

# SURG 7020: Surgery Clerkship Syllabus

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Approved: 4/10/23

**Credit Hours: 8**

## Contact Information

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## Clerkship Information

### Brief Description of Clerkship

The Surgery Clerkship allows each medical student to gain exposure to common surgical diseases and processes and develop foundational knowledge and skills translatable to all disciplines of physician practice. While a notoriously rigorous clerkship, students emerge from the experience more confident and capable in acute care evaluation and management.

The Surgery Clerkship is an eight-week rotation, in which students will spend:

- 4-Weeks: Core General Surgery on a Team-Based Service
- 4-Weeks: Subspecialty Surgery on a Team-Based Service

### Course Objectives

As a result of successfully completing the Surgery Clerkship, students will have acquired the fund of knowledge to perform each of the following for ambulatory and hospitalized patients presenting with new and follow-up core chief complaints/diagnoses relevant to the clerkship (UPC 1 & 3, UKP 2-5):

1. **History:** Employ a patient-centered, organized and hypothesis driven approach to gather a relevant history from appropriate sources. (EPA 1a)
2. **Physical Examination:** Employ a patient-centered, organized and hypothesis driven approach to correctly perform an appropriately focused physical exam and distinguish normal and abnormal findings. (EPA 1b)
3. **Clinical Reasoning:** Synthesize essential information from appropriate sources to generate and effectively communicate a prioritized differential diagnosis and/or treatment plan. (EPA 2)
4. **Clinical Testing:** Describe the key features of core clinical tests, make rational recommendations for their use in patient evaluation and management, and appropriately interpret results. (EPA 3)
5. **Documentation:** Organize patient information from appropriate sources to accurately document the clinical encounter and communicate clinical reasoning. (EPA 5)
6. **Presentation:** Concisely present an accurate and well-organized synthesis of the patient encounter. (EPA 6)
7. **Inter-professional Teamwork:** Appreciate the contributions of the members of the inter-professional team, effectively integrate into the patient care team, and respond appropriately to verbal and non-verbal communication, feedback, and authority. (EPA 9)
8. **Procedures:** Correctly perform the Core Surgery Clerkship procedures of: sterile technique, suturing, and skin closure. Students should take the opportunity to participate in foley catheter placement (on the wards or in the OR). They will perform bag mask ventilation/intubation during orientation and are also encouraged to practice these skills in the OR. (EPA 12)

Successful students will have also:

1. **Professionalism:** Demonstrated professional responsibility and commitment to ongoing improvements in medical student education through accurate and timely completion of Case, Work Hours Logs, and Professionalism projects (UP 3).

2. Practice-Based Learning and Improvement: Employed the Mid-Point Formative Feedback process to reconcile similarities and differences between their self-identified strengths and deficiencies in clinical skills and those identified by their preceptors (UPBLI 1 & 3).
3. Practice-Based Learning and Improvement: Employed the Mid-Point Formative Feedback process to work collaboratively with their preceptors to set learning and improvement goals (UPBLI 2).

\*\*Please refer to Appendix A and the Clinical Curriculum Procedures and Practices for detailed information on **Phase 3 Developmental Benchmarks for Priority EPAs**.

\*\*Please refer to <https://medicine.utah.edu/students/programs/md/curriculum/program-objectives.php> for detailed information on SFESOM Program Objectives.

## Clinical Course Format & Schedule

### Timeline

Times, dates, and hours vary by service.

### Night Call

The purpose of the Surgery Clerkship night call is:

- To expose students to acute surgical issues post-operatively and consults
- To help students understand another aspect and "time-period" of patient care in the hospital
- To help students understand the demands of residency
- To assist students with making career choices

STUDENTS WILL NOT BE ON NIGHTS THE FIRST DAY OR THE WEEK OF EXAMS.

Night call begins at 6:00 AM when residents "sign-out" with the night team and concludes after the 7:00AM morning report. Students will be on call 2 nights during their General Surgery Clerkship service rotation. One of the night calls must be on a Friday or Saturday and post-call Sunday will be considered the day off for that week.

Trauma Bay Entry:

- Door located at stairwell & CT Scanner.

Call Room Locations:

- U Hospital – 6<sup>th</sup> Floor, Room 6195. Door Code 1&5 together then 3 then 4

Students should notify Dr. Brownson, Dr. Baker or Dellene Stonehocker, and the PGY-4 night resident if they cannot meet their night call responsibilities. Students are required to make up any missed nights.

### Conferences

- Students are required to attend the General Surgery Clerkship Conference on Wednesday mornings after Grand Rounds and M&M/Indications.
- Students are required to attend THREE Grand Rounds at the University during the Surgery Clerkship and M&M every Wednesday morning following Grand Rounds. Times and locations will be noted in Canvas.
- Regardless of absence, students remain responsible for all content and information presented during conferences.

### Schedule

The complete calendar and list of objectives for each event/activity can be found on the clerkship's Canvas site. Canvas can be accessed at: <https://utah.instructure.com/>

\*\*Please refer to the Clinical Curriculum Procedures and Practices for detailed information on:

- **Phase 3 Clerkship Attendance Expectations**
- **Phase 3 Intersessions**
- **Phase 3 Non-Clinical Days**
- **Medical Student Clinical and Educational Work Practices**

### Educational and Instructional Modalities

Modality	Percentage
Didactic/Small Group	10%

Clinical	75%
Self-Guided Online Learning	15%

### Role of the Student in this Clinical Course

Clinical experiences are coordinated by the service faculty member responsible for student education and Chief Resident. They will determine:

- Required attendance at service specific conferences and rounds
- Patient care responsibilities
- Number of workups per week
- Participation in surgical cases

Students should rely on the Chief Resident as a mentor, and work as an apprentice with the junior residents. Students are expected to obtain the next day's operating room schedule and case(s) to which they will be assigned. Obtaining this schedule, when possible, at least the day prior will help students be more prepared. Students will need to review imaging and read about the disease/case/patient before surgery. Additionally, students are expected to participate in at least one day of clinic per week, on their assigned service.

Due to the brief nature of the clerkship, students are expected to complement their clinical experiences with:

- Active participation in all conferences
- Self-study
- Engaging with residents & attendings for learning opportunities

\*\*Please refer to the Clinical Curriculum Procedures and Practices for detailed information on:

- **Clinical Curriculum Supervision of Medical Students**

### Core Chief Complaints, Core Diagnoses & Clinical Encounter Criteria

During Phase 3, students are expected to experience and participate in a variety of clinical encounters with patients. The table posted in Appendix B outlines the types of patient encounters expected for each student to experience during their third year, and during the Surgery Clerkship specifically. Students are required to log all of their encounters in the Case Log Application available via Tools. Each student remains responsible for completion of the patient log; any student with concerns that he/she is in jeopardy of not fulfilling the requisite number of encounters or specified level of responsibility for a particular core chief complaint, core diagnosis, or setting should notify the Clerkship Director at least one week prior to the end of the clerkship to ensure that these experiences can be arranged. Students are expected to seek out and document these foundational diagnoses during their clinical experiences. Where noted, alternatives to authentic clinical encounters may be allowed.

### Required Textbook(s)/Readings

Christian de Virgillio Surgery: A Case Based Clinical Review (NOTE: All content that the student may be tested on during the surgery clerkship SHELF and Kahoot quizzes is not guaranteed to be covered in this text alone. Students should engage with their surgical teams, read about their patients and conditions that they encounter on the rotation, work through question banks, and read from other sources to augment their educational experience/surgery learning and to prepare for tests and quizzes. Furthermore, the deVirgillio chapters listed below serve as a guide and may vary based on the student's edition of the text.):

- Week 1: Trauma: Chapters 25-26, 41-47 (28-29, 42-48)
- Week 2: Peri-op Complications: Chapters 38-40 (39-41)
- Week 3: Biliary Disease: Chapters 15-18 (18-21)
- Week 4: Abdominal Pain: Chapters 1-2, 20, 22-23, 49 (2-3, 23, 25-26, 50)
- Week 5: Cancer: Chapters 3-4, 18, 21, 50, (5-7, 21, 24, 51)
- Week 6: Endocrine/Ortho: Chapters 8-11, 27-28 (11-14, 31-32); NOTE: Kahoots quiz and lecture will NOT cover Ortho topics but it is recommended that students read the Ortho chapters/content in preparation for the SHELF exam
- Week 7: Vascular: Chapters 55-58 (56-59)

### Additional Resources

- Current Surgical Diagnosis and Treatment, Lawrence Way, Editor
  - Chapters 4,5,9,12,13,17,20,21,23,25,26,28,29,30,31,32
  - Highly Recommended: chapters 1,2,3,6,8,10,14,18,22,24,34,35,43,44,45
- Renal Pathophysiology: The Essentials 4<sup>th</sup> Edition. Helmut G. Rennke - **Available at Eccles 2 hour reserve**  
Highly Recommended Chapters: 1,2,3,4,5,6
- Mont Reid Surgical Handbook 6<sup>th</sup> Edition. Editor Wolfgang Stehr. Highly Recommended for short review before cases or rounds
- Case Files Surgery, Fourth Edition (LANGE Case Files) 4<sup>th</sup> Edition. By Eugene Toy, Terrence Liu, Andre Campbell

- Question Bank: It is highly suggested that you find a question book or online Q-bank service with answers/ explanations and complete 5-10 questions daily
- Surgery 101 podcasts (available as an iTunes podcast)
- Up-to-Date
- ICU rounds (available as an iTunes podcast)
- <https://www.facs.org/CoreCurriculum>

### NBME Self-Assessment

The NBME Clinical Science Mastery Series “provides self-assessments for US and international medical students who want to assess their knowledge of the clinical sciences covered during a clerkship or medical education course.” Self-Assessment Exams are available for each of the Phase 3 Clerkships through the Curriculum Department.

## Assessment & Grading

	Weight	Must Pass/ Must Complete	EPA/ Program Objective(s) Measured	Due Date
<b>Course Assessments</b>				
Preceptor Evaluations* <ul style="list-style-type: none"> <li>• General Surgery (23%)</li> <li>• Surgical Subspecialty (23%)</li> </ul>	46%	Must Pass	EPA 1a, 1b, 2, 3, 5, 6, 9	
NBME Clinical Science Subject Exam	25%	Must Pass	UKP 2-5	See Canvas
OSCE	15%	Must Complete	EPA 1a, 1b, 2, 3, 5	See Canvas
Kahoot Quizzes	7%	Must Complete	EPA 2, 3	See Canvas
<b>Assignments and Must Complete Elements</b>				
Observed Clinical Encounter*		Must Complete	EPA 1a, 1b, 2, 3, 5, 6	Wednesday Prior to the Clerkship Final Exam by 11:59pm
Mid-Course Formative Feedback*		Must Complete	UPBLI 1-3; EPA 1a, 1b, 2, 3, 5, 6, 9	2 <sup>nd</sup> and 6 <sup>th</sup> Friday of Clerkship by 11:59pm
Case Log		Must Complete	UPC 1, UPC 3	Wednesday Prior to the Clerkship Final Exam by 11:59pm
Work Hours Log		Must Complete	UP3	Wednesday Prior to the Clerkship Final Exam by 11:59pm
Surgery Clinic Log (minimum of 2 half-days or 1 full day of clinic per week required)		Must Complete	UPC 1, UPC 3	Wednesday Prior to the Clerkship Final Exam by 11:59pm
Foundational/Translational Science Presentation		Must Complete	UKP 2	Wednesday Prior to the Clerkship Final Exam by 11:59pm
Procedural Skills Check (Task Trainer Simulations) <ul style="list-style-type: none"> <li>• Sterile Technique</li> <li>• Bag Mask Ventilation</li> <li>• Foley Catheter Placement</li> <li>• Suturing</li> </ul>		Must Complete	EPA 12	1 <sup>st</sup> Day of Clerkship
Professionalism <ol style="list-style-type: none"> <li>1. Watch Mistreatment Videos (1 pt)</li> <li>2. Attend Feedback Talk (1 pt)</li> <li>3. Transitions of Care Project (2 pt)</li> <li>4. Completion and uploading of “Engagement” Card (2 pt)</li> </ol>	7%	Must Complete	UP3	<ol style="list-style-type: none"> <li>1. 1<sup>st</sup> day of orientation</li> <li>2. 1<sup>st</sup> day of orientation</li> <li>3. Friday at 5PM at the end of Week 7</li> <li>4. Wednesday Prior to the Clerkship Final Exam by 11:59pm</li> </ol>

5. Completion & Uploading of NBME Self-Assessment (1 pt)				5. Wednesday Prior to the Clerkship Final Exam by 11:59pm
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\*Assessments including narrative components; additionally, the MSPE paragraphs are narrative summaries of student performance in the clerkship.

Students who fail to turn in all Must Complete items by the assigned due date of the Clerkship:

- The first late assignment across the Phase 3 Curriculum, will result in a warning. Students will be expected to submit an explanation for the late work, in writing, to the Clerkship Director and Coordinator.
- Any late assignments from any subsequent Clerkship(s) will result in a deduction of 0.1 from the final Clerkship(s) grade. Students will be expected to submit a written explanation for these occurrences, as well.
- Final grades will not be released until all assignments have been submitted.

### Grading System

Each score from the table above is converted to a score between 0-4, where 1.7 represents the minimum passing score and 4.0 is the maximum score. The final overall numerical course score is the weighted average of each score from the table above. Final overall course scores are rounded to one decimal point using standard rounding (e.g. 3.49 = 3.5).

Students will receive final letter grades of HONORS (H), HIGH PASS (HP), PASS (P), or FAIL (F).

**HONORS:** A student who earns a final numerical course score of 3.3 or greater, passes each of the Must Pass elements on the clerkship on the first attempt, and completes all of the Must Complete elements will earn a grade of HONORS for the course.

**HIGH PASS:** A student who earns a final numerical course score of 3.2, passes each of the Must Pass elements on the clerkship on the first attempt, and completes all of the Must Complete elements will be assigned a grade of HIGH PASS for the course.

**PASS:** A student who earns a final numerical course score of 1.7 or greater, passes each of the Must Pass elements, and completes all of the Must Complete elements will be assigned a grade of PASS for the course.

**FAIL:** A student who earns a final numerical course score of less than 1.7 and/or fails one or more Must Pass elements of the clerkship and/or fails to complete all of the Must Complete elements will be assigned a grade of FAIL for the course.

### Preceptor Evaluations

All Phase 3 Clerkships employ a common preceptor evaluation form that instructs evaluators to select performance-based behaviors along multiple dimensions that best represent the student's highest sustained performance during the preceptor's period of observation. The preceptor evaluations are must pass elements of the clerkship. The passing student must achieve an overall score of 1.7 for the preceptor evaluations. A student who does not achieve a passing score for the preceptor evaluation component will receive a grade of FAIL for the course.

### NBME Clinical Science Subject Exam

The NBME Clinical Science Subject Exam is a must pass element of the Surgery Clerkship. The student must score at or above 60 Equated Percent Correct Score to pass this exam.

A student who fails to achieve a passing score on the NBME Clinical Science Subject Exam on the first attempt and subsequently successfully passes the assessment on an allowed second attempt will receive a score of 1.7 for the assessment regardless of the retake score and will not be eligible for course grades of HONORS or HIGH PASS.

Automatic action (e.g. referral to promotions, academic probation, allowed second attempt) for a student who does not achieve a passing score on the first attempt of the NBME Clinical Science Subject Exam will be determined based on the **Standard Practice for Failed NBME Clinical Science Subject Exams outlined in the Clinical Curriculum Standard Procedures**. Any student not achieving a passing score on an allowed second attempt of the NBME Clinical Science Subject Exam will be assigned a grade of FAIL for both the assessment and the course.

### Mid-Course Formative Feedback

All Phase 3 Clerkships employ a common mid-course formative feedback form that includes both a student self-assessment and faculty/resident assessment of student section. This self-assessment and feedback is intended to be formative in nature

and will not be used in the calculation of Preceptor Evaluation data for final grade determination. Students will be instructed on the process of self-assessment and formative feedback and will be responsible for timely completion and submission of the data to the Clerkship Director according to individual clerkship specified process for selection of preceptors and occurrence frequency. Students with formative feedback suggesting need for remediation should contact the Clerkship Director to develop a learning plan.

## Student Feedback

Providing feedback is an important aspect of our professionalism expectations, and helps with curriculum quality improvement. For each clinical course in Phases 3-4 you must complete an end-of-course survey and individual surveys of clinical faculty and residents by the due date to demonstrate reliability for the professionalism competency. Required surveys are administered online through Qualtrics and student responses are anonymous. Please refer to the resource section of the course canvas page for student feedback survey due dates.

## Standard Practices

Please refer to the Clinical Curriculum Procedures and Practices for the following:

- Phase 3 Developmental Benchmarks for Priority EPAs**
- Phase 3 Clerkship Formative Feedback Form**
- Phase 3 Clerkship Global Rating Form (Preceptor Evaluation)**
- Phase 3 Academic History and Academic Progress Section Standards for MSPE Reporting**
- Phase 3 Clerkship or Clerkship Component Failure**
- Phase 3 Clerkship Attendance Expectations**
- Medical Student Clinical and Educational Work (formerly Duty Hours)**
- Medical Student Clinical Documentation**
- Medical Student Call Rooms**
- Medical Student Mobile Communication**
- Students as Interpreters**

## Standard Policies

Please refer to the Student Handbook (on the Student Affairs website) for these policies:

- Accommodations**
- Addressing Sexual Misconduct**
- Dress Code**
- Examination and Grading Policies**
- Grade or Score Appeal**
- Professionalism, Roles & Responsibilities**
- Mistreatment**
- Infectious, Environmental and Bloodborne Pathogen Exposures Policy**

## Alternate Name and/or Personal Pronoun

Class rosters are provided to the instructor with the student's legal name as well as 'Preferred' first name (if previously entered by you in the Student Profile section of your CIS account). While CIS refers to this as merely a preference, we will honor you by referring to you with the name and pronoun that feels best for you in class, on papers, exams, group projects, etc. Please advise us of any name or pronoun changes (and please update CIS) so we can help create a learning environment in which you, your name, and your pronoun will be respected.

## Center for Disability & Access

The School of Medicine seeks to provide equal access to its programs, services and activities for all medical students. The Center for Disability and Access (CDA) provides accommodations and support for the educational development of medical students with disabilities. Medical students with a documented disability, and students seeking to establish the existence of a disability, that would like to request accommodations are required to meet with the CDA to establish

accommodations. The CDA will work closely with eligible students and the Academic Success Program to make arrangements for approved accommodations. The School of Medicine and CDA maintain a collegial, cooperative, and collaborative relationship to ensure compliance with federal and state regulations for students with disabilities.

Steven Baumann EdD, School of Medicine Senior Director of Academic Success Program, serves as the liaison between the School Of Medicine and the CDA.

Contact Information:

Dr. Steven Baumann, Senior Director of Academic Success Program

## Safety Statement

The University of Utah values the safety of all campus community members. To report suspicious activity or to request a courtesy escort, call campus police at 801-585-COPS (801-585-2677). You will receive important emergency alerts and safety messages regarding campus safety via text message. For more information regarding safety and to view available training resources, including helpful videos, visit [safeu.utah.edu](https://safeu.utah.edu).

## Appendix A: Detailed Phase 3 Developmental Benchmarks for Course Goals Aligned to EPAs

### EPA 1a: Patient Interviewing

End of Clerkship Benchmark: For ambulatory and hospitalized patients presenting with new and follow-up core chief complaints/diagnoses relevant to the clerkship course, the student will be able to:

- Demonstrate patient-centered interview skills of active listening, attention to patient verbal and nonverbal cues, consideration of patient and family culture, social determinants of health, and the need for interpretive or adaptive services.
- Use an organized and hypothesis driven approach to obtain a relevant history that elicits and clarifies the cardinal elements of the chief complaint and accompanying symptoms
- Identify and use alternate sources of information including from family members, primary care physicians, living facilities, and pharmacies.

### EPA 1b: Physical Examination

End of Clerkship Benchmark: For ambulatory and hospitalized patients presenting with new and follow-up core chief complaints/diagnoses relevant to the clerkship course, the student will be able to:

- Demonstrate patient-centered examination techniques on (i.e. respect for patient privacy, comfort and safety, explaining physical exam maneuvers, telling the patient what the physician is doing at each step, keeping patients covered during the examination).
- Use an organized and hypothesis driven approach to correctly perform an appropriately focused physical examination
- Distinguish and correctly describe in oral presentations and clinical documentation normal and abnormal physical exam findings.

### EPA 2: Clinical Reasoning

End of Clerkship Benchmark: For ambulatory and hospitalized patients presenting with new and follow-up core chief complaints/diagnoses relevant to the clerkship course students will be able to:

- Synthesize essential information from previous records, history, physical exam, diagnostic evaluations, the scientific foundations of medicine, and basic principles of uncertainty to generate and adapt a prioritized differential diagnosis and basic treatment plan in a timely manner that supports the clinical work of the patient care team.
- Engage with team members and supervising residents and faculty to refine the working diagnosis and develop a management plan.
- Effectively articulate and document clinical reasoning.

### EPA 3: Clinical Testing

End of Clerkship Benchmark: Students will be able to describe the components, performance, statistical features (ie pre- and post- test probability), and clinical relevance of core clinical tests and imaging relevant to the clerkship course. For ambulatory and hospitalized patients presenting for routine health maintenance or with new or follow-up core chief complaints/diseases relevant to the clerkships students should:

- Provide a written and oral rationale for the decision to recommend core tests or imaging that includes the evidence-base, cost-effectiveness, patient preferences, and supporting clinical reasoning.
- Use acceptable references and seek appropriate assistance to identify normal results, relate specific clinical test abnormalities to core chief complaints/diseases, and recognize urgent abnormalities.

#### EPA 5: Clinical Documentation

End of Clerkship Benchmark: Students will be able to filter, organize, and prioritize information obtained from multiple sources about ambulatory and hospitalized patients with new and follow-up core chief complaints/diagnoses relevant to the clerkship to synthesize and document a narrative that is compliant with requirements and regulations, timely, legible, includes correct medical terminology, accurately reflects the encounter, and includes patient preferences, a problem list, prioritized differential diagnosis, and initial plan with supporting clinical reasoning.

#### EPA 6: Presentation

End of Clerkship Benchmark: Students will be able to use correct medical terminology to accurately and efficiently deliver a concise and well-organized oral presentation of clinical encounters with ambulatory and hospitalized patients presenting with new and follow up core chief complaints/diseases relevant to the clerkship. The presentation should include a problem list, prioritized differential diagnosis, and plan with rationale that integrates personally gathered or verified information and acknowledge areas of uncertainty. Students will adapt the content, structure, and style of the oral presentation according to the clerkship and patient setting.

#### EPA 9: Inter-professional Teamwork

End of Clerkship Benchmark: Students will understand and appreciate the roles, responsibilities, and contributions of the members of the inter-professional team specific to the clerkship clinical settings. In integrating into the patient care team, students should demonstrate respect for all team members, interpret and respond appropriately to verbal and non-verbal communication, and respond appropriately to authority.

## Appendix B: Core Chief Complaints, Core Diagnoses & Clinical Encounters

Condition	Population	Level of Responsibility	Setting	FM	IM	NEURO	OB/GYN	PEDS	PSYCH	SURG
Abdominal Pain (Acute)	Adult	DPC	Inpatient, Outpatient	X	X		X		X	X
Abdominal Pain (Acute)	Child	DPC	Inpatient, Outpatient					X		X
Abdominal Pain (Chronic)	Adult	DPC	Inpatient, Outpatient	X	X				X	X
Abdominal Pain (Chronic)	Child	TMPC	Inpatient, Outpatient					X		X
Abnormal Labor	Pregnant	DPC	Inpatient				X			
Abnormal Uterine Bleeding	Any	DPC	Inpatient, Outpatient				X			
Abuse, Neglect, Intimate Partner Violence	Any	DPC	Inpatient, Outpatient	X	X		X	X	X	
Acute Kidney Injury	Any	DPC	Inpatient, Outpatient		X		X	X	X	X
Acute Vision Loss	Any	DPC	Inpatient, Outpatient			X				
Anemia	Adult	DPC	Inpatient, Outpatient	X	X		X		X	X
Anemia	Child	DPC	Inpatient, Outpatient	X				X		X
Arrhythmia	Adult	DPC	Inpatient, Outpatient		X					
Asthma	Any	DPC	Inpatient, Outpatient		X			X		
Back Pain	Adult	DPC	Inpatient, Outpatient	X	X	X				
Bag Mask Vent	Any	Simulation	Alternative							X
Behavior Problem (ADHD, anxiety, aggression)	Any	DPC	Inpatient, Outpatient	X		X		X	X	
Bipolar and Related Disorders	Any	DPC	Inpatient, Outpatient						X	
Breast Complaint	Any	DPC	Inpatient, Outpatient				X			X
Cancer Screening	Adult	DPC	Outpatient	X	X		X			X



Capacity and Competency Evaluation	Any	DPC	Inpatient, Outpatient		X				X	X
Cesarean Section	Pregnant	DPC	Inpatient				X			
Chest Pain	Adult	DPC	Inpatient, Outpatient	X	X		X		X	X
Chronic Pain	Adult	DPC	Inpatient, Outpatient	X	X	X			X	
Chronic Renal Disease	Any	DPC	Inpatient, Outpatient	X	X					
Cognitive Impairment (encephalopathy, amnesia, dementia, developmental disability)	Adult	DPC	Inpatient, Outpatient		X	X			X	X
Cognitive Impairment (encephalopathy, amnesia, dementia, developmental disability)	Child	DPC	Inpatient, Outpatient					X		
Complication of Pregnancy	Pregnant	DPC	Inpatient, Outpatient			X	X			
COPD	Adult	DPC	Inpatient, Outpatient	X	X					
Coronary Artery Disease	Adult	DPC	Inpatient, Outpatient	X	X					X
Cough	Adult	DPC	Inpatient, Outpatient	X	X					
Depressive Disorders	Any	DPC	Inpatient, Outpatient	X	X		X	X	X	
Diabetes	Any	DPC	Inpatient, Outpatient	X	X	X		X	X	
Diabetes	Pregnant	DPC	Inpatient, Outpatient				X			
Diet and Exercise Counseling	Any	DPC	Inpatient, Outpatient	X	X	X	X		X	X
Dizziness	Adult	DPC	Inpatient, Outpatient	X	X	X			X	
DVT/PE	Adult	DPC	Inpatient, Outpatient		X		X		X	X
DVT/PE	Pregnant	DPC	Inpatient, Outpatient				X			X
Dyslipidemia	Any	DPC	Inpatient, Outpatient	X	X	X				
Dyspnea	Adult	DPC	Inpatient, Outpatient	X	X		X			X
Dysuria	Any	DPC	Inpatient, Outpatient	X	X		X	X	X	
Early Pregnancy Failure	Pregnant	DPC	Inpatient, Outpatient				X			
ECG interpretation	Any	DPC	Inpatient, Outpatient	X	X				X	
Edema	Adult	DPC	Inpatient, Outpatient	X	X		X		X	
Electrolyte Disturbance	Any	DPC	Inpatient, Outpatient		X	X		X		X
Failure to Thrive	Child	DPC	Inpatient, Outpatient			X		X		X
Family Planning	Any	DPC	Inpatient, Outpatient			X	X			
Fatigue	Adult	DPC	Inpatient, Outpatient	X	X	X			X	
Fever	Adult	DPC	Inpatient, Outpatient	X	X	X			X	X
Fever	Child	DPC	Inpatient, Outpatient					X		X
Fever	Adult: Post-Op	DPC	Inpatient, Outpatient							X
Fever	Adult: Peri-Partum	DPC	Inpatient, Outpatient				X			
Fever	Infant	DPC	Inpatient, Outpatient					X		
Foley Cath Placement	Any	DPC	Inpatient				X			X
Follow up Care	Any	DPC	Outpatient	X	X		X	X	X	X
GI Bleed	Adult	DPC	Inpatient, Outpatient		X					X
GU Infection	Any	DPC	Inpatient, Outpatient	X	X		X			
Health Promotion and Disease Prevention	Adult	DPC	Outpatient	X	X		X		X	

Health Promotion and Disease Prevention	Adolescent	DPC	Outpatient				X	X		
Health Promotion and Disease Prevention	Child	DPC	Outpatient	X				X		
Health Promotion and Disease Prevention	Infant	DPC	Outpatient					X		
Heart Failure	Adult	DPC	Inpatient, Outpatient	X	X					
HEEADSSS Exam	Adolescent	DPC	Inpatient, Outpatient					X		
Hernia	Adult	DPC	Inpatient, Outpatient							X
High Risk Pregnancy	Pregnant	DPC	Inpatient, Outpatient				X		X	
Hypertension	Adult	DPC	Inpatient, Outpatient	X	X	X			X	
Hypertension	Pregnant	DPC	Inpatient, Outpatient				X			
Immunocompromised Host	Adult	TMPC	Inpatient, Outpatient		X					X
Incontinence	Adult	DPC	Inpatient, Outpatient		X		X			
IV Fluid Management	Adult: Post-Op	DPC	Inpatient				X			X
IV Fluid Management	Child	DPC	Inpatient					X		X
Jaundice/ Hepatobiliary Disease	Adult	DPC	Inpatient, Outpatient		X					X
Jaundice/ Hepatobiliary Disease	Infant	DPC	Inpatient, Outpatient					X		
Liver Disease	Adult	DPC	Inpatient, Outpatient		X		X		X	
Longitudinal Cancer	Any	DPC	Inpatient, Outpatient		X					X
Lower GI Symptoms (Diverticulitis, colon cancer, large bowel obstruction, volvulus (sigmoid or cecal), appendicitis, Meckles diverticulum, rectal abscess)	Adult	DPC	Inpatient, Outpatient		X					X
Lower Respiratory Symptoms	Child	DPC	Inpatient, Outpatient					X		
Lumbar Puncture	Any	TMPC	Inpatient, Outpatient			X				
Male Urinary Symptoms	Any	DPC	Inpatient, Outpatient	X	X					
Menopause	Adult	DPC	Inpatient, Outpatient				X			
Motor Disturbance (stroke, abnormal movements, dysarthria, gait impairment, incontinence, weakness)	Adult	DPC	Inpatient, Outpatient		X	X			X	
Motor Disturbance (stroke, abnormal movements, dysarthria, gait impairment, incontinence, weakness)	Child	TMPC	Inpatient, Outpatient			X		X		
Murmur	Any	DPC	Inpatient, Outpatient		X			X		
Neurodevelopmental Disorders	Child	DPC	Inpatient, Outpatient			X		X	X	
Normal Labor	Pregnant	DPC	Inpatient				X			
Normal Pregnancy	Pregnant	DPC	Inpatient, Outpatient				X		X	
Obtain cervical swab/Pap	Any	DPC	Outpatient				X			
Osteoarthritis	Adult	DPC	Inpatient, Outpatient	X	X					

Osteoporosis	Adult	DPC	Inpatient, Outpatient	X	X		X			
Pain Syndromes (back pain, facial pain, headache, neuropathic pain)	Adult	DPC	Inpatient, Outpatient	X	X	X	X		X	
Pain Syndromes (back pain, facial pain, headache, neuropathic pain)	Child	DPC	Inpatient, Outpatient					X		
Pelvic Pain	Any	DPC	Inpatient, Outpatient				X			
Pelvic/Speculum Exam	Any	DPC	Inpatient, Outpatient	X			X			
Personality Disorders	Adult	DPC	Inpatient, Outpatient						X	
Pneumonia	Any	DPC	Inpatient, Outpatient	X	X					
Pre-Operative Assessment	Any	DPC	Inpatient, Outpatient		X		X		X	X
Rash	Adult	DPC	Inpatient, Outpatient	X	X		X		X	
Rash	Child	DPC	Inpatient, Outpatient					X		
Safety and Risk Assessment (SI/HI)	Any	DPC	Inpatient, Outpatient				X		X	
Schizophrenia Spectrum and other Psychotic Disorders	Adolescent	DPC	Inpatient, Outpatient						X	
Schizophrenia Spectrum and other Psychotic Disorders	Adult	DPC	Inpatient, Outpatient						X	
Sensory Dysfunction (neuropathy, plexopathy, radiculopathy)	Any	DPC	Inpatient, Outpatient		X	X			X	
Sepsis	Adult	DPC	Inpatient		X	X	X	X		X
Shock	Adult	DPC	Inpatient				X	X		X
Skin Neoplasm	Adult	DPC	Inpatient, Outpatient							X
Sleep Disorders	Any	DPC	Inpatient, Outpatient	X	X	X			X	
Smoking Cessation	Any	DPC	Inpatient, Outpatient	X	X	X	X		X	X
Somatic Symptom and Related Disorders	Any	DPC	Inpatient, Outpatient			X			X	
Sprain/Strain	Any	DPC	Outpatient	X	X			X		
Sterile Technique	Any	TMPC	Inpatient				X			X
Substance Use Disorders	Adolescent	DPC	Inpatient, Outpatient	X	X	X	X	X	X	
Substance Use Disorders	Adult	DPC	Inpatient, Outpatient	X	X	X	X	X	X	
Suturing	Any	Simulation	Alternative	X			X			X
Thyroid Disease	Any	DPC	Inpatient, Outpatient	X	X	X	X		X	
Transient Neurologic Event (TIA, seizure, abnormal movements, dizziness, migraine aura, sleep disorders, syncope)	Adult	DPC	Inpatient, Outpatient			X			X	
Transient Neurologic Event (TIA, seizure, abnormal movements, dizziness, migraine aura, sleep disorders, syncope)	Child	TMPC	Inpatient, Outpatient					X		
Trauma	Any	DPC	Inpatient, Outpatient			X		X	X	X

Trauma and Stressor-Related Disorders	Any	DPC	Inpatient, Outpatient			X			X	
Upper GI Symptoms (PUD, SBO, GI bleed, Bariatric, esophageal cancer, esophageal perforation)	Adult	DPC	Inpatient, Outpatient		X					X
Upper Respiratory Symptoms	Any	DPC	Inpatient, Outpatient	X	X			X		
Vaginal Delivery	Pregnant	DPC	Inpatient				X			
Vascular Condition (dialysis access, PAD, AAA, mesenteric ischemia, stroke)	Adult	DPC	Inpatient, Outpatient		X	X				X
Vomiting/Diarrhea	Child	DPC	Inpatient, Outpatient					X		X