

It is the sole responsibility of the student to check CANVAS for schedule updates on a daily basis!

Northeast Ohio Medical University

College of Medicine

Family Medicine Clerkship, FMCM 83006
5 Weeks / 5 Credit Hours
Course Syllabus
Academic Year - 2023 - 2024

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COURSE LEADERSHIP

Dr. Debra Gargiulo is Clinical Experiential Director for the Family Medicine Clerkship. She is responsible for ensuring that implementation of the Family Medicine Clerkship curriculum is comparable across all teaching sites. Dr. Gargiulo and the respective Clerkship Site Directors can be reached by email for any student questions or concerns and will be available for face-to-face appointments via teleconference or in person. The Clerkship Site Directors and their institutions are also listed below. These are the institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students.

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BASIC COURSE INFORMATION

Course Description

The Northeast Ohio Medical University College of Medicine M3 Family Medicine Clerkship is a five-week clinical rotation. The core curriculum is designed to provide for the acquisition of clinical competence and basic knowledge in Family Medicine, the development of interpersonal skills and the promotion of attitudes commensurate with high standards of professionalism. A foundation for continued learning and self-improvement will be established, and an awareness of the role of systems within Family Medicine practice will be developed. The core competencies will serve as a framework for the educational experiences that include didactics, case conferences, self-directed learning assignments and patient care activities.

Course Enrollment Requirements

- Successful completion of M1 curriculum.
- Successful completion of M2 curriculum.

Trainings	Screenings	Immunizations
<ul style="list-style-type: none"> • BLS • OSHA • ACLS • HIPAA • Responsible Conduct of Research Human Subjects Research 	<ul style="list-style-type: none"> • Criminal Background • Check Toxicology Screen • TB Test 	<ul style="list-style-type: none"> • Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) • Flu shot • COVID vaccination required at some sites and strongly encouraged at others.

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven Clerkships and are aligned with [NEOMED's College of Medicine Educational Program Objectives \(COM EPO\)](#). Throughout the Clerkships, students will continue to learn and refine skills, knowledge, attitudes and professional behavior to move towards demonstrating entrustable behaviors. These competencies form the basis for the Student Performance Evaluation (SPE) that is used to assess student performance in all Clerkships.

By the end of the Clerkship, students will:

Clerkship Objectives	Alignment to COM EPOs
1. Gather patient information in a hypothesis-directed manner and perform an accurate physical examination, in the care of patients presenting the acute, chronic, or preventive care needs such as low back pain, hypertension and depression.	1.1, 1.2
2. Develop a differential diagnosis with appropriate prioritization and recommended diagnostic testing for patients presenting with symptoms such as chest pain, cough, and fatigue.	1.3
3. Generate an assessment and management plan and reasoning for the plan for patients presenting with acute, chronic, or preventive care needs such as upper respiratory tract symptoms and abdominal pain, and well care.	1.4
4. Apply medical knowledge of clinical disorders to patient evaluations, specifically disorders related to chronic pain syndrome and anxiety.	2.1
5. Apply knowledge of evidence-based medicine to answer patient care related questions, especially those commonly seen in the outpatient setting.	3.1

6. Demonstrate empathetic, honest, and bi-directional communication with patients and families.	4.2
7. Demonstrate clear, effective, and complete communication with the interprofessional health care team in both written and verbal forms, including the delivery of an outpatient patient presentation in a clear and organized manner.	7.1
8. Fulfill one’s professional obligations by displaying professional behavior and demonstrating a commitment to ethical principles (e.g., respecting patient autonomy and responding to patient needs that supersede self-interest.)	5.1, 5.2, 5.3
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.	8.1
10. Identify and address potential barriers to communication with patients, families, and colleagues, including linguistic, educational, and cultural diversity, the psychosocial determinants of health, and patient/family preferences.	4.1

CLERKSHIP RESOURCES

Reading during the Clerkship should include both textbooks and journal literature. Students should read about specific problems encountered with their own patients, as well as subjects of general importance in psychiatry. Specific reading assignments from both text and the periodic literature may be required at the discretion of the Clerkship Site Director or other designees.

Primary Resources

1. Bickley, Lynn S. *Bates' Guide to Physical Examination and History Taking, 12th Edition*. Philadelphia: Lippincott Williams and Wilkins, 2016.
2. Douglas G, Nicol F, Robertson C. *Macleod’s Clinical Examination, 14th Edition*. Churchill Livingstone Elsevier, 2018.
3. South-Paul JE, Matheny SC, Lewis EL. *CURRENT Diagnosis and Treatment in Family Medicine, 5th Edition*. New York: McGraw-Hill, 2020.

Online Resources

Aquifer

Resource that provides essential knowledge and clinical reasoning skills for health profession students.

ASCVD Risk Estimator Plus – American College of Cardiology

Allows a physician to estimate patient’s 10-year ASCVD risk at an initial visit to establish a reference point; forecast the potential impact of different interventions on patient risk; reassess ASCVD risk at follow-up visits. Follow up risk incorporates change in risk factor levels over time and requires both initial and follow up values; and use the information above to help with clinician-patient discussions on risk and risk-lowering interventions. <https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/>

CANVAS

The online learning and collaboration system, CANVAS, will be used in M3 to post Clerkship educational materials including, but not limited to, course and Clerkship syllabi, Clerkship materials and core curriculum lecture videos. The web address for CANVAS is: <https://neomed.instructure.com/>.

Centers for Disease Control and Prevention (CDC)

[Centers for Disease Control and Prevention \(cdc.gov\)](https://www.cdc.gov/)

Centers for Disease Control (CDC) Adult Vaccine Schedules

Use the schedule to determine vaccination recommendations based on age; assess for medical

conditions and other indications; review special situations; and, review contradictions and precautions to vaccination. <https://www.cdc.gov/vaccines/schedules/hcp/imz/adult.html>

Epocrates

Application that provides features such as drug information, interaction check, pill identification, clinical practice guidelines, and formulary. <https://www.epocrates.com/>

OASIS

It is the sole responsibility of the student to check for updates daily. Grades, CSEP submittal, and schedules will be accessible through OASIS. The web address for OASIS is <https://neomed.oasisscheduling.com/>. Your Office 365 credentials are used to login to both systems.

United States Preventatives Services Task Force (USPSTF)

Review the Summary of Recommended Age-Appropriate Screenings and Vaccines. Provides questions in the “Preventative Me” section.

<https://www.uspreventiveservicestaskforce.org/uspstf/>

uWorld

Resource that provides clinical and knowledge-based questions as a study option. <https://p.uworld.com>

Secondary Resources

The following are recommended references for patient care, Clerkship activities and preparation for the NBME subject copy examination:

1. Taylor, Robert B., *Fundamentals of Family Practice*. Springer, August 1995.
2. Toy, Eugene C., Briscoe Donald, Britton, Bruce, and Heidelbaugh, Joel John. *Case Files Family Medicine, 4th Edition*. McGraw-Hill, February 2016.
3. Great pocket clinical reference guide. Only need one of the two options:
 - Crees, Zachary. *The Washington Manual of Medical Therapeutics, 33rd Edition*. Lippincott Williams & Wilkins, April 2019.
 - Sabatine, Marc. *Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine, 7th Edition*. Lippincott Williams & Wilkins, 2019.
4. RoshReview, Family Medicine
Access to website is free. Shelf exam question bank is an additional cost. <https://www.roshreview.com/>
5. American Academy of Family Practitioners (AAFP)
Student members are free! Board Review Questions available. Helpful for Subject examinations as well. Highly recommended to review the “Choosing Wisely” section. This outlines the clinical recommendations to improve the delivery of high quality, cost-effective medicine. Highly recommended to review the antibiotic section. <https://www.aafp.org/home.html>

Resource List for Hospice Experience

- *21 Books Kitchen Table Wisdom* by Rachel Remen
- *My Grandfather’s Blessings* by Rachel Remen
- *Tuesdays with Morrie* by Mitch Albom
- *Five People You Meet in Heaven* by Mitch Albom
- *Too Soon to Say Goodbye* by Art Buchwald
- *Learning to Fall* by Phillip Simone
- *The Four Things That Matter Most* by Ira Byock
- *Dying Well: Peace and Possibilities at the End of Life* by Ira Byock

- *The Death of Ivan Illyich* by Leo Tolstoy
- Movies or Internet
 - Tuesdays with Morrie – Mitch Albom (1999)
 - Five People You Meet in Heaven – Mitch Albom (2004)

CLERKSHIP STRUCTURE

Orientation

You are expected to report to your hospital Clerkship site at the time designated in instructions on CANVAS or as instructed in an email message from the site. This orientation will consist of:

- A brief introduction to the discipline of Family Medicine.
- Discussion of the components and required assignments of the Clerkship.
- Logistics for your assigned center:
 - Daily schedules will be distributed by sites no later than Day 1 of each rotation. Some sites may send schedules prior to arrival for the first day.
- Review of the Pre-Clerkship assignment.

Pre-Reporting Assignment

Before the start of this rotation, you are required to complete an online case assignment through Aquifer Family Medicine. In a welcome email, you will be assigned to one Aquifer case either *Family Medicine 01: 45-year-old female wellness visit* or *Family Medicine 02: 55-year-old male wellness visit*. At the Site Orientation Session, you should be prepared to present and discuss your assigned case. Following the instructions on OASIS to gain access to the cases for first time users.

1. Review assigned Aquifer case in the welcome email.
 - a. Family Medicine 01: 45-year-old female wellness visit
 - b. Family medicine 02: 55-year-old male wellness visit
2. Be prepared to present and discuss assigned case at the Orientation session.

First Day Reporting

First day reporting information varies by clinical site. Please see OASIS or email from the clinical site for first day reporting information.

Call and Work Hours

All students will be assigned to take call during the five-week rotation. Call will be under the supervision of the on-call family medicine resident or faculty member. The Clerkship Coordinator will assign call schedules and provide information at orientation regarding student responsibilities. Students on call must be available as required at all times. In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

All 5-week Clerkships (Family Medicine, Obstetrics and Gynecology, Pediatrics, Psychiatry, and Surgery) will schedule **one half day of independent study time during the last week of the Clerkship**. This time can be used to make up missed clinical assignments from earlier in the Clerkship, complete enrichment activities, or as time to prepare for the upcoming subject exam.

Specialty Experiences

Inpatient Patient Care

You are expected to follow your own or assigned hospitalized patients and manage them with supervision, including follow-up visits. Note: Although the focus of this Clerkship is on the care of ambulatory patients, it is a goal of the Clerkship for students to be exposed to why and how the family physician admits patients and then manages their care during and after hospitalization. On rounds you are expected to help in the direct management of hospitalized patients to provide the full scope of

medical care as delivered by family physicians. During your inpatient care time, you will be included as a participant on rounds, morning report and any other patient conferences. You also may be assigned to participate on Saturday/Sunday morning rounds.

Ambulatory Patient Care

You are responsible for providing patient care in a variety of settings including the family medicine center, the hospital, private offices, at a patient's home if this is part of your hospice experience, at underserved clinics and other locations as assigned. Although times and places for patient care will vary among the Clerkship sites, the process will be the same. You will see each patient alone, and then meet with a preceptor to discuss each case and your performance. The precepting session will conclude with the preceptor seeing the patient. (All patients seen by students must be seen by a physician before they leave the office.) In addition to seeing patients, you are expected to participate in office procedures, hospital admissions and therapy sessions, whenever possible. At least half of your Clerkship experience will be devoted to patient care. You will be expected to:

- accept responsibility as the main provider of care for assigned patients,
- under appropriate supervision, in the office and the hospital, including follow-up visits,
- read the patient's chart and notes about patient visits or calls at night,
- interview each patient to collect the reason(s) for coming and complete a thorough history including a psychosocial systems review,
- conduct an appropriate physical examination and record findings,
- inform the patient that he/she will be seen next by the faculty preceptor,
- conduct, assist with or observe procedures, whenever possible,
- formulate a differential diagnosis,
- decide which diagnostic tests, if any, are indicated,
- consider therapeutic plans(s),
- present the case to the faculty preceptor and receive feedback on clinical skills,
- dictate or write notes in the problem-oriented medical record format or use an electronic medical record where available,
- write prescriptions, as indicated, and approved by the faculty preceptor, and
- conduct library research regarding case.

Patient Care Opportunities

During this Clerkship, you may have the opportunity to participate in the care of geriatric patients in a variety of settings. This experience provides you with exposure to the unique needs of older adult patients, the elements of a geriatric patient assessment (physical, cognitive, psychosocial, and environmental), and the role of the family physician in care of older adults. You may also receive instruction and practice in assessing older adults.

During this Clerkship, you also may be introduced to the variety of home health care needs and the role of the family physician in initiating and/or coordinating this care. If the opportunity arises, you will be expected to make a home visit as part of a home health care team or accompany a physician on a home visit.

Exposure to the needs of medically underserved patients is a goal of both NEOMED and this Clerkship. Experience in the care of patients who are medically underserved is designed to stimulate interest and thinking about how to provide better care for people who face social and financial barriers in the changing health care delivery system. You may have an opportunity to see patients in one of the several clinics in the community that provide care for uninsured and underinsured individuals. Physicians on staff at the clinics will precept and provide written and verbal feedback on your communication, problem solving and interpersonal skills. You may also have the opportunity to work closely with other

caregivers at the clinics, such as nurses, physician assistants and nurse practitioners.

Hospice Experience

(Based on availability at site during the academic year)

The experience consists of several sessions. You will be assigned to a hospice patient, visit with the patient and be responsible for discussing the patient at hospice team meetings. Through the experience, students will have the opportunity to build a relationship with a patient with a terminal illness and his/her family. Students also will be able to participate in the multi-disciplinary approach to caring for a patient who has a terminally illness.

Upon completion of this experience, each student will have:

- established a relationship with a patient receiving hospice care via a Medicare certified hospice agency,
- an understanding of the role of the patient who is receiving hospice care as a valuable teacher of appropriate and effective end-of-life care,
- observed and participated in the function of the interdisciplinary hospice team,
- completed a thorough assessment of the patient's most troubling symptom and identify the role of each hospice team member in addressing the symptom, and
- recognized the importance of self-care and self-awareness in dealing with patients who have a terminal illness and have been prepared to discuss personal and emotional responses of this experience with the hospice preceptor.

You will have assignments for each of your visits with your assigned patient. Additionally, at some time during your hospice experience, you are required to write a one- to two-page reflective essay about your experiences with and thoughts about your patient and the home visits. Turn a copy of this essay into your hospice preceptor, your Clerkship Site Director, and submit to Canvas. Refer to CANVAS under Resources/Hospice Experience for further information. Recommended resources for this experience are listed in the [Resource List for Hospice Experience](#) section.

Procedures Workshops

You may be required to attend procedures workshops during the rotation. In some communities, teaching sites may combine for the workshop(s). The possible topics and a brief description of each follow. Instruction is individualized based on the skill/comfort level of each student.

- Basic Office Procedures: Demonstration and practice of common office procedures, including injections, urinalysis, throat culture, glucose testing, etc.
- Suturing and Laceration Repair/Biopsy and Excision of Skin Lesions: Introduction to principles of local/digital anesthesia and suturing with demonstration of appropriate techniques and various types of stitches. Introduction to types of biopsies (punch/excisional), indications and demonstrations of procedure; instruction in types of mole removal with mention of indications, scarring, etc.; cryotherapy instruction for lesions such as warts, keratoses, etc.
- Eye/ENT Procedures (optional): Demonstration of cerumen removal, ear irrigation, and eye exam for foreign body, abrasion, etc., including lid eversion, fluorescein staining and tonometry.
- Casting and Splinting/Wrapping and Taping (optional): Review of general principles of immobilization with attention to short arm and short leg casts and splints, as well as finger splinting and care of commonly seen sprains and strains.

Pathway Articulation

Assignment/Group	Standard Context	Urban Primary Care Pathway	Rural Primary Care Pathway Context
Outpatient portion of the FM Clerkship	As scheduled by your assigned clinical site		The RMED program will work individually with students to ensure the outpatient portion of the FM Clerkship is completed with either their current or a potential rural family physician mentor.
Outpatient portion of the FM Clerkship	As scheduled by your assigned clinical site	The ambulatory experience of clinical Clerkship will provide the students the opportunity to care for patients at different hospitals in an urban community.	

LEARNING ACTIVITIES

Students will have access to lectures, either live or virtual, and the opportunity to participate in case conferences, depending on the Clerkship site. Students at all sites are required to attend any lectures, conferences or Grand Rounds listed on their schedule for their site. Students will be assigned weekly learning activities and questions to ensure that high yield topics are covered within each Clerkship.

Instructional Methods/Learning Strategies

A variety of learning strategies will be used during the Clerkship to help students achieve their goals. Strategies include but are not limited to:

- Clinical Experience – Inpatient and Ambulatory
- Patient Presentation – Faculty, Learner
- Peer Teaching
- Service-Learning Activities
- Ward Rounds
- Small Group Discussions
- Conferences and Lectures
- Independent Learning
- Self-Directed Learning
- Case-Based Learning
- Padlet

Overview

Week	Topics	Aquifer Cases	Assignments
Pre-work	<ul style="list-style-type: none"> Health Maintenance 	<p><u>Pre-Reporting Assignment (Prior to Starting Clerkship)</u></p> <ul style="list-style-type: none"> Family Medicine 01: 45-year-old female wellness visit or Family Medicine 02: 55-year-old male wellness visit 	
1	<ul style="list-style-type: none"> Hypertension 	<ul style="list-style-type: none"> Family Medicine 08: 54-year-old male with elevated blood pressure 	<ul style="list-style-type: none"> Update CSEP uWorld Questions Review USPSTF Website recommendations, focusing on specific items listed: <ul style="list-style-type: none"> Colon Cancer Screening Breast Cancer Screening Cervical Cancer Screening Prostate Cancer Depression Screening Review Adult CDC Vaccine Schedules Oral Health Module
2	<ul style="list-style-type: none"> Musculoskeletal Systems Diabetes 	<ul style="list-style-type: none"> Family Medicine 06: 57-year-old female diabetes care visit Family Medicine 10: 45-year-old male with low back pain 	<ul style="list-style-type: none"> Update CSEP uWorld Questions Recommended practice NBME clerkship subject examination (<i>No NEOMED voucher provided</i>)
3	<ul style="list-style-type: none"> Skin and Subcutaneous Tissue Pediatrics 	<ul style="list-style-type: none"> Family Medicine 16: 68-year-old male with skin lesions Pediatrics 04: 8-year-old well-child check 	<ul style="list-style-type: none"> Update CSEP uWorld Questions
4	<ul style="list-style-type: none"> Older Adult Behavioral Health Nervous System 	<ul style="list-style-type: none"> Family Medicine 29: 72-year-old male with dementia 	<ul style="list-style-type: none"> Update CSEP uWorld Questions
5		<ul style="list-style-type: none"> Complete any remaining requirements 	<ul style="list-style-type: none"> Complete CSEP End of Clerkship Survey Finalize Learning Goals

Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provides opportunities for self-directed learning experiences that involve medical

students' self-assessment of learning needs and the independent identification, analysis, and synthesis of information relative to their learning needs. Therefore, at the beginning of each Clerkship rotation, each student will identify 2-3 learning goals, including a personal wellness goal. At the end of each Clerkship, students will reflect on their attainment of their self-identified goals. Students will submit their goals and a summary of the achievement of those goals via CANVAS, which will provide a cumulative record of their personal learning goals for the entire Clerkship year. Students also will be expected to make their site directors aware of their goals so that the Clerkship learning experience may be enhanced and/or feedback provided accordingly. Guidelines for writing SMART goals are provided on the CANVAS site.

Specifically, students must upload the initial goals for each Clerkship by 11:59 p.m., Sunday of the first week of each Clerkship. At the end of the Clerkship, and prior to the final assessment meeting, students must record their progress toward achievement of each goal and prepare to discuss the status with their site director. The progression will be submitted on CANVAS by the last Friday of the Clerkship at 5:00 pm.

Clinical Skill Experience Portfolio (CSEP)

The Family Medicine Clinical Skills Experience Portfolio (CSEP) is an electronic checklist of clinical experiences developed for the Clerkship and designed for students to use to track their progress in developing knowledge and skill in the following areas:

- Diagnoses/Symptoms/Clinical Scenarios
- Physical Examinations
- Procedures/Technical Skills
- Additional Clinical Activities
- Additional Learning Activities

The CSEP list represents the minimum number and type of experiences required in the Clerkship. The expectation is that you will participate in a broader array of clinical experiences that become available to you during your rotation. A list of supplemental or alternative activities is also available as an [Appendix](#) item and in CANVAS in the unlikely event that a student is not exposed to a particular experience.

Students are required to:

1. update the CSEP in OASIS on a weekly basis,
2. review their CSEP progression and completion of items with the Clerkship Site Director at the midpoint,
3. review the CSEP progress and completion of items with the Clerkship Site Director at the end of the Clerkship.

Family Medicine Clerkships Clinical Skills Experience Portfolio (CSEP) Content		
Diagnosis		
• Abdominal Pain	• Anxiety Disorder	• Asthma
• Chest Pain	• Chronic Pain Syndrome	• Cough
• Dementia	• Depression	• Diabetes Mellitus Type 2 (DM2)
• Fatigue	• Headache	• Hypertension
• Joint Pain	• Low Back Pain (acute or chronic)	• Obesity
• Sleep Disturbance	• Upper Respiratory Tract Infection (URI) Symptoms (Sinusitis, Pharyngitis)	• Well Adult Exam/Health Maintenance

Physical Examination		
• Diabetic Foot Exam including Monofilament	• Ear, Nose, Throat (ENT) Exam	• Knee Exam
• Lumbar Region Exam	• Vitals-Routine	
Procedures/Technical Skills		
• Intramuscular/Subcutaneous Injection (adult)	• Pharyngeal Swab for Culture	
Additional Clinical Activities		
• Complete Outpatient Progress Note	• Give Outpatient Patient Presentation	• Observe an Interdisciplinary "Huddle" or similar meeting
• Observed by resident or attending doing the relevant parts of a history at least once	• Observed by resident or attending doing a focused physical exam at least once	
Additional Learning Activities		
• Actively participate in care of at least 25 patients.		
• Complete additional Aquifer Family Medicine cases as needed for required diagnoses not encountered during patient care.		
• Complete Family Medicine NBME subject practice exam prior to mid-point and share results with Site Director.		
• Complete mid-course feedback session with Site Director.		
• Complete PBLI Presentation.		
• Complete required Aquifer Family Medicine cases.		
• Complete Smiles for Life module.		
• Develop and submit personal rotation goals by end of week one		
• Review progress on personal goals midway and submit progress by end of Clerkship.		

Oral Health Modules

You are required to complete one of the following three oral health modules from Smiles for Life, available at www.smilesforlifeoralhealth.org by Sunday at 11:59 pm of 1st Week.

1. Child Oral Health
2. Acute Dental Problems
3. The Relationship of Oral to Systemic Health

Upon completion of the module:

1. Print the certificate of completion.
2. Upload copy to Canvas.
3. Provide a copy to your site director.

Aquifer Online Case(s)

You are required to complete six (6) online cases through Aquifer Family Medicine, in addition to the health maintenance case you were assigned for orientation. These cases are accessed in the same way that you completed the online case for orientation.

Required Aquifer Cases

- Family Medicine 06: 57-year-old female diabetes care visit
- Family Medicine 08: 54-year-old male with elevated blood pressure

- Family Medicine 10: 45-year-old male with low back pain
- Family Medicine 16: 68-year-old male with skin lesions
- Family Medicine 29: 72-year-old male with dementia
- Pediatrics 04: 8-year-old well-child check

Upon completion of the case, mark appropriately on the Clinical Skills Experience Portfolio.

If applicable, your Clerkship Site Director will give you specific instructions about researching one or more of these cases in preparation for a student conference. A listing of additional Aquifer Family Medicine and Geriatrics cases are provided in the Appendix.

uWorld

You are required to complete uWorld questions throughout the Clerkship. See CANVAS for specific assigned questions and due dates. www.uworld.com

uWorld Question Topics

- Week 1 – Health Maintenance / Hypertension
- Week 2 – Musculoskeletal System / Diabetes
- Week 3 – Skin and Subcutaneous Tissue / Pediatrics
- Week 4 – Older Adult / Behavioral Health and Nervous System

Student Conferences

Clerkship students will meet as a group with the Clerkship Site Director (or designated faculty) to discuss common ambulatory symptoms based on recent patient encounters. These sessions provide structured time for students and a faculty leader to discuss:

- diagnosis and management of common, ambulatory problems,
- principles and processes of patient care in Family Medicine,
- care of a patient in the context of his/her family, and
- community health issues and resources.

You are expected to help lead the discussions and share information with your peers. These and other problem-based learning principles will be engaged to aid in the development of lifelong learning skills. You are expected to come to each conference prepared to give a clinical presentation based on a recent patient encounter, including specific information on any use of alternative medicine, discuss clinical reasoning, differential diagnoses and decision making related to that patient and his/her symptoms, and report on knowledge gained from preparatory research for the discussion. You may be given an assignment for the next session.

Tips for Student Conferences

- Relax and enjoy the process!
- Make sure your topics are different from what the other students are presenting.
- Each presentation should be no more than 30 minutes.
- Present a patient care case that relates to your topic at the beginning of the presentation.
- Present information that is practical. How does this relate to the patient I presented? How will the information help me better assess and manage the patient and his/her problem?
- Research your area of interest and demonstrate preparation.
- Present in a creative manner. Use handouts when available. Provide a copy of articles for everyone.
- Make the presentation interesting. Address what is important/pertinent.
- Involve your audience. Keep their interest by giving them something to do.
- Define learning issues – something you want to know more about.
- Follow up on learning issues with the group.

- Ask questions of your peers when they are presenting. Be an active listener during presentations.

Formative and Mid-course Feedback

The Family Medicine Clerkship places emphasis on providing students with continuous feedback on their knowledge, skills, and attitudes. Your final grade report form will reflect the feedback provided to you throughout the rotation.

Mid-rotation and end-of-rotation communication will be scheduled during the Clerkship for you to:

1. discuss your performance based on the assessment forms completed by faculty during the week of the rotation and a self-assessment of your performance,
2. review clinical progress via your Clinical Skills Experience Portfolio (CSEP),
3. plan activities for the week to match your learning objectives and individual learning goals, and
4. address any problems or concerns.

U.S. Preventive Services Task Force

This website provides recommendations from national experts in disease prevention. These recommendations are evidence-based and should be used to guide recommendations for care. Review the following:

- Colon Cancer Screening
- Breast Cancer Screening
- Cervical Cancer Screening
- Prostate Cancer
- Depression Screening

CDC Adult Vaccine Schedules

Review the CDC website documentation that directly correlates with adult vaccination schedules.

Practice-Based Learning and Improvement (PBLI) Project

Students are required to complete a self-directed Practice-based Learning and Improvement (PBLI) Project specific to each Clerkship (except in Emergency Medicine). PBLI is important because physicians should monitor the quality of their own work, improve their work and keep up with developments in medicine. PBLI is based on the belief that physicians should be leaders in making change rather than reacting to changes made by others and the belief that positive changes in one's own practice behavior can have positive effects on large systems. Specific examples include increasing preventive care, improving chronic disease management and enhancing patient safety.

The goals of the project are to:

1. investigate and evaluate patient care practices,
2. appraise and assimilate scientific evidence, and
3. improve patient care practices.

For each Clerkship (except Emergency Medicine), students will be required to:

1. formulate a focused clinical question directly related to a current patient care situation;
2. complete the PPICO for the clinical question;
3. conduct a literature search to answer the question;
4. evaluate the literature selection for relevance to the question, and reliability and validity of the article; and
5. make a formal presentation of the case, clinical question, search process and findings based on the requirements of your site.

Failed Practice-Based Learning and Improvement (PBLI) project:

- Students may be asked to repeat project with new topic in same specialty discipline as the failed project.
- Students must contact the Course Director to discuss the remediation process.

The net effect of the several avenues instruction is to provide a framework designed to help the student acquire the knowledge of selected subjects in Family Medicine, to appreciate the pathophysiologic mechanisms involved, to use the scientific method of problem solving, to develop proficiency in selected basic skills and to develop a professional attitude of responsibility and empathy toward patients. A significant advantage of this overall approach is early development of the capabilities and habits which will support each medical student in a life-long study of medicine.

Family Medicine National Board of Medical Examiners (NBME) Practice Subject Examination

For the Family Medicine Clerkship, students are strongly encouraged to purchase and complete one practice subject examination prior to their mid-Clerkship meeting with their site directors. Prepare to share the results during the meeting. Family Medicine Practice Exam is part of Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services <https://www.nbme.org/taking-assessment/self-assessments>. We strongly recommend taking the second practice test at least one week prior to the subject examination for self-assessment purposes and insight into how to focus study in the final week (or more) of the Clerkship.

Family Medicine NBME Subject Examination Preparation Tips

- Begin your NBME subject examination study early and get in a regular habit of studying throughout the Clerkship; the examination is too broad to rely on cramming.
- The NBME Family Medicine Modular Exam contains the following components:
 - Core Exam: This exam covers a wide range of Family Medicine content, including health maintenance and common chronic care issues. [80 items]
 - Module in Musculoskeletal/Sports-Related Injury: This module focuses on diagnosis and management of common musculoskeletal problems. [10 items]
 - Module in Chronic Care: This module is designed to provide a supplement to the Core exam with additional chronic care items that emphasize continuity of care. [10 items]
- Read about the patients you are seeing.
- Consider using [study tips](#) for NBME subject exams put together by NEOMED students in the Class of 2018.

COURSE GRADING AND ASSESSMENT

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Clinical Performance			
Student Performance Evaluation (SPE)	<ul style="list-style-type: none"> Behavioral anchors for each rating in each competency and formula for final rating/grade 	<ul style="list-style-type: none"> Rubric with Narrative Feedback 	<ul style="list-style-type: none"> Feedback is recorded throughout the Clerkship via student evaluation forms. The Clinical Grade will be generated at the conclusion of the course by the Clerkship Site Director submitted to for final review and grade assignment to the Clinical Experience Director. Documentation of fulfillment of professional responsibilities (met/not met) is completed by Course Coordinator(s). <i>Items include onboarding, CSEP completion, uWorld question completion, Aquifer cases, attendance, as well as other related administrative items. Failure to meet these responsibilities in a timely manner will result in a "Below Expectations" on the SPE.</i>
Clinical Skills Experience Portfolio (CSEP)	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required activities 	<ul style="list-style-type: none"> Mid-course and end-of-rotation meeting with Site Director.
Practice-Based Learning and Improvement Project (PBLI)	<ul style="list-style-type: none"> Satisfactory completion required 	<ul style="list-style-type: none"> Checklist of required items 	<ul style="list-style-type: none"> Completion by the last Friday of the course.
Examination(s)			
National Board of Medical Examiners (NBME) Subject Examination	<ul style="list-style-type: none"> See Table below 	<ul style="list-style-type: none"> Numerical score and Fail, Pass, or Pass with Commendation 	<ul style="list-style-type: none"> Last day of the course.

National Board of Medical Examiners (NBME) Subject Examination

The National Board of Medical Examiners (NBME) Subject Examination is the final written examination for each Clerkship except Emergency Medicine. It will be administered at the NEOMED Rootstown Campus or at designated Prometric Center in Columbus area the last day of each Clerkship. For additional details, see academic policy titled *Administration of Examinations at Remote Sites* in the [Compass](#). Reporting time and location for each examination administered on NEOMED's campus is posted on the Outlook Calendar. Below is a summary of expected performance measurements. The Subject Examination score is an equated percent correct score that represents mastery of the content domain assessed by the examination. Cut lines are based on the most recent recommendations of the National Board of Medical Examiners (NBME). Hofstee Compromise recommended passing score is used for minimum passing score. Minimum Pass with Commendation score is set at the 70th percentile nationally within Hofstee Compromise range of acceptable minimum honors scores. [NBME content examples](#) for each Clerkship can be accessed through this [link](#).

Subject Examination	Failing Range	Passing Range	Pass with Commendation
Family Medicine Clerkship	≤ 60	61-79	≥ 80
Internal Medicine Clerkship	≤ 58	59-79	≥ 80
Obstetrics/Gynecology Clerkship	≤ 63	64-81	≥ 82
Pediatrics Clerkship	≤ 61	62-82	≥ 83
Psychiatry Clerkship	≤ 70	71-85	≥ 86
Surgery Clerkship	≤ 59	60-78	≥ 79

Final Clerkship Grade Categories

Evaluation of student performance is expressed as one of the following permanent grades: Honors, High Pass, Pass, or Fail. Extended Time or Incomplete are temporary grades assigned by the Clerkship Site Director, which indicate work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. If the Incomplete is not completed within the stated time frame (not to exceed one calendar year), the “Incomplete” will become a Fail grade. Students can view assessment data on OASIS. ***Please refer to [COM Grade Categories Policy](#) for further detail.**

Final Clerkship Grade Category	Clinical Performance Grade	National Board of Medical Examiners (NBME) Grade
Honors (H) <ul style="list-style-type: none"> only applicable to Clerkships that require a NBME subject exam 	<i>Pass with Commendations</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass with Commendations</i>
High Pass (HP)	<i>Pass with Commendations</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass the NBME subject exam on first attempt</i>
	<i>Pass</i> <ul style="list-style-type: none"> provided there are no individual ratings of “below expectations” for any of the individual objectives 	<i>Pass with Commendations</i>
Pass (P)	<i>Pass</i>	<i>Pass</i>
	<i>Pass</i>	<i>NBME subject exam not required</i>
Fail (F)	<i>Fail</i>	<i>Pass</i>
	<i>Pass</i>	<i>Fail</i>
	<i>Fail</i>	<i>NBME subject exam not required</i>
Incomplete (I) or Extended Time (EX)	<ul style="list-style-type: none"> Temporary grade indicating that work in the course is incomplete. This grade may be the result of excused absences or academic deficiencies identified in a Clerkship or NBME assessment. 	

Grade Dispute

Grade Dispute guidelines are set forth in NEOMED’s [College of Medicine Grade Dispute Policy](#). A Grade Dispute is a formal request to change a Final Grade based on 1) arithmetic, procedural or clerical error, 2) arbitrariness and capriciousness or 3) prejudice. Only Final Grades may be disputed. If a student

disagrees with his/her Final Grade for a Clerkship, the student must first discuss the matter with the Clerkship Site Director assigning the grade **within five (5) working days** of posting of the Final Grade Report Form, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

Course Remediation

Guidelines specified in the *Compass* will be followed. Remediation is a privilege. Students are not guaranteed the opportunity to remediate. Student professionalism, for example, or lack thereof, may be factored into the decision to offer remediation.

“Below Expectations” rating in four or more individual items on the Student Performance Evaluation Form (SPEF):

- Student must repeat Clerkship in its entirety including the NBME Subject Examination. The highest grade for a repeated Clerkship is “Pass”.
- Repetition of Clerkship will be scheduled by the College of Medicine and Enrollment Services.
- Exception: Aggregate professionalism or performance concerns may result in referral to the Committee on Academic and Professional Progress (CAPP) rather than remediation.

Committee on Academic and professional Progress (CAPP) Standards for Unsatisfactory Performance and Academic Action:

CAPP standards in the *Compass* are not limited to but include the following for referral to CAPP:

- Aggregate performance and/or professionalism concerns.
- Failure of multiple NBME Subject Examinations.
- Failure of any remediation.
- Failure of a repeated Clerkship.

COURSE POLICIES & PROCEDURE

Students are responsible for:

- Knowing where they are supposed to be at all times.
- Asking for guidance if unsure (not knowing expectations is not acceptable).
- Performing according to the articulated guidelines – study them, know them and perform.
- Owning their education.
- Defining their learning agenda each day.
- Following all Hospital Institutional Policies as instructed.

Students should refer to the NEOMED Policy Portal for a full list of Clerkship Course Policies (<https://www.neomed.edu/policies/>) and the NEOMED [Compass](#), 2023-2024, for further details.

Attendance and Time Off Clerkship

[Attendance guidelines](#) for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions

- Absences must be discussed your site director and an Absence Notification Form must be submitted to NEOMED after a make-up plan is discussed.
- Request to present at a [professional conference](#) or fulfill a professional obligation should be completed online at least 6 weeks in advance.
- [Religious Holiday Observation](#) requests should be submitted for the first half of the year by July 1st and by November 1st for those holidays falling after January.

Blood Borne Pathogen Policy

If the Exposure Incident occurs at a clinical site, first notify the clinical director or preceptor and then

report to the Employee Health clinic, designated medical department or facility for that institution, for treatment and/or evaluation according to the site guidelines.

Curriculum Contact Hours

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents.

Clinical Supervision and Safety

Students should be appropriately supervised in learning situations that involve patient care and the activities supervised should be within the scope of practice of the supervising health care professional.

- Follow OSHA guidelines and appropriate patient safety procedures (handwashing, mask, gloves) as directed by the clinical site.
- If you are in doubt, err on the side of caution by taking a chaperone (fellow student, attending, nurse or security).

Mistreatment

Any issues or concerns regarding the Clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the CED of Associate Dean of Experiential Education.

- Issues or concerns should be addressed as quickly as possible to foster early resolution.
- Concerns regarding misconduct also may be reported confidentially or anonymously using the [Inappropriate Behavior Reporting Form](#).
- Students who feel they have been harassed or discriminated against should discuss the matter with their Associate Dean of Experiential Education, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

Professionalism

NEOMED students sign and are held to the Honor Code [Expectations of Student Conduct and Professional Behavior](#) and must abide by all student policies contained within *The Compass*. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

- Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

Subject Examination and Illness Protocol

Updated 2.10.22

1. If significantly ill the day of an M3 NBME Subject Examination and unable to take your examination, please reach out to the people below to notify them that you are unable to come. Notification of illness must be completed by 8:00 am, the day of the examination. You do not need to wait for a reply although we will be reaching out to contact you.
 - a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
 - b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu
 - c. The assessments team assessments@neomed.edu
2. If ill during the week of an examination, please reach out to the following people to notify them that you are ill and discuss a plan going forward. We will work with assessments team that week if necessary.

- a. The Associate Dean of Educational Experience who is acting in the position of M3 course director, Dr. Nofziger, snofziger@neomed.edu
- b. The M3 Coordinator Team through the M3 Clerkships email: m3clerkships@neomed.edu

We do not offer subject examinations during weekends or during your subsequent Clerkship. Students that do not take their examination at the originally scheduled time will need to reschedule the examination during designated breaks in your schedule. These time periods include winter break, the elective period, and after your final Clerkship is complete. All retake/remediation examinations are on the Rootstown Campus unless they fall during winter break when the campus is closed.

Safety/Clinical Supervision

1. The availability of emergency care. All NEOMED students are required to have health insurance coverage. Students who are approved for electives at an international site are also required to purchase international health insurance before the elective experience will be approved. When students participate in electives outside of a NEOMED-affiliated site, NEOMED may be asked by the site to enter into an affiliation agreement with the site to address the obligations of the student, the site, and NEOMED. NEOMED reviews all affiliation agreements to ensure that they contain a provision that requires the site to agree to provide emergency care to any NEOMED student participating in an elective at the site.
2. The possibility of natural disasters, political instability, and exposure to disease. Information about natural disasters, political instability and exposure to disease is considered when approving any domestic or international elective experience. For international electives, NEOMED relies heavily on information provided by International SOS and the U.S. State Department (travel.state.gov) to guide the acceptability of and ensure the safety of students who seek electives at an international location. Students who seek to travel to a country with a U.S. Department of State-issued travel warning require approval from the International Experience Committee. Students who seek to travel to a country not under a travel warning require approval from the Office of Global Engagement (OGE). The OGE is integrally involved in clearing students to travel to a location and providing guidance about safe travel to and from the location. The decision to permit a student to travel to an area that has a U.S. Department of State-issued travel warning is student-specific and considers the student's international travel experience, particular travel history to that country/locale, and personal resources in that country/locale. The Director receives routine travel notices, and he monitors the notices for sites at which NEOMED students are rotating. The OGE also provides all NEOMED students who are traveling with a copy of the report as well as a copy of the NEOMED access card for International SOS so that the student can access up-to-date reports while on travel status. Finally, students must enroll with U.S. STEP (Smart Traveler Enrollment Program) and provide proof of enrollment to the OGE. Enrollment in STEP provides an alert to the embassy or consulate in the area in which the student will be traveling, providing information such as the name of the student, the dates of travel and where the student will be staying so that the student can be located easily in case there would be a need for evacuation.
3. Students in the clinical setting must be supervised by a health care professional, including physicians and non-physicians, who is acting within his/her scope of practice. Students who are entrusted to be in a clinical situation without direct supervision must be assured ready access to an appropriate in-house supervisor, i.e., an attending physician or resident. Off-site or telephone supervision is not acceptable.

Students may report concerns regarding inappropriate supervision and/or inappropriate delegation of tasks in several ways including, but not limited to, the course director, the site director, College of Medicine deans, and using the end-of-course evaluation form.

Student Accessibility Services

If you have a documented disability and wish to register with the University Student Accessibility Services Committee, you may do so by completing the Disability Registration and Accommodation Request form (linked above).

APPENDICIES

Appendix A: Aquifer Cases

Family Medicine Clerkship Aquifer Case(s) – Optional Additional Cases			
Additional Cases			
Case #	Case Description	Case #	Case Description
Family Medicine 01	45-year-old female wellness visit	Family Medicine 19	39-year-old male with epigastric pain
Family Medicine 02	55-year-old male wellness visit	Family Medicine 20	28-year-old female with abdominal pain
Family Medicine 03	65-year-old female with insomnia	Family Medicine 21	12-year-old female with fever
Family Medicine 04	19-year-old female with sports injury	Family Medicine 22	70-year-old male with new-onset unilateral weakness
Family Medicine 05	30-year-old female with palpitations	Family Medicine 23	5-year-old female with sore throat
Family Medicine 07	53-year-old male with leg swelling	Family Medicine 24	4-week-old female with fussiness
Family Medicine 09	50-year-old female with palpitations	Family Medicine 25	38-year-old male with shoulder pain
Family Medicine 11	74-year-old female with knee pain	Family Medicine 26	55-year-old male with fatigue
Family Medicine 12	16-year-old female with vaginal bleed and UCG	Family Medicine 27	17-year-old male with groin pain
Family Medicine 13	40-year-old male with a persistent cough	Family Medicine 28	58-year-old male with shortness of breath
Family Medicine 14	35-year-old female with missed period	Family Medicine 30	27-year-old female labor and delivery
Family Medicine 15	42-year-old male with right upper quadrant pain	Family Medicine 31	66-year-old female with shortness of breath
Family Medicine 17	55-year-old post-menopausal female with vaginal bleeding	Family Medicine 32	33-year-old female with painful cycles
Family Medicine 18	24-year-old female with headaches	Family Medicine 33	28-year-old female with dizziness
Additional Cases – Pediatrics			
Case #	Case Description	Case #	Case Description
Pediatrics 01	Newborn male infant evaluation and care	Pediatrics 03	3-year-old male well-child visit
Pediatrics 02	Infant female well-child visits (2, 6 and 9 months)	Pediatrics 13	6-year-old with chronic cough
Additional Cases – Internal Medicine			
Internal Medicine 02	60-year-old female with chest pain	Internal Medicine 16	45-year-old male who is overweight
Additional Cases – Geriatrics			
Geriatrics 01	85-year-old female using anticoagulants	Geriatrics 15	75-year-old male with abdominal pain
Geriatrics 02	85-year-old female with hypoglycemia	Geriatrics 16	87-year-old male with low back pain
Geriatrics 03	91-year-old female with urinary incontinence	Geriatrics 17	86-year-old female with nursing home acquired pneumonia

Geriatrics 04	85-year-old female with dementia	Geriatrics 18	83-year-old female with urinary tract symptoms
Geriatrics 05	79-year-old female with agitation	Geriatrics 19	70-year-old male with urinary concerns
Geriatrics 06	85-year-old female with delirium	Geriatrics 20	79-year-old male with severe pain and low healthy literacy
Geriatrics 07	78-year-old male with depression	Geriatrics 21	70-year-old female with symptomatic end stage COPD: An Interprofessional Case
Geriatrics 08	86-year-old female and decisional capacity in the context of elder abuse	Geriatrics 22	74-year-old male and hazards of hospitalization: geriatric patient safety in the acute care setting
Geriatrics 09	82-year-old female and functional status and home safety	Geriatrics 23	70-year-old female and hazards of hospitalization: transition of care and discharge planning for geriatric inpatients
Geriatrics 10	72-year-old male with weight loss and addressing sexuality in older adults	Geriatrics 24	78-year-old female with pressure injuries
Geriatrics 11	75-year-old female with neck pain (osteopathic approach)	Geriatrics 25	92-year-old male and restraints
Geriatrics 12	78-year-old female and falls	Geriatrics 26	78-year-old male and cultural competency in geriatric care
Geriatrics 13	75-year-old male and 80-year-old female, prognosis and screening for older adults	Geriatrics 27	Advance care planning
Geriatrics 14	88-year-old female with dementia and feeding issues	Geriatrics 28	Frailty

Appendix B: CSEP Supplemental Listing

Family Medicine CSEP	
Supplemental Activity Listing	
Diagnosis	
Abdominal Pain	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Family Medicine 15: 42-year-old male with right upper quadrant pain • Family Medicine 19: 39-year-old male with epigastric pain • Family Medicine 20: 28-year-old female with abdominal pain • Family Medicine 24: 4-week-old female with fussiness
Anxiety Disorder	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Family Medicine 09: 50-year-old female with palpitations
Asthma	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Family Medicine 13: 40-year-old male with persistent cough • Pediatrics 13: 6-year-old female with chronic cough
Chest Pain	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> • Family Medicine 09: 50-year-old female with palpitations

	<ul style="list-style-type: none"> Internal Medicine 02: 60-year-old female with chest pain
Low Back Pain (Acute or Chronic)	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 10: 45-year-old male with low back pain
Chronic Pain Syndrome	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 11: 74-year-old female with knee pain
Cough	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 13: 40-year-old male with persistent cough Pediatrics 13: 6-year-old female with chronic cough
Depression	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 03: 65-year-old female with insomnia
Diabetes Mellitus Type 2 (DM2)	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 06: 57-year-old female diabetes care visit
Fatigue	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 26: 55-year-old male with fatigue
Headache	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 18: 24-year-old female with headaches
Hypertension	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 8: 54-year-old male with elevated blood pressure Female Medicine 22: 70-year-old male with new-onset unilateral weakness Pediatrics 04: 8-year-old male well-child check
Joint Pain	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 04: 19-year-old female with sports injury Family Medicine 11: 74-year-old female with knee pain Family Medicine 25: 38-year-old male with shoulder pain
Obesity	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 21: 12-year-old female with fever Internal Medicine 16: 45-year-old male who is overweight Pediatrics 04: 8-year-old male well-child check
Upper Respiratory Tract Infection (UTI)/Symptoms (Sinusitis, Pharyngitis)	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 33: 28-year-old female with dizziness
Well Adult Exam/Health Maintenance	<p><u>Online Resources</u></p> <p>Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 01: 45-year-old female wellness visit Family Medicine 02: 55-year-old male wellness visit

Physical Examination	
Diabetic Foot Exam Including Monofilament	<p><u>Online Resources</u> Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 06: 57-year-old female diabetes care visit <p><u>Text Resources</u> Diagnosis & Treatment in Family Medicine</p> <ul style="list-style-type: none"> Chapter 36: Diabetes Miletus
Ear, Nose, Throat (ENT) Exam	<p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 11: The Head and Neck <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> Volume 7: Head, Eyes, and Ears Volume 8: Nose, Mouth, and Neck
Knee Exam	<p><u>Online Resources</u> Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 11: 74-year-old female with knee pain <p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 23: The Musculoskeletal System <p><u>Video Resources</u> Bates' Visual Guide Volume 16: Musculoskeletal System</p>
Lumbar Region Exam	<p><u>Online Resources</u> Aquifer Cases</p> <ul style="list-style-type: none"> Family Medicine 10: 45-year-old male with low back pain <p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 23: The Musculoskeletal System <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> Volume 16: Musculoskeletal System
Vitals-Routine	<p><u>Text Resources</u> Bates' Guide</p> <ul style="list-style-type: none"> Chapter 8: General Survey, Vital Signs, and Pain <p><u>Video Resources</u> Bates' Visual Guide</p> <ul style="list-style-type: none"> Volume 5: General Survey and Vital Signs
Procedures/Technical Skills	
<ul style="list-style-type: none"> Intramuscular/Subcutaneous Injection (adult). Pharyngeal Swab for Culture. 	
Additional Clinical Activities	
<ul style="list-style-type: none"> Complete Outpatient Progress Note. Give Outpatient Patient Presentation. Observe an Interdisciplinary "huddle" or similar meeting. Observed by resident or attending doing the relevant parts of a history at least once. 	

<ul style="list-style-type: none"> Observed by resident or attending doing a focused physical exam at least once.
Additional Learning Activities
<ul style="list-style-type: none"> Actively participate in care of at least 25 patients.
<ul style="list-style-type: none"> Complete additional Aquifer Family Medicine cases as needed for required diagnoses not encountered during patient care.
<ul style="list-style-type: none"> Complete Family Medicine NBME subject practice exam prior to mid-point and share results with site director.
<ul style="list-style-type: none"> Complete mid-course feedback session with site director.
<ul style="list-style-type: none"> Complete PBLI. presentation.
<ul style="list-style-type: none"> Complete required Aquifer Family Medicine cases.
<ul style="list-style-type: none"> Complete Smiles for Life modules.
<ul style="list-style-type: none"> Develop and submit personal rotation goals by end of week one.
<ul style="list-style-type: none"> Review progress on personal goals midway and submit progress by end of clerkship.