BIOMED

Checkpoint Directive

The use of masculine declension is understood to refer to all genders.

Art. 1 General considerations	[1] The Checkpoint platform is an IT tool that allows USI Master of Medicine (MMed) students to document and record the practical activities they encounter during their clinical training. [2] The set of information entered will give the student an overview of his learning journey, highlighting the development of clinical skills and the gaps that still need to be filled in order to achieve the required training objectives.
Art. 2 Application	[1] The Checkpoint Directive applies to all MMed students, during their years of study 1 and 2. 2 It applies to the assessment of students' clinical skills and to the verification of attendance during clinical training.
Art. 3 Assessed activities	A specified number of Entrusted Professional Activities (EPAs) must be logged for each module to assess the required clinical skills (see Appendix 1). The required assessments are completed on Checkpoint and include: [1] Activities or procedures performed at the patient's bedside. [2] Preparation, in-depth study and presentation of clinical cases observed during clinical training or clinical cases provided by mentors, to be presented on campus (case presentation). A form related to the patient's clinical situation should be completed in Checkpoint. This must be supported by the anonymized clinical record of the patient whose clinical case the student has decided to present. The tutor evaluates the student's presentation via Checkpoint. [3] Preparation, elaboration, and presentation of clinical cases, to be presented during clinical days (clinical presentation). Students present a clinical case to the tutor by practicing clinical diagnostic reasoning. The tutor evaluates the presentation through a Checkpoint prompt (written evaluation) and gives oral feedback to the student. [4] Possible added tasks may be requested for each module. These added tasks are not assessed by the tutors.
Art. 4 Workflow modules	[1] For each module, the module manager has defined the minimum number of activities to be completed and evaluated (see Annex 1). [2] Within each module workflow is a detailed description of the required activities. [3] These workflows are opened the day before the start of the module's clinical activity and are closed 3 working days after the last clinical day of the module. The opening and closing dates are visible in Checkpoint.
Art. 5 Assessment of clinical skills	[1] Each week, the tutor evaluates the student on his clinical skills. [2] The evaluation request must be submitted through Checkpoint (see *Checkpoint Technical student guide*).

	The student asks the tutor to be observed during the chosen clinical activity. At the end of the observation, the tutor provides oral feedback to the student, highlighting positive aspects, aspects to be improved, and the degree of autonomy achieved. The student logs the clinical activity and self-evaluates, specifying the degree of autonomy he or she believes he or she has achieved. [3] The evaluation form must be sent to the tutor by the end of the weekly clinical period (Wednesday afternoon for students of the MMed year 1; Friday afternoon for students of the MMed year 2). [4] The tutor receives the form by e-mail and: Assesses and confirms the student's degree of autonomy. Specifies strengths. Specifies areas for improvement. Evaluates the professionalism demonstrated during the clinical activity.
Art. 6 Goal to be achieved	[1] Completion of at least 80 percent of the minimum number of activities (EPAs) can positively influence the final grade in the case of a downward trend between MC1 and MC2, respectively between MC3 and MC4, if the annual average gives a quarter-point result (.25 or .75) (see *Study Regulations Biomed*, Art. 23, para. 4) (see Annex 2). 2 The 80% is calculated by summing the EPAs registered and sent for approval during the academic year and dividing by the number of EPAs required for that academic year.
Art. 7 Verification of attendance	[1] The student self-certifies his presence or absence at the clinical days (at contracted clinical institutions or physician's offices) via the *Day of clinical activity workflow,* by choosing the e-mail address of the tutor who supervises him. [2] This self-certification is transmitted to the tutor for approval. In case of self-certification of an absence, the system also automatically transmits a notification to the Faculty Student Administration and the Checkpoint team. [3] Absences are to be inserted as soon as possible to facilitate the organization of the department or medical office. The system allows them to be inserted in advance, and at the latest by the beginning of the clinical training day. [4] Failure to self-certify the presence latest by midnight (11:59 p.m.) the following day is considered an absence. [5] If attendance is self-certified on a date that does not correspond to a clinical training day, it will not be considered and is equivalent to an absence. [6] Notification of absence or attendance through systems other than Checkpoint will not be accepted.
Art. 8 Target to be achieved for attendance	[1] A minimum attendance of 80% is required for each of semesters 1 to 4 (see Study Regulations Art. 13, para. 2 - 4). Specifically, for study year 1, 80% corresponds to 5 days away from clinical training at contracted clinical institutions. For study year 2, 80% corresponds to 5 days of absence from clinical training at contracted clinical institutions, plus 2 days of absence from clinical training at medical offices during special weeks. [2] If the minimum attendance of 80% for each of semesters 1 - 4 is not achieved, the days of absence up to the required 80% must be regained before the MC exam of the respective semester. [3] In particular situations, the Dean may authorize possible exceptions.
Art. 9 Effective date	This Directive approved on 09.09.2024 by the Council of Professors and comes into effect as of the academic year 2024/25 for all matriculated students at MMed.

Appendix:

Appendix 1: List of EPAs per module

Appendix 2: Rounding example cases table

Appendix 1: List of EPAs per module

Circulation
EPA 1 Take a medical history.
EPA 2s. Palpation (apex beat/fremitus) and auscultation of heart; description of normal/abnormal heartbeat and murmurs.
EPA 5q. Performance and interpretation of an ECG.
EPA 2t. Palpation of pulse, testing for arterial insufficiency or bruits.
EPA 8 Document and present patient's clinical encounter; perform handover. (x4)
Homeostasis
EPA 1 Take a medical history. (x2)
EPA 2 Assess the physical and mental status of the patient.
EPA 5h. Simple spirometry, measurement of peak expiratory flow.
EPA 4.5 Interpret test results and integrate them into the differential diagnosis; understand the implications and urgency of an abnormal result and seek assistance with interpretation if needed.
EPA 8 Document and present patient's clinical encounter; perform handover. (x4)
Immune disorders
EPA 2e. Assessment of the skin, hair and nails, description of lesions.
One of the following two EPAs: EPA 2o. Inspection and palpation of skeleton and joints. Or: EPA 2q. Inspection, palpation, percussion and mobility of the spine.
EPA 4.5 Interpret test results and integrate them into the differential diagnosis; understand the implications and urgency of an abnormal result and seek assistance with interpretation if needed.
EPA 8 Document and present patient's clinical encounter; perform handover.
Children and adolescents
EPA 1a Take an age-specific pediatric history (involving mother/father and child or adolescent).
EPA 1b Perform an age-specific assessment of a child's / adolescent's development and lifestyle.
EPA 2ff. Examination of newborns (Apgar score, dysmorphism, malformation).
EPA 2gg. Assessment of age-specific anthropometric characteristics of infants / children / adolescents.
EPA 2hh. Assessment of pubertal growth (pubertal stages).
EPA 2ii. Age-specific assessment of the child: neurological and cognitive development.
Women
EPA 1 Take a medical history (specific for gynecologic or obstetric patient).
EPA 5s. Assisting in the delivery of a baby.
EPA 8 Document and present patient's clinical encounter; perform handover. (x2)

Circulation cells and signaling - Hematology
EPA 4.5 Interpret test results and integrate them into the differential diagnosis; understand the implications and urgency of an abnormal result and seek assistance with interpretation if needed.
EPA 8 Document and present patient's clinical encounter; perform handover. (x2)

Circulation cells and signaling - Endocrinology

EPA 4 .1 Recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic disorder or as part of routine health maintenance.

EPA 8 Document and present patient's clinical encounter; perform handover.

Critical care

Emergency week:

EPA 6.1 Recognize abnormal vital signs (refer to EPA 6.a-m).

Intensive care:

EPA 6.2: Interpret the clinical situation using pathophysiological principles.

Anesthesia (one of the five EPAs listed below):

EPA 6.b Shock, severe hypotension.

EPA 5.i Arterial puncture for blood gas analysis.

EPA 4.3 Obtain informed consent: discuss with the patient and the family or proxy, and ensure that they understand the indications, risks, benefits, alternatives, and potential complications; seek an agreement/shared decision and document it in the file.

EPA 4.5 Interpret test results and integrate them into the differential diagnosis; understand the implications and urgency of an abnormal result and seek assistance with interpretation if needed.

EPA 7.8 Provide effective treatment (medicinal and technological) of all types of pain.

Skeleton

EPA 1: Take a medical history.

EPA 2p: Functional testing of joint mobility: shoulders, elbows, wrists, fingers, hips, knees and ankles.

Abdominal organs

EPA 2.w Palpation, percussion and auscultation of abdomen, description of findings. (x2)

EPA 2.x: Inspection and palpation of groin / hernial orifices.

EPA 5.d: Pre-operative preparation of surgical field for minor surgery; asepsis and antisepsis.

EPA 5.f: Wound cleaning, application and removal of sutures.

EPA 2.z: Rectal examination in male (anus, rectum, prostate gland, sacrum) and female.

EPA 5.n: Urethral catheterization.

EPA 8 Document and present patient's clinical encounter; perform handover.

Nervous system

EPA 1: Take a medical history. - refer to a neurological anamnesis

EPA 2.dd: Neurological examination: testing cranial nerves, reflexes, passive muscle stretch, inspection of muscle bulk, tone, and strength, as well as involuntary movements, gait and balance, coordination, superficial and deep sensation, aphasia, orientation, memory.

EPA 3: Prioritize a differential diagnosis following a clinical encounter.

EPA 8 Document and present patient's clinical encounter; perform handover.

Head and neck organs - Ophthalmology

EPA 2h (assessment of visual acuity and visual field, as well as optic disc and retinal vessels with ophthalmoscope. (x2)

Please select one of these SSPs

- SSP 17: abnormal eye movements
- SSP 18: acute and gradual loss of vision (acute, slow, temporary, partial)
- SSP 33: painful, red, itchy eyes; eye discharge
- SSP 39: visual disturbances, photophobia, light flashes, floating objects, diplopia, color blindness, blurred vision.

EPA 8 Document and present patient's clinical encounter; perform handover.

Head and neck organs – ORL

EPA 2.k Inspection and palpation of auricle and adjacent region as well as external auditory canal and tympanic membrane - hearing tests with whispering, conversational voice and tuning fork.

One of the following 5 EPAs:

- EPA 2.f: Palpation of lymph nodes.
- EPA 2.j: Assessment of eye movements, recognition and description of nystagmus.
- EPA 2.l: Inspection of nose, face, mouth, salivary glands and larynx.
- EPA 2.m: Inspection, palpation and auscultation of cervical structures.
- EPA 2.n: Inspection and palpation of thyroid, carotid arteries.

EPA 8 Document and present patient's clinical encounter; perform handover.

Personality and cognition

EPA 1.c: Take a psychiatric history.

EPA 2: Assess the physical and mental status of the patient.

EPA 3: Prioritize a differential diagnosis following a clinical encounter.

EPA 8 Document and present patient's clinical encounter; perform handover. (x2)

Pediatric practice weeks

EPA 9.8: Assess age-specific environmental risks and propose safety measures.

Please make sure that you protocol this EPA in relation to SSP 187 child immunization.

Family doctor practice weeks

Two of the following EPAs:

- EPA 7.5: Ensure patient's and family's understanding of the indications, risks and benefits, alternatives and potential complications of treatment.
- EPA 7.6: Understand and apply the concept and basic elements of advance care planning.
- EPA 7.9: Prescribe antibiotics only with clear indications and awareness of the issue of antibiotic resistance.
- EPA 7.10: Avoid unnecessary/futile diagnostic measures and treatment.
- EPA 7.11: Determine prescription and treatment according to the patient's condition, and adjust for weight, allergies, pharmacokinetics, pharmacogenetics ("precision medicine"), potential interactions with other medication and substances, pregnancy status or co-morbid conditions, legal/illegal psychoactive substances, potential for self-harm.
- EPA 7.13: During follow-up, support self-management by the patient; evaluate and discuss adherence; discuss the potential impact of non-adherence if needed, especially with patients who are cognitively impaired.

Appendix 2: Rounding example cases table

Grade MC1	Grade MC2	Average year	Tendency	Rounding	Completion of at least 80% of EPAs	Final grade
7.00	7.50	7.25	↗	7.50	✖	7.50
7.00	7.50	7.25	↗	7.50	✓	7.50
7.50	7.00	7.25	↘	7.00	✖	7.00
7.50	7.00	7.25	↘	7.00	✓	7.50
5.50	6.00	5.75	↗	6.00	✖	6.00
5.50	6.00	5.75	↗	6.00	✓	6.00
6.00	5.50	5.75	↘	5.50	✖	5.50
6.00	5.50	5.75	↘	5.50	✓	6.00