University of South Florida

Morsani College of Medicine Lehigh Valley Campus

SELECT IV (Course A & Course B) MDE8920

Syllabus **2022-2023**





COVID 19 COMPLIANCE STATEMENT

All students must be aware of and comply with university policies regarding Covid-19. They should also be aware of and comply with the policies at the clinical affiliates where their clinical training occurs. Failure to do so may result in disciplinary action.

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Course Catalog Description

The course is a continuation of your previous SELECT courses, with a focus on leadership and professional development, values-based, patient-centered care, and health systems and policy. This is a description of your Prologue, Epilogue, and Longitudinal Experiences. You will have opportunities to practice skills as part of your professional development.

| Course Director/Coor | dinator/Faculty contact informati | ion. |
|----------------------|--|---------------------------|
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Course Director's Welcome/ How To Be Successful

Dear USF SELECT Class:

Welcome to your fourth and final year of medical school!

This course is a continuation of your previous SELECT courses, with a focus on leadership and professional development; values-based, patient-centered care; and health systems and policy.

There will be a wide variety of learning activities offered throughout this course, both online and in person. You will have explicit opportunities to practice skills as a part of your professional development. In some cases, patients and patient families will be participants in our learning activities, as well as health care providers from a variety of disciplines. We encourage you to view these encounters, as well as your participation with your peers, as an opportunity to both practice and embody the highest standards of professionalism. These include the same respect for confidentiality and for safety expected of you in the clinical setting; please refer to your student handbook for specific guidelines and more information.

Timeliness and professionalism cannot be stressed enough and will contribute to your success in the course. This course will offer you the chance to continue working on your professional development, which is crucial to your overall success as a future physician. *Any student having academic or personal problems during the course is encouraged to contact the course director as soon as possible.* The course director will work with students as needed to deal with the academic implications of the situation on an individual basis. Please always feel free to contact any of the faculty members listed below with questions, concerns, or feedback. I look forward to continuing our journey of learning together. Sincerely,

Marna Rayl Greenberg, DO, MPH, CPE Professor, Morsani School of Medicine, University of South Florida

<u>Course OBJECTIVES MAPPED TO PROGRAM OBJECTIVES (PCRS) MAPPED TO ASSESSMENT METHODS</u>

| | | | MCOM Program |
|--------------------------|-------------------------|--------------------|--|
| MCOM Course | мсом | | Objectives: SELECT |
| Objectives | Program | Assessment | Numerical Definitions |
| | | | Long form definition of |
| | | | MCOM objectives |
| PATIENT CARE | | | PATIENT CARE |
| Demonstrate | | | |
| advanced | | | |
| communication skills | | | |
| in the following | | | |
| situations: breaking | | | |
| bad news, working | | | 1.12 Perform values-based |
| with difficult patients; | | Simulation, | patient centered comprehensive |
| end of life care; | | /written final | assessment, diagnosis and |
| shared decision | 3.4, 4.9, 5.1, | assessment/classro | patient management, utilizing shared decision making in care |
| making | 5.5 | om participation | of the patient |
| | | | |
| Apply knowledge and | | | |
| skills fundamental to | | | |
| health systems | | | |
| process change and | | | KNOWLEDGE FOR |
| engineering | 6.7, 6.8, 6.9 | | PRACTICE |
| Provide examples of | | | |
| the connections | | | |
| between healthcare | | | |
| policy, the legislative | | | 2.7: Examine national and |
| process and | 2.7, 6.7, 6.8, | | international Health systems, |
| healthcare regulation | 6.9 | | policy and finance |
| | | | |
| Self-assess gaps and | | | |
| areas of | | | DDACTICE DACED |
| improvement. Use this | 211 22 22 | | PRACTICE BASED |
| knowledge to set | 3.11, 3.2, 3.3, 8.12 | | LEARNING AND IMPROVEMENT |
| goals Demonstrate the | 0.12 | | IIVIFNOVEIVIEIVI |
| elements and skills of | | | |
| advanced social | | | |
| awareness and | | | 3.1: ID Strength, deficiencies & |
| relationship building | 8.9, 5.1 | | limits in one's knowledge and expertise |
| . c.acionomp banamb | 0.5, 5.1 | | 3.2: Set learning and |
| | | | improvement goals |

| D | | |
|---------------------------|-------------------|---|
| Demonstrate | | |
| knowledge of the | | |
| public health | | |
| infrastructure and the | | |
| ability to access | | |
| resources of the | | 3.3: ID and perform learning |
| Center for Disease | | activities that address one's |
| | 276760 | gaps in knowledge, skills |
| Control | 2.7, 6.7, 6.9 | and/or attitudes |
| | | 3.4: Systematically analyze practice using quality |
| | | improvement methods, and |
| | | implement changes with the |
| | | goal of practice improvement |
| Analyze guideline | | · |
| recommendations for | | 3.11: Demonstrate advanced |
| communication with | | competency in self-assessing |
| patient and family | | knowledge gaps and setting |
| members when | | improvement goals, then |
| breaking bad news | 4.9, 5.1 | perform activities to |
| | →. <i>ɔ, ɔ</i> .⊥ | accomplish these |
| Develop | | |
| communication skills, | | |
| integrating principles | | |
| from emotional | | 2.12 A 1 1 1/1 |
| intelligence, patient- | | 3.12: Analyze a health care environment or system and |
| centered care and | | recommend changes to improve |
| crucial conversations | 1.12, 7.5 | patient outcomes |
| Demonstrate | | |
| knowledge and skills | | |
| needed to care for | | |
| patients who are | | |
| members of | | |
| vulnerable | | |
| populations such as: | | |
| LGBTQ community; | | |
| the homeless or those | | |
| | | |
| with housing | | |
| insecurity, veterans, | | |
| victims of or at risk for | | |
| domestic violence. | | |
| Apply ethical concepts | | |
| to patient care | 1.12. 5.1 | |
| Apply foodback fram | | Internerse nel cod |
| Apply feedback from | 7.5.0.40 | Interpersonal and |
| coaching sessions | 7.5, 8.12 | communication skills |

| toward self- improvement goals | | |
|--|------------------------------|---|
| Provide examples which demonstrate an understanding of the factors related to the integration of scientific knowledge and technology into patient care | 3.4, 4.8, 6.8, 8.10, 8.11 | 4.8: Demonstrate advanced team leadership skills that enhance team functioning, the learning environment, and/or health care system 4.9: Communicate |
| Discuss the role of organized medicine and healthcare | 2.7, | effectively and sensitively with patients, adjusting language and style in order to incorporate their values, knowledge and culture |
| | | |
| | | PROFESSIONALISM |
| | | |
| | | 5.1: Demonstrate compassion, integrity and respect for others |
| | | |
| | | compassion, integrity and respect for others 5.2: Demonstrate responsiveness to patient needs that supersedes self interest 5.3: Demonstrate respect for patient privacy and |
| | | compassion, integrity and respect for others 5.2: Demonstrate responsiveness to patient needs that supersedes self interest 5.3: Demonstrate respect for patient privacy and autonomy 5.4: Demonstrate accountability to patients, society, and the |
| | | compassion, integrity and respect for others 5.2: Demonstrate responsiveness to patient needs that supersedes self interest 5.3: Demonstrate respect for patient privacy and autonomy 5.4: Demonstrate accountability to patients, society, and the profession 5.5: Demonstrate |
| | | compassion, integrity and respect for others 5.2: Demonstrate responsiveness to patient needs that supersedes self interest 5.3: Demonstrate respect for patient privacy and autonomy 5.4: Demonstrate accountability to patients, society, and the profession 5.5: Demonstrate sensitivity and responsiveness to a |
| | | compassion, integrity and respect for others 5.2: Demonstrate responsiveness to patient needs that supersedes self interest 5.3: Demonstrate respect for patient privacy and autonomy 5.4: Demonstrate accountability to patients, society, and the profession 5.5: Demonstrate sensitivity and |

| roligion disabilities and |
|--|
| religion, disabilities, and sexual orientation |
| |
| 5.6: Demonstrate |
| commitment to ethical |
| principles pertaining to |
| provision or withholding |
| of care, confidentiality, |
| informed consent, and |
| business practices, |
| including compliance with |
| relevant laws, policies and |
| regulations |
| 5.7: Demonstrate |
| advanced ability in all of |
| the above (Core |
| Professionalism |
| objectives) and the ability |
| to inspire and instruct |
| peers in these areas |
| peers in these areas |
| |
| |
| |
| |
| |
| |
| |
| SYSTEMS-BASED |
| PRACTICE |
| 6.7: Show advance ability |
| to incorporate knowledge |
| of health systems and |
| cost of care into medical |
| decisions |
| |
| 6.8: Strategize, practice |
| and advocate for quality |
| improvement in patient |
| care and health care |
| systems |
| 6.9: Integrate knowledge |
| of healthcare systems |
| into individual patient |
| care |

| | INTERPROFESSIONAL |
|----------|-----------------------------|
| | COLLABORATION |
| | 7.5: Demonstrate |
| | advanced team |
| | competencies in |
| | assessment and coaching |
| | in order to achieve a |
| | common patient- |
| | centered end |
| | |
| | PERSONAL AND |
| | PROFESSIONAL |
| | DEVELOPMENT |
| | 8.9: Demonstrate |
| | emotional intelligence by |
| | showing awareness of |
| | strengths, weaknesses |
| | and idiosyncrasies of self, |
| | team, and systems and |
| | then show the ability to |
| | modulate one's behavior |
| | to positively affect each |
| | of these |
| | 8.10: Describe the basic |
| | competencies necessary |
| | for effectiveness as a |
| | potential future physician |
| | and leader |
| | 8.11: Implement the |
| | professional and personal |
| | development process |
| | 8.12: Actively participate |
| | in one's own personal and |
| | professional development |
| | through individual and |
| | group coaching |
| <u> </u> | Progb coacimip |

Course Design and Schedules

As you may recall, the SELECT MD Program is guided by Human Systems Theory. Within the context of the SELECT curriculum design, Human Systems Theory is defined as a humanistic, psychosocial system of learning that guides students through five domains of leadership development in a progressive and purposeful manner. These five domains of leadership development include: Intrapersonal, Interpersonal, Group, Organizational, and Societal/Community. Students are exposed to each domain of leadership development throughout their SELECT studies (i.e. MS1-4). However, as shown in Figure 1, it is intended that specific domains of leadership development are emphasized within a given year. As illustrated in Figure 1, "X" indicates the MS year a domain of leadership development is

taught. "X" indicates the MS year a domain of leadership development is emphasized in the curriculum and more systematically assessed. As you can see from Figure 1, the fourth year will have a greater focus on group, organizational and societal applications in the areas of leadership, patient centered care and health systems.

Domains of Leadership Development Societal Χ Х X Org X X Group X Inter Χ Intra X Χ X MS1 MS2 MS3 MS4

Figure 1: Conceptual Framework for Student Progression

through SELECT Human Systems Framework

The longitudinal 4th year

SELECT curriculum will consist of a mixture of didactic and group learning sessions, online modules, reflective writings, professional development and application in two semesters (Course A & B). It will build upon and reinforce concepts from 3 prior years of SELECT curriculum. Total hours: 160.

Course A: Prologue 4: 80 hours

This is a two-week session at the beginning of the fourth year, beginning June 6th and concluding June 17th. It consists of large group content sessions, small group work. It serves as an introduction to Leadership Skills, Advanced Health Systems, and Values-Based Patient Centered Care.

Topics include:

- Emotional Intelligence
- Health Care Reform
- Finance
- Difficult Conversations
- Levels of Systems
- Branding
- Cycles of change
- Negotiation Skills

- Teamwork at the Bedside
- TeamStepps ®
- Hospice and Palliative Care
- Community Health and Special Population
- Shared Decision Making
- Burnout, Resilience, and Leadership Skills
- Teaching and Feedback
- Transitions

TeamSTEPPS® is an evidence-based teamwork system aimed at optimizing patient care by improving communication and teamwork skills among health care professionals. Sample schedule below:

| | | 2021 Prologue IV Student Schedule | | | | |
|------------|---------|-----------------------------------|--|----------------------------|-------------------------|--|
| | | Week One | | | | |
| Start Time | | Mon 6/7 | Tue 6/8 | Wed 6/9 | Thurs 6/10 | Fri 6/11 |
| 8:00 AM | 30 mins | 8a check-in Greenberg | 8a check-in O'Brien | 8a check-in Eygnor | 8a check-in Schroeder | 8a check-in Greenberg |
| 8:30 AM | 30 mins | Healthcare Reform | | | | |
| 9:00 AM | 30 mins | Panel 8:30-10:30 | | 8:00-12:00 VBPCC: | 8:15-9:45 Journey to | 8:30 Midterm Feedback |
| 9:30 AM | 30 mins | Dr. Brian Nester CEO | 8:00-12:00 HS: Public | Community | Leadership | Greenberg |
| 10:00 AM | 30 mins | and Guests | Health | Health/Social | Schroeder 9:45 Break | 9-1030 HS: Finance Marchozzi |
| 10:30 AM | 30 mins | 10:30-12:00 | Kistler and Guest MPHs | Determinants of Health | 10:00-12:00 | 10:45-12 Greenberg & |
| 11:00 AM | 30 mins | Select IV Orientation | | Eygnor | Negotiation Bean | Kane |
| 11:30 AM | 30 mins | Greenberg | | | | |
| 12:00 PM | 30 mins | | | Lunch 12-1:00 | | |
| 12:30 PM | 30 mins | | | Lunch 12-1:00 | | |
| 1:00 PM | 30 mins | | | | | |
| 1:30 PM | 30 mins | | | | 1:00-4:00 Crucial | 1:00-3:30 Leadership with Feeling: The Role |
| 2:00 PM | 30 mins | 1:00-5:00 Health | 4.00 F.00 T | | Conversations with | of Fear, Anger and |
| 2:30 PM | 30 mins | Systems Advocacy | 1:00-5:00pm Teaching and Feedback Smith | 1:00-5:00 Capstone Kane | MS3 Smith | Shame |
| 3:00 PM | 30 mins | Tirrell and O'Brien | and recuber siller | Nano | 4:00-5:00 Coaching | Schroeder |
| 3:30 PM | 30 mins | | | | groups | and to follow /Extra Photographer Time |
| 4:00 PM | 30 mins | | | | | otographor Tillo |
| 4:30 PM | 30 mins | 4:45 Check-out O'Brien | 4:45 Check-out Smith | 4:45 Check-out Kane | 4:45 Check-out in group | 3:30 Check-out Schroeder |
| | • | | | • | • | |

| | | | 2021 P | rologue IV Student Sci | hedule | |
|------------|---------|-----------------------------------|------------------------|-------------------------------------|------------------------------|---|
| | | | | Week Two | | |
| Start Time | | Mon 6/14 | Tues 6/15 | Wed 6/16 | Thurs 6/17 | Fri 6/18 |
| 8:00 AM | 30 mins | 8a Check-in Eygnor | 8:45 Check-in O'Brien | 8a Check-in Eygnor | 8a Check-in Schroeder | 8a Check-in Schroeder |
| 8:30 AM | 30 mins | | | | 8:15-11:00 | |
| 9:00 AM | 30 mins | | | | Leadership: Levels | |
| 9:30 AM | 30 mins | 8:00-12:00 | 9:00-11:00 Team Stepps | 8:00-12:00 | of Systems | 8:00-12:00 |
| 10:00 AM | 30 mins | VBPCC Special Populations | refresher | VBPCC: Hospice & Palliative Care | with Burke/ Schroeder | Leadership: Branding and Elevator Speech |
| 10:30 AM | 30 mins | Eygnor | Smith, Green, O'Brien | Eygnor | Sullocaci | Schroeder |
| 11:00 AM | 30 mins | | | | 11:00-12:00 Personal | |
| 11:30 AM | 30 mins | | | | Brand Development | |
| 12:00 PM | 30 mins | Lunch TBD | Lunch TBD | Lunch TBD | Lunch 12-1 | Lunch 12-1 |
| 12:30 PM | 30 mins | | | | Lunch 12-1 | Lunch 12-1 |
| 1:00 PM | 30 mins | VBPCC Shared | Team Stepps Sim | VBPCC Breaking | 4000000 | Evaluation/ |
| 1:30 PM | 30 mins | Decision Making Sim Experience | | Bad News Sim Experience | 1:00-2:00 Branding Sanson | Prologue Closing |
| 2:00 PM | 30 mins | | Shared Decision | | Carloon | 2:30-5:00 at DoE |
| 2:30 PM | 30 mins | DOCTORING IV | Making | Open Forum on | 2:00-5:00 L: | Mask Fitting and ERAS Pictures |
| 3:00 PM | 30 mins | Orientation Tampa Faculty | Kane | Capstone and Interviews | Professionalism and | ERAS FICUIES |
| 3:30 PM | 30 mins | rampa racaty | | Kane & Greenberg | Resilience with MS3 | |
| 4:00 PM | 30 mins | | | | | |
| 4:30 PM | 30 mins | | | | Check-out: groups | |
| | | Tampa coaches | Tampa coaches | Tampa coaches | Tampa coaches | AM Tampa Coaches |

11

Course B: Epilogue: 30 hours

This is a one-week conclusion to four years of SELECT. It consists of coaching groups, and small and large group learning sessions. Content covered is based on developing Leadership Skills, understanding Advanced Health Systems, and delivering Values-Based Patient Centered Care. Individual sessions are geared towards preparing students for the transition to residency and include learnings regarding legal issues, avoiding burnout and professionalism. The week also includes a day solely devoted to a simulation and written assessment.

2023 Epilogue *Tentative Schedule:

| Mon, 3/20 | Tues, 3/21 | Wed, 3/22 | Thurs, 3/23 | Fri, 3/24 |
|-----------------|--------------|-----------|-------------|-----------|
| *Capstone | *Written, | AM – PM | AM – PM | AM – PM |
| (Please see the | Simulation & | Sessions | Sessions | Sessions |
| Capstone | Oral | | | |
| Syllabus for | Assessment | | | |
| more | | | | |
| information) | | | | |

^{*}Please see the Capstone Syllabus for more information

Course Locations (address, room#, clinic phone #)

Course Coordinator: 1247 S Cedar Crest Blvd., Suite 202, Allentown, PA; 610-402-2554 Course Director: LVH-Muhlenberg, 5th Fl, Emergency Medicine Suite; 610-360-4849

Course Educational Sessions/Materials

Required readings and on-line materials will be assigned and distributed in Canvas.

Course B: Additional Online IHI Content: 20 Hours

Complete Online IHI Modules (20 Hours)

Students are responsible to complete the necessary modules to receive the IHI Open School Basic Certificate listed below. Students are responsible for uploading the final certificate of completion into Canvas. IHI online modules due on or before Monday, February 13, 2023. Please check your Canvas announcements for more detail.

Complete all 13 modules listed below:

Quality Improvement

QI 101: Introduction to Health Care Improvement

QI 102: How to Improve with the Model for Improvement

QI 103: Testing and Measuring Changes with PDSA Cycles

QI 104: Interpreting Data: Run Charts, Control Charts, and other Measurement Tools

QI 105: Leading Quality Improvement

Patient Safety

PS 101: Introduction to Patient Safety

PS 102: From Error to Harm

PS 103: Human Factors and Safety

PS 104: Teamwork and Communication in a Culture of Safety

PS 105: Responding to Adverse Events

<u>Leadership</u>

L 101: Introduction to Health Care Leadership

Person-Centered Care

PFC 101: Introduction to Person- and Patient-Centered Care

Triple Aim

TA 101: Introduction to the Triple Aim for Populations

The following modules are all **optional**, but could be a great addition to your résumé or CV:

QI 201: Planning for Spread: From Local Improvements to System-Wide Change

QI 202: Addressing Small Problems to Build Safer, More Reliable Systems

PS 201: Root Cause and Systems Analysis

PS 202: Achieving Total Systems Safety

PS 203: Pursuing Professional Accountability and a Just Culture

PFC 102: Key Dimensions of Patient-and Family-Centered Care

PFC 103: Incorporating Mindfulness into Clinical Practice

PFC 201: A Guide to Shadowing: Seeing Care through the Eyes of Patients and Families

PFC 202: Having the Conversation: Basic Skills for Conversations about End-of-Life Care

TA 102: Improving Health Equity

TA 103: Increasing Value and Reducing Waste at the Point of Care

Course B: Additional Reflective Writing Assignments: 12 Hours

Complete three assignments which will be posted in Canvas. Students are responsible for completing these assignments in Canvas by the due dates. Reflections due dates are tentatively scheduled for Nov. 1, Dec. 1, and Jan. 15. Please check your Canvas announcements for more detail. Deadlines are strictly enforced. Please refer to late completion of assignments section below.

Students will respond in an essay 1-2 pages in length in response to a prompt posted on Canvas. Prompts may include a reading assignment, case question, video to watch and respond to, i.e., describe a clinical experience in which having a diverse team helped your care of a patient, and then secondly, give an example in which lack of diversity in your team impaired the effectiveness of your team.

Written assignment expectations: Writing is of publication quality. Submission does not have track changes or unresolved comments in the document. There are no significant errors in grammar, tense or voice. The student followed the assignment instructions in these areas and regarding formatting.

Course A & B: Professional Development: 18 Hours

Participate in one-hour coaching sessions throughout the two semesters. Coaching sessions will take place once a month. Students are responsible for coordinating sessions with their coaches.

Student will work on Professional Development plan "experiments" in between 1:1 coaching sessions. *PDP experiments will be based around the Intentional Change model, with a focus on applying to residencies & interviewing*. PDP experiments will be discussed with their coach.

Course A & B Communication - Canvas and Email:

Please be sure to check both Canvas and your LVHN email regularly. Course materials will be posted on Canvas. In the event of a major announcement or change in meeting location, you will receive an email.

Grading Components

Quizzes, Online Assignments, Evaluations, OSSE exam

Participation Grade shall include but is not limited to:

 Unexcused absence, late attendance in the classroom or clinical activity, late or delinquent assigned curriculum assignments (self-learning assignments, PXDX, etc), late Absence Request Forms and Absence Report forms.

- The delay in any assignment, activity, or clerkship particular policy is left to the discretion of the Course Director.
- Each participation violation without the approval of the Course Director will be subject to a decrease in the Participation Grade.

Serial participation citations will be subject to a review in professionalism by the Course Director in consultation with the applicable Assistant Dean of Curriculum. For participation—unexcused (referring to both late students and no-shows): 1st participation infraction as defined in the syllabus—lose 5% of participation 2nd participation infraction as defined in the syllabus—lose 5% of participation 3rd participation infraction as defined in the syllabus—lose 5% of participation After 3 infractions, the student may be referred to the APRC and is at risk of failing the course.

SELECT Late Penalty Policy

Course A & B

As outlined in the student handbook, a standard USF MCOM SELECT late policy has been developed and is below. This Policy is for ALL SELECT courses.

1. Course Grade Penalties (Applies only to courses that are H/PC/P/F or A/B/C/F):

In the case of a student violating a deadline with one late submission through the span of the longitudinal SELECT course, the student is ineligible for an Honors (or Letter Grade A) grade within said course. If a student violates two assignments or assessments (or a combination thereof) deadlines, by which accumulating two late submissions throughout the span of the year-long SELECT course (includes part A and B), the student is ineligible for a Pass with Commendation (or Letter Grade B) grade in said course. Note: A Pass or higher in SELECT 1, SELECT Summer Immersion, SELECT 2, SELECT 3, SELECT 4 and a Letter Grade of A or B in the SELECT Capstone Course is required to be eligible for the SELECT Graduate Certificate.

Assignment/Assessment Grade Penalties

When a student submits any late assignment/assessment, within or up to two days of the predetermined deadline, the student is only eligible to receive a maximum grade of 75% of the total value of the original maximum grade eligible for that assignment/assessment. When a student submits any late assignment/assessment, after two days and up to seven days of the predetermined deadline, the student is only eligible to receive a maximum grade of 50% of the total value of the original maximum grade eligible for that assignment/assessment. There will be no credit given to students who submit any assignment or assessment beyond seven days of the stipulated deadline.

2. Course Completion Requirement

In order to be eligible for a passing course grade, all required assignments and assessments must be submitted and at the passing level determined for that assignment/assessment.

Failure to submit any assignment or assessment will result in the assignment of an incomplete, R (remediation) or F (fail) grade depending on the circumstances. Graduation from medical school requires all assignments to be complete.

FINAL GRADING RUBRIC

Course A will be graded Pass/Fail

Course B will be graded "H/PC/P/F/I/R." See below for the assessment methods that will be used, completion of EACH component is required to achieve a grade of "pass."

Grading Components:

Course A:

Participation/Assignments/Attendance at Prologue/Course A (24%)

Course B:

- Must have passed Course A
- Participation/Assignments/Attendance at Epilogue/Course B (12%)
- Completion of 3 Reflective Writing Exercises (at 8% each = 24%)
- Completion of scheduled coaching and coaching activities (10%)
- Completion of Online IHI Modules (10%)
- Assessment-Written (4%), Simulation (8%), and Oral (8%) for total of 20%

Final Course Grades:

- 74.5% or above is required to pass Course A.
- 74.5% or above is required to pass Course B
- 92.5% for pass with commendations
- 95.5% or above is required for honors in Course B.
- Please keep in mind that you must complete ALL aspects of both courses listed above in order to pass. If you do not do so, you will be given an incomplete until requirements are met.

Students are expected to review and be familiar with the student handbook in general.

https://health.usf.edu/medicine/mdprogram/student-affairs/handbook

In particular for this course students are expected to review the following areas in the handbook for specific details:

MCOM Clinical Years Monitoring Student Time Guideline

COM students are held to the same work hour guidelines as are residents, per ACGME guidelines. Students are limited to a maximum of 80 duty hours per week including in-house call, averaged over four weeks. Students must be given one day out of seven free from all clinical and educational responsibilities, averaged over four weeks. Students cannot be scheduled for in-house call more than once every three nights, averaged over four weeks. Students may not work more than 28 consecutive hours. Students should be given at least ten hours for rest and personal activities between daily duty periods and after in-house call.

Students, residents, and faculty are not permitted to allow/require deviation from the above rules.

MCOM Medical Student Clinical Supervision Guideline

Medical students may not provide care in an unsupervised fashion. Supervisors must either hold a faculty appointment or be supervised in their teaching and assessment role by an individual who has a faculty appointment. This may include residents, fellows, and other licensed health professional faculty supervising an activity within their scope of expertise or practice. As defined below, medical students may be supervised at one of two broad levels: 1) Direct observation or 2) Immediately available indirect supervision.

Direct observation: The supervising physician is physically present (or continually on virtual telehealth visits) with the medical student and the patient.

Immediately available indirect supervision: The supervising physician is not physically (or continually on virtual telehealth visits) present with the medical student and the patient but is immediately available to provide direct supervision (or to join the telehealth visit) upon request, thus requiring that the supervising physician remain physically present within the hospital or other site of patient care.

Medical student education is progressively graduated in both experience and responsibility with primary attention to the benefit and safety of the patient. The level of responsibility delegated to a medical student should be appropriate to the student's level of training, the nature of a patient's condition, the complexity of care and the judgment of the supervisor. The supervisor is responsible for oversight and delineation of duties and graded responsibilities for care provided by the medical team. Students are responsible for being aware of their limitations, roles, and responsibilities and may not practice outside of that scope of service. Students who are asked to provide care outside of their scope of service or who have concerns about the level of supervision they are being given should contact the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education, or their course/clerkship director if applicable.

Professionalism:

Any breach of the professionalism as described in the MCOM handbook including but not limited to the professionalism values section and the social media participation guidelines, may be grounds for remediation or failure of the course as determined by the course director in consultation with the Assistant Dean for the Clinical Curriculum. Please note that lapses in professionalism may be grounds for failure of either Course A or B.

Mid-term Feedback Form

Course A:

During Prologue, students in danger of failing will be notified in person by the course director. The student will be provided with a summary of the necessary progress to fulfill the requirements of the course.

Course B:

In early December, students will receive an email with available meeting dates and times to schedule midterm feedback with the course director. It is the student's responsibility to reply to coordinator with preferred date and time for this mandatory meeting. Students will be prompted to submit the provided standardized summary of their progress in the course so far, including items that they have completed as well as items that have yet to be completed in order to fulfill all requirements of the course. Student progress will be discussed during the meeting with the course director. See below for a sample of the evaluation. The signed written feedback will be uploaded by the student as an assignment in Canvas.

Welcome to the SELECT Year 4 Course B Midterm Feedback Survey. (Subject to change) Please type your name.

What are you finding challenging about Year 4 of medical school?

What specialty are you applying for?

Describe one item that you like best about the SELECT 4 program.

What opportunity for improvement exists for SELECT 4 curriculum?

I understand Epilogue runs from March 20, 2023-March 24, 2023, and that attendance is mandatory. I have received the student absence policy described in the course syllabus

| 0 | Yes |
|------|---------------------------------------|
| 0 | No |
| List | the four SELECT EPAs (See Appendix A) |

Grade Appeal Policy

A student may appeal a course grade if the student has evidence that the grade was assigned in an erroneous manner. Within five (5) school days after the receipt of the grade, the student may appeal in writing to the responsible Course director any assigned grade that they dispute. See handbook for the most up to date details of the process.

1. Basis for Appeal

A student may appeal a course grade if the student has evidence that the grade was assigned in an erroneous manner and not in accordance with this syllabus.

2. Appeal to the Course Director (or designate) for Review of the Assigned Grade

Within five (5) school days after the receipt of the grade, the student may appeal in writing to the course director any assigned grade that they dispute. The course director will review the course grading guidelines with the student to ensure that the process is understood and has been followed. If it is found that the assigned grade is incorrect in the judgment of the course director, the student will initiate the appropriate change. If the change is made at this point, the matter is concluded. The course director will respond in writing with the course director's resolution of the matter to the student within five (5) school days of the student's request for review.

3. Appeal to the Associate Dean for UME

If the question of the assigned grade cannot be resolved between the student and the course director, the student may appeal in writing to the Associate Dean for UME (all required courses and interdisciplinary electives). This appeal must be made within five (5) school days following the course director's reply to the original appeal. The student shall include all relevant information relating to the appeal with the written appeal. After receiving such an appeal in writing from the student, the Associate Dean for Undergraduate Medical the student's appeal and seek to determine its validity.

If the Associate Dean determines that the assigned grade is inappropriate, the chairperson will recommend to the course director that the grade be changed.

The Associate Dean for UME will notify the student in writing, within five (5) school days of receipt of the appeal, whether or not the assigned grade will be changed. If the grade is changed to the student's satisfaction, the matter is concluded. If the grade is not changed, Associate Dean for UME will advise the student of the right of appeal to the Vice Dean for Educational Affairs within 5 business days.

4. Appeal to the Vice Dean for Educational Affairs

After appealing to the course director and subsequently to the Associate Dean for UME, the student may appeal the assigned grade, in writing, to the Vice Dean for Educational Affairs within five (5) school days of receipt of the decision of the Associate Dean for UME. Please see handbook for details of this part of the process.

Title IX Policy:

Title IX provides federal protections for discrimination based on sex, which includes discrimination based on pregnancy, sexual harassment, and interpersonal violence. In an effort to provide support and equal access, USF has designated all faculty (TA, Adjunct, etc.) as Responsible Employees, who are required to report any disclosures of sexual harassment, sexual violence, relationship violence or stalking. The Title IX Office makes every effort, when safe to do so, to reach out and provide resources and accommodations, and to discuss

possible options for resolution. Anyone wishing to make a Title IX report or seeking accommodations may do so online, in person, via phone, or email to the Title IX Office. For information about Title IX or for a full list of resources please visit: https://www.usf.edu/title-ix/gethelp/resources.aspx. If you are unsure what to do, please contact Victim Advocacy — a confidential resource that can review all your options — at 813-974-5756 or ya@admin.usf.edu.

Diversity, Equity, and Inclusion Statement:

The vision of the Morsani College of Medicine (MCOM) Student Diversity and Enrichment programs is to encourage and promote an environment that welcomes and embraces diversity in the student body. We diligently ensure that all students feel supported and accepted in order to optimize their educational experience. USF MCOM defines diversity not solely limited to race and ethnicity, but also encompass talents, life skills and special attributes.

Should you need further assistance or more information about our many USF Health Morsani College of Medicine's diversity-driven events, outreach, and support programs, please contact the Office of Student Diversity and Enrichment at (813) 396-9944 or visit the OSDE contact page directly. More information about USF Health and its commitment to diversity can be found here.

For any disputes in which a student has allegedly violated USF policies or rules, please contact <u>The Office of the Student Ombudsman</u>, at (813) 974-0835 or <u>Student Conduct and Ethical Development</u>, ALN 109, (813) 974-9443 for assistance.

<u>Mistreatment Guideline and Procedure</u>

USF Health's Morsani College of Medicine is committed to assuring a safe, encouraging, and supportive learning environment that reflects commitments to professionalism, respect, diversity, and virtues such as integrity, compassion, and kindness. All MCOM faculty and staff are expected to conduct themselves in a professional manner and contribute to creation of a culture that is supportive of learning. Mistreatment, bullying, discrimination, harassment, and sexual harassment are prohibited at MCOM. The student mistreatment policy, in accordance with LCME standard 3.6, ensures that concerns about the learning environment are promptly dealt with and resolutions reached in a fair and just manner. The College forbids any retaliatory action against students who present grievances in good faith. The MCOM Student Mistreatment policy aims to safeguard medical students from mistreatment by any faculty member or staff associated with MCOM, including clerkship directors, attending physicians, residents, and other medical students by:

- educating members of MCOM about student mistreatment;
- prohibiting medical student mistreatment by anyone associated with MCOM;

- encouraging the early identification of medical student mistreatment as a preventative measure;
- identifying individuals to whom medical students can report mistreatment;
- requiring those who receive complaints regarding student mistreatment to report the complaint to the appropriate administrator;
- providing a confidential system for reporting mistreatment;
- assuring confidentiality to the fullest extent possible;
- assuring that all reports of mistreatment will be thoroughly and promptly addressed;
- providing an avenue for corrective action.

Reports of mistreatment will preferably be addressed within an informal framework when appropriate, but formal procedures are available for use when necessary.

MCOM is committed to preventing mistreatment of medical students through education of the MCOM community. The policy and related procedures will be disseminated among MCOM on an annual basis. Additionally, MCOM will periodically use varying methods (e.g., email, workshops, orientations) to inform medical students, faculty, and staff about medical student mistreatment and the MCOM policy on addressing mistreatment.

- MCOM student mistreatment guideline (https://usf.app.box.com/s/3f61yj1s6pifqi3y54g6ett1gvhp69vf)
- Reporting form (https://usf.az1.qualtrics.com/jfe/form/SV_1Bp3G5gDKvCvzIV)

Attendance Guidelines

Students are expected to attend all scheduled clerkship didactic conferences, lectures, workshops, and daily patient rounds. Mandatory sessions and participation requirements in the clinical years are determined for individual clerkships. Recognizing that situations arise that require students to miss time from their lectures/clinical responsibilities, the procedures presented below will be followed when an unplanned absence is necessary. Sessions maybe face-to-face, virtual or recorded. Students are expected to be present and participating in face-to-face and virtual sessions. During virtual sessions their cameras should be on, and they should be active participants just as they would during a face-to-face session. Students may watch recorded sessions asynchronously at times that work best for them. At the discretion of the Course Director absences will require make up of missed course work, additional days and/or additional material. This make up work will be at a minimum equivalent to the hours of the session that is missed and may require additional time to complete beyond the hours of the session based on what is required to meet the session objectives effectively.

Emergencies for Personal Illness, Family Illness, etc.

The student will contact the direct supervising preceptor and resident/intern/rotation or section head and the Clerkship Director in charge to report his/her absenteeism on the first day of being absent. He/she should indicate the nature of the unexpected illness or emergency. The Office of Student Affairs must be notified of all absences by telephone (813-974-2068) or via e-mail (kkz@usf.edu) or on the Lehigh campus Dr. Melissa Brannen (Melissa L.Brannen@lvhn.org). It will be the prerogative of the Clerkship Director, following consultation with the student, to excuse the absence or request additional information about the absence. This may include requesting a physician's note or an explanation of the absence in detail. The Absence Report form will be completed by the student and forwarded to the Office of Student Affairs and copied to the Clerkship Director and clerkship coordinator.

In order to be excused from a mandatory clerkship event the student must first contact the Clerkship Director directly and send a copy of the request to the Office of Student Affairs and the clerkship coordinator. The Clerkship Director will make the determination to grant or deny a request in addition to any required remediation.

At the full discretion of the Clerkship Director excused absences may require remediation of missed clerkship work, additional days and/or additional material and may proportionally affect the final grade of the clerkship.

<u>Scheduled Time Off</u>

The student will submit a written request to the Clerkship Director for permission to miss any clinic or ward experience, scheduled exams, clerkship projects, or mandatory sessions for scheduled time off. The forms are called <u>Absence Request</u> form and <u>Exam Absence Request</u> form.

A copy of the written request must be sent to the Office of Student Affairs and the clerkship coordinator. The request should be submitted 6 weeks in advance or as soon as the student knows of the scheduled event PRIOR to the start of the clerkship. Last minute requests (received after the start of the clerkship) will require supporting documentation. The decision to grant or deny the request and determine subsequent action will be at the <u>full</u> discretion of the Clerkship Director. As such any excused absences may require additional days and/or additional material and may proportionally affect the final grade.

Opportunities for remediation of missed clinical time, mandatory clerkship components and/or additional material (deemed necessary by the individual Clerkship Director) will be scheduled so as to not impact the clinical experience of the other students in the clerkships or detract from the required components of the current clerkship or other clerkships in which they are enrolled. Written permission from the current Clerkship Director is required for absences or for any instances of remediation.

Excused absences may proportionally affect final grade and/or may require remediation of missing course work, additional days and/or additional material at the discretion of the Clerkship Director.

Students are expected to fulfill all time commitments for the clerkship. All missed time must be made up. The appropriate timing for the remediation will be subject to the Clerkship (course) Director's discretion and should be fulfilled within a 2-month period.

M3 – GUIDELINES FOR EXCUSED AND UNEXCUSED ABSENCES

| EVENT Student illness, including infections that could put patients or other staff at risk Illness or death of a close family member or close friend | ABSENCE EXCUSED? Yes | MAKE UP TIME NEEDED? Yes, if > 1 day missed. Student responsible to reschedule missed experiences. Yes, if > 2 days missed. Student responsible to reschedule missed experiences. |
|--|--|---|
| Birthdays, Trips, Reunions, and other personal activities | No, absence will impact final grade! | Yes, for all days missed. Student responsible to reschedule all missed experiences. |
| Religious holidays | Yes, if notification is made 2 months prior to clerkship schedule completion. Reasonable accommodation will be made to schedule around requested observed holidays during rotation. | Yes, if > 1 day missed. Student responsible to reschedule missed experiences. |
| Presentation at a medical conference | Yes, if notification is made 2 months prior to clerkship schedule completion. Attempts will be made to schedule the student so that the absence is minimally disruptive. Proof of registration must be provided. | Yes, if > 1 day missed. Student responsible to reschedule all missed experiences. |

Holidays:

- Thanksgiving: shall be observed beginning at 6pm on the Wednesday before Thanksgiving and ending on Sunday evening; these count as days off.
- Students are not required to report to clerkships over the university winter break and spring break. In rare instances, students may work over these breaks to make up time for absences.
- Other university holidays (e.g. Independence Day, Labor Day, Memorial Day, Martin Luther King Day) shall be treated like weekend days, on which students may be on call. If a student is schedule to work these days it will be designated "holiday call" in their schedule. They should expect to work a full day unless otherwise told by their Clerkship Director or coordinator.

Evaluation Compliance Guideline

Student feedback is an essential component for continuous quality improvement of our teaching faculty and curriculum development. Morsani College of Medicine (MCOM) has implemented the following guidelines for all students currently enrolled:

- 1. Students will be required to complete a minimum of 80% of the evaluations assigned to them
- 2. All evaluations should be completed within 25 days upon receipt
- 3. Students may suspend evaluations only given the following circumstances:
 - a. The evaluation was assigned in error
 - b. The student did not spend enough time with an educator to properly evaluate them
- 4. At most students will be permitted to suspend up to 20% of their evaluations. Once a student exceeds a 20% suspension rate their evaluations will be reviewed on a case-by-case basis
- 5. Comments provided on evaluations should be constructive, respectful, and made in a professional manner

Please note that levels of anonymity are strictly enforced and fail safes are put into place to ensure a student cannot be identified from their evaluation.

Student evaluation completion compliance rates will be monitored on a quarterly basis and any student found to be out of compliance at the time will be required to attend a mandatory one-hour session to complete any pending evaluations. Students will receive a notice via email that they are required to attend the mandatory session to complete their evaluations. Failure to complete evaluations and/or attend the mandatory sessions may result in the following disciplinary actions:

- 1. A written notice from the Associate Dean of Undergraduate Medical Education
- 2. A mandatory meeting with the Associate Dean of Undergraduate Medical Education

3. Appearance before the Academic Performance Review Committee (APRC)

*Above is a summary of the USF Student Evaluation Guideline. Please review MCOM's Student Handbook for the full text of this policy.

Sessions Recordings

In this class, software will be used to record live class lectures and discussions. As a student in this class, your participation in live class discussions will be recorded. These recordings will be made available only to students enrolled in the class, to assist those who cannot attend the live session or to serve as a resource for those who would like to review content that was presented. Recording may be used in subsequent semester for instructional purposes in necessary. Participation in the sessions is considered consent for recording. In courses in which video of students might be captured due to online software being used, students who prefer to participate via audio only will be allowed to disable their video camera so only audio will be captured. A student's use of video during the session is considered consent for the video to be recorded and used as previously described. This option to disable video will not apply to video proctored exams. Please discuss recording options with your instructor. Students may use the recordings as a resource to review content. Copying or distributing the video recordings by students is prohibited and considered a professionalism violation.

University Regulations and policies:

http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-11-008.pdf

MCOM Program Objectives

1. Patient Care

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health

- 1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
- 1.2 Gather essential and accurate information about patients and their conditions through history-taking, physical
 - examination, and the use of laboratory data, imaging, and other tests
- 1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
- 1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice
- 1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
- 1.6 Develop and carry out patient management plans
- 1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared
 - decision-making
- 1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
- 1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health

- 1.10 Provide appropriate role modeling
- 1.11 Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications

SELECT 1.12 Perform values-based patient- centered comprehensive assessment, diagnosis and patient management, utilizing shared decision making in care of the patient.

2. Knowledge for Practice

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and socialbehavioral sciences, as well as the application of this knowledge to patient care

- 2.1 Demonstrate an investigatory and analytic approach to clinical situations
- 2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
- 2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making.
 - clinical problem-solving, and other aspects of evidence-based health care
- 2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- 2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of
 - psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care
- 2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and Practices

SELECT 2.7 Examine national and international health systems, policy and finance.

3. Practice-Based Learning and Improvement

Demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning

- 3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise
- 3.2 Set learning and improvement goals
- 3.3 Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes
- 3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of

practice improvement

- 3.5 Incorporate feedback into daily practice
- 3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- 3.7 Use information technology to optimize learning
- 3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals
- 3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
- 3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or

services that have been demonstrated to improve outcomes

- SELECT 3.11 Demonstrate advanced competency in self- assessing knowledge gaps and setting improvement goals, them perform activities to accomplish these.
- SELECT 3.12 Analyze a health care environment or system and recommend changes to improve patient outcomes.

4. Interpersonal and Communication Skills

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals

4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of

- socioeconomic and cultural backgrounds
- 4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies
- 4.3 Work effectively with others as a member or leader of a health care team or other professional group
- 4.4 Act in a consultative role to other health professionals
- 4.5 Maintain comprehensive, timely, and legible medical records
- 4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of
 - life, adverse events, bad news, disclosure of errors, and other sensitive topics
- 4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
- SELECT 4.8 Demonstrate advanced team leadership skills that enhance team functioning, the learning environment, and/or the health care system.
- SELECT 4.9 Communicate effectively and sensitively with patients, adjusting language and style in order to incorporate their knowledge, values, and culture.

5. Professionalism

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles

- 5.1 Demonstrate compassion, integrity, and respect for others
- 5.2 Demonstrate responsiveness to patient needs that supersedes self-interest
- 5.3 Demonstrate respect for patient privacy and autonomy
- 5.4 Demonstrate accountability to patients, society, and the profession
- 5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity
 - in gender, age, culture, race, religion, disabilities, and sexual orientation
- 5.6 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations

SELECT 5.7 Demonstrate advanced ability in all of the above [Core Professionalism objectives], and the ability to

inspire and instruct peers in these areas

6. Systems-Based Practice

Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care

- 6.1 Work effectively in various health care delivery settings and systems relevant to one's clinical specialty
- 6.2 Coordinate patient care within the health care system relevant to one's clinical specialty
- 6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
- 6.4 Advocate for quality patient care and optimal patient care systems
- 6.5 Participate in identifying system errors and implementing potential systems solutions
- 6.6 Perform administrative and practice management responsibilities commensurate with one's role, abilities, and

qualifications

SELECT 6.7 Show advanced ability to incorporate knowledge of health systems and cost of care into medical decisions.

SELECT 6.8 Strategize, practice, and advocate for quality improvement in patient care and health care systems. SECECT 6.9 Integrate knowledge of healthcare systems into individual patient care.

7. Interprofessional Collaboration

Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care

7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity,

- ethical integrity, and trust
- 7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
- 7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
- 7.4 Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable
- SELECT 7.5 Demonstrate advanced team competencies in assessment and coaching in order to achieve a common patient-centered end.

8. Personal and Professional Development

Demonstrate the qualities required to sustain lifelong personal and professional growth

- 8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
- 8.2 Demonstrate healthy coping mechanisms to respond to stress
- 8.3 Manage conflict between personal and professional responsibilities
- 8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one's behavior
- 8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
- 8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
- 8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
- 8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing

with uncertainty

- SELECT 8.9 Demonstrate emotional intelligence by showing awareness of strengths, weaknesses, and idiosyncrasies of self, team, and systems, and then show the ability to modulate one's behavior to positively affect each of these.
- SELECT 8.10 Describe the basic competencies necessary for effectiveness as a potential future physician and leader.
- SELECT 8.11 Implement the professional and personal development process.
- SELECT 8.12 Actively participate in one's own personal and professional development through individual and group coaching.

APPENDIX A

SELECT Entrustable Professional Activities:

1. Values Based Patient Centered Care

EPA #1: The resident should be able to conduct an effective goals of care conversation with patients, families and the patient's interprofessional team.

2. <u>Leadership</u>

EPA #1: The resident should be able to effectively participate and positively manage a collaborative team that affects patient care.

3. Scholarly Excellence

EPA #1: The resident should be able to systematically investigate, and then disseminate the results of, a medical question with a focus on Health Systems, Values Based Patient Centered Care, and/or Emotionally Intelligent Leadership.

4. Health Systems

EPA #1: The resident should be able to integrate understanding of health systems into individual patient care.