TTUHSC EL PASO

Texas Tech University Health Sciences Center El Paso

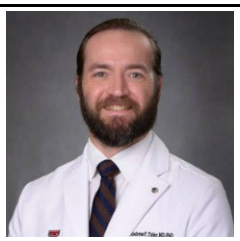
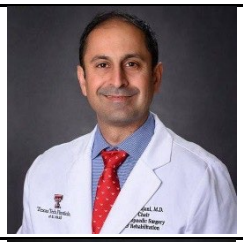
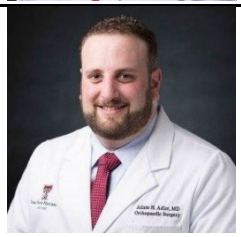
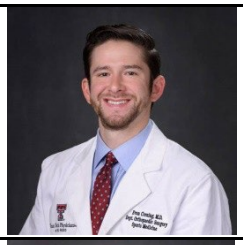
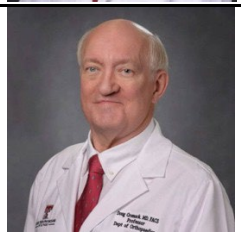
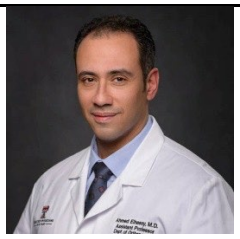
ORTHOPAEDIC SURGERY AND REHABILITATION

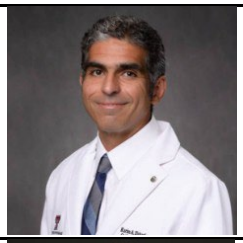
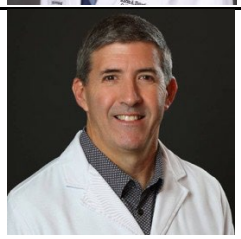
FOSTER SCHOOL OF MEDICINE

ORTHOPAEDIC SURGERY SUB-INTERNSHIP SYLLABUS

2026 - 2027 Paul L. Foster School of Medicine Academic Calendar

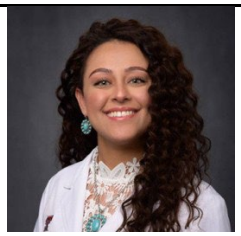
Faculty:

	**Andrew Tyler, MD, PhD** Medical Student and Subinternship Clerkship Director Orthopaedic Trauma, Hip/Knee Reconstruction andtyler@ttuhsc.edu Cell: 214-868-8765 (preferred) Office: 915-215-4877	Clinic: AM/PM Tuesday (Texas Tech) AM Wednesday (Transmountain) OR: Monday, Thursday (UMC), Friday (variable)
	**Rajiv Rajani, MD** Chair of the Department of Orthopaedics and Rehabilitation Orthopaedic Oncology RRajani@ttuhsc.edu Office: 915-215-4577	Clinic: PM Monday (Transmountain) AM/PM Wednesday (Texas Tech) OR: Tuesday, Thursday, Friday (UMC/EPCH)
	**Adam Adler, MD** TTUHSC Associate Residency Program Director Orthopaedic Trauma, Hip Reconstruction Adam.Adler@ttuhsc.edu Office: 915-215-4960	Clinic: AM/PM Thursday (Texas Tech) OR: Monday, Tuesday, Wednesday (UMC)
	**Evan Corning, MD** Orthopaedic Sports Medicine Evan.Corning@ttuhsc.edu Office: 915-215-6731	Clinic: AM/PM Wednesday (Texas Tech) AM/PM Friday (Transmountain) OR: Monday, Tuesday, Thursday
	**Douglas Cromack, MD** Hand and Upper Extremity dcromack@ttuhsc.edu Office: 915-215-5172	Clinic: AM/PM Tuesday (Texas Tech)
	**Ahmed Elhessy, MD** Hand and Upper Extremity aelhessy@ttuhsc.edu Office: 915-215-5347	Clinic: AM Monday (Texas Tech) AM/PM Thursday (Transmountain)

	**Karim Elsharkawy, MD** Adult Reconstruction Surgery kelshark@ttuhsc.edu Office: 915-215-4713	Clinic: AM Monday (Transmountain) AM/PM Tuesday (Texas Tech)
	**John Heflin, MD** Pediatric Orthopaedics johhefli@ttuhsc.edu Office: 915-215-8402	Clinic: Please contact the EPCH clinic
	**Lauren Stimson, MD** Orthopaedic Trauma lastimso@ttuhsc.edu Office: 915-215-8464	Clinic: AM/PM Monday (Texas Tech) OR: Variable (UMC)
	**Taylor Yong, MD** Director of Orthopaedic Research Orthopaedic Trauma Tayong@ttuhsc.edu Office: 915-215-4713	Clinic: AM/PM Monday (Texas Tech) OR: Tuesday, Friday (UMC)
	**Marcella Woiczik, MD** Pediatric Orthopaedics mwoiczik@ttuhsc.edu Office: 915-215-8402	Clinic: Please contact the EPCH clinic

Associated Faculty:

	**Josh Ekladios, DPM, MS, AACFAS** Podiatry jekladio@ttuhsc.edu Office: 915-215-8477	Clinic: PM Tuesday (Transmountain) PM Wednesday (Transmountain) AM Thursday (Texas Tech)

	**Rona Fagan, RN, BSN, MA, ONC** Rona.Fagan@ttuhsc.edu Office: 915-215-5412	N/A
	**Gil Moreu, DPM** Podiatry Gil.Moreu@ttuhsc.edu Office: 915-215-5423	Clinic: AM/PM Tuesday (Texas Tech) AM Wednesday (Texas Tech) AM Friday (Texas Tech)
	**Marina Tony, DPM, AACFAS** Podiatry Marina.Tony@ttuhsc.edu Office: 915-215-4729	Clinic: AM Tuesday (Texas Tech) PM Wednesday (Texas Tech)

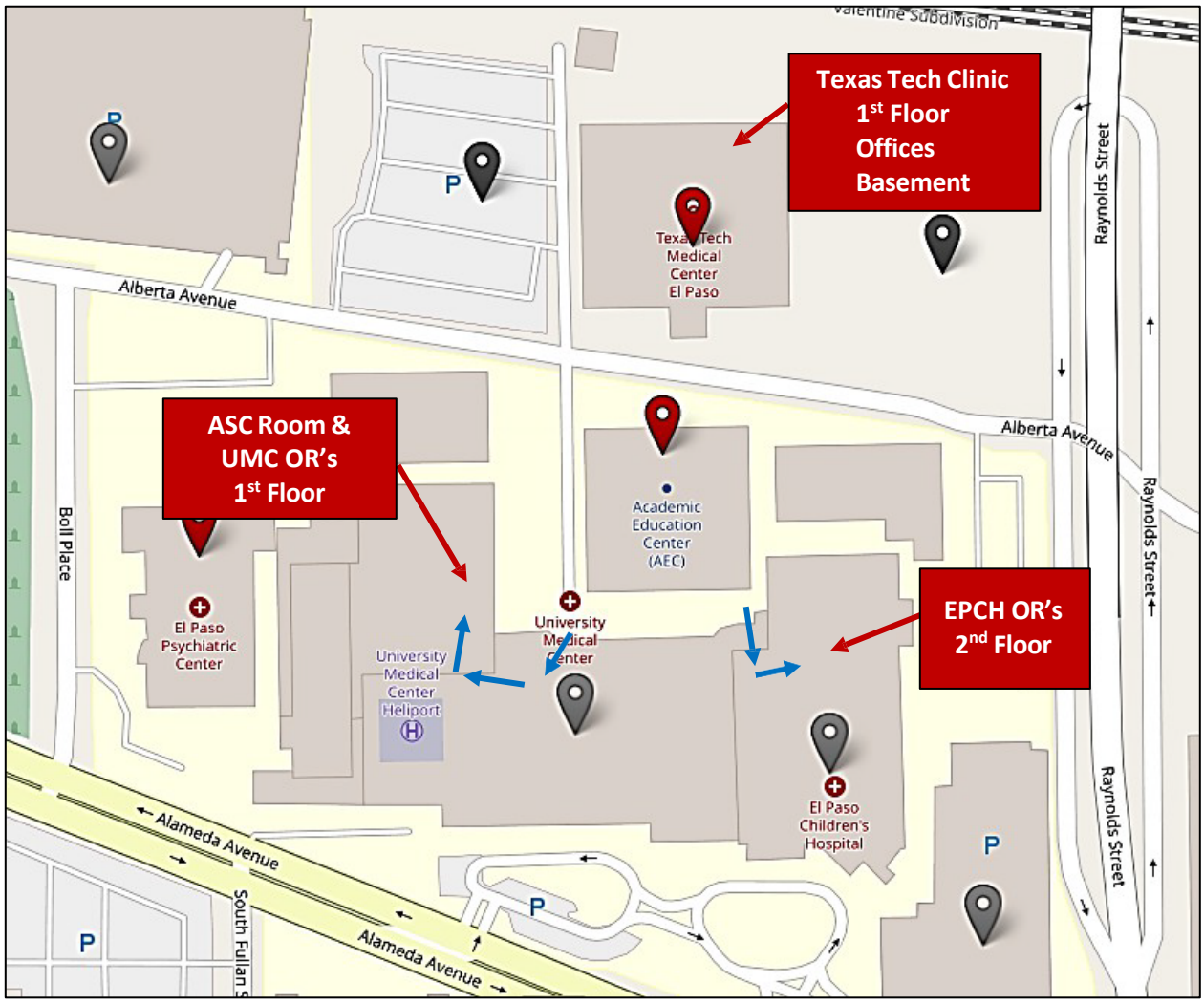
Program Coordinator:

Isamar Manning
Isamar.Manning@ttuhsc.edu
Office: 915-215-4319

Main Office:

Department of Orthopaedic Surgery & Rehabilitation
Basement, Texas Tech Physicians of El Paso Building
4801 Alberta Ave, El Paso, TX, 79905

Map:


Texas Tech Clinic
1st Floor
Offices
Basement
ASC Room &
UMC OR's
1st Floor
EPCH OR's
2nd Floor
Texas Tech
Medical
Center
El Paso
Alberta Avenue
Alberta Avenue
Boll Place
Academic
Education
Center
(AEC)
El Paso
Psychiatric
Center
University
Medical
Center
Heliport
University
Medical
Center
El Paso
Children's
Hospital
Alameda Avenue
Alameda Avenue
South Fulton
Raynolds Street
Raynolds Street
Raynolds Street
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Introduction:

Medical Education Program Goals and Objectives:

The objective of the Subinternship Clinical Rotation is for the student to gain knowledge in the fundamental and unique characteristics of orthopaedic and musculoskeletal care which encompasses multiple areas of medical aptitude including:

- Musculoskeletal examination
- Radiology interpretation
- Anatomy
- Surgical proficiency
- Infectious and oncologic pathology management
- Fundamentals of team-based care

Our goal is to provide the student with an opportunity to gain experience in the evaluation and treatment of general and subspecialty orthopaedic pathology. Patient care will occur in both the inpatient and outpatient setting as to further the student's understanding of longitudinal musculoskeletal treatment, regardless of his or her potential further career aspirations. Collaboration with additional medical services is encouraged and expect during the rotation. As such, the Subinternship would also be beneficial for students pursuing related fields such as Plastic Surgery, Emergency Medicine, Radiology, Vascular Surgery, and/or Family Medicine.

The UMC/EPCH Orthopaedic Surgery Subinternship will provide the student the opportunity to work with the Texas Tech University HSC of El Paso Orthopaedic and Rehabilitation faculty and associated faculty. MS4 students enrolled in the Subinternship will have the option to attend any of the various subspecialty clinics with any of the faculty during their rotation. In addition, they will serve as an integral member of the orthopaedic surgery trauma service by assisting with consultations, reductions, patient assessments, and surgical interventions.

Academic Success and Accessibility:

TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this course, and your program, please contact the Academic Success and Accessibility Office (ASAO), to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively, so students are encouraged to register with the ASAO as soon as possible. Please note: faculty are not allowed to provide classroom accommodations to a student until appropriate verification from ASOA has been provided to the school and disseminated to the appropriate faculty member(s).

For additional information, please visit the ASAO website:
https://elpaso.ttuhsc.edu/studentservices/office-of-academic-and-disability-support-services/default.aspx

Course Objectives:

in concordance with the PLFSOM Medical Education Program Goals and Objectives 2022
https://elpaso.ttuhsc.edu/som/catalog/_documents/PGOs_Approved_AY_2021-2022_-_FINAL_brochure.PDF

Students rotating within the PLFSOM Orthopaedic Subinternship will be educated in and assessed on their ability to:

Patient Care (PC):

Demonstrate proficiency in coordinating a comprehensive and longitudinal treatment plan by obtaining and interpreting a musculoskeletal history and physical examination.	1.1, 1.2, 1.3, 1.4
Demonstrate the ability to obtain appropriate imaging studies and interpret their findings based upon the patient's symptoms and/or injury.	1.2
Prioritize tasks for daily patient care to utilize time efficiently.	1.3,1.4
Utilize patient examination and evaluation of physical exam findings, imaging, and laboratory studies to form a thorough list of differential diagnoses.	1.1, 1.2, 1.3
Recognize life and limb threatening conditions and prioritize injuries requiring immediate attention.	1.3, 1.4, 1.5
Increase surgical and bedside clinical procedural aptitude through advancement of the mechanical skills required in orthopaedics.	1.8
Demonstrate understanding of fragility fracture prevention and understand optimal osteoporosis screening and treatment, including nutritional supplementation.	1.7
Participate in the consent process and be able to engage patients in discussions on treatment using shared decision-making.	1.6

Knowledge for Practice (KP):

Demonstrate the ability to describe bone and fracture physiology and how it varies with different medical conditions, including nutritional deficiencies.	2.1
Understand the differences in bone formation, biomechanics, and treatment of patients in infancy to advanced age.	2.1
Utilize research and evidence-based principles to diagnose and treat various musculoskeletal ailments.	2.2, 2.3
Present orthopaedic patients to other medical professionals in a clear, concise, and effective manner.	2.1, 2.2, 2.3
Recognize and provide evidence-based treatment for orthopaedic conditions which may be inherited and/or the result of environmental factors.	2.3, 2.4, 2.5
Demonstrate understanding of effective care of underserved populations and how treatment strategies may be optimized to improve functional outcomes in these groups.	2.4, 2.5
Identify risk factors and prevention strategies for orthopaedic patients which may increase the possibility of complications (i.e. diabetes, smoking, osteoporosis, etc.)	2.4
Appropriately interpret scientific literature as it applies to educating medical personnel and the public.	2.6

Practice-Based Learning & Improvement (PBL):

Demonstrate improvement in knowledge of orthopaedic principles through individual learning from orthopaedic texts and scientific studies.	3.1, 3.4
Participate in and understand the importance of quality improvement projects within the orthopaedic department.	3.2
Internalize student feedback and demonstrate self-reflection resulting in specific changes in conduct and practice.	3.3
Incorporate habits of life-long learning and scientific curiosity into medical practice to perpetually improve patient care.	3.1, 3.4, 3.5
Educate family members and patients on multiple orthopaedic injuries including their symptoms, treatments, and outcomes.	3.4, 3.5, 3.6
Treat patients with individualized care and utilize their information to learn about specific orthopaedic ailments.	3.4, 3.5
Create a presentation on an orthopaedic topic of interest and provide evidence-based education to the residents and faculty of the Orthopaedic Surgery Department.	3.4, 3.6

Interpersonal and Communication Skills (ICS):

Communicate appropriately and effectively with patients and families in a variety of healthcare settings.	4.1
Understand when and how to utilize interpretation services to effectively care for patients who speak different languages.	4.1, 4.3
Demonstrate communication with other medical colleagues in the clinical, operative, and inpatient settings to optimize patient care.	4.2
Use empathy and honesty to relay medical information to patients and families.	4.3

Complete all necessary documentation in a timely fashion while maintaining comprehensive and accurate notes for effective patient care.	4.4

Professionalism (PRO):

Exhibit honesty, integrity, respect, and compassion towards all patients, families, allied health professionals, and colleagues.	5.1, 5.6
Maintain appropriate attendance throughout the course without tardiness and with prompt notification when absences are expected.	5.3, 5.7
Complete all necessary requirements for documentation in a timely fashion.	5.3, 5.7
Maintain patient confidentiality and avoid scenarios in which health care information may become compromised.	5.2, 5.5
Recognize patient presentations and conditions which may prompt escalation or de-escalation of care as it pertains to functional capacity and potential for recovery.	5.4
Demonstrate understanding of the surgical consent process as it pertains to patient autonomy and capacity including scenarios when other individuals may and should provide consent on the patient's behalf.	5.2

Systems-Based Practice (SBP):

Demonstrate understanding of the health care system in which orthopaedics provides patients with functional recovery and how that treatment affects community health.	6.1

Appropriately identify the resources patients have access to in the community to assist with their orthopaedic recovery.	6.2
Describe the importance of orthopaedic treatment as a facilitator to provide patients with the ability to perform activities of daily living, return to sport, and/or return to work.	6.2
Incorporate considerations of costs along with the risks and benefits of different types of orthopaedic treatments in patient care.	6.3
Demonstrate proficiency at accessing a patient's chart with the medical record along with reviewing patient's medical imaging.	6.4
Recognize and describe the process for which patients are referred for orthopaedic care and when consultation/referral is appropriate.	6.3, 6.4

Interprofessional Collaboration (IPC):

Demonstrate the ability to work within a team-based environment effectively to provide patient centered care.	7.1, 7.2, 7.3
Understand the role of an orthopaedic specialist in the healthcare model as that of a consultant and advocate for the functional health of the patient.	7.2, 7.3
Understand the importance of and the roles of advanced practice providers, nursing, therapy, social work, and other medical teams in the care for orthopaedic patients.	7.1, 7.2
Communicate effectively with other services and members of the patient care team.	7.2, 7.3

Demonstrate the ability to maturely and appropriately respond to conflict when encountered in the clinical and professional setting.	7.2, 7.4

Personal and Professional Development (PPD):

Demonstrate appropriate time management techniques for both personal health and patient care needs.	8.2
Demonstrate appropriate and mature techniques to deal with high stress environments and situations.	8.3, 8.4
Demonstrate appropriate knowledge of one's own limitations and knowledge of one's own role within the patient care team.	8.1, 8.2
Demonstrate evidence of continuous learning and alterations in behavior based upon guided feedback.	8.1

Student Roles and Responsibilities:

Information regarding PLFSOM student professionalism, the Honor Code, and absence policy may be found in the PLFSOM Common Clerkship Policies at the following link:

PLFSOM Common Clerkship Policy (ttuhsc.edu)

Absences:

Subinterns are expected to notify the senior resident as well as the Clerkship Director as soon as possible in the event of an unplanned absence. Any absences greater than 3 consecutive days or total absences resulting in less than 21 days on the rotation must be discussed and cleared by the Clerkship Director.

Duty Hours:

Duty hours will be strictly adhered to in compliance with the "Duty Hours Policy" as outlined in the "Common Clerkship Policies." If there are concerns with adhering to this policy, the Subintern is highly encouraged to discuss this matter with the Clerkship Director or other faculty.

Over the course of the four-week rotation, Subinterns will complete three call shifts: **two overnight weeknight shifts** (6:30 PM – 6:30 AM, on a Monday, Tuesday, Wednesday,

Thursday, or Friday night) and **one 24-hour weekend shift** (6:30 AM – 6:30 AM the following morning, on either a Saturday or Sunday). The day immediately following any call shift is a **post-call day** — the Subintern will have the entire day off. As with the entire course, call is subject to student duty hour limitations consisting of a maximum of 16 hours in a shift for weeknight calls, a mandatory 10-hour break between shifts, and less than 80 hours within a given week. Up to 4 hours of additional time may be needed for activities related to patient safety, such as transitions of care.

Assisting with call provides excellent exposure to common orthopaedic problems and will allow an opportunity to assist the overnight residents with splint application, fracture reductions, obtaining a pertinent history, generalized and focused physical examinations, and the management of poly-traumatized patients. Subinterns should coordinate with other rotators to avoid having more than one student on call at a time. Selected call dates should be provided to the Clerkship Director and the service Chief Resident no later than the end of the first week of the rotation.

Professionalism:

Emphasis should be on patient examination and evaluation of clinical findings along with their relationship to musculoskeletal function and pathology. However, the Subinterns are considered part of the clinical team, and as such, are expected to assist the residents with patient care.

In the clinics, white coats are required. Scrubs and white coats may be acceptable at the discretion of the individual faculty member however this should be discussed prior to the clinic day. ID badges are to be worn at all times, including in the operating room.

The Subintern is expected to respect patient confidentiality at all times. Patient information should not be discussed outside of the professional setting.

Course Format and Requirements:

Course Format

The Subinternship is a four-week course in which the student serves as an integral member of the UMC Orthopaedic Trauma Surgery Service. Students will participate in all aspects of the service, including morning rounds, operating room cases, inpatient consultations, and outpatient clinic visits.

Each student will be assigned **one outpatient clinic day per week by the Clerkship Director**. Clinic assignments will be made based on the rotation schedule, learning objectives, and the student's stage of training. Clinic assignments will be communicated during the first week of the rotation.

There will be a maximum of 2 PLFSOM students on the Orthopaedic Surgery Subinternship at a time.

Deliverables

By the end of the rotation, each Subintern will submit the following:

- **At least one Consultation Note** — ideally two or more, as consult notes are among the most important skills practiced on this service.
- **At least one Progress Note (SOAP format)** — again, additional progress notes are strongly encouraged and will factor into evaluation.
- **At least one Post-Operative Note**
- **Completed Operative Log** (see below)
- **Four Senior Resident Evaluation Forms** — one from each weekly Op Log review session with a senior resident (PGY-4 or PGY-5)
- **End-of-Rotation Presentation** (10 minutes; see below)

End-of-Rotation Presentation

The Subintern will deliver a **10-minute presentation** on an orthopaedic topic of interest during the final week of the rotation.

The presentation should incorporate a case the student was involved in during the rotation. It should include a brief clinical summary, relevant anatomy or imaging, the treatment chosen, and any teaching points. Immediate formative feedback will be provided following the presentation.

Ongoing Feedback and Assessment

The Subinternship rotation includes structured opportunities for formative feedback at regular intervals. These check-ins serve both to assess progress and to guide learning for the remainder of the rotation.

Weekly Op Log Review

The student will meet **weekly** with a **senior resident (PGY-4 or PGY-5)** to review the Operative Log and Consultation Log. This review should take approximately 10 minutes and cover:

- Which cases and consultations the student has logged
- What the student understood and what remains unclear
- Any gaps in exposure (e.g., has not yet seen external fixation, no splinting experience)
- Opportunities to seek out particular cases or procedures in the coming week

The senior resident should use this as a teaching moment, not just a compliance check. The goal is to help the student connect what they saw in the OR or on consults to the underlying principles.

At the end of each weekly review, the senior resident will complete a Senior Resident Evaluation Form, which provides structured formative feedback on the

student's performance, preparation, and progress. The student should collect these four forms (one per weeks) to submit at the end of the rotation.

Mid-Rotation Feedback (End of Week 2)

At the end of week 2, the student will meet with the **Clerkship Director** for a structured mid-rotation check-in. This meeting should last approximately 15–20 minutes and should include:

- Review of the Operative and Consultation Logs to date
- Review of notes submitted so far (consult, progress, post-op)
- Discussion of what is going well and where improvement is needed
- Identification of specific goals for the second half of the rotation
- Confirmation of the presentation topic and timeline

This is a formative checkpoint. Students should come prepared with questions and should leave with a clear understanding of their performance trajectory.

End-of-Rotation Feedback

Following the final presentation, the student will meet with the **Clerkship Director** for a summative feedback session. This meeting should occur on the last day of the rotation and should cover:

- Overall performance on the rotation
- Strengths demonstrated and areas for continued development
- Review of deliverables (notes, logs, presentation)
- Guidance for residency preparation (if applicable)
- Confirmation of final grade

This session provides closure and ensures the student understands what they accomplished and what they should prioritize moving forward.

Operative Log

Case logs should be kept current and reviewed weekly by the senior resident or orthopaedic faculty. The purpose of the Op Log is to ensure students have adequate hands-on exposure across a range of orthopaedic procedures and clinical scenarios. Minimum case targets are listed below:

Surgical Procedures (as surgical assist): **20 cases minimum**
Inpatient Consultations: **10 consultations minimum**

Structured Learning Opportunities

In addition to clinical exposure, the Subinternship rotation includes deliberate learning activities designed to build conceptual understanding and clinical reasoning. These

activities are modeled on evidence-based adult learning principles: active engagement, effortful retrieval, and formative feedback.

Whiteboard Sessions — Joint Anatomy and Function

The Clerkship Director will conduct **whiteboard teaching sessions** focused on the anatomy, biomechanics, and clinical examination of major joints (shoulder, elbow, hip, knee, ankle). These sessions typically last 60–90 minutes and are scheduled during the rotation based on availability.

Students should prepare in advance by reviewing osseous landmarks, soft tissue structures, and structure-function relationships for the assigned joint. During the session, students will be asked to:

- Draw the joint from memory in multiple planes (coronal, sagittal, axial)
- Identify and label key anatomic structures
- Explain the biomechanical function of specific ligaments, tendons, or muscle groups
- Reason through clinical scenarios (e.g., what happens when structure X is disrupted?)

These sessions are not lectures. The goal is to challenge students to think deeply, articulate what they know and what they don't, and develop confidence through guided problem-solving. Mistakes are expected and are used as teaching moments.

Assigned Readings and Discussion

Students will be assigned readings throughout the rotation — typically journal articles, book chapters, or evidence-based review papers relevant to cases seen on the service. Readings will be distributed at least 48 hours in advance, and students are expected to come prepared to discuss:

- Key findings or clinical pearls from the reading
- How the reading applies to a specific patient or case
- Questions or points of confusion

These discussions may occur during whiteboard sessions, during clinic, or as brief 10-minute touchpoints between cases. The goal is to reinforce the habit of reading deliberately and connecting evidence to practice.

Entrustable Professional Activities (EPAs)

EPAs are specific clinical activities that a student should be able to perform independently (or nearly so) by the end of the rotation. At the start of the Subinternship, the student will identify **2–3 target EPAs** in consultation with the Clerkship Director. Examples might include:

- Perform and document a complete shoulder or knee examination

- Apply a sugar tong or posterior slab splint without supervision
- Present a new consult with assessment and plan to the attending
- Independently perform wound care and dressing changes
- Interpret common orthopaedic trauma radiographs (e.g., ankle fracture, distal radius fracture)

Progress toward these EPAs will be assessed during the mid-rotation and end-of-rotation feedback sessions. The emphasis is on *deliberate practice* — students should seek out opportunities to perform these activities repeatedly, with coaching and feedback, until they reach a level of independent competence.

General Schedule

The rotation begins at **6:30 a.m. on the Monday of the first week** and is completed at **the end of the day on the last Friday** of the rotation.

Daily Schedule

Monday – Friday, 0630: Morning Board Rounds and Conference

Location: Ortho Call Room, Ambulatory Surgery Unit, UMC

Students are expected to attend daily morning rounds. Following rounds, students will participate in OR cases, inpatient consultations, or outpatient clinic as assigned.

Wednesday Schedule

Wednesday, 0700 – 1200: Resident Academic Conference

Students should attend Resident Academics only when the conference is held on campus or at a teaching lab. If the conference is at William Beaumont Army Medical Center, students will **not** attend due to base access restrictions. In these cases, students will be assigned to clinic or OR for the morning.

The Clerkship Director or senior resident will notify students at the start of the rotation which Wednesday conferences are on-campus and which are at WBAMC. On other Wednesdays, students will be assigned to clinic or OR**. Students do not participate in resident sports or recreation time on Wednesday afternoons.**

Time TBD: Subinternship Didactics (1 hour)

A one-hour didactic session will be held at a time determined by the faculty leading the session. Students should bring their Operative Log to facilitate case-based discussion. The exact time will be communicated the week prior.

Time TBD: Whiteboard Sessions

On select days, the Clerkship Director will conduct whiteboard teaching sessions (see Structured Learning Opportunities).

PLEASE CHECK THE ORTHOPAEDIC MONTHLY CALENDAR. CONTACT DR. TYLER OR A RESIDENT FOR THE EXACT TIME AND LOCATION OF SPECIFIC CONFERENCES.

Grading/Assessment

Students will receive weekly evaluations from a senior resident (PG during each scheduled Operative Log Review session, using the Senior Resident Evaluation Form. They will have mid-rotation feedback with the Clerkship Director at the end of Week 2, at which time evaluations to date and completed deliverables will be reviewed.

Student clinical performance is based on the Clerkship Director's judgment as to whether the student honors, passes, or fails to meet expectations on each of 8 competencies described above, as stated by the PLFSOM discipline performance rubric. The final clinical performance assessment is conducted at the end of the rotation based on the student's level of performance at that point in time.

Possible final grades are Honors, Pass, Fail, and Incomplete. A student who fails Professionalism may receive a Pass or a Fail overall at the discretion of the Clerkship Director depending on the gravity of the professional lapse, regardless of the scores on all other items. Overall grade is based on the assessment in each of the 8 competencies:

- **Honors,** if all of the following are true:
    - Minimum of 4 of the 8 individual competencies rated as "Honors" on the Final Feedback evaluation.
    - No individual competency rated as "Needs Improvement" on the final assessment.
- **Pass,** if all of the following are true:
    - Minimum of 6 of the 8 individual competencies rated as "Honors" or "Pass" on the Final Feedback evaluation.
    - No more than 2 individual competencies rated as "Needs Improvement" on the Final Feedback assessment.
    - Professionalism concerns are, in the judgment of the Clerkship Director, not significant enough to warrant a Fail on the Final Feedback evaluation.
- **A failing clinical assessment** is assigned if any of the following are true:

- 3 or more individual competencies rated as “Needs Improvement” on the Final Feedback assessment.
- Professionalism concern deemed by the Clerkship Director significant enough to warrant a Fail on the Final Feedback evaluation.

- **An Incomplete grade** will be assigned to any student who has not completed required deliverables, or who has not fulfilled all clinical experience obligations, pending completion of the required work.

Core competencies, components, and source materials for grading are listed below. All competencies are graded as ***Honors***, ***Pass***, or ***Needs Improvement***.

Competency	***Components***	
Patient Care & Procedural Skills	• Performs appropriate history and physical examination on consult patients. • Demonstrates competency in basic orthopaedic procedures (splinting, casting, reduction techniques). • Documents findings accurately in required notes (consultation note, SOAP note, post-op note). • Contributes meaningfully to direct patient care and team workflow.	Evaluations Senior Resident Evaluation Forms Operative Log Deliverables
Knowledge for Practice	• Demonstrates foundational musculoskeletal anatomy knowledge appropriate to level (MS3 or MS4). • Prepares for assigned reading and applies knowledge to clinical cases and operative cases. • Demonstrates growth in fracture pattern recognition, classification, and management principles from Week 1 to Week 4. • Shows intellectual curiosity and initiative in learning.	Attending/Resident Clinical Evaluations Senior Resident Evaluation Forms Final Case Presentation
Interpersonal & Communication Skills	• Communicates effectively with patients and families, including across socioeconomic and language barriers. • Patient presentations to faculty and residents are organized, concise, and demonstrate clinical reasoning.	Attending/Resident Clinical Evaluations Senior Resident Evaluation Forms

Competency	Components	Source
	• Communicates proactively with team members regarding absences, questions, and patient updates.	
Practice-Based Learning & Improvement	• Completes all required deliverables by end of rotation: consultation note, SOAP note, post-op note, operative log, and final case presentation. • Actively participates in weekly operative log reviews with senior resident; engages substantively rather than passively. • Accepts feedback and demonstrates measurable incorporation of that feedback into subsequent performance.	Attending/Resident Clinical Evaluations Senior Resident Evaluation Forms Deliverables Final Case Presentation
System-Based Practice	• Effectively functions within the orthopaedic trauma system across inpatient rounding, operative, clinic, and consult settings. • Understands patient care transitions and follows assigned patients longitudinally. • Anticipates team needs and contributes without requiring explicit direction.	Attending/Resident Clinical Evaluations
Professionalism	• Attends rounds daily; notifies senior resident and clerkship director in advance of any absence. • Present at morning report (0630), Wednesday academic conference, and Thursday case conference. • Dress and grooming appropriate for clinical setting; ID badge worn at all times, including the OR. • Protects patient confidentiality; no photos, social media discussion, or public disclosure of patient information. • Operative log entries completed in a timely, accurate manner.	Attending/Resident Clinical Evaluations Clerkship Director Assessment Senior Resident Evaluation Forms Timely Operative Log Entries
Inter-professional Collaboration	• Works professionally with orthopaedic faculty, residents, OR staff, clinic nurses, and ancillary personnel.	Attending/Resident Clinical Evaluations

Competency	Components	Source
	• Functions as an active, contributing team member rather than a passive observer. • Supports team function by preparing supplies, following up on imaging or labs, and updating patients or families.	
Personal & Professional Development	• Establishes personal learning goals with Dr. Tyler in Week 1 and pursues them with intentionality throughout the rotation. • Takes ownership of learning; seeks help proactively and proposes solutions rather than waiting for direction. • Demonstrates growth across the rotation through honest self-reflection and sustained effort.	Attending/Resident Clinical Evaluations Clerkship Director Assessment

AI Statement:

TTUHSC EP may utilize institution-approved artificial intelligence (AI)-assisted tools to support teaching, learning, and grading processes. AI tools are used to enhance efficiency and consistency; however, they do not replace faculty expertise, professional judgment, or final decision-making authority. Examples of permitted AI-supported functions may include, but are not limited to: assignment completion support where explicitly allowed, verification of submission completeness, preliminary rubric-aligned feedback, similarity checks, scoring assistance, and workflow efficiency improvements. Faculty are responsible for reviewing and verifying AI-generated outputs prior to assigning grades or providing final feedback.

Student use of AI tools (including generative AI platforms) is governed by course-specific guidelines. In some assignments, AI use may be permitted; in others, it may be limited or prohibited. Students are responsible for understanding and adhering to these expectations. Any AI-generated or AI-assisted content must be appropriately disclosed and cited in accordance with course instructions to maintain academic integrity. Failure to follow course AI guidelines may constitute academic misconduct.

Students should be aware that AI-generated content may contain inaccuracies, incomplete information, or embedded bias. Students remain responsible for the accuracy, originality, and integrity of all submitted work.

Faculty retain full responsibility for final evaluation of student performance. Students may request clarification regarding grading processes or feedback and may appeal decisions through established institutional procedures.

Resources:

- Essential Orthopaedics, 2nd Edition (Free through TTUHSC)
  - https://elpaso-ttuhsc.libguides.com/c.php?g=941015&p=7117985
- Orthobullets.com (Free Online Resource)
- Netter's Concise Orthopaedic Anatomy, 2nd Edition
- Handbook of Fractures, 6th Edition