Alabama College of Osteopathic Medicine

FAMILY MEDICINE
DO CLIN 807
2017-2018

Clerkship Chair: Joseph Baker II, DO
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Office Hours: By Appointment (via email only)

Grading: Credit Hours: 4
Final letter grades will be determined in accordance with the ACOM Student Handbook.

I. PRE-REQUISITES:
Beginning the Family Medicine Clerkship Rotation requires successful completion of Year 2 and COMLEX Part 1. Students must have current training in BLS, ACLS, OSHA, HIPAA, Universal Precautions, and Sterile Technique.

II. CLERKSHIP ROTATION DESCRIPTION:
During the Family Medicine clerkship rotation, students will work with a family physician in order to gain a more complete perspective of the uniqueness of family medicine and further their learning of clinical knowledge and skill sets necessary to practice medicine in a variety of outpatient and inpatient settings. It is anticipated that students will interact with all clinic personnel and learn from each about their specific responsibilities. For more information about the key characteristics of family physicians, see Appendix C.

III. CLERKSHIP ROTATION GOALS AND OBJECTIVES:

Goals
The overall goal of the family medicine clerkship is to provide an outstanding learning experience for all medical students. By the end of this clerkship rotation, students should be able to:

- Demonstrate the unequivocal value of primary care as an integral part of any health care system.
- Teach an approach to the evaluation and initial management of acute presentations commonly seen in the office setting.
- Teach an approach to the management of chronic illnesses that are commonly seen in the office setting.
- Teach an approach to conducting a wellness visit for a patient of any age or gender.
- Model the principles of family medicine.
- Provide instruction in historical assessment, communication, physical examination, and clinical reasoning skills.
Specific Learning Objectives:

By the end of this clerkship rotation, students should be able to:
  o Appropriately use and apply osteopathic principles as well as Osteopathic Manipulative Treatment (OMT) to the patient-care setting.
  o Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
  o Demonstrate knowledge and understanding of biomedical concepts, patient-care practices, and basic clinical techniques.
  o Develop evidence-based health promotion / disease prevention plans for patients of any age or gender.
  o Discuss the critical role of family physicians within any health care system.
  o Discuss the principles of family medicine care. (See Appendix D-F for more specific objective information)
    o See Appendix D regarding the primary principles of family medicine.
    o See Appendix E regarding the management of acute and chronic presentations.
    o See Appendix F regarding health promotion and disease prevention.
  o Formulate and document appropriate initial diagnoses and treatment plans based on patient histories, symptoms, examination findings, lab tests, and imaging studies.
  o Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
  o Evaluate the risks, benefits, limitations, and costs of different diagnostic and treatment options associated with healthcare.

IV. FORMAT AND PROCEDURES:

Attendance at the clerkship rotation site is required at all times designated by the attending. This will include hospital, meetings, and/or other responsibilities. Students will be expected to attend hospital based educational forums, such as journal club and house staff presentations. Students will be available for any activities, such as night call, if asked by the preceptor. If the preceptor makes house calls, the student is expected to accompany him/her. Students are strongly encouraged to update their portfolios in E*Value daily. Students are expected to complete all assignments in a timely manner and participate in all scheduled interactive didactic sessions, including but not limited to discussion boards, journal clubs, case studies and write-ups, live group discussions via video conferencing, watching lectures, reading articles, and taking post-rotation exams.

V. APPROVAL OF PRECEPTORS WILL BE IN ACCORDANCE WITH ACOM CREDENTIALING POLICY

Approval of preceptors will be by the Clerkship Chair. MD or DO board certified physicians with an ACOM core site are preferred. MD or DO board certified physicians outside a core area may be used if no approved core site physician is available, as determined by the clinical education office.

VI. CLERKSHIP ROTATION REQUIREMENTS:

1. Attendance & Participation:
   o 100% attendance is required to all events defined by the preceptor and as listed below.
   o Absence excused by the preceptor is required to be reported to clerkship chair.
   o Students are expected to complete all reading assignments.
   o It is the responsibility of the student to contact the clerkship rotation site in ample time prior to arrival to learn the expectations for the first day of the clerkship rotation.
   o The extent of student involvement in patient care activities will be determined by the preceptor.
   o Hours of duty, night and weekend coverage, and holiday assignments are at the discretion of the preceptor. The work week is limited to a minimum of 45 hours per week and
maximum of 80 hours per week, averaged over the four-week duration of the clerkship rotation.

- Students are to receive one day in seven free from clinical activities averaged over a four-week period.
- Any absence during scheduled rotation work hours, for any reason, must be approved by the Preceptor.
- An absence from a clerkship rotation will be excused only under extreme circumstances. Students cannot be absent from any clerkship rotation experience without permission from the supervising physician. Absence from a clerkship rotation in excess of three days or any unexcused absence will be reviewed by the Associate Dean of Clinical Sciences and may result in repetition or failure of the clerkship rotation.

2. Required Textbook(s) & Equipment:

  - Students will also be assigned readings from multiple sources, such as online medical libraries, online journal articles, and other resources by their preceptors to gather pertinent information on subjects relative to the care of their assigned patients and other educational requirements.
- *fmCASES*, a MedU resource
- Recommended Textbooks:
    - Chapter 3 of this text is especially recommended.
- Sphygmomanometer, stethoscope, and a diagnostic kit which includes an ophthalmoscope and otoscope, reflex hammer, and tuning fork at 512 decibels.
- **ACOM issued Apple iPad Mini, fully functional.**
  - Students should be able to access all available point-of-care resources as needed.

3. Assignments & Clinical Skills:

- Learning Agreements
  - Students are required to meet with their preceptors on the first or second day of the clerkship rotation to complete a learning agreement (see Appendix A). This procedure is designed to help students and preceptors come to an agreement regarding what needs to be accomplished in each specific clerkship rotation. An electronic copy of this form is available on SEAMed. Use this syllabus and/or Appendix B to select the learning objectives that will be used for each specific clerkship rotation. An electronic copy of this list is located on SEAMed. Once the learning agreement is completed and signed by both parties, students are required to upload it to the appropriate software platform. They should also retain a signed copy for their own records.
  - Descriptions and requirements for participation in ACOM didactics specific to this clerkship rotation are described in the course shell on SEAMed. It is the student’s responsibility to review and follow all didactics requirements.
  - See Appendix B for Core Problems Necessary for Graduation

4. Post-Rotation Exam

The COMAT subject examination in Family Medicine will be administered on-line on the last day of the clerkship rotation. The Clinical Site Coordinator or their designee at the core rotation site will proctor the exam in accordance with guidelines set by the NBOME. Students will receive instruction from the Site Coordinator regarding the time and place to report for the exam.

- Examination structure, content outline and practice examinations for COMAT exams can be found at [http://www.nbome.org/comatmain.asp?m=coll](http://www.nbome.org/comatmain.asp?m=coll)
5. **Evaluations:**

- **Student Evaluation of Site; Student Evaluation of Preceptor:** Must be completed on-line and submitted at the end of the clerkship rotation.

- **Mid-Rotation Evaluation:** At approximately two weeks into the clerkship rotation, the student should ask for an informal mid-rotation evaluation. The student should review the mid-rotation evaluation form with the preceptor, discuss areas of competency that will be evaluated at the conclusion of the clerkship rotation and ask for input on his or her performance to date and specific recommendations for improvement. This is not intended to be a formal evaluation and the student is not required to submit the mid-rotation evaluation form to ACOM. The student is encouraged to make notes, ask for the preceptor’s signature and keep the form for his or her records.

- **Preceptor Evaluation of Student:** It is the responsibility of the student to ensure that evaluation forms are completed and submitted online or turned into the Site Coordinator or the Office of Clinical Sciences at the completion of the clerkship rotation. Students should inform the Office of Clinical Resources of any difficulty in obtaining an evaluation by the preceptor at the end of that clerkship rotation.

**VII. GRADING PROCEDURES:**

A grade for the clerkship rotation will be assigned by the Clerkship Chair, based on the following grading elements. Students must score 70% or higher on each grading element to pass the clerkship rotation. Final grades will be issued by the Clerkship Chair. The following elements will determine the final grade:

- Evaluation from preceptor and staff (50%)
- COMAT Exam score (30%)
- Completion of Family Medicine Rotation Didactics (20%)
- Note well:
  - A student who scores below 70% on an evaluation completed by his or her preceptor will fail the clerkship rotation and will be required to repeat the clerkship rotation.
  - COMAT exam: Students who are not successful in passing the COMAT exam will receive a failing grade and must take the COMAT again. Students who require subsequent COMAT attempts will receive a score of 70% for that exam and may be required to remediate the clerkship rotation at the discretion of the Clerkship Chair.
  - The cost of the COMAT subject exam will be covered by ACOM for each initial exam. If a student must retake the examination, he or she may be responsible for the cost ($35.00 per examination). To schedule a retake, students must contact the Clinical Sciences Coordinator.
  - You must complete and pass the Rotation Didactics element of the clerkship rotation. If you fail Rotation Didactics, you will be offered one attempt to remediate the activities through assignments given by the clerkship chair.
  - Successful remediation of Rotation Didactics failing grade will be reported as a 70% for that part of the overall course grade. Unsuccessful remediation results in a failing grade for the course and referral to SPC for disposition.

**VIII. PROFESSIONALISM**

ACOM students are expected to demonstrate high ethical standards with empathy, compassion, honesty, academic, clinical, and personal professionalism at all times. Clerkship physicians and clinical team members will be required to identify these behaviors as part of the ACOM student’s final grade on their respective service. Also, unless otherwise indicated by the preceptor, the student should wear a clean, wrinkle-free white ACOM clinic jacket and identification badge. The ID badge should be worn above the waist and visible at all times.

**IX. VIDEO CONFERENCES**
Virtual conference days and times are listed in SEAMed. Although attendance at the video conferences is strongly encouraged, patient care is more important. If you are unable to attend a video conference due to patient care responsibilities, you are required to email the Clerkship Chair (and CC Amanda Gant) prior to the video conference, as soon as you realize that you will not be able to attend.

You must also send a scanned copy of a written statement from your preceptor saying your presence was required. If your service experiences an emergency, you may send the email the following morning. **Failure to send the email and written statement will result in 5% taken off the didactic portion of your score in this course.**

If you do notify the Clerkship Chair following the above guidelines, you will receive a makeup assignment. This makeup assignment should take you about 3-4 hours to complete, and will include watching the recorded session, writing a 1 page report on what you learned, and writing up a de-identified case presentation for the patient you saw during your scheduled video conference time. **Failure to submit a satisfactory makeup assignment by the deadline given will also result in 5% taken off the didactic portion of your score in this course.**

The recorded video conferences will be available within 24 hours of the event.

X. ACADEMIC INTEGRITY

Each student on this clerkship rotation is expected to abide by the student conduct information as outlined in the ACOM Student Handbook. During examinations you must do your own work. Talking or discussion about the examination contents is not permitted during or after the examinations, nor can you compare papers, copy from others, or collaborate in any way. Any collaborative behavior during the examinations will result in failure of the exam, and may lead to failure of the course and disciplinary action.

Each student on this clerkship rotation is expected to abide by the rules established by the **Health Insurance Portability and Accountability Act (HIPAA)** with a focus on maintaining privacy of Protected Health Information (PHI), which includes discussing patient information in an inappropriate manner or inappropriate setting.

XI. COPYRIGHT STATEMENT

The materials on this course website are only for the use by students enrolled in this course for purposes associated with this course and may not be retained or further disseminated. (Title 17, US Code) For more information, see [http://libguides.acomedu.org/copyright/copyright](http://libguides.acomedu.org/copyright/copyright)

XII. ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

In compliance with the ACOM policy and equal access laws, students requesting appropriate academic accommodations should meet with the ACOM Associate Dean of Student Services.

XIII. CHANGES TO THE SYLLABUS

This syllabus is subject to change without advance notification to students.
ACOM Learning Agreement for Family Medicine Clerkship Rotations

To develop a set of mutually-agreed-upon learning objectives, students and preceptors should discuss the questions below on the first or second day of the clerkship rotation.

Student: ___________________________ Preceptor: ___________________________

Rotation Discipline: ___________________________ Site: ___________________________

Rotation Period or Specific Dates: ___________________________

I. What skills or knowledge does the student hope to learn in this clerkship rotation?  
(This section may be completed prior to meeting.)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

II. What skills or knowledge does the preceptor think the student most needs to learn in this clerkship rotation?

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

III. Based on the two sets of goals above, what specific learning objectives* do the student and preceptor agree should be accomplished in this clerkship rotation? (Please list at least three)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

*Please note that learning objectives need to describe what the student will be able to do on completing the clerkship rotation. Please use objectives within this clerkship rotation syllabus.

IV. What activities will most help the student accomplish the above learning objectives? (rounds, pre-rounds, day start, day end, grand rounds, expected readings, journal clubs, etc.)

1. _____________________________________________________________________________
2. _____________________________________________________________________________
3. _____________________________________________________________________________

SIGNATURES

Student: ___________________________

Preceptor: ___________________________

Date: ___________________________

Students are required to submit this document electronically on the appropriate software platform and strongly encouraged to keep the signed learning agreement for their records.
APPENDIX B: CORE PROBLEMS NECESSARY FOR GRADUATION

CORE PROBLEMS NECESSARY FOR GRADUATION

Core Problems/Diagnoses: Students should diagnose, treat, and record the following health concerns in their E*Value portfolios.

1. Abdominal Distension
   1.1. Bowel Distention
   1.2. Ascites
   1.3. Other Causes
2. Abdominal Pain/Mass
   2.1. Acute – Diffuse
   2.2. Acute – Localized
   2.3. Acute -- Pediatric
   2.4. Chronic – Constant
   2.5. Chronic – Crampy/Fleeting
   2.6. Chronic – Post-Prandial
3. Abnormal ECG
4. Abnormal Genital Bleeding
5. Abnormal Serum Lipid Profile
   5.1. Combined and Decreased HDL
   5.2. Increased LDL and Increased Triglycerides
6. Abnormal Serum TSH
7. Acid Base Disorders
8. Apparent Life Threatening Event (Pediatric)
   8.1. Acute Illness
   8.2. Witnessed Choking Spell
   8.3. Injury
   8.4. Apnea
9. Adrenal Mass
   9.1. Benign
   9.2. Malignant
10. Allergic Reactions
11. Altered Level of Consciousness
   11.1. Overall Approach to Altered Level of Consciousness
   11.2. GCS ≤ 7
12. Anemia/Pallor
   12.1. Overall Approach to Anemia
   12.2. Anemia with Elevated MCV
   12.3. Anemia with Normal MCV
   12.4. Anemia with Low MCV
13. Anorectal Pain
14. Autoimmune Diseases
   14.1. Infectious
   14.2. Congenital
15. Back Pain
16. Benign Prostatic Hypertrophy
17. Bleeding/Brusing
   17.1. Coagulation Proteins
   17.2. Platelets and Vascular System
18. Bone Lesion
19. Breast Discharge
20. Breast Disorders
   20.1. Infection
   20.2. Mass
   20.3. Gynecomastia
      20.3.1. Increased Estrogen and Increased HCG
      20.3.2. Increased LH and Decreased Testosterone
21. Burns
22. Chest Discomfort
   22.1. Cardiovascular (Angina Pectoris)
   22.2. Pulmonary/Mediastinal
      22.2.1. Pulmonary Embolus
      22.2.2. Pulmonary Hypertension
      22.2.3. Pleural Effusion
   22.3. Other
23. Chest Trauma
24. Cognitive Impairment
   24.1. Dementias
25. Congenital Abnormalities/Deformities/Limps
26. Cough
   26.1. Chronic (Adult)
   26.2. Dyspnea and Fever
   26.3. Acute (Pediatric)
   26.4. Chronic (Pediatric)
27. Deep Vein Thrombosis
28. Dialysis
29. Diarrhea/Constipation
   29.1. Acute Diarrhea (Adult)
   29.2. Chronic Diarrhea (Adult): Small Bowel
   29.3. Chronic Diarrhea (Adult): Steatorrhea and Large Bowel
   29.4. Diarrhea (Pediatric)
   29.5. Constipation (Adult): Altered Bowel Function and Idiopathic
   29.6. Constipation (Adult): Secondary Causes
   29.7. Constipation (Pediatric)
   29.8. Stool Incontinence
30. Difficulty Swallowing (Deglutition Disorders)
31. Dizziness/Vertigo
32. Domestic Violence
33. Dyspnea/Breathlessness
   33.1. Acute
   33.2. Chronic – Cardiac
   33.3. Chronic – Pulmonary/Other
   33.4. Pediatric
34. Ear Pain, Hearing Loss, Deafness
   34.1. Hearing Loss
      34.1.1. Conductive
      34.1.2. Sensorineural
   34.2. Otolgia
   34.3. Tinnitus
      34.3.1. Objective
      34.3.2. Subjective
34. Electrolyte Disorders
   35.1. Hypercalcemia
      35.1.1. Low PTH
      35.1.2. Normal/High PTH
   35.2. Hypocalcemia
      35.2.1. High Phosphate
      35.2.2. Low Phosphate
      35.2.3. High/Low PTH
   35.3. Hyperkalemia
      35.3.1. Intracellular Shift
      35.3.2. Reduced Excretion
   35.4. Hypokalemia
   35.5. Hyponatremia
   35.6. Hypernatremia
   35.7. Hyperphosphatemia
   35.8. Hypophosphatemia
36. Elevated Liver Enzymes
37. End-of-Life/Palliative Care
38. Excessive Daytime Sleepiness
39. Eyes/Vision
   39.1. Acute Vision Loss
      39.1.1. Bilateral
      39.1.2. Unilateral
   39.2. Chronic Vision Loss
      39.2.1. Anatomic
   39.3. Amblyopia
   39.4. Diplopia
   39.5. Pupillary Abnormalities
      39.5.1. Isocoria
      39.5.2. Anisocoria
   39.6. Red Eye
      39.6.1. Atraumatic
      39.6.2. Traumatic
   39.7. Strabismus
      39.7.1. Ocular Misalignment
      39.8.1. Visual Field Defects
40. Falls in the Elderly
41. Fatigue
42. Fever/Chills
   42.1. Acute Fever
   42.2. Fever of Unknown Origin/Chronic Fever
43. Fractures
   43.1. Pathologic/Fragility Fractures
43.2. Fracture Healing
43.3. Pediatric Fractures
   43.3.1. Salter Harris Physeal Injury Classification System
44. Gait Disturbance
45. Gastrointestinal Bleeding
   45.1. Upper Gastrointestinal Bleed (Hematemesis/Melena)
   45.2. Lower Gastrointestinal Bleed
46. Genetic Disorders
47. Genital Lesion
48. Hair Loss (Alopecia)
   48.1. Diffuse
   48.2. Localized (focal)
49. Headache
   49.1. Primary
   49.2. Secondary with Red Flag Symptoms
   49.3. Secondary without Red Flag Symptoms
50. Heart Failure
   50.1. Left-Sided
   50.2. Right-Sided
51. Hematuria
52. Hemiplegia
   52.1. Upper Motor Neuron Weakness
53. Hemoptysis
54. Hepatomegaly
55. Hirsutism
   55.1. Hirsutism and Virilization
      55.1.1. Androgen Excess
      55.1.2. Hypertrichosis
56. Hyperglycemia/Diabetes Mellitus
57. Hypertension
   57.1. Pulmonary
   57.2. In Pregnancy
58. Hyperthyroidism
59. Hypoglycemia
60. Hypothyroidism
61. Hypoxemia
62. Immunocompromised/Immunodeficiency
   62.1. Fever in the Immunocompromised Host
63. Infertility and Contraception
   63.1. Female
   63.2. Male
64. Jaundice
   64.1. Adult
   64.2. Infant and Neonatal
65. Joint Pain
   65.1. Acute Joint Pain – Vitamin CD
   65.2. Chronic/Degenerative Change
   65.3. Infectious Joint Pain
   65.4. Inflammatory Joint Pain
65.5. Vascular Joint Pain
66. Kidney Disease/Injury
   66.1. Chronic
   66.2. Acute
67. Leukocytosis/Leukopenia
68. Liver Mass
69. Lung Nodule
70. Lymphadenopathy
   70.1. Diffuse
   70.2. Localized
71. Mechanisms of Pain
72. Mediastinal Mass
73. Menorrhea
   73.1. Amenorrhea
      73.1.1. Primary
      73.1.2. Secondary
   73.2. Dysmenorrhea
   73.3. Altered Menses
   73.4. Abnormal Vaginal Bleeding
74. Metabolic Acidosis
   74.1. Elevated Anion Gap
   74.2. Normal Anion Gap
75. Metabolic Alkalosis
76. Mood/Neurobehavioral Disorders/Anxiety/Depression
   76.1. Anxiety Disorders
      76.1.1. Associated with Panic
      76.1.2. Recurrent Anxious Thoughts
   76.2. Trauma- and Stressor-Related Disorders
   76.3. Obsessive-Compulsive and Related Disorders
   76.4. Personality Disorders
   76.5. Elevated Mood
   76.6. Depressed Mood
   76.7. Psychotic Disorders
   76.8. Somatoform Disorders
   76.9. Pediatric Mood and Anxiety Disorders (ADHD, autism, learning disorders)
77. Mouth Disorders
   77.1. Adult and Elderly
   77.2. Mucous Membrane Disorder (Oral Cavity)
   77.3. Pediatric
78. Movement Disorders
   78.1. Hyperkinetic
   78.2. Tremor
   78.3. Bradykinetic
79. Murmur/Abnormal Heart Sounds
   79.1. Abnormal Rhythm
      79.1.1. Abnormal Rhythm 1 (Types of Arrhythmia)
   79.1.2. Abnormal Rhythm 2 (Causes of Arrhythmia)
   79.2. Diastolic Murmur
   79.3. Systolic Murmur
      79.3.1. Benign and Stenotic
      79.3.2. Valvular and Other
80. Nail Disorders
   80.1. Primary Dermatologic Disease
   80.2. Systemic Disease
      80.2.1. Clubbing
81. Nausea and Vomiting
   81.1. Gastrointestinal Disease (Adult and Pediatric)
   81.2. Other Systemic Disease (Adult and Pediatric)
82. Neck Mass
83. Nephrolithiasis
84. Neutrophilia
85. Neutropenia
   85.1. Decreased Neutrophils Only
   85.2. Bicytopenia and Pancytopenia
86. Numbness/Tingling/Paresthesia/Painful Limb
87. Osteoporosis
88. Ovarian Mass
89. Pap Abnormality
90. Pelvic Mass/Pain
   90.1. Acute
   90.2. Chronic
91. Pelvic Organ Prolapse
92. Peripheral Weakness
   92.1. Weakness
   92.2. Sensory Changes
      92.2.1. Objective Lower Motor Neuron Weakness
93. Pigmentation Disorders
   93.1. Hyperpigmentation
   93.2. Hypopigmentation
94. Pleural Effusion
95. Polycythemia
96. Pregnancy/Delivery/Newborns
   96.1. Antenatal Care
   96.2. Bleeding in Pregnancy
      96.2.1. < 20 weeks
      96.2.2. 2nd and 3rd Trimesters
   96.3. Growth Discrepancy
      96.3.1. Small for Gestational Age/Intrauterine Growth Restriction
      96.3.2. Large for Gestational Age
   96.4. Intrapartum Factors that may affect Fetal Oxygenation

Rev. 7/19/17
96.5. Intrapartum Abnormal Fetal Heart Rate Tracing
   96.5.1. Variability and Decelerations
   96.5.2. Baseline
96.6. Postpartum Hemorrhage
96.7. Recurrent Pregnancy Loss
96.8. Dermatoses in Pregnancy
   96.8.1. Physiologic Changes
   96.8.2. Specific Skin Conditions
96.9. Preterm Infant Complications
96.10. Failure to Thrive
   96.10.1. Adequate Calorie Consumption
   96.10.2. Inadequate Calorie Consumption
96.11. Hypotonic Infant (Floppy Newborn)
96.12. Depressed/Lethargic Newborn
96.13. Cyanosis in the Newborn
   96.13.1. Respiratory
   96.13.2. Non-Respiratory
96.14. Respiratory Distress in the Newborn
96.15. Sudden Unexpected Death in Infancy (SUDI)
97. Preventive Health Care
   97.1. Vaccinations
   97.2. Cancer Screening
   97.3. STI Screening
98. Prolonged PT (INR)
   98.1. Prolonged PTT
   98.2. Normal PTT
99. Prolonged PTT, Normal PT (INR)
   99.1. Bleeding Tendency
   99.2. No Bleeding Tendency
100. Proteinuria
101. Pruritus
   101.1. Primary Skin Lesion
   101.2. No Primary Skin Lesion
102. Pulmonary Disorders
   102.1. Spirometry
103. Pulmonary Embolus
104. Pulse Abnormalities
105. Renal Cancer
106. Renal Failure
   106.1. Acute
   106.2. Chronic
107. Renal Mass
   107.1. Solid
   107.2. Cystic
108. Respiratory Sounds
   108.1. Noisy Breathing
      108.1.1. Wheezing (Pediatric)
      108.1.2. Stridor (Pediatric)
   108.2. Stridor (Pediatric)
109. Scrotal Mass/Pain
110. Seizures/Spells
   110.1. Epileptic Seizure
   110.2. Secondary Organic Seizure
   110.3. Other
   110.4. Pediatric Seizure
      110.4.1. Unprovoked
      110.4.2. Provoked
      110.4.3. Spells
111. Sellar/Pituitary Mass
112. Sexual Dysfunction
   112.1. Erectile Dysfunction
113. Shock/Hypotension
114. Skin Lesions
   114.1. Primary Skin Lesion
   114.2. Secondary Skin Lesion
115. Skin Rash
   115.1. Eczematous
   115.2. Papulosquamous
   115.3. Pustular
   115.4. Reactive
   115.5. Vesiculobullous
116. Skin Ulcer by Etiology
   116.1. Physical
   116.2. Vascular
   116.3. Hematologic
   116.4. Neoplastic
   116.5. Neurological
   116.6. Infectious
   116.7. Metabolic
   116.8. Drugs
117. Skin Ulcer by Location
   117.1. Genitals
   117.2. Head and Neck
   117.3. Lower Legs/Feet
   117.4. Oral Ulcers
   117.5. Trunk/Sacral Region
118. Smell Dysfunction
119. Soft Tissue
   119.1. Septic
   119.2. Aseptic
120. Sore Throat/Rhinorrhea/Sinus and Nasal Congestion
121. Speech/Language Abnormalities
   121.1. Dysarthria
   121.2. Aphasia
      121.2.1. Fluent
      121.2.2. Non-Fluent
   121.3. Hoarseness
      121.3.1. Acute
      121.3.2. Non-Acute
122. Stature
   122.1. Short
   122.2. Tall
The Portfolio Process: Each of the health concerns listed above has several core entrustable professional activities (EPAs) that students must self-check. The more problems/diagnoses logged using EPAs, the better a student’s MSPE will be.

1. Gather a history and perform a physical examination
2. Develop a prioritized differential diagnosis and select a working diagnosis following a patient encounter
3. Recommend and interpret common diagnostic and screening tests
4. Enter and discuss patient orders/prescriptions
5. Provide documentation of a clinical encounter in written or electronic format
6. Provide an oral presentation/summary of a patient encounter
7. Form clinical questions and retrieve evidence to advance patient care
8. Give or receive a patient handover to transition care responsibility to another health care provider or team
9. Participate as a contributing and integrated member of an interprofessional team
10. Recognize a patient requiring urgent or emergent care, initiate evaluation and treatment, and seek help
11. Obtain informed consent for tests and/or procedures
12. Perform general procedures of a physician
13. Identify system failures and contribute to a culture of safety and improvement

Procedures: Students should record procedures into their E*Value portfolios.

- Airway Management (specify type in notes section, i.e. nasotracheal, oropharyngeal, etc.)
- APGAR and Dubowitz/Ballard Assessment
- Arterial puncture – for blood gases (ABG)
- Arthrocentesis
- Breast Exam
- Caesarean Section
- Calculate medication dosage by weight and write a prescription; signed by physician
- Cardiac ultrasound and Doppler studies
- Casting/Splinting, Elbow
- Casting/Splinting, Knee/Ankle
- Casting/Splinting, Lower Extremity
- Casting/Splinting, Other (Specify in Notes Section)
- Casting/Splinting, Shoulder
- Casting/Splinting, Thumb Spica
- Casting/Splinting, Upper Extremity
- Casting/Splinting, Wrist/Hand
- Circumcision
- Colposcopy
- Digital Rectal Exam
- Ear, Evaluation and Treatment – Cerumen Removal
- Ear, Evaluation and Treatment, EAC foreign body removal/wick insertion
- Echocardiography
- EKG Interpretation
- Electroencephalogram
- Endoscopy (specify type in notes section)
- Episiotomy and repair
- Eye, Evaluation and Treatment – Evaluation of Corneal Abrasion
- Eye, Evaluation and Treatment – Evaluation of foreign body with lid eversion
- Eye, Evaluation and Treatment – slit lamp use
- Eye, Evaluation and Treatment – Tonometry
- Eye, Evaluation and Treatment of conjunctival foreign body
- Eye, Evaluation and Treatment of corneal foreign body
- Female Pelvic Exam, Bimanual Exam (enter specific pathology found in notes section)
- Female Pelvic Exam, Pap Smear (enter specific pathology found in notes section)
- H&P Prevention / Health Maintenance
- Hernia examination
- History and Physical – Complete/Comprehensive
- Injection – Sub-Q/Intradermal, IM (specify in notes section)
- Intravascular Access, Central Line (specify location in notes section)
- Intravascular Access, Central Line/Subclavian
- Intravascular Access, Intraosseous
- Intravascular Access, Peripheral
- Lumbar Puncture
- Male Genital Exam
- Mental Status Exam
- Mouth/Dental Evaluation and Treatment – regional Dental Block
- Mouth/Dental Evaluation and Treatment – Treatment of Aphthous Ulcers
- Mouth/Dental Evaluation and Treatment – treatment of Dry Socket S/P Extraction
- Nasogastric Tube Placement
- Newborn Management, Uncomplicated Delivery
- Newborn Management – Newborn Resuscitation
- Nose, Evaluation and Treatment – foreign body removal
- Nose, Evaluation and Treatment, Epistaxis Control (specify method used in notes section)
- Office Encounter, Chronic Complex Care
- Office Encounter, Routine Acute Problem
- Osteopathic Manipulation Treatment (OMT)
- Osteopathic Structural Exam
- Other Procedures (specify in notes section)
- Paracentesis
- Perform OPP autonomic
- Perform OPP lymphatics
- Peritoneal Lavage, Diagnostic
- Pre-Natal Care
- Provide Health Promotion / Disease Prevention
- Psychiatric Assessment (describe in notes section)
- Pulmonary Function Tests
- Remove sutures or staples
- Resuscitation Team Member (specify role in notes section, i.e. Leader, Compressor, etc.)
- Skin Lesion Excision
- Stress Testing
- Surgical Assist (specify type in notes section)
- Suturing, extremities (indicate type of anesthesia in notes section)
- Suturing, Face (indicate type of anesthesia in notes section)
- Suturing, Hand/digits (specify type of anesthesia in notes section)
- Thoracentesis
- Thoracostomy, Tube or Needle (specify in notes section)
- Ultrasound, bedside – FAST (Focused Assessment with Sonography for Trauma)
- Ultrasound, Other than FAST (specify in comments section)
- Urinalysis by Dipstick
- Urinary Catheter Insertion
- Vaginal Delivery – Spontaneous / Induced / Vacuum Extraction / Forceps (specify in notes section)
- Vaginal Delivery, Spontaneous
- Venipuncture
- Vision Screening
- Well Child Development Exam
- X-Ray Studies (specify type in notes section, i.e. chest, abdominal series, etc.)
APPENDIX C: KEY CHARACTERISTICS OF FAMILY PHYSICIANS

KEY CHARACTERISTICS OF FAMILY PHYSICIANS

Healthcare provided by family physicians has several unique characteristics. Although many types of physicians provide first-contact care, the characteristics listed below are not always present. Understanding how to provide acute and chronic disease care within this context is of benefit to all medical students.

I. Overview of Clinical Care
   In addition to the key principles of family medicine, several key messages should be imparted to students as they gain experience working with family physicians. These include the importance of knowing your patient, provisions of care within a community versus tertiary care setting, and having the opportunity to provide different types of care within the same visit.

II. Importance of Prior Knowledge of the Patient
   Having prior knowledge of a patient presenting to the office influences the diagnosis and provides an advantage in negotiating diagnostic testing and treatment strategies. Diagnostic testing can be conducted in stages. First, the physician considers the most common and any dangerous diagnoses. This approach is more cost-effective than obtaining an extensive work-up initially and is appropriate for the outpatient setting where common diagnoses are frequent. In addition, the opportunity for patients to follow-up allows the family physician to proceed with diagnosis and treatment in a thoughtful, staged manner taking into account the patient's age, gender, or the presence of pregnancy or any chronic illnesses.

III. Care in the Community Setting
   The prevalence of disease varies greatly based on the care setting. These differences in prevalence change pretest probability, affecting the predictive value of a test, and altering posttest probability of a specific diagnosis. For example, a patient presenting to the family physician's office with chest pain will have a much lower likelihood of experiencing a myocardial infarction than a patient presenting with chest pain to the emergency room or subspecialist's office.

IV. The Multipurpose Visit
   For family physicians, an acute visit sometimes presents a highly cost-effective opportunity to address chronic medical problems and health promotion. In addition, family physicians frequently care for an entire family and many issues for the individual patient or family member often surface in the context of a single office visit.
Teaching in family medicine clerkship rotations should focus on the five primary principles of family medicine as captured in the Family Medicine Curriculum Resource project.

I. **Biopsychosocial Model**
   
   a. **Patient-Centered Communication Skills**
      
      i. Demonstrate active listening skills and empathy for patients.
      
      ii. Demonstrate setting a collaborative agenda with the patient for an office visit.
      
      iii. Demonstrate the ability to elicit and attend to the patient's specific concerns.
      
      iv. Explain history, physical examination, and test results in a manner that the patient can understand.
      
      v. Clarify information obtained by a patient from such sources as popular media, friends and family, or the internet.
      
      vi. Demonstrate the validation of the patient's feelings by naming emotions and expressing empathy.
      
      vii. Effectively incorporate psychological issues into the patient discussions and care planning.
      
      viii. Use effective listening skills and empathy to improve patient adherence to medications and lifestyle changes.
      
      ix. Describe the treatment plans for prevention and management of acute and chronic conditions to the patient.
      
      x. Reflect on the personal frustrations, and transform this response into a deeper understanding of the patient's and one's own situation, when patients do not adhere to offered recommendations or plans.
   
   b. **Psychosocial Awareness**
      
      i. Discuss why physicians have difficulty in situations such as patients' requests for disability documentation, non-adherence, and chronic narcotic use.
      
      ii. Discuss the influence of psychosocial factors on a patient's ability to provide a history and carry out a treatment plan.
   
   c. **Patient Education**
      
      i. Discuss mechanisms to improve adherence to and understanding of screening recommendations.
      
      ii. Provide patient education tools taking into account literacy and cultural factors (e.g. a handout on how to read nutrition labels)
      
      iii. Describe the patient education protocols and programs for core chronic illnesses at their assigned clerkship rotation sites.
      
      iv. Identify resources in a local practice community that support positive health outcomes for diverse patients and families
      
      v. Promote the use of support groups and other community resources in the area of mental health.
      
      vi. Identify resources for patients with substance abuse problems at their clinic sites (e.g. lists of treatment referral centers, self-help groups, substance abuse counselors, etc.)

II. **Comprehensive Care**

   a. **Information Gathering and Assessment**
      
      i. Use critical appraisal skills to assess the validity of resources.
      
      ii. Formulate clinical questions important to patient management and conduct an appropriate literature search to answer clinical questions.
      
      iii. Use evidence-based medicine (EBM) to determine a cost-effective use of diagnostic imaging in the evaluation of core, acute presentations.
      
      iv. Find and use high-quality internet sites as resources for use in caring for patients with core conditions.
   
   b. **Lifelong Learning**
i. Assess and remediate one’s own learning needs.
ii. Describe how to keep current with preventive services recommendations.

III. Contextual Care
   a. Person in Context of Family
      i. Conduct an encounter that includes patients and families in the development of screening and treatment plans.
      ii. Demonstrate caring and respect when interacting with patients and their families even when confronted with atypical or emotionally charged behaviors.
      iii. Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and their families.

   b. Person in Context of Community
      i. Discuss local community factors that affect the health of patients.
      ii. Discuss health disparities and their potential causes and influences.
      iii. Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and professionals from other disciplines and other specialties.

   c. Person in Context of Their Culture
      i. Communicate effectively with patients and families from diverse cultural backgrounds.
      ii. Discuss areas where culture can impact the ability of patients to access and utilize health care.

IV. Continuity of Care
   a. Barriers to Access
      i. Describe the barrier to access and utilizing healthcare that stem from personal barriers.
         1. Examples include the following:
            a. Disadvantaged minority populations
            b. Unemployment
            c. Lack of education
            d. Lack of traditional family support
            e. Inadequate access to transportation
            f. Personal beliefs on health and wellness
            g. Language and cultural barriers
      ii. Describe the barriers that patients encounter to accessing and utilizing healthcare that stem from their particular community.
         1. Examples include the following:
            a. Low socioeconomic status of communities
            b. Geographic barriers in rural and remote communities as well as urban intercity
            c. Inadequate number and quality of healthcare providers
            d. Low educational status of communities
            e. Inadequate availability of social services
            f. Inadequate access to referral-based healthcare services, outside of the community
            g. Increasing ethnic diversity of the population, not matched by the health care workforce
      iii. Describe the barriers stemming from the health care system that affect the ability of patients to obtain and use health care.
         1. Examples include the following:
            a. High cost of health care
            b. Increasing number of uninsured and under-insured individuals
            c. Insufficient capacity of mental health services
            d. Inadequate number or distribution of primary care providers
            e. Inadequate coordination of chronic disease care and management across health care disciplines
V. **Coordination / Complexity of Care**
   a. *Team Approach*
      i. Describe the value of teamwork in the care of primary care patients.
      ii. Discuss the roles of multiple members of a healthcare team (e.g. pharmacy, nursing, social work, and allied health).
      iii. Participate as an effective member of a clinical care team
   b. *Quality and Safety*
      i. Recognize clinical processes established to improve performance of a clinical site.
         1. Examples of learning objectives include the following:
            a. Describe the use of a quality improvement protocol within a practice and how the protocol might improve healthcare.
            b. Describe methods of monitoring compliance with preventive services guidelines.
            c. Describe how one of the core chronic diseases is monitored in the assigned clerkship rotation site.
            d. Describe how narcotic use is managed and monitored in the assigned clerkship rotation site.
APPENDIX E: ACUTE AND CHRONIC PRESENTATIONS

OBJECTIVES FOR ACUTE & CHRONIC PRESENTATIONS

I. Objectives for Acute Presentations
At the end of this clerkship rotation, for each common symptom, students should be able to:
   • Differentiate among common etiologies based on the presenting symptom.
   • Recognize “don’t miss” conditions that may present with a particular symptom.
   • Elicit a focused history and perform a confused physical examination.
   • Discuss the importance of a cost-effective approach to the diagnostic work-up. (SBP)
   • Describe the initial management of common and dangerous diagnoses that present with a particular symptom.
   • For more information regarding clinical skills necessary for graduation, please see Appendix B.

II. Core Presentations for Chronic Disease
The percentage of patients who have chronic disease is large and increasing with the aging of the population. Care for patients with chronic diseases requires substantial health care resources. Family physicians provide a large portion of this care, often coordinating this care among many types of subspecialists. Every student benefits from learning about chronic disease management. Important characteristics of chronic disease management provided by family physicians are shown in the table below.

An introduction to a Chronic Care Model, such as the one developed by Wagner, is appropriate for a third-year medical student. Wagner's model has six fundamental areas: self-management, decision support, delivery system design, clinical information system, organization of healthcare, and community. Most objectives center around self-management and decision support.

III. Key Messages for Chronic Disease Care
A similar approach can be applied to most chronic diseases. General components of this approach, appropriate for a third-year medical student, include diagnosis, surveillance, treatment, and shared goal-setting. Chronic disease management involves empowering patients to engage in their own care and working as the leader or member of a team of professionals with complementary skills such as nurses, physical therapists, nutritionists, and counselors.

Many patients have more than one chronic disease. In caring for those patients, continuity increases efficiency and improves patient outcomes. Similar to diagnosis in acute care, continuity allows the family physician to address multiple issues in stages. Students should understand, however, that a follow-up visit with a patient is different than the initial visit with a patient and also different from an acute problem visit.

Students should also learn that a therapeutic physician-patient relationship facilitates negotiation and improves physician and patient satisfaction and outcomes. Relationships with patients are rewarding.

IV. Objectives for Chronic Disease Presentations
At the end of this clerkship rotation, for each core chronic disease, students should be able to:
   • Find and apply diagnostic criteria.
   • Find and apply surveillance strategies.
   • Elicit a focused history that includes information about adherence, self-management, and barriers to care.
   • Perform a focused physical examination that includes identification of complications.
   • Assess improvement or progression of the chronic disease.
   • Describe major treatment modalities.
   • Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention.
• Communicate appropriately with other health professionals (e.g. physical therapists, nutritionists, counselors, etc.). (PR, SBP)
• Document a chronic care visit.
• Communicate respectfully with patients who do not fully adhere to their treatment plan. (PR)
• Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. When appropriate, ask the patient to explain any new understanding gained during the discussion. (PR)
• For more information regarding clinical skills necessary for graduation, please see Appendix B.
HEALTH PROMOTION AND DISEASE PREVENTION

Health promotion is an essential component of every person’s healthcare. Family physicians provide health promotion to all patients regardless of life stage or gender. Family physicians provide health promotion in at least three ways – during office visits for health promotion, during office visits for another purpose, and outside of office visits in other healthcare settings such as extended care facilities, hospitals, and partnerships with community agencies or public health officials.

I. Key Messages for Preventive Care

There is an evidence base behind health promotion recommendations, but different organizations have different recommendations. The United States Preventive Services Task Force recommendations are the most appropriate for students to learn in the family medicine clerkship rotation.

Each patient will have a unique combination of primary, secondary, and possible tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to provide all recommended clinical prevention services for every patient. Created an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. Family physicians are skilled in prioritization and must partner with patients to determine which preventive services are appropriate, important, and affordable.

It should be stressed that clinical prevention can be included in every office visit. Learning to “juggle,” (i.e. prioritize or co-manage) acute, chronic, and prevention agendas is an advanced skill.

II. Student Learning Objectives for Adult Prevention Care Presentations

At the end of this clerkship rotation students should be able to:

- Define wellness as a concept that is more than “not being sick.”
- Define primary, secondary, and tertiary prevention.
- Identify risks for specific illnesses that affect screening and treatment strategies. (PBLI)
- For women: Elicit a full menstrual, gynecological, and obstetric history.
- For men: Identify issues and risks related to sexual function and prostate health.
- Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet). (PR)
- Provide counseling related to health promotion and disease prevention.
- Discuss an evidence-based, stepwise approach to counseling for tobacco cessation.
- Find and apply the current guidelines for adult immunizations. (PBLI, SBP)
- Discuss who should be screened and methods of screening for common health promotion conditions (i.e. depression, obesity, common types of cancers, diabetes, etc.).
- Develop a health promotion plan for a patient of any age or either gender.
- For more information regarding clinical skills necessary for graduation, please see Appendix B.

III. Student Learning Objectives for Well Child and Adolescent Preventive Care Presentations

At the end of this clerkship rotation students should be able to:

- Describe the core components of child preventive care – health history, physical examination, immunizations, screening/diagnostic tests, and anticipatory guidance. (PBLI)
- Identify health risks, including accidental and non-accidental injuries and abuse or neglect.
- Conduct a physical examination on a child.
- Identify developmental stages and detect deviations from anticipated growth and developmental levels.
- Recognize normal and abnormal physical findings in the various age groups.
• Find and apply the current guidelines for immunizations and be able to order them as indicated, including protocols to “catch-up” a patient with incomplete prior immunizations. (PBLI, SBP)
• Identify and perform recommended age-appropriate screenings. (PBLI)
• Provide anticipatory guidelines based on developmental stage and health risks. (PR)
• Communicate effectively with children, teens, and families. (PR)
• For more information regarding clinical skills necessary for graduation, please see Appendix B.
A separate, badge-sized card for needle-stick protocol is required to be worn by all students when in a clinical environment. If a student experiences a needle stick, puncture wound, accident, or sharp injury, or is otherwise exposed to bodily fluids of a patient while on a clinical clerkship, the student should:

1. **Immediately** wash the area, scrubbing skin with soap and water. Then,
2. **Immediately** report the incident to the attending physician or other appropriate supervising physician. Then,
3. **Immediately report to the facility’s emergency room for evaluation and treatment:**
   a. Prompt evaluation and treatment is essential. Post-exposure prophylaxis and other treatment may be indicated and should be started ideally within an hour of exposure.
   b. You will present yourself to the facility’s emergency room as a patient for purposes of consent to treat and billing. Your health insurance will be the primary form of insurance used for any such incident(s).
4. **Contact your regional coordinator and the Associate Dean of Clinical Sciences.**

Students should also consult the [Needle-Stick Policies & Procedures libguide](#), which provides helpful information regarding site-specific protocols. Students may also access the [CDC guide for Post-Exposure Prophylaxis (PEP)](#) as needed.