

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

**Northeast Ohio Medical University
College of Medicine**

Family Medicine Clerkship, 83006
6 Credit Hours
Course Syllabus
AY 2019-2020

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COURSE DESCRIPTION

General Description

The Family Medicine Clerkship is a six-week clinical rotation that is designed to provide all M3 students with:

- an introduction to the basic knowledge, skills and attitudes of the discipline of family medicine that are essential to the fundamental education of all physicians,
- opportunities to apply these basic knowledge, attitudes and skills to the care they deliver to patients and families during the rotation, and
- a working knowledge of the role of the family physician in the health care delivery system.

Course Type

This course is solely a College of Medicine Course.

Course Enrollment Requirements

| Trainings | Screenings | Immunizations |
|--|---|---|
| HIPPA BLS OSHA ACLS Responsible Conduct of Research Human Subjects Research | Criminal Background Check Toxicology Screen TB Test | Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) Flu shot |

Student Assignment

Students are assigned to one of the ten hospital sites. All sites offer the benefits of a major teaching center with outstanding attending faculty. The clerkship teaching sites are commonly bound by shared learning objectives as well as a common didactic and clinical curriculum.

Teaching sites are closely monitored to ensure comparability. The depth and scope of clinical encounters during the six-week clerkship are comparable among sites as evidenced by student feedback, clerkship evaluations and National Board of Medical Examiners (NBME) subject examination scores.

First Day Reporting

Students should check the AIMS site for first day reporting information.

COURSE ADMINISTRATION

Dr. David Sperling is Clinical Experiential Director for the Family Medicine Clerkship, and Senior Director of Clinical Experiential Learning, and in collaboration with Dr. Susan Nofziger, Director of M3 Clinical Experiences, provides oversight for the clerkship providing oversight for the clerkship. In his role as Clinical Experiential Director, Dr. Sperling is responsible for ensuring that implementation of the Family Medicine Clerkship curriculum is comparable across all teaching sites.



David M. Sperling, M.D.

dsperling@neomed.edu

330.325.6778|



Dr. Susan Nofziger, M.D.

snofziger@neomed.edu

330.325.6582

Course Coordinator(s)

David Ruble, M.S.

druble@neomed.edu

330.325.6140

Hospital Sites and Clerkship Site Directors

The facilities for clinical instruction for the Family Medicine Clerkship are those 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. Contact information for all clerkship site directors and coordinators is posted on AIMS M3 Clerkship Site.



Robert Brophy, M.D.
Aultman Hospital



Deborah S. Plate, D.O.
Cleveland Clinic Akron
General



Sumira Koirala, M.D.
Mercy Health, St. Elizabeth
Boardman Hospital



Ypapanti Meris, M.D.
Mercy Health, St. Elizabeth
Youngstown Hospital



Janis Zimmerman, M.D.
Mercy Health, St. Vincent
Medical Center
(Toledo)



Colin Crowe, M.D.
MetroHealth System
(Cleveland)



Shoba Belegundu, M.D.
Mount Carmel Health System
(Columbus)



Ann Aring, M.D.
Riverside Methodist Hospital
(Columbus)



Anne M. Valeri, D.O.
Summa Health System, Akron
City Hospital



Nancy L. Flickinger, M.D.
Summa Health System,

COURSE GOALS

Course Sequence and Links with College of Medicine Program Courses

| Most Important Prep Course | Links with Concurrent Courses | Critical Elements for Success in Future Courses |
|--|--|---|
| POMS 1 and 2 – application of Pathophysiology Prerequisite to the Clinical Curriculum – application of topics learned | ACM – reflection on clinical experiences HVM – reflection on clinical experiences | Lays foundation for successful completion of M4 courses |

Upon completion of the six-week Family Medicine Clerkship, the student will be able to:

- I. Demonstrate basic clinical skills essential to practicing medicine effectively and use a family medicine approach to the diagnosis and management of problems commonly seen in the family medicine setting
 - collect an appropriate history
 - perform an accurate physical exam directed to the patient’s problems(s)
 - generate a reasonable differential diagnosis and problem list
 - formulate a basic plan for diagnostic treatment
 - identify and prioritize a patient’s problems
 - formulate a plan for a patient who presents with multiple undifferentiated problems
 - assess and manage common and acute problems
 - present a case in a clear, organized and efficient manner
 - document patient care information in the medical record
- II. Establish effective physician-patient relationships
 - establish rapport with a patient
 - use vocabulary appropriate for the patient
 - assess patient’s understanding
 - use appropriate listening skills
 - show empathy and compassion
 - demonstrate respect for the individuality, values and rights of the patient and his/her family
- III. Demonstrate understanding of the principles of health promotion, disease prevention and patient education
 - describe appropriate and cost-effective screening tools and protocols for health maintenance in specific populations
 - list health risk factors for a patient based on age, gender, medical history and social history of the patient and his/her family

- counsel patients and families about signs and serious effects of harmful personal behaviors and habits
 - list indications and schedules for immunizations in all age groups
- IV. Further develop his/her professional role as a physician
- demonstrate self-directed learning and self-assessment
 - attend promptly and prepare for all activities
 - show respect for patient confidentiality
 - show respect for patients, colleagues, peers and ancillary health care workers
 - describe the legalities of the physician/patient relationship and the application to a student physician
 - behave in a morally and ethically appropriate manner

Other Possible Clerkship Goals and Experiences

During the six-week Family Medicine Clerkship, every attempt will be made to expose the student to a wide variety of clinical presentations and important clinical problems. The student may be exposed to any or all of the following; the student is responsible for the demonstration of adequate knowledge and skills in these areas if included in the clerkship experience at his/her respective family medicine center.

- techniques in basic office and laboratory procedures
- the role and responsibilities of the family physician in the process of consultation and referral
- community resources that exist to meet the needs of patients and their families
- therapies and medications considering cost, benefits and risks
- the impact of gender, life stage, cultural background and socioeconomic status on a patient's health care needs

Instructional Methods/Learning Strategies

A variety of learning strategies will be used throughout the course to help students achieve their learning goals and the course 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

Pathway Articulation

| Assignment/Group | Standard Context | Urban Primary Care Pathway Context | 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. | |

Academic Integrated Management System (AIMS)

The on-line learning and collaboration system, Academic Integrated Management System (AIMS) will be used to post all education materials including, but not limited to, course syllabus, schedules, assignments, and instructional materials including any core curriculum lecture videos. It is the sole responsibility of the student to check for course updates on a daily basis.

COURSE GRADE

Final Grade Determination

| Assignment/Assessment | % of Final Grade | Grade Criteria | Type of Feedback | Date Scheduled/Due |
|---|------------------|--|--|---|
| | | | | |
| Final Grade Report Form <ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Knowledge for Practice • Practice-Based-Learning and Improvement • Systems-Based Practice • Professionalism • Interprofessional Collaboration • Personal and Professional Development | 50% | See Clerkship Guide including (1) behavioral anchors for each rating in each competency element and (2) the formula for final rating/grade | Rubric with Narrative Feedback | 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. |
| Clinical Skills Experience Portfolio (CSEP) | 0% | Satisfactory completion | Checklist of required activities | Mid-course and end of rotation meeting with Site Director |
| National Board of Medical Examiners (NBME) subject exam | 50% | Fail \leq 60; Pass 61-81; Pass with Commendation \geq 82 | Numerical score and Fail, Pass or Pass with Commendation | Last Friday of the course |
| Total Course | N/A | | | |

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 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. See the Clerkship Guide for additional details on PBLI.

Clinical Skills Experience Portfolio

The Family Medicine Clerkship 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

All items listed on the CSEP are required; i.e., students must document exposure to all of the listed experiences. Students are required to submit their CSEP electronically to the Clerkship Site Director for review at both the midpoint and the end of the clerkship. See Appendix A for a complete list of Family Medicine CSEP Requirements.

See instructions below for accessing and entering data into CSEP:

- Links to clerkship-specific content for each CSEP are posted on AIMS M3 Clerkship Site homepage. Follow the link for FM CSEP and enter your Banner ID number (excluding the @ character and initial zeros);
- Click the fields in which you wish to enter information. Please be sure to mark Patient Type, Setting and Level of Responsibility for each item;
- click “**Submit**” when you have finished.
- You do not need to put in your email address because you will receive a copy automatically whenever you submit.
- To send a copy of your CSEP to your Clerkship Site Director or preceptor, enter their e-mail address at the bottom of the form.
- You can return to the site as often as necessary throughout the rotation to update your entries. All previous entries will be preserved.

Formative and Mid-course Feedback

At the mid-point of the rotation, students will receive feedback from their site director, which will give them the opportunity to:

- review their performance and progress based on their stated goals at the beginning of the clerkship and the expectations of the clerkship,
- review progress in completion of assignments,
- review their performance in the context of feedback provided to them and their site director by residents and faculty with whom they worked,
- review clinical exposure and progress via the Clinical Skills Experience Portfolio,
- review their performance on the clerkship-related NBME practice subject examination,
- review and address any problems or concerns, and
- plan activities for the remainder of the clerkship.

Narrative Feedback

All clerkships place an emphasis on providing students with continuous feedback on their knowledge, skills and attitudes in general and specific to the eight AAMC competencies. Students' final grade for each clerkship will reflect the feedback provided to them throughout the rotation.

Students will meet with their site directors at the end of each clerkship to:

- review the student's self-assessment, as requested by the site director,
- review completion of assignments,
- review their performance based on their stated goals at the beginning of the clerkship and the expectations of the clerkship,
- review their Clinical Skills Experience Portfolio,
- review feedback forms completed by residents and faculty, and
- receive summative feedback about overall performance in the clerkship and discuss goals going forward.

Course Remediation

Refer to M3 Clerkship Guide for remediation details.

Students who would like to access NEOMED resources available for academic support may contact the Learning Center at 330-325-6758, in the NEOMED Office of Student Affairs.

Remediation contracts may be signed by the Director of M3 Clinical Experiences, however, if a student is referred to CAPP for academic or professionalism issues, the opportunity to remediate will be the decision of CAPP. Students referred to CAPP should continue with their academic program; however, remediation opportunities cannot be approved until they are approved by CAPP.

COURSE TEXTBOOKS AND INSTRUCTIONAL RESOURCES

Required Textbooks and Resources

Bickley, LS, et al. (2016) Bates' Guide to Physical Examination and History Taking. 12th Edition. Philadelphia: Lippincott Williams and Wilkins.
 Douglas G, Nicol F, Robertson C. Macleod’s Clinical Examination, 13th Edition. Churchill Livingstone Elsevier, 2013.
 South-Paul JE, Matheny SC, Lewis EL. (2015) CURRENT Diagnosis and Treatment in Family Medicine, 4th Edition, New York: McGraw-Hill.

Aquifer Family Medicine Online Cases/Independent Study

You are required to complete a minimum of six (6) online cases through Aquifer Family Medicine, including 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.

You are required to complete one case from each of the following topic areas:

- Common chronic diseases Complete case #6 or #8
- Mental health issues Complete case #3 or #9
- Musculoskeletal diseases Complete case #4, #10, #11 or #25
- Child health care Complete case #12, #21, #23 or #24
- Abdominal Pain Complete case #20

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. Complete list of Aquifer Family Medicine cases is provided in the table below. **When you have completed a case, note the case and completion date on your Clinical Skills Experience Portfolio.**

| Aquifer Family Medicine Cases | | |
|---|---|---|
| Family Medicine 1 – 45-year-old female annual exam | Family Medicine 2 – 55-year-old male annual exam | Family Medicine 3 – 65-year-old female with insomnia |
| Family Medicine 4 – 19-year-old female with sports injury | Family Medicine 5 – 30-year old female with palpitations | Family Medicine 6 – 57-year-old female presents for diabetes care visit |
| Family Medicine 7 – 53-year-old male with leg swelling | Family Medicine 8 – 54-year-old male with elevated blood pressure | Family Medicine 9 – 50-year-old female with palpitations |
| Family Medicine 10 – 45-year-old male with low back pain | Family Medicine 11 – 74-year-old female with knee pain | Family Medicine 12 – 16-year-old female with vaginal bleeding |

| | | |
|--|--|--|
| Family Medicine 13 – 40-year-old male with a persistent cough | Family Medicine 14 – 35-year-old female with missed period | Family Medicine 15 – 42-year-old male with right upper quadrant pain |
| Family Medicine 16 – 68-year-old male with skin lesion | Family Medicine 17 – 55-year-old, post-menopausal female with vaginal bleeding | Family Medicine 18 – 24-year-old female with headaches |
| Family Medicine 19 – 39-year-old male with epigastric pain | Family Medicine 20 – 28-year-old female with abdominal pain | Family Medicine 21 – 12-year-old female with fever |
| Family Medicine 22 – 70-year-old male with new-onset unilateral weakness | Family Medicine 23 – 5-year-old female with sore throat | Family Medicine 24 – 4-week-old female with fussiness |
| Family Medicine 25 – 38-year-old male with shoulder pain | Family Medicine 26 – 55-year-old male with fatigue | Family Medicine 27 – 17-year-old male with groin pain |
| Family Medicine 28 – 58-year-old male with shortness of breath | Family Medicine 29 – 72-year-old male with dementia | Family Medicine 30 – 27-year-old female - Labor and delivery |
| Family Medicine 31 – 66-year-old female with shortness of breath | Family Medicine 32 – 33-year-old female with painful periods | Family Medicine 33 – 28-year-old female with dizziness |
| Pediatrics 1 – Evaluation and care of the newborn infant | Pediatrics 2 – Infant well-child visits (2, 6 and 9 months) | Pediatrics 3 - 3-year-old well-child visit |
| Pediatrics 4 – 8-year-old well-child check | Pediatrics 13 – 6-year-old with chronic cough | Internal Medicine 2 - 60-year-old Woman with Chest Pain |
| Internal Medicine 16 – 45-year-old man who is overweight | | |

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 (last accessed March 8, 2017):

- Child Oral Health
- Acute Dental Problems
- The Relationship of Oral to Systemic Health

Upon completion of the module, **print the certificate of completion and give it to your site director at your final evaluation meeting.**

Recommended Textbooks and Resources

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

- RoshReview, Family Medicine (500+ NBME-style questions, available for purchase at: <https://www.roshreview.com/fm.html>; \$99 for 90 days, or \$49 for 31 days) (last accessed March 8, 2017)
- Family Practice (Kurowski/Rudy)
- Primary Care Medicine (Goroll/May/Mulley)
- Essentials of Family Medicine (Sloane/Slatt/Curtis, 2012 ed.)
- Family Medicine: Principles and Practice (Taylor)
- Fundamentals of Family Practice (Taylor)
- 20 Common Problems: Ethics in Primary Care (Sugarman)
- Pepid (on PDA)
- Blueprints of Family Medicine (Lipsky/King)
- Swanson's Family Medicine Review: A Problem-oriented Approach (Tallia/Scherger/Dickey)
- American Board of Family Medicine website: <https://www.theabfm.org/> (last accessed March 8, 2017)
- Journal of Health Care for the Poor and Underserved
- Dr. Pestana's Surgery Notes: Top 180 Vignettes for the Surgical Wards (Kaplan Test Prep) 3rd Edition, Chapter 2-Orthopedics
- Others as directed by your Clerkship Site Director

Family Medicine NBME Practice Subject Examination

For the Family Medicine Clerkship, students are required to purchase and complete one practice subject examination prior to their mid-clerkship meeting with their site directors, and to prepare to share the results during the meeting. FM Practice Exam is part of Clinical Science Mastery Series and can be purchased by logging into NBME Self-Assessment Services <https://nsas.nbme.org/home>. 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 consists of 10 items that focus on diagnosis and management of common musculoskeletal problems.

- -Module in Chronic Care: This 10-item module is designed to provide a supplement to the Core exam with additional chronic care items that emphasize continuity of care.
- Do **practice questions!** These links will take you to the NBME site that describes the content of the exam (last accessed March 7, 2017):
http://www.nbme.org/Schools/Subject-Exams/Subjects/clinicalsci_family-modular.html
- Other practice questions: The consensus is that Pretest Family Medicine is the best source for practice questions. If you are feeling comfortable with the Pretest questions, consider signing up as a student member of the AAFP (it's free) which gives you access to 1,200 board review questions. In addition, you may consider purchasing the RoshReview item bank.
- Read about the patients you are seeing.
- The University of Illinois College of Medicine provides links to articles covering the vast majority of problems you will see during the clerkship. It is also tied to the national "Family Medicine Clerkship Curriculum" from which much of the shelf content is taken.
<http://chicago.medicine.uic.edu/cms/One.aspx?portalId=506244&pageId=18009237> (last accessed March 7, 2017)
- Supplement this case-based reading by reviewing the following resources: **Case Files: Family Medicine, Step Up to Medicine (ambulatory section). Dr. Pestana's Surgery Notes: Top 180 Vignettes for the Surgical Wards (Kaplan Test Prep) 3rd Edition, Chapter 2-Orthopedics.**
- Do a minimum of 6 Aquifer Family Medicine cases.
- Based on student feedback, the ACP's Essentials for Students and the accompanying MKSAP for Students have been helpful as well as the USMLE World online question bank.
- Consider using study tips for NBME shelf exams put together by NEOMED students in the Class of 2018 <https://1drv.ms/u/s!AlAkB8gcPGSxhmvNZO39gNF4MoZ6>

COURSE POLICIES

Students should refer to the Clerkship Guide for a full list of Clerkship Course Policies.

COURSE SCHEDULE

Orientation Case Assignment

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.

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 case #1 or case #2. At the Site Orientation Session, you should be prepared to present and discuss your assigned case.

Following are the instructions to gain access to the cases for first time users*:

1. Go to: https://www.meduapp.com/users/sign_in
2. Enter your institutional e-mail under "Need to Register?" option

Need to Register?

Enter your institutional email

Register

3. Click “Register” button.
4. An email will be sent to you. Follow the instructions in the email to set up your account.

***You only need to register once with Aquifer to access Family Medicine, Internal Medicine, Pediatrics and Surgery (WISE-MD) modules. Separate registration is not required.**

Orientation

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

- Brief introduction to the discipline of Family Medicine
- Discussion of the components and required assignments of the clerkship
- Logistics for your assigned center
- Review of the online case assignment (see above)

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, 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,
- conduct library research regarding cases.

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 conducting an assessment of 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.

Care of Medically Underserved Patients

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.

Inpatient Care

Overview: You are expected to follow your own or assigned hospitalized patients and manage them with supervision, including follow-up visits. Note: Although a 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.

Rounds: You are expected to help in the direct management of hospitalized patients in order 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 in Saturday/Sunday morning rounds.

Hospice Experience

Overview: The experience consists of three to five sessions. You will be assigned to a hospice patient, visit with the patient and be responsible for discussing the patient at hospice team meetings.

Goals: 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 terminal illness.

Objectives: 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.

Resource List for Hospice Experience:

Books

Kitchen Table Wisdom – Rachel Remen

My Grandfather's Blessings – Rachel Remen
Tuesdays with Morrie – Mitch Albom

Five People You Meet in Heaven – Mitch Albom

Too Soon to Say Goodbye – Art Buchwald

Learning to Fall – Phillip Simmone

The Four Things That Matter Most – Ira Byock

Dying Well: Peace and Possibilities at the End of Life – Ira Byock

The Death of Ivan Illyich – Leo Tolstoy

Movies or Internet

Tuesdays with Morrie – Mitch Albom (1999)

Five People You Meet in Heaven – Mitch Albom (2004)

Assignments for Hospice Experience: 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 in to your hospice preceptor and a copy in to your Clerkship Site Director, and send one copy via email to the Office of Palliative Care at NEOMED (mbs@neomed.edu).

Refer to the Hospice Experience section in the AIMS M3 Clerkships site, under Resources/Hospice Experience for further information.

Procedures and Procedures Workshops

Overview: During the rotation, you will obtain practical experience in performing common office procedures during patient care and during procedure workshops. You will document procedures during patient care in your Family Medicine Clerkship Clinical Skills Experience Portfolio (see Appendix A).

Procedures Workshops: You are required to attend several procedures workshops during the rotation. In some communities, teaching sites may combine for the workshop. The topics and a brief description of each follow. Instruction is individualized based on the skill/comfort level of each student. All sessions include hands-on practice with guidance and feedback from faculty. You will be graded on attendance and participation.

- 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: 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

Student Conferences

General: Clerkship students will typically meet once weekly 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 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.

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Last modified 7/1/19

Appendix A – Family Medicine CSEP

M3 Clinical Skills Experience Portfolio (CSEP)

Clerkship-Required Clinical Activities

Family Medicine

AY 2019-20

At what clinical site is your rotation?

Diagnoses/Symptoms/Clinical Scenarios

In all cases, active participation with real patients is strongly encouraged. Active participation means collecting the history and/or performing the physical exam and/or generating an assessment and plan and/or documenting the encounter and/or presenting the patient.

*Please choose all options that apply for each diagnosis, e.g., if you actively participate in the care of a real patient and complete an online case for a diagnosis, please mark both "patient" and "online case" under "patient type." **All students, at minimum through completion of an online case, must document experience with all diagnoses.** If "patient" is marked in the first column, please also complete the setting (hospitalized or not hospitalized) and level of responsibility (actively participated or observed).*

Online Cases

Aquifer Family Medicine Cases: Aquifer Family Medicine Cases

Aquifer Internal Medicine Cases: Aquifer Internal Medicine Cases

Aquifer Pediatric Cases: Aquifer Pediatric Cases

| | Patient Type | Setting | Level of Responsibility |
|--|--------------|---------|-------------------------|
|--|--------------|---------|-------------------------|

| | | | |
|--|--|--|----------|
| | | | Actively |
|--|--|--|----------|

| | Patient Type | | Setting | | Actively | Responsibility |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Patient | Online | Hospitalized | Not | Level of | Observed |
| | Patient | Case | Hospitalized | hospitalized | in care | Observed |
| | Patient | Online | Hospitalized | Not | Actively | Observed |
| | Patient | Case | Hospitalized | hospitalized | participated | Observed |
| | Patient | Case | Hospitalized | hospitalized | in care | Observed |
| <u>Abdominal pain</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Acute low back pain</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Allergy</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Anxiety disorder</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Asthma</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Chest pain</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Chronic low back pain</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Chronic Pain Syndrome</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Chronic kidney disease (CKD)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Chronic obstructive pulmonary disease (COPD)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Coronary artery disease</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Cough</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Depression</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Diabetes mellitus Type 2 (DM2)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Dizziness/Vertigo</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Dyspepsia</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Dyspnea</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Fatigue</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Headache</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Hyperlipidemia</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Hypertension</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Joint pain</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Menstrual complaints</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Nausea or vomiting</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Neck pain</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Neuropathy</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Obesity</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Pneumonia</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Patient Type | | Setting | | Level of Responsibility | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|
| | Patient | Online Case | Hospitalized | Not hospitalized | Actively participated in care | Observed |
| <u>Thyroid disease</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Upper Respiratory Tract Infection (URI) Symptoms (Sinusitis, Pharyngitis)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Urinary Tract Infection (UTI)/Dysuria/Pyelonephritis</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Vaginitis/vaginal discharge</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Well adult exam/Health maintenance</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Well child exam</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Physical Exam

If "patient" is marked in the first column, please document the setting and level of responsibility.

Online Cases

Aquifer Family Medicine Cases: Aquifer Family Medicine Cases

Text Resources

DTFM: Diagnosis and Treatment in Family Medicine (Jeannette South-Paul)

BatesVG: Bates' Visual Guide-Physical Examination

Bates Guide: Bates' Guide to Physical Examination and History Taking

Question Text

| | Patient Type | | Setting | | Level of Responsibility | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| | Patient | Simulated patient | Hospitalized | Not hospitalized | Performed with supervision | Assisted | Observed |
| <u>Diabetic foot exam including monofilament (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>ENT exam (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Hip exam (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | Patient Type | | Setting | | Level of Responsibility | | |
|--------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| | Patient | Simulated patient | Hospitalized | Not hospitalized | Performed with supervision | Assisted | Observed |
| <u>Lumbar region (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Knee exam (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Shoulder exam (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Vitals-routine (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Vitals-orthostatic (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Procedures/Technical Skills

If "patient" is marked in the first column, please document the setting and level of responsibility.

| | Patient Type | | Setting | | Level of Responsibility | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|----------------------------|--------------------------|--------------------------|
| | Patient | Simulated patient | Hospitalized | Not hospitalized | Performed with supervision | Assisted | Observe |
| <u>Intramuscular/subcutaneous injection adult (PS)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Intramuscular/subcutaneous injection child (PS or Obs)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Pharyngeal Swab for Culture (PS or Obs)</u> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Additional Clinical Activities

| | Yes | No |
|---|-----------------------|-----------------------|
| <u>Completed outpatient progress note</u> | <input type="radio"/> | <input type="radio"/> |
| <u>Completed inpatient progress note</u> | <input type="radio"/> | <input type="radio"/> |
| <u>Gave outpatient patient presentation</u> | <input type="radio"/> | <input type="radio"/> |
| <u>Gave inpatient patient presentation</u> | <input type="radio"/> | <input type="radio"/> |
| <u>Participated in patient education regarding <u>lifestyle change/health risk/health maintenance</u></u> | <input type="radio"/> | <input type="radio"/> |
| <u>Participated in patient education regarding non-adherence</u> | <input type="radio"/> | <input type="radio"/> |
| <u>Observed an interdisciplinary "huddle" or similar meeting</u> | <input type="radio"/> | <input type="radio"/> |

| | Yes | No |
|---|-----------------------|-----------------------|
| Observed by resident or attending doing the relevant parts of a history at least once | <input type="radio"/> | <input type="radio"/> |
| Observed by resident or attending doing a focused physical exam at least once | <input type="radio"/> | <input type="radio"/> |

Additional Learning Activities

| | Yes | No |
|---|-----------------------|----|
| Review clerkship goals on Page 2 of the syllabus. | <input type="radio"/> | |
| Complete Family Medicine NBME subject practice exam prior to mid-point and share results with site director. | <input type="radio"/> | |
| Clarify and submit rotation goals by end of Week One. | <input type="radio"/> | |
| Review progress on goals by end of Week Three. | <input type="radio"/> | |
| Submit progress on goals by end of Week Six. | <input type="radio"/> | |
| Complete <i>Smiles for Life</i> module. | <input type="radio"/> | |
| Complete five required Aquifer Family Medicine cases: 1. Case 1 or 2 2. Case 6 or 8 3. Case 3 or 9 4. Case 4 or 10 or 11 or 25 5. Case 12 or 21 or 23 or 24. Also complete FM cases as needed for required diagnoses not encountered during patient care. | <input type="radio"/> | |
| Complete <u>PBLI presentation</u> . | <input type="radio"/> | |
| Actively participate in care of at least 30 patients. | <input type="radio"/> | |
| Complete end-of-clerkship feedback summary. | <input type="radio"/> | |

Enter an e-mail address to send someone (e.g., site director) a copy of your log **in electronic form**.

You do not need to put in your email address because you will receive a copy automatically whenever you submit.

Note: Submission of the CSEP to the Clerkship Site Director between Monday and Friday of the final week of the clerkship **is a clerkship requirement**.

E-mail Recipient

Additional E-mail Recipient

With your submission of your CSEP, you attest to the accuracy and validity of its contents. Confabulated or misrepresented information is considered an Honor Code violation.

Submit

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