O	TBD by Dean of Clinical Sciences
Arthritis	1	I/O	TBD by Dean of Clinical Sciences
Asthma / COPD	1	I/O	TBD by Dean of Clinical Sciences
Back Pain	1	I/O	TBD by Dean of Clinical Sciences
Cancer Prevention	1	I/O	TBD by Dean of Clinical Sciences
Chest Pain	1	I/O	TBD by Dean of Clinical Sciences
Coronary Artery Disease	1	I/O	TBD by Dean of Clinical Sciences
Cough	1	I/O	TBD by Dean of Clinical Sciences
Dementia	1	I/O	TBD by Dean of Clinical Sciences
Depression	1	I/O	TBD by Dean of Clinical Sciences
Diet & Exercise / Nutrition	1	I/O	TBD by Dean of Clinical Sciences
Dizziness	1	I/O	TBD by Dean of Clinical Sciences
Dysuria	1	I/O	TBD by Dean of Clinical Sciences
Fever	1	I/O	TBD by Dean of Clinical Sciences
Headache	1	I/O	TBD by Dean of Clinical Sciences
Heart Failure	1	I/O	TBD by Dean of Clinical Sciences
Hyperlipidemia	1	I/O	TBD by Dean of Clinical Sciences
Hypertension	1	I/O	TBD by Dean of Clinical Sciences
Joint Pain and Injury	1	I/O	TBD by Dean of Clinical Sciences
Leg Swelling	1	I/O	TBD by Dean of Clinical Sciences
Male Urinary Symptoms	1	I/O	TBD by Dean of Clinical Sciences
Obesity	1	I/O	TBD by Dean of Clinical Sciences
Osteoporosis/Osteopenia	1	I/O	TBD by Dean of Clinical Sciences
Pregnancy	1	I/O	TBD by Dean of Clinical Sciences
Shortness of Breath	1	I/O	TBD by Dean of Clinical Sciences
Skin Conditions	1	I/O	TBD by Dean of Clinical Sciences
STIs	1	I/O	TBD by Dean of Clinical Sciences
Substance Use Disorder/ Dependence	1	I/O	TBD by Dean of Clinical Sciences
Type 2 Diabetes Mellitus	1	I/O	TBD by Dean of Clinical Sciences
Upper Respiratory Symptoms	1	I/O	TBD by Dean of Clinical Sciences
Vaginal Discharge	1	I/O	TBD by Dean of Clinical Sciences
Skills/Procedures: Vital Signs	1	I/O	TBD by Dean of Clinical Sciences
Skills/Procedures: EKG Interpretation	1	I/O	TBD by Dean of Clinical Sciences
Skills/Procedures: CXR Interpretation	1	I/O	TBD by Dean of Clinical Sciences
Conditions: OB/GYN	Min #	Setting (I=Inpatient O=Outpatient)	Alternative/Self-Directed Learning
Cesarean Birth	1	I/O	TBD by Dean of Clinical Sciences
Hysterectomy (abdominal, laparoscopic, or vaginal)	1	I/O	TBD by Dean of Clinical Sciences
Laparoscopy (diagnostic, ovarian surgery, ectopic)	1	I/O	TBD by Dean of Clinical Sciences

Hysteroscopy (diagnostic or operative)	1	I/O	TBD by Dean of Clinical Sciences
Cervical or Vulvovaginal Procedure (colpo, LEEP/cone, perineal laceration repair, vulvar biopsy)	1	I/O	TBD by Dean of Clinical Sciences
Interpret the Fetal Heart Tracing	1	I/O	TBD by Dean of Clinical Sciences
Collect and Present Complete GYN History	1	I/O	TBD by Dean of Clinical Sciences
Collect and Present Complete OB History	1	I/O	TBD by Dean of Clinical Sciences
Document and Review Complete H&P (GYN, L&D, or postpartum admission, new ambulatory patient)	1	I/O	TBD by Dean of Clinical Sciences
Document and Review Inpatient Progress Note (GYN/consult rounding, labor progress, postpartum care)	1	I/O	TBD by Dean of Clinical Sciences
Speculum Exam (GYN or OB patient or simulation)	1	I/O	TBD by Dean of Clinical Sciences
Bimanual Exam (GYN or OB patient or simulation)	1	I/O	TBD by Dean of Clinical Sciences
Clinical Breast Exam (GYN or OB patient)	1	I/O	TBD by Dean of Clinical Sciences
Vaginal Birth (spontaneous, operative-assisted)	1	I/O	TBD by Dean of Clinical Sciences
Ultrasound (gynecologic, 1st trimester, anatomy, presentation, AFI/BPP)	1	I/O	TBD by Dean of Clinical Sciences
Foley Catheter Insertion	1	I/O	TBD by Dean of Clinical Sciences
Counseling (preconception, pregnancy options, contraception, safe sex)	1	I/O	TBD by Dean of Clinical Sciences
At-Risk Patient Screening and Care (young-age parent, un/underinsured patient, IPV, peripartum mood disorders)	1	I/O	TBD by Dean of Clinical Sciences
Health Maintenance (preconception care, adult well care)	1	I/O	TBD by Dean of Clinical Sciences
Prenatal Care (routine OB visit, prenatal diagnosis and/or genetic screening)	1	I/O	TBD by Dean of Clinical Sciences
Diabetes in Pregnancy (pregestational, gestational)	1	I/O	TBD by Dean of Clinical Sciences
Hypertension in Pregnancy (pregestational, gestational, preeclampsia, eclampsia)	1	I/O	TBD by Dean of Clinical Sciences
Bleeding in Pregnancy (previa, abruption, abnormal pregnancy [ectopic, molar, miscarriage], threatened miscarriage)	1	I/O	TBD by Dean of Clinical Sciences
Delivery Complications (shoulder dystocia, peripartum infection)	1	I/O	TBD by Dean of Clinical Sciences
Preterm Complications (preterm labor or preterm premature rupture of membranes)	1	I/O	TBD by Dean of Clinical Sciences
Care of Postpartum Hemorrhage	1	I/O	TBD by Dean of Clinical Sciences

Postpartum Care (lactation counseling, routine ambulatory pp visit, postpartum complications)	1	I/O	TBD by Dean of Clinical Sciences
Pelvic Pain/ PID	1	I/O	TBD by Dean of Clinical Sciences
Abnormal Uterine Bleeding (premenopausal)	1	I/O	TBD by Dean of Clinical Sciences
Perimenopause/Menopause (vaginal atrophy, vasomotor symptoms, postmenopausal bleeding)	1	I/O	TBD by Dean of Clinical Sciences
Abnormal Pap/GYN malignancy	1	I/O	TBD by Dean of Clinical Sciences
Adnexal/Pelvic Mass (ovarian cysts, fibroids)	1	I/O	TBD by Dean of Clinical Sciences
Vulvovaginal Conditions (Vaginitis, STI, Bartholin cyst/abscess, lichenoid conditions, VIN/VaIN)	1	I/O	TBD by Dean of Clinical Sciences
Conditions: PEDIATRICS	Min #	Setting (I=Inpatient O=Outpatient)	Alternative/Self-Directed Learning
Respiratory (URI, Bronchiolitis, Pneumonia, Asthma, CF, other)	1	I/O	TBD by Dean of Clinical Sciences
GI (Gastroenteritis, Diarrhea, Pyloric stenosis, Abdominal pain, Vomiting)	1	I/O	TBD by Dean of Clinical Sciences
CV (Murmur, Congenital heart disease, Chest pain)	1	I/O	TBD by Dean of Clinical Sciences
Endo (Diabetes, Obesity, Hypoglycemia, Thyroid disease)	1	I/O	TBD by Dean of Clinical Sciences
Infectious Diseases (rash, strep throat, pneumonia, bronchiolitis, AOM, cellulitis, UTI, other)	1	I/O	TBD by Dean of Clinical Sciences
Hemat/Onc (cancer, anemia)	1	I/O	TBD by Dean of Clinical Sciences
Neuro (seizure, altered mental status, fussiness, CP, developmental delay, Autism)	1	I/O	TBD by Dean of Clinical Sciences
Psych/ Mental Health (Depression, anxiety, ADHD, Behavioural concerns)	1	I/O	TBD by Dean of Clinical Sciences
Newborn WCC/ Counseling (0-1 m)	1	I/O	TBD by Dean of Clinical Sciences
Infant WCC/ Counseling (1-12 m)	1	I/O	TBD by Dean of Clinical Sciences
Toddler WCC/ Counseling (Age 1-4 y)	1	I/O	TBD by Dean of Clinical Sciences
School Age WCC / Counseling (5-12y)	1	I/O	TBD by Dean of Clinical Sciences
Adolescent WCC/ Counseling (Age 13y+)	1	I/O	TBD by Dean of Clinical Sciences
Conditions: PSYCHIATRY	Min #	Setting (I=Inpatient O=Outpatient)	Alternative/Self-Directed Learning
Evaluate or Treat: Disorder With Psychotic Symptoms (e.g. Hallucinations or Delusions)	1	I/O	TBD by Dean of Clinical Sciences
Evaluate or Treat: Mood Disorder	1	I/O	TBD by Dean of Clinical Sciences

Evaluate or Treat: Anxiety Disorder or Trauma and Stressor Related Disorder (e.g. PTSD)	2	I/O	TBD by Dean of Clinical Sciences
Evaluate or Treat: Substance Use Disorder	1	I/O	TBD by Dean of Clinical Sciences
Conduct: Mental Status Exam	2	I/O	TBD by Dean of Clinical Sciences
Conduct: Cognitive Screen	2	I/O	TBD by Dean of Clinical Sciences
Conduct: Assessment of Suicidality and Homicidality	1	I/O	TBD by Dean of Clinical Sciences
Complete: Psychiatric interview and document a psychiatric encounter	1	I/O	TBD by Dean of Clinical Sciences
Evaluate or Treat: Disorder With Psychotic Symptoms (e.g. Hallucinations or Delusions)	2	I/O	TBD by Dean of Clinical Sciences
Conditions: INTERNAL MEDICINE	Min #	Setting (I=Inpatient O=Outpatient)	Alternative/Self-Directed Learning
Diarrhea and/or constipation (e.g., IBD, c. dif, bowel obstruction, gastroenteritis, large bowel obstruction, colitis, CD, UC, malignancy, short gut syndrome, celiac disease, viral infections, C. Dif)	1	I/O	TBD by Dean of Clinical Sciences
Anemia/Bleed (e.g., GI bleed, hematuria, bleeding disorder, hemolytic anemia, vitamin deficiency, malignancy)	1	I/O	TBD by Dean of Clinical Sciences
Chest Pain (e.g., ACS, Pleuritis, pneumothorax, pericarditis, gastritis or GERD, aortic dissection, esophageal spasm, bronchospasm)	1	I/O	TBD by Dean of Clinical Sciences
Dyspnea (e.g., COPD, Asthma, Heart Failure, PE, bronchitis, anemia, deconditioning)	1	I/O	TBD by Dean of Clinical Sciences
Fever and Infection (e.g., pneumonia (e.g., CAP, HAP, VAP), cellulitis, UTI (e.g., cystitis, pyelonephritis, abscess, sepsis, bacteremia, meningitis, sepsis)	1	I/O	TBD by Dean of Clinical Sciences
Hyper or hypotension and/or management	1	I/O	TBD by Dean of Clinical Sciences
Diabetes management, and/or complications (e.g., hyper or hypoglycemia, DKA, nephropathy, HHS)	1	I/O	TBD by Dean of Clinical Sciences
Renal failure and/or complications (e.g., AKI, CKD, ESRD, uremia, fluid overload)	1	I/O	TBD by Dean of Clinical Sciences
Electrolyte, acid base disorders and/or management (e.g., hypo or hyperkalemia, metabolic acidosis, hyponatremia or hypernatremia, hypocalcemia or hypercalcemia)	1	I/O	TBD by Dean of Clinical Sciences

Pain and/or management (e.g., joint pain (e.g., arthritis, SLE, gout), sickle cell disease)	1	I/O	TBD by Dean of Clinical Sciences
Altered mental status (e.g., syncope, encephalopathy, substance use disorder, drug withdrawal and drug overdose, stroke, TIA)	1	I/O	TBD by Dean of Clinical Sciences
Skills/Procedures: EKG Interpretation	1	I/O	TBD by Dean of Clinical Sciences
Skills/Procedures: Accu-Check blood glucose interpretation	1	I/O	TBD by Dean of Clinical Sciences
Skills/Procedures: BMP Interpretation	1	I/O	TBD by Dean of Clinical Sciences
Skills/Procedures: CBC Interpretation	1	I/O	TBD by Dean of Clinical Sciences
Conditions: SURGERY	Min #	Setting (I=Inpatient O=Outpatient)	Alternative/Self-Directed Learning
History taking	1	I/O	TBD by Dean of Clinical Sciences
Physical Examination	1	I/O	TBD by Dean of Clinical Sciences
Surgical Drains	1	I/O	TBD by Dean of Clinical Sciences
Suturing/knot tying/stapling	1	I/O	TBD by Dean of Clinical Sciences
Foley Placement and removal	1	I/O	TBD by Dean of Clinical Sciences
NG tube and ET Tube placement and removal	1	I/O	TBD by Dean of Clinical Sciences
Ultrasound	1	I/O	TBD by Dean of Clinical Sciences
Fluid and Electrolytes	1	I/O	TBD by Dean of Clinical Sciences
Pre-op Planning	1	I/O	TBD by Dean of Clinical Sciences
Peri-op Care	1	I/O	TBD by Dean of Clinical Sciences
Post Op Care	1	I/O	TBD by Dean of Clinical Sciences
Multimodal pain control	1	I/O	TBD by Dean of Clinical Sciences
Acid Base Imbalances	1	I/O	TBD by Dean of Clinical Sciences
Abdominal Pain	1	I/O	TBD by Dean of Clinical Sciences
Biliary Disease	1	I/O	TBD by Dean of Clinical Sciences
GI bleeding	1	I/O	TBD by Dean of Clinical Sciences
Hernias	1	I/O	TBD by Dean of Clinical Sciences

In addition to the above, students must see a minimum of 36 OR cases during their 12-week clerkship.

Learning Objectives for Clinical Rotations

Common Objectives for Clinical Rotations

1. Chart patient information.
2. Manage, with appropriate physician collaboration, common, uncomplicated, medical problems.
3. Identify indications for diagnostic procedures.
4. Identify the relationship between medical and socioeconomic problems, and recognize the importance of the impact of culture on health beliefs and medical care.
5. Provide patient education and counseling at an appropriate level of comprehension and sensitivity.
6. Perform basic clinical procedures, e.g. venipuncture, suturing, laboratory tests, etc.

Family Medicine Clerkship

Regardless of where you complete your rotation, your clinical experience will include patient encounters for:

- Musculoskeletal Pain
- Hypertension
- Diabetes mellitus
- Dyslipidemia
- Wellness Visit
- Depression
- Tobacco Use
- Obesity
- Dyspepsia
- Cultural Competence
- Geriatric Care
- Obesity
- Obstructive Lung Disease
- Healthcare Disparities
- Substance Use

The list below indicates aspects of each of these competencies that students are expected to achieve in the Family and Community Medicine Clerkship through handling different types of patient encounters, working with their preceptor, and self-directed learning with provided materials.

Professional and Personal Development

- Demonstrate compassion, ethical behavior and professionalism while fostering self-awareness, accountability and continuous growth.

Knowledge for Practice

- Apply integrated biomedical, clinical, and public health sciences to diagnose, manage and prevent common ambulatory care disorders in individuals and populations effectively.

Patient Care

- Perform complete and/or focused patient histories and physical exams for ambulatory patients in a variety of contexts (e.g., initial, follow-up).
- Utilize the history and physical, laboratory data, imaging studies and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.

Interpersonal and Cross-Cultural Communication

- Demonstrate effective, respectful and compassionate communication skills

(verbal, non- verbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.

Health Systems Science and Social Contexts of Care

- Conduct health promotion based on principles of population health, informed by patients' unique backgrounds, characteristics, values and beliefs.

Critical Thinking, Inquiry and Problem-Solving

- Use critical thinking skills to form questions, acquire, appraise and apply evidence, mitigate bias and navigate uncertainty in medical decision-making.

Teamwork and Collaboration

- Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.

Internal Medicine Clerkship

The medicine clerkship provides the student with practical clinical experience in caring for adult hospitalized patients on a medical service. This clerkship is intended to strengthen the student's skills in developing a comprehensive database with regard to a wide variety of common inpatient medical problems, stressing cognitive and affective information to enable the student to recognize normal and assess deviation from normal. Further, this clerkship teaches the student the indications, limitations and methodology of inpatient diagnostic procedures and therapeutic regimens, in addition to affording the student the opportunity to formulate organized and complete inpatient records and problem lists. Finally, the clerkship is intended to teach the student to respect and appreciate the contributions of other health professions and strengthen interpersonal and interactive skills needed to be a contributing team member.

Through internal medicine clerkship, students will be specifically focused on encountering patients with the following medical symptoms or conditions:

- Acid-Base Disorder/Electrolyte Abnormality
- Acute Kidney Injury
- Altered mental status
- Anemia
- Atrial Fibrillation/Arrhythmia
- Cancer
- Chest Pain
- Cirrhosis
- Congestive Heart Failure
- Constipation or Diarrhea
- Coronary Artery Disease
- Diabetes Mellitus
- GI Bleeding
- Heart Murmur
- HIV/Immunocompromised state
- Hypertension
- Obstructive Lung Disease
- Pneumonia

Students will also receive specific feedback about their performance from their faculty members and get direct feedback about their progress in documenting the adult history and physical. Students will additionally be observed by our faculty taking the relevant portions of the adult history and physical exam at the patient bedside.

The list below indicates aspects of each of these competencies that students are expected to

achieve in the Medicine Clerkship through didactics, direct observation, self-directed learning with provided materials and simulation.

Professional and Personal Development

- Demonstrate compassion, ethical behavior and professionalism while fostering self-awareness, accountability and continuous growth.

Knowledge for Practice

- Apply integrated biomedical, clinical, and public health sciences to diagnose, manage and prevent common ambulatory care disorders in individuals and populations effectively.

Patient Care

- Perform complete and/or focused patient histories and physical exams for ambulatory patients in a variety of contexts and settings.
- Utilize the history and physical, laboratory data, imaging studies and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.
- Demonstrate procedural skills and provide appropriate peri-procedural care with an understanding of indications, risks and benefits.

Interpersonal and Cross-Cultural Communication

- Demonstrate effective, respectful and compassionate communication skills (verbal, non-verbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.

Health Systems Science and Social Contexts of Care

- Integrate value-based care principles, including cost awareness and risk-benefit analysis, to optimize resource allocation for improved patient and population outcomes. (Value-Based Care)
- Apply quality improvement frameworks used in health system improvement. (Quality Improvement)

Critical Thinking, Inquiry and Problem-Solving

- Use critical thinking skills to form questions, acquire, appraise and apply evidence, mitigate bias and navigate uncertainty in medical decision-making.

Teamwork and Collaboration

- Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.

Obstetrics and Gynecology

The purpose of the OB/GYN rotation is to provide the student with practical clinical experience in the differential diagnosis, evaluation, and management of normal and abnormal conditions in obstetrics and gynecology. Students will gain skills in obtaining patient histories, physical diagnosis and medical decision making through exposure to a broad base of patients with a wide variety of personal and social issues that influence patient care. In addition, this rotation provides the student with practical experience in the areas of family planning, ante- and postpartum care, and patient counseling. Further, through formulation of complete medical records, the student will augment skills previously acquired in inpatient and ambulatory diagnostic and therapeutic procedures.

Students will have encounters with patients for:

- Pelvic exams
- Urinary catheter insertion
- Verbal handoff
- Vaginal delivery
- Cesarean delivery
- Suturing
- Pre-eclampsia

- Ruptured membranes
- Preterm labor
- Contraceptive counseling
- Vulvovaginal complaint
- Abnormal uterine bleeding
- Pelvic pain
- Ultrasound for fetal presentation (UAT)

Students will also conduct obstetrics histories and physical exams and complete postpartum progress notes and post-operative progress notes.

The list below indicates aspects of each of these competencies that students are expected to achieve in the OB/GYN Clerkship through didactics, direct observation, and self-directed learning with provided materials and simulation.

Professional and Personal Development

- Demonstrate compassion, ethical behavior and professionalism while fostering self-awareness, accountability and continuous growth.

Knowledge for Practice

- Apply integrated biomedical, clinical, and public health sciences to diagnose, manage and prevent common ambulatory care disorders in individuals and populations effectively.

Patient Care

- Perform complete and/or focused patient histories and physical exams for ambulatory patients in a variety of contexts and settings.
- Utilize the history and physical, laboratory data, imaging studies and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.
- Obtain and document informed consent, perform procedures proficiently and provide appropriate post procedural care.

Interpersonal and Cross-Cultural Communication

- Demonstrate effective, respectful and compassionate communication skills (verbal, non-verbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.

Health Systems Science and Social Contexts of Care

- Explain how economic aspects of the US healthcare system dominate healthcare policy and reform efforts and how these impact health outcomes. (Healthcare Policy and Economics)
- Demonstrate patient-centered care by understanding and addressing the sociocultural attributes, health status, disparities and needs of diverse communities. (Population Health)

Critical Thinking, Inquiry and Problem-Solving

- Use critical thinking skills to form questions, acquire, appraise and apply evidence, mitigate bias and navigate uncertainty in medical decision-making.

Teamwork and Collaboration

- Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.

General Surgery Clerkship

The purpose of your surgical rotation is to provide the practical clinical experience in the evaluation and management of inpatient and outpatient surgical patients. Students will gain skills in obtaining focused patient histories, physical assessment and surgical decision making through exposure to a

broad base of “undifferentiated” patients and the wide variety of personal and social issues that influence patient care. This clerkship is designed to augment, strengthen and refine the student's skills by teaching the indications, limitations and methodology of diagnostic procedures and surgical interventions. In addition, much of this rotation is hands-on including wound care, suturing, venous access, drain management etc. Emphasis will be placed on the surgical problems commonly encountered in primary care settings. Finally, the clerkship is intended to teach the student to respect and appreciate the contributions of other health professionals in the overall delivery of health care with special attention to the Operating room culture the ‘peri-operative experience’ and the surgical patient

Knowledge

- Demonstrate knowledge and understanding of common surgical problems
- Understand the indications for, and the limitations of, essential diagnostic studies used to evaluate patients with surgical problems
- Demonstrate an understanding of surgical treatments, and alternatives to surgical treatment
- To become familiar with various surgical procedures and know their expected outcomes and complications
- Develop cost/risk/benefit appreciation as it applies to patient care
- Be familiar with action, dosage and use of common pharmacologic agents used in surgery (analgesics, antibiotics, anticoagulants, sedatives)

Skills

- Evaluate and assess patients with surgical diseases
- Understand and possibly perform various basic procedures, such as:
 - venipuncture
 - placement of intravenous catheter
 - insertion of urethral (Foley) catheter
 - insertion of nasogastric tube
 - removal of surgical drains
 - closure of surgical incisions
 - removal of suture/staples
 - dressing changes
- Apply specific protocol in the operating room (scrubbing, gowning, gloving, prepping and draping)
- Develop specific motor skills utilized in surgery
- Interpret common laboratory tests (CBC, electrolytes, blood gases, urinalysis, coags)
- Interpret common radiologic tests (CXR, KUB, UGI, BE, bone, nuclear tests, US, CT)
- Perform and interpret

EKG Attitudes

- Acquire a caring and sympathetic attitude appropriate for dealing with patients with surgical illnesses
- Acquire an appreciation for the collegial interaction necessary to work on the surgical service, in the OR, etc.
- Realize the scope of responsibility you assume as the surgeon and to that of the family and referring physicians
- Demonstrate an openness to recognize limitations by using resources referrals and consultation with supervising preceptors or others when appropriate
- Demonstrate an openness to receive constructive criticism
- Perform duties within a professional comportment encompassing such areas as attendance, dress code, and general demeanor
- Respect patient privacy

Information Learning Objectives

For each presenting symptom, condition, or disease state, the student should be expected to know:

- Anatomy
- Pathophysiology
- Common associated symptoms
- Positive physical findings
- Differential diagnosis
- Treatment
 - medical/surgical alternatives
 - when treated medically, indications for surgical intervention
 - risk factor assessment
 - pre- and post-operative management
 - complications: recognition and treatment
- Adjuvant therapies – indications and outcome
- Prognosis
- Discharge: timing, patient education, follow-up, resumption of activities

Surgical Entities to Recognize

In addition to the list of potential topics for Professor's hour, the student should be familiar with management plans for the following:

- Intracranial tumors/aneurysm/AVM
- Lung tumors
- Renal calculi/masses/cancer
- Prostate cancer/hypertrophy
- Shock
- Burn injuries
- Pediatric bowel disorders
- Common orthopedic injuries and tumors
- Common anesthesia scenarios
- Common ENT problems
- Surgical ethics and end of life issues
- Major milestones in surgical history

Psychiatry Clerkship

The psychiatry rotation provides students practical experience in the evaluation, and management of mental illness. Through clinical interaction with an often misunderstood and undertreated population, students will develop an understanding of the biological and psychosocial factors that influence a variety of psychiatric conditions. They will gain proficiency in obtaining relevant histories, formulating appropriate diagnoses, and constructing rational treatment plans. This rotation also affords students the opportunity to draw upon previously acquired knowledge to better understand the reciprocal relationship that often exists between physical and psychiatric illnesses.

Mood Disorders	Including, but not limited to Major Depressive Disorder, Bipolar I or II Disorders, Persistent Depressive Disorder, Cyclothymic Disorder, Other Specified/Unspecified Depressive/Bipolar and Related Disorders
Thought Disorder	Including, but not limited to Schizophrenia, Schizoaffective Disorder; Schizophreniform Disorder, Delusional Disorder, Brief Psychotic Disorder; Other Specified/Unspecified Schizophrenia Spectrum and Other Psychotic Disorders

Anxiety Disorder	Including, but not limited to Generalized Anxiety Disorder, Panic Disorder, Post- Traumatic Stress Disorder; Social Anxiety Disorder, Other Specified/Unspecified Anxiety/Trauma and Stress/Obsessive-Compulsive and Related Disorders
Substance Related Disorder	Including, but not limited to a diagnosis of withdrawal, intoxication or substance use disorder
Personality Traits	Traits of any Cluster A, B or C Personality Disorder
Cognitive Disorder	Including, but not limited to Delirium, Neurocognitive Disorders, Intellectual Disability

Students are observed by faculty while completing the History and the Mental Status Exam portions of the psychiatric interviews.

Below are the Psychiatry Clerkship objectives and how they connect to the overall CCGG's.

Patient Care

- Perform complete and/or focused patient histories and mental status exams for patients in a variety of contexts and settings.
- Utilize the history and physical/mental status exam, laboratory data, imaging studies, and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.

Knowledge for Practice

- Apply integrated biomedical, clinical, and public health sciences to diagnose, manage, and prevent common psychiatric disorders in individuals and populations effectively.

Interpersonal and Cross-Cultural Communication Skills

- Demonstrate effective, respectful and compassionate communication skills (verbal, non- verbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.

Professional & Personal Development

- Demonstrate compassion, ethical behavior, and professionalism while fostering self- awareness, accountability, and continuous growth.

Health Systems and Social Context of Care

- Describe how structural barriers, access to care, social determinants of health or health equity lead to adverse health outcomes for patients and populations. (Population Health)

Critical Thinking, Inquiry and Problem-Solving

- Use critical thinking skills to form questions, acquire, appraise, and apply evidence, mitigate bias, and navigate uncertainty in medical decision-making

Teamwork and Collaboration

- Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.

Knowledge for Practice

- Apply integrated biomedical, clinical, and public health sciences to diagnose, manage, and prevent common psychiatric disorders in individuals and populations effectively.

Pediatrics Clerkship

The purpose of the pediatric preceptorship is to provide the student with practical clinical experience working with ambulatory pediatric patients. This preceptorship is intended to augment and develop directed data collection and patient management skills emphasizing a wide range of primary care pediatric problems. It will also stress those cognitive and affective skills, which will enable the student to recognize normal findings, and assess abnormal findings. The student will augment skills such as counseling the parent as to normal growth and development, anticipatory guidance, feeding, immunizations, etc., and will become familiar with the indications, limitations, and methodology of ambulatory diagnostic procedures and therapeutics. Further, they will gain an appreciation for practice management and the role a PA may play in a pediatric practice setting.

Clinical experiences include patient encounters for:

- Heart Murmur
- Rash
- Ear Concern
- Respiratory Condition
- Abdominal Pain
- Obesity (evaluation/management)
- Infant Nutrition Counseling
- Injury prevention counseling
- Sub-Q/IM medication administration
- Well child visits (growth interpretation, immunization record review, Tanner staging, developmental assessment, and HEADDS exam)
- Newborn Exam
- Mental/Behavioral Health Evaluation and Counseling

The list below indicates aspects of each of these competencies that students are expected to achieve in the Pediatric Clerkship through managing different types of patient encounters and self-directed learning with provided materials.

Professional and Personal Development

- Demonstrate compassion, ethical behavior and professionalism while fostering self-awareness, accountability and continuous growth.

Knowledge for Practice

- Apply integrated biomedical, clinical, and public health sciences to diagnose, manage and prevent common ambulatory care disorders in individuals and populations effectively.

Patient Care

- Perform complete and/or focused patient histories and physical exams for ambulatory patients in a variety of contexts and settings.
- Utilize the history and physical, laboratory data, imaging studies and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.

Interpersonal and Cross-Cultural Communication

- Demonstrate effective, respectful and compassionate communication skills (verbal, non-verbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.

Health Systems Science and Social Contexts of Care

- Demonstrate understanding of healthcare policy as it pertains to pediatrics patients including key policies, gaps in policies, opportunities for advocacy and the ability to critically analyze and propose improvements. (Healthcare Policy and Economics and

Quality Improvement)

- Identify how social and systemic factors influence health inequities and population health on a local, national and global level. (Health Care Structures and Processes, Population Health)

Critical Thinking, Inquiry and Problem-Solving

- Use critical thinking skills to form questions, acquire, appraise and apply evidence, mitigate bias and navigate uncertainty in medical decision-making.

Teamwork and Collaboration

- Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness.

Required Course Clerkship Syllabi

Family Medicine
Internal Medicine
Obstetrics and Gynecology
Pediatrics
Psychiatry
Surgery



AMERICAN UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

CORE CLERKSHIP SYLLABUS: FAMILY MEDICINE CC4006

12/2025

I. CLERKSHIP OVERVIEW

Course Title	Duration	Assessment Weighting
Family Medicine Clerkship	6 Weeks	Clinical Component (70%) / NBME Shelf Exam (25%)/Internal Assessment (5%)

Course Director: Dr. Darell L Murray, Sr. MD (Clinical Chair, Family Medicine)

Clerkship Description: The Family Medicine clerkship exposes students to the comprehensive, continuous, and comprehensive healthcare of individuals and families across the lifespan. Unlike other rotations that focus on specific organ systems or age groups, Family Medicine integrates biological, clinical, and behavioral sciences to treat the "whole patient." The rotation emphasizes ambulatory care, chronic disease management (e.g., hypertension, diabetes), preventive medicine, health promotion, and the management of undifferentiated acute complaints in an outpatient setting.

II. PROGRAM EDUCATIONAL OBJECTIVES (PEO) ALIGNMENT

This clerkship directly advances all six AUSOMA Program Educational Competencies (PECs) and their corresponding Program Educational Objectives (PEOs).

AUSOMA PEC / PEO	Program Learning Outcomes (PLOs) Reinforced in Family Medicine
PEC 1: Basic Knowledge of Medicine	PLO2: Apply fundamental knowledge of broad-spectrum medicine to diagnose and manage and prevent common acute and chronic conditions across all age groups (pediatric to geriatric).
PEC 2: Clinical and Diagnostic Skills	PLO6: Conjecture differential diagnoses for undifferentiated ambulatory complaints (e.g., fatigue, dizziness) and formulate a diagnosis based on focused history and physical findings.
PEC 3: Patient Centered Medicine	PLO7: Deliver quality patient care in the context of the family unit and community , considering social determinants of health and diverse cultural beliefs.
PEC 4: Interpersonal Rapport and Communication	PLO10: Initiate, establish, and adhere to empathetic communication with patients of all ages, utilizing motivational interviewing techniques for lifestyle modification (e.g., smoking cessation, diet).
PEC 5: Medical and Ethics and Professionalism	PLO13: Conform to the highest standards of medical ethics and professionalism , particularly regarding continuity of care, confidentiality, and resource stewardship.
PEC 6: Evidence-Based Practice and Lifelong Learning	PLO14 & PLO15: Demonstrate an open mind and scientific inquisitiveness to apply current preventative care guidelines (USPSTF) and evidence-based medicine to daily practice.

III. CLERKSHIP LEARNING OUTCOMES (CLOs)

Upon successful completion of the Family Medicine Clerkship, the student will be able to:

A. Cognitive Domain (Knowledge)

- **CLO (Cognitive) 1:** Construct comprehensive differential diagnoses for common outpatient presentations (e.g., back pain, cough, skin rashes) and manage chronic conditions (e.g., T2DM, HTN, **Hyperlipidemia**).**(Aligned with PLO2, PLO6)**
- **CLO (Cognitive) 2:** Articulate the principles of health maintenance and disease prevention, including cancer screening, immunizations, and risk factor **modification**.**(Aligned with PLO2)**
- **CLO (Cognitive) 3:** Interpret common diagnostic studies relevant to primary care, specifically Electrocardiograms (EKG) and Chest X-Rays (**CXR**).**(Aligned with PLO6)**

B. Psychomotor Domain (Skills)

- **CLO (Psychomotor) 1:** Perform a comprehensive and/or focused **patient history and physical exam** for ambulatory patients in a variety of contexts (e.g., initial visit vs. **follow-up**).**(Aligned with PLO4)**
- **CLO (Psychomotor) 2:** Formulate and document evidence-based management plans that integrate pharmacological and non-pharmacological interventions (e.g., diet & exercise **counseling**).**(Aligned with PLO6, PLO14)**
- **CLO (Psychomotor) 3:** Demonstrate competency in obtaining and interpreting vital signs and performing office-based procedures as available (e.g., injections, point-of-care **testing**).**(Aligned with PLO5)**

C. Affective Domain (Attitude & Professionalism)

- **CLO (Affective) 1:** Demonstrate compassion, **ethical behavior, and professionalism** while fostering self-awareness, accountability, and continuous growth. **PEC 5 (Medical Ethics)**. **(Aligned with PLO12, PLO13)**
- **CLO (Affective) 2:** Exhibit **cultural humility** by recognizing how background, values, and beliefs influence health behaviors and adapting care plans accordingly.
- **CLO (Affective) 3:** Demonstrate **collaborative communication skills** with all members of the interprofessional team (nurses, social workers, nutritionists) to maximize team effectiveness. **(Aligned with PLO10)**
- **CLO (Affective) 4:** Demonstrate initiative in **self-directed learning** by

proactively researching case-specific questions and integrating relevant literature into the patient-care team discussions. **(Aligned with PLO14, PLO15)**

IV. LEARNING ACTIVITIES AND EXPECTATIONS

Students will be actively involved in direct, supervised patient care in the following modalities:

- **Ambulatory Clinic:** Daily participation in outpatient clinics, performing histories and physicals on new and established patients.
- **Health Promotion:** Conducting wellness visits, providing anticipatory guidance, and counseling on lifestyle modifications (tobacco use, obesity, nutrition).
- **Didactic Sessions:** Participation in departmental educational activities, case discussions, and review of core Family Medicine topics.
- **Scholarly Activity:** Completion of at least one formal, fully documented History and Physical (H&P) write-up that includes an evidence-based discussion.

V. ASSESSMENT AND GRADING

The clerkship final grade is calculated as follows:

Assessment Component	Weighting	Minimum Requirement to Pass
Clinical Component (Preceptor Evaluation)	70%	Must achieve a grade of Pass (70%) or higher on the Preceptor's Final Evaluation Rubric.
NBME Shelf Exam	25%	Must achieve a score of 60 or greater on the NBME Family Medicine Subject Examination.
Internal Assessment	5%	Includes Attendance, completion of Amboss modules , and Patient Logs.
OSCE (Practical)	Mandatory Pass	Must successfully pass the Clinical OSCE for the core rotation if applicable

Assessment Methods (Clinical Component - 70%):

Method	Focus	Alignment
Preceptor Final Evaluation	Direct observation, competency-based feedback (PEG-aligned Rubric).	Professionalism (PEC 5), Clinical Skills (PEC 2), Patient-Centered Care (PEC 3).
Patient Logbook	Quantity and variety of patient exposure (must meet 100% of required conditions).	Clinical & Diagnostic Skills (PEC 2), Knowledge (PEC 1).
Written H&P	Application of EBP, critical judgment, and communication skills.	ESP/Lifelong Learning (PEC 6), Communication (PEC 4).

Failure Policy: Students who fail the clerkship (final grade below 70%) must repeat the entire 6-week clerkship. **Failure of two Shelf Exams results in a block on future rotations.**

VI. ATTENDANCE

- Students must attend at least **95%** of the activities scheduled in their clerkships.
- If the student's absences exceed 5%, the student will receive a **FAIL** grade on the clerkship.
- All absences must be excused and **MUST make up the time lost.**
- Contact the clinical coordinator and Clinical Hub Director via email for any absence.
- Students are **not allowed** to take time off for examinations and residency interviews during rotations.

VII. LEARNING OBJECTIVES (Specific Conditions)

Through the rotation, students will be specifically focused on encountering patients with the following medical symptoms or conditions:

- **Chronic Disease:** Hypertension, Diabetes Mellitus (Type 2), Hyperlipidemia, Asthma/COPD, Arthritis, Osteoporosis, Heart Failure, Coronary Artery Disease.

- **Acute Complaints:** Abdominal Pain, Back Pain, Chest Pain, Cough, Dizziness, Dysuria, Fever, Headache, Joint Pain/Injury, Shortness of Breath, Upper Respiratory Symptoms.
- **Preventative/Wellness:** Cancer Prevention, Diet & Exercise/Nutrition, Obesity, Smoking Cessation/Substance Use.
- **Special Populations:** Geriatric Care (Dementia), Women's Health (Pregnancy, Vaginal Discharge/Bleeding), Mental Health (Anxiety, Depression).

The list below indicates aspects of each of these competencies that students are expected to achieve:

- **Professional and Personal Development:** Demonstrate compassion, ethical behavior, and professionalism.
- **Knowledge for Practice:** Apply integrated biomedical sciences to diagnose and manage common ambulatory disorders.
- **Patient Care:** Perform complete/focused histories and physical exams; utilize data to develop a prioritized differential diagnosis.
- **Interpersonal Communication:** Demonstrate respectful and compassionate communication skills.
- **Health Systems Science:** Conduct health promotion based on principles of population health and healthcare disparities.
- **Critical Thinking:** Use critical thinking to form questions and appraise evidence.
- **Teamwork:** Demonstrate collaborative skills with the interprofessional team.

VII. REQUIRED CLINICAL CONDITIONS (LOGGING MANDATORY)

All experiences/patient conditions can be managed in either the inpatient or outpatient setting and **must be logged by the student**.

Clinical Conditions (Minimum 1 encounter each):

- Abdominal Pain
- Abnormal Vaginal Bleeding
- Anxiety
- Arthritis
- Asthma / COPD
- Back Pain
- Cancer Prevention
- Chest Pain

- Coronary Artery Disease
- Cough
- Dementia
- Depression
- Diet & Exercise / Nutrition
- Dizziness
- Dysuria
- Fever
- Headache
- Heart Failure
- Hyperlipidemia
- Hypertension
- Joint Pain and Injury
- Leg Swelling
- Male Urinary Symptoms
- Obesity
- Osteoporosis/Osteopenia
- Pregnancy
- Shortness of Breath
- Skin Conditions
- STIs
- Substance Use Disorder/Dependence
- Type 2 Diabetes Mellitus
- Upper Respiratory Symptoms
- Vaginal Discharge

Required Skills/Procedures:

- Vital Signs (Measurement and Interpretation)
- EKG Interpretation
- CXR Interpretation

VIII. REQUIREMENTS FOR CLERKSHIP COMPLETION

1. **Logbook** [Blank AUSOMA Clinical Log.docx](#)
 - a. Must include **all** Required Clinical Conditions and Skills listed above.
 - b. Document every patient encounter, every day.
 - c. **Must be signed off** by supervising physician and submitted at a minimum at mid-point and end of rotation.

- d. If you are having difficulty achieving these, address immediately with clinical coordinator!*
- 2. H&P Self-Directed Learning Write-Up:**
 - a. Must be submitted to supervising physician for feedback/physical marking.
 - b. Must be submitted to clinical coordinator by the student.
- 3. Mid-Rotation Evaluation Form** [Mid Rotation Clinical Evaluation Rubric.docx](#)
 - a. Student must schedule a time with the supervising physician to complete this form.
 - b. Must be submitted to the clinical coordinator.
- 4. End of Rotation Evaluation Form** [Clerkship Clinical Evaluation Rubric.url](#)
(Completed by Preceptor)
- 5. Student Feedback Form** [Student Experience Feedback Form.docx](#) (Submitted by student at end of rotation)



AMERICAN UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

CORE CLERKSHIP SYLLABUS: CC1012- INTERNAL MEDICINE

12/2025

I. CLERKSHIP OVERVIEW

Course Title	Duration	Assessment Weighting
Internal Medicine Clerkship	12 Weeks	Clinical Component (70%) / NBME Shelf Exam (25%)/Internal Assessment (5%)

Course Director: Dr. Farhan Ahmed, Clinical Chair, Internal Medicine

Clerkship Description: The Internal Medicine clerkship exposes students to adult patients with a variety of acute and chronic disease processes in both inpatient and outpatient settings. It serves as the foundation for clinical practice, emphasizing the acquisition of critical diagnostic skills, evidence-based management planning, and professional collaboration within a multidisciplinary team.

II. PROGRAM EDUCATIONAL OBJECTIVES (PEO) ALIGNMENT

This clerkship directly advances all six AUSOMA Program Educational Competencies (PECs) and their corresponding Program Educational Objectives (PEOs).

AUSOMA PEC / PEO Program Learning Outcomes (PLOs) Reinforced in IM	
PEC 1: Basic Knowledge of Medicine	PLO2: Apply fundamental knowledge of basic and clinical sciences to the diagnosis, treatment, prevention and management of patient problems.
PEC 2: Clinical and Diagnostic Skills	PLO6: Conjecture differential diagnoses and formulate a diagnosis by applying acquired knowledge and in the background of gathered history as well as clinical findings.
PEC 3: Patient Centered Medicine	PLO7: Deliver quality patient care in the context of varied perceptions of health and disease by people of diverse backgrounds and disabilities.
PEC 4: Interpersonal Rapport and Communication	PLO10: Initiate, establish and adhere to empathetic communication with patients, families, colleagues, health professionals and supervisors.
PEC 5: Medical Ethics and Professionalism	PLO13: Conform to the highest standards of medical ethics and professionalism while dealing with the complexities of health care practice and delivery.
PEC 6: Evidence-Based Practice and Lifelong Learning	PLO14 & PLO15: Demonstrate an open mind, scientific inquisitiveness and research inclination to acquire newly emerging clinical knowledge and skills.

III. CLERKSHIP LEARNING OUTCOMES (CLOs)

Upon successful completion of the Internal Medicine Clerkship, the student will be able to:

A. Cognitive Domain (Knowledge)

1. **CLO (Cognitive) 1:** Construct comprehensive differential diagnoses for common inpatient medical presentations (e.g., chest pain, shortness of breath, altered mental status) and chronic ambulatory conditions (e.g., diabetes, hypertension). **(Aligned with PLO2, PLO6)**
2. **CLO (Cognitive) 2:** Articulate the **pathophysiology, etiology, and natural history** of core internal medicine diseases, linking clinical findings back to basic science principles. **(Aligned with PLO2)**
3. **CLO (Cognitive) 3:** Critically evaluate and interpret common laboratory and imaging studies (e.g., CBC, chemistries, chest X-rays) to support or refute diagnostic hypotheses. **(Aligned with PLO6)**

B. Psychomotor Domain (Skills)

1. **CLO (Psychomotor) 1:** Perform a comprehensive and problem-focused **medical history and physical examination** on adult patients, accurately documenting findings in the electronic health record. **(Aligned with PLO4)**
2. **CLO (Psychomotor) 2:** Formulate and document evidence-based, longitudinal **therapeutic and diagnostic plans** that prioritize patient safety and adhere to national guidelines. **(Aligned with PLO6, PLO14)**
3. **CLO (Psychomotor) 3:** Demonstrate competency in basic clinical procedures relevant to internal medicine (e.g., venipuncture, informed consent, sterile technique). **(Aligned with PLOS)**

C. Affective Domain (Attitude & Professionalism)

1. **CLO (Affective) 1:** Demonstrate **professionalism, integrity, and ethical conduct** in all interactions with patients, patient families, and the healthcare team, upholding the principles of **PEC 5 (Medical Ethics)**. **(Aligned with PLO12, PLO13)**

2. **CLO (Affective) 2:** Exhibit **cultural humility** by recognizing and adapting care plans to account for patient socioeconomic status, health literacy, language barriers, and cultural beliefs. **(Aligned with PLO7, PLO10)**
3. **CLO (Affective) 3:** Demonstrate initiative in **self-directed learning** by proactively researching case-specific questions and integrating relevant literature into the patient-care team discussions. **(Aligned with PLO14, PLO15)**

□ **LEARNING ACTIVITIES AND EXPECTATIONS**

Students will be actively involved in direct, supervised patient care in the following modalities:

1. **Patient Encounters:** Daily required history taking, physical examinations, presentation, and follow-up of assigned patients.
2. **Inpatient/Outpatient Rounds:** Required attendance and active participation in Attending Rounds, multidisciplinary team meetings (e.g., Social Work, Pharmacy), and teaching rounds.
3. **Didactic Sessions:** Participation in case conferences, grand rounds, Morbidity & Mortality (M&M) conferences, and core didactic lectures provided by the clinical site.
4. **Scholarly Activity:** Completion of at least one formal, fully documented **History and Physical** that includes an evidence-based literature review supporting the diagnostic and management plan.

□ **ASSESSMENT AND GRADING**

The clerkship final grade is calculated as follows:

Assessment Component	Weighting	Minimum Requirement to Pass
Clinical Component (Preceptor Evaluation)	70%	Must achieve a grade of Pass (70%) or higher on the Preceptor's Final Evaluation Rubric.
NBME Subject Shelf Exam	25%	Must achieve a score of 60 or greater on the NBME Internal Medicine Subject Examination.
Internal Assessment (Attendance, assigned clinical education)	5%	Includes Attendance, completion of Amboss modules , and Patient Logs.
OSCE (Practical Component)	Mandatory Pass	Must successfully pass the Clinical OSCE for the core rotation if applicable

Assessment Methods (Clinical Component - 70%):

Method	Focus	Alignment
Preceptor Final Evaluation	Direct observation, competency-based feedback (PEG-aligned Rubric).	Professionalism (PEC 5), Clinical Skills (PEC 2), Patient-Centered Care (PEC 3).
Mid-Clerkship Feedback	Formative, non-graded performance review.	All domains.

Method	Focus	Alignment
Patient Logbook	Quantity and variety of patient exposure, thoroughness of documentation	Clinical & Diagnostic Skills (PEC 2), Knowledge (PEC 1).
Written History and Physical	Application of EBP, critical judgment, and communication skills.	ESP/Lifelong Learning (PEC 6), Communication (PEC 4).

Failure Policy: Students who fail the clerkship (final grade below 70%) must repeat the entire 12-week clerkship in a subsequent semester, per the Student Handbook (cite: AUSOMA Student Handbook: page 21)

☐ **ATTENDANCE**

- Students must attend at least 95% of the activities scheduled in their clerkships. If the student's absences exceed 5%, the student will receive a FAIL grade on the clerkship. This includes elective clerkships.
- All absences must be excused and **MUST make up the time lost.**
- Contact the clinical coordinator and Clinical Hub Director via email for any absence
- Students are not allowed to take time off for examinations and residency interviews during rotations. It is the student's responsibility to schedule these events so that they do not conflict with their Clinical Rotations.

☐ **LEARNING OBJECTIVES**

Through the various rotations students will be specifically focused on encountering patients with the following medical symptoms or conditions:

- Acid-Base Disorder/Electrolyte Abnormality
- Acute Kidney Injury
- Altered mental status
- Anemia
- Atrial Fibrillation/Arrhythmia
- Cancer
- Chest Pain
- Cirrhosis
- Congestive Heart Failure
- Constipation or Diarrhea

- Coronary Artery Disease
- Diabetes Mellitus
- GI Bleeding
- Heart Murmur
- HIV/Immunocompromised state
- Hypertension
- Obstructive Lung Disease
- Pneumonia

Students will also receive specific feedback about their performance from their faculty members and get direct feedback about their progress in documenting the adult history and physical. Students will additionally be observed by our faculty taking the relevant portions of the adult history and physical exam at the patient bedside.

The list below indicates aspects of each of these competencies that students are expected to achieve in the Medicine Clerkship through didactics, direct observation, self-directed learning with provided materials and simulation.

Professional and Personal Development

- Demonstrate compassion, ethical behavior and professionalism while fostering self-awareness, accountability and continuous growth.

Knowledge for Practice

- Apply integrated biomedical, clinical, and public health sciences to diagnose, manage and prevent common ambulatory care disorders in individuals and populations effectively.

Patient Care

- Perform complete and/or focused patient histories and physical exams for ambulatory patients in a variety of contexts and settings.
- Utilize the history and physical, laboratory data, imaging studies and other diagnostic tools to develop a problem representation, a prioritized differential diagnosis and plan of care.
- Demonstrate procedural skills and provide appropriate peri-procedural care with an understanding of indications, risks and benefits.

Interpersonal and Cross-Cultural Communication

- Demonstrate effective, respectful and compassionate communication skills (verbal, nonverbal and written) to effectively interact with patients, families and the medical team across diverse backgrounds.

Health Systems Science and Social Contexts of Care

- Integrate value-based care principles, including cost awareness and risk-benefit analysis, to optimize resource allocation for improved patient and population outcomes. (Value-Based Care)
- Apply quality improvement frameworks used in health system improvement. (Quality Improvement)

Critical Thinking, Inquiry and Problem-Solving

- Use critical thinking skills to form questions, acquire, appraise and apply evidence, mitigate bias and navigate uncertainty in medical decision-making.

Teamwork and Collaboration

- Demonstrate collaborative skills with all members of the interprofessional team in a manner that maximizes team effectiveness

VII. REQUIRED CLINICAL CONDITIONS (LOGGING MANDATORY)

All experiences/patient conditions can be managed in either the inpatient or outpatient setting and will be logged by the student

Clinical Conditions

1. Diarrhea and/or constipation (e.g., IBD, c. diff, bowel obstruction, gastroenteritis, large bowel obstruction, colitis, CD, UC, malignancy, short gut syndrome, celiac disease, viral infections, C. Dif)
2. Anemia/Bleed (e.g., GI bleed, hematuria, bleeding disorder, hemolytic anemia, vitamin deficiency, malignancy)
3. Chest Pain (e.g., ACS, Pleuritis, pneumothorax, pericarditis, gastritis or GERO, aortic dissection, esophageal spasm, bronchospasm)
4. Dyspnea (e.g., COPD, Asthma, Heart Failure, PE, bronchitis, anemia, deconditioning)
5. Fever and Infection (e.g., pneumonia (e.g., CAP, HAP, VAP), cellulitis, UTI (e.g., cystitis, pyelonephritis, abscess, sepsis, bacteremia, meningitis, sepsis)
6. Hyper or hypotension and/or management
7. Diabetes management, and/or complications (e.g., hyper or hypoglycemia, OKA, nephropathy, HHS)

8. Renal failure and/or complications (e.g., AKI, CKD, ESRD, uremia, fluid overload)
9. Electrolyte, acid base disorders and/or management (e.g., hypo or hyperkalemia, metabolic acidosis, hyponatremia or hypernatremia, hypocalcemia or hypercalcemia)
10. Pain and/or management (e.g., joint pain (e.g., arthritis, SLE, gout), sickle cell disease)
11. Altered mental status (e.g., syncope, encephalopathy, substance use disorder, drug withdrawal and drug overdose, stroke, TIA)

Skills/Procedures

1. EKG interpretation
2. Accu-Check blood glucose interpretation
3. BMP interpretation
4. CBC interpretation

VIII. REQUIREMENTS FOR CLERKSHIP COMPLETION

1. **Logbook** [Blank AUSOMA Clinical Log.docx](#)
 - a. Must include all Required Clinical Conditions and Required Skills and Procedures
 - b. Document every patient encounter, every day
 - c. Must be signed off by supervising physician and submitted at a minimum at mid-point of rotation and at end of rotation
 - d. *If you are having difficulty achieving these, address immediately with clinical coordinator, do not wait until the end of your rotation!*
2. **H&P self-directed learning write-up**
 - a. Must be submitted to supervising physician for feedback/physical marking on the write-up
 - b. Must be submitted to clinical coordinator by the student
3. **Mid-Rotation Evaluation Form** [Mid Rotation Clinical Evaluation Rubric.docx](#)
 - a. It is the student's responsibility to schedule a time to sit down with supervising physician at midpoint of rotation to complete this form
 - b. Must be submitted to clinical coordinator
4. **End of Rotation Evaluation Form** (Completed by Preceptor) [Clerkship Clinical Evaluation Rubric.url](#)
5. **Student Feedback Form** (Submitted by student at end of rotation) [Student Experience Feedback Form.docx](#)



AMERICAN UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

CORE CLERKSHIP SYLLABUS

CC 2006: OBSTETRICS AND GYNECOLOGY

12/2025

I. CLERKSHIP OVERVIEW

Course Title	Duration	Assessment Weighting
Obstetrics and Gynecology Clerkship	6Weeks	Clinical Component (70%) / NBME Shelf Exam (25%)/Internal Assessment (5%)

Course Director: TBD (Chair, Obstetrics and Gynecology)

Clerkship Description: The Obstetrics and Gynecology clerkship provides students with a comprehensive introduction to the healthcare of women across their lifespans. Students will gain clinical experience in both inpatient (labor and delivery, surgical gynecology) and outpatient (prenatal care, ambulatory gynecology) settings. The rotation emphasizes the acquisition of skills in taking an obstetric and gynecologic history, performing the pelvic examination, and understanding the pathophysiology, diagnosis, and management of common women's health conditions. Students will also develop professional communication skills and an understanding of the ethical issues unique to reproductive health.

II. PROGRAM EDUCATIONAL OBJECTIVES (PEO) ALIGNMENT

This clerkship directly advances all six AUSOMA Program Educational Competencies (PECs) and their corresponding Program Educational Objectives (PEOs).

AUSOMAPPEC/ PEO	Program Learning Outcomes (PLOs) Reinforced in OB/GYN
PEC 1: Basic Knowledge of Medicine	PLO2: Apply fundamental knowledge of reproductive physiology, anatomy, and pathology to the diagnosis, treatment, prevention, and management of women's health problems (e.g., normal vs. abnormal labor, menstrual disorders).
PEC 2: Clinical and Diagnostic Skills	PLO6: Conjecture differential diagnoses for common complaints (e.g., pelvic pain, abnormal bleeding) and formulate a diagnosis by applying acquired knowledge and in the background of gathered history as well as clinical findings (e.g., pelvic exam, ultrasound).
PEC 3: Patient Centered Medicine	PLO7: Deliver quality patient care in the context of varied perceptions of health and disease by women of diverse backgrounds, respecting their reproductive choices and privacy.
PEC4: Interpersonal Rapport and Communication	PLO10: Initiate, establish, and adhere to empathetic and sensitive communication with patients regarding intimate health concerns, as well as with the healthcare team.
PEC 5: Medical Ethics and Professionalism	PLO13: Conform to the highest standards of medical ethics and professionalism , particularly regarding patient confidentiality, informed consent for sensitive exams, and reproductive ethics.
PEC6: Evidence-Based Practice and Lifelong Learning	PLO14 & PLO15: Demonstrate an open mind, scientific inquisitiveness , and research inclination to acquire newly emerging clinical knowledge and skills in OB/GYN (e.g., current screening guidelines).

III. CLERKSHIP LEARNING OUTCOMES (CLOs)

Upon successful completion of the OB/GYN Clerkship, the student will be able to:

A. Cognitive Domain (Knowledge)

- **CLO (Cognitive) 1:** Construct comprehensive differential diagnoses for common obstetric (e.g., bleeding in pregnancy, hypertension) and gynecologic (e.g., pelvic pain, adnexal mass) presentations. **(Aligned with PLO2, PLOG)**
- **CLO (Cognitive) 2:** Articulate the physiologic changes of normal pregnancy and the pathophysiology of common obstetric complications (preeclampsia, gestational diabetes). **(Aligned with PLO2)**
- **CLO (Cognitive) 3:** Interpret common diagnostic studies in women's health, including fetal heart tracings, pelvic ultrasounds, and Pap smear results. **(Aligned with PLOG)**

B. Psychomotor Domain (Skills)

- **CLO (Psychomotor) 1:** Perform a comprehensive and sensitive **obstetric and gynecologic history and physical examination** (including breast and pelvic exams), accurately documenting findings. **(Aligned with PLO4)**
- **CLO (Psychomotor) 2:** Formulate and document evidence-based management plans for routine prenatal care, labor management, and common gynecologic conditions. **(Aligned with PLOG, PLO14)**
- **CLO (Psychomotor) 3:** Demonstrate competency in basic clinical procedures (e.g., speculum exam, bimanual exam, obtaining cervical cytology/cultures). **(Aligned with PLO5)**

C. Affective Domain (Attitude & Professionalism)

- **CLO (Affective) 1:** Demonstrate **professionalism, integrity, and ethical conduct** in all interactions, specifically maintaining patient dignity during sensitive examinations, upholding the principles of **PEC 5 (Medical Ethics)** **(Aligned with PLO12, PLO13)**
- **CLO (Affective) 2:** Exhibit **cultural humility** by recognizing how cultural beliefs influence women's health decisions and adapting care plans accordingly. **(Aligned with PLO7, PLO10)**
- **CLO (Affective) 3:** Demonstrate initiative in self-directed learning by researching clinical questions related to assigned patients and applying findings to care. **(Aligned with PLO14, PLO15)**

IV. LEARNING ACTIVITIES AND EXPECTATIONS

Students will be actively involved in direct, supervised patient care in the following modalities:

- **Patient Encounters:** Daily required history taking, physical examinations, and participation in the care of patients in Labor & Delivery, the Operating Room, and Ambulatory Clinics.
- **Rounds:** Required attendance and active participation in daily rounds on antepartum, postpartum, and postoperative gynecology patients. Participation in multidisciplinary team meetings (e.g., Social Work, Pharmacy)
- **Didactic Sessions:** Participation in departmental educational activities such as Grand Rounds, Morbidity and Mortality (**M&M**), and student-specific lectures/case discussions.
- **Scholarly Activity:** Completion of at least one formal, fully documented **History and Physical (H&P)** write-up that includes an evidence-based literature review supporting the diagnostic and management plan.

V. ASSESSMENT AND GRADING

The clerkship final grade is calculated as follows:

Assessment Component	Weighting	Minimum Requirement to Pass
Clinical Component (Preceptor Evaluation)	70%	Must achieve a grade of Pass (70%) or higher on the Preceptor's Final Evaluation Rubric.
NBME Shelf Exam	25%	Must achieve a score of 60 or greater on the NBME Obstetrics and Gynecology Subject Examination.
Internal Assessment	5%	Includes Attendance, completion of Amboss modules , and Patient Logs.
OSCE (Practical)	Mandatory Pass	Must successfully pass the Clinical OSCE for the core rotation if applicable

Assessment Methods (Clinical Component - 70%):

Method	Focus	Alignment
Preceptor Final Evaluation	Direct observation, competency-based feedback (PEG-aligned Rubric).	Professionalism (PEC 5), Clinical Skills (PEC 2), Patient-Centered Care (PEC 3).
Mid- Clerkship Feedback	Formative, non-graded performance review.	All domains.
Patient Logbook	Quantity and variety of patient exposure, thoroughness of documentation	Clinical & Diagnostic Skills (PEC 2), Knowledge (PEC 1).
Written History and Physical	Application of EBP, critical judgment, and communication skills.	EBP/Lifelong Learning (PEC 6), Communication (PEC 4).

Failure Policy: Students who fail the clerkship (final grade below 70%) must repeat the entire 6-week clerkship in a subsequent semester, per the Student Handbook. **Failure of two Shelf Exams results in a block on future rotations.**

VI. ATTENDANCE

- Students must attend at least 95% of the activities scheduled in their clerkships.
- If the student's absences exceed 5%, the student will receive a FAIL grade on the clerkship.
- All absences must be excused and MUST make up the time lost.
- Contact the clinical coordinator and Clinical Hub Director via email for any absence.
- Students are not allowed to take time off for examinations and residency interviews during rotations. It is the student's responsibility to schedule these events so that they do not conflict with their Clinical Rotations.

VII. LEARNING OBJECTIVES

Through the rotation, students will be specifically focused on encountering patients with the following symptoms or conditions:

- **Obstetrics:** Normal pregnancy, high-risk pregnancy (diabetes, hypertension), labor and delivery (vaginal and cesarean), postpartum care.

- **Gynecology:** Abnormal uterine bleeding, pelvic pain, adnexal masses, infections, malignancy screening, contraception, menopause.

Students will receive specific feedback about their performance from their faculty members and get direct feedback about their progress in documenting the OB/GYN history and physical. Students will additionally be observed by faculty taking relevant portions of the history and physical exam.

The list below indicates aspects of each of these competencies that students are expected to achieve:

- **Professional and Personal Development:** Demonstrate compassion, ethical behavior, and professionalism while fostering self-awareness.
- **Knowledge for Practice:** Apply integrated biomedical and clinical sciences to diagnose and manage common women's health issues.
- **Patient Care:** Perform complete/focused histories and pelvic exams; utilize data to develop a care plan; demonstrate procedural skills (e.g., pap smear, knot tying).
- **Interpersonal and Cross-Cultural Communication:** Demonstrate effective communication with patients regarding sensitive topics (sexual health, bad news).
- **Health Systems Science:** Integrate value-based care principles and apply quality improvement frameworks.
- **Critical Thinking:** Use critical thinking to appraise evidence and navigate uncertainty in clinical decision-making.
- **Teamwork and Collaboration:** Demonstrate collaborative skills with the interprofessional team (nurses, midwives, residents).
 - Laparoscopy (diagnostic, ovarian, ectopic)
 - Hysteroscopy (diagnostic or operative)
 - Cervical or Vulvovaginal Procedure (colpo, LEEP, repair, biopsy)
 - Pelvic Pain/ PIO
 - Abnormal Uterine Bleeding (premenopausal)
 - Perimenopause/ Menopause (atrophy, vasomotor, PMB)
 - Abnormal Pap/ GYN Malignancy
 - Adnexal / Pelvic Mass (cysts, fibroids)
 - Vulvovaginal Conditions (infection, dermatosis)
 - Family Planning/ Infertility

Skills/Procedures:

- Collect and Present Complete GYN History
- Collect and Present Complete OB History
- Speculum Exam
- Bimanual Exam
- Clinical Breast Exam
- Ultrasound (gynecologic or obstetric)
- Foley Catheter Insertion
- Counseling (contraception, preconception, safe sex)

VIII. REQUIREMENTS FOR CLERKSHIP COMPLETION

1. **Logbook** [Blank AUSOMA Clinical Log.docx](#):

- a. Must include all Required Clinical Conditions and Skills listed above.
- b. Document every patient encounter, every day (Inpatient vs. Outpatient).
- c. Must be signed off by supervising physician and submitted at a minimum at mid-point and end of rotation.
- d. *If you are having difficulty achieving these, address immediately with clinical coordinator!*

2. **H&P Self-Directed Learning Write-Up:**

- a. Must be submitted to supervising physician for feedback/physical marking.
- b. Must be submitted to clinical coordinator by the student.

3. **Mid-Rotation Evaluation Form** [Mid Rotation Clinical Evaluation Rubric.docx](#):

- a. Student must schedule a time with the supervising physician to complete this form.
- b. Must be submitted to the clinical coordinator.

4. **End of Rotation Evaluation Form** [Clerkship Clinical Evaluation Rubric.url](#):

(Completed by Preceptor)

5. **Student Feedback Form** [Student Experience Feedback Form.docx](#): (Submitted by student at end of rotation)



CORE CLERKSHIP SYLLABUS:

CC1006-PEDIATRICS

12/2025

I. CLERKSHIP OVERVIEW

Course Title	Duration	Assessment Weighting
Pediatrics Clerkship	6 Weeks	Clinical Component (70%) / NBME Shelf Exam (25%)/Internal Assessment (5%)

Course Director: Mujtaba Shaikh, M.D., Clinical Chair, Pediatrics

Clerkship Description: The Pediatrics clerkship is a 6-week rotation designed to provide students with the knowledge and skills necessary to care for infants, children, and adolescents. Students will gain experience in both inpatient and outpatient settings, focusing on normal growth and development, health maintenance, and the diagnosis and evidence-based management of common acute and chronic pediatric conditions. The rotation emphasizes family-centered care, recognizing the importance of the family unit in the health and well-being of the child.

II. PROGRAM EDUCATIONAL OBJECTIVES (PEO) ALIGNMENT

This clerkship directly advances all six AUSOMA Program Educational Competencies (PECs) and their corresponding Program Educational Objectives (PEOs).

AUSOMA PEO	PEC / PEO	Program Learning Outcomes (PLOs) Reinforced in Pediatrics
PEC 1: Basic Knowledge of Medicine		PLO2: Apply fundamental knowledge of growth, development, and pediatric physiology to the diagnosis, treatment, and prevention and management of childhood diseases.
PEC 2: Clinical and Diagnostic Skills		PLO6: Conjecture differential diagnoses for common pediatric presentations (e.g., fever, rash, respiratory distress) and formulate a diagnosis based on age-specific history and physical findings.
PEC 3: Patient		PLO7: Deliver quality patient care in the context of family dynamics,

Centered Medicine	varied cultural beliefs, and socioeconomic factors affecting child health.
PEC 4: Interpersonal Rapport and Communication	PLO10: Initiate, establish, and adhere to empathetic communication with pediatric patients (developmentally appropriate) and their families/caregivers , as well as health professionals team and supervisors.
PEC 5: Medical Ethics and Professionalism	PLO13: Conform to the highest standards of medical ethics and professionalism , particularly regarding pediatric consent/assent, confidentiality, and child advocacy.
PEC 6: Evidence-Based Practice and Lifelong Learning	PLO14 & PLO15: Demonstrate an open mind and scientific inquisitiveness to acquire newly emerging clinical knowledge in pediatrics (e.g., vaccine guidelines, antibiotic stewardship).

III. CLERKSHIP LEARNING OUTCOMES (CLOs)

Upon successful completion of the Pediatrics Clerkship, the student will be able to:

A. Cognitive Domain (Knowledge)

- **CLO (Cognitive) 1:** Construct comprehensive differential diagnoses for common pediatric problems (e.g., failure to thrive, abdominal pain, seizure) across different age groups. **(Aligned with PLO2, PLO6)**
- **CLO (Cognitive) 2:** Articulate the normal milestones of physical, cognitive, and social development from birth through adolescence. **(Aligned with PLO2)**
- **CLO (Cognitive) 3:** Interpret common pediatric laboratory and imaging studies (e.g., newborn screen, immunization records, pediatric CXR). **(Aligned with PLO6)**

B. Psychomotor Domain (Skills)

- **CLO (Psychomotor) 1:** Perform a comprehensive and **age-appropriate history and physical examination** (including developmental assessment), accurately documenting findings. **(Aligned with PLO4)**
- **CLO (Psychomotor) 2:** Formulate and document evidence-based **management plans for well-child care** (anticipatory guidance) and common acute illnesses. **(Aligned with PLO6, PLO14)**
- **CLO (Psychomotor) 3:** Demonstrate competency in basic pediatric skills (e.g., growth chart plotting/interpretation, otoscopy, vaccine administration guidelines). **(Aligned with PLO5)**

C. Affective Domain (Attitude & Professionalism)

- **CLO (Affective) 1:** Demonstrate **professionalism, integrity, and ethical conduct** in all interactions, advocating for the best interests of the child. **(Aligned with PLO12, PLO13)**
- **CLO (Affective) 2:** Exhibit **cultural humility** by recognizing how family values and community resources influence pediatric care and adapting plans accordingly. **(Aligned with PLO7, PLO10)**
- **CLO (Affective) 3:** Demonstrate initiative in **self-directed learning** by researching clinical questions related to assigned patients and applying findings to care. **(Aligned with PLO14, PLO15)**

IV. LEARNING ACTIVITIES AND EXPECTATIONS

Students will be actively involved in direct, supervised patient care in the following modalities:

- **Patient Encounters:** Daily required history taking, physical examinations, and participation in the care of newborns, infants, children, and adolescents in inpatient and outpatient settings.
- **Rounds:** Required attendance and active participation in daily rounds (nursery, ward, PICU if available) and clinic sessions.
- **Didactic Sessions:** Participation in departmental educational activities such as Grand Rounds, Case Conferences, and student-specific lectures.
- **Scholarly Activity:** Completion of at least one formal, fully documented **History and Physical (H&P)** write-up that includes an evidence-based discussion.

V. ASSESSMENT AND GRADING

The clerkship final grade is calculated as follows:

Assessment Component	Weighting	Minimum Requirement to Pass
Clinical Component (Preceptor Evaluation)	70%	Must achieve a grade of Pass (70%) or higher on the Preceptor's Final Evaluation Rubric.
NBME Shelf Exam	25%	Must achieve a score of 60 or greater on the NBME Pediatrics Subject Examination.
Internal Assessment	5%	Includes Attendance, completion of Amboss modules , and Patient Logs.
OSCE (Practical)	Mandatory Pass	Must successfully pass the Clinical OSCE for the core rotation.

Assessment Methods (Clinical Component - 70%):

Method	Focus	Alignment
Preceptor Final Evaluation	Direct observation, competency-based feedback (PEC-aligned Rubric).	Professionalism (PEC 5), Clinical Skills (PEC 2), Patient-Centered Care (PEC 3).
Mid-Clerkship Feedback	Formative, non-graded performance review.	All domains.
Patient Logbook	Quantity and variety of patient exposure, thoroughness of documentation	Clinical & Diagnostic Skills (PEC 2), Knowledge (PEC 1).
Written History and Physical	Application of EBP, critical judgment, and communication skills.	EBP/Lifelong Learning (PEC 6), Communication (PEC 4).

Failure Policy: Students who fail the clerkship (final grade below 70%) must repeat the entire 6-week clerkship in a subsequent semester, per the Student Handbook.

VI. ATTENDANCE

- Students must attend at least **95%** of the activities scheduled in their clerkships.
- If the student's absences exceed 5%, the student will receive a FAIL grade on the clerkship.
- All absences must be excused and **MUST** make up the time lost.
- Contact the clinical coordinator and Clinical Hub Director via email for any absence.
- Students are not allowed to take time off for examinations and residency interviews during rotations. It is the student's responsibility to schedule these events so that they do not conflict with their Clinical Rotations.

VII. LEARNING OBJECTIVES

Through the rotation, students will be specifically focused on encountering patients with the following symptoms or conditions:

- **General:** Well-child care, growth and development, nutrition, immunizations, anticipatory guidance.
- **Acute/Chronic:** Respiratory illnesses, infectious diseases, GI complaints, neurological issues, behavioral/mental health concerns.

Students will receive specific feedback about their performance from their faculty members and get direct feedback about their progress in documenting the pediatric history and physical. Students will additionally be observed by faculty taking relevant portions of the history and physical exam.

The list below indicates aspects of each of these competencies that students are expected to achieve:

- **Professional and Personal Development:** Demonstrate compassion, ethical behavior, and professionalism while fostering self-awareness.

- **Knowledge for Practice:** Apply integrated biomedical and clinical sciences to diagnose and manage common pediatric conditions.
- **Patient Care:** Perform complete/focused histories and physical exams; utilize data to develop a care plan; demonstrate procedural skills.
- **Interpersonal and Cross-Cultural Communication:** Demonstrate effective communication with patients and families.
- **Health Systems Science:** Integrate value-based care principles and apply quality improvement frameworks.
- **Critical Thinking:** Use critical thinking to appraise evidence and navigate uncertainty in clinical decision-making.
- **Teamwork:** Demonstrate collaborative skills with the interprofessional team.

VII. REQUIRED CLINICAL CONDITIONS (LOGGING MANDATORY)

All experiences/patient conditions can be managed in either the inpatient or outpatient setting and **must be logged by the student**.

Clinical Conditions (Minimum 1 encounter each):

- **Respiratory:** URI, Asthma, Pneumonia, Bronchiolitis
- **Gastrointestinal:** Gastroenteritis, Abdominal pain, Vomiting, Dehydration
- **Cardiovascular:** Murmur evaluation, Congenital heart disease (suspected or managed)
- **Endocrine:** Diabetes (Type 1 or 2), Obesity, Thyroid disorders
- **Infectious Diseases:** Acute Otitis Media (AOM), Cellulitis, UTI, Pharyngitis
- **Hematology/Oncology:** Anemia, Lymphadenopathy
- **Neurology:** Seizure, Developmental delay, Headache
- **Psychiatry/Behavioral:** Depression, ADHD, Anxiety
- **Well Child Checks (WCC) / Health Maintenance:**
 - Newborn WCC/Counseling (0-1 month)
 - Infant WCC/Counseling (1-12 months)
 - Toddler WCC/Counseling (Age 1-4 years)
 - School Age WCC/Counseling (5-12 years)
 - Adolescent WCC/Counseling (Age 13 years+)

Skills/Procedures:

- Well Child Check (WCC) Documentation
- Growth Chart Interpretation (Height, Weight, BMI, Head Circumference)
- Developmental Assessment (using standardized tools or surveillance)
- HEADDSS Exam (Adolescent psychosocial assessment)
- Sub-Q/IM Medication Administration (or observation of vaccine administration)
- Infant Nutrition Counseling (Breastfeeding/Formula)
- Injury Prevention Counseling

VIII. REQUIREMENTS FOR CLERKSHIP COMPLETION

1. Logbook:

- a. Must include **all** Required Clinical Conditions and Skills listed above.
 - b. Document every patient encounter, every day (Inpatient vs. Outpatient).
 - c. **Must be signed off** by supervising physician and submitted at a minimum at mid-point and end of rotation.
 - d. *If you are having difficulty achieving these, address immediately with clinical coordinator!*
- 2. H&P Self-Directed Learning Write-Up:**
- a. Must be submitted to supervising physician for feedback/physical marking.
 - b. Must be submitted to clinical coordinator by the student.
- 3. Mid-Rotation Evaluation Form:**
- a. Student must schedule a time with the supervising physician to complete this form.
 - b. Must be submitted to the clinical coordinator.
- 4. End of Rotation Evaluation Form:** (Completed by Preceptor)
- 5. Student Feedback Form:** (Submitted by student at end of rotation)



AMERICAN UNIVERSITY
SCHOOL OF MEDICINE
ARUBA

CORE CLERKSHIP SYLLABUS: CC3006-PSYCHIATRY

12/2025

I. CLERKSHIP OVERVIEW

Course Title	Duration	Assessment Weighting
Psychiatry Clerkship	6 Weeks	Clinical Component (70%) / NBME Shelf Exam (25%)/Internal Assessment (5%)

Course Director: Muhammad Ahmed, M.D., Clinical Chair, Psychiatry

Clerkship Description: The Psychiatry clerkship provides students with clinical experience in the evaluation, diagnosis, and management of patients with mental health disorders across the lifespan. Students will rotate through inpatient and/or outpatient settings, applying the biopsychosocial model to patient care. The rotation emphasizes the acquisition of interviewing skills, performance of the Mental Status Examination (MSE), understanding of DSM-5 diagnostic criteria, and the principles of psychopharmacology and psychotherapy.

II. PROGRAM EDUCATIONAL OBJECTIVES (PEO) ALIGNMENT

This clerkship directly advances all six AUSOMA Program Educational Competencies (PECs) and their corresponding Program Educational Objectives (PEOs).

AUSOMA PEC / PEO	Program Learning Outcomes (PLOs) Reinforced in Psychiatry
PEC 1: Basic Knowledge of Medicine	PLO2: Apply fundamental knowledge of neuroscience, psychopharmacology, and behavioral science to the diagnosis and treatment of psychiatric conditions.
PEC 2: Clinical and Diagnostic Skills	PLO6: Conjecture differential diagnoses for behavioral changes (e.g., medical vs. psychiatric etiology of psychosis) and formulate a diagnosis based on the DSM-5 criteria.

PEC 3: Patient Centered Medicine	PLO7: Deliver quality patient care that respects the dignity of patients with mental illness, recognizing the impact of stigma and social determinants of health, considering their diverse backgrounds.
PEC 4: Interpersonal Rapport and Communication	PLO10: Initiate, establish, and adhere to empathetic communication , utilizing specific interviewing techniques to elicit sensitive information (e.g., suicidality, trauma).
PEC 5: Medical Ethics and Professionalism	PLO13: Conform to the highest standards of medical ethics , particularly regarding involuntary commitment, patient confidentiality, capacity assessment, and boundary maintenance.
PEC 6: Evidence-Based Practice and Lifelong Learning	PLO14 & PLO15: Demonstrate an open mind and scientific inquisitiveness to apply current evidence-based guidelines for psychotropic medication management and safety planning.

III. CLERKSHIP LEARNING OUTCOMES (CLOs)

Upon successful completion of the Psychiatry Clerkship, the student will be able to:

A. Cognitive Domain (Knowledge)

- **CLO (Cognitive) 1:** Construct comprehensive differential diagnoses for common psychiatric presentations (e.g., depressed mood, anxiety, psychosis, cognitive change). **(Aligned with PLO2, PLO6)**
- **CLO (Cognitive) 2:** Articulate the mechanism of action, indications, side effects, and monitoring requirements for major classes of psychotropic medications (antidepressants, antipsychotics, mood stabilizers). **(Aligned with PLO2)**
- **CLO (Cognitive) 3:** Apply DSM-5 diagnostic criteria to distinguish between primary psychiatric disorders and psychiatric manifestations of medical illness or substance use. **(Aligned with PLO6)**

B. Psychomotor Domain (Skills)

- **CLO (Psychomotor) 1:** Perform a comprehensive psychiatric interview and a detailed Mental Status Examination (MSE), accurately documenting findings. **(Aligned with PLO4)**
- **CLO (Psychomotor) 2:** Conduct a thorough suicide and violence risk assessment and formulate an immediate safety plan. **(Aligned with PLO6, PLO14)**
- **CLO (Psychomotor) 3:** Demonstrate competency in presenting psychiatric cases concisely to the treatment team, including the biopsychosocial formulation. **(Aligned with PLO5)**

C. Affective Domain (Attitude & Professionalism)

- **CLO (Affective) 1:** Demonstrate professionalism, integrity, and ethical conduct, maintaining a non-judgmental attitude toward patients with severe mental illness or substance use disorders. **(Aligned with PLO12, PLO13)**
- **CLO (Affective) 2:** Exhibit cultural humility by recognizing how cultural background influences the expression of distress and attitudes toward mental health treatment. **(Aligned with PLO7, PLO10)**
- **CLO (Affective) 3:** Demonstrate initiative in self-directed learning by researching clinical questions regarding psychopathology or treatment nuances. **(Aligned with PLO14, PLO15)**

IV. LEARNING ACTIVITIES AND EXPECTATIONS

Students will be actively involved in direct, supervised patient care in the following modalities:

- **Patient Encounters:** Daily required history taking, Mental Status Exams, and participation in the care of patients in Inpatient Units, Emergency Departments, or Outpatient Clinics.
- **Team Rounds:** Required attendance and active participation in multidisciplinary treatment team meetings (involving social work, nursing, OT/PT).
- **Didactic Sessions:** Participation in departmental educational activities such as Case Conferences, Journal Clubs, and student-specific lectures.
- **Scholarly Activity:** Completion of at least one formal, fully documented Psychiatric History and Physical (H&P) write-up that includes a biopsychosocial formulation.

V. ASSESSMENT AND GRADING

The clerkship final grade is calculated as follows:

Assessment Component	Weighting	Minimum Requirement to Pass
Clinical Component (Preceptor Evaluation)	70%	Must achieve a grade of Pass (70%) or higher on the Preceptor's Final Evaluation Rubric.
NBME Shelf Exam	25%	Must achieve a score of 60 or greater on the NBME Psychiatry Subject Examination.
Internal Assessment	5%	Includes Attendance, completion of Amboss modules , and Patient Logs.
OSCE (Practical)	Mandatory Pass	Must successfully pass the Clinical OSCE for the core rotation.

Assessment Methods (Clinical Component - 70%):

Method	Focus	Alignment
Preceptor Final Evaluation	Direct observation, competency-based feedback (PEC-aligned Rubric).	Professionalism (PEC 5), Clinical Skills (PEC 2), Patient-Centered Care (PEC 3).
Patient Logbook	Quantity and variety of patient exposure (must meet minimums).	Clinical & Diagnostic Skills (PEC 2), Knowledge (PEC 1).
Written H&P	Application of EBP, critical judgment, and communication skills.	EBP/Lifelong Learning (PEC 6), Communication (PEC 4).

Failure Policy: Students who fail the clerkship (final grade below 70%) must repeat the entire 6-week clerkship. **Failure of two Shelf Exams results in a block on future rotations.**

VI. ATTENDANCE

- Students must attend at least **95%** of the activities scheduled in their clerkships.
- If the student's absences exceed 5%, the student will receive a **FAIL** grade on the clerkship.
- All absences must be excused and **MUST make up the time lost**.
- Contact the clinical coordinator and Clinical Hub Director via email for any absence.
- Students are **not allowed** to take time off for examinations and residency interviews during rotations.

VII. LEARNING OBJECTIVES

Through the rotation, students will be specifically focused on encountering patients with the following symptoms or conditions:

- **Mood Disorders:** Major Depression, Bipolar I/II.
- **Psychotic Disorders:** Schizophrenia, Schizoaffective disorder.
- **Anxiety/Stress:** GAD, Panic Disorder, PTSD, OCD.
- **Substance Use:** Alcohol withdrawal/dependence, Opioid use disorder, Stimulant use.
- **Cognitive/Neuro:** Delirium, Dementia (Major Neurocognitive Disorder).
- **Emergency Psych:** Suicide attempts, Acute agitation/violence.

Students will receive specific feedback about their performance from their faculty members and get direct feedback about their progress in documenting the psychiatric interview and Mental Status Examination.

The list below indicates aspects of each of these competencies that students are expected to achieve:

- **Professional and Personal Development:** Demonstrate compassion, ethical behavior, and professionalism.
- **Knowledge for Practice:** Apply biomedical and behavioral sciences to diagnose and manage mental illness.
- **Patient Care:** Perform complete psychiatric histories and Mental Status Exams; utilize data to develop a safety plan and treatment plan.
- **Interpersonal Communication:** Demonstrate effective therapeutic communication skills (active listening, validation).
- **Health Systems Science:** Understand the legal framework of psychiatry (voluntary vs. involuntary commitment) and resource allocation.
- **Critical Thinking:** Use critical thinking to appraise evidence and mitigate bias in diagnostic formulation.
- **Teamwork:** Demonstrate collaborative skills with the interprofessional team (social work, nursing).

VII. REQUIRED CLINICAL CONDITIONS (LOGGING MANDATORY)

All experiences/patient conditions can be managed in either the inpatient or outpatient setting and **must be logged by the student**.

Clinical Conditions (Minimum 1 encounter each):

- **Depressive Disorders:** Major Depressive Disorder (MDD), Persistent Depressive Disorder.
- **Bipolar and Related Disorders:** Bipolar I, Bipolar II, or Mania.
- **Anxiety Disorders:** Generalized Anxiety (GAD), Panic Disorder, Phobias.
- **Trauma/Stressor Related:** PTSD or Acute Stress Disorder.
- **Schizophrenia Spectrum:** Schizophrenia, Schizoaffective Disorder, or Brief Psychotic Disorder.
- **Substance Use Disorders:** Alcohol Use Disorder (including withdrawal), Opioid Use Disorder, or Stimulant Use.
- **Neurocognitive Disorders:** Delirium (Acute) or Dementia (Major Neurocognitive).
- **Personality Disorders:** Cluster B (Borderline, Antisocial, Narcissistic) or others.
- **Child/Adolescent Disorders:** ADHD, Autism Spectrum, or Disruptive Mood Dysregulation (if available at site).
- **Eating Disorders:** Anorexia, Bulimia (if available).
- **Psychiatric Emergencies:** Suicidal Ideation/Attempt, Homicidal Ideation, Acute Agitation.

Skills/Procedures:

- **Mental Status Examination (MSE):** Perform and document a complete MSE.

- **Suicide Risk Assessment:** Perform a safety assessment and create a safety plan.
- **Cognitive Assessment:** Perform a Mini-Mental Status Exam (MMSE), MoCA, or Mini-Cog.

VIII. REQUIREMENTS FOR CLERKSHIP COMPLETION

1. Logbook:

- Must include **all** Required Clinical Conditions and Skills listed above.
- Document every patient encounter, every day.
- Must be signed off** by supervising physician and submitted at a minimum at mid-point and end of rotation.
- If you are having difficulty achieving these, address immediately with clinical coordinator!*

2. H&P Self-Directed Learning Write-Up:

- Must be submitted to supervising physician for feedback/physical marking.
- Must be submitted to clinical coordinator by the student.
- Must include a complete Biopsychosocial Formulation.*

3. Mid-Rotation Evaluation Form:

- Student must schedule a time with the supervising physician to complete this form.
- Must be submitted to the clinical coordinator.

4. End of Rotation Evaluation Form: (Completed by Preceptor)

5. Student Feedback Form: (Submitted by student at end of rotation)



CORE CLERKSHIP SYLLABUS:

CC2012-GENERAL SURGERY

12/2025

I. CLERKSHIP OVERVIEW

Course Title	Duration	Assessment Weighting
General Surgery Clerkship	12 Weeks	Clinical Component (70%) / NBME Shelf Exam (25%)/Internal Assessment (5%)

Course Director: Dr. Saju Joseph, MD (Clinical Chair, Surgery)

Clerkship Description: The General Surgery clerkship exposes students to the surgical management of disease, including preoperative evaluation, operative technique, and postoperative care. Students will participate in the care of patients with a wide variety of surgical conditions in both inpatient and outpatient settings. The rotation emphasizes the acquisition of basic surgical skills (suturing, knot tying), understanding the pathophysiology of surgical diseases, and developing the professional behaviors necessary to function effectively within the surgical team.

II. PROGRAM EDUCATIONAL OBJECTIVES (PEO) ALIGNMENT

This clerkship directly advances all six AUSOMA Program Educational Competencies (PECs) and their corresponding Program Educational Objectives (PEOs).

AUSOMA PEC / PEO	Program Learning Outcomes (PLOs) Reinforced in Surgery
PEC 1: Basic Knowledge of Medicine	PLO2: Apply fundamental knowledge of anatomy, physiology, and pathology to the diagnosis and surgical management of common conditions (e.g., appendicitis, hernia, cholecystitis).
PEC 2: Clinical and Diagnostic Skills	PLO6: Conjecture differential diagnoses for acute surgical presentations (e.g., acute abdomen, trauma) and formulate a diagnosis based on history, physical exam, and diagnostic imaging.

PEC 3: Patient Centered Medicine	PLO7: Deliver quality patient care in the context of the stress of surgery, respecting patient autonomy, informed consent, and postoperative recovery goals.
PEC 4: Interpersonal Rapport and Communication	PLO10: Initiate, establish, and adhere to empathetic communication with patients regarding surgical risks/benefits, and communicate effectively with the surgical team (OR staff, anesthesia).
PEC 5: Medical Ethics and Professionalism	PLO13: Conform to the highest standards of medical ethics and professionalism , particularly regarding informed consent, sterile technique, and patient safety in the operating room.
PEC 6: Evidence-Based Practice and Lifelong Learning	PLO14 & PLO15: Demonstrate an open mind and scientific inquisitiveness to acquire newly emerging clinical knowledge in surgery (e.g., minimally invasive techniques, ERAS protocols).

III. CLERKSHIP LEARNING OUTCOMES (CLOs)

Upon successful completion of the Surgery Clerkship, the student will be able to:

A. Cognitive Domain (Knowledge)

- **CLO (Cognitive) 1:** Construct comprehensive differential diagnoses for common surgical problems (e.g., abdominal pain, GI bleed, soft tissue mass). **(Aligned with PLO2, PLO6)**
- **CLO (Cognitive) 2:** Articulate the pathophysiology, indications for surgery, and potential complications of core general surgery procedures. **(Aligned with PLO2)**
- **CLO (Cognitive) 3:** Interpret common diagnostic studies relevant to surgery, including CT scans, ultrasounds, and basic labs (e.g., lactate, CBC). **(Aligned with PLO6)**

B. Psychomotor Domain (Skills)

- **CLO (Psychomotor) 1:** Perform a comprehensive and focused **surgical history and physical examination**, accurately documenting findings (e.g., identifying peritoneal signs, hernia exam). **(Aligned with PLO4)**
- **CLO (Psychomotor) 2:** Formulate and document evidence-based management plans for pre-operative preparation and post-operative care (fluids, pain control, DVT prophylaxis). **(Aligned with PLO6, PLO14)**
- **CLO (Psychomotor) 3:** Demonstrate competency in basic surgical skills, including sterile technique, suturing, knot tying, and surgical drain management. **(Aligned with PLO5)**

C. Affective Domain (Attitude & Professionalism)

- **CLO (Affective) 1:** Demonstrate **professionalism, integrity, and ethical conduct** in all interactions (e.g., patients, patient families, and the healthcare team), specifically adhering to OR etiquette and safety protocols. **(Aligned with PLO12, PLO13)**
- **CLO (Affective) 2:** Exhibit **cultural humility** by recognizing how cultural beliefs influence surgical decision-making and recovery expectations. **(Aligned with PLO7, PLO10)**
- **CLO (Affective) 3:** Demonstrate initiative in **self-directed learning** by researching surgical questions related to assigned cases and applying findings to care. **(Aligned with PLO14, PLO15)**

IV. LEARNING ACTIVITIES AND EXPECTATIONS

Students will be actively involved in direct, supervised patient care in the following modalities:

- **Patient Encounters:** Daily required history taking, physical examinations, and participation in the care of surgical patients in the OR, Wards, and Clinic.
- **Operating Room:** Active participation in surgical cases (Scrubbing in). **Minimum requirement: 36 scrubbed cases.**
- **Rounds:** Required attendance and active participation in daily rounds on pre-operative and post-operative patients.
- **Didactic Sessions:** Participation in departmental educational activities such as Grand Rounds, M&M, and student-specific lectures.
- **Scholarly Activity:** Completion of at least one formal, fully documented History and Physical (H&P) write-up that includes an evidence-based discussion.

V. ASSESSMENT AND GRADING

The clerkship final grade is calculated as follows (updated to align with new policy):

Assessment Component	Weighting	Minimum Requirement to Pass
Clinical Component (Preceptor Evaluation)	70%	Must achieve a grade of Pass (70%) or higher on the Preceptor's Final Evaluation Rubric.
NBME Shelf Exam	25%	Must achieve a score of 60 or greater on the NBME Surgery Subject Examination.
Internal Assessment	5%	Includes Attendance, completion of Amboss modules , and Patient/Case Logs.
OSCE (Practical)	Mandatory Pass	Must successfully pass the Clinical OSCE for the core rotation.

Note: Previous specific weights for "Presentation" and "Oral Exam" found in older curriculum documents are now integrated into the comprehensive 70% Clinical Component score under the "Medical Knowledge" and "Communication" PECs.

Assessment Methods (Clinical Component - 70%):

Method	Focus	Alignment
Preceptor Final Evaluation	Direct observation, competency-based feedback (PEC-aligned Rubric).	Professionalism (PEC 5), Clinical Skills (PEC 2), Patient-Centered Care (PEC 3).
Patient/Case Logbook	Quantity and variety of patient exposure (Must meet 36 scrubbed case minimum).	Clinical & Diagnostic Skills (PEC 2), Knowledge (PEC 1).
Written H&P	Application of EBP, critical judgment, and communication skills.	EBP/Lifelong Learning (PEC 6), Communication (PEC 4).

Failure Policy: Students who fail the clerkship (final grade below 70%) must repeat the entire 12-week clerkship in a subsequent semester, per the Student Handbook. **Failure of two Shelf Exams results in a block on future rotations.**

VI. ATTENDANCE

- Students must attend at least **95%** of the activities scheduled in their clerkships.
- If the student's absences exceed 5%, the student will receive a **FAIL** grade on the clerkship.
- All absences must be excused and **MUST make up the time lost**.
- Contact the clinical coordinator and Clinical Hub Director via email for any absence.
- Students are **not allowed** to take time off for examinations and residency interviews during rotations. It is the student's responsibility to schedule these events so that they do not conflict with their Clinical Rotations.

VII. LEARNING OBJECTIVES

Through the rotation, students will be specifically focused on encountering patients with the following symptoms or conditions:

- **General Surgery:** Abdominal pain, hernia, biliary disease, soft tissue masses.
- **Subspecialties:** Exposure to Vascular, Thoracic, Trauma, and other surgical disciplines as available.

Students will receive specific feedback about their performance from their faculty members and get direct feedback about their progress in documenting the surgical history and physical. Students will additionally be observed by faculty taking relevant portions of the history and physical exam.

The list below indicates aspects of each of these competencies that students are expected to achieve:

- **Professional and Personal Development:** Demonstrate compassion, ethical behavior, and professionalism while fostering self-awareness.
- **Knowledge for Practice:** Apply integrated biomedical and clinical sciences to diagnose and manage common surgical conditions.
- **Patient Care:** Perform complete/focused histories and physical exams; utilize data to develop a care plan; demonstrate procedural skills (e.g., sterile technique, suturing).
- **Interpersonal and Cross-Cultural Communication:** Demonstrate effective communication with patients and families.
- **Health Systems Science:** Integrate value-based care principles and apply quality improvement frameworks.
- **Critical Thinking:** Use critical thinking to appraise evidence and navigate uncertainty in clinical decision-making.
- **Teamwork:** Demonstrate collaborative skills with the interprofessional team (OR staff, residents).

VII. REQUIRED CLINICAL CONDITIONS (LOGGING MANDATORY)

All experiences/patient conditions can be managed in either the inpatient or outpatient setting and **must be logged by the student**.

Clinical Conditions (Minimum 1 encounter each):

- Abdominal Pain
- Biliary Disease
- GI bleeding
- Hernias
- Trauma
- Oncology Case
- Neuro Case
- ENT/Endocrine Case
- Fluid and Electrolytes
- Acid Base Imbalances

Scrubbed Cases (Minimum Requirement):

- **Total Scrubbed Cases: 36**

- *Observe/Assist in cases including:* Vascular, ENT/Endocrine, Cardio/Thoracic, Neuro, Oncology, Ophtho, Ortho, Pediatrics, Plastics, Robotics, Trauma, Transplant, Urology, Podiatry.

Skills/Procedures:

- History and Physical
- Pre-op Planning
- Peri-op Care
- Post Op Care
- Rounds presentations
- Suturing/knot tying/stapling
- Suturing and wound closure
- Staple and suture removal
- Sterile technique
- Surgical Drains (Management/Removal)
- Foley Placement and removal
- NG tube and ET Tube placement and removal
- Ultrasound (FAST exam or procedural guidance)
- Multimodal pain control

VIII. REQUIREMENTS FOR CLERKSHIP COMPLETION

1. Logbook:

- Must include **all** Required Clinical Conditions and Skills listed above.
- Must include at least 36 Scrubbed Cases.**
- Document every patient encounter, every day (Inpatient vs. Outpatient).
- Must be signed off** by supervising physician and submitted at a minimum at mid-point and end of rotation.
- If you are having difficulty achieving these, address immediately with clinical coordinator!*

2. H&P Self-Directed Learning Write-Up:

- Must be submitted to supervising physician for feedback/physical marking.
- Must be submitted to clinical coordinator by the student.

3. Mid-Rotation Evaluation Form:

- Student must schedule a time with the supervising physician to complete this form.
- Must be submitted to the clinical coordinator.

4. End of Rotation Evaluation Form: (Completed by Preceptor)

5. Student Feedback Form: (Submitted by student at end of rotation)