

Family Medicine Clerkship
University of South Alabama
College of Medicine

Welcome to the Department of Family Medicine 3rd year clerkship. Most of your experiences at the University of South Alabama COM are in the university hospital setting. In the university academic environment referral patterns, resources, services and socio-economic factors are different from the usual medical setting. Individual patient contact frequently is limited to a single office visit or relatively brief hospitalization.

The third year clerkship in family medicine places the student in the private practice environment. In the private practice setting, the family physician provides comprehensive care for the patient across the breadth of the patient's medical issues and across a lifetime. In addition to acute care, management of chronic medical problems is the core of the practice. Preventing illness through health maintenance and counseling of health behaviors is necessary to provide care to the patient over the years. One advantage of an ongoing relationship with the patient is not only can the patient be asked to return for future follow-up, but the clinician "gets to know" the patient. Family connections, interpersonal issues and medical history are part of the "story" we learn about each individual. Often exploring family issues is paramount to providing appropriate care and understanding the patient issue that is presented to the practicing physician. Financial issues, in particular insurance, will affect the provision of care. Finally, the private physician must become acquainted with what resources and support systems exist in the community in which they practice in order to direct comprehensive care.

This core rotation is designed to give you a very broad and realistic experience in the private practices of family physicians. The community faculty are volunteers and they give of their time, their practices, staff and patients to provide you this opportunity. The physicians and their communities are very proud of their participation in this program. Please respect their efforts to provide you this educational opportunity. Remember you are representative of your institution, USA COM and your performance and professionalism reflect directly upon yourself, the school, and your colleagues.

Goals and Objectives

A. Knowledge

1. Students will assess and manage common acute and chronic medical problems that are 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, and end of life care.
- h. Develop a basic knowledge of medical cost and economics of medical care.

B. Skills

1. Students 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 an 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.

C. Professionalism

The student will:

1. Treat patients with compassion and respect their privacy and personal dignity at all times.
2. Exhibit honesty and act with integrity in all patient, collegial, and professional interactions.
3. Demonstrate an understanding of the roles of other health care professionals and the means of collaboration with those individuals in providing medical care or promoting health.
4. Demonstrate an understanding of the need to ameliorate the suffering of patients, including but not limited to the relief of pain, and the knowledge of the means to continue to care for dying patients when disease-specific treatment is no longer useful or available.

IV. Expectations/Work Hours

1. The total time you spend in this rotation will be 6 weeks. It will consist of your orientation in the family medicine department, approximately 5 weeks in the preceptor office, and a return back to this department for discussions and evaluations.

2. Your preceptor will assign you responsibilities and specific duty hours, including call. Some students may have weekend call. The total hours cannot exceed eighty (80) hours in a week. A minimum of forty hours a week should be spent in the office.
3. Notify this office and preceptor if a need arises for you to be absent. This 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.
4. Your preceptor may be giving you additional reading, reports or other special assignments. You are expected to complete them as directed.
5. Participation in all orientation, lectures, discussions, evaluations, exercises and examinations is required.

CLERKSHIP SCHEDULE

A. Orientation

Monday and Tuesday, first week of rotation

8:30 Expectations, goals objectives and assignments
Phase 1 clinical skills exam

B. Closure

Wednesday, last week of rotation

8:30 – 1:00 pm - Team-based learning exercise/evaluation
- Discussion of Family Medicine preceptor experience
- Turn in evaluations and “blue cards”

Thursday, last week of rotation

3:00 pm – Clinical Skills practical exam at USA FM office (SHAC)

Friday, last week of rotation

9:00 - 12:00 pm – Departmental Exam
Turn in evaluations and blue skill/core condition cards

12:00 pm Optional part 2 exam (extra credit)

GRADING SYSTEM

Knowledge Acquisition

40 points

Community Faculty 20 points
fmCases 20 points

Team Based Learning Exercise

15 points

Individual 5 points
Group 10 points

Clinical Skills Exam **25 points**
(Average score on two cases)

Interview Skills	6 points
History and Physical	9 points
SOAP Note	5 points
Patient Evaluation	5 points

fmCases Exam **20 points**

100 questions

Extra credit exam 10 points

No additional points will be given once a full mark (i.e. 100 points) is obtained.

Maximum total score possible 100 points

A=90-100

B=80-89

C=70-79

F=<70

1. KNOWLEDGE ACQUISITION

Community Faculty: The doctor you are assigned to work with is your teacher in the field. He or she will direct your clinical training and exposure. In the office setting you will see a volume of patients. The goal is for you to interview and evaluate patients on your own with management directed in discussion with the clinical faculty.

fmCases: This is a set of on-line patient cases developed nationally to help teach core curriculum topics on family medicine clerkships. These cases will serve as your assigned syllabus and will supplement your experience and ensure that all students have the opportunity to learn about common family medicine topics. You are required to complete ALL cases appropriately. The fmCases exam at the end of the rotation will be derived from the content of these cases.

2. TEAM BASED LEARNING EXERCISE

During this exercise students will be required to address a clinically based scenario and provide answers to related questions. Students will be assigned specific reading material prior to the session, which will assist in the group activities. The Team Based Learning Exercise is mandatory. It encompasses a graded set of exercises related to multiple integrated aspects of a clinical scenario. The exercise is worth a maximum of 15 points towards your overall grade (5 points for the individual exercise and 10 points for the group exercise). The material to be covered will cover different aspects related to the role of primary care in a healthcare system.

3. CLINICAL SKILLS INTERVIEWS

Phase 1: Chronic Care Skills-Initial Patient Interview

- A. Phase I is NOT graded and is for the purpose of developing clinical interview and exam skills for continuity of care.
- B. This skills lab will take place during orientation in the simulation lab in the allied health building.
- C. Students will be video-recorded as they complete a history and physical exam on a simulated patient (actor). They will be given the patient's vital signs and chief complaint prior to entering the exam room. All chief complaints encountered will be consistent with those seen in an outpatient family practice office. Students will perform the appropriate history and physical exam components based on the patient's presentation. The student will then formulate a differential diagnosis and the basics of a treatment/further evaluation plan and discuss this with the patient.
- D. The time allowed for the patient interview and exam is 15 minutes. During the interview there will be a 10 minute bell to notify the student that only 5 minutes are remaining.
- E. Following this the student will have 10 minutes to type a SOAP note. This note will be available to the student later when the patient is seen in follow-up (Phase II).
- F. The video of the encounter will be evaluated by a USA COM family medicine faculty member who will provide feedback to the student concerning his performance.

Clinical Skills Testing

This is a practical exam similar to the clinical skills portion of USMLE Step 2. Each student will evaluate 2 simulated patients (actors). The time allowed for this exam is 15 minutes per patient. After each patient encounter, 10 minutes will be allowed to type a SOAP note on an online template. The assessment section of the SOAP note should contain at least 3 diagnoses (in the order of greatest likelihood). The plan should contain at least 3 recommendations for further evaluation/treatment plan for the diagnoses listed in the assessment.

Components of the evaluation include:

- History and Physical Skills
- Interview Skills
- Patient Assessment
- SOAP Note Assessment

The student will be tested on two patient encounters, which will be averaged for a final score. One will be the chronic patient previously interviewed and the second will be a patient with an

Revised 6/11

acute problem. Each encounter will be evaluated by a family practice physician who will be present in the room during the encounter.

Phase 2: Chronic Care Skills Assessment- Follow-up Patient Interview

1. Students will see their Phase 1 patient for a “follow-up visit” 6 weeks after the initial interview as part of the clinical skills exam at the end of the rotation.
2. The “follow-up” visit will be a *GRADED* interview and exam as part of the clinical skills test at the end of the rotation. The interview/exam will follow the same format as the initial interview except that the student will have access to their first patient interview SOAP note.

Acute Care Skills Assessment

1. The student will be evaluated on a second patient with an acute problem.
2. As with the chronic patient, the student will be given a chart with patient’s vital signs and chief complaint prior to entering the exam room. They will then perform the necessary history and physical exam components needed based on the patient’s presentation. The student will then complete a SOAP note in 10 minutes.

Remember:

- Introduce yourself when you enter the room.
- Wash your hands prior to examining the patient.
- All patients during the exam will remain clothed.
- If you think a rectal, vaginal, or breast exam is indicated, include it in your treatment/evaluation plan.

4. Extra Credit Examination

An extra credit examination (max 10 points) will be offered to all students. Students wanting to take the exam must register by mid-rotation. The learning material for the test will then be distributed to them. This material will include a variety of topics of value to healthcare e.g. The Patient Centered Medical Home, Health Insurance, Disease Prevention, Nutrition, Obesity. The Exam will be offered immediately following the final clerkship written exam only for those who have registered by mid-rotation. A maximum of 10 points for this exam may be earned. The maximum total points that may be earned for the entire clerkship rotation is 100 points.

Revised 6/11

Clinical Skills Cards “The Blue Card”

In order to document the satisfactory performance of clinical skills by students in the USA College of Medicine, the Curriculum Committee has approved the use of “clinical skills cards” for third year students. The student is responsible for ensuring that the “clerkship cards” are completed while on the specific clerkship and that the “General Skills” card is completed by the end of the third year. It should be signed off by the clinical faculty upon observation of successful completion of the skill.