| **Overarching Goals** | **Learning Objectives: By the end of the rotation, students will be expected to:** | **Where/how taught**  *(location or learning activity)* | **Taught by**  *(attending, fellows, etc.)* | **How student’s achievement of objective is assessed**  *(assessment method)* | **How feedback is given**  *(feedback method)* | **Quantity target**  *(target number of patients/ events during rotation)* |
| --- | --- | --- | --- | --- | --- | --- |
| **HP 1.2** | Consistently engage patients in discussion about recommended evidence-based health promotion and disease prevention strategies based on individual risk factors. Engage patients in shared decision-making about these decisions. | Shared-decision making conversations with patients | Attending, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 10 |
| **MTD 2.1** | Demonstrates expanded understanding of scientific principles underlying mechanisms and treatment of disease across medicine and in a selected specialty. Applies expanding understanding to nuanced and complex clinical scenarios. Able to articulate this understanding in oral or written formats. | Oral and written presentations | Attending, residents | Direct observation by attending and residents | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 10 |
| **CR 3.1** | Demonstrates ability to create a prioritized differential diagnosis. Able to incorporate patient-specific characteristics and patient preferences into more complex diagnostic or therapeutic decision-making. Consistently incorporates concepts of error in diagnostic reasoning using habits of slowing down, checking self for possible cognitive biases (metacognitive processes). | Oral and written presentations, responding to acute events | Attending, residents | Direct observation by attending and residents | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 10 |
| **PC 4.1** | Obtains a logical, accurate, organized, and hypothesis-driven history, integrating patient-centered and doctor-centered questioning. Adapts to different care settings. Seeks and verifies secondary sources of information when appropriate. Performs a hypothesis-driven exam in a fluid sequence. Uses proper technique and identifies, describes, and interprets normal and abnormal findings. | History and physical examinations of new and existing patients | Attending, residents | Direct observation by attending and residents | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 15 |
| **PC 4.2** | Filters, synthesizes, and prioritizes information into a concise and organized presentation. Integrates pertinent positives and negatives to support hypothesis. Tailors presentation to situation and receiver. Conveys appropriate self-assurance to put patient at ease. Provides a verifiable, cogent, accurate, timely written narrative that includes institutionally required elements. Includes input from other providers. | Oral and written presentations; bedside conversations with patients and family | Attending, residents | Direct observation by attending and residents | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 10 |
| **PC 4.3** | Constructs relevant, prioritized problem lists. Offers sophisticated plans that explain clinical thinking, and reflect guidelines, other literature, controversies, and cost considerations, for more uncommon or complicated patients. Documents shared decision-making with patient. Includes follow up parameters to determine success or untoward effects of plan. Revises approach as new information emerges. Refines processes for efficiency and time management. | Oral and written presentations, bedside conversations with patients and family | Attending, residents | Direct observation by attending and residents | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 10 |
| **PC 4.4** | Coordinates care within and across health care systems or community. Makes appropriate referrals, providing consultants with specific questions and pertinent information. Handoffs include accurate assessment of patient status, anticipatory guidance, contingencies, and question solicitation. Follows through to ensure safe transitions. | Calling consultants, arranging follow up appointments, updating EPIC handoff tool, completing discharge paperwork | Attending, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 20 |
| **PR 5.2** | Takes individual responsibility for learning. Routinely asks for and incorporates feedback, able to effectively provide constructive feedback to others. Routinely self-assesses in competency domains and collaborates to set goals based on self-assessment and feedback by supervisors. | During daily completion of patient care tasks | Attending, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 5 |
| **PR 5.3** | Routinely accountable for all clinical team activities; models interprofessional awareness and collaboration; seeks opportunities to create respectful climate; recognizes when help is needed by team members and others and offers assistance; teaches and encourages other learners; consistent upstander. | During daily completion of patient care tasks | Attending, residents | Direct observation by attending and residents | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 10 |
| **PR 5.4** | Plans schedule to minimize absences from clinical rotations. Plans coverage for patients under their care if there are unplanned absences from clinical services; transparently seeks to ameliorate and correct mistakes; anticipates and is proactive in responding to needs of patients, staff, and team members; manages professional responsibilities with greater ease. | Communication with team members and elective director | Elective director, attendings, residents | In person, phone, and e-mail correspondence | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 3-5 |
| **PR 5.5** | Recognizes nuanced ethical dilemmas and has framework to address these; utilizes resources to support clinicians and patients in the setting of ethically challenging situations. | During daily completion of patient care tasks | Attendings, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 5 |
| **CM 6.1** | Demonstrates consistent patient-centered communication; demonstrates ability to lead serious conversations including goals of care and serious news using published frameworks. Demonstrates sensitive, honesty, and compassion in serious conversations, including those about death, end-of-life, adverse events, bad news, disclosure of errors, and other sensitive topics. | During daily completion of patient care tasks | Attendings, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 20 |
| **CM 6.2** | Demonstrates use of shared decision-making behaviors in complex clinical scenarios and is able to take the lead in shared decision-making conversations with patients and families from diverse backgrounds. Is aware of and avoids inserting personal values and preferences. Thoroughly documents shared decision-making with patients who have chosen alternative treatment paths, when appropriate. | During daily completion of patient care tasks | Attendings, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 20 |
| **CM 6.3** | Demonstrates effective interactions with peers, interprofessional team members, residents, fellows, attendings, and staff in clinical settings, characterized by active listening, respectful and honest communication, ability to ask and answer questions during rounds and other educational sessions. Supports the success of fellow team members, recognizing their contributions and facilitating during challenging team dynamics. | During daily completion of patient care tasks | Attendings, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 20 |
| **RS 7.1** | Consistently considers the impact of psychosocial, structural, or cultural influences on health, disease, care-seeking, care-adherence, and barriers to care. Advocates for patients facing psychosocial, cultural, or structural barriers. | During daily completion of patient care tasks | Attendings, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 10 |
| **RS 7.2** | Applies understanding of current and historical factors affecting health equity among diverse groups to improve the health of patients and communities. Reflects on and addresses the impact that personal biases, identity, and privilege have on interactions and decision-making. | During daily completion of patient care tasks | Attendings, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 20 |
| **RS 7.3** | Consistently uses high-reliability behaviors to minimize error. Actively participates in patient safety and quality exercises including evaluation of structural factors that impede equitable care. Able to describe the PDSA (plan-do-study-act) cycle approach to patient safety. | During daily completion of patient care tasks | Attendings, residents | Direct observation by attending and other members of the healthcare team (nurses, social workers, etc.) | Ad hoc feedback daily, formative feedback in middle of rotation, summative feedback at end of rotation | 3-5 |

**Definitions of Elective**

**Clinical Elective Definitions**

A **Clinical Elective** is an opportunity for a medical student to engage in a clinical rotation with the following characteristics:

1) With appropriate supervision, participate in the care of patients as an adjunct to a primary clinician (usually a fellow or resident) on a service.  The student may interface with the patient, medical team, nursing staff, and other services.

2) Exposure to and participation in day to day activities, tasks, and responsibilities of patient care on the service.

3) A patient case-mix chosen for interesting learning opportunities.

4) An opportunity for exposure to sub-specialty areas of medicine which will enhance student's knowledge base and experience.

5) A level of independence appropriate to a 4th year medical student.