

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, FMCM-83006
5 Credit Hours
Course Syllabus
AY 2020-2021

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COURSE DESCRIPTION

General 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 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 nine 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 five-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.



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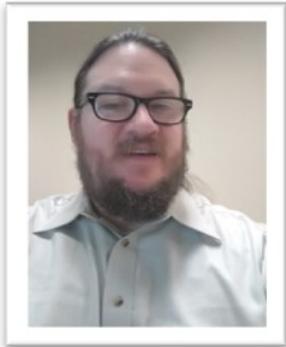


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Course Coordinator(s)



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Hospital Sites and Clerkship Site Directors

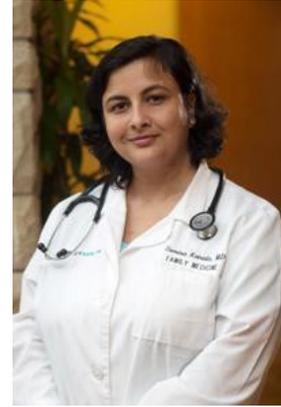
The facilities for clinical instruction for the Family Medicine Clerkship are those institutions and residency training programs that have committed themselves to the Northeast Ohio Medical University College of Medicine for participation in the undergraduate training of the NEOMED students. Contact information for all clerkship site directors and coordinators is posted on AIMS M3 Clerkship Site.



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General



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Summa Health System,
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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

COURSE OBJECTIVES

Educational Program Objectives are consistent across all seven clerkships and are aligned with NEOMED’s overall 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. Provide general and preventative care for a diverse patient population in a variety of health care settings, including adults and children, with a special focus on the outpatient setting
2. Demonstrate empathetic, honest and bi-directional communication with patients and families.
3. Gather patient information in a hypothesis-directed manner and perform an accurate physical examination on patients of all ages.
4. Demonstrate clear, effective and complete communication with the interprofessional health care team in both written and verbal forms.
5. Develop a differential diagnosis with appropriate prioritization and recommended diagnostic testing.
6. Generate an assessment and management plan and reasoning for the plan by applying their medical knowledge of clinical disorders, with a special focus on common outpatient problems.
7. Apply knowledge of evidence-based medicine to answer patient care related questions.
8. Formulate individual learning goals based on personal strengths and limitations, respond appropriately to feedback and seek help when needed.
9. Display professional behavior and a commitment to ethical principles including respecting patient autonomy and responding to patient needs that supersedes self-interest.

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	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 online learning and collaboration system, Academic Integrated Management System (AIMS), will be used in M3 to post clerkship educational materials including, but not limited to, course and clerkship syllabi, day one reporting instructions, clerkship materials and core curriculum lecture videos. The web address for AIMS is: <https://aims.neomed.edu/portal>. It is the sole responsibility of the student to check for updates on a daily basis.

A separate subpage has been created for each clerkship on the M3 Clerkships Site. Students are expected to refer to these materials to become knowledgeable of the requirements, details of

preparation and scheduling of NEOMED activities for each clerkship.

COURSE GRADE

Final Grade Determination

Assignment/Assessment	% of Final Grade	Grade Criteria*	Type of Feedback	Date Scheduled/Due
Student Performance Evaluation <ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Knowledge for Practice • Practice-Based-Learning and Improvement • Systems-Based Practice • Professionalism & Personal and Professional Development 	50%	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 required	Checklist of required activities	Mid-course and end of rotation meeting with Site Director
National Board of Medical Examiners (NBME) subject exam	50%	See table below	Numerical score and Fail, Pass or Pass with Commendation	Last Friday of the course
Total Course	N/A			

*A copy of Student Performance Evaluation with grading criteria as well as Competency Objectives are posted under Clerkship Overview on AIMS

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 Subject Exam

Subject Examination	Failing Range	Passing Range	Pass with Commendation Page
Family Medicine	≤ 60	61-79	≥ 80
Internal Medicine	≤ 58	59-79	≥ 80
Obstetrics/Gynecology	≤ 63	64-81	≥ 82
Pediatrics	≤ 58	59-82	≥ 83
Psychiatry	≤ 68	69-85	≥ 86
Surgery	≤ 59	60-78	≥ 79

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.

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
- Upload the clinical question, in the form of a properly stated clinical question, and article citation, using a proper standard citation format, to the designated AIMS site

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 review their CSEP with the Clerkship Site Director at both the midpoint and the end of the clerkship. Instructions for accessing and entering data into CSEP in OASIS are under Clerkship Overview on AIMS.

Family Medicine CSEP

1. Abdominal pain
2. Anxiety disorder
3. Asthma
4. Chest pain
5. Low Back Pain (acute or chronic)
6. Chronic Pain Syndrome
7. Cough
8. Depression
9. Diabetes mellitus Type 2 (DM2)
10. Fatigue
11. Headache
12. Hypertension
13. Joint pain
14. Obesity
15. Upper Respiratory Tract Infection (URI) Symptoms (Sinusitis, Pharyngitis)
16. Well adult exam/Health maintenance

Physical Exam

17. Diabetic foot exam including monofilament (PS)

18. ENT exam (PS)
19. Lumbar region (PS)
20. Knee exam (PS)
21. Vitals-routine (PS)

Procedures/Technical Skills

22. Intramuscular/subcutaneous injection adult (Obs)
23. Pharyngeal Swab for Culture (PS or Obs)

Additional Clinical Activities

24. Completed outpatient progress note - PS
25. Gave outpatient patient presentation - PS
26. Observed an interdisciplinary “huddle” or similar meeting.
27. Observed by resident or attending doing the relevant parts of a history at least once
28. Observed by resident or attending doing a focused physical exam at least once.

Additional Learning Activities:

1. Clarify and submit rotation goals by end of Week One.
2. Review progress on personal goals midway and submit progress by end of clerkship.
3. Complete mid-course feedback session with site director
4. Complete FM NBME subject practice exam prior to mid-point and share results with site director
5. Complete Smiles for Life module.
6. 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.
7. Complete FM Aquifer cases as needed for required diagnoses not encountered during patient care
8. Complete PBLI presentation.
9. Actively participate in care of at least 20-patients.

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 AIMS, 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. This will give students sufficient time to become oriented to and familiar with the expectations of the 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. Guidelines for writing SMART goals are provided on the AIMS site.

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.

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

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.

Remediation Process: Remediation forms must be signed by the Director of M3 Clinical Experiences. It is the responsibility of the Director of M3 Clinical Experiences in conjunction with the specialty Clinical Experiential Director to oversee and guide the remediation process to assure consistency with the policy.

Remedial Actions

Failed NBME subject exam only:

- For the first failed NBME exam only, initial clerkship grade of “incomplete” will appear on your official transcript.
- One initial failed subject examination will not trigger a CAPP referral, even in the context of aggregate performance concerns. Student must retake subject examination (refer to NBME and Remediation Schedule for specifics). You will receive a remediation contract via e-mail.
- The dates of administration for subject examination retakes have been predetermined so that students do not retake an examination at the same time as they are participating in another clerkship.
- After successful retake of the subject exam, the highest overall grade for the clerkship will be “Pass”. A passing grade will replace the “incomplete” grade on the transcript.
- If the student fails the retake exam, the “incomplete” will be replaced with a “fail” that will remain visible on the official transcript. This would be considered a failed remediation that would then trigger a CAPP review.
- Any subsequent subject exam failure that results in a clerkship grade of “fail” will remain visible on the official transcript.

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

- Student must repeat project with new topic in same specialty discipline as the failed project.
- Project remediation must occur within next clerkship cycle of same discipline.
- Student must contact the Course Director to schedule remediation presentation.
- The Course Director will notify student’s present Clerkship Site Director of need for student to be excused from the current clerkship/elective for up to ½ day, the time of which must be made-up.

Failed competency or “Below Expectations” rating in five or more individual items or “Below Expectations” in professionalism items on Student Performance Evaluation.

- 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: Failure of Practice-Based Learning and Improvement Core Competency due only to failure of project only. In this case, remediation is as described above.

*Exception: Aggregate professionalism or performance concerns may result in referral to the

Committee on Academic and Professional Progress (CAPP) rather than remediation.

Standards set forth by CAPP will supersede the Course Director's intention to allow the student to remediate (i.e., a student who rises to the level of meeting with CAPP must first meet with this committee before being permitted to proceed with remediation plans).

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 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, 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 |
| • 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		

Need to Register?

Enter your institutional email

Register

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.**

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.
- 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!AlAkB8gcPGSxhmvNZO39gNF4MoZ6>

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*:

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

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.

FM, OBGYN, Pediatrics 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, enrichment activities chosen by the student, or time to prepare for the upcoming shelf exam.

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.

Hospice Experience

Overview: 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.

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 terminally 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 (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

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.

COURSE POLICIES & PROCEDURES

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, 2020-2021, for further details.

1. Attendance and Time Off Clerkships

Attendance guidelines for all sessions are set forth in NEOMED’s policy Attendance at Instructional Sessions (available at: <https://www.neomed.edu/3349-ac-418-attendance-at-instructional-sessions/>).

Reason for Absence	Person(s) to Notify	When to Notify	Required Forms and Documentation
Emergency (e.g, flat tire, emergent health problem)	<ul style="list-style-type: none"> • Clinical Site - Clerkship/Elective Site Director and Coordinator* • Rootstown courses – Course Director and Curriculum Coordinator 	As soon as circumstances allow	Submit absence notification form available at https://www.neomed.edu/student-service/forms/ after you have discussed make-up plans with course/clerkship/elective site director.
Personal Illness	<ul style="list-style-type: none"> • Clinical Site - Clerkship/Elective Site Director and Coordinator* • Rootstown courses – Course Director and Curriculum Coordinator 	ASAP when you realize you are sick and will not be able to attend	

<p>Health care appointment for yourself or to accompany a family member</p> <p><i>You do NOT need to state the reason for or type of health care appointment.</i></p>	<ul style="list-style-type: none"> • Clinical Site - Clerkship/Elective Site Director and Coordinator* • Rootstown courses – Course Director and Curriculum Coordinator 	<p>With as much lead time as possible, preferably BEFORE clerkship/elective begins</p>	
<p>Presentation at Conference or fulfill a professional obligation.</p>	<p>College of Medicine using <u>College of Medicine Professional Conference/Obligation Request Form</u></p>	<p><u>At least</u> six (6) weeks in advance of conference/professional obligation</p>	<p><u>College of Medicine Professional Conference/Obligation Request Form</u> along with evidence of acceptance to present at a professional conference or fulfill a professional obligation.</p> <p>→ THE PROCESS DOES NOT END once you have submitted the above form. DO NOT MAKE TRAVEL PLANS.</p> <ol style="list-style-type: none"> 1. The COM will send written confirmation to let you know your request was received. Follow-up instructions will be provided. 2. Check with course director/clinical site director to determine if you can be excused from the curriculum; 3. if excused, submit an absence notification form (<u>https://www.neomed.edu/studentservices/forms/</u>) after discussing make-up plans with course/clerkship/elective director.

Religious Holiday Observation	College of Medicine. Submit “Request for religious holiday observation” form (College of Medicine)	<p>By July 1 – 5:00 pm</p> <ul style="list-style-type: none"> Holidays falling between July 2 and December 31 <p>By November 1 – 5:00 pm</p> <p>Holidays falling between January 1 – June 30.</p>	Submit “Request for religious holiday observation” form (College of Medicine) → THE PROCESS DOES NOT END here. <ol style="list-style-type: none"> The COM will send written confirmation to let you know your request was received and date(s) verified. Follow-up instructions will be provided. Check with course director/clinical site director to determine if you can be excused from the curriculum; if excused, submit an absence notification form (https://www.neomed.edu/studentservices/forms/) after discussing make-up plans with course/clerkship/elective director.
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* information for course/clerkship site directors and coordinators can be found on AIMS.

2. Curriculum Contact Hours

In compliance with guidelines established by the Liaison Committee on Medical Education (LCME) and in accordance with the NEOMED Curriculum Contact Hours Policy, students will not be required to work longer hours than residents. <https://www.neomed.edu/3349-ac-409-curriculum-contact-hours/>

3. Clinical Supervision & Safety

In accordance with LCME requirements, 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. <https://www.neomed.edu/3349-ac-408-clinical-supervision/>

- Follow OSHA guidelines
- Follow appropriate patient safety procedures (handwashing, mask, gloves as appropriate)
- Follow safety guidelines as directed by the clinical site
- Recognize a potentially aggressive patient
 - history of aggression, mental health issue, drug or alcohol withdrawal, physical sign of anger or agitation
- If you are in doubt, err on the side of caution
 - take a chaperone (fellow student or nurse, security)
- Defusing the situation
 - listen, speak softly, acknowledge the concern, keep space between you and the patient, have an exit

4. Grade Dispute

Grade Dispute guidelines are set forth in NEOMED's College of Medicine policy Grade Dispute (available at: <https://www.neomed.edu/3349-ac-405-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 Student Performance Evaluation, as well as notify, in writing M3-M4GradeDispute@neomed.edu regarding the intent. Please refer to the policy for additional details on grade disputes.

5. Mistreatment

Any issues or concerns regarding the clerkship, house staff, personnel, patient availability, etc., should be addressed to the Clerkship Site Director. Issues or concerns should be addressed as quickly as possible to foster early resolution. Every student has the right to learn in a professional atmosphere. Any issues or concerns regarding the course, course faculty and staff, etc., should be addressed to the Course Director or the Director of M3 Clinical Experiences. Concerns regarding misconduct also may be reported confidentially or anonymously using the Inappropriate Behavior Reporting Form found at <https://www.neomed.edu/student-services/forms/>. Students who feel they have been harassed or discriminated against should discuss the matter with their faculty advisor, the Director of Student Wellness and Counseling, or the Chief Student Affairs Officer.

6. Professionalism

Academic Misconduct: NEOMED students sign and are held to the "Expectations of Student Conduct and Professional Behavior" and must abide by all student policies contained within *The Compass*. Included within these expectations are policies regarding students' academic conduct. NEOMED students are expected to comply with the following academic standards and to report any violations to the Office of Student Affairs. Failure to do so may result in referral and review by either CAPP or the Student Conduct Council.

In accordance with the NEOMED policy on proper attire as stated in the Compass, students are required to dress appropriately and professionally for all clinical activities. The hospitals and their academic departments reserve the right to determine appropriate attire for their sites and may impose additional requirements.

7. Shadowing

No shadowing is permitted during M3 clerkships this year.

Last modified 2.4.2021

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