

2020-2021 DGSOM Required Course and Clerkship Objectives

Years 1-4 Foundations Courses

Intro to the Profession (1 week)

1. Become familiar with the key people, places and resources that will support you throughout your medical education at DGSOM. (Deans'/President's Welcome; Curricular Affairs/ Student Affairs/Financial Aid sessions; Societies Breakout; DGIT; Scavenger Hunt; (Surviving and) Thriving in Medical School Perspectives from Students & Residents)
2. Develop the requisite knowledge, attitudes and skills for starting your path towards self-directed, lifelong learning. (Active Learning; DGIT; What Do We Know and How Do We Know It; High Yield Research)
3. Appreciate the importance of humanism, compassion and cultural sensitivity in the practice of medicine. (Conducting a Patient-Centered and Humanistic Interview, Ethics Case Discussions, Beyond Intent: From Bias to Behavior; LGBTQ Cultural Competency and Advocacy in Health Care; Talk up Equity: Equity and Effective Communication; Health and Illness in an Unequal Society; Voices of Community; White Coat Ceremony)
4. Recognize the level of professionalism required in medicine. (True Bruin: What Professionalism Looks Like at UCLA; Providing Feedback; Ethics Case Discussions; Professionalism Cases with the Assistant Deans)
5. Understand the role of community in sustaining your own health and that of others. (Health and Illness in an Unequal Society; A Community Engaged - David Geffen School of Medicine at UCLA; Introduction to Student Run Clinics; The History of Health Insurance and Healthcare Delivery in the United States)

Transition to Clerkship (2 weeks)

1. Demonstrate competence performing in performing focused history and physical examinations
2. Demonstrate competence in scrubbing, gloving, and gowning sterilely and in a surgical environment.
3. Recognize the ethical and legal considerations for maintaining patient privacy and confidentiality in all environments.
4. Understand and demonstrate competence in drawing blood.
5. Demonstrate knowledge and competence in placing an intravenous line, nasogastric tube, and Foley catheter.
6. Perform Basic Life Support (BLS), including recognizing and managing an unresponsive patient as well as the initial management of a patient in respiratory or cardiac arrest.
7. Demonstrate knowledge and competency of external defibrillation.
8. Develop basic skills in interpreting a chest and an abdominal x-ray.
9. Demonstrate knowledge on how to keep themselves safe in clinical environments.
10. Use mobile device resources/applications for clinical care.
11. Describe basic principles of wound healing, as well as perform laceration repair and simple abscess drainage.
12. Describe the basic principles of fluids and electrolytes management.
13. Understand the DGSOM policy on student mistreatment and how to appropriately address issues of gender and power abuse in clinical clerkships.
14. Understand resident and faculty expectations of medical students in clinical clerkships.
15. Understand the components of grading during the clinical years, the Medical Student Performance Evaluation (MSPE), and their importance in residency applications.

16. Recognize and appropriately address gender and cultural biases in healthcare delivery.
17. Use the electronic health record to review patient information, document, and place orders
18. Demonstrate competence in the written and oral communication of patient encounters.
19. Log information about patient encounters during clinical clerkships.
20. Understand duty hour policies during the clinical years
21. Understand the elements of capacity assessment for a patient and the ethical principles of decision-making in clinical care.
22. Recognize opportunities to improve patient experience, safety, and value of care in the clinical environment.
23. Characterize systematic structures that hinder and facilitate care for undocumented patients, as well as recognize strategies to improve care provided to this population.
24. Understand how fatigue affects performance and adopt strategies to better recognize and decrease the impact of fatigue during the clinical years.
25. Recognize key emotions experienced by medical students during the clinical years and identify local support should these emotions interfere with day-to-day functioning.
26. Apply best practices strategies for obtaining feedback and setting professional goals during the clinical years.

Foundations for 4th Year (1 week)

1. Demonstrate appropriate management of core arrhythmias, including the provision of Basic Life Support
2. Perform basic procedures with assistance
3. Recognize patients requiring urgent evaluation and initiate management of patients with common complaints and core diseases
4. Perform a complete patient handoff using an organizational tool
5. Work as a team in the care of critically ill patients
6. Utilize ultrasound to determine fluid-responsiveness in patients with shock
7. Recognize and diagnose common and key EKG abnormalities
8. Recognize and diagnose common and key chest radiographic abnormalities

Assessment for Internship (1 week)

1. Perform basic procedures in your specialty without assistance
2. Demonstrate proficiency in obtaining informed consent for basic treatments and procedures
3. Recognize patients requiring urgent evaluation and initiate management of patients with common complaints and core diseases based on specialty
4. Perform and receive a complete patient handoff
5. Complete basic admission orders for core diseases based on specialty
6. Work as a team in the care of critically ill patients
7. Communicate effectively with other healthcare professionals in the management of patients
8. Initiate appropriate management of patients over the phone in response to pages

Human Biology & Disease (HB&D) Year 1 Block Objectives

Block 1: Foundations of Medicine (9 Weeks)

1. Introduce basic mechanisms of disease that cut across all organ systems.
2. Integrate related biology, with applied aspects of medicine (pathologic processes, doctoring skills, etc.).
3. Emphasize understanding and application of knowledge to problems rather than memorization.

4. Introduce methods for reading and judging the validity of primary and secondary medical literature.
5. Develop skills in performing the patient centered medical interview, oral case presentation and medical documentation, and selected physical exam skills.

Block 2: Cardiovascular, Renal, and Respiratory Medicine I (10 weeks)

1. Know the anatomy and the normal physiological functions of the heart and circulation, the kidney and the lungs.
2. Understand the inter-relations of these three organ systems, their function as a single multi-organ system.
3. Appreciate the role of the autonomic nervous system in the function and regulation of the heart and circulation, the kidney and the lungs.
4. Be familiar with approaches to the physical examination of the cardiovascular, renal and respiratory organ systems.
5. Understand the effects of the major disease states on the structure and function of these organs to further illuminate the normal function.
6. Know the way disturbances in the function of one organ affect the function of each of the other organs in this integrated system.
7. Understand the statistical principles of evaluation diagnostic tests and therapeutic interventions
8. Learn, by questioning, unique issues in younger and older patients with cardiovascular, renal and respiratory diseases.

Block 3: Gastrointestinal, Endocrine, and Reproductive Medicine I (9 weeks)

1. Describe the structure and function of the gastrointestinal, endocrine, genitourinary, and reproductive systems
2. Integrate the biology of these systems with applied aspects of medicine (pathologic processes, healthcare delivery, doctoring skills, etc.)
3. Apply knowledge of the targeted systems to address a variety of clinical and scientific problems
4. Distinguish between the types of evidence provided in the primary and secondary medical literature and critically appraise essential features of these studies
5. Demonstrate attitudes and skills essential to being an ethical and professional physician
6. Use culturally sensitive motivational interviewing techniques to focus on interviewing and counseling patients with chronic diseases that are covered in the Block 3

Block 4: Musculoskeletal Medicine (6 Weeks)

1. To recognize the normal structure of the musculoskeletal system including relevant histology and anatomy, and to recognize normal anatomical structure in selected radiographs.
2. To recognize and describe the structure and development of the face and explain common conditions of this region.
3. To describe the pathophysiology, clinical findings (including relevant radiographic findings), relevant immunological aspects and management of common musculoskeletal and rheumatologic conditions that occur in all age groups.
4. To perform a musculoskeletal clinical exam.
5. To apply basic concepts of physiology and pharmacology to the management of acute and chronic pain in children and adults, and to describe selected pain syndromes.

Block 5: Medical Neurosciences I (6 weeks)

1. Understand the normal location, organization and function of the major regions of the nervous system and identify these regions in neuroimaging studies such as MRIs.
2. Apply knowledge of neuroanatomy to the localization of neurological and psychiatric disorders.

3. Understand the principles and processes of nervous system function, including the morphology and function of the major cell types of the nervous system and the processes of synaptic transmission, nerve conduction and myelination.
4. Understand the organization and function of the motor and somatosensory systems.
5. Understand the pathophysiology, clinical signs and pharmacological treatment of disorders of each region of the nervous system (e.g. spinal cord injuries, headache, brainstem lesions, cerebellar dysfunction, degenerative diseases of the basal ganglia, stroke and epilepsy) and apply this knowledge to clinical cases.
6. Understand the organization of the neurological exam and the concept of localization in neurological assessment.
7. Understand the neuropathology of space-occupying lesions, demyelinating diseases, degenerative diseases of the basal ganglia, and stroke, and be able to recognize such pathology in imaging studies.
8. Understand the genetic basis of some neurological disorders, such as triplet repeat disorders.

Human Biology & Disease (HB&D) Year 1 Thread Objectives

Clinical Skills 1

The overall goal of Clinical Skills 1 is to prepare first year students for first year preceptorships and to complement the communication skills developed in Doctoring I. Under faculty supervision, students will use organ-system-specific examination techniques to confidently perform general physical examinations on standardized patients and small-group peers in a way that prioritizes patient comfort and privacy.

After **six** CS1 sessions, students should be able to:

1. Take a complete set of vital signs, including pulse, respirations and blood pressure measurement using a manual BP cuff by both palpation and auscultation.
2. Examine a patient without a physical complaint using a checklist of maneuvers for physical examination of the skin, head, eyes, ears, nose, throat, neck, chest, heart, abdomen, and extremities including elements of the musculoskeletal and neurologic exams.
3. Perform, from memory, a general screening exam on a Standardized Patient who will evaluate students on: (1) Components of the physical examination; and (2) Clinical behavior and courtesy.
4. Describe, verbally and in writing, normal and abnormal physical examination findings.

Doctoring 1

1. Learn how to conduct the core strategies of a patient-centered interview, including:
 - a. Use a balance of open ended and targeted questions (USMLE – Communication) (DGSOM – Patient Care 1.1 a and d)
 - b. Employ the skill of silence when conducting an interview (USMLE – Communication)
 - c. Demonstrate active listening during the patient interview to enhance patient – physician interaction and trust (USMLE – Communication)
 - d. Utilize verbal and non-verbal patient-centered communication skill methods (USMLE – Communication)
 - e. Practice prioritizing the patient’s agenda by ensuring the patient’s concerns are addressed in a humanistic manner (USMLE – Social Sciences: Communication Skills/Ethics) (DGSOM Patient Care 1.1 a and 1.3, and Interpersonal 4.1)
 - f. Gather data pertinent to the chief complaint (USMLE – Patient Care: Diagnosis) (DGSOM Patient Care 1.2)
 - g. Appreciate the bioethical power differential between physicians and patients. (DGSOM Professionalism 5.5)
2. Practice cultural humility when conducting patient interviews. (USMLE – Social Sciences: Communication/Ethics), (DGSOM – Patient Care 1.1 a, b, and d, Interpersonal 4.8).

3. Learn and practice how to write of an History and Physical (H&P), including:
 - a. Demonstrate ability to appropriately obtain all components of an H&P (USMLE – Patient Care: Diagnosis) (DGSOM Patient Care 1.2)
 - b. Demonstrate ability to write the subjective components of a H&P, including: History of Present Illness, Past Medical History, Surgical History, Medications, Allergies, Family History, and Social History (USMLE – Patient Care: Diagnosis) (DGSOM Patient Care 1.2, Interpersonal 4.2)
 - c. Demonstrate ability to document and organize patient’s history into pertinent sections of the H&P note (USMLE – Patient Care: Diagnosis) (DGSOM Patient Care 1.2)
 - d. Compose the patient-centered Assessment and Plan, while assessing the disease state and starting to prioritize a differential diagnosis (USMLE – Patient Care: Diagnosis and Management) (DGSOM Patient Care 1.1d)
4. Learn and practice how to write a SOAP note:
 - a. Demonstrate ability to appropriately obtain all the components of a SOAP note (USMLE – Patient Care: Diagnosis) (DGSOM Patient Care 1.2)
 - b. Demonstrate ability to document and organize patient’s history into pertinent SOAP note sections (USMLE – Patient Care: Diagnosis) (DGSOM Patient Care 1.2, Interpersonal 4.2)
5. Learn and practice motivational interviewing skills (USMLE – Social Sciences: Communication Skills/Ethics) (Patient Care 1.1d, and Interpersonal 4.7):
 - a. Demonstrate ability to implement motivational counseling skills with patients regarding behavioral changes, including smoking and substance cessation
 - b. Demonstrate ability to discuss basic factors to help patient’s promote health and prevent disease (DGSOM Medical Knowledge 2.5)
6. Learn and practice how to perform an oral presentation:
 - a. Perform an accurate oral presentation (USMLE – Patient Care: Diagnosis) (Patient Care 1.1d, Interpersonal 4.2)
 - b. Organize patient’s story into pertinent sections of the oral presentation (USMLE – Patient Care: Diagnosis) (Patient Care 1.1d, Interpersonal 4.2)
7. Group process: demonstrate ability to work well in a group setting, including:
 - a. Prepare for class (USMLE – Communication/Professionalism) (DGSOM Professionalism 5.1)
 - b. Contribute to group discussions on relevant session topics (USMLE – Communication/Professionalism) (DGSOM Interpersonal 4.4)
 - c. Provide constructive feedback to colleagues on patient interviews. (USMLE – Communication/Professionalism) (DGSOM Professionalism 5.4 and Interpersonal 4.3)
8. Professionalism (USMLE – Communication/Professionalism):
 - a. Demonstrate receptivity and ability to implement feedback as practice-based learning (DGSOM Professionalism 5.4)
 - b. Be punctual to class (DGSOM Professionalism 5.1)
 - c. Demonstrate respect for other colleagues’ viewpoints (DGSOM Professional 4.6)
9. Identify ways that social determinants affect a patient’s health and disease management, including (but not limited to) (DGSOM Medical Knowledge 2.2a and 2.2b, and Medical Knowledge 2.7):
 - a. Access to housing, access to food, insurance status, financial burdens, sexual orientation, race, ethnicity, age, gender, and religion
 - b. Develop mindfulness of social and/or risk factors impacting health of vulnerable populations (i.e., homeless, LGBTQIA+, race, etc.)
10. Learn and practice how to compassionately and effectively communicate with patients regarding sensitive topics (USMLE – Social Sciences: Communication/Ethics) (DGSOM Professional 4.6 and Medical Knowledge 2.2):

- a. Goals of care, delivering bad news, substance use/addiction medicine, opioid prescribing, domestic violence, family planning, etc. (in addition DGSOM Medical Knowledge 2.8 – domestic violence reporting).

Preceptorship 1 & 2

1. Clinical Skills (each week)
 - Perform a relevant and appropriate hx and exam appropriate to the clinical situation.
 - Develop skills to diagnose and treat common acute and chronic medical problems.
 - Develop skills to differentiate normal from abnormal physical findings.
2. Communication Skills
 - Evaluate both written/electronic records and oral communications and incorporate into to assessments.
 - Show effective professional communication to patients, and staff.
 - Write at least one note each session and keep a copy for later review.
3. Intellectual Skills
 - Demonstrate an approach to solving clinical problems.
 - Pursue self-directed learning on topics encountered.
4. Knowledge
 - Apply, interpret and add to the knowledge from the first year curriculum.
 - Integrate knowledge and transfer it from one field to another.
5. Attitude
 - Exhibit appropriate behavior and interactions with peers, patients and members of the healthcare team.

Human Biology & Disease (HB&D) Year 2

Block 6: Foundations of Medicine II (9 weeks)

1. Understand the fundamental microbiology of the major bacterial, viral, fungal and parasitic pathogens of humans.
2. Understand the mechanisms of pathogenesis of these microbial agents, the infectious diseases they cause, and their clinical diagnosis and treatment.
3. Learn the basic laboratory methods used in identifying the major microbial human pathogens.
4. Understand the basic pharmacology of the major antimicrobials including their mechanism of action, spectrum of activity and major adverse effects.
5. Review the principles of immunology (first introduced in Block 1) and to apply these principles to rheumatologic, oncologic and infectious diseases.
6. Strengthen clinical reasoning skills.
7. Understand the mechanisms of hematopoiesis and hemostasis, and the genetics of hemoglobinopathies and newborn screening.
8. Understand the basic pathophysiology of the leukemias and lymphomas and the basic principles of antineoplastic agents used to treat these diseases
9. Understand the dermatologic examination, disease and treatment, including dermatologic neoplasia.
10. Understand the relationship of eye anatomy and physiology with ophthalmologic manifestations of systemic disease (as found in rheumatology, hematology-oncology and infectious diseases).

Block 7: Medical Neurosciences II (6 weeks)

1. **Evaluate, diagnose and conceptualize a treatment plan** for patients with psychiatric illness across the life span including autism, ADHD, mood disorders, anxiety, substance abuse, psychosis, suicidal ideation, PTSD, memory loss.
2. Be familiar with the **neurobiological basis** of psychiatric illnesses
3. Understand the role of **genetics, early development, and environment**, in the development and conceptualization of psychiatric illnesses.
4. Describe the major structural and functional relationships in the central nervous system, including **visual, auditory, memory and cognitive systems**
5. Describe the clinical presentations and identify the pathological correlates of **brain tumors, neurodegenerative diseases, and CNS infections**.
6. Apply what you have learned about the neurochemical basis of psychiatric symptoms to common clinical applications of **psychopharmacology**
7. Conduct a basic **neuropsychiatric assessment** and interpret the results
8. Understand the role of **non-pharmacologic** modalities in the treatment of psychiatric disorders.
9. Apply **critical appraisal** skills to research articles relevant to clinical practice
10. Demonstrate skills in **teamwork and leadership**
11. Build on your understanding of the fundamentals of neuropsychiatric disorders such as anxiety, bipolar disorder, PTSD, psychosis and schizophrenia.
12. Deepen your understanding of sleep disorders, neuro-ophthalmology, cognition, learning and memory, altered level of consciousness, and behavioral development.
13. Utilize and practice the knowledge learned in workshops, doctoring, clinical skills, and in your problem-based learning (PBL) small group.

Block 8: Gastrointestinal, Endocrine, & Reproductive Medicine II (8 weeks)

1. Understand the pathophysiological basis of the essential gastrointestinal, endocrine, and reproductive diseases.
2. Be able to describe the clinical presentation, diagnosis, and treatment of gastrointestinal, endocrine, and reproductive diseases.
3. Be able to elicit a medical history, carry out a comprehensive physical examination, construct a differential diagnosis, and establish a management plan.

Block 9: Cardiovascular, Renal & Respiratory Medicine II (8 weeks)

1. Understand the pathophysiology, pathology, and presentation of major diseases of the Renal, Cardiovascular and Respiratory systems.
2. Understand how these organ systems interact in disease
3. Understand how to prevent, diagnose and manage major diseases of these organ systems by utilizing history and physical findings, radiological and nuclear medicine information, serum and urine laboratory tests, pulmonary function testing, electrocardiograms, echocardiograms, invasive hemodynamics, pharmacology, mechanical ventilation and other mechanical life support measures.
4. Understand how to evaluate clinical trials and employ the best evidence-based practice wherever possible.
5. Use electronic Internet search tools to assist in the diagnosis and management of major diseases and to understand their pathophysiology.
6. Use PowerPoint to make effective presentations of important medical topics.
7. Work as part of a team to make important clinical decisions.

Human Biology & Disease (HB&D) Year 2 Thread Objectives

Clinical Skills 2

The overall goal of Clinical Skills 2 is to prepare second year students for Clinical Foundations and their third year Clinical Clerkships and to complement the communication skills developed in Doctoring II in preparation for patient interaction in a clinical setting.

By the end of the six sessions, students should be able to:

1. Define the principles of hypothesis-driven physical examination and apply them to specific clinical scenarios involving different organ systems, such as head and neck, respiratory, cardiovascular, and abdominal.
2. Refine physical examination skills for the basic screening exam and recognize when to apply special disease-specific examination techniques.
3. Develop and prioritize differential diagnoses based on patients' chief complaints, history, and relevant physical examination findings.
4. Using Subjective, Objective, Assessment and Plan (SOAP) note guidelines, comfortably summarize patient Hx orally and in writing to self and peers, ask astute and relevant questions to gain a better understanding of patient ailments, and synthesize findings in a way that justifies recommendations for patient-specific physical examination strategies in a simulated clinical setting (i.e. role-play).

Doctoring 2

Develop the Awareness and Knowledge and Skills through advanced exercises to:

- a. Apply data gathering skills acquired in Doctoring 1 and Clinical Skills to focus history and physical examination choices, differential diagnoses, and assessments and plans
- b. Use pattern recognition and evidence to inform Clinical Decision-Making and begin development of Clinical Judgment
- c. Communicate Cases to others through Formal Oral Presentations and Written Notes that advocate for patients' needs and inform the recipient as to the student's case formulation
- d. Appreciate the art of Doctoring, the humanistic mindfulness and attributes a physician must uphold and demonstrate to shepherd the patient through the healing process in some, illness and death in others, and to nurture self-well-being and satisfaction in a career well-chosen

Year 3: Required Clerkships

Ambulatory Internal Medicine (4 weeks)

1. Perform problem-focused histories and physical examinations in the evaluation of patients presenting with acute problems.
2. Provide continuing care for patients with chronic illnesses.
3. Develop diagnostic and treatment plans appropriate to the ambulatory setting.
4. Refine their understanding and practice of health maintenance interventions.
5. Solidify their skills in communicating with patients.
6. Provide health education to patients.

7. Improve their note-writing and case-presentation skills.
8. Establish meaningful patient-physician relationships based on compassion and professionalism.
9. Understand the role of the internist as a leader in coordinating various health care personnel in patient care

Family Medicine (4 Weeks)

1. To understand the role of the Family Physician in the health care system as it pertains to:
 - a. Continuity and comprehensiveness of care
 - b. Use of appropriate referrals
 - c. Family Physicians' role in the community as leaders in coordinating various health care personnel in patient care
2. To provide the opportunity for the student to encounter and learn about common acute and chronic problems seen in an outpatient setting
3. To improve the student's understanding of gender and age specific preventive health measures
4. To improve the student's clinical history taking, physical exam, and presentation skills
5. To allow for exposure to the performance of clinic-based procedures
6. To allow the student to experience the impact of illness on the family
7. To expose the student to systems-based health care, including access to care, coordinating care among patients with different financial means to access care, practicing cost effective care, and considering the effects of the individual physician on the health care system

Inpatient Internal Medicine (8 weeks)

Skills

1. Achieve proficiency in the following: obtaining the patient's history, performing a full or directed physical examination, writing up the data base in a problem-oriented format while also developing the differential diagnosis, presenting cases both completely and in abbreviated focus form, and performing basic diagnostic and therapeutic procedures
2. Gain experience in writing orders and progress notes.
3. Learn how to establish priorities in ordering diagnostic tests and interpreting laboratory data; consider cost effectiveness in patient evaluation; establish the diagnostic and therapeutic goals of the hospitalization.
4. Develop judgment and decision-making skills.
5. Ascertain patient's goals of the therapeutic encounter.
6. Ascertain patient's understanding and compliance with medications.
7. Understand the basic concepts and dilemmas in medical ethics.

Knowledge

1. Develop familiarity with common medical illnesses.
2. Develop the ability to construct an adequate differential diagnosis.
3. Build on previous knowledge of pathophysiology and begin to integrate basic sciences with clinical medicine by reading pertinent texts about the problems of each patient.

Attitudes

1. Become an integral part and enthusiastic member of the medical team by participating in ward activities and by contributing to discussions related to patient care.
2. Gain perspective regarding roles of various health care personnel in patient care.
3. Learn how to establish rapport with patients and paramedical personnel.
4. Begin to function as a physician by working with patients and accepting some responsibility for their care.
5. Begin to understand the humanistic side of medicine; treat and discuss patients in a concerned and compassionate manner.
6. Begin furthering concepts in and around death and dying.

Neurology (4 weeks)

1. Perform a complete neurologic exam
2. Perform an appropriately focused neurologic history and screening exam based on presenting symptoms
3. Localize a lesion based on history and exam findings
4. Generate an appropriate basic differential diagnosis for common neurologic presentations and diagnoses
5. Recognize neurological emergencies and describe initial steps in their evaluation and management
6. State the indications for an LP and describe techniques to perform procedure appropriately and safely
7. Describe indications for CT and MRI imaging of the CNS, emphasizing their use in emergency situations
8. Describe ethical and psychosocial issues encountered in the care of neurologically ill patients
9. Describe differential diagnosis, initial evaluation, and basic management of the Neurology chief complaints, using experience gained through patient interactions or case-based didactics.

Obstetrics & Gynecology (6 weeks)

1. Develop competence in the medical interview and physical examination of women and incorporate ethical, social, and diversity perspectives to provide culturally competent health care.
2. Apply recommended prevention strategies to women throughout the life-span.
3. Recognize his/her role as a leader and advocate for women.
4. Demonstrate knowledge of preconception care including the impact of genetics, medical conditions and environmental factors on maternal health and fetal development.
5. Explain the normal physiologic changes of pregnancy including interpretation of common diagnostic studies.
6. Describe common problems in obstetrics.
7. Demonstrate knowledge of intrapartum care.
8. Demonstrate knowledge of postpartum care of the mother and newborn
9. Describe menstrual cycle physiology, discuss puberty and menopause and explain normal and abnormal bleeding.
10. Describe the etiology and evaluation of infertility.
11. Develop a thorough understanding of contraception, including sterilization and abortion.
12. Demonstrate knowledge of common benign gynecological conditions.
13. Formulate a differential diagnosis of the acute abdomen and chronic pelvic pain.
14. Describe common breast conditions and outline the evaluation of breast complaints.
15. Demonstrate knowledge of perioperative care and familiarity with gynecologic procedures.
16. Describe gynecological malignancies including risk factors, signs and symptoms and initial evaluation.
17. Provide a preliminary assessment of patients with sexual concerns

Pediatrics (6 weeks)

1. Obtain pertinent historical data from a parent and/or child interview enabling you to develop the historical basis for a comprehensive evaluation of clinical problems.
2. Skillfully perform a physical examination on any age child, including an assessment of physical growth and psychomotor development, while mastering the skills to clearly and concisely record your findings.
3. Critically evaluate and integrate data in seeking solutions to clinical problems (i.e., synthesizing and analyzing the information gathered to develop an approach to the differential diagnosis, and the subsequent formulation of evaluation and management plans.)

5. Acquire a core fund of knowledge in general pediatrics that may be applied to the evaluation and management of children in both inpatient and outpatient settings.
6. Strengthen both your written and verbal communication skills in multiple settings.
7. Address the care of each child with an understanding of health care systems and the resources available to the patient.
8. Better appreciate the impact of psychosocial factors and stresses (for example, family and domestic violence) on the well-being and subsequent evaluation and management of children.

Psychiatry (4 weeks)

1. Be able to use the biopsychosocial model to understand psychiatric disorders
2. Be able to conduct all aspects of the mental status examination
3. Be capable of identifying and initiating appropriate medical psychiatric interventions for the major psychiatric illnesses as they present in primary medical care settings.
4. Understand clinical psychiatry as a medical specialty.

PATIENT CARE (PROBLEM SOLVING AND CLINICAL SKILLS)

1. Elicit and accurately document a complete psychiatric history, including the identifying data, chief complaint, history of the present illness, past psychiatric history, medications, general medical history, review of systems, substance use history, family history, and personal and social history.
2. Conduct a culturally sensitive interview that builds rapport and trust. Develop an effective repertoire of interviewing skills including the ability to discuss sensitive material and manage behavioral or emotional difficulties commonly encountered in the psychiatric interview.
3. "Perform a psychiatric diagnostic workup, to include:
4. Acquiring and organizing the psychiatric history
5. Performing the mental status and physical exam
6. Making decisions regarding further diagnostic studies
7. Develop a ranked differential diagnosis based on clinical history and presentation based on DSM-5 criteria.
8. Provide clear and concise oral presentations and documentation of initial psychiatric evaluations and daily progress of patients being treated for psychiatric disorders.
9. Develop and help execute an initial treatment plan and ongoing treatment plans for patients being treated for psychiatric disorders.
10. Identify and account for stereotypes, personal bias and prejudices towards patients from various cultural groups.
11. Discuss the mental health care disparities experienced by racial and ethnic groups and the factors that contribute to them.

MEDICAL KNOWLEDGE

1. Describe the major psychiatric diagnoses as defined in DSM-5 in the context of the complexities of clinical presentations which can include complex differential diagnoses, multiple stressors, complex psychosocial situations, and patient personality variables.
2. Explain the range of psychiatric interventional therapeutics, specifically:
3. "Indications for and possible side effects and complications of somatic treatments including psychopharmacologic agents and electroconvulsive therapies.
4. Indications for and general principles of evidence-based psychotherapies"
5. Identify a psychiatric emergency in the clinical setting, and describe the appropriate interventions in the primary care setting for immediate management or referral of the patient
6. Discuss typical presentations and appropriate treatment of substance use disorders in general medical and psychiatric clinical settings.

7. Use the weekly study guides/online modules to supplement your clinical work in the acquisition of medical knowledge in psychiatry.

PRACTICE-BASED LEARNING AND IMPROVEMENT

1. Discuss the elements of informed consent and evaluation of decision-making capacity.
2. Collect and incorporate cultural information in the assessment and treatment planning of patients while avoiding stereotyping.
3. Demonstrate scholarship in the form of contributing to a positive learning environment, collaborating with colleagues, and performing self-assessment and self-directed learning.
4. Be able to assess one's strengths, weaknesses, and health (physical and emotional), and be willing to seek and accept supervision and constructive feedback.

SYSTEMS-BASED PRACTICE

1. Demonstrate an awareness of the larger context and system of health care and effectively call on system resources to provide optimal care.
2. Discuss the roles of different physician specialties and non-physician healthcare disciplines, demonstrate respect for these colleagues, and work collaboratively in the care of patients and their families.
3. Discuss the importance of working successfully with patient's families and other agencies in the patient's life (e.g. schools, employers, etc.) accounting for cultural diversity, to bring about an optimal clinical outcome.
4. Discuss management strategies and propose appropriate community resources as part of a comprehensive treatment plan for each patient including use of psychiatric hospitalization, detoxification and rehabilitative programs, case management, partial hospitalization/day programs, etc.

INTERPERSONAL COMMUNICATION SKILLS AND PROFESSIONALISM

1. Identify and account for personal emotional responses to patients.
2. Demonstrate response, empathy, responsiveness, and concern regardless of the patient's problems, personal characteristics, or cultural background.
3. Demonstrate sensitivity to differences in gender, cultural background, sexual orientation, socioeconomic status, level of disability, educational level, political views, and personality traits.
4. Discuss the prevalence and barriers to recognition of psychiatric illnesses in general medical settings and recognition of general medical conditions in patients with known psychiatric illness.
5. Discuss the physician's role in advocacy for services for the mentally ill.
6. Demonstrate integrity, responsibility, and accountability in the care of assigned patients.

Surgery (12 weeks)

1. To understand the surgical management of disease.
2. To understand the clinical and technical resources available for diagnosing surgical problems.
3. To appreciate expectations and limitations of appropriate surgical theory.
4. To gain familiarity with the pre- and post-operative care of patients.
5. To learn, through the presentations of major surgical problems, to establish correlations among clinical observation, surgical (operative) pathology, and the physiological alterations achieved through surgery.
6. To appreciate the philosophy and practice of surgery and their relationships to general medical practice.
7. To appreciate strengths of a sampling of surgical subspecialties.
8. To appreciate the nature of surgical health care delivery at a variety of institutions - e.g., private, county, academic medical center, V.A. Administration, etc.

9. To understand the system of surgical health care delivery to both inpatients and outpatients in a variety of settings, such as private, county, academic medical center, VA Administration, etc.
10. To become familiar with ward procedures.
11. To participate in patient care activities
12. To function as a member of the surgical team.
13. To appreciate the entire treatment cycle of the surgical patient from diagnosis to operative management and through recovery.

Longitudinal Preceptorship (all year)

1. Improve clinical acumen through history-taking and physical examination skills. Through experiential and observed encounters and discussion, students should improve their:
 - Accuracy in collecting clinical data
 - Proficiency with the physical examination
 - Ability to present findings for discussion
 - Ability to conduct a focused work-up
2. Identify the range of clinical problems and treatment options particular to selected specialties. Through experience in clinical practice and career exploration, the students learn:
 - Qualities of the clinical decision-making process
 - Skills needed for successful patient care
 - Types of notes and charts needed for competent care
 - Rewards and demands of various types of practice
 - Breadth and diversity of professional opportunities within the specialty
3. Clinical research* exploration and development. Through mentored participation in literature reviews, data collection and analysis, safety assessment, risk / benefit analysis, etc., students have the:
 - Opportunity to improve skills as a physician-scholar
 - Opportunity for in-depth one on one mentorship within academic medicine
 - Option to continue research projects initiated during the first two years of medical school or to initiate research that may be carried into the 4th year. (Note: research for which a PhD is earned cannot also count toward completion of this course).

Longitudinal Radiology (all year)

1. Develop basic skills in radiological diagnosis (how to read an x-ray).
2. Be familiar with the scope of different imaging modalities and be aware of patients' experience in undergoing radiological procedures.
3. Know the indications, contraindications, and cost-effectiveness of common radiological examinations.
4. Know orderly imaging workup for common clinical disorders.
5. Learn how to use the radiologist as a consultant

Systems Based Healthcare (all year)

Systems Based Practice

1. Know the structure and functions of the health care delivery and insurance systems currently in place in California and the United States. Compare and contrast these to alternative systems used in other industrialized countries.
2. Describe major current health system reform initiatives, including possible benefits and barriers to achieving them.
3. Discuss the concept of a medical safety net and strategies for lowering access barriers for vulnerable populations.
4. Define an integrated delivery system, list its key components and describe how they function together to deliver optimal patient care and outcomes.

5. Discuss applications of health information technologies including electronic health records, patient registries, and computerized order entry and prescribing.
6. Understand and explain the concept of value in health care, and provide examples of methods physicians use to improve value, including comparative effectiveness research, evidence-based guidelines, and quality improvement.
7. Compare current and emerging physician reimbursement methodologies, and discuss their likely impacts on utilization, costs, quality, access and provider incomes.
8. Distinguish the roles of primary care providers and specialists, and discuss the options communities have to achieve an appropriate balance between primary and specialty care.
9. Understand the flow of funds through the U.S. health care system, from their points of origin through public (Medicare and Medicaid) and private (insurance companies and health plans) intermediaries, down to the provider tier (physicians and hospitals).
10. Distinguish between costs and charges.
11. Identify and use resources and ancillary health care services for patients in situations in which social and economic barriers to access exist.
12. Articulate the physician's special responsibilities toward both individual patients and society at large and discuss ways to balance these competing needs and priorities.

Professionalism

1. Demonstrate reliability, dependability, and integrity in interactions with colleagues and patients.
2. Deal with professional mistakes openly and honestly in ways that promote patient trust and self-learning.
3. Accurately assess one's personal strengths and limitations, relevant to one's practice of medicine and continued learning.
4. Develop abilities to receive and provide constructive feedback as part of peer and self-assessment of professional behaviors.
5. Understand appropriate coping mechanisms for dealing with stress, intellectual uncertainty, interpersonal conflict, and issues related to power.
6. Use basic ethical concepts and approaches to identify and analyze the ethical dimensions of common situations in medical practice, health policy, and research.
7. Understand the obligation to treat the individual patient and discuss the conflicts between caring for a patient and caring for a population.
8. Recognize an obligation to the health of society, locally, regionally, and nationally.
9. Demonstrate the ability to provide leadership to groups of colleagues or patients.

Interprofessional Education

1. Work with individuals of other professions to maintain a climate of mutual respect and shared values.
2. Use the knowledge of one's own role and those of other professions to appropriately assess and address the healthcare needs of the patients and populations served.
3. Communicate with patients, families, communities, and other health professionals in a responsive and responsible manner that supports a team approach to the maintenance of health and the treatment of disease.
4. Apply relationship-building values and the principles of team dynamics to perform effectively in different team roles to plan and deliver patient-/population-centered care that is safe, timely, efficient, effective, and equitable.

Year 4: 4th Year Electives

100 Level Objectives: Seminar type/self-study, Non-Clinical

“These electives explore the basic sciences as well as the clinical aspects of an organ system and its disease states or focus on a particular field of study. These electives do not have a significant amount of patient contact- therefore they are not “clinical” and do not count toward licensing requirements.”

200 Level Objectives Primarily Consult Services

“These electives allow students to utilize and build upon the fundamental information and skills acquired during required specialty clerkships of the third-year in a practical approach, rather than relying largely on textbooks and theoretical skills alone. They should be structured to provide students with deeper insight into complex medical problems and should stress development of the students’ intellectual process by which decisions are made and how to gather and synthesize the data required to develop a diagnostic and management plan for the patient.”

300 Level Objectives Outpatient Sub-Internship

“These 4th year electives are primarily outpatient, and in all cases allow the student to have increased responsibility in patient-care decision-making. The student will be expected to function like an intern. o Must meet the following criteria to be classified as a 300-level elective:

- The elective should involve the comprehensive care of significantly ill/complex patient cases in diverse patient populations.
- If there are outpatient and inpatient responsibilities as a part of the elective, the outpatient component should be >50%
- Students must have substantial or primary patient care responsibilities, not just see patients in consultation.
- Students should work-up at least 5 new patients per week (minimum of 15 per rotation).
- Students should actively participate in the continuous care of patients when applicable.
- The elective must be at least 3 consecutive weeks in duration.”

400 Level Objectives Inpatient Sub-Internship

- “Must meet all of the 300 level criteria mentioned above, as well as satisfy the following criteria in order to be classified as a 400 Level Elective:
- 400 level Electives occur predominantly in the inpatient setting.
- If there are inpatient and outpatient responsibilities as a part of the elective, the inpatient component should be >50%
- Students must function at the equivalent level of an intern, with night-call and clinic/ED responsibilities as applicable. Night call and duty hours should be equal to that of the housestaff (PGY-I).”