Change in Courses

**MEID 700. Becoming a Physician II.**

Lecture contact hours and semester credit hours
From: (5-0). Credit 5.
To: (3-0). Credit 3.

**MEID 701. Hematology and Oncology.**

Lecture contact hours and semester credit hours
From: (4-0). Credit 4.
To: Credit 1 to 10.

COMPASS course title
From: HEMATOLOGY/ONCOLOGY
To: HEMATOLOGY AND ONCOLOGY

**MEID 705. Seminar Day.**

Lecture contact hours and semester credit hours
From: (0.5-0). Credit .5.
To: Credit 0.5 to 5.

Course title
From: Seminar Day
To: Medical Student Grand Rounds

**MFCM 700. O.C. Cooper Preceptorship.**

Course prefix and number
From: MFCM 700.
To: MEID 709.

Lecture contact hours and semester credit hours
From: (4-0). Credit 4.
To: Credit 1 to 10.
INFORMATIONAL REVIEW

COLLEGE OF MEDICINE
CHANGE IN COURSES
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions
1. Course request type: □ Undergraduate □ Graduate □ First Professional (DDS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name): Select or Type Department/Program Name
3. Course prefix, number and complete title of course: MEID 700 - Becoming a Physician II

Attach a brief/supporting statement for changes made to items 4a thru 4d and 10 below.

4. Change requested
   a. Prerequisite(s): From: ___________________________ To: ___________________________
   b. Withdrawal (reason):
   c. Cross-list with:

   Cross-listed courses require the signature of both department heads.

d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course? □ Yes □ No

6. If grade type is changing for existing course, indicate the new grade type: □ Grade □ S/U □ P/F (CLMB)

7. If this course will be stacked, indicate the course number of the stacked course:

8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

9. Complete current course title and current catalog course description:

10. Complete proposed course title and proposed catalog course description (not to exceed 50 words):

11. As currently in course inventory:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEID</td>
<td>700</td>
<td>Becoming a Physician II</td>
</tr>
<tr>
<td>Lec.</td>
<td>Lab</td>
<td>Other</td>
</tr>
<tr>
<td>80.00</td>
<td>5.00</td>
<td></td>
</tr>
</tbody>
</table>

b. Change to:

<table>
<thead>
<tr>
<th>Prefix</th>
<th>Course #</th>
<th>Title (excluding punctuation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEID</td>
<td>700</td>
<td>Becoming a Physician II</td>
</tr>
<tr>
<td>Lec.</td>
<td>Lab</td>
<td>Other</td>
</tr>
<tr>
<td>48.00</td>
<td>3.00</td>
<td></td>
</tr>
</tbody>
</table>

Approval recommended by:

Diane Chico PhD
Chair, College Review Committee
Date: 6.17.15

Regina Bentley PhD
Dean of College
Date: 6.19.15

Submitted to Coordinating Board by:

Chair, GC or UCC
Date

Questions regarding this form should be directed to Sandra Williams at 845 8201 or sandra.williams@tamu.edu
Curricular Services – 08/14
Course title and number: MIED 700- Becoming a Physician (BAP II)
Term (e.g., Fall 200X): Fall & Spring AY 2015-2016
Meeting times and location: Tuesday's 10:00 AM LL30/LH1 unless otherwise noted

Course Description and Prerequisites:
This course is designed to be the link between the science of medicine and the art of patient care; course topics address aspects of the human experience that pertain to medicine and correspond to the scientific topics taught in the second year of the Phase II curriculum. This course will demonstrate how even in the molecular and microscopic dimension of medicine, human values are manifest in the life of the patient and the patient's family.

College Station Campus

<table>
<thead>
<tr>
<th>Course Co-Director</th>
<th>Course Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Email</td>
</tr>
<tr>
<td>Craig Borchardt, Ph.D.</td>
<td><a href="mailto:cwborchardt@medicine.tamhs.edu">cwborchardt@medicine.tamhs.edu</a></td>
</tr>
<tr>
<td>Jessica Clements</td>
<td><a href="mailto:jclements@medicine.tamhs.edu">jclements@medicine.tamhs.edu</a></td>
</tr>
<tr>
<td>Phone</td>
<td>979.821.2266</td>
</tr>
<tr>
<td>979.436.9114</td>
<td>Office location</td>
</tr>
<tr>
<td>Clinical Bldg. 1, Suite 1400</td>
<td>CB1, Suite 4100</td>
</tr>
<tr>
<td>Office hours</td>
<td>By appointment</td>
</tr>
</tbody>
</table>

Temple Campus

<table>
<thead>
<tr>
<th>Course Co-Director</th>
<th>Course Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Email</td>
</tr>
<tr>
<td>Tresa McNeal, M.D.</td>
<td><a href="mailto:tmcNeal@sw.org">tmcNeal@sw.org</a></td>
</tr>
<tr>
<td>Keeouka Knighton</td>
<td><a href="mailto:krivera@medicine.tamhs.edu">krivera@medicine.tamhs.edu</a></td>
</tr>
<tr>
<td>Phone</td>
<td>254-724-4926</td>
</tr>
<tr>
<td>254-724-2368</td>
<td>Office location</td>
</tr>
<tr>
<td>Medical Education Center 411A</td>
<td>Medical Education Center 411</td>
</tr>
<tr>
<td>Office hours</td>
<td>By Appointment</td>
</tr>
</tbody>
</table>

Learning Outcomes & Objectives

Overall Course Goals:
This is a professional formation course designed to:
- Increase the student's understanding of the foundational principles of medical ethics, professionalism and communication;
- Enhance the student's practical use of evidence based medicine and basic research tools;
- Assist in the continued development of the student's recognition of the importance of the doctor-patient relationship.
- Increase the student's understanding of the role of palliative care in the practice of medicine, including end-of-life care.

Upon completion of the course, students will be able to:

COM Competency Based Learning Objectives: http://medicine.tamhs.edu/academic-affairs/curriculum/objectives/

Principles and Guidelines for Curriculum Development:

Date Created/Revised: 5/27/2015 By: K.Knighton
<table>
<thead>
<tr>
<th>Course Objective:</th>
<th>COM Competency Based Learning Objectives (CBLO):</th>
<th>Taught (T) and/or Evaluated (E):</th>
<th>Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO #1: Utilize and demonstrate effective communication skills with standardized patients and peers.</td>
<td>ICS1: Demonstrate effective listening skills</td>
<td>Taught AND Evaluated</td>
<td>Participation</td>
</tr>
<tr>
<td>CO #1: Utilize and demonstrate effective communication skills with standardized patients and peers.</td>
<td>ICS2: Discuss diagnostic and treatment options in a manner comprehensible to the patient</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>CO #1: Utilize and demonstrate effective communication skills with standardized patients and peers.</td>
<td>ICS3: Communicate effectively with patients, patients’ family members, peers, and other members of the health care team</td>
<td>Taught AND Evaluated</td>
<td>Participation</td>
</tr>
<tr>
<td>CO #1: Utilize and demonstrate effective communication skills with standardized patients and peers.</td>
<td>ICS4: Educate patients, patients’ family members, peers, and other members of the health care team at an appropriate level using appropriate technologies</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>CO #1: Utilize and demonstrate effective communication skills with standardized patients and peers.</td>
<td>SBP3: Demonstrate an understanding of cost containment principles and their application in the delivery of health care</td>
<td>Taught AND Evaluated</td>
<td>Quiz (written/computer-based)</td>
</tr>
<tr>
<td>CO #2: Recognize health care system deficiencies and various approaches to the delivery of health care.</td>
<td>SBP4: Demonstrate an understanding of the legal and regulatory frameworks governing the</td>
<td>Taught AND Evaluated</td>
<td>Quiz (written/computer-based)</td>
</tr>
</tbody>
</table>

Date Created/Revised: 5/27/2015 By: K.Knighton
<table>
<thead>
<tr>
<th>CO #2: Recognize health care system deficiencies and various approaches to the delivery of health care</th>
<th>SBP5: Recognize various approaches to the organization, financing, and delivery of health care</th>
<th>Taught AND Evaluated</th>
<th>Quiz (written/computer-based)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO #3: Utilize critical thinking skills when locating and using information.</td>
<td>PBLI4: Utilize information resources and available data to support life-long learning</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
<tr>
<td>CO #4: Explain important aspects of cultural competence to ensure recognition of cultural biases, and cultural perceptions of illness.</td>
<td>CC2: Recognize and appropriately address gender and cultural biases in themselves, in others, and in the process of health care delivery.</td>
<td>Taught AND Evaluated</td>
<td>Participation</td>
</tr>
<tr>
<td>CO #4: Explain important aspects of cultural competence to ensure recognition of cultural biases, and cultural perceptions of illness.</td>
<td>PROF5: Respect the privacy of patients</td>
<td>Taught AND Evaluated</td>
<td>Participation</td>
</tr>
<tr>
<td>CO #4: Explain important aspects of cultural competence to ensure recognition of cultural biases, and cultural perceptions of illness.</td>
<td>PROF6: Work with other health professionals in a collaborative fashion</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>CO #4: Explain important aspects of cultural competence to ensure recognition of cultural biases, and cultural perceptions of illness.</td>
<td>PROF11: Respond to conflicts in a professional manner</td>
<td>Evaluated</td>
<td>Participation</td>
</tr>
</tbody>
</table>

Date Created/Revised: 5/27/2015 By: K.Knighton
<table>
<thead>
<tr>
<th>CO #4: Explain important aspects of cultural competence to ensure recognition of cultural biases, and cultural perceptions of illness.</th>
<th>PROF12: Project a professional image in demeanor and personal appearance</th>
<th>Evaluated</th>
<th>Participation</th>
</tr>
</thead>
<tbody>
<tr>
<td>CO #5: Review patient cases and make recommendations for patient care which reflect sound ethical decision making.</td>
<td>PROF1: Demonstrate an understanding of legal and ethical principles governing the physician-patient relationship</td>
<td>Taught AND Evaluated</td>
<td>Participation</td>
</tr>
<tr>
<td>CO #5: Review patient cases and make recommendations for patient care which reflect sound ethical decision making.</td>
<td>PROF2: Display honesty, integrity and ethical behavior</td>
<td>Evaluated</td>
<td>Participation</td>
</tr>
<tr>
<td>CO #6: Explain the distinction between palliative care and curative care and its importance to the medical profession</td>
<td>PC15: Formulate preventive, curative, rehabilitative, and palliative therapeutic strategies for common disorders</td>
<td>Taught AND Evaluated</td>
<td>Participation</td>
</tr>
<tr>
<td>CO #6: Explain the distinction between palliative care and curative care and its importance to the medical profession</td>
<td></td>
<td></td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>CO #6: Explain the distinction between palliative care and curative care and its importance to the medical profession</td>
<td></td>
<td></td>
<td>Quiz (written/computer-based)</td>
</tr>
<tr>
<td>CO #7: Explain how medical humanities relate to the doctor-patient relationship, the conceptualization of illness, palliative care, and professionalism.</td>
<td>ICS1: Demonstrate effective listening skills</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
<tr>
<td>CO #7: Explain how medical humanities relate to the doctor-patient relationship, the conceptualization of illness, palliative care, and professionalism.</td>
<td></td>
<td></td>
<td>Participation</td>
</tr>
<tr>
<td>CO #7: Explain how medical humanities relate</td>
<td></td>
<td></td>
<td>Quiz (written/computer-based)</td>
</tr>
</tbody>
</table>

Date Created/Revised: 5/27/2015 By: K.Knighton
<table>
<thead>
<tr>
<th>Grading and Evaluation Methods</th>
<th>Points Assigned to Course Components</th>
<th>Percentage of Total Course Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Selectives</td>
<td></td>
<td>25%</td>
</tr>
<tr>
<td>Selective 1</td>
<td>125 pts</td>
<td></td>
</tr>
<tr>
<td>Selective 2</td>
<td>125 pts</td>
<td></td>
</tr>
<tr>
<td>Palliative Care</td>
<td></td>
<td>20%</td>
</tr>
<tr>
<td>SP evaluation</td>
<td>100 pts</td>
<td>Students will earn a percentage of 75 pts based on the SP evaluation form (for example 20/20 on the SP form will earn 75 pts; 18/20 will earn 67.5 pts)</td>
</tr>
<tr>
<td>Student Self Evaluation</td>
<td>75 pts</td>
<td></td>
</tr>
<tr>
<td>SP Pre-Quiz</td>
<td>50 pts</td>
<td></td>
</tr>
<tr>
<td>Didactic</td>
<td></td>
<td>10%</td>
</tr>
<tr>
<td>Pre-Quizzes</td>
<td>60 pts</td>
<td>3 quizzes, 20 pts per quiz</td>
</tr>
<tr>
<td>Panels</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Paper</td>
<td>140 pts</td>
<td>35 pts per paper for 4 panels</td>
</tr>
</tbody>
</table>

Date Created/Revised: 5/27/2015 By: K.Knighton
<table>
<thead>
<tr>
<th>Assignment</th>
<th>Percentage</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panel quizzes</td>
<td>20 pts</td>
<td>5 questions per quiz for each panel</td>
</tr>
<tr>
<td>Patient Encounter</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Paper</td>
<td>155 pts</td>
<td></td>
</tr>
<tr>
<td>Quiz</td>
<td>0 pts</td>
<td></td>
</tr>
<tr>
<td>EBM</td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>Epidemiology Quiz</td>
<td>5 pts</td>
<td>Due Dec. 1st in class</td>
</tr>
<tr>
<td>Biostatistics Modules</td>
<td>80 pts</td>
<td>8 pts per 10 modules</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Modules 1-3 due by Dec. 1st</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Modules 4-6 due by Dec. 15th</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Modules 7-10 due by Jan. 5th</td>
</tr>
<tr>
<td>“Ask the Clinical Question” Module</td>
<td>5 pts</td>
<td>Due by Feb. 2nd</td>
</tr>
<tr>
<td>PICO Assignment</td>
<td>15 pts</td>
<td>Due by Feb. 2nd</td>
</tr>
<tr>
<td>Critical Appraisal Assignment</td>
<td>45 pts</td>
<td>Due by March 1st</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>1000 pts</td>
<td>100%</td>
</tr>
</tbody>
</table>

**GRADING SCALE**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
<td>Pass / F 70-100</td>
</tr>
<tr>
<td>Fail</td>
<td>Fail / F 69 and below</td>
</tr>
</tbody>
</table>

**Attendance and Make-up Policies**

Attendance is mandatory for all BAP II sessions. If a student arrives to class more than 10 minutes after the scheduled class time, the student will be considered absent. It is up to the discretion of the faculty member whether the student will be admitted to class.

If a student is absent, he or she must follow the Phase II absence policy and submit the required form(s). If an absence is excused, a student may complete a make-up assignment for full credit and may receive an extension for any pre-test associated with the missed class. If an absence is unexcused, a student may complete a make-up assignment for up to 70% credit, but the student will not be given an extension for any pre-test associated with the missed class.

**Phase I and II Overall Mandatory Class Attendance Requirements**

For ALL Phase I and II Blocks, class attendance is required for all laboratory sessions, clinical correlations, patient encounters, and other activities indicated as "Mandatory" on the class schedule. Attendance at all class sessions in the Introduction to Clinical Skills (ICS) I, ICS II, Preceptorship, and Becoming a Physician I and II is also required. Lectures designated as "Mandatory" will require you to sign an attendance sheet that will be available for you to sign at the beginning of the presentation. It is your responsibility to make sure that you have signed the attendance sheet. Any missing signatures on the attendance sheet will be regarded as unexcused absences. Signing in for someone other than yourself will be considered a serious breach of professionalism and academic dishonesty, and will be subject to disciplinary action, including dismissal.

Students missing any of these required class sessions without an excused absence will be subject to the following:

First (1st) unexcused absence – a point will be deducted from the numerical block or course grade in which the unexcused absence occurred and the student is required to meet with Phase Leaders regarding this unexcused absence to address any professionalism concerns that may be associated with the absence.

For the Second (2nd), Third (3rd) and Fourth (4th) cumulative unexcused absences within a Phase – a point will be further deducted from the numerical block or course grade in which each of the...
unexcused absences occurred and the student is required to meet with the Assistant/Associate Dean for Student Affairs. The second, third, and fourth unexcused absences are cumulative for each Phase.

In addition, upon incurring the third (3rd) cumulative unexcused absence, the Phase Leaders will recommend to the Student Promotions Committee the student be placed on the Concern List. If the student is already on the Promotions Committee Concern List, he/she may be placed on probation.

For the fourth (4th) cumulative unexcused absence, a report will be written by the Phase Leaders about the student's chronic absence behavior and sent directly to the College of Medicine Student Promotions Committee with the recommendation that the student be considered to be placed on probation. Website link to student rule 7 [http://student-rules.tamu.edu/rule07](http://student-rules.tamu.edu/rule07).

### Course Topics, Calendar of Activities, Major Assignment Dates

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Method</th>
<th>Topic(s)</th>
<th>Primary Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Jul 27</td>
<td>No Class</td>
<td>First Week of Phase II Intro to Course Reception (10:00 AM - 11:00 AM only)</td>
<td>• All MHUM Faculty</td>
</tr>
<tr>
<td>2</td>
<td>Aug 4</td>
<td>Selective 1 Class 1</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>3</td>
<td>Aug 11</td>
<td>Selective 1 Class 2</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>4</td>
<td>Aug 18</td>
<td>Selective 1 Class 3</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>5</td>
<td>Aug 25</td>
<td>Selective 1 Class 4</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>6</td>
<td>Sep 1</td>
<td>Selective 1 Class 5</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>7</td>
<td>Sep 8</td>
<td>Selective 2 Class 1</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>8</td>
<td>Sep 15</td>
<td>Selective 2 Class 2</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>9</td>
<td>Sep 22</td>
<td>Selective 2 Class 3</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>10</td>
<td>Sep 29</td>
<td>Selective 2 Class 4</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>11</td>
<td>Oct 6</td>
<td>Selective 2 Class 5</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>12</td>
<td>Oct 13</td>
<td>Selective 2 Class 6</td>
<td>As per student registration</td>
<td>MHUM &amp; Guest Faculty</td>
</tr>
<tr>
<td>13</td>
<td>Oct 20</td>
<td>Didactic Case Review &amp; Preparation</td>
<td>Palliative Care – Prognostication</td>
<td>Lux (Temple) TBD (Bryan)</td>
</tr>
<tr>
<td>14</td>
<td>Oct 27</td>
<td>SIM</td>
<td>Palliative Care (Group A) TeamSTEPPS (Groups B&amp;C)</td>
<td>Borchardt Bentley</td>
</tr>
<tr>
<td>15</td>
<td>Nov 3</td>
<td>SIM</td>
<td>Palliative Care (Group B) TeamSTEPPS (Groups A&amp;D)</td>
<td>Borchardt Bentley</td>
</tr>
<tr>
<td>16</td>
<td>Nov 10</td>
<td>SIM</td>
<td>Palliative Care</td>
<td>Borchardt</td>
</tr>
</tbody>
</table>

Date Created/Revised: 5/27/2015 By: K.Knighton
<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Method</th>
<th>Topic(s)</th>
<th>Primary Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Nov 17</td>
<td>SIM</td>
<td>Palliative Care (Group D)</td>
<td>Borchardt</td>
</tr>
<tr>
<td>18</td>
<td>Nov 24</td>
<td>No Class</td>
<td>Self-Study</td>
<td>N/A</td>
</tr>
<tr>
<td>19</td>
<td>Dec 1</td>
<td>Didactic</td>
<td>EBM</td>
<td>Shurtz</td>
</tr>
<tr>
<td>20</td>
<td>Dec 8</td>
<td>No Class</td>
<td>Self-Study</td>
<td>N/A</td>
</tr>
<tr>
<td>21</td>
<td>Dec 15</td>
<td>No Class</td>
<td>Self-Study</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Thanksgiving Break (11/26/15 – 11/29/15)**

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Method</th>
<th>Topic(s)</th>
<th>Primary Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td>Jan 6</td>
<td>Small Group</td>
<td>Patient Encounter (Group A) EBM (Groups C,D)</td>
<td>Stramaski Shurtz</td>
</tr>
<tr>
<td>23</td>
<td>Jan 12</td>
<td>Small Group</td>
<td>Patient Encounter (Group B) EBM (Groups C, D)</td>
<td>Stramaski Shurtz</td>
</tr>
</tbody>
</table>

**MLK Holiday (1/19/15)**

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Method</th>
<th>Topic(s)</th>
<th>Primary Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>24</td>
<td>Jan 19</td>
<td>Small Group</td>
<td>Patient Encounter (Group C) EBM (Groups A,B)</td>
<td>Stramaski Shurtz</td>
</tr>
<tr>
<td>25</td>
<td>Jan 26</td>
<td>Small Group</td>
<td>Patient Encounter (Group D) EBM (Groups A,B)</td>
<td>Stramaski Shurtz</td>
</tr>
<tr>
<td>26</td>
<td>Feb 2</td>
<td>Didactic</td>
<td>Rehab Medicine and Discharge Planning (Bryan) Medical Law (Temple)</td>
<td>Aval Green Herring</td>
</tr>
<tr>
<td>27</td>
<td>Feb 9</td>
<td>Didactic</td>
<td>Rehab Medicine and Discharge Planning (Bryan) Medical Law (Temple)</td>
<td>Aval Green Herring</td>
</tr>
<tr>
<td>28</td>
<td>Feb 16</td>
<td>No Class</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29</td>
<td>Feb 23</td>
<td>Didactic</td>
<td>Cost-Conscious Care</td>
<td>McNeal (Temple) TBD (Bryan)</td>
</tr>
<tr>
<td>30</td>
<td>Mar 1</td>
<td>Panel</td>
<td>Understanding Your GLBT Patients</td>
<td>Guest Panelists</td>
</tr>
<tr>
<td>31</td>
<td>Mar 8</td>
<td>Panel</td>
<td>Domestic Violence (APS &amp; CPS)</td>
<td>Guest Panelists</td>
</tr>
</tbody>
</table>

**Spring Break (3/14/15 – 3/18/15)**

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Method</th>
<th>Topic(s)</th>
<th>Primary Instructor</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Mar 22</td>
<td>Panel</td>
<td>Continuum of Care (SNF, LTAC, HH, etc.)</td>
<td>Guest Panelists</td>
</tr>
<tr>
<td>33</td>
<td>Mar 29</td>
<td>Panel</td>
<td>What Nurses Wish Physicians Knew</td>
<td>Guest Panelists</td>
</tr>
<tr>
<td>34</td>
<td>Apr 5</td>
<td>Panel</td>
<td>Clerkship Professionalism</td>
<td>McNeal (Temple) Borchardt (Bryan)</td>
</tr>
<tr>
<td>35</td>
<td>Apr 12</td>
<td>Didactic</td>
<td>Black-Zanveld Lecture</td>
<td>TBD</td>
</tr>
</tbody>
</table>

**Teaching & Evaluation Methods:**

Several teaching and evaluation methods will be employed in this course. Examples of some of the evaluation forms are included within this syllabus in Appendix A.

- **Didactics.** The entire class will meet at the assigned class time (Tuesday, 10-12 pm), for a lecture, followed by a small group exercise. The lectures will be given by content-experts, including humanities faculty, TAMHSC faculty, and guest lecturers regarding the topics referenced in the course objectives above.

Date Created/Revised: 5/27/2015 By: K.Knighton
• **Evaluation Method:**
  - Pre-readings for each didactic will be assigned and a pre-reading quiz will be completed in class at 10:00 am the day of the didactic. Pre-readings will be posted on Blackboard at least two weeks prior to quiz due date.
  - Students will be graded on their performance in small group by the Small Group Leader. (See Appendix A)

• **Selectives,** Selectives are 4-week mini courses that are a part of the BAP II course. Selectives will be offered twice during the course. Students will be able to choose from a variety of topics in the Selective session. Every effort will be made to place students in one of their top three preferences for each Selective. Selective course topics are available on Blackboard.

• **Evaluation Method:**
  - Evaluation methods are determined by each selective instructor and will be presented in the first session of each selective.

• **Palliative Care** – After a didactic preparatory session, students will complete a patient encounter on an assigned palliative care case in the SIM Center at assigned class times. Palliative care lab times will be clearly indicated in the pertinent block schedules for Phase II.

• **Evaluation Method:**
  - **SP Evaluation** – Standardized Patients (SPs) will complete the Standardized Patient Evaluation Form (see Appendix A below) for each student following each session.
  - **Pre-lab Quiz** – Students will complete a quiz on assigned readings prior to each lab, due by 5:00 pm the day before the lab. Pre-readings will be posted on Blackboard at least two weeks prior to the quiz due date.
  - **Self-Evaluation** – Students will view a video of their SP exercise and complete a self-evaluation form.

• **Patient Encounters** – are guided encounters with patients, jointly led by science and humanities faculty, addressing scientific, ethical, and patient care issues as they pertain to specific diseases and illness.

• **Evaluation Method:**
  - Students will write a one-page response paper to a prompt question provided by faculty after each encounter.
  - Students will complete a Pre-encounter Quiz on assigned readings in class at 10:00 am the day of the encounter. Pre-readings will be posted on Blackboard at least two weeks prior to the quiz due date.
  - Students will complete a two-part EBM assignment related to the patient encounter:
    1. Write a clinical question related to the patient encounter (in PICO format).
    2. Search for and appraise evidence answering their patient-related (PICO) question.

• **Panels** – Each panel addresses a topic that will be helpful to students in their clerkship year, specifically dealing with patient care issues. Each panel will consist of health care professionals who are experts in each subject to be addressed.

• **Evaluation Method:**
  - Pre-readings for each panel will be assigned and a pre-reading quiz will be completed in class at 10:00 am the day of the panel. Pre-readings will be posted on Blackboard at least two weeks prior to the quiz due date.
  - A one page paper responding to a prompt question will also be required after the completion of each panel.

• **Evidence Based Medicine (EBM)** – EBM sessions will be case-based, group activities preparing students to formulate effective clinical questions and to search for/appraise evidence to guide in clinical decision-making. Sessions will integrate the epidemiology/biostatistics concepts covered

Date Created/Revised: 5/27/2015 By: K.Knighton
on the USMLE Step 1 while teaching critical appraisal of evidence.

- EVALUATION METHOD:
  - EBM self-directed learning modules (within Blackboard):
    1. Assigned modules and readings from the Jekel’s textbook will introduce concepts and fundamentals of the EBM process to be practiced during each session.
    2. Biostatistics modules with pre-test(s) and post-test(s) will help students prepare for Step 1 biostatistics questions, and for appraising evidence in EBM sessions. Two opportunities provided for post-test(s).
  - EBM assignments related to Patient Encounter: 2-part assignment (to be completed within Blackboard):
    1. Part 1 – formulating a clinical question in PICO format
    2. Part 2 – searching for/appraising evidence to answer the PICO question
  - TeamSTEPPS – The TeamSTEPPS Fundamental training prepares students for inter and intra professional teamwork and communication. Teamwork training improves the culture for professional collaboration with a shared mental model for excellence in quality and safety. TeamSTEPPS, is an evidence-based team training and implementation toolkit that demonstrates techniques of effective communication and other teamwork skills to improve patient safety. The goal for effective teamwork and communication is higher quality, safer patient care through highly effective medical teams that optimize the use of resources, information, and people to achieve the best clinical outcomes for patients. Assignments and activities are conducted in class.

Evaluation Method - Assigned modules and activities are presented and guided by faculty during class sessions.

Attendance Policy
Attendance is mandatory for all BAP II sessions. If a student arrives to class more than 10 minutes after the scheduled class time, the student will be considered absent. It is up to the discretion of the faculty member whether the student will be admitted to class.

If a student is absent, he or she must follow the Phase II absence policy and submit the required form(s). If an absence is excused, a student may complete a make-up assignment for full credit and may receive an extension for any pre-test associated with the missed class. If an absence is unexcused, a student may complete a make-up assignment for up to 70% credit, but the student will not be given an extension for any pre-test associated with the missed class.

Other Pertinent Course Information

Syllabus Disclaimer
While the provisions of this syllabus are as accurate and complete as possible, the faculty reserve the right to change any provisions herein without actual notice if circumstances so warrant. Every effort will be made to keep students advised of such changes and information about such changes will be available via a Blackboard announcement posting. It is the responsibility of each student to access Blackboard regularly and know what changes, if any, have been made to the provisions of this syllabus and to successfully complete the requirements of the course.

Learning Materials and Activities

Course materials are available on our Blackboard Course (MFD 700 Becoming A Physician II) website 24/7 at https://tamhsc.Blackboard.com/. Additional readings may be assigned via email.

Textbooks (Required and Recommended Resources)

The following book is required for the EBM component of the course:


Date Created/Revised: 5/27/2015 By: K.Knighton

Students may purchase either:

1. A print copy of the 4th edition, which includes online access to the practice problems, such is available here: http://www.amazon.com/Jekels-Epidemiology-Biostatistics-Preventive-Medicine/dp/1455706582
   or

All required materials are also found on the MEID 700 Becoming A Physician II website.

Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact Disability Services, in Cain Hall, Room B118, or call 845-1637. For additional information visit http://disability.tamu.edu

Any student with a disability who needs accommodation should inform the instructor at the beginning of the course.

Academic Integrity

For additional information please visit: http://aggiehonor.tamu.edu

"An Aggie does not lie, cheat, or steal, or tolerate those who do."

College of Medicine

Professionalism and integrity Statement (Academic Honesty and Plagiarism)

All College of Medicine students are required to comply with the student code of conduct and the academic integrity and honesty standards published in each component's Student Handbook. Disciplinary action will be taken in accordance with the policies of each component. Students found guilty of Academic Dishonesty will receive an "F"/Unsatisfactory in the course. For a full list of actions qualifying as academic dishonesty, please review the College of Medicine Student Handbook at http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf.

According to the Aggie Honor System Office, plagiarism is defined as the appropriation of another person’s ideas, processes, results, or words without giving appropriate credit. Intentionally, knowingly, or carelessly presenting the work of another as one’s own (i.e., without crediting the author or creator). Plagiarism and other academic misconduct definitions can be viewed on the Aggie Honor System Office website; http://aggiehonor.tamu.edu/RulesAndProcedures/HonorSystemRules.aspx#definitions.

E-mail Access and FERPA

The College of Medicine is communicating all official information to students through the students' TAMHSC e-mail accounts. Please check the account frequently during the semester for updates. This course is supported with web-based and/or e-mail activities. In order to take advantage of these additional resources and participate fully in the course, you have been assigned an e-mail address by the Texas A&M Health Science Center. This e-mail address is for internal use only, so that faculty may

Date Created/Revised: 5/27/2015 By: K.Knighton
communicate with you and the entire class. By registering for this course, you are agreeing to allow your classmates to have access to this e-mail address. Should you have any questions, please contact the TAMU's Office of the Registrar at 979-845-1031.

The Family Educational Rights and Privacy Act of 1974 (FERPA), which the HSC complies fully, is intended to protect the privacy of education records, to establish the rights of students to inspect and review their education records and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office of the Department of Education in Washington, D.C., concerning alleged failures by the HSC to comply with the act.

Mistreatment of Students

The College of Medicine is committed to providing a positive learning environment in which students can meet their academic goals based on mutual respect in the teacher/learner relationship. Both parties must be sensitive to the needs of others and differences in gender, race, sexual orientation, religion, age or disability. As outlined in the Student Handbook under the section titled Standards of Conduct in the Teacher-Learner Relationship, belittlement, intimidation and humiliation are unacceptable for effective learning and undermine self-esteem. Breaches involving student mistreatment may result in a faculty or staff member being sanctioned or the loss of faculty and/or staff appointment. These policies address student mistreatment involving College of Medicine employees, residents, affiliate staff, or patients. Mistreatment may be reported through the College of Medicine telephone hotline, 1(855)-397-9835 or through an online form at http://medicine.tamhsc.edu/current/student-mistreatment-form.html. For a full list of reporting avenues, please refer to the Student Handbook under the Mistreatment Policy.

Exposure and Occupational Hazard

The Needle Stick Policy and Bloodborne Pathogen Exposure information for Medical Students may be accessed in the Student Handbook at: http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf

Note: More information is available on the aforementioned topics to all students on the College of Medicine website.

**Standardized Patient Evaluation Form**

<table>
<thead>
<tr>
<th>COMMUNICATION &amp; PROFESSIONALISM</th>
<th>0</th>
<th>1</th>
<th>2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The student established rapport with me by listening attentively.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. The student showed a genuine interest in me by being concerned and respectful.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date Created/Revised: 5/27/2015 By: K.Knighton
3. The student asked me to explain how my health issues have affected my life.

4. The student explained clearly (without medical jargon) what is going on with me medically.

5. The student explained clearly (without medical jargon) what the next steps will be.

6. The student provided information and content which were appropriate for me.

7. The student asked specific questions to confirm my understanding of the findings.

8. The student assessed my ability and/or willingness to carry out the next steps.

9. The student demonstrated an understanding of the reason for my visit and/or any concerns I had.

10. The student used statements of understanding and support to acknowledge my emotions.

Scoring Key:
0 – No, the student did not accomplish this item.
1 – Yes, the student accomplished the item.
2 – The student excelled at this item.
BAP II – Palliative Care Simulation

Student Self-Evaluation Form

❖ After reviewing my video of the recent palliative care standardized patient exercise, I believe that I did the following three things well:

1. 

2. 

3. 

❖ I believe I could improve in the following areas:

1. 

2. 

3. 

❖ The most significant thing I learned from the exercise:

   
   
   
   
   

Date Created/Revised: 5/27/2015 By: K.Knighton
Texas A&M University

Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
Submit original form and attachments.

Form Instructions

1. Course request type:
   [ ] Undergraduate [ ] Graduate [✓] First Professional (DDS, M.D., PharmD, DVM)

2. Request submitted by (Department or Program Name):
   Select or Type Department/Program Name

3. Course prefix, number and complete title of course:
   MEID 701 - Hematology and Oncology

   [✓] Attach a brief supporting statement for changes made to items 4a through 4d, and 10 below.

4. Change requested
   a. Prerequisite(s): From: ____________________________ To: ____________________________
   b. Withdrawal (reason): ____________________________
   c. Cross-listed with: ____________________________
   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.
   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. [✓] Attach a course syllabus.

5. Is this an existing core curriculum course? [✓] Yes [ ] No

6. If grade type is changing for existing course, indicate the new grade type: [ ] Grade [ ] S/U [ ] P/F (CLMD)

7. If this course will be stacked, please indicate the course number of the stacked course:

   [✓] I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vp.sis.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

8. Complete current course title and current catalog course description:
   Hematology and Oncology. Credit 4.

9. Complete proposed course title and proposed catalog course description (not to exceed 50 words):
   Hematology and Oncology. Credit 1 to 10.

10. [ ] As currently in course inventory:

    | Prefix | Course # | Title (excluding punctuation) |
    |--------|----------|-------------------------------|
    | MEID   | 701      | HEMATOLOGY/ONCOLOGY           |

     | Lec. | Lab | Other | SCH | CIP and Fund Code | Admin. Unit | FICE Code |
     |------|-----|-------|-----|-------------------|-------------|-----------|
     | 64.00| 4.00| 51.1201.00 | 0 0 3 6 3 2 |

11. [✓] Change to:

    | Prefix | Course # | Title (excluding punctuation) |
    |--------|----------|-------------------------------|
    | MEID   | 701      | Hematology and Oncology       |

     | Lec. | Lab | Other | SCH | CIP and Fund Code | Admin. Unit | Acad. Year | FICE Code |
     |------|-----|-------|-----|-------------------|-------------|------------|-----------|
     | 160.00| 10.00| 51.1201.00 | - 0 0 3 6 3 2 |

Approval recommended by:

Department Head or Program Chair (Type Name & Sign) Date
Diane Chico PhD 6-17-15

Chair, College Review Committee Date
Regina Bentley PhD 6-19-15

Dean of College Date

Submitted to Coordinating Board by: Date
Chair, GC or UCC

Associate Director, Curricular Services

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu
Curricular Services – 08/14
Course title and number: MEID 701 Hematology/Oncology
Term (e.g., Fall 200X): Fall 2015
Meeting times and location: July 27, 2015 – August 24, 2015

Course Description and Prerequisites

(Prerequisites, even if none should be given and must match course form and catalog. In addition to material chosen by instructor, the course description should closely follow the catalog description for the course. In some instances, the course description may include a rationale or context for the subject matter within the discipline. Catalog course description must not be more than 50 words long, and consist of short phrases connected by semicolons; use commas to separate a series. No sentences. Reference Style Guide at http://curricularservices.tamu.edu and/or catalog course descriptions for examples. THIS INFORMATION HAS BEEN PLACED HERE FOR REFERENCE ONLY. PLEASE REMOVE BEFORE PREPARING SYLLABUS.)

Successful completion of Phase I courses.

Instructor Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Block Director</th>
<th>Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rania Cannaday, M.D.</td>
<td>979-496-0578</td>
<td>Melissa Sodolak</td>
</tr>
<tr>
<td><a href="mailto:cannaday@medicine.tamhsc.edu">cannaday@medicine.tamhsc.edu</a></td>
<td>979-436-0227</td>
<td><a href="mailto:Sodolak@medicine.tamhsc.edu">Sodolak@medicine.tamhsc.edu</a></td>
</tr>
<tr>
<td>MWF 1:30-2:30 pm</td>
<td>M-F 8-5</td>
<td>CB1 4th Flcr Suite 4100 Office #4108</td>
</tr>
<tr>
<td>HPEB 3066</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone number</th>
<th>Email address</th>
<th>Office hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Pippen, M.D.</td>
<td>214-370-1000</td>
<td><a href="mailto:John.pippen@usancology.com">John.pippen@usancology.com</a></td>
<td>By appointment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3410 Worth Suite 400 SanAntons Cancer</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>4100 Office #4108</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Center Baylor Scott and White Health Dallas, TX 75246</td>
<td></td>
</tr>
</tbody>
</table>

Other participating Faculty:

- Bondos, Sarah
  Molecular and Cellular Medicine
  sebondos@medicine.tamhsc.edu
- Brandt, Paul
  Pharmacology
  pbrandt@medicine.tamhsc.edu
- Burch, Micah
  Medicine
  Micah.burch@usancology.com
- Cannaday, Rania
  Pathology
  cannaday@medicine.tamhsc.edu

Date Created/Revised: _____ By: _____
Learning Outcomes & Objectives

(A learning outcome is defined as a statement of what the student will know or be able to do upon successfully completing the course. It must be both observable and measureable. The outcomes may include competencies developed in the course. Learning outcomes define what students need to do to show mastery of course materials. Additional assistance with learning outcomes is available through the Center for Teaching Excellence http://cte.tamu.edu and the Office of Institutional Assessment https://assessment.tamu.edu.) THIS INFORMATION HAS BEEN PLACED HERE FOR REFERENCE ONLY. PLEASE REMOVE BEFORE PREPARING SYLLABUS.

(To add a line to course objectives chart, put your cursor in the last column of the chart then click the blue plus sign (+) that appears at the bottom right of the table. To link more CBLO or Evaluation method to a course objective, go to the next line of the table and choose an additional CBLO and/or Evaluation method without adding a course objective to that line or repeating the objective. See below for an example. THIS INFORMATION HAS BEEN PLACED HERE FOR REFERENCE ONLY. PLEASE REMOVE BEFORE PREPARING SYLLABUS.)

COM Competency Based Learning Objectives: http://medicine.tamhsc.edu/academic-affairs/curriculum/objectives/

Principles and Guidelines for Curriculum Development:

<table>
<thead>
<tr>
<th>Course Objective:</th>
<th>COM Competency Based Learning Objectives:</th>
<th>Taught (T) and/or Evaluated (E):</th>
<th>Evaluation:</th>
</tr>
</thead>
</table>

Date Created/Revised: _____ By: _____
### Hematology

- List the components of blood and the laboratory values which are encountered on the complete blood count, with recognizing how to utilize them in clinical practice.
- List the laboratory methods used to obtain CBC values and the different compounds that bind hemoglobin.
- Recognize the morphologic spectrum of red blood cells, white blood cells, inclusions and abnormal forms on a peripheral blood smear.

<table>
<thead>
<tr>
<th>MK1</th>
<th>MK2</th>
<th>PC5</th>
<th>PC14</th>
<th>T/E</th>
<th>Exam</th>
<th>SDL Assignment Lab</th>
</tr>
</thead>
</table>

- Detail the process of hematopoiesis, its embryology, structure, microenvironment, and regulatory mechanisms with recognition of all the immature and mature hematopoietic cells within the bone marrow and peripheral blood.
- List the differences between a bone marrow biopsy and a bone marrow aspirate.
- List the myeloid to erythroid ratio.

<table>
<thead>
<tr>
<th>MK1</th>
<th>MK2</th>
<th>T/E</th>
<th>Exam</th>
<th>SDL Assignment Lab</th>
</tr>
</thead>
</table>

- Diagram different classification schemes for anemia.

<table>
<thead>
<tr>
<th>PC3</th>
<th>T/E</th>
<th>Exam</th>
<th>SDL Assignment Lab</th>
</tr>
</thead>
</table>

- Detail the pathophysiology, underlying mechanisms, clinical manifestations, clinical syndromes, relevant genetics, laboratory findings, and treatment modalities for iron deficiency anemia, B12/Folic acid deficiency anemia, anemia of chronic disease, aplastic anemia, marrow failure/damage anemia, anemia related to renal failure, thalassemia, sickle cell anemia, hereditary spherocytosis, G-6-PD deficiency, PNH, immunohemolytic anemia, microangiopathic anemia and acute and chronic blood loss.

<table>
<thead>
<tr>
<th>MK1</th>
<th>MK2</th>
<th>PC3</th>
<th>PC4</th>
<th>PC5</th>
<th>PC14</th>
<th>PBL13</th>
<th>PBL14</th>
<th>T/E</th>
<th>Exam</th>
<th>SDL Assignment Lab</th>
</tr>
</thead>
</table>
- List and recognize the pharmacologic principles in drugs used to treat anemia.
  - MK1
  - MK2
  - T/E
  - Exam

- List bacterial, viral, and parasitic blood borne pathogens and their mode of infection, clinical manifestations, diagnostic principles and treatment.
  - MK2
  - PC14
  - T/E
  - Exam

**Transfusion Medicine**

- Describe the process of blood donation and procedures utilized to obtain a suitable blood unit and/or blood component for transfusion.
  - MK1
  - T/E
  - Exam

- Explain the principles and functions of blood compatibility testing
  - PC6
  - MK1
  - T/E
  - Exam

- Identify the laboratory procedures to determine a person's blood type with emphasis on ABO and Rh blood groups.
  - PC6
  - MK1
  - T/E
  - Exam

- List the type of blood products that are currently available in Transfusion Services for patient use as therapy.
  - MK1
  - T/E
  - Exam

- Discuss the major indications, special precautions, hazards and potential complications of blood product transfusions.
  - PC8
  - MK2
  - T/E
  - Exam

- Describe the principles of major blood type incompatibility.
  - PC8
  - MK2
  - T/E
  - Exam

- Describe the principles of Rh incompatibility and the purpose and criteria for Rh immunoglobulin administration to a woman.
  - PC6
  - MK2
  - T/E
  - Exam

**Coagulation**

Date Created/Revised: _____ By: _____
- Detail the pathophysiology, underlying mechanisms, clinical manifestations, clinical syndromes, relevant genetics, laboratory findings, and treatment modalities for ITP, TTP, HUS, thrombocytopenia, DIC, Von Willebrand Disease, Hemophilia and disorders related to thrombosis.
- Detail the coagulation cascade and hemostasis.
- List and recognize the pharmacologic principles in drugs used to treat coagulation disorders.

<table>
<thead>
<tr>
<th>MK1</th>
<th>MK2</th>
<th>PC3</th>
<th>PC4</th>
<th>PC5</th>
<th>PC14</th>
<th>PBL13</th>
<th>PBL14</th>
</tr>
</thead>
<tbody>
<tr>
<td>T/E</td>
<td>Exam</td>
<td>SDL Assignment</td>
<td>Lab</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Oncology**

- Identify the basic neoplastic pathways
- Detail the normal and abnormal histological features for blood, lymph nodes, breast, prostate and colon
- Identify elements of a surgical pathology report as it pertains to breast/prostate/colon malignancies

<table>
<thead>
<tr>
<th>MK1</th>
<th>MK2</th>
<th>PC3</th>
<th>PC4</th>
<th>PC14</th>
<th>PBL13</th>
<th>PBL14</th>
</tr>
</thead>
<tbody>
<tr>
<td>T/E</td>
<td>Exam</td>
<td>SDL Assignment</td>
<td>Lab</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hematologic Malignancies:**

- Detail the pathophysiology, underlying mechanisms, relevant genetics, clinical, diagnostic and laboratory findings, and treatment modalities of stem cell clonal disorders, myeloproliferative disorders, acute leukemia, chronic leukemia, indolent and aggressive non-Hodgkin lymphoma, Hodgkin lymphoma and plasma cell dyscrasia.
<table>
<thead>
<tr>
<th>Breast Cancer:</th>
<th>MK2</th>
<th>T/E</th>
<th>Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Explain controversies related to screening. List supplemental screening methods.</td>
<td>PC3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Understand the surgical options for early stage breast cancer, and the role of radiation therapy.</td>
<td>PC4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Know the basic tissue types of breast cancer, and be able to list what is in the pathology breast panel.</td>
<td>PC14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Explain what adjuvant treatment is, and list the different types of adjuvant treatments.</td>
<td>PBL13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• List the basic chemotherapy drugs used in early-stage breast cancer, including side effects.</td>
<td>PBL14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Explain the differences between commonly used hormonal treatments for breast cancer. Know mechanisms of action and common side effects.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• List available targeted therapies for HER2 positive patients, and their side effects as well as interactions.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Colon Cancer:</th>
<th>MK2</th>
<th>T/E</th>
<th>Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>• List acceptable screening methods.</td>
<td>PC3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Know the evolution of colon cancer from polyp to actual invasion.</td>
<td>PC4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• List genetic polyposis syndromes, and explain their mode of inheritance and management differences.</td>
<td>PC14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• List the different forms of Lynch Syndrome, and the types of cancers that this predisposes to.</td>
<td>PBL13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Discuss which patients are appropriate for adjuvant therapy, and what testing colon cancer survivors should undergo.</td>
<td>PBL14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• In metastatic disease, discuss the role of wild type and mutated ras, and how this may help guide therapy.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Prostate Cancer:
- Discuss screening of prostate cancer, and be aware of racial differences in incidence and mortality.
- Explain lead time bias and length time bias, and how this influences screening.
- List options for the treatment of early stage disease, and discuss when “watchful waiting” may be appropriate.
- Discuss which type of patient is appropriate for adjuvant therapy, and list available options.
- Discuss options for palliative treatment, including hormonal treatment, chemotherapy, and immunotherapy.

<table>
<thead>
<tr>
<th>MK2</th>
<th>T/E</th>
<th>Exam</th>
</tr>
</thead>
<tbody>
<tr>
<td>MK3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MK4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PC14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBL13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBL14</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MK1:</th>
<th>Taught AND Evaluated</th>
<th>Exam - Institutionally Developed, Written/ Computer-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrate knowledge of normal human structure and function at the organ-system, tissue, cellular and molecular level; and of the interaction of human systems in maintaining homeostasis</td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed, Written/ Computer-based</td>
</tr>
</tbody>
</table>

- Detail the process of hematopoiesis, its embryology, structure, microenvironment, and regulatory mechanisms with recognition of all the immature and mature hematopoietic cells within the bone marrow and peripheral blood.
- List the differences between a bone marrow biopsy and a bone marrow aspirate.
- List the myeloid to erythroid ratio.

<table>
<thead>
<tr>
<th>MK2:</th>
<th>Taught AND Evaluated</th>
<th>Exam - Institutionally Developed, Written/ Computer-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe the basic mechanisms involved in the causation of human disease and their influence on clinical presentation and therapy</td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed, Written/ Computer-based</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PC3:</th>
<th>Taught AND Evaluated</th>
<th>Exam - Institutionally Developed, Written/ Computer-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>Develop appropriate differential diagnoses by integrating</td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed, Written/ Computer-based</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PC4:</th>
<th>Taught AND Evaluated</th>
<th>Exam - Institutionally Developed, Written/ Computer-based</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>PC14:</th>
<th>Taught AND Evaluated</th>
<th>Exam - Institutionally Developed, Written/ Computer-based</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed, Written/ Computer-based</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PBL13:</th>
<th>Taught AND Evaluated</th>
<th>Exam - Institutionally Developed, Written/ Computer-based</th>
</tr>
</thead>
<tbody>
<tr>
<td>PBL14:</td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed, Written/ Computer-based</td>
</tr>
</tbody>
</table>

Date Created/Revised: ____  By: ____
<table>
<thead>
<tr>
<th>collected clinical information</th>
<th>based</th>
</tr>
</thead>
<tbody>
<tr>
<td>PC5: Interpret the results of commonly used laboratory and</td>
<td>Exam - Institutionally Developed,</td>
</tr>
<tr>
<td>radiologic studies</td>
<td>Written/Computer-based</td>
</tr>
<tr>
<td>Taught AND Evaluated</td>
<td>Choose an item</td>
</tr>
<tr>
<td>Choose an item</td>
<td>Choose an item</td>
</tr>
<tr>
<td>Choose an item</td>
<td>Choose an item</td>
</tr>
</tbody>
</table>

**Textbook and/or Resource Material**

- Robbins and Cotran Pathologic basis of Disease, 9th edition (available as an eBook)
- Junqueira’s Basic Histology Text and Atlas
- Lippincott’s Biochemistry, 5th edition
- Marks’ Basic Medical Biochemistry, 3rd

**Grading Policies**

(Must: include a grading scale (COM courses must be Honors/Pass/Fail OR Pass/Fail) Ensure grading follows COM and Phase policies. Include weights as applicable to exams, laboratory assignments, field student work, projects, papers, homework, class attendance and participation, and other graded activities in the calculation of the course grade. If more than 10% of grade is based on participation, syllabus should explicitly define and outline how grade is determined. Stacked courses – syllabus must clearly indicate additional work required for graduate students. Changing grading policies should occur only under extraordinary circumstances. THIS INFORMATION HAS BEEN PLACED HERE FOR REFERENCE ONLY. PLEASE REMOVE BEFORE PREPARING SYLLABUS.)

Blood and Hematopoiesis Lab Quiz: 1%
Red Cell Physiology Lab Quiz: 1%
Anemia I Cases Quiz: 2%
Anemia II Cases Quiz: 2%
Coagulation Cases Quiz: 2%
Hematologic Malignancies Assignment: 1%
CSIE Interactive session I: 3%
CSIE Interactive session II: 3%
Exam I: 40%
Exam II (comprehensive): 45%
Total: 100%

Date Created/Revised: _____ By: _____
GRADING SCALE

<table>
<thead>
<tr>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
</tr>
<tr>
<td>Pass</td>
</tr>
<tr>
<td>Fail</td>
</tr>
</tbody>
</table>

Attendance and Make-up Policies

(Include website link to student rule 7 [http://student-rules.tamu.edu/rule07](http://student-rules.tamu.edu/rule07). Make sure this information complies with COM policies and Student Handbook. Must include attendance and make-up policy, especially if attendance/class participation will count as a grade. Policies should detail excused absences, unexcused absences, and make-up policies. Attendance and make-up policies should not contradict student rules. REMEDIATION process and policy should be included HERE. **THIS INFORMATION HAS BEEN PLACED HERE FOR REFERENCE ONLY. PLEASE REMOVE BEFORE PREPARING SYLLABUS.**)

Course Topics, Calendar of Activities, Major Assignment Dates

(Must include dates on which major exams will be given and assignments will be due and should not be changed without notification of all students in the course. Include a statement that all dates are subject to change. Include major topics, assignments, etc. Reference where an up to date schedule can be accessed. INCLUDE an INITIAL or REPRESENTATIVE schedule in the appendix. **THIS INFORMATION HAS BEEN PLACED HERE FOR REFERENCE ONLY. PLEASE REMOVE BEFORE PREPARING SYLLABUS.**)

See Schedule

<table>
<thead>
<tr>
<th>Week</th>
<th>Topic</th>
<th>Required Reading</th>
</tr>
</thead>
</table>

Other Pertinent Course Information

Clerkship Courses MUST include patient encounter and Log Information here. Actual log list can be included in the appendix. Include information that is pertinent to ALL campus locations here like processes and procedures. If there are campus specifics, include those locally not in this syllabus. Indicate where course materials can be accessed for example Blackboard, One45, etc.)

Blackboard

Date Created/Revised: _____ By: _____
Americans with Disabilities Act (ADA)

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact Disability Services, in Cain Hall, Room B118, or call 845-1637. For additional information visit http://disability.tamu.edu

Any student with a disability who needs accommodation should inform the instructor at the beginning of the course.

Academic Integrity

For additional information please visit: http://aggiehonor.tamu.edu

“An Aggie does not lie, cheat, or steal, or tolerate those who do.”

College of Medicine

Professionalism and integrity Statement (Academic Honesty and Plagiarism)

All College of Medicine students are required to comply with the student code of conduct and the academic integrity and honesty standards published in each component's Student Handbook. Disciplinary action will be taken in accordance with the policies of each component. Students found guilty of Academic Dishonesty will receive an “F”/Unsatisfactory in the course. For a ′full′ list of actions qualifying as academic dishonesty, please review the College of Medicine Student Handbook at http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf.

According to the Aggie Honor System Office, plagiarism is defined as the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Intentionally, knowingly, or carelessly presenting the work of another as one's own (i.e., without crediting the author or creator). Plagiarism and other academic misconduct definitions can be viewed on the Aggie Honor System Office website; http://aggiehonor.tamu.edu/RulesAndProcedures/HonorSystemRules.aspx#definitions.

E-mail Access and FERPA

The College of Medicine is communicating all official information to students through the students’ TAMHSC e-mail accounts. Please check the account frequently during the semester for updates. This course is supported with web-based and/or e-mail activities. In order to take advantage of these additional resources and participate fully in the course, you have been assigned an e-mail address by the Texas A&M Health Science Center. This e-mail address is for internal use only, so that faculty may communicate with you and the entire class. By registering for this course, you are agreeing to allow your classmates to have access to this e-mail address. Should you have any questions, please contact the TAMU’s Office of the Registrar at 979-845-1031.

The Family Educational Rights and Privacy Act of 1974 (FERPA), which the HSC complies fully, is intended to protect the privacy of education records, to establish the rights of students to inspect and review their education records and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office of the Department of Education in Washington, D.C., concerning alleged failures by the HSC to comply with the act.

Mistreatment of Students

The College of Medicine is committed to providing a positive learning environment in which students can meet their academic goals based on mutual respect in the teacher/learner relationship. Both parties must be sensitive to the needs of others and differences in gender, race, sexual orientation, religion, age or disability. As outlined in the Student Handbook under the section titled Standards of Conduct in the Teacher-Learner Relationship, belittlement, intimidation and humiliation are unacceptable for effective learning and undermine self-esteem. Breaches involving student mistreatment may result in a faculty or staff member being sanctioned or the loss of faculty and/or staff appointment. These policies address student mistreatment involving College of Medicine employees, residents, affiliate staff, or patients. Mistreatment may be reported through the College of Medicine telephone hotline, 1(855)-397-9835 or through

Date Created/Revised: _____ By: _____
an online form at http://medicine.tamhsc.edu/current/student-mistreatment-form.html. For a full list of reporting avenues, please refer to the Student Handbook under the Mistreatment Policy.

Exposure and Occupational Hazard

The Needle Stick Policy and Bloodborne Pathogen Exposure information for Medical Students may be accessed in the Student Handbook at: http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf

Note: More information is available on the aforementioned topics to all students on the College of Medicine website.
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
• Submit original form and attachments •

Form Instructions:
1. Course request type:  □ Undergraduate  □ Graduate  ✓ First Professional (DDS, MD, JD, PharmD, DVM)
2. Request submitted by (Department or Program Name):  Select or Type Department/Program Name
3. Course prefix, number and complete title of course:  MEID 705 - Medical Student Grand Rounds
4. Change requested
   a. Prerequisite(s):  From:  ________________________________  To:  ________________________________
   b. Withdrawal (reason):  ________________________________
   c. Cross-list with:  ________________________________

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.
5. Is this an existing core curriculum course?  ✓ Yes  □ No
6. If grade type is changing for existing course, indicate the new grade type:  □ Grade  □ S/U  □ P/F (CLMD)
7. If this course will be stacked, please indicate the course number of the stacked course:  ________________________________

8. I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

9. Complete current course title and current catalog course description:
SEMINAR DAY. Credit 0.5.

10. Complete proposed course title and proposed catalog course description (not to exceed 50 words):
Medical Student Grand Rounds. Credit .5 to 5.

11. a. As currently in course inventory:
Prefix  Course #  Title (excluding punctuation)
   MEID  705  SEMINAR DAY
   Lec.  Lab  Other  SCH  CIP and Fund Code  Admin. Unit  FICE Code  Level
   8.00  0.00  5.00  51.1201.00  0 0 3 6 3 2
   b. Change to:
Prefix  Course #  Title (excluding punctuation)
   MEID  705  Medical Student Grand Rounds
   Lec.  Lab  Other  SCH  CIP and Fund Code  Admin. Unit  FICE Code  Level
   80.00  5.00  5.00  51.1201.00  - 0 0 3 6 3 2

Approval recommended by:

Department Head or Program Chair (Type Name & Sign)  Date
Paul Ogden M.D.  HSC CEO

Department Head or Program Chair (Type Name & Sign)  Date
Regina Bentley PhD  Dean of College

Submitted to Coordinating Board by:
Associate Director, Curricular Services

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu
Curriculum Services – 08/14
Course title and number: MEID 705 Medical Student Grand Rounds
Term (e.g., Fall 200X): Fall 2015
Meeting times and location: July 27-December 18, 2015, Bryan and Temple

Instructor Information

Course Director

Name: Steve Maxwell, Ph.D.
Telephone number: 979-436-0804
Email address: smaxwell@medicine.tamhsc.edu
Office hours: By appointment
Office location: 252 Reynolds Medical Bldg., College Station

Course Co-Director

Name: Robin Fuchs Young, Ph.D.
Telephone number: 979-436-0778
Email address: fuchs-young@medicine.tamhsc.edu
Office hours: By appointment
Office location: 208 Reynolds Medical Bldg., College Station

Coordinator

Name: Janis Chmiel
Telephone number: 979-436-0856
Email address: jchmiel@tamu.edu
Office hours: By appointment
Office location: 440 Reynolds Medical Bldg., College Station

Course Description and Prerequisites

http://www.tamhsc.edu/education/catalog/

In this course, students will apply, primarily, their knowledge of biochemistry and genetics. Students will receive didactic instruction in literature search skills and examine a specific medically relevant topic in depth. Students will then give a presentation about this topic to their peers and faculty in a small group setting.

Prerequisite: Completion of Phase I curriculum

Learning Outcomes & Objectives
Upon completion of the course, students will be able to:

**COM Competency Based Learning Objectives:** [http://medicine.tamhsc.edu/academic-affairs/curriculum/objectives/](http://medicine.tamhsc.edu/academic-affairs/curriculum/objectives/)

**Principles and Guidelines for Curriculum Development:**

<table>
<thead>
<tr>
<th>Course Objective:</th>
<th>COM Competency Based Learning Objectives (CBLO):</th>
<th>Taught (T) and/or Evaluated (E):</th>
<th>Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Students will conduct independent research on a current and relevant disease topic, focusing on the primary scientific literature. They will prepare and present their findings to a small group of their peers, and answer questions. In researching their topic, students will apply their knowledge of anatomy, biochemistry, genetics, immunology, microbiology, pharmacology, and physiology to examine a relevant biomedical research topic in depth. Students will be evaluated based on content, critical analysis, presentation and delivery, written summary, peer review, and class participation.</td>
<td>MK4: Apply evidenced-based methods to clinical problem solving</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
<tr>
<td>The student will read the literature and develop a fundamental understanding of the current research in the area, which will be effectively communicated to their peers. The students will develop a 20 minute PowerPoint presentation, following accepted formats. The presentation must clearly describe recent research findings, including state of the art developments and current experimental approaches used to determine the underlying mechanistic basis of the disease, leading to new strategies for prevention, diagnosis, prognosis and/or treatment.</td>
<td>MK1: Demonstrate knowledge of normal human structure and function at the organ-system, tissue, cellular and molecular level; and of the interaction of human systems in maintaining homeostasis</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
<tr>
<td>The student will read the literature and develop a fundamental understanding of the current research in the area, which will be effectively communicated to their peers. The students will develop a 20 minute PowerPoint presentation, following accepted formats. The presentation must clearly describe recent research findings, including state of the art developments and current experimental approaches used to determine the underlying mechanistic basis of the disease, leading to new strategies for prevention, diagnosis, prognosis and/or treatment.</td>
<td>MK2: Describe the basic mechanisms involved in the causation of human disease and their influence on clinical presentation and therapy</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
<tr>
<td>The student will read the literature and develop a fundamental understanding of the current research in the area, which will be effectively communicated to their peers.</td>
<td>ICS1: Demonstrate effective listening skills</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
</tbody>
</table>
The students will develop a 20 minute PowerPoint presentation, following accepted formats. The presentation must clearly describe recent research findings, including state of the art developments and current experimental approaches used to determine the underlying mechanistic basis of the disease, leading to new strategies for prevention, diagnosis, prognosis and/or treatment.

<table>
<thead>
<tr>
<th>The student will read the literature and develop a fundamental understanding of the current research in the area, which will be effectively communicated to their peers. The students will develop a 20 minute PowerPoint presentation, following accepted formats. The presentation must clearly describe recent research findings, including state of the art developments and current experimental approaches used to determine the underlying mechanistic basis of the disease, leading to new strategies for prevention, diagnosis, prognosis and/or treatment.</th>
<th>PROF12: Project a professional image in demeanor and personal appearance</th>
<th>Taught AND Evaluated</th>
<th>Research or Project Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student will read the literature and develop a fundamental understanding of the current research in the area, which will be effectively communicated to their peers. The students will develop a 20 minute PowerPoint presentation, following accepted formats. The presentation must clearly describe recent research findings, including state of the art developments and current experimental approaches used to determine the underlying mechanistic basis of the disease, leading to new strategies for prevention, diagnosis, prognosis and/or treatment.</td>
<td>PBLI3: Accomplish learning and improvement goals with appropriate self-directed activities</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
<tr>
<td>The student will read the literature and develop a fundamental understanding of the current research in the area, which will be effectively communicated to their peers. The students will develop a 20 minute PowerPoint presentation, following accepted formats. The presentation must clearly describe recent research findings, including state of the art developments and current experimental approaches used to determine the underlying mechanistic basis of the disease, leading to new strategies for prevention, diagnosis, prognosis and/or treatment.</td>
<td>PBLI4: Utilize information resources and available data to support life-long learning</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
<tr>
<td>The student will read the literature and develop a fundamental understanding of the current research in the area, which will be effectively communicated to their peers. The students will develop a 20 minute PowerPoint presentation, following accepted formats. The presentation must clearly describe recent research findings, including state of the art developments and current experimental approaches used to determine the underlying mechanistic basis of the disease, leading to new strategies for prevention, diagnosis, prognosis and/or treatment.</td>
<td>PBLI6: Demonstrate an understanding of the basic principles and importance of scholarly activity and Translational Research in the practice of medicine</td>
<td>Taught AND Evaluated</td>
<td>Research or Project Assessment</td>
</tr>
</tbody>
</table>
the underlying mechanistic basis of the disease, leading to new strategies for prevention, diagnosis, prognosis and/or treatment.

Purpose and Goals: The intention is to encourage students to access, critically assess, and understand the research literature relevant to a disease/disorder of interest, and then tie emerging science to clinical medicine. While reviews, clinical studies and epidemiologic reports are useful, they cannot alone form the basis for the presentation. Students should access, read, interpret the primary literature, and communicate it effectively to their peers. Recent (within the last 5 years), high quality, research publications must be included.

Textbook and/or Resource Material

Textbooks (Required and Recommended Resources)

The following books and case study materials will be used in this course.

Title: N/A
Author: N/A
Edition/Copyright: N/A
Publisher: N/A
ISBN: N/A

Gathering Information:

Information for presentations should come from authoritative resources, particularly recently published journals, and be cited. You are expected to use PubMed MEDLINE to obtain your journal references. MEDLINE is the premier source for biomedical literature and an information resource you will use throughout your professional career. PubMed is the National Library of Medicine’s free search interface for the citations in Medline. Anyone can get to PubMed via
http://pubmed.gov, but to get links to full text articles already paid for by the library follow the instructions below:

**Getting Full Text Articles through the Medical Sciences Library**

1. Go to http://guides.library.tamu.edu/Medicine and click on PubMed MEDLINE under “Databases for Finding Articles”

2. You will be asked to login. Choose “TAMHSC username” to login with the same username and password as your HSC email, and then click the “Select” button (see below).

If you are unable to log in, please contact the HSC HelpDesk at 800-799-7472 or email helpdesk@tamhsc.edu.

3. Do your search in PubMed, click on an article title, and then on the button to get to the free full-text through the library.

4. A screen will open showing if the library has an online copy of the article. Click on the link under “Online copy available from” to get to the PDF:
If the library does not have it, you will see:

We do not have online access to this, but ...
Request from

- Get it for me
  Note: Free to TAMU/TAMHSC affiliated; Usually takes 2 days - 2 weeks.

Click on "Get it for me" to have the library get a copy for you. You will receive an email notification when the PDF is in your Get it for me account.

**Citing Your Sources**

*If you use ideas or concepts that are not your own, you must cite your source or it is considered as plagiarism. Make sure that you cite all sources you use, including images, websites, e-books, and articles in both the PowerPoint presentation and written handout.* You will use the American Medical Association (AMA) citation style for all your sources, both in your PowerPoint and on your handout. A summary showing how to cite using AMA style is available at: [http://library.tamu.edu/help/help-yourself/citing-sources/files/Using-the-AMA-Style.pdf](http://library.tamu.edu/help/help-yourself/citing-sources/files/Using-the-AMA-Style.pdf). You can view the electronic [AMA Manual of Style](http://library.tamu.edu/help/help-yourself/citing-sources/files/Using-the-AMA-Style.pdf) for additional examples. Some journals and databases will create a citation of the source for you that you can copy and paste; either choose AMA style or you may need to make edits to the citation based on AMA style.

**PowerPoint slides:** On *every* slide for which you use a source, write *Source:* or *Sources:* somewhere on the slide (does not have to be at the bottom of slide), then list the citation(s) in AMA style. Example:
Help with Searches and Citing Sources

Medical librarians from MSL and the Scott & White Medical Library in Temple are available to assist you one-on-one with your search and citing your sources. Let them know if you have questions, suggestions, or comments. The library contacts are:

<table>
<thead>
<tr>
<th>Librarian’s Name</th>
<th>Email</th>
<th>Phone</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Becky McKay</td>
<td><a href="mailto:rlmckay@library.tamu.edu">rlmckay@library.tamu.edu</a></td>
<td>979-436-0279</td>
<td>1037 HPEB</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Bryan Campus</td>
</tr>
<tr>
<td>Cathy Pepper</td>
<td><a href="mailto:cpepper@library.tamu.edu">cpepper@library.tamu.edu</a></td>
<td>817-395-2446</td>
<td>S316A</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Round Rock Campus</td>
</tr>
</tbody>
</table>

Figure Legend:
Patients compared were MADIT-II-like patients in the ICD Registry, MADIT-II patients randomized to ICD therapy, and MADIT-II patients randomized to medical therapy (for matched patients only). MADIT-II indicates Multicenter Automatic Defibrillator Implantation Trial-II; ICD, implantable cardioverter-defibrillator.


Handout: Insert references numbered within the text and list references at the end.

Type 2 Diabetes

Current Treatments:

- Metformin
- AminoTin

References


NOTE: Don’t leave searching the literature until the last minute. It only causes stress. Search for articles as soon as you know your topic and you will get a sense if there will be a lot or very few. A goal of this assignment is to give you positive experience in locating current, quality information from the peer-reviewed medical literature. If you spend more than 30 minutes trying to find relevant articles, stop and get assistance.
## Grading Policies

The final course grade will be based on the following:

<table>
<thead>
<tr>
<th>Milestone I: PubMed library search exercise (Wednesday, August 12 by 5 pm)</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
</tr>
<tr>
<td>Milestone II: Choosing a topic (Wednesday, August 26 by 5 pm)</td>
<td>5</td>
</tr>
<tr>
<td>Milestone III: Pre-presentation Outline Part A (Wednesday, September 16 by 5 pm)</td>
<td>10</td>
</tr>
<tr>
<td>Milestone IV: Pre-presentation Outline Part B with annotated bibliography (Wednesday, October 21 by 5 pm)</td>
<td>10</td>
</tr>
<tr>
<td>Milestone V: Presentation</td>
<td>69</td>
</tr>
<tr>
<td></td>
<td>Written Research Summary submit by 5 pm Tuesday, December 1</td>
</tr>
<tr>
<td></td>
<td>PowerPoint submit by 5 pm Tuesday, December 1</td>
</tr>
<tr>
<td></td>
<td>Oral Presentation – Friday, December 11</td>
</tr>
</tbody>
</table>

**Presentation Grading rubric (69 points total):**

1. **Written (summary) handout (15 points)**
   a. Content (quality, completeness, logical organization) – 4.5
   b. Critical analysis of the topic – 4.5
   c. Quality, relevance and proper use of references -4.5
   d. Format – appearance, spelling, correct grammar – 1.5

2. **Grand Rounds Oral Presentation (50 points)**
   a. Content (quality, logical organization and flow, connection between current research and clinical practice) – 12.5
   b. Critical understanding and analysis of the topic – 12.5
   c. Appearance of slides – clarify, readability and effectiveness -12.5
d. Overall quality of the presentation (correct time, familiarity with the material, able to effectively and accurately answer questions, clearly practiced) – 12.5

3. Class participation (4 points)

<table>
<thead>
<tr>
<th>Peer Review/Self Evaluation (Monday, December 14 by 5 pm)</th>
<th>4</th>
</tr>
</thead>
</table>

100 pts

**GRADING SCALE**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>Top 15%</td>
</tr>
<tr>
<td>Pass</td>
<td>70-100</td>
</tr>
<tr>
<td>Fail</td>
<td>69 and below</td>
</tr>
</tbody>
</table>

**Grading:**

Please note: MEID 705 Medical Student Grand Rounds is worth 1.5 credit hours. This grade is part of your GPA. *It WILL BE* a Honors/Pass/Fail course. **All Milestones are mandatory. If you do not complete assigned Milestones I-V you **WILL NOT PASS** the course. A minimum grade of 70 is needed to pass the course. Anything below that score will require you to retake the course. All components will be judged on critical thinking and analysis, independent thought, organization and effective written and/or oral communication.

Peer reviews (see Appendix) will consist of student evaluations of the presentations. The peer reviews and self-evaluations will be available online. Students will be emailed a link to the forms at their medicine account. **Details on how to submit evaluations will be posted on Medical Student Grand Rounds website in Blackboard.**

Obtain a significant depth of coverage for the background materials, and devote as much time as possible to current advances in the subject area. For broad topics, identify a facet that will be the main topic of the
presentation and prioritize the material. Prioritize the background discussion to include issues that are particularly relevant to the main part of the talk, which will focus on new discoveries in the field, new models, and new insights. Clarity and organization are the keys to a good oral presentation and handout.

The grading will reflect how well these objectives have been met. Point deductions for students arriving late to either morning or afternoon sessions of Medical Student Grand Rounds will depend on length of delay.

**Students failing to attend the conference without prior approval risk a 50-point deduction on their final grade, essentially failing the course.** Students also risk point deductions for late submission of topics, late submission of pre-presentation outline, and for late submission of handouts/PowerPoint Presentations. The online peer review and self-assessment forms must be completed and submitted **by 5 pm Monday, December 14.** If not submitted by the deadline points will be deducted. A summary of the penalties is listed below.

*No makeups allowed for unexcused absences or incomplete milestone assignments. If a student fails to complete any of the Milestones I through V this will result in failure of the course. If a student fails the course a remediation plan will be prepared for the student to retake the course the following year.*
Penalties

Possible point deductions include:

Unexcused absence at mandatory lectures (July 30) 2 points

Late submission of topic (5 pm Wednesday, August 26) 2 points

Changing topic after 5 pm Wednesday, September 16 deadline 2 points

Late submission of pre-presentation outline Part A (5 pm Wednesday, September 16) 2 points

Late submission of pre presentation outline with annotated bibliography Part B (5 pm Wednesday, October 21) 2 points

Failure to view mandatory online module and complete the assessment quiz with a 90% will result in an incomplete and penalty (8 am Thursday, October 29) 2 points

Late submission of presentation handout (5 pm Tuesday, December 1) 5 points

Late submission of presentation ppt file (5 pm Tuesday, December 1) 5 points

Arriving late at Medical Student Grand Rounds presentations (December 11) 2 to 10 points

Unexcused absence at Medical Student Grand Rounds on December 11 50 points

Late submission of peer review form (5 pm Monday, December 14) 1 point

Late submission of self-evaluation form (5 pm Monday, December 14) 1 point

ALL MILESTONES ARE MANDATORY AND MUST BE COMPLETED TO RECEIVE A PASSING GRADE IN THE COURSE.
Attendance and Make-up Policies

Please refer to COM student rule #7 (link below) for procedures regarding requesting sick leave and unexcused/excused absence policies:

http://student-rules.tamu.edu/rule07.

All students are required to attend each session, arrive on time and participate in discussions.

Mandatory attendance is required at:

- the course orientation and lecture on “How to Find Scientific Information” on Thursday, July 30 from 8:00-9:00 am
- both the morning and afternoon sessions of the Medical Student Grand Rounds on Friday, December 11

Completion of mandatory online module (available Thursday, October 22):

- “How to Give an Effective Presentation” assessment quiz due by Thursday, October 29 at 8 am.

In the case of illness or other emergencies that may affect your participation in Medical Student Grand Rounds, notify the Curriculum leaders by completing the excused absence form online as described in the Student Manual. Attendance is mandatory at these lectures. Unexcused absences will result in a penalty on the final grade.

Course Topics, Calendar of Activities, Major Assignment Dates

a. Overview

Preparing and presenting in the Medical Student Grand Rounds: Advanced Topics in Medical Research (formerly called Seminar Day) conference provides a foundation for the development of skills needed for clinical case and grand rounds presentations required during medical school and post-graduate training. This experience also builds proficiency and establishes processes for the regular review of the scientific literature throughout the medical
career.

Each student will choose and present an independently researched topic to a small group of their peers. For these presentations, the class will be divided into approximately 12 small groups in Bryan and 8 small groups in Temple. These groups will meet on Friday, December 11 (rooms to be determined) with each session consisting of four to six 20 minute (plus 10 minutes for questions) presentations per morning/afternoon meeting.

**Attendance is MANDATORY at both morning and afternoon sessions.**

Professional dress is required. Presenting students will submit written summaries (see below for instructions) with properly annotated references and their PowerPoint presentation to the faculty advisor and students in their group.

The overall score for the course will be determined on a 100 point scale, apportioned as follows: a PubMed Search exercise (2%), topic selection (5%), on time submission of the pre-presentation outlines (Part A - 10%, Part B – 10%), oral and written presentations and class participation (69%), and assessments/evaluations (4%).

In researching the topic, students will apply their knowledge of basic sciences (anatomy, biochemistry, genetics, immunology, microbiology, pharmacology, or physiology) to examine a medically relevant topic in depth and then transmit this knowledge in an oral presentation and written summary.

**b. Course Objectives**

The **first objective** of the oral presentation is to provide a basic foundation of background information on the topic. This should include the etiology, diagnosis, and treatment of the disease, with an emphasis on the underlying problems and mechanistic causes.

The **second objective** is to summarize current research, including state of the art investigations aimed at elucidating the underlying mechanistic basis of the disease and new approaches to prevention, diagnosis, prognosis and/or treatment. Please take special note that this second objective requires students to access the primary literature rather than textbooks,
websites, and review articles. Students will be expected to develop an in-depth understanding of specific aspects of the disease, avoiding a superficial coverage of the topic. For example, a presentation on hypertension may focus in on a discussion of a specific transgenic animal model, specific areas of basic science research or novel and innovative clinical patient trials. Some topics are very broad. Students should not attempt to provide a comprehensive summary of the entire field. Instead, a brief general overview should be developed, but the bulk of the presentation should focus on a particular aspect of the topic in much greater detail. The presentation should include important new information on ongoing research, not just a superficial synopsis.

c. Medical Student Grand Rounds Orientation (July 30)

On Thursday July 30 (8:00 am) the course coordinators, Drs. Maxwell and Fuchs-Young will explain in more detail the expectations for the Medical Student Grand Rounds, and answer any questions about topic choice and development. Ms. Suzanne Shurtz will then give a presentation on “How to Find Scientific Information” using MEDLINE/PubMed to research your topic.
**d. Medical Student Grand Rounds Milestones**

Students will complete a series of milestones to prepare for their research presentations (see below and section C). The **first milestone** (completion due by 5 pm Wednesday August 12)
will require students to complete a literature database search exercise. The **second milestone** (completion by 5 pm Wednesday August 26) requires the students to choose a topic for their research presentations. The **third milestone** (completion due Wednesday, September 16 at 5 pm) involves preparation of a pre-presentation outline that will include a brief overview/background of the disease topic and will identify the specific areas that will be addressed in more detail in the next outline and in the final presentation (see Appendix B for example and Appendix C for the faculty grading rubric). The **fourth milestone** (completion due by 5 pm Wednesday October 21) will be preparation of more in-depth outline, focusing on the underlying mechanistic basis/etiology of the disease, and state-of-the-art research leading to new diagnostic, prognostic, prevention and/or treatment strategies. This outline must include a minimum of 5 annotated, primary literature references and a summary of the hypotheses, methods, conclusions, and significance of each (see Appendix D for example and Appendix E for the faculty grading rubric). The **fifth milestone** includes written and oral presentations. Both the written summary handout and PowerPoint presentation files are due by 5 pm Tuesday December 1. The oral presentation will be on Friday, December 11.

Examples of written handouts are posted on Blackboard. **PLEASE NOTE: ALL MILESTONES ARE MANDATORY AND MUST BE COMPLETED TO RECEIVE A PASSING GRADE IN THE COURSE. PENALTIES WILL BE GIVEN FOR LATE SUBMISSIONS AND COMPLETION OF MILESTONES. FAILURE TO COMPLETE ANY MILESTONE WILL RESULT IN FAILING THE COURSE.**

e. Detailed Description of Milestones

**MILESTONE I: PubMed/Literature Search Exercise – due August 12 (2% of the final grade).**

- *Students to complete a literature database search exercise by 5 pm Wednesday, August 12 (2 points).*

At the Orientation on July 30, a medical librarian will provide instruction on how to effectively...
search PubMed for good quality references and cite your sources. Afterwards, a self-guided exercise, “Effective PubMed Searching” will be available in the course Blackboard site within Assignments. **Complete and submit this exercise within Blackboard by 5 pm on August 12.** Librarians will review these assignments by 5 pm Tuesday August 25 to provide feedback and suggestions on your search. A penalty will be assessed for late submissions.

**MILESTONE II: Choosing a Topic - due by 5 pm Wednesday August 26 (5% of the final grade).**

- **Students choose an approved topic and email a formal commitment to Janis Chmiel at jchmiel@tamu.edu by 5 pm Wednesday August 26 (5 points).** If not submitted by the deadline, 2 points will be deducted.

An extensive list of acceptable medical disease topics have been compiled for students to choose from. Some of these are may be quite broad, i.e., “breast cancer,” so the final presentation must focus on a narrowed aspect of this disease (i.e., BRCA1 or 2 mutations in breast cancer). A section in the Blackboard learning site (https://tamhsc.blackboard.com) will have the disease topics posted. If none of the listed topics is of interest, identify one or more topics with a strong basic science foundation, and submit to the course directors for approval of the topic (email: Dr. Steve Maxwell (smaxwell@medicine.tamhsc.edu) and Dr. Robin Fuchs-Young (fuchs-young@medicine.tamhsc.edu).

**The deadline for making a formal commitment to a topic is 5 p.m., Wednesday, August 26.** The text in the body of the email should include your name, campus location, and choice of topic. Late submissions will not be accepted without a valid excuse. A 2 point penalty will be charged for failure to complete this component by the deadline. Changes in selection of topics will be allowed only until pre-presentation Part A outline submission on Wednesday, September 16 by 5 pm, but a 2 point penalty will be assessed.

**MILESTONE III: Pre-Presentation Outline Part A - due by 5 pm Wednesday, September 16 (10% of the final grade).**

- **Complete and submit the Pre-presentation outline Part A by 5 pm Wednesday, September 16 (10 points).** If not submitted by the deadline, 2 points will be
deducted.

The Part A outline should include a brief overview of the background information for the selected disease topic and a summary of the current knowledge about the systemic, cellular and molecular basis of the disease. An example of a Pre-Presentation Outline Part A is located in the Appendix. The summary should include the current knowledge of etiology, diagnosis, and treatment of the disease, with an emphasis on anatomy, biochemistry, genetics, immunology, microbiology, pharmacology and/or physiology. This outline should identify the aspect of the research that will be focused on in more detail in the next outline and in the presentation. Note that this outline is NOT intended to be a broad or general in its scope.

This outline should be **one page in length plus one additional page for references (minimum of 5 references from good quality and/or high impact publications).** While reviews are allowed, at least one primary research paper must be included in the references. Using Medscape, Wikipedia or other very broad and general references is discouraged. Part A should utilize an outline format with: single-spacing, 1 inch margins and Arial 12 point font. Refer to the Pre-presentation “Outline Grading” rubric in the Appendix for more information.

Details on how to submit your outline will be posted on the Medical Student Grand Rounds website in Blackboard in the Assignment section. If problems are encountered with submission then an email with the outline file can be sent to Janis Chmiel (jchmiel@tamu.edu) before the deadline. Late submissions will not be accepted without a valid excuse and a 2 point penalty will be assessed for late outline part A. Each student will be assigned to a faculty member who will provide mentorship feedback and grade the pre-presentation outlines.

Students are welcomed to communicate with the faculty mentors through Blackboard or by email.

**MILESTONE IV: Pre-Presentation Outline Part B with Annotated**
References- Due by 5 pm Wednesday, October 21 (10% of final grade).

- Complete and submit Pre-Presentation Outline Part B with AMA Style Annotated bibliography by 5 pm Wednesday, October 21 (10 points). If not submitted by the deadline, 2 points will be deducted.

In Pre-Presentation Outline Part B the student will go into greater depth on the specific issues/questions that will be discussed in the presentation. This exercise requires more detail and focus than the Pre-presentation Outline Part A. Students should describe current laboratory, animal, or clinical research studies pertinent to their topic. Part B must also include one or more aspects of molecular pathogenesis of the disease. The outline should also demonstrate how basic science knowledge is translated into new approaches to prevention, prognosis, diagnosis, and/or treatment of patients. The title of the presentation should reflect the focus of the presentation. For instance, the title “Breast Cancer” is too broad. An example of a better title is one that reflects the focused area of presentation, “Mechanisms of BRCA-1 Mutations in Breast Cancer Development (or Progression)”.

A minimum of 5 new references from good quality primary research articles should be included (different from those selected in the Pre-presentation Outline Part A). Do not include the references that were listed in the Part A pre-presentation outline. The five most authoritative, relevant additional references should be annotated as described below. These new references should be no older than 5 years and must focus on current, emerging basic science and research that is translatable to patient care and treatment. Under certain conditions where a discovery is very new, there may be less than 5 references, and this should be noted (justified) in the text. The pre-presentation outline Part B should be five pages in length for content plus additional pages (no limit) for the annotated references. An outline format, single-spaced, with 1 inch margins and 12 point Arial font should be used. Late submissions will not be accepted without a valid excuse and a 2 point penalty will be assessed for late outline part B. Refer to the grading rubric in the Appendix for more information.
Annotated References Guidelines: The Annotated References should follow the American Medical Association (AMA) citation style for all your sources. Under each reference, provide a few sentences detailing the purpose of the work, the hypothesis, experimental strategy, and significance of the work. An example of annotated references is given in the Appendix. Details on how to submit your annotated references will be posted on the Medical Student Grand Rounds website in Blackboard in the Assignment section. If problems are encountered with submission then an email with the file can be sent to Janis Chmiel (jchmiel@tamu.edu) by the deadline by 5 pm on Wednesday, October 21.

MILESTONE V: Written Handouts/Research Presentations – due 5 pm Tuesday, December 1 (69% of the final grade).

- This final milestone includes the preparation of a written summary, the PowerPoint slides, and the oral presentation as described in the points below.
- Prepare and distribute a written summary (5 pages maximum plus reference page) of the presentation to members of your group and faculty mentor. A minimum of 5 primary references are required (15 points of final grade). A PDF version must be emailed to Janis Chmiel at jchmiel@tamu.edu by 5 pm Tuesday, December 1. If not submitted by the deadline, 5 points will be deducted.
- Prepare and submit the PowerPoint file (15 points of final grade) of the oral presentation slides by email to Janis Chmiel at jchmiel@tamu.edu and Faculty Mentors by 5 pm Tuesday, December 1. If not submitted by the deadline, 5 points will be deducted.
- Grand Rounds oral presentations are on Friday December 11. Oral presentation should be 20 minutes in length and should utilize the prepared PowerPoint slides.
- All students are expected to participate in the discussion on Medical Student Grand Rounds December 11, and attendance is mandatory for both morning and afternoon sessions. Professional dress is required. Penalty for unexcused or late arrivals or early departure.
- Student Peer Reviews and Self-Evaluation forms should be completed by students 72 hrs after Grand Rounds. (Due by 5 pm December 14). A 1 point penalty will be assessed for late submission of the Peer Review and a 1 point penalty will be assessed for late submission of the Self-Evaluation.

a. Mandatory Online Lecture

On Thursday October 22 at 8 am the online module on “How to Give an Effective Scientific Presentation” presented by Dr. Barbara Gastel will be open for access. The purpose is to help you prepare your PowerPoint presentation. Completion of this mandatory online module and
assessment quiz is by 8 am Thursday, October 29. Students must score no less than 90% on
the assessment quiz to get credit for completing the module. Failure to score at least 90% or
for not completing the quiz will result in a 2 point penalty off final course grade.

b. **Scope of Research Topics**

Some topics may be very broad. Do not attempt to provide a comprehensive summary of the
entire field. Instead, give a brief general overview, and then focus the main part of your talk
on a specific area on mechanistic basic science that will be covered in much greater detail. Be
sure that your presentation has important new information and is not just a superficial
synopsis.

c. **Written Summary Guidelines**

Each student should prepare a written summary of the key points of their presentation. A PDF
version of the handout must be emailed to Janis Chmiel at jchmiel@tamu.edu by 5 pm
December 1. **Students in your group can be given either an electronic or hard copy of
your handout.**

Details on submission will be posted on Medical Student Grand Rounds website in Blackboard.
The title format for each PDF should be: disease.presenter.pdf (i.e. schizophrenia.maxwell.pdf). This summary should contain no more than 5 pages of content
not including references. List the key references at the end of the paper in the AMA style. - Be
sure to reference citations in the text.

The written summary should not consist of only the slides in your PowerPoint presentation. It
should be written in a narrative format with correct grammar and spelling. Figures should be
cited with the publication source. This written summary can serve as a useful study guide in
preparing for the USMLE step 1 examination. Some examples of good handouts will be posted
on the Blackboard website.

The teaching faculty will select the top three presentations from each group for publication on
the Genetic Disease Information Resources (GDIR) website, which is useful for board

---

Date Created/Revised: 5/29/15 By: Janis Chmiel
preparation of the M3/M4 students. This website is only accessible to 3rd and 4th year medical students and COM faculty.

d. **Research Presentation Format**

Each student must submit to Janis Chmiel a copy of your PowerPoint presentation by 5 pm Tuesday, December 1. Please send to jchmiel@tamu.edu

In the introduction of the presentation, provide a brief overview of the basic foundation for the subject including important aspects of the basic sciences. Clinical aspects of the disease, such as incidence, determinants of susceptibility, diagnosis, prognosis and treatment should also be covered. **The majority of your presentation should cover recent advances in understanding of molecular and cellular mechanisms, etiology, and pathophysiology of the disease.** The presentation should translate the basic science information to clinical medicine, either current or anticipated. It is essential that the information be summarized on the handout and presented clearly, so that the class gains a better understanding of the critical aspects, studies, and results.

Some proposed areas are very broad. **Do not attempt to provide a comprehensive summary of the entire field. Instead, give a brief general overview (description, incidence, prevalence, susceptibility, diagnosis, prognosis, current treatment regimen) and then focus the main part of your talk on a specific area that will be covered in much greater detail. Be sure that your presentation has important new mechanistic scientific information, such as cutting edge basic and/or translational research, and is not just a superficial synopsis.** If video clips from YouTube or other sources are included, do not include more than one or two minutes of them in the presentation.

e. **Grand Rounds Presentations**
During the morning and afternoon conference sessions, four to six students will make oral presentations on their assigned topic. **Attendance is MANDATORY at both morning and afternoon sessions.**

**f. Technical details:**

Projectors will be available in each conference group room. Students should bring their computers as backup in case the room computer fails. **The presentation should be brought to the Medical Student Grand Rounds on a flash drive.** On time attendance at all conferences is mandatory. Students arriving late to a session or failing to attend without prior approval risk a **50 point deduction** on their final grade, essentially failing the course.
MEDICAL STUDENT GRAND ROUNDS: ADVANCED TOPICS IN MEDICAL RESEARCH MILESTONES

July 30: Orientation (Maxwell)/How to Find Scientific Information (Shurtz). Mandatory attendance. Penalties assessed.

August 12: **MILESTONE I:** PubMed/literature search exercise due by 5 pm (2% of final grade - late submissions not accepted without valid excuse. Penalties assessed.)

August 25: PubMed literature search feedback to students by 5 pm

August 26: **MILESTONE II:** Deadline for choosing a topic due by 5 pm (5% of final grade - late submissions not accepted without valid excuse. Penalties assessed.)

September 16: **MILESTONE III:** Pre-presentation outline Part A deadline is 5 pm (10% of final grade – late submissions not accepted without valid excuse. Penalties assessed.) Topics cannot be changed after this date.

September 30: Outline Part A feedback to students.

October 21: **MILESTONE IV:** Annotated references Part B due by 5 pm (10% of final grade – late submissions not accepted without valid excuse. Penalties assessed.)

October 22: How to Prepare a Scientific Presentation Available at 8 am (Gastel). MANDATORY ONLINE MODULE.

October 29: How to Prepare a Scientific Presentation (Gastel) Mandatory ONLINE Quiz Due by 8 am. Penalties assessed if score less than 90% or late submission.

November 4: Outline Part B feedback to students.

**MILESTONE V:**

December 1: Written Handouts due (15% of final grade – late submissions not accepted without valid excuse. Penalties assessed)

December 1: Research Presentations/PowerPoint/Oral Delivery/Critical Analysis/ Content/Participation (54% of final grade – late PowerPoint submissions not accepted without valid excuse. Penalties assessed.)

December 14: Peer Reviews/Self Evaluation Due at 5 pm (4% of final grade – late submissions not accepted without valid excuse. Penalties assessed.)
**Other Pertinent Course Information**

Course materials are available online 24/7 on Blackboard.

**Americans with Disabilities Act (ADA)**

The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact Disability Services, in Cain Hall, Room B118, or call 845-1637. For additional information visit [http://disability.tamu.edu](http://disability.tamu.edu)

Any student with a disability who needs accommodation should inform the instructor at the beginning of the course.

**Academic Integrity**

*For additional information please visit: [http://aggiehonor.tamu.edu](http://aggiehonor.tamu.edu)*

“An Aggie does not lie, cheat, or steal, or tolerate those who do.”

**College of Medicine Professionalism and integrity Statement (Academic Honesty and Plagiarism)**

All College of Medicine students are required to comply with the student code of conduct and the academic integrity and honesty standards published in each component’s Student Handbook. Disciplinary action will be taken in accordance with the policies of each component. Students found guilty of Academic Dishonesty will receive an "F"/Unsatisfactory in the course. For a full list of actions qualifying as academic dishonesty, please review the College of Medicine Student Handbook at [http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf](http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf).

According to the Aggie Honor System Office, plagiarism is defined as the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Intentionally, knowingly, or carelessly presenting the work of another as one’s own (i.e., without crediting the author or creator). Plagiarism and other academic misconduct definitions can be viewed on the Aggie Honor System Office website; [http://aggiehonor.tamu.edu/RulesAndProcedures/HonorSystemRules.aspx#definitions](http://aggiehonor.tamu.edu/RulesAndProcedures/HonorSystemRules.aspx#definitions).

**E-mail Access and FERPA**

The College of Medicine is communicating all official information to students through the students’ TAMHSC e-mail accounts. Please check the account frequently during the semester for updates. This course is supported with web-based and/or e-mail activities. In order to take advantage of these additional resources and participate fully in the course, you have been assigned an e-mail address by the Texas A&M Health Science Center. This e-mail address is for internal use only, so that faculty may communicate with you and the entire class. By registering for this course, you are agreeing to allow your
classmates to have access to this e-mail address. Should you have any questions, please contact the TAMU’s Office of the Registrar at 979-845-1031.

The Family Educational Rights and Privacy Act of 1974 (FERPA), which the HSC complies fully, is intended to protect the privacy of education records, to establish the rights of students to inspect and review their education records and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office of the Department of Education in Washington, D.C., concerning alleged failures by the HSC to comply with the act.

**Mistreatment of Students**

The College of Medicine is committed to providing a positive learning environment in which students can meet their academic goals based on mutual respect in the teacher/learner relationship. Both parties must be sensitive to the needs of others and differences in gender, race, sexual orientation, religion, age or disability. As outlined in the Student Handbook under the section titled Standards of Conduct in the Teacher-Learner Relationship, belittlement, intimidation and humiliation are unacceptable for effective learning and undermine self-esteem. Breaches involving student mistreatment may result in a faculty or staff member being sanctioned or the loss of faculty and/or staff appointment. These policies address student mistreatment involving College of Medicine employees, residents, affiliate staff, or patients. Mistreatment may be reported through the College of Medicine telephone hotline, 1(855)-397-9835 or through an online form at http://medicine.tamhsc.edu/current/student-mistreatment-form.html. For a full list of reporting avenues, please refer to the Student Handbook under the Mistreatment Policy.

**Exposure and Occupational Hazard**

The Needle Stick Policy and Bloodborne Pathogen Exposure information for Medical Students may be accessed in the Student Handbook at: http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf

**Note:** More information is available on the aforementioned topics to all students on the College of Medicine website.

**OTHER**

**Appendices**

<table>
<thead>
<tr>
<th>Appendices</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Medical Student Grand Rounds Guidelines: Synopsis</td>
</tr>
<tr>
<td>B. Pre-Presentation Outline Part A Example</td>
</tr>
<tr>
<td>C. Pre-Presentation Outline Part A Grading Rubric</td>
</tr>
<tr>
<td>D. Annotated Reference Outline Part B Example</td>
</tr>
<tr>
<td>E. Annotated Reference Outline Part B Grading Rubric</td>
</tr>
<tr>
<td>F. Faculty Grading Rubric</td>
</tr>
<tr>
<td>G. Student Peer Review Rubric</td>
</tr>
<tr>
<td>H. Student Self-Evaluation</td>
</tr>
</tbody>
</table>

Date Created/Revised: 5/29/15  By: Janis Chmiel
Appendix A.  

**Student Presentation Guidelines: Synopsis**

1)  Students to complete a literature database search exercise *by Wednesday, August 12 to receive 2% of your final grade.* Penalty for late submission.

2)  Students should make a formal commitment to a topic by **email to Janis Chmiel at jchmiel@tamu.edu by 5 pm Wednesday, August 26.** If not submitted by the deadline 2 points will be deducted.

3)  Students should provide the Pre-presentation outline Part A by **5 pm Wednesday, September 16.** If not submitted by the deadline 2 points will be deducted.

4)  Submit Pre-Presentation Outline Part B with AMA Style Annotated bibliography by **5 pm Wednesday, October 21.** If not submitted by the deadline 2 points will be deducted.

5)  Students should provide written summaries (5 pages maximum with or without reference page) of their presentation to members of their group and faculty mentor. A minimum of 5 references are required. A PDF version must be emailed to Janis Chmiel at jchmiel@tamu.edu by **5 pm Tuesday, December 1.** If not submitted by the deadline 5 points will be deducted.

6)  Students should provide the PowerPoint file of their presentation by email to Janis Chmiel at jchmiel@tamu.edu and faculty mentors by **5 pm Tuesday, December 1.** If not submitted by the deadline 5 points will be deducted.

7)  Attendance is mandatory for both morning and afternoon sessions and all students are expected to participate in the discussion on Medical Student Grand Rounds Friday, December 11. Professional dress is required. Penalty for unexcused or late arrivals.

8)  Oral presentation should be 20 minutes in length and should use PowerPoint.

9)  Projectors will be available in each conference room. Students should bring their computers as backup in case the room computer fails. In addition the presentation should be brought on a flash drive in case there are technical problems with the equipment.

10) Online peer reviews (1 point penalty late submission) and self-evaluations (1 point penalty late submission) are due by **5 pm Monday, December 14.**
Appendix B. PRE-PRESENTATION OUTLINE PART A

An example of a Pre-Presentation Outline Part A is given below. Note that your outline should give a general overview and background information of the disease. **At least five references should be included.**

*The outline should be in the “bullet” format as shown below in the examples.*

**EXAMPLE I**

**Title:** Investigation of Breast Cancer Cells with *BRCA1/2* mutations using PARP1 inhibitors as therapeutic agents

**Presenter:** Krystha Cantú

**Mentor:** Dr. Gregg Wells

**Introduction:**
- Hereditary breast and ovarian cancer syndrome (HBOC), caused by a germline mutation in *BRCA1* or *BRCA2*, is characterized by an increased risk for breast cancer, ovarian cancer, prostate cancer, and pancreatic cancer.
- Treatment of breast and ovarian cancer in individuals with *BRCA1*- or *BRCA2*-related tumors is similar to that for sporadic forms of these cancers; however, new classes of drugs that specifically target the *BRCA1/2* signaling pathways are being studied.
- The inhibition of poly(adenosine diphosphate [ADP]–ribose) polymerase (PARP) is a potential synthetic lethal therapeutic strategy for the treatment of cancers with specific DNA-repair defects, including those arising in carriers of a *BRCA1* or *BRCA2* mutation.

**Etiology:**
- *BRCA1* and *BRCA2* are human genes that code for tumor suppressor proteins. These proteins help repair damaged DNA and, therefore, play a role in ensuring the stability of the cell’s genetic material. When either of these genes is mutated, or altered, such that its protein product is not made or does not function correctly, DNA damage may not be repaired properly. As a result, cells are more likely to develop additional genetic alterations that can lead to cancer.
- Germline mutations in *BRCA1* and *BRCA2* are inherited in an autosomal dominant manner.
- A mutation in *BRCA1* or *BRCA2* should be suspected in individuals with a personal or family history (1st, 2nd, or 3rd degree relative in either lineage) of any of the following characteristics: Ashkenazi Jewish ancestry, breast cancer diagnosed at 50 or younger, three or more relatives with breast cancer at any age, or a previously identified *BRCA1*/*BRCA2* gene mutation in the family.
- Some sporadic tumors appear to be phenocopies of *BRCA1*- or *BRCA2*-deficient tumors without actually bearing germline mutations in either the *BRCA1* or *BRCA2* gene, a phenomenon that has been described as “BRCAness.”

**History:**
- Early genetic research by NCI-supported investigators Mary-Claire King, Ph.D., Mark Skolnick, Ph.D., and their colleagues associated a DNA region with hereditary breast cancer in 1990.
- Researchers then identified the *BRCA1* gene within this region, which established a clear association between inheriting the mutant forms of the gene (known as germline mutations) with increased cases of cancer. Later, germline mutations identified in another gene, *BRCA2*, were also associated with an increased risk of breast and ovarian cancers.
- Soon after their discovery in 1994 and 1995, genetically-engineered mouse models (GEMs) for *BRCA1* and *BRCA2* deficiency were generated.
The inhibition of poly(adenosine diphosphate [ADP]–ribose) polymerase (PARP) is a potential synthetic lethal therapeutic strategy for the treatment of cancers with specific DNA-repair defects, including those arising in carriers of a BRCA1 or BRCA2 mutation. There have been clinical evaluations in humans of olaparib (AZD2281), a novel, potent, orally active PARP inhibitor.

**Clinical Presentation:**
- Breast cancer often presents as a lump on the breast with or without associated itching, burning, skin dimpling, or pain in the breast region.
- Several studies have found that lumps are the dominant symptom noticed by women with breast cancer.

**Pathology:**
- The distribution of histologic types of BRCA1-associated breast cancers differs from sporadic breast cancers in various aspects, but BRCA2-associated breast cancers do not appear to exhibit a specific pathologic phenotype.
- The majority of the BRCA1 associated tumors are invasive ductal carcinomas, but approximately 15% are classified as medullary and are grade 3 and they often show lymphocytic infiltration and ‘pushing’ margins.
- The majority of BRCA1-associated breast cancers are ER-negative, PR-negative, and ERBB2-negative but only about 10% of early-onset triple-negative breast cancers are BRCA1-positive.

**Treatment:**
- Prophylactic surgery (mastectomy and oophorectomy) has been proposed as a means of reducing cancer risk in people with genetic susceptibility to breast and ovarian cancer.
- A randomized clinical trial of treatment with tamoxifen (a partial estrogen antagonist) in women identified by the Gail model to have an increased breast cancer risk reported a 49% reduction in breast cancer in the treated group. However, tamoxifen reduced the incidence of breast cancers that were estrogen receptor positive, but not estrogen receptor negative.
- Using PARP inhibition to target a specific DNA-repair pathway has the necessary selectivity profile and a wide therapeutic window for BRCA-deficient cells.

**References:**
Bryant, Helen; Schultz, Niklas; Thomas, Huw; Kayan, Parker; Flower, Dan; Lopez, Elena; Kyle, Suzanne; Meuth, Mark; Curtin, Nikola; Hellday, Thomas. Specific killing of BRCA2-deficient tumours with inhibitors of poly(ADP-ribose) polymerase. Nature. 2005; 434: 913-917.
Farmer, Hannah; McCabe, Nuala; Lord, Christopher: Tutt, Andrew; Johnson, Damian; Santarosa, Manuela; Knights, Charlotte; Smith, Graeme; Ashworth, Alan; Dillon, Krystyna; Martin, Niall; Richardson, Tobias; Hickson, Ian; Jackson, Stephen. Targeting the DNA repair defect in BRCA mutant cells as a therapeutic strategy. Nature. 434: 917-921.
Fong, Peter; Boss, David, Yap; Timothy; Tutt, Andrew; Wu, Peiju; Mergui-Roelvink, Marja; Mortimer, Peter; Swaissland, Helen; Lau, Alan; O’Connor, Mark; Ashworth, Alan; Carmichael, James; Kaye, Stan; Schellens, Jan; de Bono, Johann. Inhibition of Poly(ADP-Ribose) Polymerase in Tumors from BRCA4 Mutation Carriers. The New England Journal of Medicine. 2009; 361: 123-134.
EXAMPLE II

Title: Psoriasis: Role and targeting of IL-17 to reduce disease severity

Presenter: Katie E. Benjegerdes

Introduction

- Psoriasis is a common, chronic, immune-mediated, inflammatory skin disease affecting approximately 2% of the population worldwide.
- There are a number of clinical variants of psoriasis with plaque-type psoriasis being the most common and affecting 85-90% of those suffering from psoriasis.
- Psoriasis is associated with a high degree of morbidity including other health complications such as cardiovascular disease, obesity, and type II diabetes, as well as reduced levels of employment, and decreased quality of life.
- Although there are many characteristic features, there are no diagnostic criteria established for the clinical spectrum of psoriasis.

Etiology

- The pathogenesis of psoriasis is not yet completely understood although it likely involves an immune response including both innate and adaptive immunity, a genetic predisposition, as well as the involvement of variable environmental triggers.
- A genetic predisposition to the development of psoriasis has been linked to at least nine chromosomal loci named psoriasis susceptibility 1 through 9 (PSORS1-PSORS9) as well as IL12B and IL23R genes. PSORS1, IL12B, and IL23R are considered the major genetic determinants.

Clinical Presentation

- Psoriasis characteristically presents as well-demarcated, erythematous plaques on the skin in variable shapes and sizes with adherent silvery scale.
- There are some sites which seem to have a predilection for developing psoriatic plaques such as the knees, elbows, and scalp. However, in severe psoriasis, the plaques can involve the entirety of the surface of the body.
- Psoriasis can also involve the joints (psoriatic arthritis) and nails with psoriatic lesions of the nail bed and matrix.

Pathology

- The scales of psoriatic lesions are a manifestation of a hyperproliferative epidermis with premature maturation of keratinocytes and parakeratosis as indicated by incomplete cornification and a stratum corneum with retained nuclei.
- The histopathological manifestation of psoriasis includes epidermal thickening, parakeratosis, rete ridge elongation, and mixed cellular infiltration.
- The inflammatory infiltrate includes macrophages, dendritic cells, and T cells in the dermis along with neutrophils and some T cells within the epidermis.
Erythema of the psoriatic plaques results from increased numbers of capillaries which reach the surface of the skin through a thinned epidermis.

Immunopathology

- Psoriatic keratinocytes are a source of cytokines including TNF-α, IF-γ, IL-1β, and IL-6 that activate dermal dendritic cells.
- Activated dermal dendritic cells release a number of cytokines, including IL-12 and IL-23.
- IL-23 induces the production of type 17 T helper ($T_h^{17}$) cells, which are increased in number in psoriatic lesions. $T_h^{17}$ cells also secrete a number of proinflammatory cytokines, including IL-17A, IL-22, and TNF-α.
- IL-17A, secreted by $T_h^{17}$ cells, is a proinflammatory cytokine that induces the production of other cytokines and angiogenic factors.
- IL-17A provides a positive feedback system for the activation of $T_h^{17}$ cell-mediated inflammation and is found in increased levels in psoriatic skin lesions.
- Keratinocytes also respond to the dendritic cell-derived and T cell-derived cytokines IL-17 and IL-22.

Treatment

- Treatment options for psoriasis include topical medications, phototherapy, oral systemic therapy, and biological agents dependent on disease severity.
- Biological agents target specific inflammatory mediators in the pathogenesis of psoriasis and are classified according to their targets: anti-TNF-α agents, anti-IL-12/23p40 agents, anti-IL-23p19 agents, and anti-IL-17 agents.

Novel Anti-IL-17 Biological Agents Targeting $T_h^{17}$/IL-23 Pathway

- Brodalumab is a human monoclonal antibody against the IL-17A receptor and inhibits the activity of different IL-17 cytokines.
- Ixekizumab and secukinumab are human monoclonal antibodies that bind soluble IL-17A.
- Each of these three biological medications target key mediators in the $T_h^{17}$/IL-23 pathway, the central pathway responsible for the immunopathogenesis of psoriasis.

References


Appendix C. PRE-PRESENTATION OUTLINE PART A GRADING RUBRIC

Medical Student Grand Rounds Faculty Grading Rubric Form – Pre-Presentation Outline

Student Name:

Faculty Mentor:

Topic:

Guidelines for grading:
Guidelines for grading are below. 10% of grade. Each section is worth ~ 2 points.

1. (2.0 pts) Introduce the topic and its relationship to human health and disease.
   Comments:

2. (2.0 pts) Identify one or more aspects of the topic that will be addressed (example - cardiac disease: plaque formation in atherosclerosis).
   Comments:

3. (2 pts.) Outline relevant clinical aspects (for example for a disease: diagnosis, prognosis, therapeutics, and patient care; for example for a drug or substance: history, development, mechanism, indications for use, off-label uses, side effects, interactions with other substances, contraindications, dosage and routes of administration, clinical trials).
   Comments:

4. (2 pts.) Outline cellular and molecular pathogenesis.
   Comments:

5. (2 pts.) Reference at least five good quality sources.
   Comments

_________________________________________________________________

Comments and Grade: __________

Date Created/Revised: 5/29/15 By: Janis Chmiel
Appendix D: PRE-PRESENTATION OUTLINE PART B WITH ANNOTATED REFERENCES

An example of a Pre-Presentation Outline Part B with Annotated References is given below. Note that your outline should be more polished with additional details and more in-depth descriptions of the underlying basis of disease than that presented in the Pre-Presentation Outline Part A. The Part B Outline should be five pages in length for content plus additional pages (no limit) for the annotated references. At least five references should be included. To annotate each reference, provide the following information under each reference:

- What is the purpose or hypothesis of the study and why was it important to test?
- What specific techniques / reagents / strategies are used to test the hypothesis?
- What are the major conclusions of the study?
- What is the significance?

The outline should be in the “bullet” format as shown below in the example.

Title: Psoriasis: Role and targeting of the IL-23/Th17 pathway to reduce disease severity

Presenter: Katie E. Benjegerdes

Introduction

- Psoriasis is a common, chronic, immune-mediated, inflammatory skin disease affecting approximately 2% of the population worldwide.
- There are a number of clinical variants of psoriasis with plaque-type psoriasis being the most common and affecting 85-90% of those suffering from psoriasis.
- Psoriasis is associated with a high degree of morbidity including other health complications such as cardiovascular disease, obesity, and type II diabetes, as well as reduced levels of employment, and decreased quality of life.
- Although there are many characteristic features, there are no diagnostic criteria established for the clinical spectrum of psoriasis.

Etiology

- The pathogenesis of psoriasis is not yet completely understood although it likely involves an immune response including both innate and adaptive immunity, a genetic predisposition, as well as the involvement of variable environmental triggers.
- A genetic predisposition to the development of psoriasis has been linked to at least nine chromosomal loci named psoriasis susceptibility 1 through 9 (PSORS1-PSORS9) as well as IL12B and IL23R genes. PSORS1, IL12B, and IL23R are considered the major genetic determinants.

Clinical Presentation

- Psoriasis characteristically presents as well-demarcated, erythematous plaques on the skin in variable shapes and sizes with adherent silvery scale.
- There are some sites which seem to have a predilection for developing psoriatic plaques such as the knees, elbows, and scalp. However, in severe psoriasis, the plaques can involve the entirety of the surface of the body.
Psoriasis can also involve the joints (psoriatic arthritis) and nails with psoriatic lesions of the nail bed and matrix.

Pathology

- The scales of psoriatic lesions are a manifestation of a hyperproliferative epidermis with premature maturation of keratinocytes and parakeratosis as indicated by incomplete cornification and a stratum corneum with retained nuclei.
- The histopathological manifestation of psoriasis includes epidermal thickening, parakeratosis, rete ridge elongation, and mixed cellular infiltration.
- The inflammatory infiltrate includes macrophages, dendritic cells, and T cells in the dermis along with neutrophils and some T cells within the epidermis.
- Erythema of the psoriatic plaques results from increased numbers of capillaries which reach the surface of the skin through a thinned epidermis.

Immunopathology

- The cascade of events in the development of psoriatic lesions is not completely understood. One hypothesis to the development of psoriatic lesions involves the coexistence of a genetic predisposition and a potentiating environmental trigger.
  - An environmental trigger causes innate immune cells in the skin to produce and secrete a number of cytokines.
- Psoriatic keratinocytes have been shown to be a source of these cytokines including TNF-α, IF-γ, IL-1β, and IL-6. These cytokines activate dermal dendritic cells.
- Activated dermal dendritic cells release a number of cytokines including IL-12 and IL-23.
- IL-23 is an activating cytokine for the production of type 17 T helper (T<sub>h</sub>17) cells.
- T<sub>h</sub>17 cells and the characteristic set of cytokines they produce, including IL-17 (IL-17A), have been shown to act on keratinocytes leading to an increase in the expression of various chemokines.
- These chemokines attract other immune cells such as dendritic cells, T<sub>h</sub>17 cells, and neutrophils to the site of the lesion leading to the characteristic chronic inflammation of psoriasis.
- Studies involving in vivo characterization of T cell populations in psoriatic lesions have shown that IL-17-producing T<sub>h</sub>17 cells are present in elevated numbers in the leukocyte infiltrate characteristic to psoriasis.
- For this reason, the most recent research in the immunopathology and pathogenesis of psoriasis has focused on targeting the specific IL-23/T<sub>h</sub>17 pathway in the hypothesized cascade of events of psoriasis pathogenesis.

**IL-23/T<sub>h</sub>17 Pathway in the Psoriasis Pathogenesis Cascade**

- **Role of IL-23 in the Pathogenesis of Psoriasis**
  - IL-23 is known to induce the production of T<sub>h</sub>17 cells, which are increased in number in psoriatic lesions.
o IL-23 and IL-12 (both released from activated dermal dendritic cells) are structurally related.
  ▪ Both molecules share a p40 subunit. IL-12 has a unique p35 subunit while IL-23 has a unique p19 subunit.
o Studies have shown that there is an increase in the presence of both IL-12 and IL-23 in psoriatic lesions.
  ▪ However, these studies analyzed the presence of the p40 subunit shared by both molecules.
o Further investigative studies indicate that there is an increase in RNA expression of the IL-23p19 subunit without a corresponding increase in expression of the IL-12p35 subunit.
  ▪ This supports the hypothesis that IL-23 plays a more central role in the pathogenesis of psoriasis than does IL-12.

• **Role of Th17 Cells in Psoriasis**
o Th17 cell production is induced by IL-23 which is secreted by dermal dendritic cells.
o Th17 cells in turn secrete a number of proinflammatory cytokines, including IL-17A, IL-22, TNF-α, and IL-1β.
o IL-17A is a proinflammatory cytokine that induces the production of other cytokines and angiogenic factors.
o IL-17A provides a positive feedback system for the activation of Th17 cell-mediated inflammation and is found in increased levels in psoriatic skin lesions making it a key contributor to the pathogenesis of psoriasis.
o Keratinocytes also respond to the dendritic cell-derived and T cell-derived cytokines IL-17A and IL-22.

**Treatment**

• Treatment options for psoriasis include topical medications, phototherapy, oral systemic therapy, and biological agents dependent on disease severity.
• Biological agents target specific inflammatory mediators in the pathogenesis of psoriasis and are classified according to their targets: anti-TNF-α agents, anti-IL-12/23p40 agents, anti-IL-23p19 agents, and anti-IL-17 agents.
• With recent research leading to an increased understanding of the pathogenesis of psoriasis, the most recent development of therapeutic agents has shifted focus to the targeting of the IL-23/Th17 pathway.

**Novel Biological Agents Targeting the IL-23/Th17 Pathway of Psoriasis Pathogenesis**

**Anti-IL-17 Biological Agents**

o Ixekizumab and secukinumab are human monoclonal antibodies that bind soluble IL-17A.
o Brodalumab is a human monoclonal antibody against the IL-17A receptor and inhibits the activity of different IL-17 cytokines in the IL-17 cytokine family.
o Each of these three biological medications target key mediators in the IL-23/Th17 pathway, the central pathway responsible for the immunopathogenesis of psoriasis.
o Ixekizumab and Secukinumab
• **Ixeizumab** is a monoclonal IgG4 antibody. In Phase II clinical trials, 82.8% of patients receiving 75 mg of ixekizumab every two weeks had achieved a PASI 75 (75% reduction in Psoriasis Area and Severity Index score, a standard metric used to assess psoriasis disease severity) by week 16 of the trial. Phase III clinical trials for ixekizumab are currently being conducted to further analyze the efficacy of the anti-IL-17 agent and compare its safety and efficacy to current biological therapies used in the treatment of psoriasis.
  
  - Ixekizumab has also been utilized in additional studies to investigate the role of IL-17A in the pathogenesis of psoriasis. Ixekizumab therapy has been shown to confer rapid and significant improvements in the clinical manifestations of psoriasis. Neutralization of IL-17 has also been shown to cause a reversal of epidermal hyperplasia, hyperproliferation of keratinocytes, and leukocyte infiltration of the dermis, all of which are key features of psoriatic lesional inflammation.
  
  - Additionally, studies investigating IL-17 neutralization with ixekizumab have indicated that the inhibition of cytokine expression (as illustrated with PCR and microarray analysis) in a number of T cell populations results in the suppression of inflammatory pathways that use these specific cytokines as signaling molecules.

• **Secukinumab** is a monoclonal IgG1 antibody. In Phase II clinical trials, the primary trial end point of PASI 75 was reached by 82% of patients receiving 450 mg of secukinumab subcutaneously every 4 weeks. Phase III clinical trials were completed in July 2014 and results further validated IL-17A as a therapeutic target in the treatment of psoriasis. Additionally, the superiority of secukinumab over other agents currently used as therapy (such as etanercept, an anti-TNF-α agent) was indicated by evidence of more efficiently sustained response rates.

  o **Brodalumab**
    
    • **Brodalumab** is a human IgG2 monoclonal antibody that selectively binds IL-17RA (the IL-17 Receptor A subunit) and blocks signaling through the receptor. Blockade of the receptor results in inhibition of the IL-17 family of cytokines. In Phase II clinical trials, 82% of patients receiving 140 mg of brodalumab achieved PASI 75 at 12 weeks, with injections every 2 weeks.
    
    - Furthermore, brodalumab therapy also resulted in significant improvements in the molecular and cellular abnormalities of psoriasis. Analysis of microarray and gene expression provides evidence of inflammatory pathway suppression resulting from IL-17R blockade. These changes in genetic expression with brodalumab therapy result in reduced keratinocyte production of inflammatory factors and reduced infiltration of other leukocytes.
    
    - The unique and broad-range effects of anti-IL-17RA therapy compared to anti-IL-17 therapy may drive the future development of therapeutic agents in the direction of receptor blockade rather than ligand neutralization.
Anti-IL-23p19 Biological Agents

- The most recent advancements in the development of therapeutic agents for the treatment of psoriasis have led to the targeting of IL-23.

  - **Guselkumab**
    - *Guselkumab* is a human monoclonal antibody to the p19 subunit of IL-23. Targeting of the p19 subunit of IL-23, rather than the shared p40 unit of IL-23 and IL-12, spares IL-12 which may have the beneficial effect of fewer side effects.
    - Clinical trials indicated that 100% of patients receiving 300 mg of guselkumab achieved PASI 75 by week 12 of therapy. Analysis of lesional and nonlesional skin biopsy specimens obtained from patients indicated that guselkumab resulted in a decreased epidermal thickness, as well as a decrease in dendritic and T cell expression.
    - Furthermore, guselkumab-treated patients had decreased levels of serum IL-17A. This may suggest that targeting of IL-23 alone can have effects of IL-23 neutralization (leading to decreased Th17 cell activation) as well as effects similar to those of anti-IL-17A drugs such as ixekizumab and secukinumab.

- Additional anti-IL-23p19 human monoclonal antibody therapeutic agents are in the early stages of clinical trials to determine their safety and efficacy in the treatment of psoriasis. MK-3222 is a humanized IgG1 antibody targeting the IL-23p19 subunit and preventing the binding of IL-23 to its receptor. BI655066 is also a humanized IgG1 monoclonal antibody against IL-23p19 and is currently in Phase I clinical trials.

Annotated References


- **Purpose or hypothesis**: This study attempts to illustrate the effects of neutralization of IL-17 on the clinical characteristics of psoriasis. Additionally, the role of IL-17 in the inflammatory pathway central to the development of psoriasis is explored.
- **Specific techniques/strategies used**: Skin lesions obtained via biopsy from 40 patients participating in a clinical drug trial were studied. Patients participating in the trial received 5, 15, 50, or 150 mg subcutaneously of ixekizumab or placebo at weeks 0, 2, and 4. Ixekizumab is an anti-IL-17 IgG4 humanized monoclonal antibody that selectively binds and neutralizes IL-17.
- **Major conclusions**: Treatment with ixekizumab showed significant dose-dependent reductions in keratinocyte proliferation, hyperplasia, epidermal thickness, T cell and dendritic cell infiltration into the dermis and epidermis, and the expression of defense molecules by keratinocytes. Each of these features contributes to the pathogenesis of psoriasis.
- **Significance**: The results of this trial portray IL-17 as a principle cytokine that activates inflammation leading to the pathogenesis of psoriasis. Neutralization of IL-17 with anti-IL-17 agents such as ixekizumab, therefore, could be an effective way to treat psoriasis.

• **Purpose or hypothesis:** Previous studies indicated an increase in the p40 subunit shared between IL-12 and IL-23 in psoriatic lesions. Further investigation, however, showed no increase in the IL-12-specific p35 subunit and it is thought that the increase in p40 expression was incorrectly attributed to an increase in IL-12 in psoriasis. This study, therefore, investigated the expression of p19 compared to the expression of p35 in psoriatic skin lesions.

• **Specific techniques/strategies used:** Lesional and nonlesional skin biopsy specimens were obtained from 22 patients with untreated active psoriasis. RNA isolation, PCR, and monoclonal mouse anti-human antibodies in immunohistochemistry were used to analyze the expression of p40, p19, and p35 subunits in lesional and nonlesional specimens.

• **Major conclusions:** Expression of p40 and p19 (IL-23) subunits were increased in lesional psoriatic specimens. Conversely, levels of p35 (IL-12) were not increased. Additionally, most of the mRNA for the expression of p19 and p40 were found in the dermal cells of the lesional biopsies.

• **Significance:** Expression of IL-23 is increased to a greater extent in psoriatic lesions than is IL-12 and infiltrating monocytes are likely the source of the increased IL-23. While IL-12 and IL-23 may both play a role in the pathogenesis of psoriasis, this study provides evidence that IL-23 is central to psoriatic immunopathology and may lead to increased IL-17 production. Therefore, anti-IL-23 agents could prove to be appropriate and promising treatment options for psoriasis.


• **Purpose or hypothesis:** T helper cells characteristically provoke the pathogenesis of chronic inflammatory diseases such as psoriasis by producing characteristic sets of cytokines. The purpose of this study was to phenotypically and functionally characterize *in vivo* differentiated T\textsubscript{h}17 cells taken from inflamed tissues of patients with chronic inflammatory disease in order to appropriately mimic the *in vivo* inflammatory environment that drives tissue inflammation.

• **Specific techniques/strategies used:** Biopsies from inflammatory locations of patients suffering from psoriasis, asthma, Crohn’s disease, or rheumatoid arthritis were obtained and provided the populations of *in vivo* differentiated human T cells to be studied. ELISA, immunofluorescence and flow cytometry analysis, PCR analysis, and Western blotting analysis were used to characterize the populations of T cells. The cytokine and cytokine receptor profile of the T\textsubscript{h}17 cells infiltrating the inflammatory tissues were further characterized using quantitative PCR.

• **Major conclusions:** Type 17 helper T cells were isolated from the inflamed tissue samples obtained. Additionally, the T\textsubscript{h}17 cells isolated from the *in vivo* inflammatory sites were shown to express IL-17 and IL-22 mRNA.

• **Significance:** In contrast to *in vitro* studies, IL-17 levels were elevated in chronically inflamed lesions obtained from human subjects. Additionally, this study provides evidence that the T\textsubscript{h}17 cells infiltrating chronically inflamed tissues are highly differentiated cells with a specific cytokine secretion profile in chronic inflammatory diseases such as psoriasis.

• **Purpose or hypothesis:** This study seeks to show the effects of blocking IL-17RA (the receptor for IL-17A) on the molecular and cellular effects of psoriasis. Additionally, changes in the lesional psoriasis transcriptome following IL-17RA blocking therapy were analyzed.

• **Specific techniques/strategies used:** Twenty-five patients with moderate-to-severe plaque psoriasis were treated with a single dose of 140 mg subcutaneously, 350 mg subcutaneously, or 700 mg intravenously of brodalumab or placebo. Brodalumab is a human IgG2 monoclonal antibody that selectively binds and blocks signaling through IL-17RA. Biopsies were obtained from lesional and nonlesional sites before and after therapy and analyzed histologically and with RNA expression profiling via quantitative PCR and microarray analysis.

• **Major conclusions:** IL-17RA blockade by brodalumab resulted in rapid and extensive changes in gene expression and cellular characteristics of inflammatory lesions in psoriasis. The most immediate effects were seen in keratinocyte-associated genes, especially gene expression involving inflammation and hyperproliferation.

• **Significance:** The data from this study suggest that keratinocytes are a primary site of action for IL-17RA blockade. Therefore, IL-17RA blockade with therapeutic agents such as brodalumab is a promising treatment target for normalization of the gene expressions resulting in hyperproliferation of keratinocytes and production of inflammatory cytokines in psoriasis.


• **Purpose or hypothesis:** The expression of IL-23 is thought to play a role in the regulation of Th17 cell counts in psoriatic lesions. This study attempts to determine the effect of an IL-23-specific therapy for the treatment of psoriasis.

• **Specific techniques/strategies used:** A total of 24 patients received a single dose of 10, 30, 100, or 300 mg of guselkumab or a single dose of placebo. Guselkumab is an anti-IL-23-specific monoclonal antibody. The clinical response of each patient was assessed using the Psoriasis Area and Severity Index (PASI). Additionally, skin biopsy specimens from both the guselkumab-treated group and the placebo-treated group were used for histological analysis and gene expression comparison.

• **Major conclusions:** Results showed a dose-dependent improvement in PASI scores in guselkumab-treated patients compared to no improvement in PASI scores for those receiving placebo. Analysis of the skin specimens obtained from the patients indicated a decrease in epidermal thickness, T cell expression, and dendritic cell expression in patients treated with guselkumab compared to those treated with placebo. Significant reductions in psoriasis gene expression and serum IL-17 levels were also seen in patients treated with the anti-IL-23-specific agent guselkumab.

• **Significance:** The results of this study indicate that a single dose of the IL-23-inhibiting agent guselkumab can lead to clinical improvements in psoriasis. This suggests that neutralization of IL-23 alone could be an effective therapy for psoriasis.

**References**


Date Created/Revised: 5/29/15 By: Janis Chmiel


APPENDIX E: Annotated Reference Outline Part B Grading Rubric

Medical Student Grand Rounds Faculty Grading Rubric Form – Pre-Presentation Outline Part B

Student Name:

Faculty Mentor:

Topic:

Guidelines for grading:
Guidelines for grading are below. 10% of final grade.

1. (2.0 points) Appropriately focuses topic on a specific area. Describes one or more aspects of molecular pathogenesis of disease, emphasizing the mechanistic basis of the disease or action of a drug.

Comments:

2. (2.0 points) Prepares clear and well-organized outline, using appropriate format, correct spelling, etc.

3. (3.0 points) Outlines recent advances in the field/subject/area: for example, new approaches, models, drug trials, mechanistic insights. Describes one or more research studies or clinical trials from literature.

Comments:

4. (3.0 points) Added at least five new annotated references from good quality sources (these should be new references apart from those included in the Part A outline). Only five new references need to be annotated.

Comments

____________________________________________________________________________

Comments and Grade: _________
Appendix F: Faculty Grading Rubric – Medical Student Grand Rounds Presentation Evaluation Form

Name of presenter:
Topic:

Guidelines for grading:

Pre-presentation Outlines (~20 points) ______
PubMed Library Search Exercise (~2 points) ______
Choosing a Topic (~5 points) ______

The above grades for the pre-presentation outlines, topic selection, and PubMed Search were determined before the research presentation.

Presentation (~69 points total) ______

A. Oral Presentation and Delivery (50 points) ______

1. Content (quality, logical organization and flow, connection between current research and clinical practice) – 12.5
   a. Demonstrates scholarly knowledge of topic.
   b. Introduction of the topic, including incidence, prevalence, risks, and necessary background that allows a full understanding and appreciation of the presentation. A clear scientific focus should be indicated and rationalized. Material was well-organized and clear. It included proper grammar, diction, punctuation and spelling.
   c. Clinical aspects and overview, including diagnosis, prognosis, prevention strategies and/or therapeutic approaches. If novel therapies are the focus, then mechanisms of action, indications for use, off-label uses, side effects, interactions with other substances, contraindications, dosage and clinical trials should be included.
   d. Basic Science aspects of the disease/disorder - mechanisms of pathogenesis, progression and/or scientific rationale for new approaches. This includes basic science aspects in multiple categories/areas: anatomy, biochemistry, cellular/molecular biology, genetics, pharmacology, physiology, immunology, and/or microbiology.
   e. New information on current, basic, mechanistic research in the field/subject, leading to new approaches to diagnosis, prognosis, prevention and/or therapy. This can include, but is not limited to: in vivo or in vitro modes, laboratory based studies, novel hypotheses, etc. The emphasis is on the relevance of basic research to the advancement of clinical medicine. If the
2. Critical understanding and analysis of the topic – 12.5
   a. Demonstrates an independent critical analysis of the published literature/research, above and beyond just relaying information verbatim to the audience. Mastery of the subject area with ability to assess contradictory findings, assess strengths/weaknesses of models and studies and ability to field questions.

3. Appearance of slides – clarify, readability and effectiveness - 12.5

4. Overall quality of the presentation (correct time – 20 minutes, familiarity with the material, able to effectively and accurately answer questions, clearly practiced) – 12.5

B. Written summary handout (Five page maximum) (~15 points) ______

Prepared a concise summary of the topic.

1. Content (quality, completeness, logical organization of the paper) – 4.5

2. Critical analysis of the topic – 4.5

3. Quality, relevance and proper use of references – 4.5.
   a. Required to have a minimum of five references that are relevant to the material that was covered. A list of numerous references on material that was not discussed in the talk should not be awarded the maximal grade.

4. Format – appearance, spelling, correct grammar – 1.5

C. Class Participation (~4 points) ______

1. Present and listening

2. Seemed interested and attentive

3. Asked pertinent and insightful questions
Student Peer Review (~2 points) ______
Adequate
Below Adequate
Did not participate

Student Self Review (~2 points) ______
Adequate
Below Adequate
Did not participate

Comments and Grade: _________
Appendix G:  Student Peer Review Rubric- Medical Student Grand Rounds Presentation
Student Peer Review Form

Name of presenter: 
Topic: 

Presentation of Basic Science (anatomy, biochemistry, cellular/molecular biology, genetics, pharmacology, physiology, immunology, and/or microbiology) aspects of disease/disorder.

A. Outstanding  
B. Excellent  
C. Very Good  
D. Good  
E. Marginal  

Comments: 

Presentation of clinical aspects and overview, including diagnosis, prognosis, prevention strategies and/or therapeutic approaches. If novel therapies are the focus, then mechanisms of action, indications for use, off-label uses, side effects, interactions with other substances, contraindications, dosage and clinical trials should be included.

A. Outstanding  
B. Excellent  
C. Very Good  
D. Good  
E. Marginal  

Comments: 

Presentation of new information on current, basic, mechanistic research in the field/subject, leading to new approaches to diagnosis, prognosis, prevention and/or therapy. This can include, but is not limited to: in vivo or in vitro modes, laboratory based studies, novel hypotheses, etc. The emphasis is on the relevance of basic research to the advancement of clinical medicine.

A. Outstanding  
B. Excellent  
C. Very Good  
D. Good  
E. Marginal  

Comments: 

Overall clarity of oral presentation

A. Outstanding  
B. Excellent  
C. Very Good  
D. Good  
E. Marginal  

Comments: 

Date Created/Revised: 5/29/15  By: Janis Chmiel
Clarity of slides

A. Outstanding
B. Excellent
C. Very Good
D. Good
E. Marginal

Comments:

Please provide feedback about what went well and what could be improved:

Comments and Grade: ________ (based on 100 point scale)
Appendix H: Student Self Evaluation-Medical Student Grand Rounds Presentation Review Form

Name of self-evaluator:

Topic:

OBJECTIVE: To critically reflect upon, summarize, and synthesize both your own and your colleagues’ feedback.

Please address the following:

• What worked well (i.e., you would not change next time)?

• What things did not go so well during the preparation of and/or the delivery of the presentation (and how might you approach this differently next time)?

• What did you learn as a result of this experience?
Texas A&M University
Departmental Request for a Change in Course
Undergraduate • Graduate • Professional
Submit original form and attachments

Form Instructions
1. Course request type:
   - Undergraduate
   - Graduate
   - First Professional (DDS, M.D., PHARM.D., D.V.M.)

2. Request submitted by (Department or Program Name): Select or Type Department/Program Name
   - MFCM 700 O. C. Cooper Preceptorship

3. Course prefix, number and complete title of course:
   - MFCM 700 O. C. Cooper Preceptorship

4. Change requested
   a. Prerequisite(s): From: __________________________ To: __________________________
   b. Withdrawal (reason): _______________________________________________________
   c. Cross-list with: _____________________________________________________________

   Cross-listed courses require the signature of both department heads.

   d. Change in course title and description. Enter complete current course title and current course description in item 9; enter proposed course title and proposed course description in item 10. Complete item 11a and b for a change in title.

   e. Change in course number, contact hours (lab & lecture), and semester credit hours. Complete item 11a and b. Attach a course syllabus.

5. Is this an existing core curriculum course?
   - Yes
   - No

6. If grade type is changing for existing course, indicate the new grade type:
   - Grade
   - S/U
   - P/F (CLMD)

7. If this course will be stacked, please indicate the course number of the stacked course:

   I verify that I have reviewed the FAQ for Export Control Basics for Distance Education (http://vpr.tamu.edu/resources/export-controls/export-controls-basics-for-distance-education).

8. Complete current course title and current catalog course description:

9. Complete proposed course title and proposed catalog course description (not to exceed 50 words):
   - O. C. Cooper Preceptorship. Credit 1 to 10.

10. As currently in course inventory:
    - MFCM 700 O. C. Cooper Preceptorship

11. Change to:
    - MEID 709 O. C. Cooper Preceptorship

Approval recommended by:

Department Head or Program Chair (Type Name & Sign) Date
- Paul Ogden M.D. HSC CEO

Submitted to Coordinating Board by:

Associate Director, Curricular Services

Questions regarding this form should be directed to Sandra Williams at 845-8201 or sandra.williams@tamu.edu
Curricular Services — 08/14
Course title and number: MEID 709. O.C. Cooper Preceptorship
Term: Fall 2015-Spring 2016
Meeting times and location: Tuesday’s and Wednesday’s-1:00 PM-5:00 PM/ Unless otherwise stated

Course Description and Prerequisites

O.C. Cooper Preceptorship. (4-0). Credit 4. Students rotate through primary care experiences in family medicine, internal medicine, pediatrics, gynecology, otorhinolaryngology, obstetrics, ophthalmology, dermatology and orthopedics. Prerequisite: Completion of Phase I.

<table>
<thead>
<tr>
<th>Course Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Office location</td>
</tr>
<tr>
<td>Office hours</td>
</tr>
<tr>
<td>Campus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Course Directors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Office location</td>
</tr>
<tr>
<td>Office hours</td>
</tr>
<tr>
<td>Campus</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordinators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Email</td>
</tr>
<tr>
<td>Phone</td>
</tr>
<tr>
<td>Office location</td>
</tr>
<tr>
<td>Office hours</td>
</tr>
<tr>
<td>Campus</td>
</tr>
</tbody>
</table>

Date created/Revised: 05/26/2015 By: K.Knighton
## Learning Outcomes & Objectives

**COM Competency Based Learning Objectives:** [http://medicine.tamhsc.edu/academic-affairs/curriculum/objectives/](http://medicine.tamhsc.edu/academic-affairs/curriculum/objectives/)


<table>
<thead>
<tr>
<th>Course Objective:</th>
<th>COM Competency Based Learning Objectives (CBLO):</th>
<th>Taught (T) and/or Evaluated (E):</th>
<th>Evaluation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Demonstrate caring and respectful behavior when interacting with patients and their families.</td>
<td>PC1: Obtain both complete and system-focused medical histories that include psychosocial and behavioral determinants of health</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>2. Perform an accurate complete history and physical on a standardized patient and an accurate Focused Patient Encounter examination on a standardized patient.</td>
<td>PC1: Obtain both complete and system-focused medical histories that include psychosocial and behavioral determinants of health</td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed, Written/Computer-based</td>
</tr>
<tr>
<td>3. Using clinical reasoning skills to integrate and synthesize clinical information, develop a differential diagnosis and plans for determining the diagnosis, providing preliminary treatment, and health maintenance.</td>
<td>PC2: Perform both complete and system-focused physical examinations</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>3. Using clinical reasoning skills to integrate and synthesize clinical information, develop a differential diagnosis and plans for determining the diagnosis, providing preliminary treatment, and health maintenance.</td>
<td>PC3: Develop appropriate differential diagnoses by integrating collected clinical information</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>3. Using clinical reasoning skills to integrate and synthesize clinical information, develop a differential diagnosis and plans for determining the diagnosis, providing preliminary treatment, and health maintenance.</td>
<td>PC4: Develop contextual and individualized diagnostic and treatment plans based upon collected clinical information</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>3. Using clinical reasoning skills to integrate and synthesize clinical information, develop a differential diagnosis and plans for determining the diagnosis, providing preliminary treatment, and health maintenance.</td>
<td>PC6: Recognize common immediately life-threatening conditions and initiate therapy</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>3. Using clinical reasoning skills to integrate and synthesize clinical information, develop a differential diagnosis and plans for</td>
<td>PC12: Educate patients in</td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed,</td>
</tr>
</tbody>
</table>

---

Date created/Revised: 05/26/2015 By: K. Knighton
<table>
<thead>
<tr>
<th>Determining the diagnosis, providing preliminary treatment, and health maintenance.</th>
<th>Personalized health maintenance</th>
<th>Clinical Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Write an accurate complete history and physical on a standardized patient and write an accurate Focused Patient Encounter.</td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed, Clinical Performance</td>
</tr>
<tr>
<td>5. Demonstrate mastery of basic medical vocabulary.</td>
<td>MK1: Demonstrate knowledge of normal human structure and function at the organ-system, tissue, cellular and molecular level; and of the interaction of human systems in maintaining homeostasis</td>
<td>Taught AND Evaluated</td>
</tr>
<tr>
<td>6. Apply germane basic and clinical science knowledge to the history, physical, and differential diagnosis</td>
<td>MK1: Demonstrate knowledge of normal human structure and function at the organ-system, tissue, cellular and molecular level; and of the interaction of human systems in maintaining homeostasis</td>
<td>Taught AND Evaluated</td>
</tr>
<tr>
<td>6. Apply germane basic and clinical science knowledge to the history, physical, and differential diagnosis</td>
<td>MK2: Describe the basic mechanisms involved in the causation of human disease and their influence on clinical presentation and therapy</td>
<td>Taught AND Evaluated</td>
</tr>
<tr>
<td>7. Use effective listening and communication skills to elicit a thorough medical history from a patient.</td>
<td>ICS1: Demonstrate effective listening skills</td>
<td>Taught AND Evaluated</td>
</tr>
<tr>
<td>7. Use effective listening and communication skills to elicit a thorough medical history from a patient.</td>
<td>ICS3: Communicate effectively with patients, patients'</td>
<td>Taught AND Evaluated</td>
</tr>
</tbody>
</table>

Date created/Revised: 05/26/2015 By: K.Knighton
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Use effective listening and communication skills to elicit a thorough medical history from a patient.</td>
<td>family members, peers, and other members of the health care team</td>
<td>Exam - Institutionally Developed, Written/Computer-based</td>
<td></td>
</tr>
<tr>
<td>8. Demonstrate effective listening and positive interaction with colleagues in the medical setting.</td>
<td>ICS1: Demonstrate effective listening skills</td>
<td>Taught AND Evaluated</td>
<td></td>
</tr>
<tr>
<td>8. Demonstrate effective listening skills and positive interaction with colleagues in the medical setting.</td>
<td>ICS3: Communicate effectively with patients, patients' family members, peers, and other members of the health care team</td>
<td>Taught AND Evaluated</td>
<td></td>
</tr>
<tr>
<td>9. Present a concise Focused Patient Encounter oral presentation to the attending physician.</td>
<td>ICS3: Communicate effectively with patients, patients' family members, peers, and other members of the health care team</td>
<td>Taught AND Evaluated</td>
<td></td>
</tr>
<tr>
<td>10. Demonstrate effective written communication to accurately convey patient information in a SOAP Note and Complete H&amp;P format.</td>
<td>ICS5: Maintain accurate medical records</td>
<td>Taught AND Evaluated</td>
<td></td>
</tr>
<tr>
<td>11. Demonstrate sensitivity and responsiveness to a patient’s culture, age, gender, and disabilities.</td>
<td>PROF4: Treat patients and patients' family members respectfully and compassionately, regardless of age, disability, gender, race, ethnicity, culture, religion, sexual preference,</td>
<td>Taught AND Evaluated</td>
<td></td>
</tr>
</tbody>
</table>

Date created/Revised: 05/26/2015 By: K. Knighton
<table>
<thead>
<tr>
<th>Task Description</th>
<th>Taught AND Evaluated</th>
<th>Evaluation Method</th>
</tr>
</thead>
<tbody>
<tr>
<td>11. Demonstrate sensitivity and responsiveness to a patient’s culture, age, gender, and disabilities.</td>
<td>Taught AND Evaluated</td>
<td>Clinical Documentation Review</td>
</tr>
<tr>
<td>PROF5: Respect the privacy of patients</td>
<td></td>
<td>Exam - Institutionally Developed, Clinical Performance</td>
</tr>
<tr>
<td>11. Demonstrate sensitivity and responsiveness to a patient’s culture, age, gender, and disabilities.</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>PROF6: Work with other health professionals in a collaborative fashion</td>
<td></td>
<td>Clinical Documentation Review</td>
</tr>
<tr>
<td>12. Demonstrate professional behavior and appearance, adherence to College of Medicine “Student Code of Conduct”, engagement in course activities and adherence to course expectations</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>PROF12: Project a professional image in demeanor and personal appearance</td>
<td></td>
<td>Exam - Institutionally Developed, Oral</td>
</tr>
<tr>
<td>13. Demonstrate appropriate behaviors toward patients, office staff, and the health care team.</td>
<td>Taught AND Evaluated</td>
<td>Clinical Performance Rating/Checklist</td>
</tr>
<tr>
<td>14. Identify patient barriers to care and advocate for the patient in overcoming those barriers.</td>
<td>Taught AND Evaluated</td>
<td>Exam - Institutionally Developed, Clinical Performance</td>
</tr>
</tbody>
</table>

Date created/Revised: 05/26/2015 By: K. Knighton
## Grading Policies

<table>
<thead>
<tr>
<th>Activity</th>
<th>Barrier</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Evaluation of 2\textsuperscript{nd} Year Medical Student</td>
<td>Barrier</td>
<td>20%</td>
</tr>
<tr>
<td>(Average of both Clinical Rotations)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Complete H&amp;P OSCE (Average of Fall &amp; Spring)</td>
<td>Barrier</td>
<td>15%</td>
</tr>
<tr>
<td>Written Complete H&amp;P (Spring)</td>
<td>Barrier</td>
<td>15%</td>
</tr>
<tr>
<td>Focused Patient Encounter OSCE (Average of Fall &amp; Spring)</td>
<td>Barrier</td>
<td>15%</td>
</tr>
<tr>
<td>Final Exam Focused Patient Encounter OSCE</td>
<td>Barrier</td>
<td>20%</td>
</tr>
<tr>
<td>Final Exam Written SOAP Note (based on Final Exam Focused Patient</td>
<td>Barrier</td>
<td>15%</td>
</tr>
<tr>
<td>Encounter OSCE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism Evaluations (Pass/Fail)</td>
<td>Barrier</td>
<td></td>
</tr>
<tr>
<td>Used in Honors designation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>See Grading Scale below for elements used to designate Honors.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td>100%</td>
</tr>
</tbody>
</table>

### GRADING SCALE

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>Top 15%</td>
</tr>
<tr>
<td>Pass</td>
<td>≥ 70</td>
</tr>
<tr>
<td>Fail</td>
<td>≤ 70</td>
</tr>
</tbody>
</table>

*Barrier-Must pass in order to complete course

*See all grading rubrics on Blackboard
<table>
<thead>
<tr>
<th>GRADING SCALE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Honors Recognition</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Pass</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td><strong>Fail (any of these items may result in course failure)</strong></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Remediation:**
Failure/Remediation is considered on a case-by-case basis. If a student fails the Final EXAM Focused Patient Encounter OSCE or Final EXAM SOAP Note and all other components of the student’s performance are satisfactory, the student will be required to remediate the Final EXAM Focused Patient Encounter OSCE clinical encounter and Final EXAM SOAP Note.

**Attendance and Make-up Policies**
Student rule 7 [http://student-rules.tamu.edu/rule07](http://student-rules.tamu.edu/rule07).

Date created/Revised: 05/26/2015 By: K.Knighton
| **Overview** | Attendance at all course functions – orientation, workshops, rotations and class meetings – is **MANDATORY** for all students. Any requests for excused absences will be considered on a case-by-case basis. An online absence request must be completed for any absence or tardy.  

**Failure to comply with requesting or reporting an absence may result in failure for the professionalism component of your final grade.** |
| **Student Attendance** | If a student arrives for a clinical rotation session and the preceptor is not be available, the student must call the Education Program Coordinator at your campus immediately for further instructions.  

**Phase I and II Overall Mandatory Class Attendance Requirements**  
For ALL Phase I and II Blocks, class attendance is required for all laboratory sessions, clinical correlations, patient encounters, and other activities indicated as “Mandatory” on the class schedule. Attendance at all class sessions in the Introduction to Clinical Skills (ICS) I, ICS II, Preceptorship, and Becoming a Physician I and II is also required. Lectures designated as “Mandatory” will require you to sign an attendance sheet that will be available for you to sign at the beginning of the presentation. It is your responsibility to make sure that you have signed the attendance sheet. Any missing signatures on the attendance sheet will be regarded as unexcused absences. Signing in for someone other than yourself will be considered a serious breach of professionalism and academic dishonesty, and will be subject to disciplinary action, including dismissal.  

Students missing any of these required class sessions without an excused absence will be subject to the following:  
- First (1st) unexcused absence – a point will be deducted from the numerical block or course grade in which the unexcused absence occurred and the student is required to meet with Phase Leaders regarding this unexcused absence to address any professionalism concerns that may be associated with the absence.  
- For the Second (2nd), Third (3rd) and Fourth (4th) cumulative unexcused absences within a Phase – a point will be further deducted from the numerical block or course grade in which each of the unexcused absences occurred and the student is required to meet with the Assistant/Associate Dean for Student Affairs. The second, third, and fourth unexcused absences are cumulative for each Phase. In addition, upon incurring the third (3rd) cumulative unexcused absence, the Phase Leaders will recommend to the Student Promotions Committee the student be placed on the Concern List. If the student is already on the Promotions Committee Concern List, he/she may be placed on probation. For the fourth (4th) cumulative unexcused absence, a report will be written by the Phase Leaders about the student’s chronic absence behavior and sent directly to the College of Medicine Student Promotions Committee with the recommendation that the student be considered to be placed on probation.  

**Preceptor Attendance** | Preceptors who find themselves unable to keep a preceptorship appointment should alert the department as early as possible. Usually, the student will be placed with another preceptor for that afternoon.  

**Students should not make other personal plans until notified by the Education Program Coordinator that we are unable to reschedule the session for that day or another time.**  

**Unanticipated Absences & Tardiness** | You must call the Education Program Coordinator at your campus **prior to the requested absence if notification is less than 5 days prior to the absence from the scheduled event.** If that person is unavailable, a voice message may be left, along with a telephone number where you can be reached. **This holds true even in the event of an illness.** An online absence request must be completed for any absence or tardy.  

Course Topics, Calendar of Activities, Major Assignment Dates

Date created/Revised: 05/26/2015 By: K.Knighton
### Schedules

Student will receive schedules prior to the Course Orientation. Subsequent changes will be emailed to the student.

**Students are responsible for all communications posted on or sent via Blackboard as well as information sent to the COM email account. Please be aware that the forwarding of COM email account to outside email accounts is not always effective.**

### Dress Code

Students are expected to dress in this attire for all patient contact, including the Female Breast and Pelvic Exam Workshop and the Male Genitalia Workshop. Inappropriate attire will be grounds for you being asked to leave the clinic setting and this will be considered as **AN UNEXCUSED ABSENCE.**

As a member of the health care team, it is important to assume a similar manner of professional dress, appearance and conduct that will complement the other members of the team. Just like sports teams wear uniforms to emphasize the importance of “TEAM”, your appearance will alert others of your participation in their healthcare. Aspects that will need to be addressed should include:

1. White jacket with the TAM-HSC patch professionally attached on the front chest pocket.
2. ID badges (TAMHSC) are a MUST. Your picture and name should be readily visible.
3. Stethoscope, visual acuity card, H&P/SOAP Note card, paper and pen for notes.
4. Men: Tasteful and professional tie, neat shirt and slacks, dress shoes (see below).
5. Women: Similar professional dress that is considered non-provocative (see below).
6. Footwear: Closed toes are OSHA required.
7. Hair: Clean, neatly groomed and should not interfere with exams or procedures. Long hair should not be in face.
8. Perfumes/scents: Consider avoiding strong odors as some patients are allergic or have migraines or breathing difficulties induced by strong smells.
9. **No scrubs are to be worn during preceptorship activities (unless noted in Preceptor Directory), but especially not during OSCEs or clinic encounters.**

---

**College of Medicine Dress Code Policy**

*A Student Developed Guideline*  
*Written for Students by Students*

#### Dresses/Skirts
- These should be no more than 1 inch above the knee.
- Slits should be no more than 1 inch above the knee.
- Denim dresses and skirts are allowed.
- **NO** shorts/shorts.

#### Pants
- Khaki, twill, and polyester blend pants are acceptable as long they are not “skin tight” and look professional.
- **NO** denim jeans, stretch denim, spandex, overalls, capris, pedal-pushers or hip-huggers.
- **NO** wind suits or sweat suits.

#### Blouses/Shirts
- Polo or denim shirts are acceptable.
- **NO** tank tops or spaghetti straps.
- **NO** see-through shirts are allowed without another shirt worn underneath.
- **NO** t-shirts or shirts with advertising.
- Shirts and blouses should meet or come below the waistband when you are standing with arms to your side.
- **All** necklines should be modest and tasteful showing **NO** cleavage at all.

#### Shoes
- Non-canvas tennis shoes are acceptable in the OR setting and should be kept neat and clean.
- Open back shoes are acceptable and do not have to be worn with hosiery.
NO opened-toed shoes are allowed.

NO “Doc Martin” type sandals/slides or canvas tennis shoes/slides.

NO flip-flops, thong sandals, or beach shoes.

**Personal Hygiene/Miscellaneous**

- Perfume/powder/body sprays/cologne should be kept to an absolute minimum due to allergies of patients or co-workers.
- Hair should be clean, combed, and dry during work hours. Wet hair is not professional. No odd hair colors (i.e. purple, green, etc) or flamboyant/distracting hair styles (i.e. spiked Mohawks).
- Always present yourself in a professional manner.
- All visible body piercing, **with the exception of ears**, is unacceptable. All visible piercing paraphernalia, **except for ears**, will be removed during working hours, i.e. eyebrows, tongue, nose, etc. The **ONLY** exception to this rule is religious/cultural and must be cleared through Student Affairs first.
- All visible tattoos will have to be covered during working hours.
- No sunglasses are to be worn during clinical or simulation encounters unless prescribed by a physician.

Students may be informed of anything else deemed inappropriate by the clinic or course management team.

**Introductions**

Introduce yourself by your first and last name and state you are a medical student. It is your duty to gently correct other’s misperceptions should they refer to you as a “doctor”. Don’t let others lead you into misrepresenting your actual role on the team.

**Equipment**

Students should bring their stethoscope, reflex hammer, visual acuity card, H&P/SOAP Note card, paper and pen for notes during the preceptorship. Some Preceptors expect you to bring other instruments. Students should also check the Preceptor directory for specific instructions that the physicians have passed on to them. When students go to one of the hospitals to see a patient, they must wear their white medical jacket and a picture I.D (all clipped together). Students should check in at a nurses’ station to inform the hospital personnel that they are seeing a patient. Student will need all their own instruments at the hospital, as none are provided in patient rooms.

**Clinical Rotations**

Students will have 2 Clinical Rotations during the Preceptorship, one in the Fall and one in the Spring. Each rotation will be five (5) weeks in length. During these rotations, students will interact with patients and their preceptor. During these clinical encounters, students will take a history and perform a physical examination on multiple patients. The student will improve patient care skills, oral presentation skills, communication skills, and clinical problem-solving.

Attend your scheduled five-week Clinical Rotations and perform to a satisfactory level. At the end of the rotation, remind your preceptor to complete the student evaluation form. Please complete the student evaluation of the preceptor form by the Rotation due date.

**Workshops**

Please see the Orientation Packet for detailed information about the course workshops.

**Simulation Rotation**

Students will have two simulation rotations: one five-week Simulation Center Rotation in the Fall and another five week Simulation Center Rotation in the Spring. **During the Simulation Center Rotation, your Tuesday/Wednesday afternoon schedule will vary. Please refer to your Personalized Preceptorship Schedule for your specific dates, however this is subject to change.** During the Simulation Rotations, you will receive an email detailing your specific reporting time and locations for each activity along with any special instructions.

The simulation encounters will allow students to practice their history and physical examination skills in a simulated setting. Students will improve clinical decision making skills and engage in clinical problem solving of common pathologic presentations of disease. During the Simulation I and II rotation a Focused Patient Encounter Objective Simulated Clinical Encounter (OSCE) will be performed. All OSCEs are recorded so you can improve your next performance by reflecting...
on your patient encounter. The evaluation for the Fall and the Spring will be averaged together for a grade.

A Complete History & Physical Objective Simulated Clinical Encounter (OSCE) and a written Complete History & Physical will be performed in the Fall. The OSCE is graded using the Communication Skills checklist. The written H&P is peer-reviewed for your benefit or reviewed by faculty to identify students in need of remediation. A Complete History & Physical OSCE and a written Complete History & Physical will be completed in the Spring and graded by the faculty. (Please see Grading and Remediation Policies for grading details.)

It is recommended that students review their OSCE videos following each encounter. This video review is a self-learning experience and important to your educational development. Instructions to access your video are posted on Blackboard.

Students are required to complete an online evaluation of their Simulation Rotation activities on or before Rotation Due Date.

Please see the Orientation Packet for detailed information about the simulation rotation activities.

| Written Work Expectations | We expect detailed H&P's and S.O.A.P. notes that have no missing components. However, do not write anything that is not truthful in your write-ups. If you are unable to get a piece of information due to time constraints or the patient not knowing, please note this in your write up so we can see that you know it is incomplete. You can write down what “should” be in your note if it had been done but clearly indicate if it is “made up” rather than a report of your actual findings. Furthermore, do not cut and paste from a template into your written report. Learning to accurately communicate your interaction with a patient is a vital skill in medicine. Truthfully presenting your clinical encounter reflects your integrity as a physician. In order to provide standardized expectations for your work, your H&P’s and SOAP Notes will be graded using the format and grading rubric found on Blackboard. |
| Clinical Rotations S.O.A.P. or H&P Notes (Formative) | FOR THE FORMATIVE WRITTEN WORK, IF YOU ARE ON HOSPITAL SERVICE YOUR H&P, DOES NOT HAVE COMPLETE COMPONENTS DUE TO TIME CONTRAINSTS. During the Clinical Rotations, students will write a SOAP Note Or H&P, have their Preceptor review the written note, make any necessary comments and sign the note. The student will be required to submit the reviewed SOAP Or H&P Note to the Education Program Coordinator by Rotation Due Date. The SOAP Note or H&P must be signed by Preceptor. If the SOAP Note or H&P is not acceptable to the Preceptor or Course Faculty who review it, the student will be required to re-write the SOAP Note or H&P with the suggested revisions. The student is required to submit the revised SOAP Note or H&P as well as the original SOAP Note or H&P the Education Program Coordinator on or before Rotation due date. |
| Recorded OSCE Focused Patient Encounter S.O.A.P. Notes | Students will write a total of two SOAP notes to be graded by a colleague for feedback immediately after each Focused Patient Encounter OSCE (during the Fall and Spring Simulation Rotations) or reviewed by faculty. |
| Recorded OSCE Complete H&P EXAM | Students will write a total of two Complete History & Physicals based on the patient encounter in the Complete H&P OSCE. Those notes are written immediately after the OSCE encounter. (during the Fall and Spring Simulation Rotations). The Fall assignment will be peer-reviewed or faculty reviewed for feedback. The Spring written assignment will be graded by faculty, worth 15% of total course grade, using the format and grading rubric found on Blackboard. |
### Graded Final OSCE S.O.A.P. Note
A third S.O.A.P note will be written based on the Final Focused Patient Encounter OSCE and submitted to the faculty for grading and evaluation based on grading rubric found on Blackboard. **Worth 15% of total course grade.**

### Suturing Workshop
Students will spend an afternoon during the Spring Simulation Rotation learning and practicing introductory/basic suturing skills.

### Patient Care/Course Debriefing
**Patient Care/Course Debriefings are mandatory.** The first debriefing takes place after the first rotation. The time allows student dialogue with the Course Director and classmates about clinical experiences review of challenging clinical situations, trouble-shooting, review of tips for success in preceptorship, and advising after students have become familiarized with the program. The second Debriefing takes place at the end of the course and covers the entire year.

### Due Dates & Items Due
There will be four due dates through the year. If you are a “Tuesday” student, you are expected to turn your items in on the corresponding Tuesday due date no later than 5:00 pm. If you are a “Wednesday” student, you are expected to turn your items in on the corresponding Wednesday due date no later than 5:00 pm.

<table>
<thead>
<tr>
<th>Rotation Dates</th>
<th>Due Dates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rotation 1 09/01/15 – 09/30/15</td>
<td>Tue 10/13 Wed 10/14</td>
</tr>
<tr>
<td>Rotation 2 10/13/15 – 11/18/15</td>
<td>Tue 12/01 Wed 12/02</td>
</tr>
<tr>
<td>Rotation 3 01/05/16 – 01/27/16</td>
<td>Tue 02/09 Wed 02/10</td>
</tr>
<tr>
<td>Rotation 4 02/06/16 – 03/02/16</td>
<td>Tue 03/2 Wed 03/23</td>
</tr>
</tbody>
</table>

**Items due:**

- **Clinical Rotations (Fall & Spring)**
  - One SOAP Note or H&P reviewed and signed by Preceptor (one in Fall/one in Spring)= 2 Total
  - Two Preceptor Evaluation of Student. (includes professionalism components / one in Fall/one in Spring)
  - Two Student Evaluation of Preceptor (one in Fall/one in Spring)
  - Attendance Record signed by Preceptor each week

- **Simulation Rotations (Fall & Spring)**
  - Two written SOAP Notes (one in Fall/one in Spring) based on the Focused Patient Encounter OSCEs
  - Two written Complete History & Physicals (one in Fall/one in Spring) based on Complete H&P OSCEs
  - One online Student Evaluation of the Fall Sim activities
  - One online Student Evaluation of the Spring Sim activities

**Note:** Following the OSCE encounters, students may contact the Education Program Coordinator to arrange a time to review their OSCE checklists and written assignments. The student may not take notes during the review.

If a Preceptor did not share the Clinical Evaluation of a Year 2 Student results with a student, they may contact the Education Program Coordinator to arrange a time to review the completed evaluation.

### General Duties and Responsibilities
You are responsible for completion of the required readings and for your overall self-education.

We recommend:

1. Students read the objectives pertaining to each rotation in advance.
2. Students decide on two or three goals for their professional development during the clinical rotations.
3. Discuss these goals with the preceptor on the first day.
4. Students ask the preceptor for feedback each session, but certainly by the second session in a rotation. This gives you a chance to improve your performance and evaluation!
5. In the second to last session, students remind the preceptor about filling out the evaluation before or during last session.
6. In last session, students review the evaluation with the preceptor. The student will then submit the final evaluation to the Education Program Coordinator, or contact the Coordinator by email (if Preceptor is turning it in).
We believe that you must develop problem solving and patient management skills in addition to acquiring a sound base of clinical knowledge. Self-education will be a career-long responsibility and learning style for you as a physician. Our teaching methods are designed to promote these concepts.

### Needle Sticks and/or Exposure to Bodily Fluid

- Notify Dr. Fallon in Student Affairs (254) 724-0242 or (512) 341-4920
- Go to ER for follow-up care and exposure management.
- You will be assisted with filling out the proper paperwork.
- Report to Charge Nurse or Supervising Nurse in your area immediately.
- Notify the Preceptorship Director and Coordinator.

Additionally, a reminder that exposures include any contact to eye, mouth, other mucous membranes or non-intact skin with potentially infected materials, including blood. In other words, it is inclusive of much more than the ‘traditional’ needle stick. **If you are in doubt as to whether you have sustained an exposure, immediately ask your supervising faculty.**

### Whom to See If You Have a Problem

During the course various situations may develop for which you may want assistance. If general information is desired, educational materials are required, or general problems develop, your first contact will be the Preceptorship Education Program Coordinator for assistance.

Any specific administrative problems which are encountered during the Preceptorship Course should be promptly directed to the Course Directors or the Regional Chair. Students are welcome to contact the above individuals or any member of the Department Faculty whenever they wish information, advice, or consultation.

In cases where you do not feel that issues are being resolved within the departmental lines, please contact the Office of Student Affairs.

### Confidentiality

Of course, patient confidentiality is demanded of health care professionals. This includes electronic information, which should be treated the same as paper information/charts. Information on electronic sources should not be accessed inappropriately.

In addition, confidentiality of student examination materials is also required. Information contained on the Objective Structured Clinical Exam (OSCE) will not be discussed, copied, disseminated or shared by students and will be treated as patient information.

Do not discuss patient care in hallways, elevators, stairwells, etc. Do not leave medical records lying around in unsecured areas (conference rooms, cafeteria, etc.).

### Clinical Evaluation of 2nd Year Medical Student

The Clinical Evaluation of 2nd Year Medical Student is based on your preceptor's judgment. The evaluations provide detailed descriptions of the behaviors, skills, and attitudes you demonstrate. Feedback on these evaluations can help you learn to do a better job in your next rotation and in third year. No two preceptors are exactly alike. Do your best but realize that it is not possible to make all faculties the same! Please let us know if you have a conflict or problem with a faculty member.

For maximum learning, ask your Preceptor to give you feedback on things you do well and areas for improvement. Suggest this the first day and then ask for feedback at the end of each afternoon.

**In the next to last session remind your preceptor to fill out the student evaluation.**

Over the course of the year we expect you to use the Preceptor evaluations of your performance to help you improve your clinical skills and self-knowledge. As you gain more experience, you will be able to see patients more efficiently and formulate a more accurate assessment and plan.
Professionalism will be a portion of your preceptor evaluation. Please be aware that if your preceptor gives you a “0” on any component of the professionalism portion of the evaluation, you will fail the professionalism component of the course. These professionalism evaluations comprise 2 of the 3 professionalism evaluations in the course.

**Professionalism Evaluations**

This course requires a high degree of personal responsibility and professionalism. It is also the first time (for some of you) to work in a medical setting with patients, physicians, nurse practitioners, and related staff. Creating rapport with patients, communicating effectively with others, and developing your professional style and identity are important aspects of the course. Our goal is to provide you with the best environment possible for your clinical experience.

Your integrity, honesty, and behavior as a physician-to-be are crucial to your success in this course and in your clinical work in the future. Please feel free to talk with us about any of these areas as you make your transition to clinical life.

Due to the importance of professionalism, the course directors may modify student grades based on an individual's professional behavior and conduct. Behavior guidelines are found in the College of Medicine Student Handbook.

Two Professionalism evaluations will be completed by your Preceptors during the Clinical Rotations. One will be completed at the end of the course based on your Simulation rotations and input from the Course Directors, Preceptorship Coordinator and Academic Affairs Office Staff.

These evaluations focus on six competency areas that pertain to professionalism (Altruism, Responsibility/Reliability/Accountability, Honesty/Integrity, Respectfulness, Commitment to Competence/Lifelong Learning, and Empathy/Compassion). We expect you to be excellent in all these areas. The following are descriptions of each area and expectations:

<table>
<thead>
<tr>
<th>Competency</th>
<th>Positives</th>
<th>Negatives</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Altruism</strong></td>
<td>Shows appropriate concern for others</td>
<td>Unwilling to extend self</td>
</tr>
<tr>
<td></td>
<td>Goes the “extra mile” without thought of personal reward</td>
<td>Selfless to the point of taking needless risks</td>
</tr>
<tr>
<td></td>
<td>Assists team members</td>
<td>Overextends self to one’s own detriment</td>
</tr>
<tr>
<td></td>
<td>Helps fellow students understand material</td>
<td>Refuses small group participation</td>
</tr>
<tr>
<td><strong>Responsibility/Reliability/Accountability</strong></td>
<td>Punctual and meets deadlines</td>
<td>Frequently arrives late/skips class</td>
</tr>
<tr>
<td></td>
<td>Follows policies and rules</td>
<td>Avoids extra work</td>
</tr>
<tr>
<td></td>
<td>Asks for help when necessary</td>
<td>Defensive, makes excuses, blames others</td>
</tr>
<tr>
<td></td>
<td>Admits errors</td>
<td>Inflexible on rules to the point of Obstructionism</td>
</tr>
<tr>
<td><strong>Honesty/Integrity</strong></td>
<td>Honest, forthright, trustworthy</td>
<td>Misrepresents position/status</td>
</tr>
<tr>
<td></td>
<td>Confronts inappropriate behavior in team members</td>
<td>Misuses/steals resources</td>
</tr>
<tr>
<td></td>
<td>Recognizes and avoids conflicts of interest</td>
<td>Overlooks inappropriate behavior in others</td>
</tr>
<tr>
<td><strong>Respectfulness</strong></td>
<td>Maintains neat/appropriate appearance</td>
<td>Poor hygiene/inappropriate dress</td>
</tr>
<tr>
<td></td>
<td>Respects authority in person, behind their back and in media (online)</td>
<td>Disrespectful attitude to team members</td>
</tr>
<tr>
<td></td>
<td>Respectful of cultures/beliefs/opinions</td>
<td>Appears arrogant or demeaning</td>
</tr>
<tr>
<td></td>
<td>Accepts and incorporates feedback</td>
<td>Criticizes colleagues/authority</td>
</tr>
</tbody>
</table>

Date created/Revised: 05/26/2015 By: K Knighton
<table>
<thead>
<tr>
<th>Commitment to Competence and Lifelong Learning</th>
<th>Participates with peers in group learning activities</th>
<th>Does not adequately participate in groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attentive and participates during lectures</td>
<td>Dominates small group learning activities</td>
<td></td>
</tr>
<tr>
<td>Seeks additional learning opportunities</td>
<td>Attends to other matters during class (email)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Unprepared</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Overly reliant on faculty to the detriment of self-learning</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Empathy and Compassion</th>
<th>Sensitive to the world of the patient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remembers and cares about details in the lives of patients</td>
<td>Fails to recognize and address fear and suffering in patients and families</td>
</tr>
<tr>
<td>Appears warm, engaged and sensitive</td>
<td>Fails to consider social factors that may affect health of patients</td>
</tr>
<tr>
<td>Communicates bad news with empathy</td>
<td>Loss of objectivity/overly emotional</td>
</tr>
</tbody>
</table>

The grade for the professionalism evaluation will be pass/fail. Please be aware that if you receive a “1” on any component of the professionalism portion of the evaluation rated by grader, the entire evaluation is considered failed and a referral will be made to the Student Promotions Committee.

Being in the right place at the appointed time ready to work is part of being a physician and part of your professionalism in this course.

Additionally, if a student fails to perform in a professional and ethical manner, regardless of examination grades, it may be grounds for failure of the course or depending on the specific occurrence, a reduction of the student’s clinical grade.

In order to satisfactorily complete the course, students are expected to punctually attend scheduled workshops, class debriefings, clinics, and all other scheduled activities.
Other Pertinent Course Information

Learning Materials and Activities
Course materials are available online 24/7 on Blackboard.

Textbooks (Required and Recommended Resources)
The following books and case study materials will be used in this course.


*Differential Diagnosis of Common Complaints*; (5th ed); Seller, Robert

Americans with Disabilities Act (ADA)
The Americans with Disabilities Act (ADA) is a federal anti-discrimination statute that provides comprehensive civil rights protection for persons with disabilities. Among other things, this legislation requires that all students with disabilities be guaranteed a learning environment that provides for reasonable accommodation of their disabilities. If you believe you have a disability requiring an accommodation, please contact Disability Services, in Cain Hall, Room B118, or call 845-1637. For additional information visit [http://disability.tamu.edu](http://disability.tamu.edu)

Any student with a disability who needs accommodation should inform the instructor at the beginning of the course.

Academic Integrity
For additional information please visit: [http://aggiehonor.tamu.edu](http://aggiehonor.tamu.edu)

“An Aggie does not lie, cheat, or steal, or tolerate those who do.”

College of Medicine
Professionalism and Integrity Statement (Academic Honesty and Plagiarism)
All College of Medicine students are required to comply with the student code of conduct and the academic integrity and honesty standards published in each component’s Student Handbook. Disciplinary action will be taken in accordance with the policies of each component. Students found guilty of Academic Dishonesty will receive an “F”/Unsatisfactory in the course. For a full list of actions qualifying as academic dishonesty, please review the College of Medicine Student Handbook at [http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf](http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf).

According to the Aggie Honor System Office, plagiarism is defined as the appropriation of another person's ideas, processes, results, or words without giving appropriate credit. Intentionally, knowingly, or carelessly presenting the work of another as one’s own (i.e., without crediting the author or creator). Plagiarism and other academic misconduct definitions can be viewed on the Aggie Honor System Office website; [http://aggiehonor.tamu.edu/RulesAndProcedures/HonorSystemRules.aspx#definitions](http://aggiehonor.tamu.edu/RulesAndProcedures/HonorSystemRules.aspx#definitions).

E-mail Access and FERPA
The College of Medicine is communicating all official information to students through the students’ TAMHSC e-mail accounts. Please check the account frequently during the semester for updates.

Date created/Revised: 05/26/2015 By: K.Knighton
This course is supported with web-based and/or e-mail activities. In order to take advantage of these additional resources and participate fully in the course, you have been assigned an e-mail address by the Texas A&M Health Science Center. This e-mail address is for internal use only, so that faculty may communicate with you and the entire class. By registering for this course, you are agreeing to allow your classmates to have access to this e-mail address. Should you have any questions, please contact the TAMU’s Office of the Registrar at 979-845-1031.

The Family Educational Rights and Privacy Act of 1974 (FERPA), which the HSC complies fully, is intended to protect the privacy of education records, to establish the rights of students to inspect and review their education records and to provide guidelines for the correction of inaccurate or misleading data through informal and formal hearings. Students also have the right to file complaints with the Family Educational Rights and Privacy Act Office of the Department of Education in Washington, D.C., concerning alleged failures by the HSC to comply with the act.

Mistreatment of Students

The College of Medicine is committed to providing a positive learning environment in which students can meet their academic goals based on mutual respect in the teacher/learner relationship. Both parties must be sensitive to the needs of others and differences in gender, race, sexual orientation, religion, age or disability. As outlined in the Student Handbook under the section titled Standards of Conduct in the Teacher-Learner Relationship, belittlement, intimidation and humiliation are unacceptable for effective learning and undermine self-esteem. Breaches involving student mistreatment may result in a faculty or staff member being sanctioned or the loss of faculty and/or staff appointment. These policies address student mistreatment involving College of Medicine employees, residents, affiliate staff, or patients. Mistreatment may be reported through the College of Medicine telephone hotline, 1(855)-397-9835 or through an online form at http://medicine.tamhsc.edu/current/student-mistreatment-form.html. For a full list of reporting avenues, please refer to the Student Handbook under the Mistreatment Policy.

Exposure and Occupational Hazard

The Needle Stick Policy and Bloodborne Pathogen Exposure information for Medical Students may be accessed in the Student Handbook at: http://medicine.tamhsc.edu/student-affairs/docs/handbook.pdf

Note: More information is available on the aforementioned topics to all students on the College of Medicine website.

<table>
<thead>
<tr>
<th>XIV. Appendices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Evaluations:</strong></td>
</tr>
<tr>
<td>A. Schedule</td>
</tr>
<tr>
<td>B. Clinical Evaluation of Year 2 Medical Student (Clinical Rotations)</td>
</tr>
<tr>
<td>C. Evaluation of Student Professionalism (Faculty/Coordinator/Academic Affairs Office Staff)</td>
</tr>
<tr>
<td>D. Student Evaluation of Preceptor (Clinical Rotations / completed via One45)</td>
</tr>
<tr>
<td>E. Statement of Understanding</td>
</tr>
</tbody>
</table>

*THIS IS SAMPLE SCHEDULE. PLEASE SEE PERSONALIZED SCHEDULE. PLEASE SEE YOUR EMAIL FOR LAST MINUTE SCHEDULE CHANGES FROM YOUR CAMPUS COORDINATOR.*
**Dates** | **Student Group A** | **Student Group B** | **Student Group C** | **Student Group D**
---|---|---|---|---
4-8-Aug | [Tues] Course Orientation (And Male Orientation- Bryan Only) (All students) 8am -10am | | | |
8-Aug | [Wed] Oral Presentation Workshop – Session #1 | (Female Breast/PAP/Pelvic Exams - Session #1 B) | | |
5-11-Aug | [Thurs] Practice Focused Patient Encounter - Session #1 | (Female Breast/PAP/Pelvic Exams - Session #1 B) | | |
11-Aug | [Wed] Oral Presentation Workshop – Session #2 | (Female Breast/PAP/Pelvic Exams - Session #2 B) | | |
18-Aug | [Tues] Practice Focused Patient Encounter – Session #3 | (Female Breast/PAP/Pelvic Exams - Session #3 B) | | |
25-Aug | [Tues] Practice Focused Patient Encounter – Session #4 | (Female Breast/PAP/Pelvic Exams - Session #4 B) | | |
1-Sep | [Wed] Oral Presentation Workshop – Session #3 | (EVERNING Male Genitalia Exam - Session #1 S&W Clinic B) | | |
8-Sep | Clinical Rotation – Fall I [Tues/Wed] 1 SOAP Note or 1 H&P (Reviewed by Preceptor) | Clinical Rotation – Fall I [Tues/Wed] 1 SOAP Note or 1 H&P (Reviewed by Preceptor) | [Wed] Complete H&P Review Workshop | [Wed] Small Group OSCE |
17-Sep | Clinical Rotation – Fall I [Tues/Wed] 1 SOAP Note or 1 H&P (Reviewed by Preceptor) | Clinical Rotation – Fall II [Tues/Wed] 1 SOAP Note or 1 H&P (Reviewed by Preceptor) | [Tues] Complete H&P OSCE | [Tues] Complete H&P OSCE |
23-Sep | [Wed] Small Group OSCE | | | |
4-Oct | [Wed] Small Group OSCE | | | |
10-Oct | [Tues] Complete H&P OSCE Group A Tue Students Self Study (Group A Tue Students) | [Wed] Complete H&P OSCE Group A Wed Students Self-Study (Group A Wed Students) | | |
24-Oct | [Wed] Complete H&P Review Workshop | | | |
31-Oct | | | | |
3-Nov | [Tues] Complete H&P OSCE Group A Tue Students Self Study (Group A Tue Students) | [Wed] Complete H&P OSCE Group A Wed Students Self-Study (Group A Wed Students) | | |
4-Nov | [Tues] Complete H&P OSCE Group B Tue Students | [Wed] Complete H&P OSCE Group B Wed Students Self-Study (Group B Wed Students) | | |
11-Nov | [Tues] Focused Patient Encounter Group C Tue Students | [Wed] Focused Patient Encounter Group C Wed Students Self-Study (Group C Wed Students) | | |
26-Nov | [Wed] Small Group OSCE | | | |
5-Jan | [Tues] Suturing Workshop (Grps C/D) | Remediation OSCE Exam (from Complete OSCE/Focused Patient Encounter OSCE Exams) | [Wed] Patient Care/Course Debriefing #3 (ALL STUDENTS) | |
19-Jan | [Tues] Complete H&P OSCE Group C Tue Students | [Wed] Complete H&P OSCE Group C Wed Students Self-Study (Group C Wed Students) | | |
20-Jan | [Tues] Complete H&P OSCE Group D Tue Students | [Wed] Complete H&P OSCE Group D Wed Students Self-Study (Group D Wed Students) | | |
26-Jan | [Tues] Complete H&P OSCE Group D Tue Students | [Wed] Complete H&P OSCE Group D Wed Students Self-Study (Group D Wed Students) | | |
27-Jan | [Tues] Complete H&P OSCE Group D Tue Students | [Wed] Complete H&P OSCE Group D Wed Students Self-Study (Group D Wed Students) | | |
2/22/2016 | [Tues] Suturing Workshop (Grps C/D) | Remediation OSCE Exam (from Complete OSCE/Focused Patient Encounter OSCE Exams) | [Wed] Patient Care/Course Debriefing #3 (ALL STUDENTS) | |
9-Feb | Clinical Rotation – Spring I [Tues/Wed] 1 SOAP Note or 1 H&P (Reviewed by Preceptor) | Clinical Rotation – Spring I [Tues/Wed] 1 SOAP Note or 1 H&P (Reviewed by Preceptor) | [Wed] Focused Patient Encounter Group D Wed Students Self-Study (Group D Wed Students) | |
16-Feb | [Tues] Focused Patient Encounter Group D Tue Students | [Wed] Focused Patient Encounter Group D Wed Students Self-Study (Group D Wed Students) | | |
23-Feb | [Tues] Complete H&P OSCE Group B Tue Students | [Wed] Complete H&P OSCE Group B Wed Students Self-Study (Group B Wed Students) | | |
24-Feb | [Tues] Complete H&P OSCE Group B Tue Students | [Wed] Complete H&P OSCE Group B Wed Students Self-Study (Group B Wed Students) | | |
1-Mar | Clinical Rotation – Spring II [Tues/Wed] 1 SOAP Note or 1 H&P (Reviewed by Preceptor) | Clinical Rotation – Spring II [Tues/Wed] 1 SOAP Note or 1 H&P (Reviewed by Preceptor) | | |

**Date created/Revised:** 05/26/2015 By: K.Knighton
<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>8-Mar</td>
<td>(Tues) Suturing Workshop (Grps A/B)</td>
</tr>
<tr>
<td>15-Mar</td>
<td>Spring Break</td>
</tr>
<tr>
<td>22-Mar</td>
<td>[Tues] Opportunity Time</td>
</tr>
<tr>
<td>23-Mar</td>
<td>[Wed] Clerkship Readiness: Written Notes (ALL STUDENTS)</td>
</tr>
<tr>
<td>29-Mar</td>
<td>[Tues &amp; Wed] Opportunity Time</td>
</tr>
<tr>
<td>5-Apr</td>
<td>Final Exam OSCEs</td>
</tr>
<tr>
<td>12-Apr</td>
<td>Final Exam OSCEs</td>
</tr>
<tr>
<td>20-Apr</td>
<td>[Wed] REMEDIATION OSCE if needed: 1:00 pm – 5:00 pm</td>
</tr>
</tbody>
</table>