

3rd Year Family Medicine Clerkship

Introduction

Welcome to the Department of Family Medicine 6 week clerkship. Every effort through student evaluations, faculty committees, sub-committees and the preceptors has been made to make this a meaningful, enjoyable and integral part of your clinical education.

It is designed to give you a very broad and realistic experience in the private practice communities under privately practicing family physicians. These physicians are volunteers and they give of their time, their practices, and staff and patients to provide you this opportunity. The physicians and the entire communities are very proud of their participation in this program. Please be aware of this and respect their efforts to provide you this educational opportunity. Remember you are representative of your institution, USA COM and your classmates and your performance and professionalism reflect directly upon yourself, the school, and your colleagues.

Summary of the Clerkship

The total time you spend in this rotation will be 6 weeks. It will consist of your orientation in this department for one day, the majority time in your preceptorship location, and a return back to this department to complete specific assignments, presentations, discussions, evaluations and final examination.

3rd Year Family Medicine Clerkship-Goals and Objectives

Knowledge of

1. Students will assess and manage common acute and chronic medical problems frequently encountered in the ambulatory and community setting.
 - a. Students will demonstrate ability to diagnose common acute and chronic medical problems.
 - b. Students will demonstrate ability to assess and initiate the management of common illnesses using a focused problem oriented approach.
 - c. Students will demonstrate ability to develop a treatment plan including diagnostic, and therapeutic modalities, and arrange appropriate follow-up.
 - d. Students will demonstrate knowledge of chronic medical problems and associated management issues such as polypharmacy, drug interactions, compliance, disease management, and quality of life.
 - e. Students will demonstrate an understanding of the need to adjust treatment plans in accordance with the recognized social situation of the patient.
 - f. Students will demonstrate knowledge of patient life cycles and critical incidents commonly addressed by family physicians including births, puberty, contraception, travel, accidents, marriage, divorce, unemployment, terminal illness, and end of life care.
 - g. Develop a basic knowledge of ethical principles of adolescent confidentiality, managed care, end of life care, and euthanasia.
 - h. Develop a basic knowledge of medical cost and economics of medical care.
- Correlation with COM Goals and Objectives:

Instruction Method

1. Personal Instruction: Orientation day and return day include lectures (see agenda), small group discussion, completion of a personal advanced directive, and last day patient presentations and practice discussions.
2. Instructional Materials: You have been given materials necessary to evaluate patients who have the 20 most common complaints when presenting to the primary care practice. Upon completion, you will be able to identify components necessary within a targeted history and physical and to complete an evaluation of the patient who has one of 20 common complaints and conditions. In addition, you will be able to identify management strategies for common complaints.
3. Direct Patient Care: Upon completion you will have contact with in excess of 1000 patients and have experience in taking a targeted history and physical and development of a management plan while under direct supervision of a supervising physician.

Evaluation Method: Direct observation by preceptor during patient care, patient presentation, student written evaluations of course, preceptor written evaluations at half-way and final. Written departmental exam and shelf examination.

Skills

1. Students skills will develop the skills to identify and discuss age appropriate anticipatory health education, risk reduction, and available screening modalities.
 - a. Students will identify health risks of their patients, their families, and their communities.
 - b. Students will select strategies to reduce health risks of their patients, their families and their communities.
 - c. Students will identify and initiate counseling of patients regarding disease screening options.
 - d. Students will be able to discuss and apply immunization schedules and recommendations for all age groups.
 - e. Students will discuss the three most common high risk behaviors for each age group, assessment of high risk behavior, and how to initiate counseling about risk reduction.

 2. Students will develop and enhance their interpersonal and communication skills.
 - a. Students will establish a positive rapport and working relationship with patients, their families, their preceptor, and their preceptor's office staff.
 - b. Students will demonstrate respect for each patient's individuality, sexuality, values, goals, religion, ethnicity, family, and community.
 - c. Students will obtain focused patient histories.
 - d. Students will verbally present well-thought out assessments and plans for each patient.
 - e. Students will obtain drug, alcohol, violence, and sexual histories.

 3. Students will perform thorough, pertinent, and accurate physical examinations and record these in the medical record in a legible and accurate manner.
 - a. Students will demonstrate their level of skill by obtaining a history and performing a physical exam on at least one undifferentiated patient under direct observation by their preceptor.
 - b. Students will interpret and incorporate their physical exam findings into their presentation to their preceptor.
 - c. Students will record the obtained history and physical with their assessment and plan into a SOAP format.

 4. Students will describe proper referral, consultation, the importance of coordination of patient care, and continuity of patient care.
 - a. Students will identify and discuss medical and community consultation/referral resources and effective use of these resources.
 - b. Students will list the most important components of a patient referral.
 - c. Students will be able to describe the importance of interpreting consultation recommendations in the context of the patient's individual, family, and community situation in facilitating their care.

 5. Students will incorporate the principles of preventive medicine as it applies to ambulatory primary care patients. Students will also incorporate aspects of medical economics into their thought processes.
- Correlation with COM Goals and Objectives: 10-18 (skills)

Instructional Method: One on one with preceptor. Direct patient care observation, patient presentations, reading assignments. Participation in daily practice of private preceptor. In addition, lectures in preventive medicine and geriatrics on orientation day, the final extensive presentation of patients on final day that covers history, physical, diagnosis, treatment plan, epidemiology, preventive medicine for specific patient presented and cost analysis of health care. Student level of responsibility will be determined on an individual basis by the precepting physician depending upon student skills and interest, previous experiences and clinical performance.

In addition, small group discussion on each practice to include consultation and referral processes by preceptor.

Evaluation Methods: Daily direct observation by preceptor with written final evaluation. Formal patient presentation, small group discussion and shelf examination. Students will also complete skill and core condition checklist cards during the clerkship. Cards will be reviewed weekly with preceptor and the student will be assigned patients as required to ensure every student will examine the required number of patients with each condition. Students not meeting the minimum requirements will be given a supplemental handout on deficient conditions and must take a brief test.

- Correlation with COM Attitudinal Objectives 20-23

Correlation of Family Medicine attitudinal goals and objectives, which are included in the above skills objectives with COM attitudinal skills 20-23.

Instructional Methods: These are correlated through orientation lectures in ethics, end of life care and confidentiality, preceptor observation, small group discussions, reading assignments.

Evaluation Methods: Direct observation in the preceptor clinical setting, written evaluation by preceptor.

Expectations and Specific Directions

1. Participation in all orientation, lectures, discussions, evaluations, exercises and examinations as directed.
2. Following all directions and completion of all assignments by this department and preceptor.
3. Professional behavior, including punctuality.
4. Completion as appropriate of your skill cards.
5. Turning in of all loaned material the day of the examination.
6. Mandatory attendance at all assignments, meetings, lectures, and exercises.
7. Notifying this office and preceptor if a need arises for you to be absent. This is rare and usually includes only illness and family emergencies. In addition, if the preceptor is to be absent for any reason other than their routine afternoon or day out of the office, you must call this department and notify us of the situation.
8. Staying in touch with this office throughout your preceptorship via e-mail or telephone. Call one week before returning to ensure that no schedule changes are necessary or have been made without your knowledge.
9. Do not call your preceptor regarding your evaluation. It is final.
10. Do not call this office regarding your grade for at least 3 weeks after the final examination.

While at Preceptorship

1. Use professionalism at all times.
2. Your preceptor will assign you all duty hours, on-call and responsibilities. Some may have weekend call.
3. You may be given additional reading, reports or other special assignments. You are expected to complete them as directed.
4. Observe, early in the preceptorship, your preceptor performing a patient history and physical examination.
5. Be sure that you have your skill/core condition cards initialed appropriately and signed before you leave to return to the department.
6. Schedule your use of the instructional material, of which there is a lot, and try to do several hours per day and weekend.
7. **You will be assigned a patient by your preceptor on whom you will perform a complete history and physical examination, reach a diagnosis, and develop a treatment plan. You will also explain the epidemiology of the disease, develop a preventive Health plan and collect medical cost information for this patient's case. This should include the type of insurance coverage, how much and what is covered, office visit cost, hospitalization if appropriate, and prescription drugs. This should be a monthly estimate. You will present this patient to your preceptor. This same patient and information will be presented when you return to the department for your final presentation to the group, about 10 minutes.**

Patient Presentation Outline/Guideline

History & Physical Examination

Diagnostic Studies

Problem List / Diagnosis

Epidemiology of Disease

Cost of Patient Medical Care for Illness (per month & illness)

Insurance Plan Premiums	_____
Co-pay (out of pocket)	_____
Office Visits	_____
Lab	_____
X-ray	_____
Hospital	_____
Other	_____
TOTAL	_____

8. You will collect the following information while at your preceptor site:
 - a. Demographics of practice. (Community size and educational level.)
 - b. Any special population problems? (socioeconomics also)
 - c. Community resources available (hospital services, nursing homes, hospice, health department, mental health, social services, home health, etc.).
 - d. Community activity (civic clubs, schools, political, educational, spiritual, etc.).
 - e. Consultation and referral systems used. What does your preceptor consider in a good consultant? Does the preceptor provide consultation?
 - f. Top 10 diagnoses (reason for visits) seen in the office. (You will use this information to participate in group discussions about the different practices).
 - g. Estimated percentage of patients seen who are hospitalized.
 - h. Average number of patients seen per day.
 - i. Your perception of preceptors quality of life issues, if any.

3rd Year Family Medicine Clerkship Orientation

- 8:30 – 5:00 pm - Expectations, goals objectives and assignments
- Biomedical library – Evidenced Based Medicine
 - Procedural Skills Workshop
 - Ethics Exercise

Return Days to Family Medicine Department – Conference Room – 1st Floor

Wednesday, last week of rotation: Closure Day

- 8:00 AM – 12:30 - Turn in evaluations and blue skill/core condition cards
- Student Presentations and Biomedical assignments
 - Practice discussions

12:30 – 2:00 LUNCH

2:00 – 4:00 - Departmental Exam

Thursday, last week of rotation:

Study Day

Friday, last week of rotation

9:00 - 11:10 AM Mini-Board Exam

GRADING SYSTEM

Preceptor Evaluation	60%
Family Medicine Department <i>(Includes timely delivery of completed materials, participation in classroom, and presentation)</i>	10%
Departmental Exam	20%
*Mini-Board Exam	10%
Library Assignment	P/F

A=92-100

B=85-91

C=75-84

D=70-74

F=<70

***Points for Exam**

10

9

8

7

6

5

4

3

2

1

Mini Board Percentile

80-100

60-79

40-59

20-39

10-19

8-9

6-7

4-5

2-3

1 < 1