

Family Medicine Faculty/Resident Card

Clerkship Experiential Director:

Debra Gargiulo, M.D.
dgargiulo@neomed.edu

Associate Dean of Experiential Education:

Susan Nofziger, M.D.
snofziger@neomed.edu

Student Expectations

- Be observed (at least once) performing **history, physical exam**
- Author complete **outpatient progress notes** with assessment/plan
- Deliver appropriate **outpatient patient presentation** – concise, highlights pertinent info.
- Observe/reflect on **interdisciplinary “huddle”** or similar meeting
- Observe an **intramuscular/subcutaneous injection**
- Complete **Aquifer Family Medicine Cases** and midway NBME practice exam
- Other disease and patient specific requirements that student will log:

Complaints – abdominal pain, asthma, cough, anxiety, depression, joint pain, DM2, fatigue, URI symptoms, low back pain, headache, chest pain, chronic pain, HTN, obesity, preventative care visit

Exam – diabetic foot with monofilament, knee exam, lumbar back exam, ENT exam, vital signs

Assessing Student Performance

- **Review learning goals** selected by student
- **Let student perform history and physical exam**
 - Observe at least one part of history or exam
- **Have student develop own prioritized differential diagnosis**
 - Ask student to commit to their own assessment before helping
- **Provide feedback on student communication** with patients, families, and health care team
- **Ask student to apply knowledge** and use EBM to answer questions
- Provide frequent verbal feedback and coaching
 - **What should the student Keep, Start, and Stop doing?**
- Describe student skills, actions, and behaviors
 - Use the clerkship's evaluation form as a guide
 - Try to comment on most domains or behavioral anchors
- **Contact school or clerkship leadership early with concerns** about a student's performance so we can help.

NEOMED Clinical Faculty Website (Clerkship syllabi & resources):

<https://www.neomed.edu/medicine/clinical-faculty/lets-get-ready-to-teach/>

Guidelines for Providing Narrative Feedback

1. Use language that describes student progression Dr. Pangaro's¹

Reporter-Interpreter-Manager-Educator language

Reporter/Data Collector

Gather history, describe exam findings,
document subjective/objective parts of notes

Interpreter

Offer independent assessment, offer differential, identify problems, prioritize,
presentations become more concise – able to identify pertinent positive/negative

Manager

Offer independent plan, able to prioritize actions, adapt plan as situation
changes, able to independently carry out plan

Educator

Ability to teach and share evidence from textbook and primary literature
(attending level)

2. Descriptions from multiple supervising physicians (on evaluation forms) using RIME-type language are essential to author great grade paragraphs. Provide specifics.

Anatomy of a Grade Paragraph – typically one sentence for each:

- **Professional behaviors** – *hard-working? reliable?*
 - **Relationships with team and teamwork** – *worked well with others?*
 - **Rapport with patients/family** – *caring, advocated well for patients?*
 - **Patient care skills**
 - 1 – History taking – *complete, appropriately focused?*
 - 2 – Physical examination skills – *complete? accurate? findings?*
 - 3 – Assessment, synthesis, differential diagnosis – *offered? accurate?*
 - 4 – Management & plan – *how complete? how independent?*
 - **Written notes** & other documentation skills – *complete? clear?*
 - Case presentation skills – *complete, clear, concise?*
 - **Application of knowledge and/or critical appraisal/use of literature**
3. In general, avoid nonspecific superlatives (*This is the best student ever!*) and predictions (*This student will make a great chief resident.*)

¹Pangaro, L. (1999). A new vocabulary and other innovations for improving descriptive in-training evaluations. *Academic Medicine*, 74(11), 1203-1207. Retrieved from https://www.uab.edu/medicine/dom/images/RIME_Pangaro.pdf



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