Class of 2022

PHASE III CLERKSHIP CATALOG

2021-2022
OMSA CONTACT INFORMATION
The information in this handbook is subject to change at any time. For the most up to date information, or if you have questions regarding any policy or requirement in this handbook, please contact the Office of Medical Student Affairs.

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INTRODUCTION
The purpose of the Phase III medical curriculum at the University of New Mexico School of Medicine is to provide opportunities for students to:

- Further develop their skills and knowledge of patient care
- Broaden their understanding of medicine and its specialties
- Explore fields in which they may wish to pursue careers
- Remediate deficiencies in medically relevant skills, knowledge, and behaviors

This catalog contains descriptive information about graduation requirements, courses, and clerkships available to Phase III students. The variety of learning experiences includes hospital, clinic, community, and laboratory environments. The information has been condensed in this listing. Further information may be obtained by contacting the faculty evaluator. All departments and individuals offering Phase III courses have been queried regarding prerequisites, which are listed with each description in this catalog.

Students are not restricted to the courses contained in this catalog and are encouraged to initiate educational experiences here at UNM. For information about requesting Phase III credit for rotations not listed in this catalog, please refer to the “Phase III Non-Catalog Educational Experiences” section.

PROMOTION TO PHASE III
To be eligible for consideration for promotion to Phase III, a student must fulfill all of the following promotion requirements:

- Achieve a grade of Satisfactory/Credit in all seven Phase II Clerkships
- Achieve a grade of Credit for the Specialty Exploration Experience and Performance Assessments (OSCEs)
- Adhere to ethical and professional standards of behavior

Please review the entire policy on “Student Promotion and Awarding the MD Degree” in the UNM SOM MD Student Handbook or on the UNM SOM OMSA webpage.

Phase III courses are for students who have completed Phase I and II. Except in very unusual circumstances, all required Phase II Clerkships must be taken at the UNM SOM. Phase I and Phase II students who wish to take any Phase III Clerkship must have prior approval. If approved, Phase I and Phase II students may only receive 4 weeks of Phase III credit prior to promotion to Phase III. Students who do not take USMLE Step 1 by the published deadline may be permitted to take one non-clinical Phase III elective at the UNM SOM (pending availability and approval) after taking Step 1 with permission from the Dean of Students. Please contact OMSA for more information.

Students must have completed all course prerequisites established by departments or individuals offering Phase III electives. Prerequisites for the Sub-Intern and ICU courses include completion of all Phase II Clerkships. Exceptions to these guidelines are rarely approved.

AWARDING OF THE MD DEGREE
To be eligible for consideration by the faculty for award of the MD degree, a student must fulfill all of the following requirements:

- Achieve a grade of Satisfactory/Credit or above in all Phase III rotations
- Successfully complete the scholarly activity requirement
- Record passing scores for USMLE Step 1 and Step 2 CK
- Adhere to ethical and professional standards of behavior
POLICIES ON PHASE III CLERKSHIPS

Any first attempt “Fail” grade in a Phase III course must be successfully remediated prior to initiating another Phase III course. For more information, please refer to the “Policy on Student Promotion and Awarding the MD Degree” in its entirety on the UNM SOM OMSA website: https://som.unm.edu/education/md/omsa/student-promotion-and-policies.html

- The Committee on Student Promotion and Evaluation (CSPE) may require students to take and pass specifically designated Phase III Clerkships to remediate deficiencies in knowledge, skills, or behavior important to the practice of medicine.
- Study away from UNM SOM is considered a privilege and may be denied by CSPE if the committee deems such activities are not in the best interest of the student’s education.
- To receive credit for a Phase III educational experience at another medical facility, students must follow the procedures outlined in this handbook. Failure to do so will result in “No Credit” received.
- A student who has had academic difficulty may be prohibited from taking Phase III Clerkships away from the UNM SOM campus.
- Students are not permitted to receive monetary compensation for courses taken to meet graduation requirements. Special circumstances permit exceptions for clerkships taken outside the Albuquerque area. In some cases, research electives or other rotations may be approved by CSPE for credit as well as monetary compensation. Any exception must be approved by OMSA, the Office of Undergraduate Medical Education (UME), and CSPE prior to taking the course.

PHASE III SCHEDULING

PHASE II CLERKSHIP RESCHEDULING

Most Phase III clerkships have prerequisites stating that all or specific Phase II Clerkships must be completed. Students who were approved to postpone or float one or more clerkships during Phase II will be scheduled for those Phase II courses prior to starting Phase III clerkships unless approved by the Clerkship Director(s). Students will be scheduled based on availability after the incoming Phase II students have been scheduled and in consultation with the Clerkship Directors and CSPE. The Office of Medical Student Affairs will notify students of Phase II assignments. Students requesting to take these rotations in blocks other than 1 and 2 must complete the Phase III Scheduling Exception Form, provided by OMSA.

PHASE III SCHEDULING

Students submit preferences for their initial auto-generated Phase III schedules using the Phase III Scheduling Request Template. Students can request all courses except those that require specific departmental approval prior to course registration. These courses are identified in this catalog as “Prior Approval Required”. After the initial auto-generated schedules are assigned to all students, the standard course change request process should be followed and a signed (add/drop) form or add drop in MDWeb should be submitted to OMSA. Students should keep the following in mind when requesting courses:

- Phase II prerequisites stated in the Clerkship Catalog must be met.
- Dates for early and regular Match application and interviewing schedules.
- Concurrent scheduling is NOT permitted. Students may only be registered for and complete one course per block, regardless of the schedule/time commitments of the course.
- The Phase II Class Rankings that appear in the Medical Student Performance Evaluation (also known as the Dean’s Letter) are based on a census date that will fall in mid-July. Only Phase II grades that have been received by that date will be calculated into the rankings. This includes any remediation of failed Phase II Clerkships.
- Once the initial auto-generated schedules are assigned, ALL additional changes MUST be initiated by the student utilizing the appropriate course change form (standard add/drop,
research add/drop, Phase III Schedule request, etc.) or MDWeb add/drop. Explicit approval must be given by the department or preceptor, in writing, via signature, via MDWeb or email in order for OMSA to make any schedule changes.

While every effort is made to accommodate students’ stated preferences, departmental needs and limitations take precedence. In developing schedules, OMSA considers these priorities. **By necessity, elective courses must be planned around required clerkships.** Each department establishes a maximum number of students accepted for each rotation, and UNM students are given priority over visiting students from other schools during the initial Phase III scheduling period.

The Office of Medical Student Affairs maintains the official schedule for all Phase III students. Changes to a student’s official schedule may only be made with approval from the department in which a course is offered. Only courses listed on the student’s official schedule may be used in determining the completion of degree requirements.
<table>
<thead>
<tr>
<th>BLOCK</th>
<th>DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>04/26 – 05/23/21 (FLOATERS ONLY)</td>
</tr>
<tr>
<td>2</td>
<td>05/24 – 06/20/21 (FLOATERS ONLY)</td>
</tr>
<tr>
<td>3</td>
<td>06/21 – 07/18/21</td>
</tr>
<tr>
<td>4</td>
<td>07/19 – 08/15/21</td>
</tr>
<tr>
<td>5</td>
<td>08/16 – 09/12/21</td>
</tr>
<tr>
<td>6</td>
<td>09/13 – 10/10/21</td>
</tr>
<tr>
<td>7</td>
<td>10/11 – 11/07/21</td>
</tr>
<tr>
<td>8*</td>
<td>11/08 – 12/05/21</td>
</tr>
<tr>
<td>9</td>
<td>12/06/21 – 01/02/22</td>
</tr>
<tr>
<td>10</td>
<td>01/03 – 1/30/22</td>
</tr>
<tr>
<td>11</td>
<td>01/31 – 02/27/22</td>
</tr>
<tr>
<td>12</td>
<td>02/28 – 03/27/22</td>
</tr>
<tr>
<td>13</td>
<td>03/28 – 04/24/22</td>
</tr>
</tbody>
</table>

*Last Block for December 2021 Graduates
<table>
<thead>
<tr>
<th>BLOCK</th>
<th>DATES</th>
<th>Important Tasks to Complete in Phase III</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>04/26 – 05/23/21 (FLOATERS ONLY)</td>
<td>4 Required Rotations / 4 Electives (COVID-19 in 2020 counts as one elective)</td>
</tr>
<tr>
<td>2</td>
<td>05/24 – 06/20/21 (FLOATERS ONLY)</td>
<td>Early June – ERAS opens</td>
</tr>
<tr>
<td>3</td>
<td>06/21 – 07/18/21</td>
<td>Meet with Deans of Students for the Medical Student Performance Evaluation (Dean’s Letter): June/July</td>
</tr>
<tr>
<td>4</td>
<td>07/19 – 08/15/21</td>
<td>Step 2 CK – take before mid-Aug for score to be on ERAS</td>
</tr>
<tr>
<td>5</td>
<td>08/16 – 09/12/21</td>
<td>2 letters of recommendation* should be uploaded to ERAS by 9/10</td>
</tr>
<tr>
<td>6</td>
<td>09/13 – 10/10/21</td>
<td>Submit ERAS application before 9/15</td>
</tr>
<tr>
<td>7</td>
<td>10/11 – 11/07/21</td>
<td>3rd letter of recommendation* should be uploaded by 11/01</td>
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<td>8</td>
<td>11/08 – 12/05/21</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>12/06/21 – 01/02/22</td>
<td>(note – no interviews during 2 weeks of winter break, leaving only 2 weeks to interview)</td>
</tr>
<tr>
<td>10</td>
<td>01/03 – 1/30/22</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>01/31 – 02/27/22</td>
<td>Match Rank Order List due mid-February</td>
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<tr>
<td></td>
<td></td>
<td>Match 1st – Scholarly Project due</td>
</tr>
<tr>
<td>12</td>
<td>02/28 – 03/27/22</td>
<td>Match Day – 3/18/22 TENTATIVE</td>
</tr>
<tr>
<td>13</td>
<td>03/28 – 04/24/22</td>
<td>April – Research presentation. Must have passed Step 2 CK and met all requirements in order to graduate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Convocation – 5/13/22 TENTATIVE</td>
</tr>
</tbody>
</table>
PHASE III COURSE REQUIREMENTS

Students may complete more rotations than required but not less than the 8 minimum courses.

<table>
<thead>
<tr>
<th>Course</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intensive Care Unit (5 options)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Sub-Internship (25 options)</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Comprehensive Ambulatory Care - CLNS 605*</td>
<td>4 weeks</td>
</tr>
<tr>
<td>Medicine in New Mexico - CLNS 910</td>
<td>4 weeks</td>
</tr>
<tr>
<td>4 Electives (clinical and non-clinical electives)*</td>
<td>4 weeks each = 16 weeks</td>
</tr>
</tbody>
</table>

Total Required 32 weeks

*Some students may have taken the course Health Systems & Virtual Medicine in the 2020-2021 academic year. This course may be substituted for Comprehensive Ambulatory Care.

^Some students may have taken the course COVID-19 in 2020 in the 2020-2021 academic year; this will count as one elective.

ELECTIVE CREDIT

A minimum of 16 weeks in Phase III must be scheduled for elective credit. All courses listed in the catalog are approved for elective credit. Non-catalog courses at UNM or other institutions must be approved in advance by CSPE for elective credit.

An elective is defined by CSPE as an educational activity related to medical science. To receive elective credit, the experience must meet the following criteria:

- It must be approved in advance by the appropriate UNM Department Clerkship Director, the OMSA, UME, and CSPE.
- It must be a medically relevant education experience rather than a job, and the student must have an adequate/appropriate background so that the experience is of educational value.
- The performance of the student in the experience must be evaluated and reported to OMSA at UNM SOM.

All of the above criteria must be met before consideration will be given to awarding an elective credit for a non-catalog elective at UNM or other institutions. Any request must be accompanied by a course description (a description can often be found in the host institution’s course catalog or website). See “Phase III Non-Catalog Educational Experiences” section for more information.

ELECTIVE CREDIT FOR RESEARCH

Students may receive elective credit in Phase III to complete the required scholarly activity requirement introduced in Phase I. Students may apply a total of three research electives toward graduation: Research Elective I – CLNS 901, Research Elective II – CLNS 902, Research Elective III – CLNS 903. All research courses must be scheduled using the Research Add/Drop Form.

PHASE III NON-CATALOG EDUCATIONAL EXPERIENCES

Students are not restricted to the courses listed in this catalog and are encouraged to initiate educational experiences here at UNM or at other institutions with prior approval.

You must submit a Phase III Credit Request form if you would like to take an elective that is not in the catalog. If the course is an ICU or Sub-I, you must also include the ICU/Sub-I request form. This form will need several approvals so please get it in at least 60 days before you would like to take it.
Visiting Student Learning Opportunities:
COVID-19 has interrupted the clinical education of students at the University of New Mexico School of Medicine. This policy is to regulate both incoming and outgoing away rotations to maintain safety, promote equity, and ensure adequate experience for medical students. This policy is congruent with the AAMC’s Coalition for Physician Accountability recommendations released on January 25, 2021.

The work group recommends that for the 2021-22 academic year, away rotations resume no earlier than August 1, 2021, with the following guidance:

- After April 15, learners may begin applying for and scheduling in-person away rotations with a start date of August 1 or later.
- Programs hosting learners for away rotations are encouraged to adhere to May 1 as the date to begin processing away rotation applications that begin on or after August 1.
- Given the compressed timeline paired with an inadequate quantity of electives available for completion, medical schools are encouraged to limit approved away rotations in any specialty to one per learner, except in cases where additional rotations are needed to complete graduation or accreditation requirements. Residency programs are encouraged to take into consideration if a learner exceeded the one away rotation limit during the residency selection process.
- Programs may continue to offer virtual electives to provide opportunities for learners to explore the specialty and program.

Visiting or returning students entering the state from another state or country, or from any other area specified by university or state guidelines, may be required to self-quarantine for up to two weeks, as determined by university and state mandates as well as occupational health review.

Given the rapidly changing nature of the current COVID crisis, away rotations may be canceled based on current conditions and depending on the location of the rotation. Cancelations will be based on prevailing university guidelines, municipal regulations, and state and federal mandates.

Any UNM SOM student wishing to complete an away rotation must first have approval of the Associate Dean of Medical Students. A Phase III Credit Request Form, which includes a description of the rotation, specialty-specific residency requirements, and an advisor signature, must be submitted to OMSA for approval.

The Office of Medical Student Affairs will review all incoming and outgoing student requests. All incoming and outgoing out-of-state rotations must be approved by the Associate Dean of Medical Students.

Any student who takes a non-catalog course without the required prior approval will not receive credit for the course, regardless of the grade given by the course instructor. Please also keep in mind that UNM SOM does not provide malpractice insurance coverage for a non-catalog course that has not been pre-approved by CSPE.

Credit for a course will not be given until a completed UNM SOM evaluation form with a passing grade is received in the Office of Medical Student Affairs.

In the event of a canceled or dropped rotation, students are responsible for meeting the requirements set forth by the host institution (ex: cancellation deadlines, fees, etc.) Students must also ensure that the course is removed from the UNM SOM schedule by contacting OMSA.

International Rotations
Students will not be permitted to do International Rotations at this time.
CREDIT FOR SUB-INTERNSHIPS AND ICU ROTATIONS
A student may use a course at another institution to meet the Sub-I or ICU credit requirement. This is rare and students are encouraged to complete the Sub-I and ICU at UNM. In order to receive Sub-I or ICU credit at another institution, programs must fulfill the following requirements:

- The student must act as a sub-intern, assuming primary responsibility for overall care in an inpatient setting.
- Full-time physician supervision must be provided on-site or by telephone.
- The experience must include initial or early patient contact, history and physical examination, formulation of problem list, diagnostic plan, therapeutic plan, writing orders, patient follow-up, progress notes and discharge notes.
- In clerkships requiring on-call activity, the student’s activity must be in rotation with intern schedules (including night and weekend call).
- No rotation may be less than four weeks. (Time for quarantine is not considered clinical time.)

Students wishing to receive Sub-I or ICU credit for an away rotation must complete the following:

- Students must complete the Phase III Credit Request Form (available from OMSA).
- Students must complete the Sub-I/ICU Credit Request Form (available from OMSA).
- Students must have the faculty evaluator from the host institution sign the Sub-I/ICU Credit Request Form prior to submitting it to CSPE.
- Retroactive requests for credit will not be considered by CSPE.

NON-UNM VISITING MEDICAL STUDENTS
The UNM SOM will accept students in a limited capacity for rotations that begin after August 1, 2021. Preference will be given to students from regional schools (e.g. NM, AZ, CO, TX, and UT) as well as schools that participate in the Western Interstate Commission for Higher Education (WICHE) Program.

The UNM SOM participates in the Visiting Student Learning Opportunities (VSLO) application system. All domestic and international visiting elective applications must submitted using VSLO: https://students-residents.aamc.org/attending-medical-school/article/visiting-student-learning-opportunities/

Additionally, visiting students must provide a Visiting Student Exemption Form signed by their Student Affairs Dean (or designee) prior to consideration for an away rotation.

Visiting or returning students entering the state from another state or country, returning from the Four Corners area, or from any other area specified by university or state guidelines, may be required to self-quarantine for up to two weeks, as determined by university and state mandates as well as occupational health review.

Given the rapidly changing nature of the current COVID crisis, away rotations may be canceled based on current conditions and depending on the location of the rotation. Cancellations will be based on prevailing university guidelines, municipal regulations, and state and federal mandates.

For current application processes, please visit our visiting student webpage at: https://hsc.unm.edu/medicine/education/md/student-affairs/visiting-students.html or contact the Office of Medical Student Affairs via email at HSC-MDVisiting@salud.unm.edu or by phone at 505-272-3414.
### Courses Offered by Block

<table>
<thead>
<tr>
<th>CLNS#</th>
<th>Course Name</th>
<th>BLOCK #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>ANESTHESIOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td>801</td>
<td>Elective - Anesthesiology &amp; Critical Care UNMH</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>805</td>
<td>Elective - Obstetric Anesthesia</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td></td>
<td><strong>DERMATOLOGY</strong></td>
<td></td>
</tr>
<tr>
<td>810</td>
<td>Elective - Clinical Dermatology at UNMH</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td></td>
<td><strong>EMERGENCY MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>689</td>
<td>Elective - Pediatric Emergency Medicine</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>821</td>
<td>Elective - Emergency Medicine at UNMH</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>823</td>
<td>Elective - Emergency Medical Services</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>824</td>
<td>Elective - Toxicology</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>825</td>
<td>Elective - Wilderness Medicine</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>834</td>
<td>Elective - Emergency Ultrasound at UNMH</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>835</td>
<td>Elective - Evolutionary Medicine</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>950EM</td>
<td>Elective - Community Emergency Medicine at SRMC</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td></td>
<td><strong>FAMILY MEDICINE</strong></td>
<td></td>
</tr>
<tr>
<td>777</td>
<td>Sub-I - Family Practice at UNMH</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>780</td>
<td>Elective - Health Care for the Homeless</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td>781</td>
<td>Sub-I - FM Maternal Child Health</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td>788</td>
<td>Sub-I - Family Medicine in Northern NM</td>
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<tr>
<td>789</td>
<td>Sub-I - Family Medicine in Southern NM</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td>950J</td>
<td>ICU - Cardiopulmonary Resuscitation</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td>950K2</td>
<td>Elective - Clinical Communication: Medical Spanish</td>
<td>X X X X X X X X X X X X</td>
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<td></td>
<td><strong>INTERNAL MEDICINE</strong></td>
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<tr>
<td>603</td>
<td>Elective - Hematology Oncology Clinic</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td>604</td>
<td>Elective - Infectious Disease - Inpatient</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td>606</td>
<td>Sub-I - Internal Medicine at UNMH</td>
<td>X X X X X X X X X X X X</td>
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<tr>
<td>610</td>
<td>Elective - Gastroenterology</td>
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<td>Elective - Nephrology</td>
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<td>614</td>
<td>Elective - Cardiovascular Elective</td>
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<td>Elective - Arthritis &amp; Rheumatic Diseases</td>
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<td>Elective - Adult Endocrinology &amp; Metabolism</td>
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<td>619</td>
<td>Elective - Sleep Disorders Center</td>
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<tr>
<td>620</td>
<td>Sub-I - Internal Medicine at VAMC</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>622</td>
<td>ICU - Medicine Intensive Care Unit (MICU) at UNMH</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>622V</td>
<td>ICU - Medicine Intensive Care Unit (MICU) at VAMC</td>
<td>X X X X X X X X X X X X</td>
</tr>
<tr>
<td>623</td>
<td>Elective - Infectious Disease - Outpatient</td>
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<tr>
<td>627</td>
<td>Elective - Project ECHO</td>
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<tr>
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<td>Elective - Writing &amp; Healing</td>
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### Courses Offered by Block

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*For CLNS 950HS, students can work with their preceptor to determine their own 4-week block. The EXACT dates should be listed on the Research Add/Drop form. If the block falls off-cycle with the standard UNM Block Schedule, the course will be added to the student’s schedule in the next closest available block. Please note: students can only take one course at a time. Courses are not permitted to overlap.*
DEPARTMENT OF ANESTHESIOLOGY
Anesthesiology & Critical Care Medicine at UNMH

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Add/Drop Policy: Add: 30 Days | Drop: 30 Days | Other: |

Clerkship Contact: Adrien Martinez | AdMMartinez@salud.unm.edu | 505-272-3119 |

Goals and Unique Aspects:
The rotation provides the student with an understanding of perioperative medicine and the fundamentals of anesthesia. Students will have opportunities to develop and practice airway management skills and vascular access techniques throughout the rotation.

Objectives:
Students will gain an understanding of the effect of physiology, pathology, and pharmacology on the care of a patient throughout the perioperative period, from pre-operative assessment, through intraoperative management, to post-anesthesia care. Students will gain proficiency in essential anesthesia manual skills including airway management and vessel cannulation. Throughout the rotation, the students will be granted increasing independence in patient management, and will acquire insight into management of an operating room as well as the career path of anesthesiology.

Responsibilities:
The students will observe and participate in all aspects of patient care: pre-operative to post-operative. The students will work with an anesthesia provider daily to take care of multiple patients. The students will maintain a physical presence in the operating room for the entirety of the case in the majority of procedures in which they participate. The students will spend time in the UNM Hospital Main Operating Room, the BBRP (Pediatric) Operating Room, the OSIS Operating Room, in Obstetrics, as well as a half-day in the Chronic Pain Clinic. Students will keep a daily log of cases and procedures attempted. Students participate in weekly BATCAVE simulation experiences, attend weekly student-specific lectures and discussions, participate in the weekly resident lecture series and Grand Rounds, take advantage of any workshops being offered in the Department, hand in a rotation assignment, and develop a short final case presentation. At the end of the rotation, students will evaluate their experience on the rotation.

Supervision and Training:
The students have daily teaching by Anesthesiology attendings and residents. Additionally, lectures, discussions, and simulations are scheduled. The students also engage in a semi-independent Learning Issue development and literature review. Reading assignments from a textbook provided by the department help develop a foundation of anesthesia understanding. The students are expected to join the resident lecture series.

Evaluation:
The final grade for the rotation will consist of performance on 1. Daily intraoperative teaching sessions, 2. Lecture/Discussions and Simulation, 3. Rotation assignment, 4. A multiple choice and mock essay question test, and 5. A final project/presentation. A grade of “Outstanding” will be reserved for the top 10% of students.
Goals and Unique Aspects:
This rotation provides the student with an experience in obstetric anesthesia, a subspecialty not many schools offer. Students applying to obstetrics and gynecology residency are especially encouraged to participate. They will gain a better understanding of the anesthesiologist’s role in optimal obstetric management, interprofessional communication, and teamwork.

Objectives:
By the end of the rotation, the student will be able to discuss the effect of the normal physiologic changes of pregnancy on the anesthetic care of a parturient throughout the peripartum period. Focus is on formulating a plan for labor analgesia and for relief and prevention of pain during and following obstetrical and surgical procedures with emphasis on Cesarean delivery. The student will also have the opportunity to perform neuraxial anesthesia (subarachnoid block and epidural block) if deemed appropriate by the supervising attending.

Responsibilities:
The rotation takes place on the Labor and Delivery Unit. The student will observe and participate in all aspects of anesthesia care of the parturients from preoperative consultation and assessment to postoperative (or post-procedure) follow-up. The student will also attend the departmental didactic lecture series and Grand Rounds presentations and complete one case presentation project or, alternatively, prepare one presentation on an obstetrical anesthesia topic. The student will have daily direct teaching by the attending and the resident both in the operating room and the labor suite. There is no night call requirement.

Supervision and Training:
The student will work closely with the attending/resident obstetric anesthesia team. The student will perform pre- and postoperative assessment and present it to a senior resident or the attending. Any direct hands-on activity will be closely supervised by a senior resident or the attending anesthesiologist.

Evaluation:
The student will be evaluated by the rotation director based on input from the attendings and residents with whom the student had the most contact during the rotation. 50% - clinical observation, 25% - evaluation from staff, 25% - case presentation. Criteria for “outstanding” grade: “outstanding” in clinical observation and “outstanding” in one of the other two categories and at least a “good” in the third category.
DEPARTMENT OF DERMATOLOGY
Clinical Dermatology at UNMH & VAMC

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<td>Kathy Freise</td>
<td><a href="mailto:KFreise@salud.unm.edu">KFreise@salud.unm.edu</a></td>
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Goals and Unique Aspects:
Opportunity to work in dermatology clinics at UNMH, UNM Comprehensive Cancer Center, and VAMC as well as participate in didactic sessions with faculty and residents.

Objectives:
Emphasis placed on the diagnosis and treatment of the most common skin diseases and on cutaneous manifestations of systemic diseases.

Responsibilities:
Clinical: Most days are spent in clinics. Student must attend all clinics and conferences as directed by Faculty Evaluator. No night or weekend responsibilities.

Supervision and Training:
Amount and type: full-time faculty will supervise all teaching clinics. Students will rotate through general dermatology, cutaneous oncology, pediatric dermatology, dermatopathology and Mohs during this four-week rotation. Didactic content: Students will participate in Grand Rounds and Journal Clubs on Friday mornings. They will also have the opportunity to participate in resident didactics on Wednesday afternoons and Friday mornings. The American Academy of Dermatology Basic Dermatology Curriculum Modules will provide a foundation of knowledge that will help students be successful during their rotation.

Evaluation:
All faculty evaluate the student and the Faculty Evaluator summarizes the evaluations. Evaluation is based on end of course presentation (25%), clinical evaluations (50%), and an examination (25%). The examination is based off the AAD Basic Dermatology Curriculum. Students are expected to attend all clinics and conferences as directed by the Faculty Evaluator. Any absences must be approved by the Clerkship Director and more than three days must be approved by the Associate Dean of Students per the UNM Phase III attendance policy. Presentation: 5 minutes duration on an interesting rare case or a new treatment of a common disease entity. If a student wishes, there may be opportunities to complete a case report or other similar publication with mentorship from faculty.
DEPARTMENT OF EMERGENCY MEDICINE
Pediatric Emergency Medicine

Goals and Unique Aspects:
To become more comfortable with the general care of the acutely ill or injured child.

Objectives:
Familiarize the student with ER procedures and patient care including suturing, splinting, starting IVs, discussing cases with consultants, overall patient flow in the Pediatric ER, and management of the acutely ill or injured child.

Responsibilities:
Clinical: typically 13-18 shifts per block including day shifts (7a-3p), afternoon shifts (12-8p), late evening shifts (8p-4a), and overnight shifts (11p-7a). Students will be assigned 3 - 5 sessions of each different shift type. For example, if a student has done three of 7a-3p, five of 8p-4a and five of a 12p-8p; then they will be doing four 11p-7a shifts the next week. The following block, the student most likely would do one 7a-3p, four 12p-8p, five 8p-4a, and three 11p-7a. The distribution of shifts also depends on student requests and the number of people working in PED. Interview dates and travel can also determine the duration of the rotation.
Research: help recruit patients for on-going clinical studies in Peds ER. The attending should orient you to studies with ongoing enrollment, and the study team will take care of enrollment. Ultimately this is the attending’s responsibility, but help is always appreciated.
Case Presentation: present an interesting case you saw and managed during the month to the clerkship director. The presentation should include a brief literature review (2-3 sources) on the diagnosis and management of the presenting illness or problem, pertinent labs and imaging, and disposition of the patient.

Supervision and Training:
Amount and type: Faculty always on site. Patient presentations to faculty or senior house officer with faculty direct supervision.

Evaluation:
Clinical observation and final patient presentation. Criteria for outstanding grade: any supervising faculty can nominate the student for Outstanding. In general, the student must be hardworking, organized, enthusiastic, a team player, and provide his/her patients with compassionate and comprehensive care. In addition the student should demonstrate progression in complete and efficient patient presentations that highlight pertinent positives, appropriate differential diagnosis, and initial steps for patient management.

Additional Information:
This rotation adheres to a strict add/drop policy. No changes are allowed less than 30 days prior to the rotation start date. This includes requests to drop the rotation.
Goals and Unique Aspects:
To learn about the specialty of Emergency Medicine and gain proficiency in the evaluation and treatment of common emergency conditions. Emergency Medicine deals with patients and diseases of varying severity in an outpatient setting with rapid problem analysis, treatment, and disposition based on limited data.

Objectives:
Create a complete differential diagnosis and plan of management for common and life-threatening chief complaints. Learn effective multi-tasking of patients. Develop proficiency in basic procedures such as wound care, splinting, lumbar puncture, venipuncture, and bedside ultrasound. Continued exposure to a variety of normal and abnormal physical exam findings. Develop the thought process necessary to identify patients with occult diseases that are potentially catastrophic. Understand the role of the Emergency Medicine Physician in the delivery of health care, and the role of the Emergency Medicine Department in overall hospital functioning. Recognize your own limitations and the need for consultation.

Responsibilities:
Didactic: Four hours per week of dedicated student conference time, and the opportunity to attend an additional five hours per week of resident conference, if the student chooses. Written responses to questions related to Emergency Medicine, three interesting patient write-ups and reading assignments from various sources. Reading material will be provided. Skills: Ultrasound, EKGs, wound care and suturing, splinting, and patient simulation. Additional procedures are learned and performed in the ED. Clinical: Function as a sub-intern under the direct supervision of the ED attendings and teaching residents. Shift load is about 14-15 eight hour shifts per rotation plus four hours of conference per week.

Evaluation:
Student is provided feedback and evaluated at the end of each shift by the faculty and residents. These evaluations are summarized at the end of the rotation and are the bulk of the grade. Additional data from performance and participation in the student conferences is considered. Criteria for outstanding grade: An O is given to about 10-15% of students and recognizes superior performance in all areas of the rotation. Areas of evaluation include interpersonal skills, data collection, data synthesis and procedural skills.

Additional Information:
This rotation adheres to a strict add/drop policy. No changes are allowed less than 30 days prior to the rotation start date. This includes requesting to drop the rotation.
goals and unique aspects:
during the EMS elective month, students will receive direct observation of patient care in the pre-hospital setting. This will enhance the appreciation of the clinical care provided by EMS professionals in the field. It will highlight the challenges and limitations of the pre-hospital and inter-facility environments. Students will also understand the differences in the level of education and training of EMTs and Paramedics and will get a unique insight into the socio-economic impacts and limitations on patient's health and how it may contribute to presentation to the Emergency Department.

objectives:
observe and participate in clinical care in the pre-hospital environment. Educational experience in the classroom, simulation lab, and field environment. Direct observation of EMS Medical Direction.

responsibilities:
Observational - Basic and Advanced Life Support procedures during real 911 response in the community setting. Patient care provided on scene and en route to hospital. Clinical - Variable based on call volume. Patient assessment, 12 Lead ECG and rhythm analysis. Weekly reporting of prehospital care activities. Research - Potential involvement in Resident, Fellow, or Staff level research projects, based on availability. Teaching - Presentation of clinical care summaries to Medical Director. Presentation of case or current article related to current EMS practices (10-15 min max). Miscellaneous - ~60+ contact hours. Mandatory weekly meeting with EMS faculty. EMS Journal Club. Ambulance ride-alongs (36 hours). EMS Medical Director rides. No night call. No subintern requirements. City, county, or state-level meeting as applicable.

supervision and training:
Dorothy Habrat, DO - daily coordination and contact. EMS Consortium Faculty, EMS Fellows. Faculty evaluation and direction coordinated in weekly meetings. Didactic content: assigned readings and texts.

evaluation:
Based on review of experience, clinical reports, and direct observation. Criteria for outstanding grade: Meet the minimum objectives with outstanding preparation and presentation of teaching cases, participation in EMS activities and thorough assessment of EMS clinical cases and care provided.

additional information:
Program requires prior scheduling and paperwork for ambulance ride-alongs (4-6 weeks prior). Rotation adheres to a strict add/drop policy. No changes allowed less than 30 days prior to the rotation start date. This includes drop requests.
**APPROVAL REQUIRED**  DEPARTMENT OF EMERGENCY MEDICINE

Toxicology

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| # of Students per Block | 2 |

| Faculty Evaluator(s) | Brandon Warrick, MD and Steven Seifert, MD |

| Prerequisites: | Yes | All Phase II Clerkships |

| Accepts Visiting Students | Yes | Domestic MD and Domestic DO |

| Accepts Off-Cycle Date requests | Yes – with department permission |

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<tr>
<th>Add/Drop Policy</th>
<th>Add: 30 Days</th>
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<th>Other:</th>
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| Clerkship Contact: | Ryan Van Otten | RVanOtten@salud.unm.edu | 505-272-5526 |

| Prior Approval Required: | YES - Must submit Add Form after Phase III schedules are released |

**Goals and Unique Aspects:**
Meet minimum objectives with outstanding preparation and presentation of teaching cases, participation in Poison Center and Medical Toxicology Service activities, and thorough assessment and review of medical toxicology clinical cases and care.

**Objectives:**
Enable the student to integrate basic pharmacology with clinical care of the acutely exposed, poisoned, or envenomated patient.

**Responsibilities:**
Observational: Inpatient clinical rounds. Clinical: Toxicology inpatient consults, Emergency Department consults. All of these are currently limited by COVID-19 and students do not participate on bedside consultations. Research: Poison Center and quality assurance and education projects, 30-minutes lecture on toxicology topic, opportunity to publish case reports. Required: Pre-rounding via Citrix Receiver access to Poison Center servers. ** An email is sent every morning directing rotators to a Zoom meeting for case review and rounds. Please provide an email address and cell phone number (for backup texts if necessary) prior to the start of the rotation.

**Supervision and Training:**
Amount and type: Daily teaching rounds by Drs. Seifert, Warrick, and Smolinske and Poison Center pharmacists. Didactic content: directed readings in toxicology are provided.

**Evaluation:**
Based on clinical observation. Criteria for outstanding grade: Participate in patient care opportunities, interact in teaching sessions, demonstrate good grasp of toxicology fundamentals in directed readings, complete short project evaluating selected questions in toxicology.

**Additional Information:**
This rotation adheres to a strict add/drop policy. No changes allowed less than 30 days prior to the rotation start date. This includes drop requests. Although a rotation is not prohibited during the following times, be aware that Poison Center educational activities are suspended during the following:
- Fall North American Congress of Clinical Toxicology (NACCT) meeting. Dates vary; check website www.clintox.org
- Poison Center Mid-Year Meeting. Dates variable, typically February or March; call Poison Center for details.
- Educational activities may be limited during Thanksgiving week.
**APPROVAL REQUIRED**  DEPARTMENT OF EMERGENCY MEDICINE
Wilderness Medicine

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<td>Aaron Reilly, DO &amp; Jason Williams</td>
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| Add/Drop Policy | Add: 30 Days | Drop: 45 Days | Other: $925 course fee. See Additional Information. |
| Clerkship Contact: | Ryan Van Otten | RVanOtten@salud.unm.edu | 505-272-5526 |
| Prior Approval Required: | YES - Must submit Add Form after Phase III schedules are released |

**Goals and Unique Aspects:**
Learn wilderness preparedness, emergency procedures and treatment, strengthen leadership, teamwork and communication skills.

**Objectives:**
Learn the Wilderness Medicine core curriculum as developed by the Wilderness Medical Society. Core curriculum includes, but is not limited to: high altitude illness, environmental emergencies (head, cold), medical kit development, orthopedic injury management in the field, wound care, plant toxicology, bites and stings, travel medicine (infectious disease), search and rescue, patient assessment and field management.

**Responsibilities:**
Observational: All skills are observational and hands-on. Clinical: Students work through scenarios of wilderness emergency medicine in outdoor setting. Teaching: Wilderness medicine topics are presented in a tutorial setting using cases as the starting point; Didactic and hands on teaching. Required: Eight hours a week in outdoor field work: skill stations, practical scenarios. Sixteen hours a week in group sessions: four hours didactic lectures, eight hours tutorial working through relevant cases, four hours skills. Field trips are required.

**Supervision and Training:**
Amount and type: Direct supervision by faculty facilitators and ED attendings. Emergency Medicine residents and community experts may present some didactic sessions. Didactic content: Auerbach Wilderness and Environmental Medicine text, cases, and lectures.

**Evaluation:**
Based on clinical observations, tutorial and scenario/skills assessment. Criteria for outstanding grade: Outstanding performance (top 10%).

**Additional Information:**
Several field trips throughout New Mexico. No changes are allowed less than 45 days prior to the rotation start date. This includes requesting to drop the rotation. An outdoor CV and a personal statement indicating why you want to take the rotation is required. The course is demanding and can get physical - although you do not need to be a superior athlete, a modicum of physical and mental fitness will ensure you that this rotation will be one of the best you have ever experienced. *This elective requires a $925 course fee. This includes an initial non-refundable course deposit of $250 (due no later than Oct 31, 2021). The remaining balance of $675 is due no later than Feb 1, 2022. For students who must cancel the elective, a refund of the $675 payment will only be issued if the student cancels before the 45 day prior to the start of the course.*
**APPROVAL REQUIRED**

DEPARTMENT OF EMERGENCY MEDICINE

Emergency Ultrasound at UNMH

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<th># of Students per Block</th>
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<tr>
<td>Faculty Evaluator(s)</td>
<td>Tamara Barrett, MBA, RDMS, Wendy Hanna, MD, and Amanda Medoro, MD</td>
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<td>MSIV applicants must have completed at least one EM rotation</td>
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<td>Other:</td>
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<tr>
<th>Clerkship Contact:</th>
<th>Ryan Van Otten</th>
<th><a href="mailto:RVanOtten@salud.unm.edu">RVanOtten@salud.unm.edu</a></th>
<th>505-272-5526</th>
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| Prior Approval Required: | YES - Must submit Add Form after Phase III schedules are released |

**Goals and Unique Aspects:**

This course is designed as an introduction to Point of Care Ultrasound (POCUS). This is a non-clinical elective that integrates emergency medicine knowledge with technical bedside ultrasound skills. The rotation is a combination of lectures, hands-on ultrasound scanning, ultrasound image review, and bedside teaching by ultrasound trained faculty. Didactics are in an asynchronous online format, through pre-recorded online lecture program called SonoSim.

**Objectives:**

This course is designed to provide the learner with a strong foundation in the basic core applications of POCUS. Students who complete this course will be able to perform basic POCUS in dynamic clinical settings, interpret both normal and abnormal basic POCUS exams and incorporate their interpretation into the care of patients. Learners will also be able to describe the basics of ultrasound physics, ultrasound equipment and image/control modification to maximize image quality.

**Responsibilities:**

Learners will perform at least 50 POCUS exams during their rotation and complete their corresponding QPathE worksheet. Learners are required to attend weekly Clip Review sessions (4 in total), attend weekly group scanning shifts with the rotation preceptor (4 in total), and be present for additional hands-on scanning (20 hours/week) in the emergency department. The learner also will lead a POCUS journal club on the final week of the clip review session with the guidance of the rotation preceptor.

**Supervision and Training:**

Learners will be supervised by ultrasound trained EM faculty or EM residents during their rotation in both clinical and non-clinical settings. Their training will be a combination of online modules, hands-on scanning and Clip Review sessions.

**Evaluation:**

To avoid receiving a fail for this course, the learner must complete a minimum of 75% of the scheduled group scanning shifts (3 of the 4 required), 75% of the Clip Review sessions (3 of the 4 required) and complete 100% of the assigned SonoSim modules. Each course director will submit comments on the learner's performance during the rotation. Included in these comments will be the number and types of ultrasounds completed during the rotation, ability to perform these exams and the learner's ability to interpret ultrasound images in the core areas. For those students with an interest in Emergency Medicine, a SLOR can be generated for the rotation if requested.
DEPARTMENT OF EMERGENCY MEDICINE
Evolutionary Medicine

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Faculty Evaluator(s): Joe Alcock, MD

Prerequisites: Yes All Phase II Clerkships

Accepts Visiting Students: Yes Domestic MD and Domestic DO

Accepts Off-Cycle Date Requests: No

Add/Drop Policy: Add: 30 Days Drop: 30 Days Other: |

Clerkship Contact: Ryan Van Otten RVanOtten@salud.unm.edu 505-272-5526

Prior Approval Required: No

Goals and Unique Aspects:
Evolutionary Medicine is the intersection between evolutionary biology, health, and disease. In this elective, we will explore how evolutionary history and natural selection influence pathogen-host interactions, genetics, immunology, cancer, and aging.

Objectives:
At the end of the elective students will understand basic concepts of evolutionary biology as they relate to disease and health, with an emphasis on the role of the microbiome in disease; learn how health systems and prescriber behavior influence antibiotic resistance; understand the evolution of emerging diseases and implications for public health; understand how gene-environment mismatch contributes to chronic inflammatory diseases and cancer; and recognize how some disease symptoms represent host defenses and others are pathogen virulence factors. This is a discussion-based course. Students are expected to complete online assignments, take part in interactive case-based discussions, and complete writing assignments. Students will have opportunities to pursue in-depth study of evolutionary medicine topics and present these to the faculty and students.

Responsibilities:
1. Weekly writing assignments. 1/2 page in length summary of topics assigned each week.
2. Journal review. We will assign an article for you to assess/critique and discuss during meetings.
3. Final project. Longer written essay or review on the topic of your choice. Length 1-2 pages.

Supervision and Training:
Learners will work with the Dr. Alcock both in small group sessions and, when possible, during clinical shifts in the emergency department. Feedback will be given to learners after discussion sessions and after submission of written assignments. Learners may have opportunities to work additional clinical shifts in the emergency department if desired. Performance during small group sessions and of written assignments will be evaluated weekly.

Evaluation:
Students will be expected to attend online presentations and meetings. Students should complete assigned readings prior to that day’s lecture and contribute to discussions. Each week, following lectures and discussions, students will be asked to complete a written summary of that week’s topic. As a one-time assignment, students may be asked to evaluate the strengths and weaknesses of journal articles in evolutionary medicine. For this journal review assignment, each student will be assigned a journal article to present to the group and provide commentary. Finally, each student is expected to produce a scholarly product during the last week of the course.
Students should choose an area that interests them and produce an essay that is also discussed with the group. Participation in discussions and in literature review (50%), Weekly Writing Project and Essay (50%).
*APPROVAL REQUIRED*  DEPARTMENT OF EMERGENCY MEDICINE  
Community Emergency Medicine at SRMC

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<td>Linda Hodes Villamar, MD, MPH</td>
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| Accepts Visiting Students | No |
| Accepts Off-Cycle Date requests | No |

| Add/Drop Policy | Add: 30 Days | Drop: 30 Days |
| Clerkship Contact: | Ryan Van Otten | RVanOtten@salud.unm.edu | 505-272-5526 |

Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released

Goals and Unique Aspects:
To learn about the specialty of Emergency Medicine in the community setting and gain proficiency in the evaluation and treatment of common emergency conditions. Emergency Medicine deals with patients and diseases of varying severity in an outpatient setting with rapid problem analysis, treatment, and disposition based on limited data. In particular, this rotation out at our community hospital, Sandoval Regional Medical Center, will additionally provide further learning opportunities for inter-hospital transfer, provision of emergency care with more limited specialty consultant coverage compared to the main EM 821 rotation, and with treating a more rural patient population.

Objectives:
Create a complete differential diagnosis and plan of management for common and life-threatening chief complaints. Learn effective multi-tasking of patients. Develop proficiency in basic procedures such as wound care, splinting, lumbar puncture, venipuncture, and bedside ultrasound. Continued exposure to a variety of normal and abnormal physical exam findings. Develop the thought process necessary to identify patients with occult diseases that are potentially catastrophic. Understand the role of the Emergency Medicine Physician in the delivery of health care, and the role of the Emergency Medicine Department in overall hospital functioning. Learn about EMTALA and the necessary stabilization process of patients requiring transport to a higher level of care and the appropriate transfer transportation options. Recognize your own limitations and the need for consultation.

Responsibilities:
Four hours per week of dedicated student conference time, and the opportunity to attend an additional five hours per week of resident conference, if the student chooses. Written responses to questions related to Emergency Medicine, three interesting patient write-ups and reading assignments from various sources. Reading material will be provided. Skills: Ultrasound, EKGs, wound care and suturing, splinting, and patient simulation. Additional procedures are learned and performed in the ED. Clinical: Function as a sub-intern under the direct supervision of the ED attendings. Shift load is about 16 eight hour shifts per rotation plus four hours of conference per week.

Supervision and Training:
Direct 1:1 Attending to student supervision for all patient presentation, procedures, patient management and disposition.

Evaluation:
Student is provided feedback and evaluated at the end of each shift by the faculty and residents. These evaluations are summarized at the end of the rotation and are the bulk of the grade. Additional data from performance and participation in the student conferences is considered. Criteria for outstanding grade: An O is
given to about 10-15% of students and recognizes superior performance in all areas of the rotation. Areas of evaluation include interpersonal skills, data collection, data synthesis and procedural skills.

**Additional Information:**
This rotation adheres to a strict add/drop policy. No changes are allowed less than 15 days prior to the rotation start date. This includes requesting to drop the rotation. **Course is only available to those students with a serious interest in Emergency Medicine and planning to apply to EM as a specialty for residency.** Only those students scheduled for EM 821 will be allowed to schedule for this course, though this course could be taken prior to EM 821.
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
Family Practice Sub-Internship at UNMH

Goals and Unique Aspects:
In-depth experience in providing inpatient care from a Family Medicine perspective.

Objectives:
Increase skill level in caring for hospitalized patients through increased responsibility in a supervised environment. Work in multi-disciplinary teams as you focus on both the environmental and social determinants of health, as well as learn more about current standards of inpatient care.

Responsibilities:
Observational: Attend Resident School on Wednesdays, 1:00 PM - 4:00 PM.

Clinical: Morning rounds, responsibility for a variable amount of patients depending on complexity, census, and student comfort. No night call. Will be one or two weeks on with the night float team. Average day: 7:00 AM - 5:30 PM. Students participate in discharge planning, consultations, diagnostic procedures, and may make home visits to discharged patients.

Teaching: Teaching patients self-care, compliance with prescribed regimens, and prevention of deleterious habits. Responsible for adding to the academic teaching environment on inpatient rounds.

Supervision and Training:
Amount and type: Close supervision and teaching by attending faculty and chief resident. Didactic content: Resident School, daily morning reports, daily noon lectures.

Evaluation:
Criteria for Outstanding grade: Quality of care provided and degree of responsibility shown for patients, as well as ability to incorporate feedback for improvement and professionalism displayed.

Additional Information:
45 day add/drop policy strictly enforced.
# Health Care for the Homeless

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<tr>
<td>Clerkship Contact:</td>
<td>Nicole Baca</td>
<td><a href="mailto:nkbaca@salud.unm.edu">nkbaca@salud.unm.edu</a></td>
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<td>Prior Approval Required:</td>
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## Goals and Unique Aspects:
To provide health care for Albuquerque's homeless population in a multidisciplinary setting. Many unusual and advanced presentations of disease, often complicated by problems of poverty, isolation, addiction, and mental illness.

## Objectives:
1. Assess and treat the usual illnesses seen in the clinic using unique treatment strategies.
2. Participate as a clinical team member.
3. Evaluate, diagnose and treat psychiatric and substance use disorders.
4. Appreciate social determinants of health that can create barriers to resources.
5. Participate in community outreach teams, needle exchange, etc.
6. Gain information regarding accessible social services and resources.
7. Learn effective communication techniques for empathic care to vulnerable population.

## Responsibilities:
### Clinical:
1. Participate as a valued clinical team member.
2. Evaluate, diagnose and treat psychiatric and substance use disorders.
3. Participate in community outreach teams, needle exchange, etc.
4. Timely attendance with open mind ready to learn.
5. Open to seeing multiple facets of care including behavioral health, social services, harm reduction, community art studio.

Teaching: Practitioners continually discuss patients with each other, providing both teaching and learning opportunities.

### Supervision and Training:
Amount and Type: Team of Family Practice physicians and nurse practitioners always available. Didactic Content: Informal patient-related discussions and reading.

## Evaluation:
Criteria for Outstanding Grade: Based on evaluator’s assessment and nurse practitioners’ input. Student must work at intern level while in clinic.
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
Family Medicine Maternal Child Health Sub-Internship

**Goals and Unique Aspects:**
To understand and participate in the care of women and children in the context of Family Medicine.

**Objectives:**
The student will: participate in the care of pregnant women, infants and children in the model of family-centered maternity care; participate in the range of reproductive services provided by family physicians including contraceptive counseling, emergency contraception, IUD insertion and removal, vasectomy, first trimester dating ultrasounds, pregnancy options counseling, and medical and surgical abortion services; participate in the range of pregnancy care including preconception counseling, prenatal care, first trimester dating ultrasound, labor and delivery, cesarean sections, postnatal care in the setting of family medicine where care of the mother and baby is performed together. Participate in the care of newborn infants and children with family physicians, who care for pregnant women in prenatal care and labor and delivery, as well as in the care of newborn infants and children as they grow and develop. Participate in the care of children in the family setting, including normal growth and development and adjustment of the family to the arrival of new children. Participate in the care of at-risk pregnant mothers, newborns and children in a multi-disciplinary and comprehensive setting (The Milagro and FOCUS Clinics and the Family Practice Center). Be able to compare and contrast family-centered maternity care with that of the care of the mother by one set of providers and the infants and children by a different set of providers.

**Responsibilities:**
Clinical: Participation in deliveries, pelvic exam. Research: Possible participation in project. Required: Student will work nights on the MCH service for one week. Student will function as a sub-intern. Direct care including H&P, procedure, patient education, and follow-up of patient.

**Supervision and Training:**
Amount and type: Direct supervision by senior faculty. Didactic content: Participate in Monday AM family planning talks, Tuesday AM MCH teaching, and Wednesday PM Family Medicine Resident School.

**Evaluation:**
Clinical performance and procedural skills. Criteria for outstanding grade: Participation, demonstration of proficiency with history and physicals, documentation of progress notes, triage notes, creating a differential and some procedural skills.
**DEPARTMENT OF FAMILY & COMMUNITY MEDICINE**

**Family Medicine Sub-Internship in Northern NM**

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<td>William “Mac” Bowen, M.D. Program Director</td>
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<tr>
<td>Clerkship Contact:</td>
<td>Gary Logsdon</td>
<td><a href="mailto:gary.logsdon@stvin.org">gary.logsdon@stvin.org</a></td>
<td>Phone: 505-913-5596</td>
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**Goals and Unique Aspects:**

The goal for sub-internship rotation should be for a medical student to ease into the role of an intern, and that means starting to take a more active role in the care of patients. Sub-interns should be able to carry 3 to 4 patients, serving as the functional intern for those patients. Upper level residents and/or the attending will co-follow the sub-I’s patients. Students are expected to abide by the same duty hours that are used by interns. The attending will always be available for direct supervision. The sub-I service obligations can be tailored to the interests of the individual, choosing to round on a combine obstetrical and pediatrics service or adult inpatients. Sub-I’s may choose to split their rotation up by week. You will also see patients in the outpatient family medicine clinic or La Familia Medical Center with residents. Both clinics offer exposure to Medication Assisted Treatment for patients with Opioid Use Disorder and have robust procedure clinics.

**Objectives:**

Increase skill level in caring for outpatient and hospitalized patients though increased responsibility in a supervised environment. Demonstrate knowledge about current standards of inpatient care including OB, pediatrics, and adult medicine.

**Responsibilities:**

This rotation allows for patient care in both the inpatient and outpatient setting. Monday through Friday mornings and some full days will be spent on the inpatient service caring for pediatric and obstetrical patients. Overnight sign out starts at 8AM. Students will have the opportunity to see pregnant patients in triage and make management decision on whether to admit or discharge them. Patient care will include labor management, deliveries, newborn care, assisting in C-sections, and post-partum care. Students will also admit pediatric patients from the ED and round on newborns. Our focus is family-centered care. Students will have the opportunity to interact with midwives, pediatricians, obstetricians, social workers, lactation consultants, and of course our FM attendings. The supervising FM faculty come from a variety of backgrounds and work in our hospital-based Family Medicine Center, and La Familia Medical Center (FQHC). The outpatient experience allows some flexibility to do some "full- spectrum" FM work, including telemedicine, and attend any residency specialty consulting clinics, such as derm, endo, GI, and procedure clinics. There is opportunity to engage in group visits (subject to public health mandates) for Centering Pregnancy, chronic pain, diabetes management, and group counseling sessions for patients dealing with substance use and possibility to work at the Healthcare for the Homeless clinic.

**Supervision and Training:**

Close supervision and teaching by attending faculty and senior resident and intern. The sub-intern will participate in didactics with the residents. The didactics are as follows: Wednesday - Problem-Oriented Learning Session /
noon conference and afternoon rotating learning sessions: journal club, OB, behavioral health, clinical guidelines, population health management and hands on teaching workshops (POCUS, procedures, suturing, splinting and casting, etc.). Friday - morning reports, case-based learning session attended by residents, FM faculty and a team of multi-disciplinary specialty providers.

**Evaluation:**
Assessment by attending faculty resident physicians. Criteria for Outstanding grade: Quality of care provided and degree of responsibility shown for patients, as well as ability to incorporate feedback for improvement and professionalism displayed. Grade given will be based on the PRIME scale: professionalism, reporter, interpreter, manager, and educator.
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
Family Medicine Sub-Internship in Southern NM

Course Number  CLNS 789  Duration: 4 weeks
Credit Type  Sub-Internship

Block Number  1  2  3  4  5  6  7  8  9  10  11  12  13  
X = Offered in Block  

# of Students per Block  NOT OFFERED FOR THE 2021-22 ACADEMIC YEAR

Faculty Evaluator(s)  Minerva Medrano de Ramirez, MD
Prerequisites:  Yes  All Phase II Clerkships

Accepts Visiting Students  No
Accepts Off-Cycle Date requests  Yes – with department permission

Add/Drop Policy  Add: 30 Days  Drop: 30 Days  Other:
Clerkship Contact:  Donna Madrid  Donna.madrid@lpnt.net  575-521-5385

Prior Approval Required:  YES - Must submit Add Form after Phase III schedules are released

Goals and Unique Aspects:
This experience will allow the student to ease into the role of an intern, and that means starting to take a more active role in the care of inpatients with more responsibility. More concretely, sub-interns should be able to carry 3-4 patients, serving as the functional intern for those patients. Usually the upper-level resident will co-follow the sub-Is patients, answering questions and helping along the way, but sometimes the interns will help as well. Students will work six 12-hour shifts (6AM to 6PM) along with the interns.

Objectives:
Increase skill level in caring for hospitalized patients through increased responsibility in a supervised environment. Demonstrate knowledge about current standards of patient care.

Responsibilities:
This is a 4-week Sub-I, 6 days per week, 12 hours per day. Students do have the option to substitute some night float shifts. There is also an option to spend 2 of the 4 weeks on Family Medicine OB/Peds team. Students are expected to dictate H&Ps, write daily progress notes, and update hand-off lists. Expect to manage 3-4 patients.

Supervision and Training:
Close supervision and teaching by attending faculty and chief resident. Didactic content: board review Tuesday 5:50-6:30, educational sessions Wednesday 12-5PM

Evaluation:
Assessment by attending faculty resident physicians. Criteria for outstanding grade: Quality of care provided and degree of responsibility shown for patients, as well as ability to incorporate feedback for improvement and professionalism displayed. Standard Phase III evaluation form will be used and grade given will be based on the PRIME scale: professionalism, reporter, interpreter, manager, and educator.
**APPROVAL REQUIRED**

DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
Cardiothoracic Vascular ECMO ICU

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<th><a href="mailto:JMarinaro@salud.unm.edu">JMarinaro@salud.unm.edu</a></th>
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Goals and Unique Aspects:
The CTV ICU rotation will provide medical students with an opportunity to participate in the management of critically ill Cardiothoracic Surgery, Cardiac Device, ECMO, and Vascular Surgery patients.

Objectives:
At the completion of the rotation, learners will be able to:
1. Demonstrate knowledge of the principles associated with the diagnosis and management of critically ill Cardiothoracic Surgery, Cardiac Device, ECMO, and Vascular Surgery patients including knowledge of simple and complex multiple organ system abnormalities.
2. Demonstrate the ability to appropriately diagnose and treat patients with multi-system disorders in the intensive care unit.
3. Demonstrate the ability to coordinate the care of a critically ill patient with input from multiple services.

Responsibilities:
Learners must be able to provide patient care that is compassionate, appropriate and effective for the treatment of health problems and the promotion of health in the setting of the provision of critical care.
1. Demonstrate basic knowledge in the interpretation and application of data from non-invasive and invasive, diagnostic and monitoring techniques (e.g. echocardiography, arterial catheters, central venous pressure monitors, pulmonary artery catheter, tissue perfusion monitors, and other methods for measuring cardiac performance).
2. Demonstrate basic knowledge in the appropriate selection and effective use of different inotropic and vasoactive agents in patients with different types of shock (cardiogenic, neurogenic, septic, or mixed).
3. Display a logical approach towards goal directed resuscitation and optimization of tissue oxygen delivery in patients with shock.
4. Display basic knowledge in selecting and using appropriate mechanical support devices in patients with cardiogenic shock (e.g. ventricular assist device (Impella, intra-aortic balloon pump, Veno-Arterial ECMO) or poor oxygenation (Veno-venous ECMO).
5. Demonstrate basic understanding of interpreting radiographic studies including chest X-rays, CT scans, arteriograms, Echocardiography and magnetic resonance studies, and apply the data to the management of patients with cardiovascular diseases.
6. Develop basic competency in performing cardiovascular procedures, including: a. Echocardiography to diagnose and evaluate cardiac function & pericardial tamponade
b. Critical care ultrasound for procedures, pneumothorax evaluation and investigation of volume status.
c. Closed and open cardiac compression
d. Placement of arterial and venous catheters for hemodynamic monitoring and/or delivery of therapies. 
e. Placement an management of temporary venous and epicardial pacemakers

7. Demonstrate knowledge in the diagnosis and management of cardiac arrhythmias and ischemic events. 
8. Demonstrate knowledge and competency in the appropriate application of ACLS guidelines and Cardiac 
Surgery –Advanced Life Support guidelines. 
9. Basic knowledge in appropriate control of high blood pressure in various patient populations (e.g. aortic 
anerysm, dissections, post-CABG and post-valve patients). 
10. Demonstrate knowledge in the evaluation and management of hyperglycemia and diabetes.

Supervision and Training: 
Amount and type: Daily with rounds by ICU attendings. All activities are performed under the supervision of 
residents, fellows, and attendings. 

Students are expected to see assigned patients, round on them, and present findings to the CC faculty. 
Day shift starts at 7am and ends at 6pm. 
Students will work 6 days per week and may be assigned to night shifts; students will discuss this with the 
evaluating attending at the beginning of the rotation. 
Student work hours will follow GME duty hours requirements. 
Confirm requested days off with the evaluating attending at the start of the rotation.

Evaluation: 
Evaluations are based on direct observations by senior residents, fellows, and attendings of the student’s role in 
the care of their patients. An Outstanding requires performance at the level of an intern patient care, team 
participation, quality of notes (including H&Ps and consults), and the quality of generating a differential diagnosis. 
Students should also demonstrate appropriate knowledge on responses to questions of patient care on ICU 
rounds.
DEPARTMENT OF FAMILY & COMMUNITY MEDICINE
Clinical Communication: Medical Spanish

Goals and Unique Aspects:
The course will include 40 hours of individual online training** and 8 hours of group learning through Zoom. The course offers a research validated online Canopy Learn 2.0 Medical Spanish Curriculum. This curriculum consists of three proficiency levels with 12 lessons in each level. Within each lesson, students will learn from a combination of Medical Terminology, Vocabulary, Grammar, and Cultural modules. After learning pronunciation, grammar, and medical phrases, students will “interact” with virtual patients by audio recording responses in Spanish for commonly used phrases. This allows students to experience everyday clinical scenarios to better prepare for communicating with Spanish-speaking patients. Of note, Canopy Learn 2.0 has recently incorporated COVID-19 information and learning into the Infectious Disease lesson.

** Refer to Canopy Learn 2.0 curriculum sheet Canopy Learn 2.0 Medical Spanish Curriculum

Objectives:
It is expected that at the end of the elective, students will be able to:
1. Enhance language and cultural skills needed to practice as a healthcare professional in New Mexico and better serve diverse populations.
2. Complete at least one level of the Canopy Learn 2.0 Medical Spanish Curriculum Content. Specific learning objectives are listed in each activity.
3. Improve application of the New Mexico Clinical Communication Scale during clinical encounters with Spanish-speaking populations. This elective will not test for proficiency nor certify at the level of interpreters nor is it intended to replace current language access/interpreter policies and procedures.

This elective will not test for proficiency nor certify at the level of interpreters nor is it intended to replace current language access/interpreter policies and procedures.

Supervision:
Online supervision by course directors by monitoring adherence and progress within the Canopy online curriculum. Direct supervision will be provided during the Zoom instruction by Dr. Veronica Plaza with additional supervision by team members.

Evaluation:
Grade will be Credit (CR)/No credit (NC). Language literature supports that best practice in medical Spanish assessment should focus on oral proficiency, and medical literature provides examples of SP clinical encounters as an evaluation mechanism for clinical skills in Spanish. Simulation-based examinations are already the primary
standard formative and summative assessment tool in U.S. medical education and are utilized with validated scales such as the Communication and Interpersonal Skills (CIS) scale in graduate competency evaluations to test U.S. medical students and residents before graduation and for licensing examinations. The goal of the assessment will not be focused on language proficiency alone, but rather on the student’s competence in using medical Spanish skills in clinical communication. Each lesson of the online curriculum has standardized assessments. Assessment results are provided to students real-time and are recorded by software in the administration dashboard that course directors will access. Each level and corresponding online assessments must be completed with a passing score of 80% or greater.
**DEPARTMENT OF INTERNAL MEDICINE**

**Hematology Oncology Clinic**

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<th>Clerkship Contact:</th>
<th>Desarae Gonzales</th>
<th><a href="mailto:HSC-IMClerkshipStaff@salud.unm.edu">HSC-IMClerkshipStaff@salud.unm.edu</a></th>
<th>505-272-6617</th>
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Prior Approval Required: **YES - Must submit Add Form after Phase III schedules are released**

**Goals and Unique Aspects:**
An opportunity to deal with complex diseases and issues in an outpatient and inpatient setting. Allows in-depth study of clinical and laboratory aspects of hematology and oncology.

**Objectives:**
Plan the work-up and management of patients with abnormal blood counts or those with established diseases of the hematopoietic system. Also, the student should be able to discuss and recommend treatment options for patients with different types of cancer. Understand the role of experimental protocols in the clinical research programs in oncology. The student should feel comfortable dealing with patients and families in the setting of catastrophic illness.

**Responsibilities:**
Observational: Procedures (bone marrow biopsy and aspirate, intrathecal chemotherapy, intravenous chemotherapy); interaction with patients, especially those involving discussion of life and death issues.
Clinical: Work-up of patients in clinic and for hospital consultations. Each work-up is discussed with the attending. Follow up of patients in the hospital and clinic on a regular basis. In the hospital, the role is that of a consultant working with the primary care-giving team. No weekend call, but weekend rounds as needed.
Research: No laboratory research. Many patients are on clinical research protocols and the student is involved in discussion of the protocol studies.
Teaching: The student is not expected to take any teaching responsibilities.

**Supervision and Training:**
Amount and Type: Direct contact with attending and fellow. Teaching of clinical nature is usually “one-on-one.”
Didactic Content: Weekly conferences within the division, tumor boards, hematopathology conference and protocol meetings. Daily rounds with attending.

**Evaluation:**
Evaluation: Criteria for Outstanding Grade: On the basis of interest and ability to understand the general concepts and principle of managing patients with hematology oncology problems.
DEPARTMENT OF INTERNAL MEDICINE
Infectious Disease - Inpatient

Course Number: CLNS 604
Duration: 4 weeks
Credit Type: Clinical Elective

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# of Students per Block: 1

Faculty Evaluator(s): Natalie Mariam Salas, MD

Prerequisites: Yes, All Phase II Clerkships

Accepts Visiting Students: No
*Not accepting visiting students for the 2021-22 academic year

Accepts Off-Cycle Date Requests: No

Add/Drop Policy: Add: 45 Days, Drop: 45 Days, Other:

Clerkship Contact: Desarae Gonzales, HSC-IMClerkshipStaff@salud.unm.edu, 505-272-6617

Goals and Unique Aspects:
Hospital-based infectious diseases is one of the most dynamic fields of medicine. Global epidemics of emerging pathogens such as multi-drug resistant gram-negative bacteria, MRSA, clostridium difficile and deadly viruses such as Ebola and new agents of respiratory disease have changed the face of infectious diseases practice.

Objectives:
The clinical elective in ID at UNMH aims to: 1) Provide comprehensive experience in management of complex patients with infectious syndromes. 2) Provide experience in diagnosis, evaluation and treatment of patients with both community-acquired and nosocomial infections. 3) Provide clinical perspectives on the interface between microbial pathogenesis and host susceptibility as a determinant of infectious disease outcomes. 4) Provide unique perspectives on patterns of infectious disease in immunosuppressed populations. 5) Provide training in the continuum of care between inpatient and outpatient infectious diseases practice. 6) Provide training in critical elements of hospital epidemiology and antimicrobial stewardship. 7) Provide board overviews of the nexus between hospital-based infectious diseases practice and trends in public and global health.

Responsibilities:
Observational: Attendance/participation in a variety of rounds, conferences, etc. Clinical: Student averages 5-7 new consults per week. Average stay: Rotation is roughly from 8am-5pm, Monday through Friday, no weekends or holidays.

Supervision and Training:
Amount and Type: Student will shadow the internal medicine resident(s), Infectious Disease fellow(s) and inpatient attending during this rotation. Attendings will round with the team at least once daily. Students must present all new consults to the attending.

Didactic Content: Wednesday Morning Microbiology Rounds (at Tricore), Thursday Morning Conference, Internal Medicine Grand Rounds, other unscheduled consultations and conferences.

Evaluation:
Criteria for Outstanding Grade: Evaluations are based entirely on direct observations by faculty of the student’s role in care of his/her patients. An “Outstanding” requires performance at the level of an intern in caring for patients and in team participation. See CDIM document “Sub-intern Categories.”
**APPROVAL REQUIRED**  
DEPARTMENT OF INTERNAL MEDICINE  
Internal Medicine Sub-Internship at UNMH

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**Goals and Unique Aspects:**
To provide interested students with additional experience in the care of hospitalized adult patients under close supervision of the ward resident and attending. Sub-interns have the opportunity to increase autonomy, improve efficiency, and teach Phase II students on their teams.

**Objectives:**
Students will progressively contribute to the care of 4 or more assigned patients at a time on an inpatient internal medicine service over a four-week rotation. By the second week, sub-interns should be able to present a differential diagnosis and management plan for each new admission. During the last week of the rotation, students should be able to write admission orders AND educate patients on their conditions and discharge plan with minimal prompting.

**Responsibilities:**
Clinical: Sub-interns will make rounds on assigned patients, document patient encounters and give oral presentations to attending physicians and senior residents. Sub-interns will develop skills in transitions of care by completing discharge summaries. Average stay: 10-12 hour days of patient care and conferences. The rotation extends from Monday to Sunday. Students will have 4 days off during the rotation, averaging one day off per week.

Supervision and Training:
Amount and Type: Student “lives” with the ward residents and interns during this rotation. Attending physicians round with the team at least once per day. Please note we also may rotate students through our hospitalist service where sub-interns work directly 1 on 1 with an attending. Didactic Content: Internal Medicine Grand Rounds weekly, Thursday school, afternoon report, mortality conferences.

**Evaluation:**
Criteria for Outstanding Grade: Evaluations are based on direct observations by senior residents and faculty of the student’s role in care of his/her patients. An “Outstanding” requires performance at the level of an intern in caring for patients and in team participation.

Additional Information: *Please note that students are not given additional days off for interviews on this rotation. Accommodations related to days off are not guaranteed. Requests should be made via email to Dr. Mary Lacy at melacy@salud.unm.edu. Student must not have a floated Phase II clerkship scheduled directly after the SUB-I due to potential overlap on call days. Student must give at least 45 days’ notice prior to dropping the rotation. Student may be transferred to SUB-I at VAMC at the discretion of the clerkship.*
## DEPARTMENT OF INTERNAL MEDICINE
### Gastroenterology

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| Add/Drop Policy | Add: 45 Days | Drop: 45 Days | Other: | |
|-----------------|--------------|---------------|--------|
| Clerkship Contact: | Desarae Gonzales | HSC-IMClerkshipStaff@salud.unm.edu | 505-272-6617 | |
| Prior Approval Required: | No | | | |

### Goals and Unique Aspects:
To expose the student to clinical consultative gastroenterology.

### Objectives:
Take a competent history and physical exam for patients with chief complaints of a GI nature. Gain a detailed knowledge of GI anatomy, physiology, and pathophysiology. Develop clinical skills, including first-hand observation of GI procedures, and participation in the process of taking diagnostic and therapeutic decisions critical to good patient care.

### Responsibilities:
Observational: Student may elect to observe some GI diagnostic and therapeutic procedures. Clinical: Student becomes a member of the GI consult team. He/she sees patient consultations, as well as sees patients in two or three clinics per week. Research: Interested students are encouraged to use this time to identify research interests. The student does, however, present and discuss cases daily, during routine ward rounds at both UNMH and VAMC. Students may attend outpatient GI & Hepatology clinics.

### Supervision and Training:
Amount and Type: Attendings makes rounds daily. Students present cases, formulate diagnosis, and plan management under attending and fellow supervision. Didactic Content: The student is expected to work with consult daily attend all conferences, a list of which can be obtained from the contact person at UNMH.

### Evaluation:
Criteria for Outstanding Grade: The student is evaluated subjectively by the supervising attending according to the evaluation used by the UNM-SOM. “Outstanding” is awarded to students in the top 5% of those participating in this elective.

### Additional Information:
The student is assigned to UNMH or the VAMC as needed by the teams.
The University of New Mexico School of Medicine 2021-2022 Phase III Clerkship Catalog

The UNM School of Medicine reserves the right to make changes to any of the policies, procedures, codes, standards, requirements, or services included in this handbook as it deems necessary, with changes applicable to all students in attendance at the SOM Doctor of Medicine program. Please visit the OMSA website to obtain a copy of the most current 2021-2022 Phase III Clerkship Catalog.

DEPARTMENT OF INTERNAL MEDICINE
Nephrology

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Faculty Evaluator(s): Shan Chen, MD

Prerequisites: Yes All Phase II Clerkships

Accepts Visiting Students: No *Not accepting visiting students for the 2021-22 academic year
Accepts Off-Cycle Date Requests: No

Add/Drop Policy: Add: 45 Days Drop: 45 Days Other:
Clerkship Contact: Desarae Gonzales HSC-IMClerkshipStaff@salud.unm.edu 505-272-6617
Prior Approval Required: No

Goals and Unique Aspects:
Provide students with experience in nephrology including hypertension, acid-base, electrolyte disorders and acute kidney injury. Also gain experience in managing end stage renal disease maintained on dialysis.

Objectives:
Learn ethical, economic and social aspects of end stage renal disease. Learn quality assurance and management in end stage renal disease. Learn acid-base, hypertension, and fluid-electrolyte. Learn the process of chronic kidney disease, acute kidney injury and appropriate interventions.

Responsibilities:

Supervision and Teaching:
Amount and Type: Daily rounds with Nephrology faculty and fellows. Didactic Content: Formal curriculum lectures, case discussions, research conferences, journal club.

Evaluation:
Criteria for Outstanding Grade: Excellence in performance, active participation in didactic sessions.

Additional Information:
Not available Block 9. 45 day add/drop policy strictly enforced.
DEPARTMENT OF INTERNAL MEDICINE
Cardiovascular Elective at UNMH

Course Number | CLNS 614 | Duration: 4 weeks
Credit Type | Clinical Elective |

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Goals and Unique Aspects:
Develop skills in the evaluation and management of common cardiovascular disorders in the inpatient setting. Enhance knowledge of pathophysiology and management of common cardiovascular disorders.

Objectives:
1. Accurately diagnose heart disease through detailed history and physical exams
2. Be able to read routine EKGs.
3. Know basic principles of arrhythmias, CHF, and chest pain syndromes.
4. Better understand normal CV physiology and how pathophysiologic states result in heart disease.

Responsibilities:
Observational: Participate in CV conferences (Tuesday and Friday mornings 7:30 to 8:30). 5ACC conference room or via Zoom
Clinical: Rounds 1-2 times daily, including one to two weekends as a rule. See patients in consultation from Emergency Medicine, General Medicine, Surgery, Family Medicine, and intensive care units under supervision of a faculty, fellow, or house staff.

Supervision and Training:
Amount and Type: Daily, direct contact with faculty and fellow
Didactic Content: There are 2 weekly conferences with fellows, residents, and faculty. The conferences are on Tuesday and Friday mornings at 7:30AM (one hour). Also for residents and students, there is small group conferences reviewing ECGs and basic CV concepts with an attending or fellow.

Evaluation:
Criteria for Outstanding Grade: Overall an exceptional performance.

Additional Information:
The rotation provides a valuable opportunity to serve as a consultant (rather than primary physician) for those services requesting help with the diagnosis and management of cardiovascular conditions. This rotation is available throughout the year.
DEPARTMENT OF INTERNAL MEDICINE
Arthritis and Rheumatic Diseases

Course Number | CLNS 615 | Duration: 4 weeks
Credit Type | Clinical Elective

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Accepts Visiting Students | No |
Accepts Off-Cycle Date requests | No |

Add/Drop Policy | Add: 45 Days | Drop: 45 Days |
Clerkship Contact: | Desarae Gonzales | HSC-IMClerkshipStaff@salud.unm.edu |
Prior Approval Required: | No |

Goals and Unique Aspects:
The diagnosis and treatment of the rheumatic diseases primarily in an outpatient setting to which medical students usually do not have exposure.

Objectives:
1. To be able to do a rheumatologic history and exam
2. To interpret relevant lab results
3. To learn joint injection technique
4. To be able to diagnose and treat the most common rheumatologic problems
5. To recognize complexity of rheumatologic disease therapy

Responsibilities:
Observational: Observe the varied manifestation of the rheumatic diseases.
Clinical: Approximately 80 hours of outpatient clinics, 16 hours of inpatient (consultation) contact per 4 week period.
No night or weekend call
Research: Optional

Supervision and Training:
Amount and Type: Constant supervision in inpatient and outpatient settings
Didactic Content: Rheumatology Educational Conference, Rheumatology TeleECHO Conference, Small group discussion on difficult problems in RA and MOC Board Review, and A Virtual Resident Teaching Session: Dr. Reiter: To be held on every other Friday from 8:30-9:15 am.

Evaluation:
Criteria for Outstanding Grade: Assessment by observation.

Additional Information:
45 add/drop policy strictly enforces. All rotators will receive an email with the Rheumatology curriculum and power point presentation. All rotators must contact Unit Administrator for brief orientation PRIOR to beginning rotation. Visiting students require prior approval by Division Chief. Contact DoIM for information on dates of availability.
**DEPARTMENT OF INTERNAL MEDICINE**

**Adult Endocrinology, Diabetes, and Metabolism**

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**Goals and Unique Aspects:**
To introduce the student to endocrinology.

**Objectives:**
Think critically about patient problems related to the endocrine system. Be able to manage common endocrine problems. Interpret laboratory tests and imaging related to various endocrine conditions.

**Responsibilities:**
Observational: Perform endocrine-oriented history and physical examination. Work with the endocrine fellow or resident in Endocrine Clinic and/or on the inpatient Endocrine Consult Service. Clinical: Make therapeutic decisions with attending supervision, attend endocrine clinics at UNMH and/or VAMC (as directed). In addition, students will be expected to see patients on the inpatient Endocrine Consult Service.

**Supervision and Training:**
Amount and Type: Present patient history, physical examination, and management plans to the attending in Endocrine clinic and/or the inpatient Endocrine Consult Service. Didactic Content: Attendance of weekly case conference is strongly encouraged. Case conference occurs on Thursdays from 8-9 am in room 1735 in Domenici North. Endo School is also held on Thursdays from 9 am-12pm in room 1735 in Domenici North. Endo School consists of didactic lectures on various endocrine conditions and given by the UNM Endocrinology faculty. Attendance is strongly encouraged. Reading will be suggested for various endocrine conditions to advance learning. Recommended endocrine textbooks include Greenspan’s Basic and Clinical Endocrinology as well as Harrison’s Endocrinology. Program is generally structured to students’ needs.

**Evaluation:**
Criteria for Outstanding Grade: Depends on participation at clinics, amount of reading done, quality of patient case presentations during clinic, and quality of clinic notes.

**Additional Information:**
30-day add/drop policy is strictly enforced. Please contact Keith Drummond for any leave requests during the rotation. Dr. Christina Lovato can also be contacted with any questions at clovato@salud.unm.edu
DEPARTMENT OF INTERNAL MEDICINE

Sleep Disorders Center

Course Number: CLNS 619
Duration: 4 weeks
Credit Type: Clinical Elective

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Faculty Evaluator(s): Shanna Diaz, DO, Nicholas Cutrufello, MD

Prerequisites: Yes
All Phase II Clerkships

Accepts Visiting Students: No
*Not accepting visiting students for the 2020-21 academic year

Accepts Off-Cycle Date requests: No

Add/Drop Policy:
Add: 45 Days
Drop: 45 Days
Other:

Clerkship Contact: Desarae Gonzales
HSC-IMClerkshipStaff@salud.unm.edu
505-272-6617

Prior Approval Required: No

Goals and Unique Aspects:
To give the learner a thorough introduction to sleep medicine so that they recognize the multi-disciplinary nature of sleep and can integrate into other fields of medicine. There will be a mixture of clinical and diagnostic instruction. There is also dedicated didactic time for a half day in which learners will present literature.

Objectives:
Learn to evaluate the major sleep complaints (snoring, excessive daytime sleepiness, insomnia, movements in sleep). Learn to use diagnostic technology. Relate basic science of sleep to clinical disorders.

Responsibilities:
Observational: Learners will have a predominantly observational role when we read Polysomnograms with fellows. After brief introduction, the learners will then be more involved in reading studies together as a group. Clinical: Evaluate new and follow-up outpatients at both UNMH and VA clinics. Research: Learns have the opportunity to get involved in research projects related to light exposure/circadian rhythms, sleep disordered breathing, and restless leg syndrome. Teaching: attending teach within clinics, dedicated ½ day didactic time, ½ day VA didactic/PSG reading. Required: presenting literature in didactics, completing notes in a timely fashion, keeping program informed about potential days off and other responsibilities

Supervision and Training:
Amount and type: Direct faculty and fellow contact in five half-day clinics per week. Learning to read polysomnographic records of sleep disorders twice per week. Didactic content: Assorted readings from texts, case conference, journal club.

Evaluation:
Clinical observations. Fellow and Attending will generally have direct supervision of patient contacts both in person and virtual. Criteria for outstanding grade: Prepare and conduct a one-half hour conference on a sleep disorder topic. Demonstrate ability to evaluate and treat patients with sleep apnea and patients with insomnia. Read and discuss with faculty the pertinent literature of sleep medicine. Understand when to consult sleep medicine and integrate sleep medicine into other areas of medicine as a whole.
Goals and Unique Aspects:
To provide interested students with additional experience in the care of hospitalized adult patients under close supervision of the ward resident and attending. Sub-interns have the opportunity to increase autonomy, improve efficiency, and teach Phase II students on their teams.

Objectives:
Students will progressively contribute to the care of 5-7 assigned patients at a time on an inpatient internal medicine service over a four-week rotation. By the second week, sub-interns should be able to present a differential diagnosis and management plan for each new admission. During the last week of the rotation, students should be able to write admission orders AND educate patients on their conditions and discharge plan with minimal prompting.

Responsibilities:
Clinical: Sub-interns will make rounds on assigned patients, document patient encounters and give oral presentations to attending physicians and senior residents. Students will provide the main communication with nurses, case managers, and consultants throughout day. Sub-interns will develop dictation skills by performing discharge summaries. Average stay: 10-12 hour days of patient care and conferences. Average one day off per week.

Supervision and Training:
Amount and Type: Student “lives” with the ward residents and interns during this rotation. Attending physicians round with the team at least once per day. Didactic Content: Internal Medicine Grand Rounds weekly, Thursday school, morning report, mortality conferences.

Evaluation:
Criteria for Outstanding Grade: Evaluations are based entirely on direct observations by senior residents and faculty of the student’s role in care of his/her patients. An “Outstanding” requires performance at the level of an intern in caring for patients and in team participation. See CDIM document “Subintern Categories.”

Additional Information: *Please note that students are not given additional days off for interviews on this rotation. Accommodations related to days off are not guaranteed. Requests should be made via email to Dr. Blavir Rukov at BRukov@salud.unm.edu. Student must not have a floated Phase II clerkship scheduled directly after the SUB-I due to potential overlap on call days. Student must give at least 45 days’ notice prior to dropping the rotation. Student may be transferred to SUB-I at UH at the discretion of the clerkship.*
Goals and Unique Aspects:
To provide interested students with additional experience in the care of hospitalized adult patients in the medical intensive care unit under close supervision of the ICU resident, fellow, and attending. Sub-interns have the opportunity to increase autonomy and improve efficiency.

Objectives:
Students will progressively contribute to the care of up to 3 assigned patients at a time on the MICU service over a four week rotation. By the second week, sub-interns should be able to present a differential diagnosis and management plan for each new admission. During the last week of the rotation, students should be able to write admission orders AND educate patients on their conditions and discharge plan with minimal prompting.

Responsibilities:
Clinical: Sub-interns will make rounds on assigned patients, document patient encounters and give oral presentations to attending physicians, fellows, and senior residents. Students will provide the main communication with nurses, case managers, and consultants throughout day. Sub-interns will develop dictation skills by performing discharge summaries. Average stay: 10-12 hour days of patient care and conferences. Average one day off per week.

Supervision and Training:
Amount and Type: Student “lives” with the ward residents and interns during this rotation. Attending physicians round with the team at least once per day. Didactic Content: Internal Medicine Grand Rounds weekly, Radiology Rounds weekly, and morbidity & mortality conferences monthly.

Evaluation:
Criteria for Outstanding Grade: Evaluations are based entirely on direct observations by senior residents and faculty of the student’s role in care of his/her patients. An “Outstanding” requires performance at the level of an intern in caring for patients and in team participation. See CDIM document “Subintern Categories.”

---

Course Number | CLNS 622
---|---
Duration: | 4 weeks
Credit Type: | ICU

**Goals and Unique Aspects:**
- Provides additional experience in the care of hospitalized adult patients in the MICU.
- Increases autonomy and efficiency.

**Objectives:**
- Contribute care to up to 3 assigned patients.
- Present differential diagnosis and management plans.
- Write admission orders and educate patients.

**Responsibilities:**
- Clinical rounds, documentation, and oral presentations.
- Developing dictation skills.

**Supervision and Training:**
- Amount and type: Lives with ward residents and interns.
- Didactic content: Grand Rounds, Radiology Rounds, morbidity & mortality conferences.

**Evaluation:**
- Outstanding criteria based on direct observations.
- Requires performance at the level of an intern.

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### Course Information

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### Faculty Evaluator(s)

Lucie Griffin, MD

### Prerequisites

Yes - All Phase II Clerkships

### Accepts Visiting Students

No

### Accepts Off-Cycle Date requests

No

### Add/Drop Policy

Add: 45 Days  Drop: 45 Days  Other:

### Clerkship Contact

Lucie Griffin, MD  Lucie.Griffin@va.gov

### Prior Approval Required

YES - Must submit Add Form after Phase III schedules are released

### Goals and Unique Aspects:

To provide interested students with additional experience in the care of hospitalized adult patients under close supervision of the fellows, residents and ward attending. Sub-interns have the opportunity to increase autonomy and improve efficiency.

### Objectives:

Students will progressively contribute to the care of up to 3 assigned patients at a time on an inpatient internal medicine service over a four week rotation. By the second week, sub-interns should be able to present a differential diagnosis and management plan for each new admission. During the last week of the rotation, students should be able to write admission orders AND educate patients on their conditions and discharge plan with minimal prompting.

### Responsibilities:

Clinical: Sub-interns will make rounds on assigned patients, document patient encounters and give oral presentations to attending physicians, residents and fellows. Students will provide the main communication with nurses, case managers and consultants throughout day. Sub-interns will develop dictation skills by performing discharge summaries. Average stay: 10-12 hour days of patient care and conferences. Average one day off per week.

### Supervision and Training:

Amount and Type: Student “lives” with the fellows, residents and the attending physicians. Attending physicians round with the team at least once per day. Didactic Content: Internal Medicine Grand Rounds weekly and mortality conferences, as well as three time weekly educational conferences.

### Evaluation:

Criteria for Outstanding Grade: Evaluations are based entirely on direct observations by fellows, residents and faculty of the student’s role in care of his/her patients. An “Outstanding” requires performance at the level of an intern in caring for patients and in team participation. See CDIM document “Subintern Categories.”
### Infectious Disease - Outpatient

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<th>Natalie Mariam Salas, MD</th>
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<tr>
<th>Clerkship Contact:</th>
<th>Jolene Castillo</th>
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<th>505-272-1670</th>
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**Goals and Unique Aspects:**
To study infectious diseases in outpatient settings.

**Objectives:**
Understand basic pathophysiology, natural history, and management of HIV. Assess risks for HIV transmission and counsel patients on risk reduction. Understand ethical, social, psychological, legal aspects of HIV and importance of ancillary services in managing HIV (model for management of serious chronic illness). Understand safe, effective outpatient use of parenteral antibiotics. Recognize epidemiology and clinical presentation of STD and how they are controlled in collaboration with public health. Observe outpatient management of tuberculosis and other infectious diseases. Integrate knowledge of pathophysiology, clinical presentation, management, and social aspects of these diseases.

**Responsibilities:**
Observational: Participate in clinical care of outpatients in various settings. Clinical: Interview, examine, and assess clinic patients and discus with attending faculty. Required: Attend clinics in HIV, STD, Tuberculosis, Outpatient Parenteral Antibiotic Therapy, Infectious Disease Consultation, and/or other clinical experiences as the schedule allows, plus infectious disease conferences, and outside reading. Schedule is planned by student and faculty coordinator. No night or weekend call.

**Supervision and Training:**
Amount and type: Direct by faculty physicians in clinics. Some teaching by ancillary staff. Didactic content: Packet of readings and resources provided. The student is expected to do further reading and discuss with faculty.

**Evaluation:**
Faculty observation of student’s clinical skills, self-education, synthesis of reading and clinical experience, and progress towards goals identified with faculty coordinator.

**Additional Information:**
Some clinics are off-campus (within 2 miles of UNMH and VAH). The Office of Education MUST check with faculty coordinator to be sure slot is available. Trainee MUST communicate with faculty coordinator to arrange schedule at least a month in advance. Students may not add the course less than 45 days before the rotation.
DEPARTMENT OF INTERNAL MEDICINE

Project ECHO: UNM HSC Interprofessional Chronic Complex Disease

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<td>Clerkship Contact:</td>
<td>Desaree Gonzales</td>
<td><a href="mailto:HSC-IMClerkshipStaff@salud.unm.edu">HSC-IMClerkshipStaff@salud.unm.edu</a> <a href="mailto:miandiorio@salud.unm.edu">miandiorio@salud.unm.edu</a></td>
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<td>Michelle Iandiorio, MD</td>
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Goals and Unique Aspects:
This interprofessional rotation, which includes students from School of Medicine, College of Pharmacy, College of Nursing, Allied health, and the Department of Psychology, will provide clinic-based experiences and virtual teleECHO session-based experiences in which students can learn how interprofessional team-based care can lead to optimal patient care for those living with chronic complex disease, such as HIV.

Objectives:
1. Participate as part of an interprofessional healthcare team in shared patient-centered problem solving.
2. Demonstrate deepened knowledge and skills associated with two common chronic complex diseases. (Medical Knowledge)
3. Identify strengths and challenges associated with interprofessional team-based care experience. (Systems Based Practice)

Responsibilities:
Monday-Friday participation, including some on-site clinic work, remote video teleconference participation, and asynchronous assignments. Students will be assigned to participate in two teleECHO clinics each week; these clinics will be paired with assigned UNM-based in-person clinic with a related clinical focus (i.e. HIV, HCV, ASAP, Healthy Heart). Students will have direct patient care activities and will work in an interdisciplinary team to develop patient management plans. This will include teaching the other team members about interprofessional and chronic disease learning issues topics that students identify and applying this knowledge to patient management plan. This is an outpatient clinic activity only with no admitting or call responsibilities.

Supervision and Training:
Michelle Iandiorio, MD, will ensure that School of Medicine students complete their requirements and that faculty submit evaluations of their students. She will ensure that students receive adequate supervision at their individual office-based clinics. Each student will be supervised by a direct clinical supervisor at the ambulatory clinic to which students are assigned. Dr. Iandiorio will coordinate with representatives from the different UNM HSC schools and UNM Department of Psychology to ensure that each 4-week rotation includes students from the various professions for at least 50% of rotation activities. Students from each health professional discipline participating in this rotation will have a discipline-specific mentor for the rotation. This will ensure that appropriate supervision is available.
Evaluation:
Students will complete a portfolio and present aspects of it to their student team and rotation preceptor throughout the rotation. The portfolio will be evaluated by the main course facilitator. This portfolio will include the following:

- Patient write-ups presented to teams
- Written reflections on aspects of chronic disease and the role of interprofessional teams, professionalism associated with management of patients with chronic complex disease
- Learning topics presented to teams
- Clinic mentor evaluation forms
- Facilitator-completed evaluation forms for each structured team group work session. Assessment will be based on observed communication skills and teamwork in addition to clinical reasoning and application of knowledge.
- Student evaluation of the rotation.
DEPARTMENT OF INTERNAL MEDICINE
Writing and Healing

Course Number | CLNS 787 | Duration: 4 weeks
---|---|---
Credit Type | Non-Clinical Elective | ---

Block Number | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13
X = Offered in Block | X | X | | | | | | | |
# of Students per Block | 8 | ---
Faculty Evaluator(s) | Liz Lawrence, MD | ---
Prerequisites: | Yes | All Phase II Clerkships | ---
Accepts Visiting Students | No | ---
Accepts Off-Cycle Date requests | No | ---
Add/Drop Policy | Add: 14 Days | Drop: 14 Days | Other: | ---
Clerkship Contact: | Desarae Gonzales | HSC-IMClerkshipStaff@salud.unm.edu | 505-272-6617 | ---
Prior Approval Required: | No | ---

Goals and Unique Aspects:
To enhance “reflectiveness” as a means to better understand self and patients’ experiences. To engage key issues in medicine through the writings of others. To enhance written communication skills.

Objectives:
Write regularly each week. Complete a piece of writing (narrative, poetry, fiction). Read and discuss assigned books and articles. Fine tune your ability to give and receive feedback about writing.

Responsibilities:
Observational: Yourself and your patients.

Supervision and Training:
Two-hour class meetings will be held twice weekly with fellow students and course director. A 1:1 meeting with Dr. Liz Lawrence can be arranged during the 4 weeks if desired.

Evaluation:
Grades are based on oral discussion of the readings and on completion of writing assignments. This course is grades as CREDIT (CR) or NO CREDIT (NC).

Additional Information:
Writing is a means for expression and communication, a tool for learning and discovery, and a way to meaningfully engage. Readings and writing exercises introduce the student to basic writing techniques and literary forms (personal narratives, poetry, fiction, essays). Readings and writing exercises help develop a greater awareness of self and patients by expanding the ability to articulate experiences and ideas. Enhanced self-knowledge, in turn, sharpens the capacity of empathic knowledge and care of patients. The course is an opportunity to address the “art of medicine” through directed work on the craft of writing, and through a literary examination of the writer/physician as a reflective practitioner. The student is expected to use the clerkship to delve deeply into the writing process by making a daily commitment to writing and reading.
The University of New Mexico School of Medicine 2021-2022 Phase III Clerkship Catalog

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**APPROVAL REQUIRED**

**DEPARTMENT OF INTERNAL MEDICINE**

**Radiation Oncology**

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<td>Yvonne Grinnel</td>
<td><a href="mailto:ygrinnel@salud.unm.edu">ygrinnel@salud.unm.edu</a></td>
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**Goals and Unique Aspects:**
Introduction to radiation oncology and cancer patient care.

**Objectives:**
Basic introduction to radiation oncology, physics and biology and involvement in patient care

**Responsibilities:**
Observational: Teletherapy, brachytherapy, consultations, daily management of radiation patients. Clinical: Involved in consultations, and presents to attending. Involved in patient education on radiation therapy and side effects.

**Supervision and Training:**
Amount and type: One-on-one teaching by clinical professor with direct feedback.
Didactic Content: Some readings required. No didactic lectures.

**Evaluation:**
Evaluation is based on clinical performance, patient care, and attitude toward the specialty and the staff. Criteria for outstanding grade: Must demonstrate great enthusiasm and work beyond the expected level.

**Additional Information:**
Students may go to other cancer centers for observation of special procedures within Albuquerque.
DEPARTMENT OF INTERNAL MEDICINE

Palliative Care and Hospice

Course Number: CLNS 950A
Credit Type: Clinical Elective
Duration: 4 weeks

Block Number: 1 2 3 4 5 6 7 8 9 10 11 12 13
X = Offered in Block

# of Students per Block: NOT OFFERED FOR THE 2021-22 ACADEMIC YEAR

Faculty Evaluator(s): Devon Neale, MD

Prerequisites: Yes All Phase II Clerkships

Accepts Visiting Students: No
Accepts Off-Cycle Date requests: No

Add/Drop Policy: Add: 30 Days Drop: 30 Days Other:

Clerkship Contact: Desarae Gonzales HSC-IMClerkshipStaff@salud.unm.edu 505-272-6617

Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released

Goals and Unique Aspects:
An elective for students interested in gaining further experience in the palliative approach to the care of patients with serious illness. Depending on preceptor availability and student interest, experiences in palliative care consultation in the hospital or home setting, and/or hospice care in the inpatient unit or home setting may be available. Student may see patients with illnesses anywhere along the trajectory of a serious illness, from the time of diagnosis to the end of life. Students will participate in the care provided by an interdisciplinary team, which is focused on evaluating and treating the many types of suffering that patients and their families may experience. Topics covered may include: communication skills; prognostication; assisting a patient/family in expressing the goals of medical care and evaluating treatment options based on those goals; assessing and treating symptoms such as pain, shortness of breath, nausea and vomiting, agitation/confusion, anxiety, depression, anorexia/cachexia, and fatigue; assisting a patient in performing advanced care planning; and issues in end of life care.

Objectives:
1. Describe the basic tenets of palliative care.
2. Define criteria for referral to palliative care and hospice services
3. Explain the importance of interdisciplinary care in palliative and/or hospice care.
4. Improve skill in assessing and developing a management plan for common types of suffering (physical, psychological, social, and spiritual)
5. Describe how patient and family factors, such as culture, religion, spirituality, age, and socioeconomic status may affect the care preferences and experiences of patients/families coping with serious or life threatening illness.
6. Develop patient-centered communication skills

Responsibilities:
It is expected that most direct patient care will be provided with a palliative or hospice practitioner. Students will not be responsible for "pre-rounding" or taking call. Students will be prompt, professionally dressed, and polite to all providers and patients/families with whom they interact. Students will have an "open" and non-judgmental attitude toward the experiences, values and care preferences that patients and families express.

Supervision and Training:
Students will be supervised by physicians specializing in Hospice and Palliative Care (HPC). At times, students may see patients with advanced practice nurses, RN’s, social workers, or chaplains specializing in HPs.
**Evaluation:**
To receive a grade of outstanding students must actively engage with preceptors in patient care activities, attend interdisciplinary team meetings, and complete pre/post-test assessments, patient logs, reflective exercises, and online educational modules.

**Additional Information:**
Depending on the duration of the rotation, students may work with providers at a number of different community organizations that provide hospice and palliative care services.
DEPARTMENT OF INTERNAL MEDICINE
Culinary Medicine

Course Number: CLNS 950C
Duration: 4 weeks
Credit Type: Non-Clinical Elective

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# of Students per Block: up to 20
Faculty Evaluator(s): Amy Robinson, MD
Prerequisites: Yes All Phase II Clerkships
Accepts Visiting Students: Yes Domestic MD and Domestic DO
Accepts Off-Cycle Date requests: No

Add/Drop Policy: Add: 1 Days Drop: 30 Days Other: None
Clerkship Contact: Amy Robinson, MD ARobinson@salud.unm.edu 505-250-4566
Prior Approval Required: No

Goals and Unique Aspects:
The Culinary Medicine elective will be a hands-on approach to teaching basic culinary skills to medical students in addition to providing basic and clinical science behind nutrition related chronic diseases. The curriculum currently utilizes the following modules from the Goldring Center for Culinary Medicine (GCCM) curriculum:
- Introduction to Culinary Medicine
- Weight Management and Portion Control
- Fats, Texture, Increasing Fiber, Lunch
- Food Allergy and Intolerance
- Protein, Amino Acids, Vegetarian Diets, and Eating Disorders
- Renal Physiology, Hypertension, Sodium and Potassium Homeostasis, Sodium Reduction and Flavor Building
- Carbohydrates, Fiber, Diabetes, Snacking, and Desserts
- The Pediatric Diet
- Anti-Inflammatory Diet

Objectives:
- Learn basics of kitchen safety and knife skills.
- Comprehend the basics of the Mediterranean diet, with focus on the diet fundamentals, utilizing data to show proven health benefits.
- Identify evidence-based research on the implications of consuming the Mediterranean diet.
- Review literature on weight loss among various fad diets in order to bring focus to the quality and the concept of moderation, rather than the quantity, of foods.
- Review the basic concepts of the Dietary Approach to Stop Hypertension (DASH) Diet, focusing on the differences in the DASH versus Mediterranean diet.
- Understand the importance of physicians playing a role to nurture healthy lifestyles and alleviate diet-related illness.
- Explore the social and philosophical impacts on eating habits such as cost, availability, and education, and understand the importance of relating to the audience/patient in these terms.
- Review the impact of high sodium diets and its prevalence in the American diet.
- Understand how to build flavor using natural tastes within foods and without added salt.
- Discuss scripting to talk to patients about diet and nutrition in outpatient visits.
- Become familiar with Lifestyle Medicine (LM) competencies and attempt 1-2 LM changes
during the course.

- Practice mindful eating techniques as a powerful tool for improving the experience of eating

**Responsibilities:**
Participation in all scheduled Zoom sessions including teaching kitchen "labs," small group and clinical seminars, and completion of Health Meets Food modules, all associated quizzes, presentations, and the Lifestyle Medicine assignment.

**Learning Activities and Evaluation:**
Participation in online seminars
Labs (online cooking classes from home)
Quizzes
Seminars will also incorporate case discussions associated with the modules.
Each student will also provide a 15-minute presentation on a trending nutrition topic using evidence-based literature.

**Additional Information:**
The Culinary Medicine 4th year elective curriculum is focused on the significant role that food choices and nutrition play in preventing and managing chronic diseases in America, and will help future physicians understand the impact of food on the health of their patients. This curriculum combines basic science and clinical education to offer a more complete view of how future physicians can incorporate dietary intervention strategies into their practice of medicine.

Through hands-on cooking classes, medical students learn the practical aspects of lifestyle change necessary to help them guide their patients to healthier choices. Students will also be introduced to the concept of Lifestyle Medicine and will incorporate 1-2 goals into their routine during the course.

The course be entirely online and via zoom.

Once per week, afternoon online cooking classes will be taught by a local registered dietician who regularly teaches in this format. We are privileged to have her participation in the course!
*APPROVAL REQUIRED*  
DEPARTMENT OF INTERNAL MEDICINE  

Alternative & Complementary Medicine

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Faculty Evaluator(s): Surya Pierce, MD and Dan Shank, MD

Prerequisites: Yes All Phase II Clerkships

Accepts Visiting Students: No

Accepts Off-Cycle Date requests: No

Add/Drop Policy: Add: 30 Days Drop: 30 Days Other:

Clerkship Contact: Desarae Gonzales  
HSC-IMClerkshipStaff@salud.unm.edu  
505-272-6617

Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released

Goals and Unique Aspects:
1. Encourage communication skills in advising patients about Integrative Medicine practices  
2. Promote cultural competency regarding Integrative Medicine practices  
3. Provide knowledge about the role of interdisciplinary health care teams including referral processes to Integrative Medicine practitioners in the present health care system  
4. Provide basic knowledge of the language and domains of Integrative Medicine  
5. Teach critical thinking skills in assessing evidence regarding Integrative Medicine practices

Objectives:

Patient Care:
1. Learn to expand the medical history to include other integrative therapies that the patients may be using  
2. Begin to develop a cognitive base in Integrative Medicine to be able to counsel patients regarding the scientific evidence for or against integrative therapies they have selected or are considering, particularly for chronic disease management  
3. Expand awareness of viewing the patient from a “whole person” framework, be able to recognize possible areas for use of other modalities, and suggest use in specific diseases  
4. Learn to develop a therapeutic relationship that is patient-centered and includes respect for cultural and spiritual values

Knowledge:
1. Facilitate a common understanding of the definitions of commonly used terms and distinctions between Integrative Medicine and Complementary and Alternative Medicine (CAM)  
2. Recognize main therapies being used by the general public and acquire familiarity with the five core areas of Complementary and Integrative Health as defined by NCCIH  
3. Understand the trends and present scope of use of integrative therapies among patients and the importance of being able to discuss these therapies knowledgeably with patients  
4. Understand the evidence and proper use of mind-body techniques as applied to patient care as well to the student’s own health  
5. Broaden knowledge base in nutrition and understand the clinical implications for nutrition in disease prevention and health promotion  
6. Learn about specific integrative modalities through lectures, reading, using on-line computer modules, and learning tools in the resource library  
7. Learn about specific modalities through clinical observations with integrative medicine providers

Communication Skills:
1. Learn to create an open climate for discussion with patients on their use or potential use of integrative modalities
2. Encourage awareness of listening and being “mindfully present” with patients, as a key component in the interaction with patients and a tool to patient empowerment.

Practice Based Learning Environment:
1. Learn about reliable sources of information to evaluate claims and be able to research integrative therapies one may encounter in the clinical setting
2. Develop skills to use and assess data-bases with evidence-based information regarding integrative therapies and interpret the evidence for safety, efficacy, and clinical appropriateness of therapies
3. Promote cultural competency regarding Integrative Medicine and other therapeutic modalities.

Professionalism:
1. Develop awareness of the importance of self-care both for physician well-being and as a model to promote self-care in patients
2. Learn the difference between a disease-oriented vs. wellness-oriented paradigm of patient care
3. Encourage students to implement a personalized self-care program by: developing a healthy lifestyle, fostering behaviors that help balance personal goals and professional responsibilities, learning to recognize and respond to personal stress and fatigue that might interfere with professional duties
4. Demonstrate respect for and the ability to collaborate with qualified and licensed integrative and alternative practitioners.

Systems-Based Practice:
1. Understand valid credentialing issues regarding CIM practitioners and appropriate referral process to other CIM practitioners
2. Provide the opportunity to collaborate, create a network of resources, and become part of a supportive interactive community
3. Learn to verify credentials, practice standards (scope of practice), and establish a method for follow-up and feedback.

Responsibilities:
Clinical time will be spent shadowing Integrative and CIM practitioners of a variety of modalities in clinic or in the community which may include: Chiropractic, Myofascial Therapy, Botanicals, Mind/Body, Nutrition, Traditional Chinese Medicine, Energy Medicine, Hypnotherapy and others. Observation and attendance at nutrition classes, compounding pharmacy, Ayurvedic institute, organic garden, Native American healing, and other activities as deemed appropriate by student and preceptor. Research and present two supplements or herbs, Research and present Integrative Medicine approach to one clinical condition. Complete CFL intake form, Nutrition Self-Assessment and Wellness survey. Complete Wheel of Life and contemplate student’s own wellness behaviors and changes needed

Supervision and Training:
Student will shadow Integrative and CAM practitioners at the Center for Life clinic. Student will complete assignments within their rotation period and will meet with Faculty evaluator towards end of rotation to present and obtain feedback.

Evaluation:
Presentations are oral and informal. Constructive feedback will be provided.
DEPARTMENT OF INTERNAL MEDICINE
Pulmonary Medicine

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<td>Faculty Evaluator(s)</td>
<td>H. Busby, MD</td>
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Prerequisites: Yes All Phase II Clerkships

Accepts Visiting Students: No *Not accepting visiting students for the 2021-22 academic year

Accepts Off-Cycle Date requests: No

Add/Drop Policy: Add: 45 Days Drop: 45 Days Other: 

Clerkship Contact: Desarae Gonzales HSC-IMClerkshipStaff@salud.unm.edu 505-272-6617

Prior Approval Required: No

Goals and Unique Aspects:
Introduces the student to inpatient and outpatient pulmonary medicine; experiences are offered in a variety of settings including wards and outpatient clinics for chest diseases, sleep disorders, lung cancer and allergic diseases. Opportunity also to participate in clinics held throughout the state for miners. A concentrated experience with adults with pulmonary disorders can be achieved.

Objectives:
Evaluate and manage patients with the most prevalent respiratory disorders. Appropriately utilize pulmonary diagnostic procedures. Interpret routine pulmonary function tests. Gain experience in evaluating chest X-rays and CT scans.

Responsibilities:
Observational: Opportunity to observe procedures including bronchoscopy, thoracentesis, and pleural biopsy. Clinical: Extensive patient contact. The student may attend four outpatient clinics weekly. Evaluate inpatient consultations. Participation in daily rounds in the MICU is optional. Approximately six hours per day is spent in direct patient-related activities. The student shares weekend call with the resident or fellow, two weekends per rotation. Research: Diverse opportunities for research available in ongoing programs in epidemiology, immunology, and sleep disorders

Supervision and Teaching:
Amount and Type: The supervision is direct and intense. The fellow reviews all work-ups and all cases are presented to the attending in both inpatient and outpatient settings. Didactic Content: A syllabus is given to each student and additional materials relevant to specific cases are supplied. A weekly case conference covers unusual and informative patients and additional weekly seminar addresses particular subjects in depth.

Evaluation:
Criteria for Outstanding Grade: Awarded largely based on of assessment by the attending. The quality of the clinical performance receives the predominant weighting, but conference participation is also considered

Additional Information: 45 day add/drop policy strictly enforced.
DEPARTMENT OF INTERNAL MEDICINE
Internal Medicine Boot Camp

Course Number: CLNS 950N  Duration: 4 weeks

Credit Type: Non-Clinical Elective

Block Number: 1 2 3 4 5 6 7 8 9 10 11 12 13
X = Offered in Block

# of Students per Block: 10

Faculty Evaluator(s): Sarah Burns, DO, MS

Prerequisites: Yes  All Phase II Clerkships

Accepts Visiting Students: No

Accepts Off-Cycle Date requests: No

Add/Drop Policy: Add: 45 Days  Drop: 45 Days  Other:

Clerkship Contact: Sarah Burns, DO, MS sjburns@salud.unm.edu  505-925-0674

Goals and Unique Aspects:
This course is designed to prepare fourth year medical students for preliminary or categorical residencies in internal medicine. Through reading, didactics, and peer education students will have the opportunity to hone skills that will help them to transition successfully into residency. The planned topics will include answering pages, EKG interpretation, radiology, advanced communication skills, common outpatient medicine topics, common inpatient medicine topics, procedural skill training, BATCAVE simulation training, time management and wellness.

Objectives:
By the end of this course, students will be able to:
1. Facilitate the transition to internship by developing medical knowledge, practicing skills and evolving attitudes necessary to be an effective internal medicine intern.
2. Develop confidence in approaching common issues faced by interns.
3. Prepare for both professional and personal challenges of internship.

Responsibilities:
Attendance at a minimum of 75% of all sessions. Participation in peer lead teaching opportunities. Observation and practice of procedures, diagnostic skills and communication skills. Participation in mock paging program. Frequent feedback. Observational: Simulation of common inpatient and outpatient procedures. Mock paging program participation. Advanced communication skills training. Clinical: No direct patient care. Research: None. Teaching: Peer teaching required.

Supervision and Training:
Supervision will occur by course faculty and recruited faculty who volunteer to teach the particular course sections.

Evaluation:
The final grade will be Pass/Fail. A passing grade will require:
1. Attendance at 75% of didactic and small group sessions,
2. Delivery of all assigned student-directed learning sessions,
3. Participation in active learning activities, and
4. Completion of pre- and post-test surveys.
# Neurology Sub-Internship at UNMH

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<td>Tarun Girotra, MD</td>
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## Prerequisites:
Yes All Phase II Clerkships

## Accepts Visiting Students:
Yes Domestic MD and Domestic DO

## Accepts Off-Cycle Date Requests:
No

## Add/Drop Policy:
Add: 45 Days  Drop: 45 Days  Other:

## Clerkship Contact:
Alexis Gonzalez  AleGonzalez@salud.unm.edu  505-272-3314

## Prior Approval Required:
YES - Must submit Add Form after Phase III schedules are released

## Goals and Unique Aspects:
At the completion of this rotation, the student should be prepared to begin work as a neurology resident by having skills necessary to assess patients, present on rounds, and function as effective team members. Students should become comfortable with the neurologic history and exam as well as creating a comprehensive differential diagnosis and use appropriate test results to refine the differential and/or create a specific diagnosis and comprehensive management plan.

## Objectives:
1. Perform a thorough neurologic history
2. Perform a thorough neurologic examination including patients with altered level of consciousness or abnormal mental status
3. Specify common and significant neurologic disorders
4. Formulate a comprehensive differential diagnosis based on history, exam, and localization
5. Create a comprehensive management plan for common and significant neurologic disorders
6. Prepare clear, concise, and thorough documentation of patient’s neurological history and examination
7. Educate inpatient team members in patient presentations on rounds
8. Apply principles of evidence-based medicine to patient care
9. Demonstrate effective communication with patients and their families from diverse backgrounds
10. Demonstrate professional demeanor and behavior

## Responsibilities:
As part of the Neurology team, the student will work with senior neurology residents and attending Neurology faculty in the work up and management of patients in the inpatient setting. Students will be responsible for managing (under the supervision of the senior resident and attending) up to five inpatients with neurologic diseases and attending one teaching neurology outpatient clinic per week, if requested by student. Students will be expected to attend all regularly scheduled conferences for neurology residents. If available, students may be able to perform a lumbar puncture under direct supervision. No overnight or weekend call is expected.

## Supervision and Training:
Students will typically be assigned to two weeks with cerebrovascular and two weeks with the student’s choice, either inpatient wards or consults, if there is sufficient room on the teams. Students will be taught and supervised by the senior ward neurology resident, the inpatient neurology attending and the attending Neurology faculty. Teaching conferences for residents occur several times per week, and students are expected to attend these. At daily attending rounds, the student will present his/her patients to the staff neurologist and discuss the diagnosis, work up and management. Students will be expected to read about common neurologic diseases and the diseases...
of their patients and educate the team on their choices to justify the management plan. When available, the student may be able to perform a lumbar puncture under direct supervision.

**Evaluation:** Grading will be based on the student’s performance with regards to the objectives.
DEPARTMENT OF NEUROLOGY
Child Neurology Sub-Internship at UNM

Course Number | CLNS 704 | Duration: 4 weeks
---|---|---
Credit Type | Sub-Internship |

**Goals and Unique Aspects:**
At the completion of this rotation, the student should be prepared to begin work as a child neurology resident by having skills necessary to assess patients, present on rounds, and function as effective team members. Students should become comfortable with the neurologic history and exam as well as creating a comprehensive differential diagnosis and use appropriate test results to refine the differential and/or create a specific diagnosis and comprehensive management plan.

**Objectives:**
1. Perform a thorough neurologic history
2. Perform a thorough neurologic examination
3. Specify common and significant neurologic disorders
4. Formulate a comprehensive differential diagnosis based on history, exam, and localization
5. Create a comprehensive management plan for common and significant neurologic disorders
6. Prepare clear, concise, and thorough documentation of patient’s neurological history and examination.
7. Educate inpatient team members in patient presentations on rounds
8. Apply principles of evidence-based medicine to patient care
9. Demonstrate effective communication with patients and their families from diverse backgrounds
10. Demonstrate professional demeanor and behavior

**Responsibilities:**
Students will spend 4 weeks on the Child Neurology inpatient/consult service. As part of the team, students will oversee the care of up to 5 patients, under the supervision of the senior resident(s) and supervising attending. Students will attend 2-3 afternoon child neurology clinics per week, attend all teaching conferences available to the neurology residents, and assist in the education of phase II students. If available, students may be able to perform a lumbar puncture under direct supervision. No night or weekend call is expected.

**Supervision and Training:**
Students will be taught and supervised by the child and adult neurology residents, the inpatient Child Neurology attending and the clinic attending child neurologist.

**Evaluation:**
Grading will be based on the student’s performance with regards to the objectives.
**DEPARTMENT OF NEUROSURGERY**

**Neurosurgery Sub-Internship at UNMH**

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<td>Meic Schmidt, MD</td>
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**Prerequisites:**
Yes - All Phase II Clerkships

**Accepts Visiting Students:**
Yes - Domestic MD and Domestic DO

**Accepts Off-Cycle Date Requests:**
Yes - with department permission

**Add/Drop Policy:**
Add: 30 Days  Drop: 30 Days  Other:

**Clerkship Contact:**
Alysha Rangel  AlyAragon@salud.unm.edu  505-272-0621
Carlos Abeyta  iabeyta@salud.unm.edu

**Prior Approval Required:**
YES - Must submit Add Form after Phase III schedules are released

**Goals and Unique Aspects:**
To learn the neurological exam, management of head and spinal cord injuries, management of common outpatient neurological problems, and interpretation of neuro-imaging studies.

**Objectives:**
To perform a detailed neurological exam and be able to formulate a working diagnosis and treatment plan.

**Responsibilities:**
Observational: Work-up admissions, present cases on rounds, select one topic for review and presentation. Clinical: Admit one to two patients per day, participate in night call, be an integral part of the care team. Research: Students may elect to become involved in neurosurgical research. Teaching: Examination of inpatients presented to chief resident and outpatients presented to attending. Required: Mandatory weekday attendance on surgery and in clinics, Journal Club and Friday conferences.

**Supervision and Training:**
Amount and type: Direct supervision by attendings and residents. Didactic content: Daily rounds; conferences twice per week.

**Evaluation:**
Evaluation by Meic Schmidt, MD. Criteria for outstanding grade: Based on performance and review of a topic. Quality of work-ups, ability to sustain work level, performance in operating room and oral presentation.

**Additional Information:**
Student obtain a great deal of practical exposure, assisting on complex cases, suturing and other procedures appropriate to interests and capabilities.
DEPARTMENT OF NEUROSURGERY

Neuroscience Intensive Care Unit

**Course Number**: CLNS 774  
**Duration**: 4 weeks

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<td>Robert Alunday, MD</td>
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| Clerkship Contact: | Alysha Rangel  
Carlos Abeyta  
AlyAragon@salud.unm.edu  
iabeysa@salud.unm.edu | 505-272-0621 |
| Prior Approval Required: | YES - Must submit Add Form after Phase III schedules are released |

**Goals and Unique Aspects:**
To develop a differential diagnosis for a wide range of neurological conditions and to hone your ability to perform and report a focused neurological examination.

**Objectives:**
1. Learn the basics of managing a critically ill patient with multisystem disease.
2. Learn how to apply this to acute neurologic injury.
3. Learn the care of acute neurology and neurosurgery patients.
4. Learn common ICU procedures.

**Responsibilities:**
The student will rotate in the NSI and make daily rounds with the attending staff and team. The student will be treated as a subintern and be responsible for a subset of these patients. The student will learn to perform common ICU procedures under the supervision of the attending staff. The student will attend neuroscience grand rounds, neuroradiology conference, neurosurgery AM conferences. The student will also attend the Monday and Tuesday noon critical lectures in the TSI and have afternoon lectures by the NSI staff Tuesday and Thursday afternoons. There will be no night call. Students will be encouraged to participate in ongoing research in the NSI.

**Supervision and Training:**
The Neuroscience ICU attendings will be primarily responsible for the students and will be assisted by ED attendings.

**Evaluation:**
The students will be assessed by the neuro ICU staff, faculty, and residents using standard UNM forms in accordance with the PRIME criteria. An outstanding student should demonstrate excellent clinical skills, outstanding fund of knowledge, self-education, and interpersonal relationship.
# DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
## Ambulatory Gynecology

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<td>Maria Montoya, MD</td>
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**Goals and Unique Aspects:**
Increase knowledge of ambulatory gynecology.

**Objectives:**
Increase depth of knowledge of ambulatory gynecology and procedures; continue to develop skills in diagnosis and management.

**Responsibilities:**

**Supervision and Training:**
Amount and type: Supervised by faculty and residents.

**Evaluation:**
Clinical observations of knowledge and improvement of skills. Criteria for outstanding grade: Outstanding clinical evaluations and a brief oral presentation.

**Add/Drop Policy**
Add: 45 Days  
Drop: 45 Days  
Other:

**Clerkship Contact:**
Emily Gibbons  
Dolores Castro  
EBGibbons@salud.unm.edu  
DICastro@salud.unm.edu  
505-272-6525

**Prerequisites:**
Yes  
All Phase II Clerkships

**Accepts Visiting Students**
No

**Accepts Off-Cycle Date requests**
No

**Prior Approval Required**
No
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
Gynecologic Oncology Sub-Internship

Goals and Unique Aspects:
This rotation will provide its student the unique opportunity to participate in the comprehensive care of the Gynecologic Cancer patient. This student will actively participate in techniques of cancer diagnosis and treatment, including surgery, radiation therapy, chemotherapy, therapeutic and supportive care, clinical trials and palliative care. Cancer risk assessment including genetic predisposition and cancer prevention strategies will also be taught.

Objectives:
The primary objective of this sub-internship experience is to learn globally about the field of Gyn-Oncology and the common sense individualized approach to caring for women with gynecologic malignancies. At the end of the rotation, the student should be able to understand the primary principles of cancer care, goals of therapy, and aligning treatment options with patient goals. Students should understand the general facts about the main gynecologic malignancies including ovarian, cervical, and endometrial cancer and understand risk factors, screening and prevention modalities, diagnostic workup, and general basics of staging and treating these malignancies.

Responsibilities:
This typically is a rigorous but rewarding clinical rotation. The student will act at the sub-intern level under the direct supervision of senior residents, fellows, advanced practitioner providers (APP) and faculty. The student is expected to participate as a full member of the Gyn Oncology team and will have increasing technical experiences as the rotation and individual competencies progress. The student will be assigned inpatients and will be expected to make daily rounds, collect data and interpret and formulate treatment plans. The patient will have experience managing the inpatient services including interpreting diagnostic studies, managing consults, counseling patients, and working on complex discharges. In addition, students will experience outpatient services and will be taught techniques such as diagnostic colposcopy, tumor biopsies, and proper preoperative workup of the patient with an anticipated gynecologic malignancy. Depending on the COVID situation, students may also have the opportunity for one-on-one teaching with the faculty while managing patient care within the weekly outreach clinic in Santa Fe. Weekend rounding opportunities are not required, but available to interested students. Based on considerations surrounding COVID-19, availability of this Sub-I and specific schedules for each sub-I may vary across blocks. Rather than trying to predict the unpredictable, we will plan for typical objectives and tailor the experience as needed for each block during the 2021-2022 academic year:

Supervision and Training:

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<td><strong>Faculty Evaluator(s)</strong></td>
<td>Emily Wu, MD</td>
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<tr>
<td><strong>Clerkship Contact:</strong></td>
<td>Emily Gibbons</td>
</tr>
<tr>
<td><strong>Emails:</strong></td>
<td><a href="mailto:EBGibbons@salud.unm.edu">EBGibbons@salud.unm.edu</a></td>
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<td><strong>Phone:</strong></td>
<td>505-272-6525</td>
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Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released
Amount and type: The student will be supervised at all times by either a resident, fellow, advanced practitioner provider (APP) and/or faculty Gyn-Oncologist. All invasive procedures including pelvic exams, biopsies or any technical procedures will be directly supervised by senior resident, fellow or faculty physicians. All treatment plans will be discussed with the team; orders and notes will be written by the student and co-signed by the resident, fellow and/or faculty. Didactic Content: Most of the didactics occur during the day-to-day operation of the service. These will include daily ward rounds, clinic sessions, weekly tumor board conferences, Friday morning OB/GYN grand rounds, and monthly M & M conferences. Students may be asked to present a topic for review and discuss the aspects for a surgical case either prior to or while in the operating room. This strongly suggests the pelvic anatomy be reviewed prior to this course. We anticipate the learning curve to rise exponentially.

Evaluation:
Student will be evaluated by residents, fellows, APPs and faculty. Similar to the criteria for resident evaluation, this is based on observational assessment and will follow the standard student competency/milestone categories. The student should strive to excel on all aspects including knowledge based technical skills, data recovery and analysis, teamwork, communication skills, understanding of anatomy and general principles of oncology.

Additional Information:
Recommended for students seriously considering OB/GYN residency.
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY
Maternal Fetal Medicine Sub-Internship at UNMH

Course Number: CLNS 654
Duration: 4 weeks

Goals and Unique Aspects:
Accompany the student with diagnostic and therapeutic modalities and decision strategies in the management of complicated pregnancies.

Objectives:
Achieve a substantial level of competence in identifying and managing high-risk pregnancies.

Responsibilities:
Clinical: Function as sub-intern for Perinatal High Risk Service. Responsible for high-risk obstetrics patients both in-house and in the clinic during the day. Expect to see a variety of low and high-risk patients. Attending rounds are at 7:00 AM. On average, the student performs at least three work-ups of inpatients per week. Research: For students with special interests, the opportunity to participate in ongoing clinical research of the Maternal Fetal Medicine Division can be made available. Call: Once weekly (Thursday or Friday).

Supervision and Training:
Amount and Type: All pelvic exams are supervised, all fetal tracings reviewed, and all management plans reviewed and evaluated. Didactic Content: MFM rounds daily. Attend/participate in all high-risk clinic conference. Friday morning Grand Rounds and M & M Conferences. Required reading includes parts of Williams Obstetrics and articles appropriate to patients on the service. Students present topics and make patient presentations during daily rounds.

Evaluation:
Grading is based upon clinical performance.

Additional Information:
The UNM High Risk Obstetrics Services see a tremendous variety of obstetric complications, ranging from preterm labor and ruptured membranes, to serious, life threatening maternal and fetal complications, including severe fetal anomalies, maternal health problems from heart disease to leukemia to myasthenia gravis, and a substantial volume of Class C through R diabetics and complex, severe pre-eclampsia. This referral service treats a substantial proportion of all of the high-risk pregnancies in the state of New Mexico.

Recommended for students seriously considering OB/GYN residency. Visiting Students – Must apply through VSAS. Visiting MD students: USMLE scores – Passed on 1st attempt with minimum score of 220 (subject to change).
## DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

### Ob-Gyn Family Planning

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<th>Lisa Hofler, MD</th>
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<tr>
<th>Clerkship Contact:</th>
<th>Emily Gibbons</th>
<th>Dolores Castro</th>
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| EBGibbons@salud.unm.edu | DICastro@salud.unm.edu | 505-272-6525 |

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<th>Prior Approval Required:</th>
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### Goals and Unique Aspects:

This is a 4-week course typically focusing on family planning care within the Ob/Gyn department. Based on considerations surrounding COVID, schedules and clinical exposure may need to be amended and may be different for different blocks. Rather than trying to predict the unpredictable, we will plan for typical objectives and tailor the experience as needed for each block during the 2020-2021 academic year.

This elective typically includes clinical care at the Center for Reproductive Health and OSIS. Students will gain knowledge and clinical experience in the following areas: contraception counseling, pregnancy options and counseling, first and second trimester dating ultrasounds, first trimester medication and procedural abortion, observe second trimester abortions, manage pregnancy of unknown location/miscarriage/ectopic pregnancy, emergency contraception, sterilization counseling, and routine outpatient gynecologic care.

### Objectives:

To gain knowledge/learn about the following:

1. pregnancy options counseling,
2. first and second trimester abortion,
3. contraceptive counseling and methods available,
4. complications of induced abortion and their management,
5. pelvic examination skills including how to accurately size/date a pregnant uterus,
6. comfort options for outpatient gynecological procedures,
7. pregnancy of unknown location/miscarriage/ectopic pregnancy,
8. sterilization counseling,
9. complex contraception

### Responsibilities:

The student will act at the sub-intern level under direct supervision of residents and faculty. The student is expected to participate as a full member of the family planning team.

Responsibilities include: Attend all assigned clinics at the CRH, co-manage the beta-hCG book with the family planning R1, practice gynecological procedures such as 1st trimester abortion, IUD placement, pap testing, and pelvic exams.

Observational: Observe 1st and 2nd trimester abortion care and contraceptive implant placement.
Didactics: Attend grand rounds on Fridays and Ryan didactics on Monday mornings. Additional teaching as available by residents and faculty. Participate in Family Planning journal club if it falls within the rotation. The student will also prepare a short presentation on family planning topic to Family Planning faculty, residents, and medical students.

Supervision and Training:
Supervised by faculty and residents.

Evaluation:
Clinical observations by residents and faculty of knowledge and improvement of skills. Will especially consider communications skills and patient care. Students will also be evaluated on their presentation of a family planning topic to faculty.

Additional Information:
Prior approval is required as there are limited opportunities per year. Dates for this course for the 2021-22 academic year are not yet set. Contact the course director if interested with a short (few sentences) description explaining why you are interested in the rotation, what you hope to learn, when you are available for the rotation, and how the elective will benefit your education. Once approved by department, submit add/drop request to OMSA. Recommended for students interested in family planning training and considering OB/GYN residency.
The University of New Mexico School of Medicine 2021-2022 Phase III Clerkship Catalog

The UNM School of Medicine reserves the right to make changes to any of the policies, procedures, codes, standards, requirements, or services included in this handbook as it deems necessary, with changes applicable to all students in attendance at the SOM Doctor of Medicine program. Please visit the OMSA website to obtain a copy of the most current 2021-2022 Phase III Clerkship Catalog.

*APPROVAL REQUIRED*

DEPARTMENT OF OBSTETRICS AND GYNECOLOGY

Benign Gynecology Sub-Internship at UNMH

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<th>Course Number</th>
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**Goals and Unique Aspects:**
This is a 4-week course focusing on benign gynecology inpatient, surgical, and ambulatory care. It includes clinical care at the Eubank clinic, main UNM hospital, main OR, SRMC and OSIS.

**Objectives:**
Increase depth of knowledge of benign gynecology, procedures and surgeries; continue to develop skills in diagnosis and management.

**Responsibilities:**
The student will act at the sub-intern level under direct supervision of senior residents and faculty. The student is expected to participate as a full member of the benign gynecology team. Responsibilities include: managing 3rd year medical students, being assigned inpatients, writing daily progress notes, making daily rounds and presentations, formulating treatment plans, writing orders (with co-signature), and managing and coordinating all aspects of the patient’s care during the hospitalization with assistance from residents and faculty. The student will see patients in the outpatient clinic 2-3 full days a week. Additionally, the student will participate in benign gynecology operations and procedures two full days a week. Observational: Problems and procedures in ambulatory gynecology, gynecologic surgery. Clinical: Inpatient and outpatient evaluation and examinations; perform pelvic exams, wet preps, cultures, Pap tests, and gynecology procedures under supervision. Research: May participate in ongoing department research. Teaching: By faculty and residents. Conferences: Colposcopy; Grand Rounds – Friday AM; M&M. Required: All gynecology clinics, OR, and conferences. Inpatient rounds daily with some weekend rounding Saturday and Sunday. Call: Once weekly (Thursday or Friday).

**Supervision and Training:**
Amount and Type: Supervised by faculty and residents. Didactic Content: Ambulatory GYN curriculum; Weekly colposcopy conferences, Friday PM didactic sessions, option to attend resident school.

**Evaluation:**
Clinical Observations of knowledge and improvement of skills. Criteria for outstanding grade: Outstanding clinical evaluations and a brief oral presentation.

**Additional Information:**
Recommended for students seriously considering OB/GYN residency. Visiting Students – Must apply through VSAS. MD students: USMLE scores – Passed on 1st attempt with minimum score of 220 (subject to change)
**DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**  
**Urogynecology Sub-Internship**

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<tr>
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<td>Peter Jeppson, MD</td>
<td><a href="mailto:PJeppson@salud.unm.edu">PJeppson@salud.unm.edu</a></td>
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Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released

**Goals and Unique Aspects:**  
A sub-internship in the UNM Female Pelvic Medicine & Reconstructive surgery (FPMRS) rotation, colloquially referred to as Urogynecology, provides instruction in the overall practice of FPMRS in a University/Academic setting that functions as the safety net hospital for patients throughout the state of New Mexico and surrounding areas. This rotation includes educational experiences in both surgical and nonsurgical treatment of female pelvic floor disorders, with time spent in the clinical setting and the operating room. Educational experiences on this rotation also include urodynamics, office based procedures (such as cystoscopy, intravesical injections, pessary fittings, neuromodulator programming and trigger point injections), as well as providing consultative advice to pessary and physical therapy providers. This rotation will provide a broad overview to the knowledge and skills needed to develop competence in the evaluation, diagnosis, and management of patients with pelvic floor dysfunction.

**Objectives:**  
The typical objectives for this FPMRS sub-internship are based on the ACGME core competencies and are listed below. Based on considerations surrounding COVID, schedules and clinical exposure may need to be amended and may be different for different blocks. Rather than trying to predict the end of COVID, we will plan for typical objectives and tailor the experience as needed for each block during the 2021-2022 academic year based on the current state of COVID:

1. Medical Knowledge: Upon completion of the one month elective, the student will demonstrate the following:
   1. General overview of the most common symptoms associated with pelvic organ prolapse, urinary incontinence, and defecatory disorders and explain the relationship between symptoms and anatomy
   2. Increased understanding for the medical and surgical management of patients with pelvic organ prolapse, urogenital disorders, and colorectal disorders
   3. Increased understanding of the anatomic relationships and pathophysiology of pelvic organ prolapse, urogenital disorders, and colorectal disorders including:
   4. Pelvic anatomy: genital, urinary, colorectal, and musculoskeletal elements, including the vascular and nerve supply to each of the pelvic organs and structures
   5. The anatomy of the anterior abdominal wall
   6. Evaluating and treating urinary tract infections
   7. General understanding of painful bladder syndrome/interstitial cystitis
2. Patient Care:
   a. General overview of initial skills in assessing patients across the spectrum of pelvic medicine to include pelvic organ prolapse, urogenital disorders, and colorectal disorders to include an appropriate physical examination and initial tests in such patients
   b. Elicit a comprehensive medical history, including a directed history that identifies all pelvic floor disorders, their type and severity
   c. Past medical, obstetrical and surgical histories
   d. Perform a focused pelvic floor examination, including assessment of uterovaginal support, pelvic muscle strength, neurologic status, and uterine and ovarian size and including quantification of pelvic organ prolapse

3. For intraoperative care:
   a. Participate in appropriate preoperative time out, including discussion of the surgical plan with the operating room team
   b. Help properly position the patient for the procedure to minimize compression and stretch neuromuscular injuries
   c. Discuss appropriate antibiotics and deep vein thrombosis prophylaxis.

4. Practice-based Learning: students are expected to:
   a. Gain exposure to the use and interpretation of disease-specific and global health questionnaires to evaluate the impact of pelvic floor disorders on quality of life
   b. Utilize feedback to improve daily practice
   c. Incorporate the use of information technology to locate scientific studies from the Urogynecology literature to enhance learning and improve patient care

5. Interpersonal and Communication Skills: Students are expected to:
   a. Develop rapport with Urogynecology patients and their families
   b. Communicate with patients and their families in a compassionate and culturally sensitive way
   c. Use effective listening skills to elicit and then provide information to patients and families
   d. Work effectively with others as a member of the Urogynecology healthcare team
   e. Interact and communicate appropriately with other healthcare providers

6. Professionalism: Students are expected to:
   a. Demonstrate respect, compassion, and integrity in interactions with patients, families, and other healthcare providers
   b. Demonstrate a commitment to ethical principles including but not limited to confidentiality of patient information
   c. Demonstrate sensitivity and responsiveness to patient’s culture, age, gender, and disabilities
   d. Take responsibility for his/her actions
   e. Understand and know her/his abilities and only practice within the scope of those abilities

**Supervision and Training:**
Students will be supervised by several members of the FPMRS team: attendings (Komesu, Dunivan, Jeppson, Ninivaggio, and Meriwether), fellows (students will spend time with three FPMRS fellows), and residents (a second and fourth year UNM Ob Gyn resident rotate through Urogynecology on 2 month blocks)

**Evaluation:**
Goals and objectives are evaluated through direct faculty observation with specific verbal feedback. Written and verbal surgical evaluations are completed at the end of each operating room day; verbal feedback is given weekly on progress in the clinical setting. In addition, evaluations from faculty are completed after each rotation.
Course Number | CLNS 754 | Duration: 4 weeks
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Credit Type | Clinical Elective
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# of Students per Block | 1
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Faculty Evaluator(s) | Alexander Davis, MD
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Prerequisites: | Yes All Phase II Clerkships
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Accepts Visiting Students | No
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Accepts Off-Cycle Date requests | No
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Add/Drop Policy | Add: 30 Days Drop: 30 Days Other:
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Clerkship Contact: | Celia Baca cbaca40@salud.unm.edu
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Prior Approval Required: | YES - Must submit Add Form after Phase III schedules are released
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Goals and Unique Aspects:
In general, it is our goal for you to leave the rotation with a complete understanding of what you need to see any patient who presents with a primary eye complaint. Toward that end, you should spend as much time as possible evaluating urgent care patients and consults. These are most representative of what you will encounter in your medical career.

Specific goals:
1. Basic eye anatomy
2. Basic eye exam techniques (what you need to be able to perform in a primary care setting)
3. Differential diagnosis of common eye complaints
4. Basic understanding of common eye conditions
5. Exposure to common surgical procedures in Ophthalmology

Objectives:
Take an ocular history, and perform the following examinations: visual acuity testing, visual fields to confrontation, pupillary function, intraocular pressure, slit lamp exam, fluorescein staining, direct ophthalmoscopy.

Responsibilities:
Attend clinics and OR as scheduled. Help the Ophthalmology resident whenever possible. Complete the online tutorials. Evaluate the resident(s) with whom you work. Take an ocular history and perform the visual examinations described above. Students will be required to give a 15-20 minute Grand Rounds-type presentation on an Ophthalmology related topic during the rotation.

Supervision and Training:
All work is supervised by surgical attendings and senior residents. Teaching during daily rounds, in the operating room, in clinic and in weekly didactics.

Evaluation:
Criteria for Outstanding Grade: Performing at the level expected for an intern in the quality of notes, such as histories and physicals and consults, the quality of generating a differential diagnosis and quality of patient care. Demonstrating appropriate knowledge on responses to questions of patient care on ward rounds. Demonstrating appropriate knowledge in OR and clinics.
**DEPARTMENT OF ORTHOPAEDICS**

**General Orthopaedic Surgery Sub-Internship**

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**Goals and Unique Aspects:**
To participate as an active member of the surgical team, delivering care to patients with musculoskeletal problems, especially trauma.

**Objectives:**
Learn to dramatically influence outcome of patients with musculoskeletal disease states by direct operative and non-operative intervention. Perform procedures, with appropriate supervision, which help patients improve their health.

**Responsibilities:**
Observational: While contributing at a student level, observe higher levels of care giving (residents, attendings) in clinic, wards, and operating room. Required: Night call, conference attendance, rounds, clinic and operating room assistance. Optional: Clinical research (case report of interesting case).

**Supervision and Training:**
Amount and Type: Instruction directly by role model; principal role on ward. Didactic Content: Attend all department conferences.

**Evaluation:**
Consensus subjective conclusion of team attendings and residents. Written exam possible. Criteria for Outstanding Grade: Demonstrate knowledge of anatomy and clinical skills; demonstrate excellent acquisition of basic orthopaedic musculoskeletal diagnostic and therapeutic knowledge. Actively and effectively participate in surgical team (rounds, wards clinics, operating room). Excellence in conference participation, to include presentation of cases of patients with musculoskeletal pathology, which demonstrate extensive knowledge of the condition and treatment alternatives.
DEPARTMENT OF ORTHOPAEDICS
Orthopaedic Trauma Sub-Internship

Goals and Unique Aspects:
Learn the appropriate anatomy, physiology, and exam skills needed to participate in the care of orthopaedic trauma patients, including multiple trauma and isolated fractures.

Objectives:
Learn initial management of patients with acute traumatic injury including history, physicals, resuscitation, and treatment of open and closed fractures, soft tissue injury, casting techniques, and introductory reduction techniques.

Responsibilities:
Observational: Observe and participate in all aspects patient care including emergency room and trauma call, inpatient and postoperative care, outpatient clinics and surgical interventions. Clinical: Participate in inpatient daily rounds; assist with and observe surgery two days per week. Various Orthopaedic subspecialty clinics three days per week. Research: May participate in ongoing research projects. Teaching: Present cases at formal Orthopaedic Department conferences. Case presentation to the attending physician in clinic and intraoperative teaching are provided. Required: Act as sub-intern, assuming primary responsibility for patients, both inpatient and ambulatory set-tings, include early patient contact, history and physical examinations, problem lists and diagnostic/therapeutic plans. Participate in perioperative and postoperative management of patients, including following patient to operating room, evaluating patients and writing notes on rounds twice a day, and following patient progress during follow-up visits. Overnight call required every third night.

Supervision and Training:
Under supervision of an attending physician and/or resident at all times. Optional: Opportunity to see patients in all orthopaedic subspecialties at UNMH, Carrie Tingley Hospital, and VAMC.

Evaluation:
Multifactorial by attending physicians and chief residents. Areas evaluated are knowledge of musculoskeletal anatomy; ability to obtain focused history and physical exam; complete medical documentation and interpretation of radiographs and other tests; ability to give accurate; concise, presentations to senior level residents and attendings and participate as member of surgical team on rounds, wards, clinics, and operating room. All criteria evaluated equally; primary emphasis placed on physical examination of the musculoskeletal system.

Criteria for Outstanding Grade: Consistently prepared for surgical cases with excellent knowledge of relevant surgical anatomy, indications and contraindications for surgery and rational for surgical interventions; regularly provide evidence of ability to integrate information from resident conferences, selected readings and current
literature, clinical patient encounters and surgical cases; demonstrate evidence based, logical treatment based on texts and current literature; demonstrate comprehension of both natural disease course and methods of treatment of common clinical conditions; make effective and complete clinical case presentations at the preoperative or resident conference; demonstrate superior skills in physical examination of the musculoskeletal system including special tests related to patients encountered on the service.
Orthopaedic Spine Clinical Experience

Goals and Unique Aspects:
To instruct medical students, particularly those interested in family practice, in evaluation, diagnosis and care of spine injured patients.

Objectives:
To teach interested students to approach a “spine” patient.

Responsibilities:
Observational: Learn to do “low back” history and physical. Learn to evaluate X-rays, CT and MRI scans. Research: Optional. Teaching: Present an informal talk on an assigned spine topic appropriate for his/her level. Required: Basic knowledge of anatomy and neurophysiology. Optional: Assist in surgery of spine pathology on Tuesdays and Wednesdays.

Supervision and Teaching:
Amount and Type: Tuesday: observe spine surgery; Wednesday a.m.: surgery, orthopaedics teaching classes; Wednesday pm: spine surgery; Thursday: clinic all day; Friday: clinic in a.m. Didactic Content: Teaching in peripatetic fashion.

Evaluation:
Criteria for Outstanding Grade: Demonstrate a grasp of evaluating a low back patient for pathology.
**DEPARTMENT OF ORTHOPAEDICS**

**Sports Medicine**

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| # of Students per Block | 1 |

**Faculty Evaluator(s):** Christopher McGrew, MD

**Prerequisites:**

- Yes | All Phase II Clerkships

**Accepts Visiting Students:**

- Yes | Domestic MD and Domestic DO

**Accepts Off-Cycle Date requests:**

- Yes – with department permission

**Add/Drop Policy:**

- Add: 30 Days
- Drop: 30 Days
- Other:

**Clerkship Contact:** Sandra Peters sjpeters@salud.unm.edu 505-925-4488

**Prior Approval Required:** YES - Must submit Add Form after Phase III schedules are released

**Goals and Unique Aspects:**

Student is introduced to the primary care sports medicine system through broad based exposure to a variety of sports medicine settings at the University of New Mexico and in the Albuquerque community. Goals include understanding the multifaceted make-up of a complete sports medicine system, obtaining skills and understanding concerning the care of the competitive and recreational athlete, both in organized and individual settings, and understanding the role of exercise in the promotion of health and the treatment of disease. This is NOT a surgical rotation.

**Objectives:**

Objectives include defining a community sports system, proficiency in examination of the shoulder, knee and ankle along with the ability to give a limited diagnosis, explain principles of rehabilitation in the injured athlete, understanding the concept of prevention of sports injuries and understanding the principles of exercise evaluation and exercise prescription in the “well adult.”

**Responsibilities:**

Scholarly/Creative Work: Research and write a 3-5 page review of an area of interest in sports medicine utilizing at least five resources *(can be in a case report format)* or develop a patient education handout. Observational: Outpatient Sports Medicine Clinic, physical therapy, high school training room, rand attend appropriate, indicated surgeries and athletic events. Clinical: *Interview and examine patients in outpatient clinics. Present case to attending. Observe and perform joint injections. Assist with and complete medical record. Assist in initial evaluation of injured athlete in high school training room. *(Note - In the UNM Lobo Athletic training room, the experience will be observational only)*

**Supervision and Training:**

Amount and type: Supervision by faculty at all levels of patient contact, including hands-on training and direct observation. Didactic Content: *On line videos of selected joint exams. Weekly 6:45am sports conferences. Recommended textbook lists with selected readings. Recommended articles.*

**Evaluation:**

Criteria for outstanding grade: Attendance at clinical and other sites of teaching on a regular and timely basis. Appropriate progression of knowledge and hands-on ability and skills with patients. Evaluation of research paper.
Additional Information: Student is expected to develop a personal exercise program during this rotation and attend 4 running medicine sessions.

*APPROVAL REQUIRED*

DEPARTMENT OF PATHOLOGY

Anatomic Pathology at VAMC

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Faculty Evaluator(s): Julie Harrington, MD

Prerequisites: Yes All Phase II Clerkships

Accepts Visiting Students: No

Accepts Off-Cycle Date requests: No

Add/Drop Policy: Add: 30 Days Drop: 30 Days Other:

Clerkship Contact: Teresa Quintana tquintana@salud.unm.edu 505-272-0590

Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released

Goals and Unique Aspects:
This four-week elective is designed to introduce medical students to the practice of pathology and the integral role of the pathologist in the diagnosis and management of patients in a VA hospital practice setting. This is an integrated service whereby students gain exposure to general surgical pathology, cytopathology, hematopathology and dermatopathology. The rotation is structured on a two-day cycle. On day 1 students observe grossing and processing of specimens as well as assisting the resident and attending on any frozen sections or rapid on-site cytologic evaluations. Day 2 will consist of previewing slides, dictating preliminary diagnoses and signing out with the pathology resident and attending. Your learning will include lectures and review of slide unknown sets. Students are also expected to attend weekly multidisciplinary tumor board conference.

Objectives:
1. Learns normal anatomy, develops proficiency in specimen identification and observes the pathology resident in the grossing of specimens
2. Understands the need for triage and special processing of specimens (e.g. procuring fresh tissue for flow cytometry, cultures, etc.)
3. Understands the role, limitations, indications and contraindications of intraoperative consultations/frozen sections
4. Distinguishes normal from abnormal histology and identifies common histopathologic findings
5. Develops ability to perform histologic-cytologic correlation on select cases
6. Brings all clinical information to sign-out (clinical, radiologic, prior relevant pathology, etc.) and synthesizes/correlates with pathologic findings
7. Able to formulate a morphologic description with a precise diagnosis if possible or a logical differential diagnosis
8. Reviews with pathology resident and attending appropriate reporting of cases including synoptic reporting for more complex specimens
9. Understands the implications of the diagnosis on patient care

Responsibilities:
Student should review the operative schedule prior to their day in the gross room and look up pertinent patient history. For complex or unusual specimens students should review all relevant clinical information (clinical notes, prior pathology, imaging, operative findings, etc.) along with appropriate reference materials (anatomy texts, grossing manuals, cancer protocol templates) and observe grossing of specimens by the pathology resident. On
their sign-out day students should review normal histology, look up any pertinent clinical information and correlate with histopathologic findings and generate pathology reports including synoptic reports for their cases.

Supervision and Teaching:
Amount and type: Abundant one-on-one supervision and instruction by pathology faculty and residents. Medical students will be observing grossing of specimens and intraoperative consultations/frozen sections. Students may assist pathology resident and attending during rapid on-site cytologic evaluations. Pathology residents and attendings are available for questions during previewing and signing out of cases. Didactic content: Friday morning pathology resident didactic conferences held remotely. VAMC tumor board every Tuesday from 12:30-1:30. Dermatopathology lecture held on-site, time TBD.

Evaluation:
Evaluation will be based on participation, performance and progress at regular sign-out and review of unknown slide sets. Shows good understanding of clinical-pathological correlation and formulation of reports. Demonstrates on-going reading and review of pathology reference materials.

Additional Information:
Please see the contact information above. Raymond G. Murphy VA Medical Center is located at 1501 San Pedro SE. Report to Pathology and Laboratory Medicine Service (located in the basement of the main facility, BD-126). Office number (505) 256-1711, ext. 2330.

Recommended reading:
### DEPARTMENT OF PATHOLOGY

#### Anatomic Pathology at UNMH

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#### Goals and Unique Aspects:
The Medical Student Anatomic Pathology Rotation exposes students to the two core disciplines of UNMH Anatomic Pathology: surgical pathology and cytopathology. Time spent on this rotation will be evenly distributed between these two specialties. In Surgical Pathology, training will begin in the UNMH Gross Room, where students will participate in the triage/dissection of surgical specimens, as well as observe real-time, intraoperative consultations (including frozen sections). Students will then experience the continuity of seeing these specimens via glass slides the next day, where they will join Pathology residents in “preview” sessions, formulating preliminary diagnoses prior to the final case sign-out with the Pathology attending at the multi-head teaching microscope. In Cytopathology, students will follow a similar preview/sign-out cycle of cytology cases with residents/attendings. In addition, students will accompany our residents, fellow, and attendings while we perform our own fine needle aspiration biopsies on patients, including a subset of cases in which we perform ultrasound-guided biopsies. Finally, students will attend any scheduled multi-disciplinary tumor boards and Pathology resident didactic sessions. By the end of their four weeks, students will have obtained a thorough understanding of the vital diagnostic and consultative role that anatomic pathologists play in our hospital system.

#### Objectives:
1. Identify common indications for intraoperative frozen section evaluation of surgical specimens.
2. Recognize the role of the surgical pathologist in triaging surgical specimens for ancillary studies such as cytogenetics, flow cytometry, and microbial cultures.
3. Perform gross dissections of simple surgical specimens (e.g., appendices, gallbladders) with direct supervision.
4. Develop differential diagnoses for surgical pathology and cytopathology cases during slide preview sessions.
5. Define the cytologic features of low-grade and high-grade dysplasia, as seen in the routine Pap test.
6. Explain the core cytologic features that are suggestive of malignancy.
7. Perform a successful ultrasound-guided fine needle aspiration biopsy using the Phantom training device.
8. Indicate potential sites for a primary malignancy, based on the pattern of cytokeratin 7 and 20 expression of a metastatic tumor focus.

#### Responsibilities:
Prior to days spent in the UNMH Gross room, students will be expected to review patient histories for upcoming surgeries. Gross room time will be spent observing dissections and processing simple specimens under direct supervision.

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The University of New Mexico School of Medicine reserves the right to make changes to any of the policies, procedures, codes, standards, requirements, or services included in this handbook as it deems necessary, with changes applicable to all students in attendance at the SOM Doctor of Medicine program. Please visit the OMSA website to obtain a copy of the most current 2021-2022 Phase III Clerkship Catalog.
supervision. During surgical pathology/cytopathology glass slide preview, students will be expected to preview a small subset of cases and, using histologic features and the electronic medical record, generate preliminary diagnoses and/or differential diagnoses for their cases. During case sign-out with the attending, students will be expected to discuss their findings and convey their diagnostic impression and reasoning. Students on the cytopathology service will also be expected to accompany Pathology resident didactic sessions.

**Supervision and Teaching:**
In the UNMH Gross Room (surgical pathology), students will be under the direct supervision of Pathology attendings or Pathologist Assistants during any handling of surgical specimens. Students will not directly perform or handle specimens for intraoperative consultations. Glass slide preview of surgical/cytology cases is not supervised, although residents/fellows/attendings will be available for immediate consultation. Case sign-out of surgical/cytology cases is supervised/performed by Pathology attendings. On the cytopathology service, students will be under the direct supervision of Pathology residents or Pathology attendings during the handling of cytology specimens. Students will not perform fine needle aspiration biopsies on live patients.

**Evaluation:**
1. Participation and performance during the Surgical Pathology case review and sign-out process, as assessed by the attending faculty (40% of final grade).
2. Participation and performance during the Cytopathology case review and sign-out process, as assessed by the attending faculty (40% of final grade).
3. Performance in the supervised dissection of simple surgical pathology specimen, and the concurrent submission of a thorough and accurate gross dictation for the cases (10% of final grade).
4. Performance of a successful practice, ultrasound-guided fine needle aspiration biopsy using the Phantom apparatus (10% of final grade).

**Additional Information:**
Students will have full access to the resident library of Pathology textbooks for the duration of their rotation. In addition, they will be assigned specific readings based on the cases encountered during daily workflow. Recommended Reading: The Practice of Surgical Pathology: A Beginner’s Guide to the Diagnostic Process. By Diana Weedman Molavi
# DEPARTMENT OF PATHOLOGY
## Forensic Pathology

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### Goals and Unique Aspects:
The goals for this rotation include understanding the many roles of forensic and autopsy pathology in the hospital and community settings. The rotation affords the student the opportunity to review normal anatomy, observe evisceration and organ dissection techniques, learn how different organ systems are affected by common disease processes, and understand the process and importance of death certification and medicolegal death investigation. This rotation is based in the state of the art New Mexico Scientific Laboratories Building which houses the Office of the Medical Investigator. In addition to being one of the most well-established medical examiner offices and forensic pathology training programs in the country, the OMI operates at the cutting edge of forensic medicine by maintaining its own CT and MRI scanners and a close relationship to the Department of Radiology for evaluation of injuries and other pathologies in the postmortem setting. Students will have the opportunity to correlate autopsy pathology with the imaging findings and learn about the use of adjunct radiology in forensic autopsy diagnosis.

### Objectives:
By the end of this rotation, the medical student will be able to do the following as assessed by daily interactions in morning and afternoon report, the morgue, and other conferences with faculty, residents, and fellows:
1. Explain which cases do or do not fall under the jurisdiction of the OMI and which of those cases require a medicolegal autopsy
2. Begin to formulate a differential diagnosis list and plan for a work-up of an apparent natural death
3. Suggest appropriate scenarios for usage of ancillary studies (radiology, toxicology, etc.)
4. Summarize the differences between a medicolegal and hospital autopsy with particular attention to the issue of consent
5. Define and distinguish between cause, manner, and mechanism of death
6. Compose cause and manner of death statements for natural deaths
7. Describe the basic process of an autopsy

### Responsibilities:
Observational: Student attends and participates in daily morning report and observes autopsies subsequently performed. When appropriate, the student may visit scenes of death or accompany faculty to courtroom proceedings. Student attends afternoon report and may present the findings from the case observed. Student has the opportunity for increasing participation in the dissection of an autopsy case.
Required: Student is present daily from 8:00am-5:00pm in the Office of the Medical Investigator, unless specifically excused by the supervising pathologist.

**Supervision and Teaching:**
Amount and type: Close one-on-one supervision and instruction by the faculty, fellows in forensic pathology, and residents in anatomic pathology. Direct supervision is relatively constant in the autopsy suite, where the student spends approximately half the time. The other half is devoted to directed reading (primarily in forensic pathology) and other activities.

Didactic Content: Required to attend morning and afternoon report, biweekly forensic pathology educational sessions, unknown slide conferences, consensus/difficult case conference, journal club, and neuropathology rounds. Staff reviews microscopic slides of selected cases with the student.

**Evaluation:**
Evaluation will be based on performance in the autopsy room, participation during morning and afternoon report, quality of verbal and written reports, participation in conferences, and application of new knowledge from readings and experience at the OMI. To receive an “outstanding” grade, the student must be evaluated as superior by faculty and give a 15-minute presentation on a topic of their choice, based upon an autopsy that was observed/performed during the rotation, during the last week. The presentation should be reviewed beforehand with the attending in charge of the particular autopsy case.

**Additional Information:**
Suggested reading:
-- Dolinak, Matshes and Lew Forensic Pathology, Principles and Practice; Elsevier
-- Robbins & Cotran Pathologic Basis of Disease; Saunders
DEPARTMENT OF PATHOLOGY
Hematopathology

Course Number: CLNS 950R
Duration: 4 weeks
Credit Type: Clinical Elective

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Goals and Unique Aspects:
The Hematopathology elective is intended for senior medical students who are interested in deepening their knowledge of normal and abnormal hematologic processes. The student will become an integral member of the diagnostic hematopathology team tasked with reviewing and interpreting peripheral blood smears, bone marrow biopsies, lymph nodes and tissue samples, and body fluids. The students will be responsible for all aspects of their assigned case interpretations, including correlation between clinical history, CBC data, and microscopic findings, and they will generate interpretive diagnostic reports to be entered into the medical record. At the completion of the elective, the student will have a thorough grounding in the basics of blood and bone marrow interpretation. This elective will be useful for all students who expect to routinely interpret CBC abnormalities in their future practice, and it will be especially attractive to those with interest in hematology and/or pathology.

Objectives:
By the completion of this rotation, the student will:
1. Construct a complete differential diagnosis for routine cases of anemia (especially iron deficiency anemia, anemia of chronic disease, and megaloblastic anemia) and make a definitive diagnosis in cases of anemia using peripheral blood smear morphology, CBC data, clinical history, and other laboratory findings.
2. Perform an accurate differential count on a normal peripheral blood smear.
3. Discriminate between a blast and a reactive leukocyte.
4. Specify common causes of neutrophilia, neutropenia, and thrombocytopenia.
5. Compose accurate, timely, and complete diagnostic reports for peripheral blood smears with minimal faculty guidance.
6. Describe the process of flow cytometric analysis, and identify features of chronic lymphocytic leukemia, acute myeloid leukemia, and acute lymphoblastic leukemia based on patterns of expression of CD19, CD3, CD4, CD5, CD8, CD10, surface immunoglobulin, CD34, and CD33.
7. Summarize the principle of immunohistochemistry and recognize the utility of key antigens (CD20, CD3, and CD34) in tissue diagnosis of hematologic neoplasms.
8. Produce an extended summary report of an interesting case that shows evidence of an integrated diagnostic approach, to include findings related to clinical history, morphology, flow cytometry, and genetics.

Responsibilities:
The student will assume responsibility for the diagnosis of peripheral blood smears submitted to the lab for review by the hematopathology service. The student will gather clinical information from the electronic medical record and/or direct discussion with the clinical team; perform a morphologic review to identify key diagnostic findings;
verify the CBC data; and synthesize the available information to create a preliminary diagnostic impression. After presenting the case to and reviewing the case with the attending faculty member, the student will prepare a written report to be reviewed by the faculty member and entered into the patient’s medical record. The student will communicate the findings to the clinical team in selected cases. According to student interest and ability, students may also assume similar responsibility for selected flow cytometric studies and bone marrow biopsies in the final two weeks of the elective.

**Supervision and Teaching:**
All cases are reviewed as a team that will include the attending faculty member, a hematopathology fellow, and a pathology resident, as well as the rotating medical student. All aspects of the cases will be reviewed together. The faculty member will review and edit the student's diagnostic reports for accuracy.

**Evaluation:**
The student will be assessed according to the following criteria:

1. Participation and performance during the case review and sign-out process, as assessed by the attending faculty according to a pre-established rubric (50% of final grade)
2. Submission of an exemplary diagnostic patient report, authored by the student, assessed for completeness and accuracy according to a pre-established rubric (10% of final grade)
3. Performance on an end-of-rotation multiple choice question exam based on specific learning objectives (20% of final grade)
4. Creation of a 1,000 word educational write-up of an interesting case, to be assessed according to a pre-established rubric (20% of final grade)

**Additional Information:**
Specific resources will be provided.
**DEPARTMENT OF PATHOLOGY**

**Molecular Pathology and Histocompatibility**

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| # of Students per Block | 1 |

| Faculty Evaluator(s) | Devon Chabot-Richards, MD and Mohammad Vasef, MD |

| Prerequisites: | Yes All Phase II Clerkships |

| Accepts Visiting Students | No |
| Accepts Off-Cycle Date requests | No |

| Add/Drop Policy | Add: 30 Days Drop: 30 Days Other: |
| Clerkship Contact: | Teresa Quintana tquintana@salud.unm.edu 505-272-0590 |

| Prior Approval Required: | No |

**Goals and Unique Aspects:**

*Note: Students taking this rotation will spend 2 weeks on Molecular Pathology and 2 weeks on Histocompatibility. The Molecular Pathology course will introduce students to the role of molecular testing in patient care. Students will be exposed to a variety of methods of molecular testing in areas including solid tumor and hematologic oncology and inherited diseases. They will learn the role of the molecular pathologist in test utilization, interpretation, and reporting. This rotation is appropriate for students interested in pathology as well as other specialties that order molecular tests and apply them to patient care such as hematology and oncology and primary care specialties, among others.*

The rotation in Histocompatibility (HLA) will equip the student with an overview of the role of this laboratory and the testing it performs, in the workup of the various types of patients and clients it serves. The student will learn the essential administrative, clinical, and technical aspects of solid organ and bone marrow transplantation, disease susceptibility testing, and transfusion support for platelet refractory patients, along with engraftment monitoring for bone marrow transplantation. The student will become familiar with quality assurance, quality control, quality improvement, and ethical issues as they relate to Histocompatibility. The student will become familiar with the various regulatory agencies and requirements that influence this unit of the laboratory.

**Objectives:**

**Molecular:**

1. Define assay performance characteristics including clinical and analytic sensitivity, accuracy, precision, reportable range of test results, limitations, and reference values where appropriate.
2. Attempt to choose applicable molecular tests in different patient scenarios.
3. Determine how molecular test results affect patient care in different patient scenarios. Discriminate between germline and somatic targets of testing.
4. Discuss the ethical considerations in molecular testing including informed consent, incidental and secondary findings, and the role of genetic counselors in navigating these areas.

**HLA:**

1. Explain the HLA nomenclature.
2. Describe the organization and polymorphism of the human major histocompatibility complex (MHC), including HLA class I, II, and III genes.
3. Describe the basic function, protein structure, and cell expression of HLA class I and class II gene products.
4. Explain the levels of HLA matching required for solid organ and hematopoietic stem cell transplantation.
5. Given HLA typings for a donor and recipient, provide an interpretation of matching for graft versus host (GVH) and host versus graft (HVG).
6. Describe the clinical presentations and basic mechanisms of solid organ rejection.
7. Explain serology-based and DNA-based HLA typing techniques.
8. Describe the testing platforms used to detect the presence of HLA antibody in a patient’s serum.
9. Given a pre-transplant serum sample, determine which HLA specificities should be: (a) entered into UNOS as avoids, (b) monitored for crossmatch reactivity, and (c) expected to give a negative crossmatch.
10. Given a post-transplant serum sample, determine if the recipient may be at risk for antibody-mediated rejection.
11. Given an HLA typing, provide a risk interpretation for HLA-related disease susceptibility.
12. Demonstrate familiarity with standards for histocompatibility and reporting set forth by United Network for Organ Sharing (UNOS), American Society of Histocompatibility and Immunogenetics (ASHI), National Marrow Donor Program (NMDP), and the College of American Pathologists (CAP).
13. Describe the HLA testing algorithm and interpret test results for risk of rejection for solid organ transplantation, including living and deceased donor workups.
14. Describe the HLA test algorithm used for hematopoietic stem cell/bone marrow transplantation, including related and unrelated donors workups; and determine risk of GVHD and HVGD.
15. Interpret chimerism testing results to determine success of engraftment/disease relapse after an allogeneic HSC transplant.
16. Explain the algorithm used to evaluate patients that are refractory to platelet transfusions.
17. Briefly explain quality control, quality assurance, and quality improvement initiatives for histocompatibility laboratory services.
18. Describe the basic operation of a regional organ procurement organization (OPO) and its relationship with the histocompatibility laboratory.
19. Describe some of the major ethical issues in tissue and organ transplantation (e.g., confidentiality, informed consent, living-related and -unrelated organ donation, etc.).

Responsibilities:
Students will shadow molecular technologists in the laboratory. They will read about the diseases and testing they observe during the rotation. They will work with the pathology residents and fellows to interpret test results. They will attend sign-out with the Molecular Directors. They will attend appropriate meetings as determined by the Molecular Directors.

The student is expected to:
1. complete assigned readings and assignments,
2. interact with HLA Directors, HLA supervisor, and HLA bench techs,
3. attend scheduled meetings with clients,
4. participate in scheduled CE offerings,
5. using a provided checklist, track completion of HLA learning activities, and
6. notify director of unscheduled absence.

Supervision and Teaching:
The Molecular Director on service will oversee the student with feedback from the molecular technologists and supervisor as well as pathology residents and fellows. The HLA Director will oversee, guide, and critique the student, incorporating feedback from the HLA Supervisor and bench techs. The student will interact with (a) the HLA Director during case sign-outs and didactics, (b) the HLA Supervisor during case and topic discussions, and (c) bench techs during assay set-up, data analysis, and resulting.

Evaluation:
The Molecular Director will assess the student based on their interactions during sign out with input from the pathology residents and fellows and molecular technologists. Grading will be based on completion of reading assignments and case discussions. Assessment entails oral case discussions, written submission of independent case studies, and multiple-choice quizzes presented and assessed by the HLA Director.

Additional Information:
The HLA Laboratory Director will meet with the medical student at the beginning of the rotation to discuss objectives and provide a general orientation to the section. Periodically the Laboratory Director will meet with the student to discuss the student's progress toward meeting objectives, and will make suggestions for improvement if problems are noted.
DEPARTMENT OF PATHOLOGY

Transfusion Medicine and Coagulation

Course Number: CLNS 950T
Duration: 4 weeks
Credit Type: Clinical Elective

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# of Students per Block: 1

Faculty Evaluator(s): Joseph Griggs, DO

Prerequisites: Yes All Phase II Clerkships

Accepts Visiting Students: Yes Domestic MD and Domestic DO

Accepts Off-Cycle Date requests: Yes – with department permission

Add/Drop Policy: Add: 30 Days Drop: 30 Days Other:

Clerkship Contact: Teresa Quintana tquintana@salud.unm.edu 505-272-0590

Prior Approval Required: No

Goals and Unique Aspects:
This course will provide senior medical students with a foundation in clinical and laboratory transfusion, apheresis, and coagulation. The course intends to prepare the student for future residency responsibilities in transfusion, with a focus on practical topics including:

1. Understanding the appropriate therapeutic use of blood components for different patient populations
2. Necessary steps in ordering and administering blood components
3. Recognizing the risks and benefits of transfusion
4. Recognizing, diagnosing, and managing adverse events related to transfusion.

This rotation provides a functional understanding of transfusion and hemostasis medicine necessary for virtually all clinical specialties. It will be of particular interest for those students interested in anesthesia, hematology/oncology, surgery, obstetrics, or pathology.

Objectives:
1. Describe the steps for routine pre-transfusion compatibility testing, including ABO/Rh typing, RBC crossmatching, RBC antibody screens, and antibody identification (assessment: direct observation, written reports, directed discussion).
2. Identify the composition and transfusion indications for the following four blood components: RBCs, plasma, platelets and cryoprecipitate (assessment: direct observation, directed discussion).
3. Specify the indications for the following blood component modifications: leukoreduction, irradiation, washing, and volume reduction (assessment: direct observation, directed discussion).
4. Interpret the results of the following coagulation screening tests, and discuss potential transfusion therapies based on their results: prothrombin time, partial thromboplastin time, platelet count, fibrinogen levels, ROTEM (assessment: direct observation, written reports, directed discussion).
5. Identify the presentation of acute transfusion reactions, and be able to distinguish between these causes based on clinical presentation and laboratory evaluation (assessment: direct observation, written reports, directed discussion).
6. Summarize the principles of apheresis technology, including anticoagulation, centrifugation, and appropriate fluid replacement for various clinical indications.
7. Demonstrate knowledge of indications for therapeutic apheresis.

Responsibilities:
During the Transfusion Medicine Rotation, the medical students will perform as a junior house officer:
- Real-time consultation for blood component approval
- Clinical and laboratory evaluation of transfusion reactions
- Perform histories and physical examinations on therapeutic apheresis patients and develop therapeutic plans for these patients (including writing progress notes, ordering and interpreting laboratory studies)
- Providing clinical support during massive transfusion protocol activations
- Report generation for immunohematology studies and ROTEM panels

The student is expected to be on service M-F from 8-5 pm (no nights or weekends). In addition to the responsibilities outlined above, all students on the service are expected to participate in the weekly Coagulation conference held at TriCore Reference Lab. This conference involves the evaluation of coagulation test utilization, test interpretation, report generation, and clinical-pathologic correlation of laboratory findings with the patient’s history. During the rotation, the medical students are expected to prepare and present a fifteen-minute talk based on either a coagulation case or on a pre-approved coagulation topic, twice during the rotation.

**Supervision and Teaching:**
Medical students will be on service with an attending transfusion service physician, who will provide direct supervision. In addition to the attending physician, the student will usually be on service with residents from various services (e.g., pathology, anesthesia) and/or the transfusion medicine fellow. The attending transfusion medicine physician will review and edit the student’s diagnostic reports and patient progress notes for accuracy. During the rotation, there will be educational lectures on various transfusion, coagulation, and apheresis based topics deemed necessary for future transfusion based clinical practice.

**Evaluation:**
The following criteria are used to assess the students on rotation:
- 50%: Direct observation and assessment of written service reports presented to the attending transfusion service physician
- 25%: Directed discussion during transfusion medicine attending didactic sessions
- 15%: Coagulation case presentations
- 10%: Feedback from apheresis nurses, blood bank technologists, +/- Feedback from the Transfusion Medicine Fellow on professionalism and teamwork

**Additional Information:**
Specific resources will be provided to ensure that the student has the necessary tools and resources required to accomplish stated learning objectives.
**DEPARTMENT OF PATHOLOGY**

**Advanced Topics in Pathology**

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**Goals and Unique Aspects:**

This course is intended to provide an opportunity for studies in pathology beyond the scope of introductory electives offered elsewhere in the course catalog. Only students with previous exposure to pathology training (and/or strong demonstrated interest in pathology) will be accepted. The student will gain broad exposure to the multiple sub-disciplines such as neuropathology, hematopathology, molecular pathology, clinical chemistry, cytogenetics, informatics, as well as surgical pathology and cytopathology. The time spend in each area can be adjusted based on student interest and experience.

**Objectives:**

1. Recognize key histologic features of neoplasms of the central nervous system, and differentiate key glial neoplasms based on morphology and immunohistochemistry.
2. Interpret a Levey-Jennings quality control ploy and recommend corrective action.
3. Deconstruct and describe the components of a typical HL7 message.
4. Produce a karyotype and FISH data using standard laboratory techniques, starting from a submitted specimen.
5. Perform gross dissections of simple surgical specimens (e.g. appendices, gallbladders) with faculty supervision.
6. Develop differential diagnoses for surgical pathology and cytopathology cases during slide preview sessions.
7. Explain the core cytologic features that are suggestive of malignancy.

**Responsibilities:**

Students will be responsible for interpreting cases in their assigned areas of the laboratory. They will receive primary data, correlate with available clinical information, and confer with the attending pathologist to finalize interpretations and diagnoses that will be communicated to the clinical teams.

**Supervision and Teaching:**

All cases are reviewed as a team that will include the attending faculty member, a pathology resident, as well as the rotating medical student. All aspects of the cases will be reviewed together. The faculty member will review and edit the student's diagnostic reports for accuracy.

**Evaluation:**

1. Participation and performance during the case review and sign-out process, as assessed by the attending faculty (70%).

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2. Submission of an exemplary diagnostic patient report, authored by the student, assessed for completeness and accuracy (10%).
3. Creation of a 1,000-word educational write-up of an interesting case (20%).

Additional Information:
As this rotation is intended for advanced students, discussion with the faculty coordinator and others in the department will be necessary before a student is accepted. The specific goals and objectives may also be tailored based on student experience and interest. Prior approval is required, please email/call clerkship contact.
Goals and Unique Aspects:
Clinical experience in a community based pediatric setting. Exposure to family-centered services in low-income community of southeast Albuquerque. There is a large immigrant population. Exposure to multicultural aspects in medical care. Integration of primary care and behavioral health in a pediatric setting, especially for children and youth with special health care needs. The majority of the clinic’s patients are primarily Spanish speakers. **Learners must be able to provide patient care in Spanish.**

Objectives:
Learners will be able to: state advantages of an integrated clinical medicine – behavioral health approach in pediatrics; discuss economic and social problems associated with poverty and immigrant status; deal with common pediatric outpatient problems, such as upper and lower respiratory tract infections, urinary tract infections, diarrheal illness, etc.; handle common chronic pediatric conditions, such as asthma, attention deficit disorder, seizure disorder, etc., specifying diagnostic and treatment plans for each condition and means of supporting other family members as well as the affected member; be acquainted with community efforts to improve the health and well-being of children and families in the Southeast Heights; and state how these might be generalized to other populations.

Responsibilities:
Observational: Observe multi-agency medical and family services. Clinical: Interview and evaluate/assess health related problems of six to ten patients per day under direct supervision of faculty. Research: Small scale clinical or community project strongly encouraged. Teaching: May participate in educational activities provided by faculty in neighborhood schools.

Supervision and Training:
Amount and type: Supervised by pediatric faculty. Didactic content: Reading materials, with reserve materials available online through HSLIC. Student can arrange schedule as desired since office hours are 8am-7pm Mon/Tue/Wed/Thurs. Friday hours are from 8am-5pm and Saturday hours are 9am to 2pm. No night call.

Evaluation:
Based on direct observation, presentations, and clinical performance. Criteria for outstanding grade: Consistently perform at an outstanding level in all areas, using PRIME. Enthusiasm, ability to relate with patients and their families and with staff.

Additional Information:
Prior approval is required from Dr. Gillian Harris: 505-272-9242, gharris@salud.unm.edu. Availability is based on resident schedule for certain blocks. Please contact the Pediatric Clerkship Contact for more information.
**DEPARTMENT OF PEDIATRICS**

**Pediatrics Sub-Internship at UNMH**

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<th>Clerkship Contact:</th>
<th>Elizabeth Sauve</th>
<th><a href="mailto:PediatricClerkship@salud.unm.edu">PediatricClerkship@salud.unm.edu</a></th>
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**Goals and Unique Aspects:**
Direct responsibility for diagnosis and treatment of hospitalized pediatric patients (under supervision of residents and faculty attending physicians).

**Objectives:**
To assess the nature and severity of illness in a child through history, physical examination, and laboratory examinations and to plan for and carry out that patient’s care.

**Responsibilities:**
Observational: During rounds and teaching conferences, the student observes the approach of others to diagnose and manage patients for whom the student is not directly responsible.
Clinical: Patient contact is extensive. Students are expected to take ownership of 2-5 patients, and act as that child’s primary contact with pediatric team. Students will spend 3 weeks on days and 1 week on nights.
Teaching: The student is responsible for one small group teaching session related to his/her patients. Student is also responsible for educating patients/parents.

**Supervision and Training:**
Amount and type: Supervision by upper level resident (PL II, III) and faculty attending. Upper level resident closely supervises student, reviews and countersigns all notes and orders written by the student. Faculty reviews history, physical, and progress notes and will directly observe patient presentations. Didactic content: Attend inpatient teaching sessions while on days and nights; Morning Report Tuesday and Wednesday; Thursday Grand Rounds; Morbidity & Mortality conference as they arise.

**Evaluation:**
Based on evaluations submitted by supervising attendings. A sub-intern who performs at an OUTSTANDING level will demonstrate excellent patient care and an enthusiastic and motivated attitude for working with children and families. Based on the PRIME Evaluation System.

**Additional Information:**
Availability is based on resident schedule. Certain blocks may be restricted. Visiting student availability based on UNM student schedule and permission of Pediatric Program Director. Students should contact the Pediatric Clerkship Contact (PediatricClerkship@salud.unm.edu) and the Sub-I Rotation Director, Dr. Patricia Hogan (PJHogan1@salud.unm.edu), two weeks prior to block for orientation materials.
**DEPARTMENT OF PEDIATRICS**

**Pediatric Cardiology**

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**Goals and Unique Aspects:**
To provide a well-rounded introductory experience to the field of pediatric cardiology.

**Objectives:**
Acquire basic knowledge of congenital and acquired heart disease in infants, children, and adolescents, and of the pathophysiology associated with these problems. Learn to evaluate cardiovascular system by history and physical examination, to distinguish innocent from pathologic heart murmurs. Learn to interpret pediatric electrocardiograms. Be introduced to advanced cardiovascular diagnostic modalities (echocardiography, exercise stress testing, and diagnostic and therapeutic cardiac catheterization).

**Responsibilities:**
Observational: Observe evaluation, diagnosis, and management of infants, children, and adolescents with suspected heart disease; uses and limitations of advanced cardiovascular diagnostic modalities. Clinical: Evaluate pediatric cardiology inpatients and outpatients, write progress notes, consult, and interpret ECG. Observe echocardiograms, exercise stress test, and cardiac catheterizations. Research: None. Teaching: Phase II students accompany us to clinic and you may have the opportunity to teach them. Required: Complete assigned reading in references provided at beginning of rotation. Attend cardiosurgical care conference and division care conferences.

**Supervision and Training:**
Amount and Type: Direct supervision by attending cardiologist. Didactic content: numerous sites on internet, faculty PowerPoint presentations at the Children’s Hospital Heart Center website and on New Innovations.

**Evaluation:**
Criteria for Outstanding Grade: High level pediatric cardiology knowledge at end of rotation, determined subjectively by the attending cardiologists. High motivation and initiative. Excellence in patient care, evidence of good clinical judgment, professional and courteous interaction with faculty, staff, patients, and families.

**Additional Information:**
This course will accept visiting students and scheduling can be flexible. Permission of Program Director and Course Director needed for visiting students. Availability is based on resident schedule for certain blocks. Please contact the Pediatric Clerkship Coordinator for more information. The student has the opportunity to see many patients with both pathologic and innocent heart murmurs. The student will have access to reference textbooks to borrow during the rotation. 45-day add/drop policy will be strictly enforced.

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## DEPARTMENT OF PEDIATRICS

### Pediatric Genetics and Dysmorphology

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| Faculty Evaluator(s) | Michael Marble, MD |

### Prerequisites:
- Yes  
- All Phase II Clerkships

| Accepts Visiting Students | Yes  
- Domestic MD and Domestic DO |
| Accepts Off-Cycle Date requests | Yes - with department permission |

| Add/Drop Policy | Add: 45 Days  
- Drop: 45 Days  
- Other: |

| Clerkship Contact: | Elizabeth Sauve  
- pediatricclerkship@salud.unm.edu  
- 505-272-1088 |

### Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released

### Goals and Unique Aspects:
Integrated experience in clinical genetics. Students will evaluate patients with suspected genetic disease including patients with congenital malformations and inborn errors of metabolism. Students will gain experience in the use of clinical and laboratory tools in the analysis of genetic disorders. This will include the application of DNA analysis to clinical care. At the end of the rotation, the student will have expanded their clinical ability to recognize congenital malformations and to interpret biochemical and molecular laboratory tests.

### Objectives:
- Be able to take a detailed genetic history; perform a clinical examination for dysmorphic features; develop a detailed understanding of genetic mechanisms; and utilize computerized genetic database resources.

### Responsibilities:
- Observational: With the assistance of the genetics staff, learn how to conduct detailed genetic examinations and history. Clinical: participate in weekly scheduled genetics clinic and consultations (usually 3-5 per week).
- Research: Access web-based and other resources for diagnosis and testing of genetic disorders in the patients.
- Teaching: Educate patient and family as appropriate.

### Supervision and Training:
- Amount and type: Shared by three clinical genetics faculty and staff: Tom Cushing, MD, and. Make daily rounds; participate in clinics and weekly clinical conference.
- Attend twice-monthly metabolic genetics clinics at Carrie Tingley Hospital. Didactic content: Designated reading.
- Responsible for library searches as appropriate. Attend lectures and seminars as appropriate.

### Evaluation:
- Criteria for outstanding grade: Assumes responsibility for follow-up and counseling of all patients he/she is involved with. Does independent reading, with evidence of effective use of the literature for problem solving in clinical settings. Integrates basic biologic mechanisms with clinical data. Is aware of all patients on the inpatient services who represent problems in morphogenesis and/or hereditary disorders.

### Additional Information:
- Availability is based on resident schedule for certain blocks. Please contact the Pediatric Clerkship Coordinator for more information.
*APPROVAL REQUIRED*

DEPARTMENT OF PEDIATRICS

Pediatric Hematology and Oncology

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<td>Clerkship Contact:</td>
<td>Elizabeth Sauve</td>
<td><a href="mailto:PediatricClerkship@salud.unm.edu">PediatricClerkship@salud.unm.edu</a></td>
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<td>YES - Must submit Add Form after Phase III schedules are released</td>
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Goals and Unique Aspects:

Introduce the student to issues relating to clinical management, in both the inpatient and outpatient settings, of childhood cancers and hematologic disorders: diagnostic work up, therapies, supportive care, emotional support, follow-up of late effects and end-of-life-issues, as well as general hematology work-ups and comprehensive hemophilia care.

Objectives:

Recognize common types of childhood cancers and hematologic disorders; develop some expertise in taking focused histories and determining appropriate diagnostic work ups. Become familiar with the process of choosing and instituting therapy and special supportive services for families/patients dealing with childhood cancer. See the importance of cooperative group trials in clinical oncology.

Responsibilities:

Multidisciplinary team approach to management of childhood cancers and hematologic disorders: medical, nursing, pharmacy, social work, and child life. Become familiar with diagnostic and therapeutic procedures, central venous catheters, and the administration of chemotherapy. Clinical: Two weeks on the inpatient service and two weeks in the outpatient clinic. While on inpatient service, round daily on patients with attending, coordinate care plan and write daily progress notes on assigned patients. Also attend any treatment or family conferences in the outpatient clinic setting, see patients presenting for follow up under the supervision of attending, observe diagnostic and therapeutic procedures. Will also review lab results, radiographic studies, and peripheral blood and bone marrow smears with attending faculty. Required attendance at monthly pediatric tumor board. Student does have the ability to complete the entire 4 week rotation inpatient if they would like an advanced inpatient experience.

Research: Present seminar at the end of the course. Teaching: Patient education and outcome evaluation.

Supervision and Training:

Amount and type: Drs. Jessica M. Valdez, Shirley Abraham, John Kutttesch, Koh Boayue, Jodi Mayfield, and Amy Cruickshank are the responsible faculty. Close supervision and teaching will also be given by the hematology/oncology nurse practitioners, nurses and social workers. Didactic content: Small didactic sessions conducted by the inpatient attending at least once a week; clinic patient care discussions; ward rounds; selected reading.

Evaluation:

Criteria for outstanding grade: Based on evaluation by oncology team: excellent fund of knowledge consistently
applied to patient care; mastery of pertinent data combined with excellence in reporting; demonstration of independent thinking and initiative.

Additional Information:
Availability is based on resident schedule for certain blocks. Please contact the Pediatric Clerkship Coordinator for more information. Visiting students require prior approval of Program Director and Rotation Director. This course may be adapted to count as a sub-internship with prior approval from Rotation Director and Student’s Match Advisor. In such cases, the course will be a 4-week inpatient experience, and special coordination with School of Medicine will be required.
DEPARTMENT OF PEDIATRICS

Adolescent Medicine

Goals and Unique Aspects:
Useful for anyone who is going into Primary Care or interested in adolescents. Exposure to different venues delivering adolescent health care, e.g. clinics, schools, vocational venues, and to common adolescent health problems, e.g. acne, STIs, contraception, depression, anxiety. Gain understanding of the basic physiology and psychology of adolescence.

Objectives:
Perform a competent history and physical exam on a teenager. Be able to develop appropriate medical treatment plans for common adolescent health problems.

Responsibilities:
Observational: At several different adolescent psychiatry clinics and behavioral health sites. Clinical: Opportunity to see and treat teenagers at a variety of different clinical sites. Research: Updated review of an adolescent topic of choice. Teaching: Telehealth presentation on adolescent topic. Required: Attend scheduled clinics, e.g. school-based, sports medicine, adolescent dermatology, Young Women's Health Clinic, YCHC gynecology clinic, Job Corps, Healthy & Fit Clinic.

Supervision and Training:
Amount and type: Supervision by a variety of different adolescent medicine and adolescent psychiatry experts, including Drs. Thomas (STI Clinic), Vallabhan (Health & Fit Clinic), Sowar (Chimayo Cottage), Clawson (CPH inpt. pediatrics), Sabu (Outpt. Psychiatry)) Strasburger, Tennissen and Dutton (Sports Medicine), as well as Jen Robinson (Pediatric/Adol. Gyn) and Lauren Artiglia, and Raya Duenas-Vargas at school-based health clinics. Didactic content: Provided readings, self-directed readings, Pediatric/Adolescent Medicine conferences, where appropriate.

Evaluation:
Criteria for outstanding grade: Evaluation based on PRIME. High degree of motivation and interest based on direct observation and clinical performance. Punctual attendance at all clinics and sessions.

Additional Information:
This is an informal exposure to the field of Adolescent Medicine. There is ample time for reading and reflection. Travel to local clinics is required. Visiting students must be approved by Program Director and Course Director. Availability is based on resident schedule for certain blocks. Need to have completed all Phase II Clerkships; if not, will need permission of Course Director. Contact the Pediatric Clerkship Coordinator for more information.
**DEPARTMENT OF PEDIATRICS**

**Pediatric Intensive Care Unit**

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**Add/Drop Policy**

Add: 45 Days  
Drop: 45 Days  
Other: *See Additional Info

**Clerkship Contact:**  
Elizabeth Sauve PediatricClerkship@salud.unm.edu  
505-272-1088

**Prior Approval Required:** YES - Must submit Add Form after Phase III schedules are released

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**Goals and Unique Aspects:**

Medical students who rotate through the PICU will gain the knowledge, skills, and attitudes needed to recognize, evaluate, and initiate care for patients with disease processes that require pediatric critical care management. They will gain an understanding of the pathophysiology processes as they apply to critical illness. They will develop an appreciation and comfort level with the multi-disciplinary nature of pediatric critical care. The medical students will develop strategies for delivering multi-disciplinary care and for problem solving necessary for the care of critically ill children.

**Responsibilities:**

The medical students will actively participate in bedside patient care in the PICU. They will be responsible under the supervision of the senior pediatric resident, PICU nurse practitioner, and PICU attending for up to 2 initially, at maximum 3, patients in the PICU. They will be involved in the initial admission and ongoing daily care of their patients. This will include presenting the patient on daily rounds with a working assessment and ongoing plan of care, following-up on patients’ plans of care, ongoing reassessments, and involvement in patient/family discussions as to patient status. They will cover the PICU for 3 weeks on day shift (6:30 AM to 6:00 PM) and one week of night float (5:30 PM to 7:00 AM). They will have at least one day off per week and one weekend off per month. They will be expected to attend resident school (Pediatric lecture series) and Pediatric Grand Rounds every Thursday afternoon.

**Supervision and Training:**

PICU attendings are in the hospital 24 hours a day and will provide direct supervision for the care of all patients in the PICU. The senior pediatric resident will also provide direct supervision of the medical student. Medical students are expected to take advantage of multiple educational opportunities to enhance their own educational needs. Teaching will occur on the bedside family-centered rounds and in small group discussions outside of rounds. Critical care textbooks will be available in the PICU. Professionally pod-cast lectures for resident education are available through the Society for Critical Care Medicine and will be available to the medical students. The patients in the PICU require care from multiple disciplines and as such the medical students will have the opportunity to learn from other pediatric subspecialists - surgical and medical - and other health care professionals - occupational therapists, physical therapists, speech therapists, nutritionists, pharmacists, respiratory therapists, nurse practitioners, bedside nurses, etc. The medical students will also be expected to go to the medical literature to learn more about aspects of their patients.

**Evaluation:**

Based on the PRIME Evaluation System.
**Additional Information:**
Availability is based on resident schedule for certain blocks. Blocks 1-5 are reserved for Pediatric match students only, one student per block. Blocks 6-13 require prior approval of Course Director for any student not matching in Pediatrics. Visiting students with permission of Course Director and approval of Residency Program Director. Highest priority given to medical students with interest in pediatrics, emergency medicine, anesthesia, family medicine, or pediatric neurology. Need to have completed all Phase II clerkships; if not, will need permission of Course Director. Contact the Pediatric Clerkship Coordinator for more information. Students will contact Clerkship Coordinator 2 weeks prior to rotation for orientation material.
**APPROVAL REQUIRED**

**DEPARTMENT OF PEDIATRICS**

**Pediatric Infectious Disease**

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**Goals and Unique Aspects:**

Provide an approach to problem solving and management of pediatric infectious disease and an overview of careers in pediatric infectious diseases. Primary experience is in the inpatient wards, with occasional outpatient exposure. Students may have the option of visiting the microbiology laboratory, though this is not guaranteed. Students will have an opportunity to work with children with a variety of infections, as well as with an immunocompromised population.

**Objectives:**

Understand basic pediatric infectious disease processes and immunization practice. Learn to provide consultative pediatric care, organize and write a teaching review, and choose the most appropriate antibiotic for empiric therapy of specific organ system infections. Understand basic antimicrobial chemotherapy.

**Responsibilities:**

Observational: Observe/participate with faculty, residents, and fellows in direct and consultative care. Student will function as a Sub-I with the same clinical responsibilities as residents. Research: May participate in written reviews or case reports. Teaching: Attend pediatrics and pediatric infectious disease conference. May be asked to provide an oral and/or written literature search. Required: Perform, write, and present consults. Attend all pediatric weekly teaching conferences. Participate in problem-based case analysis and in clinical microbiology interactive teaching. Students will be expected to give a 10-15 minute presentation at the end of the rotation to faculty on a topic of their choosing. Optional: No weekends, no call is required.

**Supervision and Training:**

Amount and type: Supervised by faculty, occasional PL2/PL3 or adult ID fellow. Didactic content: Provided by Department of Pediatrics, ID Teaching Conferences (1 hour/week), ID rounds (daily Mon-Fri), additional didactic sessions.

**Evaluation:**

Based on clinical/written (e.g. consults) skills, verbal reports, attendance, completion of reports and in-depth study. No examination. Criteria for outstanding grade: Commitment to excellent patient care and scholarly activity, quality self-direction and independent study, excellent clinical skills. Performance at the level of consistent reporter and interpreter, starting to manage.

**Additional Information:**

Pediatric Infectious Disease has a highly variable patient load, which requires high motivation and self-directed independent study skills. All rotations subject to division approval and dependent upon resident and faculty...
schedules. Please contact the Pediatric Clerkship Coordinator for more information. Visiting students may be accepted with special permission from Program Director and Pediatric Infectious Disease faculty.
The University of New Mexico School of Medicine 2021-2022 Phase III Clerkship Catalog

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*APPROVAL REQUIRED*

DEPARTMENT OF PEDIATRICS

Newborn Intensive Care Unit

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Prerequisites: Yes All Phase II Clerkships

Accepts Visiting Students: Yes Domestic MD and Domestic DO

Accepts Off-Cycle Date requests: Yes

Add/Drop Policy: Add: 45 Days Drop: 45 Days Other: 

Clerkship Contact: Elizabeth Sauve PediatricClerkship@salud.unm.edu 505-272-1088

Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released

Goals and Unique Aspects:
Attend all high-risk deliveries. Learn intensive care management of neonates including fluids, nutrition and ventilator management. Understand common pathophysiology and embryology as it relates to sick newborns

Objectives:
To provide excellent care for the sick newborn in a multidisciplinary environment. Also, to help support families throughout a NICU admission.

Responsibilities:
You will be partnered with a senior pediatric resident during this rotation and will follow their schedule. You will attend rounds and regularly go to deliveries. You will be directly responsible for patient care and management. You will be given the opportunity to perform procedures such as intubations, resuscitation and umbilical line placement.

Supervision and Training:
Your will be directly supervised by faculty, fellows, senior residents and nurse practitioners. Didactic content includes self-direct reading, fellow lead lectures and teaching on rounds.

Evaluation:
Based on daily involvement with attendings, fellows, residents and nurse-practitioners. Criteria for outstanding grade: Greatly increase fund of knowledge. Provide excellent care. Work well with team.

Additional Information:
The Phase III student in the NICU functions as a sub-intern and has direct responsibility for patient care and delivery room experience. Excellent rotation for those interested in pediatrics, family medicine, obstetrics, or anesthesia. Availability is based on resident schedule for certain blocks. Contact the Pediatric Clerkship Coordinator for more information.
**DEPARTMENT OF PEDIATRICS**

**Pediatric Gastroenterology**

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<th>Elizabeth Sauve</th>
<th><a href="mailto:PediatricClerkship@salud.unm.edu">PediatricClerkship@salud.unm.edu</a></th>
<th>505-272-1088</th>
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**Goals and Unique Aspects:**
Understand the pathogenesis, clinical presentation, differential diagnosis, diagnostic work-up, and treatment of common pediatric gastroenterology problems. Pediatric GI rotation provides a combination of inpatient, ambulatory, and endoscopy exposure. It also provides intense and direct access to faculties.

**Objectives:**
The student will be able to differentiate between normal and pathologic states of the GI tract. The student will understand diagnosis and management of common GI conditions in children and recognize which require further evaluation.

**Responsibilities:**
The student will take competent and complete history and perform physical exam for pediatric patients with chief complaints of a GI nature. The student will prepare a (patient-based) presentation on a clinical problem, reviewing literature, summarizing recommendations, and applying them to the patient at hand. Direct observation of GI procedures with Pediatric GI faculty.

**Supervision and Training:**
The attending makes rounds daily. The student presents cases, formulates diagnosis and plan management under attending supervision. Teaching is provided through direct patient care, bedside teaching, small-group discussions, and didactic sessions. Didactic sessions on major topics in Pediatric GI will be given frequently throughout the elective period. The student will present a short talk on a GI topic of interest. The student will participate in the department teaching activities including attending rounds, grand rounds, and morning rounds. The student will also attend the monthly Pediatric GI-Pathology Conference, Pediatric GI- Radiology Conference, Pediatric GI research conference, and Pediatric GI journal club.

**Evaluation:**
Student rotating in Pediatric Gastroenterology are evaluated on the following criteria:
Active participation in the daily care of patients, daily presentations during rounds, history and physical examination skills, ability to generate appropriate differential diagnoses, documentation in the electronic health record, ability to work with all members of the healthcare team, communication skills, professionalism, and attendance.

**Additional Information:** Availability may be dependent on resident scheduling. Final schedule approval will not be available until after August 1st each year.

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**DEPARTMENT OF PEDIATRICS**

**Pediatric Nephrology**

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<td>Credit Type</td>
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**Goals and Unique Aspects:**
To expose the student to clinical consultative pediatric nephrology.

**Objectives:**
Gain a detailed knowledge of kidney anatomy, physiology, and pathophysiology. Take a competent and complete history and physical exam for pediatric patients with kidney disease. Develop clinical skills and clinical reasoning necessary to make pediatric nephrology specific assessment and differential. Direct observation of Nephrology procedures with Pediatric Nephrology faculty. Participation in the process of making diagnostic and therapeutic decisions critical to good patient care.


**Responsibilities:**
Each student will be required to do a 20-30 minute PowerPoint presentation at the end of their rotation that will be factored into their grade.

**Supervision and Training:**
Amount and Type: Daily rounds with Nephrology faculty and Pediatric residents. Didactic Content: Formal curriculum, self-directed reading, case discussions, research conferences.

**Evaluation:**
Based on direct observation, presentations, and clinical performance. Criteria for outstanding grade: Consistently perform at an outstanding level in all areas, using PRIME. Enthusiasm, ability to relate with patients and their families and with staff.

**Additional Information:**
Requires permission of the Pediatric Nephrology Course Director. Availability may be dependent on resident scheduling. Final schedule approval will not be available until after August 1st each year.

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*APPROVAL REQUIRED*
**DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION**  
**Pediatric Rehabilitation and Chronic Disease**

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**Goals and Unique Aspects:**
Provides a comprehensive experience caring for special needs children and children and adolescents recovering from traumatic brain injury and other disabling conditions, integrating the medical and psychosocial aspects of their care. Understand the neurologic basis of rehabilitation. Interact with multidisciplinary teams, the educational system, and community resources.

**Objectives:**
Recognize and contract the developmentally delayed child/infant to known normal growth and development markers. Perform complete histories and physicals on special needs children (inpatient and outpatient), and formulate treatment/rehabilitative plans. Recognize the impact of a chronic handicapping condition on child, family, and community.

**Responsibilities:**
Observational: Perform histories and physicals in clinics (Peds, rehab, multidisciplinary); participate in team rehab conference; inpatient treatment sessions in PT, OT, SLP, recreation, special education, family conferences. Clinical: At least one new CP, pediatric or rehabilitation evaluation, complete history and physical with formulation of treatment plan. Research: Individually determined. Required: Attend multidisciplinary clinics and at least one rehab conference; visit at least one community program; follow two or more rehab inpatients through therapies. Participate in outpatient clinics. Optional: Pediatric Orthopaedic Clinics, Resident Teaching Conferences, IRA, Pediatric Neurology Clinics, observe PT, OT, SLP, O&P. Participate in neurobehavioral clinic.

**Supervision and Training:**
Amount and type: Shared by pediatric physiatrist and general pediatricians. Didactic content: Reading lists provided, resident lectures, and weekly rehabilitation lecture series.

**Evaluation:**
Based on clinical observations by faculty. Criteria for outstanding grade: Meet goals and objectives with enthusiasm and demonstrate excellence in skills and comprehension of materials.

**Additional Information:**
Availability is based on resident schedule for certain blocks. Please contact the Pediatric Clerkship Coordinator for more information.

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DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION
Physical Medicine and Rehabilitation

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| Prerequisites: | Yes | All Phase II Clerkships |

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<tr>
<th>Clerkship Contact:</th>
<th>Dyanna Monahan</th>
<th>Rebecca Dutton</th>
<th><a href="mailto:DMonahan@salud.unm.edu">DMonahan@salud.unm.edu</a></th>
<th><a href="mailto:radutton@salud.unm.edu">radutton@salud.unm.edu</a></th>
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| Prior Approval Required: | No |

Goals and Unique Aspects:
This elective will provide a broad exposure to the field of Physical Medicine and Rehabilitation, where students will help patients learn to walk, move, think and live again after devastating injuries. Experience will including acute inpatient rehabilitation, many different areas of outpatient rehabilitation, and will allow exposure to physical therapy, occupational therapy, and speech and language pathology in acute hospitalization, acute inpatient rehabilitation hospitalization, and outpatient settings.

Objectives:
- Describe the medical field of Physical Medicine and Rehabilitation.
- Explain the clinical roles of at least IO rehabilitation professions and how they are integrated into a team approach.
- Outline the continuum of medical care. Describe the role of rehabilitation professionals throughout the continuum of medical care.
- Describe the roles of Physical Therapy, Occupational Therapy, and Speech and Language Pathology in the acute inpatient and outpatient clinical settings.
- Express the concept of a functional goal, and incorporate the concept into 3 patients’ care plans.
- Discuss the factors that determine success in pursuit of functional goals
- Express the importance of interprofessional teams in physical medicine and rehabilitation.
- Discriminate between a diagnosis, impairment, disability, and deficiency in participation

Responsibilities:
- Focusing on improving important life activities for patients and caregivers
- Addressing physical structures, but also physical function, cognitive function, psychological strategies, and behavior modification
- Helping people with serious limitations recover when possible, maximize well-being despite serious limitation, and prevent further injury
- This rotation requires extensive work with interdisciplinary team

Supervision and Training:
Each week will be spent at a location (see below):
- 1 week- University of New Mexico Rehabilitation Services (inpatient and outpatient therapy)
- 2 weeks - Lovelace Rehabilitation Hospital (rehabilitation and occupational medicine)
- 1 week - Sports and Spine plus Neuromuscular
Overall supervision of the clerkship will be performed by Lawrence J. Horn, M.D.
The rotation locations will have local supervision:
- Lovelace UNM Rehabilitation Hospital supervision will be provided by John Henry Sloan, MD and Wallace Gladden, M.D.
- UNM Hospital Outpatient clinics supervision will be performed by W. Evan Rivers, DO

**Evaluation:**
- Clinical evaluation: 32%
- Rehabilitation Problem Solving Forms: 18%
- Test questions: 25%
- In Service presentation 25%
**DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION**

**Sport and Spine Rehabilitation**

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**Goals and Unique Aspects:**

This elective is designed to introduce medical students to the role of rehabilitative medicine, specifically in the non-operative management of musculoskeletal and spine disorders. Students will enhance their musculoskeletal exams skills and ability to formulate a differential diagnosis for common musculoskeletal complaints. They will have an understanding of the various management strategies for these disorders, including the role of the physical therapy, medications, interventional procedures, and appropriateness for surgical evaluation and management. Finally, students will have the opportunity to observe a variety of interventional procedures including ultrasound and fluoroscopy-guided injections.

**Objectives:**

- Name the five key components to include in any musculoskeletal physical examination
- Develop a systematic approach to the musculoskeletal physical examination and become comfortable conducting symptom-directed evaluation for the spine and peripheral extremities
- Ascertain common risk factors for back pain and musculoskeletal injury, and distinguish between intrinsic and extrinsic factors
- Identify the key providers in musculoskeletal rehabilitation (including the physical and occupational therapists, athletic trainers, psychologists, nutritionist, fitness experts, physicians) and be able to define their respective roles as part of the rehabilitative team
- **Describe non-operative management options for common musculoskeletal injuries, including appropriate indications for physical or occupational therapy, physical modalities, medication, injections, as well as complementary and alternative techniques.**
- List the basic principles that guide a proper return-to-activity/return-to-sport progression
- Recognize appropriate indications for surgical referral in patients with spine and peripheral joint complaints

**Responsibilities:**

Students will be expected to:
- Conduct a symptom-directed evaluation (history and physical examination) of patients presenting with musculoskeletal ailments
- Present a comprehensive differential diagnosis and preliminary management plan based on their clinical evaluation
- Arrive on-time and demonstrative active engagement in all clinical activities
- Provide one 20-30 minute presentation at the end of the rotation on a topic of the students’ choosing that is relevant to sports, spine, or pain medicine

**Faculty Evaluator(s):**

Rebecca Dutton, MD and Gwen N Lacerda, MD

**Prerequisites:**

Yes All Phase II Clerkships

**Accepts Visiting Students:**

Yes Domestic MD and Domestic DO

**Accepts Off-Cycle Date requests:**

No

**Add/Drop Policy:**

Add: 30 Days  Drop: 30 Days  Other:

**Clerkship Contact:**

Dyanna Monahan  DMonahan@salud.unm.edu  505-925-7569
Rebecca Dutton  radutton@salud.unm.edu  505-925-7569

**Prior Approval Required:**

No

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- Attend all required didactics
- Attend 1-2 evening or weekend local sporting events for sideline coverage

**Supervision and Training:**
Overall supervision of the clerkship will be performed by primary faculty evaluators. In addition, local supervision of each of the rotation locations will be provided.

**Evaluation:**
Students will be assessed on the basis of clinical performance and an end-of-rotation presentation as follows:

Clinical Performance: 66%
End of Rotation Presentation: 33%

A grade of Outstanding will be considered for students who consistently demonstrate regular and timely attendance to clinical and didactic sessions, active participation in daily clinical duties, self-directed learning through independent reading and literature review, as well as successful completion of the end-of-rotation presentation.
*APPROVAL REQUIRED*  
DEPARTMENT OF PSYCHIATRY  
Advanced Clinical Psychiatry Sub-Internship (Inpatient)

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<td>Judith Rivera-Kamps</td>
<td><a href="mailto:JRiveraK@salud.unm.edu">JRiveraK@salud.unm.edu</a></td>
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Goals and Unique Aspects:  
Direct responsibility for evaluation, diagnosis, treatment and discharge planning of hospitalized adult, child, or adolescent psychiatric patients (under supervision of attending psychiatrists, psychologists, and resident physicians or fellows). Sub-Internships may be selected from the University Psychiatric Center’s Adult or Geriatric units, Children’s Psychiatric Center’s Child or Adolescent cottages, or at the VA Medical Center’s Adult Ward 7 unit.

Objectives:  
Performing initial and ongoing evaluations of psychiatric inpatients (history taking- using active listening strategies within the Psychiatric interview, performing physical exams: primarily mental status examinations, and recommending pertinent laboratory testing and other studies), making accurate diagnoses, and leading a multidisciplinary team managing patients with severe psychiatric disorders. Identifying defense mechanisms utilized by patients and incorporating this awareness into treatment plans and interpersonal interactions. Managing one’s own wellness while coordinating an inpatient psychiatric service (with support and supervision). Coordinating consulting services and educating families and patients regarding mental health diagnoses, treatments, relapse and risk factors, and available supports and resources.

Responsibilities:  
Attendance and participation in reports, rounds and conferences; performing patient interviews and exams, and observing procedures- including mental health court and ECT. Clinical: Extensive patient contact involving approximately eight hours per day in direct patient related activity at the intern level of responsibility. Student is expected to assume primary clinical responsibility for 6-8 patients on the service-per day of service- dependent upon the census. Students take two call shifts in the Psychiatric emergency service- shared with a resident or fellow and includes attending faculty supervision.

Research: Two clinically relevant- evidence based medicine, critical appraisal presentations of a primary research article to the team during the rotation. Teaching: Responsible for helping to teach Phase II clerkship students also assigned to service.

Supervision and Training:  
The psychiatric attending faculty and resident or fellow physicians directly supervise the student. Evaluations including interviews, physical examinations, diagnoses, treatment and management plans are all thoroughly reviewed, discussed and modified to ensure excellent patient care. The student is expected to attend all concurrent morning reports, treatment team meetings, journal club, weekly resident seminars, and departmental
conferences.

**Evaluation:**
Student is expected to assume primary clinical responsibility for patients on the service. Criteria for outstanding grade: An "outstanding" grade will be assigned for performance demonstrating exemplary professionalism, ability to achieve therapeutic alliance, excellent communication skills, an unusual depth of knowledge, meticulous patient care with leadership and teamwork skills, competent completion of documentation, and competence in formulation and presentation skills.

**Additional Information:**
This rotation is able to accept visiting students. Scheduling can be flexible as long as dates do not interfere with UNM Phase II third year clerkship student or Phase III fourth year students scheduled for the rotation. Rotation is offered at University Mental Health or Children's Psychiatric Center, and VAMC (but no visiting students at the VA) depending upon availability and supervision.
The University of New Mexico School of Medicine 2021-2022 Phase III Clerkship Catalog

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DEPARTMENT OF PSYCHIATRY
Alcohol and Substance Abuse Program

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Goals and Unique Aspects:
Introduction to the evaluation and management of patients with substance intoxication, withdrawal, and substance use disorders including management of OUD and agonist therapy, giving students an opportunity to work with adult and adolescent patients who have substance abuse problems in a University Hospital affiliated outpatient detox and treatment program (ASAP).

Objectives:
Take a thorough history, including the evaluation of use and abuse of substances. Develop a working knowledge of the detoxification process, management strategies, and available resources. Develop knowledge of physical and emotional symptoms of substance abuse. Be able to identify patient problems related to substance abuse and dependence and ally with patients regarding management. Develop an understanding of medical and psychiatric bio-psycho-social treatments for substance use disorders and dual diagnoses (patients with SUDs and comorbid mental illness).

Responsibilities:
Observe and participate in patient evaluations at intake. Observe several clinical intakes and interviews with experienced staff. Participate in treatment planning and triage meetings. Participate in interviewing the family. Clinical: Participate in the evaluation and management of 1-3 patients daily in the walk-in clinic. May be assigned patients to follow for detoxification or in the day program. Participate in the initial education of the patients. May prepare and deliver a lecture to day program patients. Participate in AA/NA meetings. Research: May participate in ongoing research. May initiate and complete small project with clinical staff's supervision. Teaching: May teach relapse prevention skill building in the day program.

Supervision and Training:
Amount and type: Meet weekly for at least one hour for supervision and more often as necessary. Didactic content: Participate in Division's in-service training. Attend Psychiatry Grand Rounds. Must choose a topic for review in the substance abuse area, and make a presentation to clinical supervisor. Attend treatment planning sessions.

Evaluation:
Criteria for an outstanding grade: Participate in the care of patients while exemplifying excellence in professionalism, communication skills, and teamwork with patients and staff. Ability to take a competent substance abuse history and give competent presentations including treatment plans. Competence in maintaining appropriate documentation.
Additional Information:
All students should be advised this rotation is located off campus, off-site from the main University Hospital. Students will need to drive to the location. This clinical site hosts many other trainees and availability may depend upon supervision and coordination with other learner placements.
DEPARTMENT OF PSYCHIATRY
Consultation and Liaison Psychiatry

Goals and Unique Aspects:
Learn to perform comprehensive psychiatric evaluation (including mental status exam and bedside neuropsychological testing) in a consultative setting. Opportunity to evaluate “bio-psycho-social-spiritual” issues in a hospital setting. Opportunity to learn to conduct family treatment, brief psychotherapy and make psychiatric treatment decisions.

Objectives:
Perform psychiatric consultations and make management recommendations on a variety of medical, surgical, pediatric and OB patients.

Responsibilities:
Observe and participate in evaluating patients, formulate the consultation and communicate with referring staff. Clinical: Act as “subintern” in doing 1-2 initial consults daily and following patients in hospital or as outpatients while on rotation. Research: If interested, student can participate in ongoing studies and learn to use structured interviews or standardized questionnaires. Teaching: May teach Phase II clerkship students on occasion.

Supervision and Training:
Amount and type: Attends regular teaching rounds, conferences, seminars as well as supervision for each case. Didactic content: Service rounds two/three times per week, department rounds, and individual supervision on each case.

Evaluation:
Criteria for outstanding grade: Excellence in professionalism, communication skills, and consultative clinical skills. Competent written and oral presentations of consults. Assessing and reporting on the evidence base regarding consultative management of psychiatric presentations in the medical hospital setting.

Course Number: CLNS 731
Duration: 4 weeks
Credit Type: Clinical Elective

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<tr>
<td>Clerkship Contact:</td>
<td>Judith Rivera-Kamps</td>
<td><a href="mailto:JRiveraK@salud.unm.edu">JRiveraK@salud.unm.edu</a></td>
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<tr>
<td>Samantha Pentecost</td>
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The University of New Mexico School of Medicine reserves the right to make changes to any of the policies, procedures, codes, standards, requirements, or services included in this handbook as it deems necessary, with changes applicable to all students in attendance at the SOM Doctor of Medicine program. Please visit the OMSA website to obtain a copy of the most current 2021-2022 Phase III Clerkship Catalog.
DEPARTMENT OF RADIOLOGY
Neuroradiology

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**# of Students per Block**

2

**Faculty Evaluator(s)**

Marc Mabray, MD,

**Prerequisites:**

Yes All Phase II Clerkships

**Accepts Visiting Students**

Yes Domestic MD and Domestic DO

**Accepts Off-Cycle Date requests**

Yes – with department permissions

**Add/Drop Policy**

Add: 30 Days  Drop: 30 Days  Other:

**Clerkship Contact:**

Kellie Smith  ksmith@salud.unm.edu  505-272-2119

**Goals and Unique Aspects:**

The trainee will receive exposure to neuroradiology, including clinical applications of brain, spine, and head and neck imaging in adult and pediatric patients.

**Objectives:**

Recognize and differentiate appearances of common pathologies on neuroimaging studies. Know how to work up an emergent patient with common neuroimaging studies and procedures. Gain an understanding of neuroradiology clinical workflow and environment.

**Responsibilities:**

Students should plan to attend the daily radiology resident noon conferences, and multidisciplinary conferences and tumor boards as able (Case Conference with Neurology/Neurosurgery, Neuro-oncology Tumor Board, Head and Neck Tumor Board, Pediatric Tumor Board, Epilepsy Conference, Thyroid/Parathyroid Conference). Plan to spend approximately half the day in the reading room with the neuroradiology faculty and residents and half the day on independent study (we can provide reading materials and guidance for your case presentation). You will be responsible for making a case presentation to the neuroradiology section towards the end of your rotation. Be professional in the reading room and radiology department.

**Supervision and Training:**

Amount and type: Daily supervision and teaching by faculty neuroradiologists. Didactic Content: Daily noon conferences with the residents, multi-disciplinary conferences and tumor boards. Daily case review with radiology residents and faculty. Independent simulation review of interesting cases with feedback.

**Evaluation:**

Criteria for outstanding grade: Active participation in neuroradiology clinical work and outstanding case presentation.

**Additional Information:**

A prior rotation in Diagnostic Radiology and Neurology/Neurosurgery/Emergency Medicine/ENT can be helpful but would not be required. Students must complete the Personnel Radiation Monitoring with Radiation Badges HSC 181 course in Learning Central and email the completion certificate to the Clerkship coordinator Kellie Smith ksmith@salud.unm.edu prior to starting the rotation.
DEPARTMENT OF RADIOLOGY
Diagnostic Radiology

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Faculty Evaluator(s): Lisa Blacklock, MD
Prerequisites: Yes All Phase II Clerkships

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Add/Drop Policy: Add: 30 Days Drop: 30 Days Other:

Clerkship Contact: Kellie Smith
Rebecca Panaccione
KRSmith@salud.unm.edu
RPanaccione@salud.unm.edu
505-272-2119

Prior Approval Required: No

Goals and Unique Aspects:
This general radiology clerkship is designed to provide students with the knowledge, skills, and resources to understand common imaging modalities, basic radiology terminology, appropriate imaging for common indications, radiation and imaging risks, common imaging findings, and radiology reports.

Objectives:
At the end of this rotation, the student should have gained the following:
1. Basic understanding of common imaging modalities.
2. Ability to recognize “don’t miss” diagnoses on common imaging modalities (see AMSER curriculum).
3. Familiarity with imaging terminology to better understand radiology reports.
5. Basic understanding of radiology physics, specifically the effects of radiation, and what studies involve radiation exposure.
6. Familiarity with technology (i.e. PACS).
7. Knowledge of the appropriate use and sequencing of radiologic imaging.
   a. Learn the most appropriate imaging examinations to order for common clinical questions (using evidence-based guidelines, including ACR Appropriateness Criteria® (AC), etc.).
   b. Understand the role of the radiologist as a consultant and be able to provide pertinent clinical information to guide appropriate interpretation.
   c. Understand risks and contraindications for common imaging procedures.

Responsibilities:
- Complete assigned radiology textbook reading and online learning curriculum
- Attend didactic sessions
- Actively participate in medical student didactic sessions
- Complete procedure/productivity log
- Complete and present (to other medical students) one formal case presentation.
- Submit one case presentation for publication (encouraged)
- Complete and pass final examination

Training:
Formal Didactics:
- Resident Noon Conference: M-F at 12 noon (currently virtual)
- Dedicated Medical Student Didactic Sessions (currently virtual)
- Online coursework

**Evaluation:**
- Clinical evaluations (if applicable) and productivity log
- Completion of online learning
- Case presentation/case submission
- End-of-rotation exam

**Additional Information:**
If/when in-person rotations resume, students must complete the Personnel Radiation Monitoring with Radiation Badges HSC 181 course in Learning Central and email the completion certificate to the clerkship coordinator Kellie Smith krsmith@salud.unm.edu prior to starting the rotation.
DEPARTMENT OF RADIOLOGY
Musculoskeletal Radiology

Goals and Unique Aspects:
The clerkship will include in-depth exposure to Musculoskeletal (MSK) Radiology, including sports imaging, orthopedic oncology and MSK trauma. The rotation also provides the opportunity to participate in minor procedures including joint injection and aspirations as well as minor spine procedures. The student will be present in the MSK reading room or doing independent learning (under the discretion of the attending radiologist) Monday-Friday from 8 AM-4:00 PM and will be expected to attend Radiology Noon Conference on a daily basis, which are currently held via teleconference. The student will participate in a project during the rotation in preparing one case conference.

Objectives:
1. Exposure through current clinical material of all major areas of Musculoskeletal Radiology,
2. Introduction to associate procedures.
3. Assist with the creation of one case conference during rotation.

Responsibilities:
The student will be supervised by MSK Faculty, Fellows and residents. They will attend the daily MSK film reading, weekly sports conference and the biweekly tumor board which are offered through teleconference. The students will be supervised in the interpretation and dictation of MSK plain films, CT, and MRI as well as supervision of performance of minor procedures.

Supervision and Training:
Amount and type: Daily supervision by senior residents, fellows, and faculty radiologists, the majority of which will consist of virtual “readouts” via teleconferencing. Didactic Content: Daily musculoskeletal film reading. Daily radiology conference.

Evaluation:
The students will be assessed at the completion of the rotation by Dr. Josh Rider, or the faculty member with the greatest interaction with the learner. For a grade of Outstanding, student must actively participate in breadth of MSK Radiology, clinical work and case conference.

Additional Information:
A prior rotation in Diagnostic Radiology is preferred but not required. Students must complete the Personnel Radiation Monitoring with Radiation Badges HSC 181 course in Learning Central and email the completion certificate to the Clerkship coordinator, Kellie Smith, krsmith@salud.unm.edu prior to starting the rotation.
### DEPARTMENT OF RADIOLOGY

**Interventional Radiology**

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| # of Students per Block | 1 |

| Faculty Evaluator(s) | Christopher Gutjahr, MD |

| Prerequisites: | Yes All Phase II Clerkships |

### Goals and Unique Aspects:
Interventional Radiology is a unique branch of radiology dedicated to image guided diagnostic and therapeutic procedures. The University of New Mexico IR division performs a full array of IR procedures, from the routine (e.g., biopsies, vascular access) to the complex (e.g., interventional oncology, portal hypertension management). Clerkship students will be exposed to this spectrum of radiology and will be expected to participate in the procedures, as well as the peri-procedural evaluation and management of patients.

### Objectives:
1. Exposure to the broad scope of IR procedures and their place in the care of both inpatients and outpatients.
2. Exposure to the peri-procedural evaluation and management of IR patients, including indications/contraindications for procedures, interaction with anxious patients and families, procedural sedation, and management of complications.
3. Exposure to basic radiation safety practices.

### Responsibilities:
Clerkship students will be expected to participate in the procedures, as well as the peri-procedural evaluation and management of patients. Students will be expected to be present in the department during normal weekday hours (approximately 6:45a-5:00p). As this is a clinical rotation, students are also expected to participate in IR call: 1 weeknight per week and 1 weekend. At the conclusion of the rotation, the student will deliver a formal case presentation.

### Supervision and Training:
The student will be supervised primarily by Interventional Radiology faculty, consisting entirely of fellowship trained interventional radiologists. The junior fellow and rotating radiology residents will also participate.

### Evaluation:
The student will be evaluated at the completion of the rotation by the clerkship director based on personal exposure and survey of the faculty and fellow. Grade will be based primarily on clinical performance (80%), with the remainder based on the case presentation (20%). Criteria for an outstanding grade: active participation in both patient procedures and peri-procedural management, demonstration of knowledge of patients undergoing procedures, evidence of familiarity with procedural basics, and a well prepared case presentation.

### Additional Information:

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### Course Number

**CLNS 950M**

### Duration

4 weeks

### Credit Type

Clinical Elective

### Block Number

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### Faculty Evaluator(s)

Christopher Gutjahr, MD

### Prerequisites:

Yes All Phase II Clerkships

### Accepts Visiting Students

No

### Accepts Off-Cycle Date Requests

No

### Add/Drop Policy

Add: 30 Days

Drop: 30 Days

Other:

### Clerkship Contact:

Kellie Smith  
Rebecca Panaccione  
krsmith@salud.unm.edu  
RPanaccione@salud.unm.edu  
505-272-2119

### Prior Approval Required

No
Students must complete the Personnel Radiation Monitoring with Radiation Badges HSC 181 course in Learning Central and email the completion certificate to the Clerkship coordinator Kellie Smith, krsmith@salud.unm.edu prior to starting the rotation.
## DEPARTMENT OF SURGERY

### Otolaryngology Sub-Internship

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<td>Daniel Maes <a href="mailto:DaAMaes@salud.unm.edu">DaAMaes@salud.unm.edu</a> 505-272-0434</td>
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### Goals and Unique Aspects:

The goal of this rotation is to develop a foundation of understanding of surgical and non-surgical disorders of the head and neck, and to augment existing knowledge of the subject. The rotation should be of substantial benefit to learners seeking to prepare for a career in Otolaryngology-Head and Neck Surgery (OHNS), or to augment knowledge for those pursuing other specialties.

#### Specific goals:

1. Understand basic head and neck anatomy and pathophysiology of common disorders.
2. Become competent in head and neck physical exam with recognition of normal and abnormal.
3. Develop differential diagnosis of common head and neck complaints.
4. Develop understanding of outpatient, inpatient and surgical management of head and neck disorders.

#### Objectives:

1. Practice-Based Learning and Improvement: Develop understanding of adjunctive testing information, such as audiometry, swallow and voice evaluation, and others in collaboration with interdisciplinary team, and appreciate laryngeal evaluation on both indirect exam and operative endoscopy.
2. Patient Care and Procedural Skills: Obtain accurate and efficient Otolaryngology-specific history and physical examination; evaluate and make recommendations for patient care with appropriate supervision. Assist and perform procedures and surgeries with appropriate, direct supervision.
3. Systems-Based Practice: Understand the role of the Otolaryngologist within the interdisciplinary team and the hospital system as a whole to optimize patient care and outcomes.
4. Medical Knowledge: Demonstrate preparation and prior study in clinic and the operating room; prepare educational didactic presentation to present to the Division at the end of the rotation.
5. Interpersonal and Communication Skills: Demonstrate compassionate communication with patients with sensitivity to diversity, equity and inclusion and the greater context of the patient’s situation within society. Communicate effectively and professionally with team members and other hospital staff.
6. Professionalism: Present on rounds and at weekly clinical conference; take primary responsibility for patients in the learner’s panel; appropriately utilize and complete medical records in a timely fashion.

### Responsibilities:

Learners ideally will function at the level of an Otolaryngology-Head and Neck Surgery intern, will attend clinics and OR as scheduled, and work within the resident/APP team to facilitate care for patients with head and neck complaints. Learners are encouraged to seek out opportunities for quality improvement within the hospital, and are expected to provide feedback and evaluation of attendings and residents on the service.

### Supervision and Training:
All work is supervised by surgical attendings and senior residents. Teaching occurs during daily rounds, in the operating room, in clinic and in twice weekly didactic sessions. All patients will be presented to a senior team member, and direct supervision will be provided during all procedures or surgeries.

Evaluation:
Criteria for Outstanding Grade: Performing at or beyond the level expected for an intern in the quality of notes, such as histories and physicals and consults, the quality of generating a differential diagnosis and quality of patient care. Demonstrating appropriate knowledge on responses to questions of patient care on ward rounds. Demonstrating appropriate knowledge in OR and clinics.
**APPROVAL REQUIRED**

DEPARTMENT OF SURGERY

General Surgery Sub-Internship at VAMC

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Goals and Unique Aspects:

In general, the goal is to ensure students are familiar with common General Surgery diseases and their management. Students will also go to OR and see some of the most commonly performed General Surgery operations and endoscopy.

Specific goals:
1. Basic Anatomy
2. History taking and examination for commonly seen General Surgery problems
3. Creating differential diagnosis and basic management of common surgical problems
4. Exposure to endoscopy and commonly performed General Surgery operations

Objectives:
1. Take history
2. Clinical examination
3. Interpret labs and X-rays

Responsibilities:
1. Attend clinics and OR as scheduled, no calls required
2. Help the team whenever possible
3. Read about Common General Surgery Problems and Operations you will be scrubbing in
4. Evaluate the resident(s) / Attendings with whom you work

Supervision and Training:
Amount and Type: All work is supervised by surgical attendings and senior residents. Daily ward rounds, review of cases two times per week and approval of clinic work. Didactic Content: An assignment of topic for discussion with the Phase II/third-year students.

Evaluation:
Criteria for Outstanding Grade: Performing at the level expected for an intern in the quality of notes, such as histories and physicals and consults, the quality of generating a differential diagnosis and quality of patient care. Demonstrating appropriate knowledge on responses to questions of patient care on ward rounds. Demonstrating appropriate knowledge in OR and clinics.
## DEPARTMENT OF SURGERY

**Pediatric Surgery Sub-Internship at UNMH**

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<th>Clerkship Contact:</th>
<th>Daniel Maes</th>
<th><a href="mailto:DaAMaes@salud.unm.edu">DaAMaes@salud.unm.edu</a></th>
<th>505-272-0434</th>
</tr>
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### Goals and Unique Aspects:

- **Rounds:** You should round with the residents on all of the patients. You should follow at least two patients closely and be responsible for writing their notes and presenting them to the attending.
- **OR:** You will see a variety of surgical cases. Our expectation is that you will be prepared with a knowledge of the anatomy and basic details of the surgery. Opportunities to work on surgical skills will depend on your abilities and the types of cases.
- **Clinic:** Expectation is that you will look ahead the day before and find patients with interesting pathology. You should read about those patients and make sure to see them in clinic.
- **Conference:** Pediatric service conference will be at 4 pm every Wednesday. You will be expected to present once or twice during conference depending on the length of your rotation.
- **Feedback:** Feedback will be given at the midpoint of the rotation and at the end.

### Objectives:

To understand basic pediatric surgical principles in the areas of diagnosis, operative treatment, anatomy, and physiology. Learn to work together as part of a surgical team with a common effort and goal. Learn to appreciate the differences between adult and pediatric surgical problems and their solutions. The student should acquire a knowledge of the work-up, pre and post-operative management and aspects of the operative techniques involved in caring for patients that range in age from neonates to adolescents with a wide variety of congenital and acquired disorders.

### Responsibilities:

Observational: To be responsible for his/her share of work ups and day to day record keeping.

### Supervision and Training:

**Amount and type:** Daily contact with faculty and senior resident during patient care rounds and in the operating room. Close supervision by attendings and surgical residents. **Didactic content:** The student is expected to attend most General Surgery and Pediatric Surgery conferences. When able, tumor board and prenatal conference should be attended.

### Evaluation:

Criteria for outstanding grade: Based upon overall quality of work, enthusiasm, comprehension of essential material, ability to accept responsibility and discharge it promptly and efficiently, and the ability to work as a team member.

### Additional Information:

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Students who anticipate dealing with children in the future are strongly urged to consider this rotation. This includes future pediatricians, surgeons and/or family practitioners.
**APPROVAL REQUIRED**

**DEPARTMENT OF SURGERY**

**Urology Sub-Internship**

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<th>Course Number</th>
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<td>Daniel Maes</td>
<td>Max Gallegos</td>
<td><a href="mailto:DaMAaes@salud.unm.edu">DaMAaes@salud.unm.edu</a></td>
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**Goals and Unique Aspects:**

Student assumes level of responsibility commensurate with Phase III on wards and in clinic for patient workup and management. Participates in the operating room at his/her level of ability.

**Objectives:**

Enhance student’s knowledge of evaluation and management of challenging urologic patients; recognize pertinent clinical problems in urology and develop appropriate treatment plans; develop a degree of competency that allows for independent initial evaluation in the urology clinics; assist in operating room, and become more comfortable with perioperative management of urologic patients.

**Responsibilities:**

Observational: Participate as an active urology team member, observe procedures and surgeries, and become proficient in minor surgical procedures and in evaluation of more difficult problems. Clinical: Daily task include, but are not limited to, inpatient rounds, evaluating and managing clinic patients, and familiarity with and ability to interpret all tests and imaging modalities. Research: May participate in on-going research projects or initiate a new one. Teaching: Responsible for teaching of junior medical students, and presenting on selected topics to residents and faculty. Required: Function at, or near intern level. Participate in inpatient care, clinics and OR. Take call as determined by Chief Resident.

**Supervision and Training:**

Amount and type: Faculty and residents closely supervise student’s work on wards, in clinics, or in operating room. In addition to morning rounds teaching, the student attends all urologic conferences and any other didactic teaching sessions. Attendance at weekly grand rounds is required.

**Evaluation:**

Based on demonstrated knowledge on the wards, in the operating room, and in clinic as relates to quality of patient care, didactic materials comprehension, and technical ability. Criteria for outstanding grade: Demonstrate outstanding fund of knowledge in urological diseases, technical ability and patient care. Base on faculty and resident consensus.

**Additional Information:**

This is a unique opportunity to participate in New Mexico’s only comprehensive urologic surgery program. Management of these patients provides invaluable knowledge applicable to many other medicine disciplines.
Visiting Students: please note this course offers flexible scheduling. Students can request off-cycle dates through VSAS. For scheduling concerns, please contact Dr. Maxx Gallegos at MaxGallegos@salud.unm.edu
**DEPARTMENT OF SURGERY**

General Surgery Sub-Internship at UNMH

<table>
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<th>Course Number</th>
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<th>Daniel Maes</th>
<th><a href="mailto:DaAMaes@salud.unm.edu">DaAMaes@salud.unm.edu</a></th>
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**Goals and Unique Aspects:**

In general the goal is to ensure students are familiar with common General Surgery diseases and their management. Students will also go to OR and see some of the most commonly performed General Surgery operations and endoscopy.

**Specific goals:**
1. Basic anatomy
2. History taking and examination for commonly seen General Surgery problems
3. Creating differential diagnosis and basic management of common surgical problems
4. Exposure to endoscopy and commonly performed General Surgery operations

**Objectives:**
1. Take history
2. Clinical examination
3. Interpret labs and X-rays

**Responsibilities:**
1. Attend clinics and OR as scheduled, no calls required
2. Help the team whenever possible
3. Read about common General Surgery problems and operations you will be scrubbing in
4. Evaluate the resident(s)/Attendings with whom you work

**Supervision and Training:**

Amount and type: Direct supervision by residents and attending staff. Didactic content: Self-study, attendance at resident conferences and education meetings. Curriculum guided by resident schedule.

**Evaluation:**

Based on observations of attendings and residents.

Criteria for outstanding grade: Demonstrate clinical skills and patient care equal to or above that of surgical interns.

**Additional Information:**

*APPROVAL REQUIRED*
Student is personally responsible, under the guidance of senior residents, for 5-7 patients on the hospital wards, and follows additional studies on the rest of the hospital service. Average time in OR is 30%, in outpatient clinics 30%, and in hospital patient care 40%
The University of New Mexico School of Medicine 2021-2022 Phase III Clerkship Catalog

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**DEPARTMENT OF SURGERY**

**Surgical Critical Care Intensive Care Unit**

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**Faculty Evaluator(s):** Ashley Keiler-Green, MD

**Prerequisites:** Yes All Phase II Clerkships

**Accepts Visiting Students:** No

**Accepts Off-Cycle Date requests:** No

**Add/Drop Policy:**
- Add: 30 Days
- Drop: 30 Days
- Other:

**Clerkship Contact:**
- Daniel Maes DaAMaes@salud.unm.edu 505-272-0434

**Prior Approval Required:** YES - Must submit Add Form after Phase III schedules are released

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**Goals and Unique Aspects:**
Exposure to critically ill trauma and surgical patients.

**Objectives:**
At the end of the rotation, the student should be able to: 1. demonstrate an understanding of the comprehensive approach to patients with multi-system critical illness, 2. list the medication, complications and demonstrate the techniques in insertion of arterial, ventral venous and pulmonary artery catheters, and 3. present to peers the complex problems of critically ill patients in a logical and comprehensive manner.

**Responsibilities:**
Clinical: Alternate every third night call, function in capacity of subintern (no more than 80 hours per week).

**Supervision and Training:**
Amount and type: Daily with rounds by surgery or emergency medicine attendings. All activities under supervision of residents. Didactic content: Morning rounds, 2-3 weekly sessions by resident, fellow, attendings, respiratory therapy, or pharmacy. Reading and background material provided. Daily teaching sessions with staff. Student is expected to make one didactic presentation of 15-20 minutes.

**Evaluation:**
Criteria for Outstanding Grade: Performing at the level expected for an intern in the quality of notes, such as histories and physicals and consults, the quality of generating a differential diagnosis and quality of patient care. Demonstrating appropriate knowledge on responses to questions of patient care on ward rounds.
### DEPARTMENT OF SURGERY

#### Plastic Surgery

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<tr>
<th>Faculty Evaluator(s)</th>
<th>Eugene Wu, MD</th>
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<th>Daniel Maes <a href="mailto:DaAMaes@salud.unm.edu">DaAMaes@salud.unm.edu</a> 505-272-0434</th>
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| Prior Approval Required: | No |

### Goals and Unique Aspects:
The student will demonstrate understanding of the evaluation of potential plastic surgery patients following discussion of the patient with faculty attendings. The student will understand key anatomical features of major flap donor sites, and be able to discuss differences between local, regional and free flaps. The student will demonstrate appropriate decision making for work-up and management of common plastic surgery problems by the completion of the rotation. For common plastic surgical problems, the student will develop basic operative skills as it relates to these problems: instrument handling, knot tying, soft tissue respect, and dressings. The student will demonstrate respect and will collaborate with paramedical personnel (therapists, OR nurses, clinic nurses and secretarial/administrative staff).

### Objectives:
Evaluate the physical and psychological condition of the patient presenting for plastic surgery and participate in pre-, intra-, and postoperative care.

### Responsibilities:
Observational: Student participates in clinic and operating room care.

### Supervision and Training:
Amount and type: Student is supervised by plastic surgeons. Teaching during daily rounds, in the operating room, in clinic and in weekly didactics.

### Evaluation:
Criteria for outstanding grade: Superior effort on the part of the student to evaluate and understand the patients’ problems and prepare for and participate in surgery.
**APPROVAL REQUIRED**

**DEPARTMENT OF SURGERY**

**Vascular Surgery Sub-Internship**

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- # of Students per Block: 1
- Faculty Evaluator(s): Muhammad Ali-Rana, MD
- Prerequisites: Yes - All Phase II Clerkships
- Accepts Visiting Students: No
- Accepts Off-Cycle Date Requests: Yes – with department permission

**Goals and Unique Aspects:**
Exposure to patients with peripheral vascular disease.

**Objectives:**
1. Master the basic principles of the physical examination of the vascular system.
2. Be able to recognize and diagnose patients with arterial and venous insufficiency.
3. Become familiar with the non-invasive assessment of the arterial and venous circulations.
4. Learn how to interpret an arteriogram.
5. Become familiar with medical and surgical management of patients with diseases of the vascular system.

**Responsibilities:**
Clinical: Function in the capacity of a sub intern. Optional: participate in ongoing clinical research projects and help prepare a paper or case report for presentation at resident/student research forum.

**Supervision and Training:**
All work is supervised by surgical attendings and senior residents. Pre-op Didactic Content: Vascular Conference every Wednesday at 4:00pm. Vascular Case Conference third Wednesday of the month. Weekly Morbidity and Mortality Conference every Wednesday morning.

**Amount and type of supervision:**
1. Daily rounds with attending staff and service
2. Participate in surgical procedures
3. Participate in vascular surgery clinics

**Evaluation:**
Criteria for Outstanding Grade: Performing at the level expected for an intern in the quality of notes, such as histories and physicals and consults, the quality of generating a differential diagnosis and quality of patient care. Demonstrating appropriate knowledge on responses to questions of patient care on ward rounds. Demonstrating appropriate knowledge in OR and clinics. Evaluation to be determined by vascular house staff and service attending.
DEPARTMENT OF SURGERY  
Pediatric Urology

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Goals and Unique Aspects:
To assume more responsibility with regard to patient work-up and management on the wards and in the clinic as compared to a Phase II student. To participate in the OR commensurate with his/her ability.

Objectives:
1. To enhance the student’s knowledge of the evaluation and management of pediatric urology patients.
2. To recognize pertinent clinical problems and develop appropriate treatment plans.
3. To develop a degree of competency that allows the student to do independent initial evaluations in clinic.
4. To assist in the OR.

Responsibilities:
Observational: Clinics, OR, inpatient, x-rays, ICU’s.
Clinical: Become familiar with all tests and x-rays ordered for pediatric urology patients, and be able to interpret them. Research: Available, but not required.

Supervision and Training:
Amount and type: All work is supervised by surgical attendings and senior residents. Teaching: Daily with faculty and residents. Didactic content: Attend all conferences, lectures, and VPs. Required readings.

Evaluation:
Based on a fund of knowledge of urology, quality of patient care, technical ability, comprehension of didactic material and other usual criteria. Criteria for grade of “Outstanding”: Demonstration of outstanding fund of knowledge of pediatric urological diseases, technical ability, and patient care.

Additional Information:
This is a unique opportunity to participate in New Mexico’s only comprehensive pediatric urology surgery program. Management of these patients provides invaluable knowledge, which will be used in many other medicine disciplines.
DEPARTMENT OF SURGERY

Clinical Applications of Anatomy

Course Number: CLNS 769
Duration: 4 weeks
Credit Type: Non-Clinical Elective

Block Number
1 2 3 4 5 6 7 8 9 10 11 12 13
X = Offered in Block
# of Students per Block: 10

Faculty Evaluator(s): Faculty on Service
Prerequisites: Yes - All Phase II Clerkships

Accepts Visiting Students: No
Accepts Off-Cycle Date Requests: No

Add/Drop Policy: Add: 30 Days, Drop: 30 Days, Other:
Clerkship Contact: Daniel Maes, DaAMaes@salud.unm.edu, 505-272-0434

Prior Approval Required: YES - Must submit Add Form after Phase III schedules are released

Goals and Unique Aspects:
The “Surgical Boot Camp” is a 4 week elective held in the spring for students who are planning on enrolling in surgical residency programs with the primary purpose of preparing the student for their internship year. The elective is designed to be action-based and hands-on and will be facilitated by faculty and staff of the UNM School of Medicine. Unique aspects of this elective will include operative anatomy labs, group dynamic scenarios, technical skills sessions and simulations and mock paging scenarios.

Objectives:
Patient Care and Medical Knowledge:
1. Demonstrate the ability to write comprehensive and appropriate orders for surgical patients.
2. Demonstrate the ability to manage common electrolyte abnormalities in the surgical patient.
3. Demonstrate the ability to interpret common ancillary testing performed on the surgical patient.
4. Establish the fundamentals of basic perioperative care of the surgical patient.
5. Demonstrate the ability to function safely in the role of the first responder to an urgent or emergent patient care situation.

Technical Skills:
1. Demonstrate proficiency in performing bedside procedures.
2. Demonstrate proficiency in performing minor procedures.
3. Demonstrate understanding of basics of wound care and management.
4. Demonstrate proficiency in performing emergency procedures.

Professionalism:
1. Develop strategies for addressing professionally challenging situations in surgical residency.

Interpersonal Skills and Communication:
1. Effectively interact and communicate will all members of the healthcare team.
2. Effectively handoff patient information during transitions of care.

Practice-Based Learning and Improvement:
1. Optimally utilize the medical record.

Responsibilities:
Attendance and participation in lectures, cadaver labs and simulations. Answering mock pages. Completion of pre- and post-course questionnaires.
**Supervision and Training:**
Teaching done through lectures, cadaver labs and simulations and debriefing of mock pages.

**Evaluation:**
Evaluation will be based on attendance and participation in labs and scenarios, graded response to mock pages and completion of pre- and post-course questionnaires.

**Additional Information:**
This course is generally offered only once during an academic year, either during the month of March (block 12) *or* April (block 13).
DEPARTMENT OF SURGERY  
Endocrine Surgery

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<td>Nathan Boyd, MD</td>
<td>Ivan Pinon, MD</td>
<td><a href="mailto:NHBoyd@salud.unm.edu">NHBoyd@salud.unm.edu</a></td>
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Goals and Unique Aspects: 
Surgical disorders of the thyroid and parathyroid glands are common and have a major impact on patients’ quality of life. This rotation was designed to give students a comprehensive overview of how to diagnose and treat surgical disorders of the thyroid and parathyroid glands. It will be useful for almost anyone who plans to practice clinical medicine, as care for these patients crosses so many disciplines. We want this rotation to be fun and are very open to tailoring the experience to each students’ interests.

Objectives: 
The field of endocrine surgery is vast and encompasses many uncommon diseases and syndromes. The curriculum for this rotation is based on common endocrine diseases and the associated skills needed to treat them. Occasionally, uncommon syndromes are discussed because of their underlying pathophysiology and presence on standardized examinations.

Responsibilities: 
Thyroid disease 
Knowledge:  
1. Epidemiology of thyroid cancer (papillary, follicular, medullary, anaplastic) 
2. Work-up of a thyroid nodule 
3. Indications for and extent of surgery (ATA guidelines) 
4. Basic surgical anatomy 
5. Postoperative treatment, surveillance, and monitoring

Skills:  
1. Perform FNA biopsy 
2. Obtain operative exposure of the thyroid gland 
3. Close incisions related to central neck surgery 
4. Visually identify the recurrent laryngeal nerve, parathyroid glands, carotid artery, etc. 
5. Perform flexible laryngoscopy to assess vocal cord function before and after surgery

Parathyroid disease: 
Knowledge:  
1. Epidemiology and morbidity of primary hyperparathyroidism
2. Preoperative evaluation including radiographic studies

Skills:
   1. Demonstrate the major central neck anatomy with ultrasound

Supervision and Training:
This elective is offered via joint collaboration between the division of Otolaryngology-Head and Neck Surgery and the Division of Endocrinology. The primary supervisors will be Nathan Boyd, Garth Olson, and Ivan Pinon. Medical students will have the opportunity to work with multiple other providers and have the opportunity to tailor their experience to their interests.

Evaluation:
Student will receive a joint evaluation performed by Nathan Boyd, Garth Olson, and Ivan Pinon. The final grade for the rotation will depend on student participation in clinical assignments, demonstration of knowledge as defined in the course objectives, and a 15 minute presentation on an endocrine surgery topic of the student’s choice. There may also be a short exam at the end of the rotation, though this would be the least consequential part of the final assessment.
DEPARTMENT OF SURGERY

Trauma Sub-Internship

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<tr>
<td>Clerkship Contact:</td>
<td>Daniel Maes</td>
<td><a href="mailto:DaAMaes@salud.unm.edu">DaAMaes@salud.unm.edu</a></td>
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Goals and Unique Aspects:
The principal goal on the Trauma Surgery rotation is to become familiar with the care of the trauma patient, from initial resuscitation through discharge and post-hospitalization care. This entails understanding the assessment of the injured patient as outlined in the American College of Surgeons Advanced Trauma Life Support (ATLS) course.

Objectives:
1. Perform an initial trauma evaluation in accordance with principles of ATLS
2. Manage non-ICU level trauma inpatients under the supervision of the Trauma Team, including daily rounds, oral presentations to Acute Care Surgery Faculty, and follow-up of testing, progress, and discharge planning.
3. Participate in trauma procedures and operations.
4. Understand the trauma team structure and participate in team-based care

Responsibilities:
1. Manage assigned trauma ward patients on the service under the direction of the Junior Resident/APPs/Chief Resident/Attending Surgeons.
2. Attend daily ward rounds with the team.
3. Attend all Trauma Surgery Clinics (see Outpatient Clinic for details).
4. Attend and participate in the weekly trauma educational conferences (see Weekly Schedule for details).
5. Scrub in on all operative cases as patient care allows.
6. Read assigned materials as distributed and as directed.
7. Respond to all Trauma activations and act as the recorder with other duties as assigned.
8. Participation and observation of all procedures.

Supervision and Training:
Amount and type: Daily rounds by attendings. All activities under supervision of residents and APP’s. Didactic content: Morning rounds. Reading and background material provided. Attend weekly educational conference, and Department of Surgery Grand Rounds and Morbidity and Mortality Conference. Student is expected to make one didactic presentation of 15-20 minutes at weekly educational conference.

Evaluation:
Criteria for Outstanding Grade: Performing at the level expected for an intern in the quality of notes, such as histories and physicals and consults, the quality of generating a differential diagnosis and quality of patient care. Demonstrating appropriate knowledge on responses to questions of patient care on ward rounds. Demonstrating
appropriate knowledge in OR and clinics. Criteria for outstanding grade: By consensus of attendings and housestaff.
Goals and Unique Aspects:
This course is designed to allow the sub-intern to follow his/her own patients from the clinic, to the OR, to the ICU, and to the ward, thereby allowing an appropriate level of autonomy in order to gain confidence in the management of vascular surgery patients in preparation for a surgical residency program or to increase their skill set in caring for future surgical patients (e.g. as a primary care provider). The VA Vascular Surgery learning environment will be formulated as an “apprenticeship” model (rare in today’s training environment) and the sub-I will often be able to first-assist during operations.

Objectives:
The principal goal for the Sub-I is to become familiar with the pathophysiology of vascular disease. This will be achieved by:
1. Learning the signs and symptoms of arterial, venous, and lymphatic disease.
2. Performing accurate and detailed vascular examinations including the interpretation of vascular lab examinations and cross-sectional imaging.
3. Developing an individualized treatment plan for each patient.

Responsibilities:
The Sub-I will function as an intern on the vascular surgery resident team, however, time spent in the OR will be one-on-one with the operating surgeon as often as possible to engage the student in the operative decision-making, basic catheter and wire skills, and open technical skills to prepare the student for surgery residency. The Sub-I will prepare an educational didactic presentation for the Wednesday AM conference, lead rounds on their patients, see patients in the clinic, and operate as described above. Participation in ongoing quality improvement and/or research projects is strongly encouraged. Graduated responsibility in carrying the surgical on-call pager may also be possible.

Supervision and Training:
The Sub-I will be expected to present their patients scheduled for operations at the preoperative indications conference which is held each Wednesday starting at 0700. Didactics, hands-on demonstrations, divisional M&M, ethics discussions, and vascular lab demonstrations will also be integrated into the Wednesday morning educational programming, and the student will be assigned no less than one didactic presentation during their rotation. The Sub-I will also be expected to spend time in the vascular laboratory to gain real time knowledge of this valuable assessment tool. When time allows, the student will be expected to attend the UNM Vascular Surgery conference on Wednesdays at 1600.

Evaluation:
Criteria for Outstanding Grade: Performing at the level expected for an intern in the quality of notes, such as histories and physicals and consults, the quality of generating a differential diagnosis and quality of patient care. Demonstrating appropriate knowledge on responses to questions of patient care on ward rounds. Demonstrating appropriate knowledge in OR and clinics.
Goals and Unique Aspects:
This rotation provides the subintern an intensive exposure to the care of the plastic surgery and burn patient: Surgical and non-surgical treatment, critical care management and evaluation of outpatient wounds. The subintern will participate in the care of patients, assessment of wound depth and the prognosis for wound healing and excisional debridement and autografting of wounds.

Objectives:
1. Obtain history and physical examination. Gather important information that is needed for the general history and perform accurate, rapid and thorough physical examination of plastic surgery and burn patients.
2. Knowledge, diagnostic and treatment skills. Demonstrate knowledge about established and evolving management of wounds.
3. Professionalism and communication. Provide patient care that is compassionate, appropriate and effective. Adherence to ethical principles and sensitivity to diverse patient populations.
4. Surgical skills (under supervision). For burn surgery, perform tangential burn wound excision, harvest split thickness autografts, apply and secure autografts to wound, use skin graft mesher, and perform escharotomy. For plastic surgery, learn about the reconstructive ladder and advanced techniques for wound closure.

Responsibilities:
The subintern will function as an intern on the Plastic/Burn Surgery team. Time spent in the OR will engage the student in the operative decision-making and basic operative skills outlined in the objectives to prepare the student for surgery residency. The subintern will prepare an educational didactic presentation for our educational conference, lead rounds on their patients, see patients in the clinic, and operate as described above. For the new plastic/burn surgery sub internship, the student will be expected to take call for 2 weekends (out of their 4 week rotation) along with select weekdays (for maxillofacial trauma call) at the discretion of the plastics chief resident but not to exceed duty hour rules. No night shifts. Rotation will primarily be inpatient direct patient care but will also include outpatient clinics and consult components.

Supervision and Training:
Supervision will be from the Plastic/Burn Service team including attendings, residents and APPs. The subinterns will be expected to present all patients to a team member and will be supervised during all procedures/surgeries.

Evaluation:
Pre-, mid-, and post-rotation assessments will be scheduled with the faculty for ongoing and real-time feedback for the subintern to ensure goals for the rotation are being met.
DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION

Comprehensive Ambulatory Care - Required

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Accepts Visiting Students: No
Accepts Off-Cycle Date requests: No

Add/Drop Policy: Add: 60 Days  Drop: 60 Days  Other: *Strict Add/Drop Policy* See Additional Info

Clerkship Contact:
- Details of courses & preceptor requests: Monae Archibeque MTArchibeque@salud.unm.edu
- Block Scheduling: Davette Sandoval ddelaosandoval@salud.unm.edu  505-272-0971

Prior Approval Required: No

Goals and Unique Aspects:
The outpatient clinic has long been the site for the primary care and coordination of preventive care, but increasingly the care of more complex patients and highly technical procedures are being transferred to the outpatient setting. Understanding capabilities and limitations of the outpatient setting will be critical to providing effective healthcare in the future. In this rotation, you will participate in three main areas of focus: (1) The Comprehensive Ambulatory Block is a final opportunity for you to discuss in depth major challenges facing healthcare with peers and share your experiences and perspectives gained over the course of medical school. (2) You will be working on the frontlines in an outpatient clinic assigned through a lottery process to see how clinics are adapting to current demands and to observe innovative strategies to address these challenges. (3) Finally, you will be exploring an ethical public health dilemma in an oral and written capstone presentation.

Objectives:
- Seminars:
  1. Describe the macro-environment for delivery of care in the outpatient setting, including economic, legal, public health, and ethical factors.
  2. Discuss challenges to/innovative strategies for the delivery of comprehensive care in the outpatient setting.
  3. Identify skills for maintaining resilience and managing boundaries in ambulatory practice.

- Clinical Selective:
  1. Recognize challenges and best practices for providing comprehensive outpatient care in a selected setting.
  2. Apply skills mastered during Phase 2 to direct patient care in an ambulatory setting.
  3. Develop skills in interprofessional team collaboration

- Capstone:
  1. Analyze a public health issue, which poses an ethical dilemma relevant to future practice.

Responsibilities:
- Complete pre-reading, attend, and actively participate in all required seminars.
- Attend all required sessions of the clinical selective to which you have been assigned.
3. Complete 3-5 page research paper.
4. Make an oral presentation of your research topic.
5. Present a challenge you have observed in your clinic and an innovative proposed solution to address it.

Supervision and Training:
Attending faculty preceptors supervise students in clinical settings. Experts in the field facilitate interactive seminars.

Evaluation:
To receive full credit, students must participate in all seminars, site rotations and capstone requirements.

Additional Information:
There is limited availability for this required block (it is offered only 6 blocks) and requires advanced scheduling with the preceptors. Please check with OMSA before making any block changes pertaining to CAC, because there is no guarantee you’ll be rescheduled in this academic year.
### DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION

#### Research Electives

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**Prior Approval Required:** YES - Must submit Add Form after Phase III schedules are released

**Course Offerings:**
- CLNS 901 Research I
- CLNS 902 Research II Prerequisite: CLNS 901 Research I
- CLNS 903 Research III Prerequisite: CLNS 902 Research II

**How to Register:**
Submit a completed Research Add/Drop Form signed by research mentor to hsc-omsa@salud.unm.edu.
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### # of Students per Block

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### Faculty Evaluator(s)

Amy Clithero-Eridon, PhD

### Prerequisites:

Yes All Phase II Clerkships

### Accepts Visiting Students

No

### Accepts Off-Cycle Date Requests

No

### Add/Drop Policy

Add: 60 Days  Drop: 60 Days  Other: *Strict Add/Drop Policy* See Additional Info

### Clerkship Contact:

Details of courses & preceptor requests:

- Antoinette Guliford
  - aguliford@salud.unm.edu  505-272-4568

Block Scheduling:

- Davette Sandoval
  - ddelaosandoval@salud.unm.edu  505-272-0971

### Prior Approval Required

No

---

### Goals and Unique Aspects:

Regardless of future specialty, all residency programs require clinical expertise, the ability to work in a complex ever-changing healthcare system, leadership and time management capabilities and scholarly work. This rotation will give you practical experiences including practicing in the community and pursuing life-long learning through continuing education depending on YOUR learning goals.

The goals of this block are for students to:

1. Improve skills in area of specialty
2. Demonstrate independent learning and critical thinking skills
3. Demonstrate adult learning by identifying and achieving your learning needs

### Objectives:

1. Clinical: develop clinical skills in your area of specialty by working with a preceptor in his/her practice
2. Completion of a learning track that meets your learning needs and area of interest
   - Track 1: Healthcare concepts
   - Track 2: Population health exploration
   - Track 3: Scholarly work

### Responsibilities:

Minimum of 96 clinical hours with your preceptor as well as successful completion of one of three tracks, all of which have weekly homework assignments. In addition, you will complete an on-line course evaluation and your preceptor will submit an evaluation of your skills and abilities along with a signed certification of effort. There is a mandatory 1 hour orientation that you must attend *before* the rotation start date.

### Logistics:

60 days prior to the block, Antoinette Guliford will send an email to the students to discuss preceptor options. For those enrolled in Block 10, there will be a 90 day add/drop commitment. Rotations will only be rescheduled under extreme circumstances. We have made firm commitments to preceptors and you are expected to honor your commitment to the times/dates that you have chosen. Once a student is scheduled for a specific rotation, it is binding to the same extent as other clinical rotations. If the date is to be changed the request must be approved.
by both OMSA and the Preceptorship office. In some instances there is housing and/or mileage reimbursement. Contact Antoinette Guliford for more information.

Additional Information:
There is limited availability for this required block (no more than 12 students can be registered each block) as advanced scheduling with preceptors is required. Please contact OMSA to inquire on availability before requesting any block changes (ADD or DROP) pertaining to Medicine in New Mexico, as there is no guarantee that you’ll be rescheduled in this academic year.
DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION

Advanced Clinical Reasoning

Course Number: CLNS 950D
Duration: 4 weeks

Credit Type: Non-Clinical Elective

Goals and Unique Aspects:
This course is offered to students who are interested in honing their skills in clinical reasoning. The course provides explicit instruction in clinical reasoning processes in conjunction with clinical work (typically 10 hours per week in UNMH). Students will attend two 3-hour seminars per week organized around common clinical presentations (e.g. “chest pain” or “altered mental status”). Faculty will walk students step-by-step through the clinical reasoning process using either cases students have evaluated in the hospital or with web-based cases as prototypes. They will challenge students to identify key features of important diagnoses (illness scripts), compare and contrast competing diagnostic hypotheses using clinical reasoning diagrams and outline investigative strategies. Students will participate in additional workshops on hypothesis-driven physical exam and on advanced communication skills. They will receive coaching on their oral presentation skills. Additional activities will support students’ individual learning objectives. Participation in this course will provide students with tools to enhance their clinical performance, meet Phase II and Phase III expectations and support their ongoing development in clinical reasoning.

Objectives:
- Define common terms used to describe clinical reasoning.
- Perform an accurate clinical evaluation of a patient and synthesize the data collected into a problem presentation.
- Perform discriminating physical exam maneuvers correctly.
- Develop illness scripts for common important diagnoses using clinical experience and medical literature.
- For common presentations, compare and contrast relevant differential diagnoses, identifying discriminating features and justifying a working diagnosis.
- Develop a problem list that reflects clinical priorities.
- Self-assess their reasoning performance, identifying strengths and areas for improvement.

Responsibilities:
Attend all didactic sessions and actively participate. Attend all sessions with preceptor in ED. Attend communication intensive. Complete online work and submit required work.

Supervision and Teaching:
Students will be supervised in the hospital by the assigned faculty. They will present patients that they evaluate and will receive feedback at the end of each shift on their performance. In addition, a faculty coach will meet with...
students on a weekly basis to review their progress on course objectives, and review assignments/application exercise results.

Evaluation:
Students will pass the course if they meet the requirements. If more than half of required work is turned in by midpoint, then the student will receive an outstanding.
**DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION**

**Teaching Elective**

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**Block Number**

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**# of Students per Block**

Flexible (with approval)

**Faculty Evaluator(s)**

Faculty Mentor

**Prerequisites:**

Yes  All Phase II Clerkships

**Accepts Visiting Students**

No

**Accepts Off-Cycle Date requests**

No

**Add/Drop Policy**

Add: 45 Days  Drop: 45 Days  Other:

**Clerkship Contact:**

Davette Sandoval  ddelaosandoval@salud.unm.edu  505-272-0971

**Prior Approval Required:**

YES - Must submit completed Teaching Elective Add Form after Phase III schedules are released

**Goals and Unique Aspects:**

Teaching and communication skills are essential to the effective practice of medicine. Medical students will benefit from teaching and tutoring experience relevant to their medical training and clinical practice. This elective is designed to develop teaching skills for 4th year medical students, and includes mentoring for students with an interest in academic medicine.

**General Teaching Elective Options (and others that student may design):**

- Teaching Assistant. Develop teaching & learning sessions with block or clerkship faculty; may include writing of cases, teaching a small group tutorial, and other within course assistance. Plan developed with Faculty Mentor.
- Phase I student tutor. Develop and coordinate review sessions: step 1 content review; practice sessions and clinical skills coaching for Phase I-II (CE) and Phase II (OSCE) exams (may include participation in the A&L Clinical Reasoning block). Plan developed with Faculty Mentor.

**Objectives:**

Students will be able to:

- Expand understanding of instructional methods and learning process
- Gain experience with organizing materials for review sessions, PAL tutoring sessions, etc.
- Gain experience in teaching and/or tutoring
- Gain experience in coordinating small group teaching and learning sessions
- Develop skill and gain experience in presentation
- Enhance post-graduate training opportunities

**Responsibilities:**

- Student contacts a potential Faculty Mentor and together devise plans for a Teaching Elective.
- Elective activities potentially include basic and clinical science and performance, and/or Step 1 study, or student suggestion.

**Evaluation:**

Grading is Credit/No Credit. Mentor is responsible for evaluation, with evaluation criteria established at the outset.
CONDUCTING CLINICAL TRANSLATIONAL RESEARCH WITHIN HEALTH SYSTEMS

DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION

Course Number: CLNS 950HS
Duration: 4 weeks
Credit Type: Non-Clinical

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<tr>
<th>Block Number</th>
<th>X Offered in Block</th>
<th># of Students per Block</th>
<th>Faculty Evaluator(s)</th>
<th>Prerequisites</th>
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<tr>
<td>1</td>
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<td>Amy Clithero-Eridon, PhD</td>
<td>No</td>
</tr>
</tbody>
</table>

Goals and Unique Aspects: Health Services Research examines how people get access to health care, how much care costs, and what happens to patients as a result of this care. General knowledge of Health Services Research will be gained along with specific knowledge of the various stakeholders affected by the implementation of research in health systems. Upon successful completion of the course, if a student would like to design and implement or participate in an ongoing HSR project they will be invited to a weekly HSR faculty meeting to meet with and find a faculty mentor.

Objectives: (1) The learner will demonstrate understanding of the U.S. healthcare system and how health status indicators are affected by cost, access and quality (2) Students will demonstrate the ability to form health service research questions (3) The learner will be able to articulate and consider quality and regulatory needs of health systems in consideration of various study designs (4) The learner will demonstrate understanding of health plan operations data and how it can be used for health services research (5) The learner will demonstrate understanding of select databases and their role in potential research on populations.

Responsibilities: This is a foundational knowledge course that is designed as an independent study. There are no didactic sessions. There are several readings assigned and a weekly writing assignment that culminates in a final paper due at the end of the course.

Supervision and Training: Weekly feedback is given by the instructor.

Evaluation: Grading is based on timely submission and quality of weekly assignments and the final paper.

Additional Information: Research on our healthcare system can save more lives in the next decade than bench science, research on the genome, stem-cell research, cancer vaccine research, and everything else we hear about on the news” Academy Health ARM 2005

*For CLNS 950HS, students can work with their preceptor to determine their own 4-week block. The EXACT dates should be listed on the Research Add/Drop form. If the block falls off-cycle with the standard UNM Block, the course will be added to the student’s schedule in the next closest available block. Please note, students can only take one course at a time. Courses are not permitted to overlap.
The University of New Mexico School of Medicine 2021-2022 Phase III Clerkship Catalog

The UNM School of Medicine reserves the right to make changes to any of the policies, procedures, codes, standards, requirements, or services included in this handbook as it deems necessary, with changes applicable to all students in attendance at the SOM Doctor of Medicine program. Please visit the OMSA website to obtain a copy of the most current 2021-2022 Phase III Clerkship Catalog.

*APPROVAL REQUIRED*

DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION

UNM Quality Improvement Practicum

<table>
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<tr>
<th>Course Number</th>
<th>CLNS 950W</th>
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<tr>
<td>Faculty Evaluator(s)</td>
<td>Sergio Huerta, MD</td>
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<td>Prerequisites:</td>
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<td>Accepts Visiting Students</td>
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<td>Add/Drop Policy</td>
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<tr>
<td>Clerkship Contact:</td>
<td>Davette Sandoval</td>
<td><a href="mailto:ddelaosandoval@salud.unm.edu">ddelaosandoval@salud.unm.edu</a></td>
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<tr>
<td>Prior Approval Required:</td>
<td>YES - Must submit Add Form after Phase III schedules are released</td>
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</table>

Goals and Unique Aspects:
The UNM Quality Improvement Practicum will be curricular opportunity for medical students to learn about quality improvement through the design and implementation of a student-driven quality improvement initiative. Students will be introduced to the field of quality improvement, as well as gain a deeper understanding of its methods, through the completion of online Institute for Healthcare Improvement quality improvement modules and participation in monthly discussion sessions. Throughout the course, students will work in teams to develop a unique quality improvement initiative with the assistance of resident and faculty mentors skilled in quality improvement, as well as field operatives (social work, case management, nursing, and/or pharmacy quality improvement champions) within UNM Hospital.

Objectives:
1. Introduce students to the field of quality improvement.
2. Promote a deeper understanding of quality improvement methods through online education, seminar-based discussion, and experiential learning.
3. Facilitate the design, implementation, and evaluation of student-driven quality improvement initiatives.
4. Create student mentorship opportunities with faculty and residents skilled in quality improvement.
5. Improve patient care in areas of student interest.
6. Assist students in publishing completed quality improvement projects at local and national meetings.
7. Provide an opportunity for medical students to fulfill their research requirement.
8. Serve as a forum to connect medical students with quality improvement initiatives.

Responsibilities:
Online educational modules are to be completed independently by medical student participants. Monthly discussion sessions will be led by faculty and resident mentors. Additional meetings to insure project implementation will be coordinated and overseen by faculty mentors, resident mentors, and field operatives. Students will be in regular contact with faculty mentors, resident mentors, and field operatives via email and phone.

Evaluation:
Student satisfaction will be assessed via pre and post surveys. Student understanding of quality improvement will be assessed via the validated QI-Kat-R questionnaire. Additional metrics for program for success, including the number of completed quality improvement projects and the number of medical student publications, will be assessed on a continuous basis.
Additional Information:
Prior approval is required. Please contact Faculty Evaluator for approval. Once approved by department, submit add/drop request to OMSA.* Please note this course is graded credit/no credit (a letter grade O, G, S, F will not be assigned).

A series of monthly meetings held over a 9-month period will facilitate a discussion of quality improvement, as well as the design and implementation of a student-driven quality improvement initiative.

- Students will complete the Institute for Healthcare Improvement’s Open School Quality Improvement QI 101 -- 105 modules (101-103 prior to starting, and 4 and 5 during months 3 and 4). A discussion of the material covered by the online module(s) will be led by a faculty/resident mentor to reinforce key points.

- As a team, medical students will identify a project, author a project proposal, complete background research, and plan an initial PDSA cycle during months 1 and 2. Each team will be aided by a faculty/resident mentor, as well as a field operative. Scale should be 2 weeks to 1-month interventions. During months 3, 4, and 5, repeat PDSA cycles will be undertaken.

- Between monthly meetings, students will meet with their faculty/resident mentor on one occasion, and then as needed thereafter. Medical students will meet with their field operative as frequently as necessary in order to successfully implement their quality improvement initiative.

- During month 6, final data will be analyzed and groups will share their projects. Upon completion of the series, students will be encouraged to continue working their intervention, as well as assist the program by serving as a student mentor.

*IMPORTANT NOTE: If student used QIP as credit for their scholarly project in phase I or II, they are not eligible to receive phase III credit.*
### DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION

**WISE/Doctoring Teaching Elective**

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<td>Patrick Rendon, MD</td>
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### Goals and Unique Aspects:

This course is designed to help 4th year medical students develop the skills needed to be more effective educators as they transition to a teaching role in residency and eventually as clinical faculty. During this course, students will have the opportunity to engage in both hands on teaching of junior medical students as well as development of content and curricula during 2 Phase I courses – Doctoring and WISE.

### Objectives:

- Develop a skill set in optimal teaching behaviors based on the Stanford model in clinical teaching
- Demonstrate at least 2 specific teaching strategies to effectively facilitate learning in clinical situations, large and small-group learning sessions
- Create medical school curricula using a 6 step model (Kern)
- Appreciate the complexities associated with being an instructor in a medical school curriculum
- Participate in medical educator development sessions offered through the Office for Continuous Professional Learning
- Increase satisfaction and decrease anxiety about teaching

### Responsibilities:

For the Doctoring component, students will be responsible for facilitating small group exercises, developing cases, and developing content around cross-cutting issues. For the WISE component, students will have the opportunity to develop active learning sessions (e.g., case based learning, multiple choice questions), create cases for the course, and develop curricula for the upcoming WISE week (depending on which semester is chosen for the fellowship).

### Supervision and Training:

Supervision will be provided by Dr. Rendon (WISE) and Dr. Morrison (Doctoring) for the duration of the elective. Students will be required to meet with Dr. Rendon or Dr. Morrison at regular intervals during the elective (e.g., at least twice prior to any teaching session). The student will also be supervised during most sessions in which he or she is teaching in the medical curriculum (e.g., case based learning during the WISE week) and be given feedback.

### Evaluation:

Final grade is Credit/No Credit. A passing grade is contingent on participation in all of the following unless otherwise excused by the course co-directors: 1) Completion of a curricular project of the student’s choosing, e.g. Development of at least 1 teaching session during the upcoming WISE week or development of a session activity
in an area of interest relevant to Doctoring negotiated with a Doctoring course director, 2) 40 hours of facilitating or teaching in a WISE week active learning session and/or Doctoring session.

The student will be observed teaching and will receive both formative and summative evaluation and feedback for his or her participation in Doctoring and WISE.

Additional Information:
This longitudinal block spans both fall and spring semesters. Students will receive two hours credit in the fall and two hours in the spring (a typical 4-week Phase III block is 4 hours total credit). Students must keep a log of their direct face-to-face teaching that they complete including date, time (duration), setting (WISE versus Doctoring), and name of the faculty preceptor with whom they co-facilitated. This must be submitted at the end of the fall semester and then in the spring once the student has completed all the hours. The total contact hours required do not have to be evenly divided in the fall and spring, but students need to document that they completed all required hours.
DEPARTMENT OF UNDERGRADUATE MEDICAL EDUCATION
Creating Medical Educators for the Future

Course Number: CLNS 950Z  
Duration: 4 weeks

Credit Type: Non-Clinical Elective

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# of Students per Block: 20 (additional students may be considered)

Faculty Evaluator(s): Patrick Rendon, MD

Prerequisites: Yes  
All Phase II Clerkships

Accepts Visiting Students: Yes  
Domestic MD and Domestic DO

Accepts Off-Cycle Date requests: Yes – with department permission

Add/Drop Policy: Add: 30 Days  
Drop: 30 Days  
Other: |

Clerkship Contact: Patrick Rendon, MD  
prendon@salud.unm.edu  
505-264-3217

Prior Approval Required: No

Goals and Unique Aspects:
This course teaches 4th year medical students how to teach and all participants will earn a Stanford Clinical Teaching certificate. The course is designed to help 4th year medical students (course may include residents) develop the skills needed to be more effective educators, learners, and clinicians as they transition to a teaching role as resident or attending physicians. All students are welcome, even if they choose not to pursue a career in academics. This course will teach students how to teach colleagues, learners, employees/staff, and patients. Through reading, interactive sessions, and teaching practice, students will be introduced to methods of teaching in large-group, small-group, and one-on-one scenarios. This includes practice teaching one another, junior and senior medical students, resident physicians, and standardized patients. As part of this course students will become certified in the Stanford Clinical Teaching Method which can be added to their CVs and is often discussed during residency interviews. By the end of the rotation, students will be competent in their understanding of evidence-based methods of learning, optimal teaching, and how to design curricula for academic and non-academic settings. Student participants in this course will have ample opportunity to practice teaching in the Phase I Clinical Reasoning Course, Doctoring, Pediatric Morning Report, Internal Medicine Afternoon Report, and the Phase I WISE Curriculum.

Objectives:
By the end of the course, learners should be able to:
- Outline at least 4 principles of learning theory
- Describe how principles of learning theory apply to teacher-student and physician-patient interactions
- List at least 4 components of effective evidence-based teaching
- Describe 3 techniques for effective information sharing with colleagues and patients
- Demonstrate at least 2 specific teaching strategies to effectively facilitate learning in clinical situations, large and small-group learning sessions
- Demonstrate at least 3 best practices of public speaking
- Outline the basic structure of a medical curriculum
- Recognize the importance of medical students and residents as teachers
- Increase satisfaction and decrease anxiety about teaching

Responsibilities:
Participants are responsible for the readings (Make it Stick), teaching one another, preparing and teaching in Pediatric and Internal Medicine case conference, and teaching first or second year students in the WISE Curriculum.
Supervision and Training:
Supervision of participating learners will occur both in the classroom and in small-group teaching sessions where feedback will be provided by faculty and one another. Learners will practice teaching skills as co-facilitators in small-group sessions for phase I or II medical students or with peers in class. Course faculty will supervise students during these activities or alternatively recruit additional faculty as small group session co-facilitators. Student/resident teaching will be observed during delivery of one or more large-group didactic sessions, after which faculty and class participants will provide feedback.

Evaluation:
Final grade is pass/fail. A passing grade is contingent on participation in all the following unless otherwise excused by coordinator:
1. Attendance of at least 75% of didactic sessions,
2. Participation in all assigned teaching sessions,
3. Delivery of a final didactic or other teaching sessions utilizing teaching methods learned in the course,
4. Completion of all online coursework with a passing grade.

Additional Information:
The development and structure of the course is based on Dr. David Kern's book Curriculum Development in Medical Education and the AAMC logic model in program evaluation provided by the AAMC's Te4Q seminar.