

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
Course Syllabus
AY 2021-22**

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COURSE LEADERSHIP

Dr. David Sperling is the Clinical Experiential Director for the Family Medicine Clerkship and is responsible for ensuring that implementation of the Family Medicine Clerkship curriculum is comparable across all teaching sites. The Clerkship Site Directors and their institutions are listed below. 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.

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BASIC COURSE INFORMATION

Course Description

The Family Medicine Clerkship is a five-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. Students will develop a working knowledge of the role of the family physician in the health care delivery system through experiences in both inpatient and ambulatory settings. Students will learn through direct patient care experience, bedside teaching and ward rounds and is supplemented with small group discussions, peer teaching, conferences, case-studies, and lectures.

The clerkship is designed to provide opportunities to apply basic knowledge, attitudes, and skills to the care they deliver to patients and families during the rotation.

Course Enrollment Requirements

Successful completion of M1 and M2 years of study.

Trainings	Screenings	Immunizations
BLS OSHA ACLS HIPAA Responsible Conduct of Research Human Subjects Research	Criminal Background Check Toxicology Screen TB Test	Hepatitis B, MMR, Tdap, Varicella (required upon matriculation) Flu shot COVID vaccination strongly encouraged.

Clerkship Structure

- **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.	

- **First Day Reporting**

First day reporting information varies by clinical site. Please see OASIS for first day reporting information.

- **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:

- 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 online case assignment (see below)

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*: 3. Go to: https://www.meduapp.com/users/sign_in Enter your institutional e-mail under “Need to Register?” option.

- **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,
- conduct library research regarding case

- **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 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. 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 in Saturday/Sunday morning rounds.

- **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 2021-22 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 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 CANVAS under Resources/Hospice Experience for further information. Recommended resources for this experience are listed below.

- **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 22 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

- **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 (FM, OBGYN, Pediatrics, Surgery and Psychiatry) 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 shelf exam.

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.

The recommended textbooks for the clerkship are:

- 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, 14th Edition. Churchill Livingstone Elsevier, 2018.
- South-Paul JE, Matheny SC, Lewis EL. (2020) CURRENT Diagnosis and Treatment in Family Medicine, 5th 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

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 Appendix A. **When you have completed a case, note the case and completion date on your Clinical Skills Experience Portfolio.**

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.

- **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 (KaplanTest Prep) 3rd Edition, Chapter 2-Orthopedics
- **Resource List for Hospice Experience:**
 - 21 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 Simone
 - 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)
- **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_familymodular.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.
- 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 5 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!A1AkB8gcPGSxhmvNZO39gNF4MoZ6>

CLERKSHIP OBJECTIVES

Clerkship educational program objectives are consistent across all seven clerkships and are aligned with [NEOMED's College of Medicine Program Objectives](#). 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 that is used to assess student performance in all clerkships.

Students will:

1. Gather patient information in a hypothesis-directed manner and perform an accurate physical examination, in the care of patients presenting with acute, chronic, or preventive care needs such as low back pain, hypertension and depression.
2. Develop a differential diagnosis with appropriate prioritization and recommended diagnostic testing for patients presenting with symptoms such as chest pain, cough, and fatigue.
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.
4. Apply medical knowledge of clinical disorders to patient evaluations, specifically disorders related to chronic pain syndrome and anxiety.
5. Apply knowledge of evidence-based medicine to answer patient care related questions, especially those commonly seen in the outpatient setting.
6. Demonstrate empathetic, honest, and bi-directional communication with patients and families.
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.

8. Display professional behavior and a commitment to ethical principles including respecting patient autonomy and responding to patient needs that supersedes self-interest.
9. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.
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.

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 in CANVAS in the unlikely event that a student is not exposed to a particular experience. Students are required to review their CSEP with the Clerkship Site Director at both the midpoint and the end of the clerkship to review student progress and completion of items.

M3 Clerkships Clinical Skills Experience Portfolio Content		
Family Medicine Clerkship		
Diagnosis		
Abdominal Pain	Cough	Hypertension
Anxiety Disorder	Depression	Joint Pain
Asthma	Diabetes Mellitus Type 2 (DM2)	Obesity
Chest Pain	Fatigue	Upper Respiratory Tract Infection (URI) Symptoms (Sinusitis, Pharyngitis)
Low Back Pain (acute or chronic)	Headache	Well Adult Exam/Health Maintenance
Chronic Pain Syndrome		
Physical Examination		
Diabetic Foot Exam including Monofilament	Knee Exam	Vitals-routine
Ear, Nose, Throat (ENT) Exam	Lumbar Region Exam	
Procedures/Technical Skills		
Intramuscular/Subcutaneous Injection (adult)	Pharyngeal Swab for Culture (online activity currently)	
Additional Clinical Activities		

Complete Outpatient Progress Note	Observe an Interdisciplinary "Huddle" or similar meeting	Observed by resident or attending doing a focused physical exam at least once
Give Outpatient Patient Presentation	Observed by resident or attending doing the relevant parts of a history at least once	
Additional Learning Activities		
Develop and submit personal rotation goals by end of week one	Complete mid-course feedback session with site director	Complete additional Aquifer Family Medicine cases as needed for required diagnoses not encountered during patient care.
Review progress on personal goals midway and submit progress by end of clerkship	Complete Smiles for Life module	Complete PBLI Presentation
Complete Family Medicine NBME subject practice exam prior to mid-point and share results with site director	Complete five required Aquifer Family Medicine cases: (cases 1 or 2; cases 6 or 8; cases 3 or 9; cases 4 or 10 or 11 or 25; and, cases 12 or 21 or 23 or 24).	Actively Participate in Care of at least 25 Patients

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.

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

Student Conferences

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.

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:

- investigate and evaluate patient care practices,
- appraise and assimilate scientific evidence, and
- improve patient care practices

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

- Formulate a focused clinical question directly related to a current patient care situation
- Complete the PPICO for the clinical question
- Conduct a literature search to answer the question
- Evaluate the literature selection for relevance to the question, and reliability and validity of the article
- 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:

- Student must repeat project with new topic in same specialty discipline as the failed project.
- Student must contact the Course Director to schedule remediation presentation.

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 psychiatry, 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.

Student-Specified Individual Learning Goals

The Liaison Committee on Medical Education (LCME), the accrediting body for medical schools, expects that the curriculum provide 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 3-5 learning goals, as appropriate. 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 a link on [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.

Specifically, students must upload the initial goals for each clerkship by 5:00 p.m., Friday 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.

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:

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

CANVAS and OASIS

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/>. 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.

COURSE GRADING AND ASSESSMENT

Assignment/ Assessment	Grade Criteria	Type of Feedback	Date Scheduled/Due
Student Performance Evaluation	Behavioral anchors for each rating in each competency and 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)	Satisfactory completion required	Checklist of required activities	Mid-course and end of rotation meeting with Site Director
Practice-Based Learning and Improvement Project (PBLI)	Satisfactory completion required	Checklist of required items	Completion by the last Friday of the course
National Board of Medical Examiners (NBME) subject exam	-See Table below	Numerical score and Fail, Pass or Pass with Commendation	Last day of the course

National Board of Medical Examiners 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, virtually by NEOMED or at designated Prometric Center in Toledo and 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 AIMS. Following is a summary of expected performance. 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. 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	≤ 58	59-82	≥ 83
Psychiatry Clerkship	≤ 68	69-85	≥ 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. Academic Incomplete 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) (only applicable to clerkships that require a NBME subject exam)	“Pass with commendations” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	“Pass with commendations”
High Pass (HP)	“Pass with commendations” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	Pass the NBME subject exam on first attempt

	“Pass” (provided there are no individual ratings of “below expectations” for any of the individual objectives)	Pass with commendations
Pass (P)	Pass	Pass
	Pass	NBME subject exam not required
Fail (F)	Fail	Pass
	Pass	Fail*
	Fail	NBME subject exam not required
Incomplete (I) or Academic Incomplete (AI)	*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 policy Grade Dispute](#). 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 subject exam. 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.

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 subject exams
- 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, 2021-2022, for further details.

Policy	Description	Additional Information
<p><u>Attendance and Time Off Clerkships</u></p>	<p><u>Attendance guidelines</u> for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions</p>	<ul style="list-style-type: none"> • Absences must be discussed your site director and an <u>Absence Notification Form</u> must be submitted to NEOMED after a make-up plan is discussed. • Request to present at a <u>professional conference</u> or fulfill a professional obligation should be completed online at least 6 weeks in advance. • <u>Religious Holiday Observation</u> requests should be submitted for the first half of the year by July 1st and by November 1st for those holidays falling after January.
<p><u>Curriculum Contact Hours</u></p>	<p>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.</p>	
<p><u>Clinical Supervision & Safety</u></p>	<p>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</p>	<ul style="list-style-type: none"> • 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).
<p><u>Mistreatment</u></p>	<p>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.</p>	<ul style="list-style-type: none"> • 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 <u>Inappropriate Behavior Reporting Form</u>. • 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.
<p><u>Professionalism</u></p>	<p>NEOMED students sign and are held to the “<u>Expectations of Student Conduct and Professional Behavior</u>” and must abide by all student policies contained within <i>The Compass</i>. Failure to do so may result in referral</p>	<ul style="list-style-type: none"> • Hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

	and review by either CAPP or the Student Conduct Council.	
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APPENDICIES

Appendix A. Aquifer Family Medicine Cases

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		

Need to Register?

Enter your institutional email

Register

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1. Click “Register” button.
2. 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.**