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INTRODUCTION

The faculty, fellows, residents, and staff of the Department of Family Medicine, its affiliated residency programs and AHEC sites welcome you to the new third year Family Medicine Clerkship. This clerkship will serve as an introduction to the clinical specialty of Family Medicine. Family Medicine is the specialty of breadth, and you will be taught on a broad array of topics, but we will especially focus on the ENT, integumentary, and musculoskeletal systems as part of the larger third year curriculum. We look forward to working with you during the next five weeks.

CLERKSHIP GOALS

The Family Medicine clerkship is designed as a competency-based, community-centered learning experience. The goals of the clerkship are:

1. To provide opportunities that will help students develop knowledge of practices, skills, attitudes, and principals that is essential to the family physician.
2. To provide a representative sample of the range of common problems and their presentations encountered in family practice.
3. To use community-centered clinical experiences as authentic contexts for students’ mastery of the competencies of Family Medicine.
4. To provide integration of primary care content in the M3 curriculum.

Family physicians provide comprehensive and continuing health care to every member of the family, regardless of age, sex, or the nature or presentation of the problems encountered. You will have daily opportunities to apply your clinical knowledge and skills to a wide and diverse range of patient problems and presentations. These will incorporate medical, psychosocial and preventive aspects. Discussions with family medicine preceptors and residents will allow you to assess the accuracy of your knowledge and to develop it further. Patient encounters will provide opportunities for you to practice and improve your skills. Didactic lectures, projects, virtual patient cases, and other online materials will supplement the clinical component of this clerkship.

EDUCATIONAL COURSE OBJECTIVES

The current Family Medicine Clerkship at UT-COM (University of Toledo/College of Medicine) is competency based. This means that it is based on the premise that there are fundamental skills and knowledge that should be mastered by everyone learning about family medicine. Consequently, the curriculum includes specific expectations and requirements. These relate back to the broader Educational Program Objectives (http://www.utoledo.edu/policies/academic/college_of_medicine/pdfs/Educational_Program_Objectives.pdf) as indicated parenthetically. By the end of the clerkship you will be expected to:
1. Elicit historical data including: pertinent history of present illness, past medical history, family history, and social history for patients presenting with common problems in the family medicine setting (EPO S3).

2. Demonstrate proficiency in interpersonal communication skills and interviewing techniques (EPO S1).

3. Perform the appropriate physical examination for patients presenting with common problems in the family medicine setting (EPO K1, 3-4, 7; S4).

4. Demonstrate appropriate clinical skills regarding examination of the ENT, integumentary, and musculoskeletal systems (EPO K1, 3-4, 7; S4).

5. Order and interpret appropriate laboratory and diagnostic tests to aid in the differential diagnosis of common problems seen in the family medicine setting (EPO K2-5, 7; S7).

6. List and discuss the principles, elements and sequencing of appropriate treatment modalities for common problems in the family medicine setting (EPO K2-4, 6, 9; S8).

7. Present information gathered in an organized way and to come to a reasoned differential diagnosis (EPO K1-4, 7; S5).

8. Formulate critical differentiating history questions, physical examinations and/or diagnostic tests that will be successful in differentiating disease (EPO K1-5, 7; S7-8).

9. Identify and discuss the continuity issues relevant to the successful management of patients in a family medicine setting (EPO K6, 9; S8-9).

10. Identify and discuss pertinent “systems” issues which would need to be addressed for optimal management of the patient’s condition (EPO K5, 15-16; P7).

11. List and discuss the monitoring and screening activities important for control of disease and prevention of complications (EPO K1-5, 7; S9).

12. Identify and discuss the important “physician coordination” issues that would need to be addressed for optimal management of the patient’s condition (EPO K15; S1; P7).

13. Identify, list and discuss the important economic issues which would need to be addressed to optimize the management of the patient’s condition (EPO K6, 15).

14. Describe the role of the family physician related to women’s health issues (EPO K1-4, 6-7; S8-9).

15. Identify and discuss ethical issues encountered in family medicine (EPO K10, 16; P1).

16. Identify important patient concerns when caring for geriatric patients in ambulatory and extended care facility settings (EPO K1-4, 6; S2, 8-9).

17. Demonstrate awareness of the issues relevant to providing medical care for diverse, at-risk populations, specifically, mentally retarded/developmentally delayed (MR/DD) patients.
including communication, interpersonal and physical exam skills as well as respect for patient autonomy (EPO K1-4, 11; S1-4; P6).

18. Students will be able to evaluate common injuries seen in a Family Medicine setting. EPO K1, 3-5, 7; S8).

19. Describe strategies involved in educating patients for behavior changes (EPO K11-13).

20. Explain the impact of psychosocial factors on health and illness (EPO K11-13).

21. Demonstrate knowledge and application of evidence-based medicine (EPO K8; P3, S11).

22. Meet or exceed the institutional standards for professional behaviors as described in the Clerkship Manual (EPO P1-7).

**CLERKSHIP SCHEDULE**

Each clinical site will provide a schedule designating your clinical activities for your rotation. In addition there are additional sessions required of all students during the Family Medicine Clerkship. These sessions are required unless otherwise stated. Please note that these sessions take precedence over any scheduled activities at all clerkship sites. Also note that the day of the week is subject to change depending on university holidays.

1. Clerkship orientation/lectures (location: UT/COM, room tbd)
   a. First Monday of the rotation

2. Knee Exam Workshop (location: UT/COM room tbd)
   a. Held after Orientation/lectures 5:15-6:15
   b. **OPTIONAL** but encouraged

3. Classroom sessions (location: refer to your schedule as location varies)
   a. Second Friday of the Month
   b. Third Friday of the Month

4. OSCE (location: Hildebrand Center)
   a. Fourth Thursday of the rotation

5. Debriefing with UT Family Medicine faculty
   a. Last Friday of the rotation (Morning, see schedule for specific time)

6. NBME Exam
   a. Last Friday afternoon of the clerkship (location: tbd)

**CLERKSHIP STRUCTURE**

The settings for this clerkship experience are ambulatory and predominantly community-centered. The settings include University of Toledo/College of Medicine - Department of Family Medicine, SLH Family Medicine Center, Mercy Family Medicine Center, Flower Family Medicine Center, The Toledo Hospital Family Medicine Residency, Bryan area family
physicians, Lima area family physicians, Sandusky area family physicians, St. Mary Mercy in Livonia, Riverside Methodist Hospital in Columbus, Grant Family Medicine Residency in Columbus, Akron General Family Medicine Residency in Akron, Fairview Hospital Family Medicine Residency in Fairview Park, and selected community family physician offices in the metro Toledo area.

Students with assigned Family Medicine AHEC rotations will complete the entire five-week experience in the practices of volunteer faculty based in small communities throughout Northwest Ohio. Likewise, students rotating at Riverside Methodist Hospital, St. Mary Mercy, Akron, Fairview, or Grant will be at that location for the full duration of the clerkship. All other students will spend two weeks in community-based practices of family physicians in the Greater Toledo area and three weeks at one of the local family medicine residency sites.

The community practice experiences will be predominately office-based with ambulatory patients. However, preceptors are strongly encouraged to include students in hospital rounds, extended care facility rounds, appropriate professional meetings and other activities to provide as complete an experience as possible to reflect the full scope of the family physician’s clinical responsibilities, professional involvement, and lifestyle.

Should the assigned preceptor not be available for a specified period of time during a designated community practice experience, and alternative relevant clinical experiences are not arranged by the assigned preceptor, the student should contact the designated Clerkship Director as soon as possible. Failure to do so will result in a Professionalism Behavior Report.

The three-week residency site experience is designed to augment the community practice experience by providing opportunities to experience clinical performance skills that may not be available at the community practice site. It provides the opportunity to complete the mastery of the competencies with the guidance of teachers of Family Medicine.

In addition to clinical experience, the clerkship involves organized didactic sessions. Students will gather at one of the family medicine residencies associated with UT/COM for didactic sessions, seminars, group discussions, and skill workshops.

**REQUIRED CLERKSHIP EXPERIENCE**

To help learners achieve the Educational Course Objectives, requirements for both patient type (diagnostic category) and students’ level of involvement have been established. Students are expected to log both patient type and level of involvement for their patient encounters.

**Patient type:**

During this clerkship, students are required to evaluate patients in the following diagnostic categories representing the common problems seen in a family practice setting. This provides the core of the family medicine experience. Most patients will be seen in ambulatory settings. Students are required to keep their logs up to date and the logs will be monitored daily to ensure adequate experience. If multiple problems are addressed with one patient at a given encounter, then up to four appropriate diagnostic categories can be entered for that patient. **It is the student’s responsibility to see and log at least two cases in each diagnostic category; please**
contact the Clerkship Director if you are having difficulty finding patients in certain categories.

<table>
<thead>
<tr>
<th>Diagnostic category</th>
<th>Number of Patients to be seen</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiovascular disease</td>
<td>2</td>
</tr>
<tr>
<td>Dermatologic disorders</td>
<td>2</td>
</tr>
<tr>
<td>Endocrine disease</td>
<td>2</td>
</tr>
<tr>
<td>Female genitourinary</td>
<td>2</td>
</tr>
<tr>
<td>Gastrointestinal disease</td>
<td>2</td>
</tr>
<tr>
<td>Male genitourinary</td>
<td>2</td>
</tr>
<tr>
<td>Musculoskeletal disease</td>
<td>2</td>
</tr>
<tr>
<td>Neurologic</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
</tr>
<tr>
<td>Preventative care</td>
<td>2</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>2</td>
</tr>
<tr>
<td>Respiratory disease/ENT disorders</td>
<td>2</td>
</tr>
<tr>
<td>Societal issues</td>
<td>2</td>
</tr>
</tbody>
</table>

**Diagnostic category inclusions:**

**Cardiovascular disease:** hypertension, arrhythmia, coronary artery disease, congestive heart failure, angina, chest pain

**Respiratory disease/ENT disorders:** allergic rhinitis, asthma, URI, bronchitis, sinusitis, COPD, cough

**Gastrointestinal disease:** dyspepsia, GERD, constipation, diarrhea, irritable bowel disorder, hemorrhoids, rectal pain, liver disorder, dysphagia

**Musculoskeletal disease:** including strains, sprains and fractures
  - **Upper Torso:** neck pain, shoulder pain, rib pain, arm, elbow, wrist pain
  - **Lower Torso:** hip pain, knee pain, back pain, ankle pain, and foot pain

**Endocrine disease:** diabetes, thyroid, osteoporosis, obesity

**Female Genitourinary:** menopause, menstrual disorders, breast disorders, bladder disorders

**Male Genitourinary:** prostate, bladder, testicular disorders, impotence

**Psychiatric:** depression, anxiety, panic disorder, bipolar disorder, ADD, ADHD, dementia

**Neurologic:** dementia, stroke, headache, neuropathic pain, restless leg syndrome, seizures

**ENT disorders:** otitis media, otitis externa, nasal congestion, pharyngitis, tonsillitis
**Dermatologic disorders:** acne, tinea pedis, onychomycosis, rashes, lesions (benign and malignant)

**Societal issues:** cultural issues in care, tobacco use, alcohol abuse, obesity, domestic violence

**Preventative care:** well visits, immunizations, recommendations for cancer screening, nutrition counseling, exercise counseling

**Other:** fatigue, insomnia, fibromyalgia, chronic pain

If you are unsure of the appropriate category for a given diagnosis, you can discuss it with your preceptor or with the Clerkship Director.

**Student involvement:**

Students’ participation in the patient encounters involves:

- independently eliciting patient history information
- performing physical exam under direct preceptor supervision
- suggesting diagnostic tests
- suggesting treatment options
- verbally describing the pathophysiology of common disease processes
- providing patient education under the supervision of the preceptor

Students are required to use the electronic, web-based database to keep a log of patient work ups documenting the types of patients seen and the level of responsibility. Procedures may also be logged. Students are expected initially to log in to the meded portal, https://meded.utoledo.edu, for each patient they encounter, and up to four diagnoses can be entered for each patient. Once the required cases have been entered (i.e. two per diagnostic category), students are expected to enter two patient encounters per day. Students are encouraged to log cases that are particularly interesting or educational. One can still enter them on a weekly basis, i.e.: all ten cases for the week can be entered on Sunday. The expectation is that by Monday morning of each week the cases will be updated. Failure to comply with these requirements will result in communications from the Coordinator or Director, and if a pattern develops this will result in both a loss of points on the Clerkship Educational Program and a Professionalism Behavior Report.

In addition to required clinical experiences (patient type and level of involvement), successful completion of the clerkship requires student participation in a variety of additional experiences. These experiences are coordinated through the Department of Family Medicine and include lecture/discussions, completion of online modules, and written projects.

**CLERKSHIP PROJECTS**

Mastery of several skills will be demonstrated by the completion of written assignments. These assignments are designed to relate to at least one of the competencies of Family Medicine or to reflect knowledge that is relevant to the treatment of one of the common problems identified for this clerkship. They are designed to provide evidence of your understanding of several concepts and the ability to apply your understanding to authentic patient situations. Students are required to complete the following:

Revised 12/31/14
1. Nutritional Project - Take a nutritional history, write a diet prescription and counsel patient on dietary changes (pg. 10-13).
2. Exercise Project - Take an activity history, write an exercise prescription and counsel patient on physical activity (pg. 10-13).
3. Geriatrics Project - Interview an older adult (age > 70 years) in an extended care facility (pg. 14-16).
4. Journal - Complete a journal entry to reflect on your experiences. There are two required journals, one due on the Monday of the third week, and one due on the Monday of the Fifth week. (pg. 17).
5. Patient-Centered Medical Home Project- Review the elements of the PCMH model of care. Observe the practice site you are at and note what elements of the PCMH they do or don’t exhibit. Discuss these elements and how they may or may not affect care delivery (pg. 16)

See the calendar included in your orientation packet to see the due dates for each project. Additional information on each project, as well as some examples, is included in subsequent sections of this handbook.

The Journal Entries should be submitted in electronic format, preferably in .doc files, by emailing them to the clerkship coordinator as an attachment. The Geriatrics Project, Exercise Project, and the Nutritional Project may be handwritten and turned in on the forms provided in the handbook if done so legibly. Alternatively, the forms are also available in electronic format on the Blackboard site, and may be downloaded, completed, and turned in as a .doc file. *Please do not take a picture with your phone and submit*

Projects must be submitted to the clerkship coordinator and completed satisfactorily in order to receive a passing grade for the clerkship. Not completing them on time or satisfactorily will adversely affect your grade (see student performance evaluation). The nutritional and both geriatric projects are due on the 4th Friday at 5:00 p.m.

If you have questions regarding these projects, please feel free to contact the Clerkship Director (see contact information).

**NUTRITION PROJECT**

Medical nutrition therapy is the foundation of treatment for many health problems managed by primary care physicians. Obesity, diabetes, hypertension, and dyslipidemia are common examples, but there are many others. To assist in improving your medical nutrition therapy skills, you are to provide nutritional assessment and counseling for one patient seen by you at your private practice or residency training site.

A form is provided on the following pages for you to use in obtaining and evaluating your patient’s history and goals. This is created in a motivational interviewing style which can be very helpful for lifestyle modification. The goal of the project is to end up with a nutrition prescription that you will create in addition to the completed worksheet. These pages may be removed from the syllabus for use in counseling your patient. The nutrition evaluation form is due the fourth Friday of the rotation by 5:00 p.m.

A didactic session on medical nutrition therapy will be provided at lectures on the first Monday morning of the Family Medicine Clerkship. Also, a sample of a completed Nutrition Project is included.

Revised 12/31/14
NUTRITION EVALUATION

Patient Name________________________ Phone_____________________

Ask:
How important is it to you to make changes to your lifestyle (diet or physical activity) on a 1 (not at all) to 10 (very important)?
Patient Goals for Health: ___________________________________________
Ask patient’s pros/cons of changing behavior.

Assess:
Age_______ Sex________ Marital Status: Single Occupation:________
Ht________ Wt_______ BMI____ Wt at age 18-20________ Desired Wt________
Prescription Medications____________________________________________
OTC Medications___________________________________________________
Supplements________________________________________________________
Labs:
CHOL_______ LDL_______ HDL_______ LDL/HDL_______ TRIG_______ GLUCOSE_______ HbA1C_______

MEALS: TIME PLACE LIST 2 MOST COMMON MEALS FOR EACH

Breakfast ______ ______ 1)______________________________
2)______________________________

Lunch ______ ______ 1)______________________________
2)______________________________

Dinner ______ ______ 1)______________________________
2)______________________________

Evening/Bedtime_________ ______
Snacks ______ ______
Eating Out ______ ______ Frequency ______
Fast food meals per week________
Do you cook own meals? YES How often (times/week): Breakfast____ Lunch____ Dinner____

Revised 12/31/14
From scratch: Breakfast ___ Lunch ___ Dinner ___
Learned to cook from: Home Ec: in school: YES Family (e.g. mother): YES

FLUIDS:
Soft Drinks: Regular ___ Diet ___ Caffeinated ___
Coffee: Regular ___ Decaf ___ Sports Drinks ___ Energy Drinks ___
Tea: Regular ___ Decaf ___ Juice ___
Alcohol: Beer Regular ___ Light ___ Wine ___ Liquor ___

Advise: Summarize patient’s readiness to change and provide affirmation in some manner.
Provide personalized information about health risks and benefits of change in nonjudgmental manner if appropriate.

Agree: Nutrition Personal Action Plan: Collaboratively set SMART (specific, measureable, achievable, rewarding, timely) goals based on patient’s readiness and confidence in ability to change behavior (i.e. read educational article, monitor dietary intake, eat 5 fruits and vegetables, decrease serving size by 25% at every meal, decrease kcals from sweets by choosing only 1 sweet a day under 200 kcal, etc.)

Assist:
   a. Address motivation/support
      How confident do you feel to make these changes on a 1 (not at all confident) to 10 (very confident)?
      If not 70% or more, then address confidence by increasing skills or changing goal.

   b. Address barriers (help facilitate patient to problem solve)

Arrange:
Specify plans for follow up and possible referral to other providers

Attach Nutrition Prescription
The nutrition history is straightforward. Below is a sample of a nutrition prescription. Remember, there will be a lecture that will cover this topic during the first week. Also, the specifics of what is prescribed depend on both the goals and the details obtained in the history.

SAMPLE NUTRITION PRESCRIPTION

Goals:
1. Long term goals are to reduce weight by 1-2 lbs/week until BMI of 25 reached
2. Improve lipid level including triglycerides <150 and LDL <100.

Prescription:
1. Eat Breakfast: whole grain starch, low-fat dairy, fruit and coffee with low-calorie sweetener
   Confidence: 7/10
   Barrier: Not hungry in the morning and pressed for time.
   Solution: Wake up 15 minutes earlier and eat only small amounts for the first few days.

2. Eliminate sugary, soft drinks.
   Confidence: 8/10
   Barrier: Thirst
   Solution: Find alternative ways to quench thirst: water, unsweetened ice tea with lemon, crystal light.

3. Replace high-calorie sweet snacks with healthier alternatives. For example, an apple, string cheese and wheat crackers instead of peanut butter m&m’s.
   Confidence: 6/10
   Barrier: Sweet tooth. Availability of healthy foods.
   Solution: Make trips to the market on the weekends to purchase healthier snacks for throughout the week. Choose a sweet snack that also has more protein, like celery sticks with peanut butter.

Supplements: Patient may take a daily multivitamin for women.

EXERCISE PROJECT

There aren’t any true panaceas in the world, but exercise comes pretty close; it can play an important part in health maintenance and treating illness. You are to obtain an activity history and counseling for one patient seen by you at your private practice or residency training site.

A form is provided on the following pages for you to use in obtaining and evaluating your patient’s activity history and for writing their exercise prescription. The form will be turned in on the fourth Friday of the rotation by 5:00 p.m.

A didactic session on exercise as medicine will be provided at lectures on the first Monday morning of the Family Medicine Clerkship.
### PHYSICAL FITNESS EVALUATION

<table>
<thead>
<tr>
<th>Medical Record Number</th>
<th>Age</th>
<th>Sex</th>
<th>Marital Status</th>
<th>Occupation</th>
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</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Ht</th>
<th>Wt</th>
<th>BMI</th>
<th>Wt at age 18-20</th>
<th>Est Max HR (220-age)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

Climb 2 flights of stairs without stopping? Y N
Bedtime Arise time

Prefered Place of Activity: Home Gym Outside

Source of activity advice: Books Doctor Other medical Internet Trainer

Bad weather Physical activities

MEDICAL/HEALTH GOALS (not just weight loss)

### Daily Activity (Duration)

#### Morning
- Sit/Stand
- Walk
- Jog
- Run
- Bicycle
- Lift Weights
- Other

#### Afternoon
- Sit/Stand
- Walk
- Jog
- Run
- Bicycle
- Lift Weights
- Other

#### Evening
- Sit/Stand
- Walk
- Jog
- Run
- Bicycle
- Lift Weights
- Other
Activity in high school

<table>
<thead>
<tr>
<th>Physical education (# classes)</th>
<th># years</th>
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<tbody>
<tr>
<td>Athletics (types)</td>
<td># years</td>
</tr>
<tr>
<td>Club Sports (types)</td>
<td># years</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Other activity</th>
<th>frequency</th>
<th>duration</th>
<th>heart rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stairs</td>
<td></td>
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</tr>
<tr>
<td>Parking Lot</td>
<td></td>
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<td></td>
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<tr>
<td>Elevator</td>
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<td></td>
<td></td>
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<tr>
<td>Push mower</td>
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<td></td>
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<tr>
<td>Shovel</td>
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<td></td>
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<tr>
<td>Snow Blower</td>
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<td></td>
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<tr>
<td>Work up heavy sweat</td>
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<td></td>
</tr>
<tr>
<td>Other</td>
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<th>Other Activity</th>
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<td>Computer</td>
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</tr>
<tr>
<td>Reading</td>
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</table>

Cardiovascular Risk Factors

Is a stress test needed before starting exercise (See Algorithm)  Y  N

Why/Why not?

EXERCISE PRESCRIPTION (Consistent with fitness goals)

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Duration</th>
<th>Frequency</th>
<th>Target HR</th>
<th>Weeks</th>
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</table>

How confident are you that you can do this exercise (scale of 1-10)? _______

Barriers to accomplishing the above prescription?

Solution to barriers?
PHYSICAL FITNESS EVALUATION

Medical Record Number __________________________

Age 47  Sex (M)  F  Marital Status (S)  D  Occupation __________________

Ht 70"  Wt 283  BMI 41  Wt at age 18-20 140  Est Max HR (220-age) 173

Climb 2 flights of stairs without stopping? Y  N  Bedtime 11 PM  Arise time 5 AM

Preferred Place of Activity: Home  Gym  Outside  

Source of activity advice: Books  Doctor  Other medical  Internet  Trainer  Watch TV

Bad weather physical activities  Watch TV

MEDICAL/HEALTH GOALS (not just weight loss)  Decrease HTN medication, Decrease back pain

<table>
<thead>
<tr>
<th>Daily Activity</th>
<th>Duration</th>
<th>Occupation</th>
<th>Free Time</th>
<th>Sat</th>
<th>Sun</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
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<td></td>
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</tr>
<tr>
<td>Sit/Stand</td>
<td>4 h</td>
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<td>3 3</td>
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<td>Walk</td>
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<td>Jog</td>
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<td>Run</td>
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<td>Bicycle</td>
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<td>Lift Weights</td>
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<tr>
<td>Other</td>
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<tr>
<td>Afternoon</td>
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<tr>
<td>Sit/Stand</td>
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<tr>
<td>Walk</td>
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<td>Bicycle</td>
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<td>Lift Weights</td>
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<td>Other</td>
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<tr>
<td>Evening</td>
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<tr>
<td>Sit/Stand</td>
<td>4 h</td>
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<tr>
<td>Walk</td>
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<td>Bicycle</td>
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<tr>
<td>Lift Weights</td>
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<tr>
<td>Other</td>
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</tbody>
</table>
Activity in high school

Physical education (# classes): 4 (# years)
Athletics (types): JV basketball (# years): 2
Club Sports (types): 8

Other activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
<th>Duration</th>
<th>Heart Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stairs</td>
<td>4 times daily</td>
<td>1 min</td>
<td>—</td>
</tr>
<tr>
<td>Parking Lot</td>
<td>2 times</td>
<td>1 min</td>
<td>—</td>
</tr>
<tr>
<td>Elevator</td>
<td>5 times</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Push mower</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Shovel</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Snow Blower</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Work up heavy sweat</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Other</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

Other Activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>TV</td>
<td>2 hours</td>
</tr>
<tr>
<td>Video Games</td>
<td>1 hour</td>
</tr>
<tr>
<td>Computer</td>
<td>1 hour</td>
</tr>
<tr>
<td>Reading</td>
<td>0</td>
</tr>
</tbody>
</table>

Cardiovascular Risk Factors: Male, >40, Obese, HTN, FH x CAD x 4

Is a stress test needed before starting exercise? (See Algorithm) Y N

Why/Why not? 5 risk factors

EXERCISE PRESCRIPTION (Consistent with fitness goals)

<table>
<thead>
<tr>
<th>Type of activity</th>
<th>Duration</th>
<th>Frequency</th>
<th>Target HR</th>
<th>Weeks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walk</td>
<td>30 min</td>
<td>1x/wk</td>
<td>100</td>
<td>4</td>
</tr>
<tr>
<td>Walk</td>
<td>45 min</td>
<td>1x/wk</td>
<td>110</td>
<td>4</td>
</tr>
<tr>
<td>Walk</td>
<td>60 min</td>
<td>1x/wk</td>
<td>120</td>
<td>4</td>
</tr>
<tr>
<td>Crunches</td>
<td>#50</td>
<td>daily</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Planks</td>
<td>15 sec</td>
<td>daily</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

How confident are you that you can do this exercise (scale of 1-10)? 3

Barriers to accomplishing the above prescription? Can't afford fitness center membership, motivation, apartment too small, dangerous neighborhood

Solution to barriers?
1. Stationary bicycle from Craigslist - replace chair with stationary bicycle
2. Walk in front of TV
3. Walk outside only in daylight with someone; wear warm clothes if necessary

Physician follow-up monthly

Revised 12/31/14
GERIATRIC ASSESSMENT

Taking care of older adults is an important component of Family Medicine. By 2030 one fifth of the U.S. population will be older than 65 years. This means Family Physicians will need to become aware of the specific needs of the elderly patient. During your clerkship you will be asked to interview a geriatric patient as an educational project.

The interview will be with a patient in an extended care facility. The goal of this activity is to extend your awareness of the issues and conditions surrounding continuity care for these patients. This must be done in the extended care facility, not in the office or in a hospital. If your preceptor does not go to an ECF, contact the Clerkship Coordinator and arrangements will be made to accompany one of the UTMC faculty to an appropriate facility.

We have put together a form to guide your interview (pg. 17). This form may be removed from the syllabus for use during your interviews. You may neatly hand write the information on the forms and turn them in. Alternatively, you may type them up and submit them electronically using the Word document version of this form located in Blackboard. Your preceptors will help you identify patients. We will review the assessment during your debriefing. The form will be turned in on the fourth Friday of the rotation by 5:00 p.m.

Patient-Centered Medical Home Project

The Patient-Centered Medical Home is a model of health care delivery that has been gaining attention and popularity. There are a number of elements in the PCMH, and different practices may approach elements differently, but common themes include comprehensive team-based care, a patient-centered orientation, coordination of care, improved access to care, and a systems-based approach. Application of this model of healthcare has been shown to improve medical outcomes, lower costs, and improve patient and provider satisfaction. You have been introduced to the PCMH model with an online module during the CDM course, and the relevant module has been posted onto the FM Clerkship blackboard site if you wish to review it.

Not all practices are adopting the PCMH model, and not all PCMH’s look alike. You will be given a checklist of elements that are associated with a PCMH (pg. 18-19). At your practice sites, try and find at least one element from each category on the checklist which the site incorporates in some way. You may identify these characteristics by observation, or you may ask (as appropriate) staff/physicians. Bring the completed check list to the didactic session (usually the third Friday of the block). The didactic session will be a discussion regarding the elements you observed and the benefits or drawbacks associated with each. You must complete and turn in the check list on time, and participate in the discussion for full credit.
<table>
<thead>
<tr>
<th>Age/ Gender/ Race:</th>
<th>Medications:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Problem list:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mini-mental status exam:</th>
<th>Social Support/ Visitors/ Family involvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intact cognitive function</td>
<td></td>
</tr>
<tr>
<td>□ 24 to 30 correct</td>
<td>□ Mild impairment</td>
</tr>
<tr>
<td>□ 20 to 23 correct</td>
<td>□ Moderate impairment</td>
</tr>
<tr>
<td>□ 16 to 19 correct</td>
<td>□ Severe impairment</td>
</tr>
<tr>
<td>□ 15 or less correct</td>
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</table>

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<thead>
<tr>
<th>Mood/ Affect:</th>
<th>Overall impression of ECF:</th>
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</table>

| Level of physical activity: | |
|----------------------------| |

<table>
<thead>
<tr>
<th>Advance Care Planning:</th>
<th>Frequency of assessment by physician:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has discussed wishes with physician</td>
<td>yes</td>
</tr>
<tr>
<td>Has Living Will</td>
<td>yes</td>
</tr>
<tr>
<td>Has Durable Power of Attorney for Health Care</td>
<td>yes</td>
</tr>
<tr>
<td>Code Status</td>
<td></td>
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</tbody>
</table>

Revised 12/31/14
Patient-Centered Medical Home Checklist

Build your medical home with a strong foundation in family medicine. Apply this checklist to your practice.

QUALITY CARE

Do you and your staff foster a culture of improvement?
- Incorporate quality improvement into daily work
- Establish core performance measures
- Collect and analyze data for better clinical management and efficiencies
- Discuss best practices and ways to improve

Do you utilize risk-stratified care management principles to manage your patient population?
- Utilize a methodology to identify each patient’s risk status
- Develop and update personalized care plans
- Include planned-care visits for chronic conditions and preventive services
- Provide intensive care management for high-risk patients
- Use tools to track patient populations by risk category

Do you incorporate patient safety into your clinic practice?
- Assess patient safety in your office
- Reconcile patient medications at each visit and post-hospitalization
- Have processes in place to report and address errors

PATIENT-CENTERED CARE

Do you have processes to ensure patients’ access to care?
- Same-day appointments
- Extended hours for access to care
- Physician access to the medical chart 24/7 to inform care decisions
- Ability for patients to select their own physician
- Utilization of secure email for communication with patients
- Web portal for patients to request Rx refills, schedule appointments, etc.
- Procedures to accommodate patients’ barriers to care (including transportation, physical, and cognitive barriers)
- Linguistically and culturally appropriate services

Do you engage patients in shared decision-making?
- Discuss treatment options in an unbiased way
- Consider patients’ health goals and priorities
- Provide patients with condition-specific decision aids
- Have decision-making discussions with patients after they have reviewed decision aids
- Record patient preferences and ensure follow through on decisions

Does your practice support patient self-management?
- Assess patient and caregiver self-management abilities
- Utilize motivational interviewing to coach patients
- Consider home monitoring of patients’ chronic conditions
- Engage family and caregivers in care plan
- Offer health coach support

Do you assess and improve your patients’ experience of care?
- Conduct patient satisfaction surveys on a regular basis
- Establish a patient advisory panel to guide practice and quality improvement activities
- Conduct patient focus groups when needed
HEALTH INFORMATION TECHNOLOGY

Do you have a sound technology infrastructure in place?
- Secure user access, patient consent, and data breach protocols
- Compatibility with multiple device types (desktop, laptop, tablet, smartphone, etc.)
- Proven processes for system updates and full data recovery

Is your practice digitally connected to the medical neighborhood?
- Health information exchanges
- Secure messaging with patients and health professionals
- Electronic medication and diagnostic ordering/management
- Consult/referral management and follow-up communications

Have you considered these attributes in your EHR system?
- Population health management through patient registries
- Proactive health management of each patient
- Pre-built and customized reports for quality measures

Do you utilize evidence-based clinical decision support tools?
- Point-of-care answers to clinical questions
- Evidence-based data collection, documentation, and order sets
- Clinical terminology and coding tools (ICD, CPT, SNOMED)
- Pre-built and customized point-of-care alerts and reminders

PRACTICE ORGANIZATION

Do you have a staffing model and practice environment that supports a PCMH?
- Personal physician that leads the team to coordinate efficient patient care
- Utilize team-based care to meet your patients' overall health care needs
- Defined roles for team members that encourage staff to perform at the highest level
- Flexible staffing schedules and cross-trained staff members to improve access
- Health coach and care coordination functions
- Patient-friendly environment that accommodates special needs

For more information visit: www.aafp.org/pcmhresources and transformed.com
Students will be required to journal on their experience during their family medicine rotation. The writings will be due on Monday of the third and fifth weeks by 8:00 a.m, although they can be submitted earlier. They can be e-mailed to the Clerkship Coordinator at Lindsey.brillhart@utoledo.edu, preferable in .doc format. The topic of one journal entry is largely up to you, but should be based on something that happened or occurred during your rotation. Examples of topics could include a unique experience, something that surprised you about Family Medicine, an interaction with a patient or family that left an impression on you, something that stuck with you during that week for good or for ill, etc. The purpose of this process is practicing self reflection, which is a critical skill in ongoing medical education. It is based on the principle that every patient can teach us something; of course, they seldom do so didactically. There is no specific length requirement, but exceptionally brief or vapid entries may be deemed insufficient and you will be asked to redo them. The entries will be evaluated using a Modified Bloom’s Taxonomy

<table>
<thead>
<tr>
<th>Level 1</th>
<th>Knowledge and Comprehension</th>
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<tbody>
<tr>
<td>0 pt</td>
<td>The student describes their experience. They may relate the experience from their perspective or describe their thoughts, emotions or actions. They may describe the consequences or results of their actions. The student may begin to recognize gaps in their knowledge by indicating surprise or confusion. The student may explore a facet of their experience that was particularly interesting, different, confusing, unique, etc. The more advanced reflector would describe the experience from the perspective of others as well as their own.</td>
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<thead>
<tr>
<th>Level 2</th>
<th>Analysis</th>
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<tbody>
<tr>
<td>0.5 pt.</td>
<td>The student deconstructs the experience and analyzes what happened. They may differentiate between perceptions, emotions, facts, etc. They may also examine alternative explanations and/or raise questions. They may explore why the particular experience stands out for them. The more advanced reflector would analyze the experience from the perspective of others as well as their own.</td>
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<tr>
<th>Level 3</th>
<th>Synthesis and Evaluation</th>
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<tr>
<td>1 pts.</td>
<td>The student attempts to draw conclusions based on their analysis. They articulate what they learned from the experience. They might hypothesize alternative courses for the future. They may recognize learning beyond the description of the experience. The more advanced reflector would base their conclusion on synthesis from the perspective of others as well as their own.</td>
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</table>
FMCASES

We will be utilizing *finCases*, a set of virtual patient cases designed by the Society of Teachers in Family Medicine to both teach the Family Medicine core curriculum and to help prepare students for the shelf exam. Each case is an interactive case that simulates a patient encounter, provides learning materials, and has 10 multiple choice questions. Each student is required to complete 8 cases. The assigned cases that every student must complete are cases 1, 2, 6, 10, 11, 16, 25, and 29. Each student can choose additional cases to do as suits their interests or needs, but there is no additional credit given. Students may be assigned additional cases by their preceptors or the Clerkship Director. You can access *fmCases* by logging on to http://dl.utoledo.edu. Further instruction is included in your orientation material on Blackboard. There will be a multiple choice quiz through blackboard covering the material in these cases, worth a total of five points. **The quiz is ONLY available on the 3rd Friday of the rotation from 5:00 p.m. to 10:00 p.m.**

DIDACTICS

Another key component of the Family Medicine Clerkship Curriculum is the didactic sessions. One challenge of our specialty is the tremendous breadth of material covered in Family Medicine. We could not hope to cover every topic within our lecture series, and if we somehow could there would be significant overlap with the didactic material of every other clerkship. Therefore we have aligned our lectures with the specific projects and focusing on material that is not covered in other clerkship didactics, including the Musculoskeletal, ENT, and Skin systems. A few high yield topics that do overlap are covered as well, primarily in preparation for the NBME Subject Examination. Nonetheless, proper preparation for the Subject Examination is expected to require significant individual study and time.

**Below is a list of the objectives for each of the didactic sessions:**

**Common Musculoskeletal Injuries/Condition seen in Family Medicine**

- Describe an appropriate clinical examination of each type of common injury/condition.
- Describe common clinical findings with each type of common injury/condition.
- Explain the underlying mechanism of injury for each condition.
- Explain the basic pathology of each injury/condition.
- Identify diagnostic tests to help confirm or rule out each injury/condition.
- Delineate basic treatments for each injury/condition.

**Heart Sounds Workshop**

- Develop skills to recognize the basic heart sounds essential to basic cardiac auscultation.
- Review the significance of the basic pathophysiology behind the sounds.
- Recognize common clinical circumstances in primary care where these skills are utilized in patient management decisions.

**Medical Care of Adults with Mental Retardation**

- Define the population of mental retardation/developmental delay patients.
- Learn the specific medical needs of the mental retardation/developmental delay population.
- Understand the special psychosocial needs of the mental retardation/developmental delay population.
- Learn to interact with caregivers of the mental retardation/developmental delay patient.

**Preventative Medicine in Adults**
- Review USPSTF guidelines for preventative screening in adults
- Learn suggested ages to begin recommended screening processes
- Discuss different method of screening for common cancers, including their limitations

**Otitis Media**
- Review otoscopic technique
- Review criteria for diagnosis of AOM and OME
- Review evidenced-based treatment of AOM and OME
- Practice making the diagnosis from cases with otoscopic images

**Immunizations**
- Review immunization recommendations for:
  - New pediatric combination vaccines
  - Use of influenza vaccine in children and adults
  - Use of adolescent/adult Tdap vaccine
  - Use of human papilloma virus vaccine
  - Use of zoster vaccine
- Implementing immunizations for adolescents and adults

**Dermatology**
- Describe skin lesions using medical terminology (anatomy of skin)
- Abcd's of common skin cancers, (basal, squamous actinic, malignant melanoma)
- How to choose a topical steroid; topical preparations (covered by our pharmacist)
- Common skin infections with treatments (which we will do in light of cases) and we will apply #1 during this exercise
  - Acne
  - Tinea pedis, onychomycosis (fungal infections)
  - Bacterial infections: cellulites, folliculitis
  - Viral infections: viral warts
  - Dermatitis: seborrhea, urticaria
  - Scaling disorders
  - Infectations: scabies
  - If I have time: HIV infections

**Low Back Pain**
- Discuss the differential diagnosis of acute low back pain in adults
- Review evidenced based evaluation of acute low back pain, including history, physical exam, and imaging
- Discuss evidence based treatment of acute low back pain

**Family Medicine: Nutrition in Practice**
- Learn basic recommendations for weight loss, diabetes, hypertension, and dyslipidemia
- Learn motivating strategies to encourage behavior change
- Learn how to write a nutrition prescription setting 1-3 measurable and realistic goals

**Exercise as Medicine**
- Learn basic recommendations for physical activity for health promotion and maintenance
- Learn roles of exercise in treating various medical conditions
Learn how to clear a patient for participation in an exercise program
Learn how to write an exercise prescription

**Patient Centered Medical Home**
- Review the structures of the patient-centered Medical Home model of care delivery
- Review elements of the PCMH in practice sites
- Discuss implementation of elements of the PCMH model and their effectiveness.

**BLACKBOARD**

This Clerkship utilizes the Blackboard platform to augment the clinical educational experience. A number of resources are available on the site, including electronic copies of the handbook and schedule, links to articles on common problems and videos of exam skills, and links to the *fmCases* virtual patient cases. Videos of lectures will be placed online, but attendance is still mandatory. Students who miss a lecture may be required to review the online video. Students may be directed to materials on the site as they come online, including possible new required materials.

**MID ROTATION FEEDBACK**

During the 3rd week of the rotation you will be given formative feedback by your preceptor. They will complete Mid-Clerkship Formative Feedback Form (see Appendix A) that will be reviewed with you and turned in to the clerkship. It is the student’s responsibility to ensure they receive the feedback from their preceptors. The Clerkship Director will review this form, case log entry, journal entries, and other relevant materials. If necessary, a meeting will be scheduled with the Clerkship Director to address any concerns that come to light based on performance to date.

**OBSERVATION CLINIC**

All students will be brought into the Ruppert Clinic or other UTMC site for a patient encounter that will be observed by a faculty physician. The student will interview and perform an appropriate physical exam, depending on the patient, with the attending in the room. The attending will verify the exam, and determine assessment and plan of care with the student. This is done on an actual patient from the practice coming in for a real appointment, not a standardized patient. The student will also write up the encounter in SOAP note format and submit to the attending. The faculty member will give both verbal and written formative feedback to the student regarding their performance and write up. This is meant as a formative experience and is not graded.

**DEBRIEFING**

During the last week of the clerkship, you will meet with the Clerkship Director or designated faculty member here at UT/COM for your debriefing. You should be prepared to discuss the essentials of Family Medicine as they relate to the common problems identified for this course. For example, you may be given a verbal case of a common problem and you will be expected to verbally walk through the case, indicating what portions of the history and physical exam you would perform, any lab work, formulate a differential diagnosis, and put forth an assessment and plan. You may be asked to defend or clarify the assessment and plan as well.

The Clerkship Director or faculty member will also review the following at this time:
1. Case Logs
2. Nutritional Project
3. Geriatric Project
4. Exercise Project
5. Journal
6. fmCases
7. OSCE

At your debriefing, you will also be asked to complete feedback forms based on your experience. This is very important to continually improve our clerkship.

**ATTENDANCE POLICY**

You are expected to attend and participate in all scheduled activities of this clerkship. This includes attendance at all scheduled clinical sessions, all Friday didactics, the OSCE, the debriefing, and the NBME examination. Failure to be present for scheduled activities will have a negative impact on your final grade (See Student Performance Evaluation).

**EXCUSED ABSENCE**

The Clerkship recognizes conflicts with the clerkship schedules. Students may request time away from the clerkship by completing an excused absence form (see Appendix B) and turning it in to the Clerkship Coordinator. These will be reviewed by the Clerkship Director. Requests placed well in advance of expected time away will be looked at favorably. Additional documentation may be requested prior to determination of granting the request. Last minute requests for non-urgent/emergent issues will typically not be granted, so please plan ahead. Unexcused absences will carry significant consequences (see Appendix C).

*In the event of sudden illness or other significant extenuating circumstances, all students must notify the Clerkship Coordinator, Lindsey Brillhart @ 419-383-5557 or Clerkship Director as soon as possible.* You will be required to complete an excused absence request form at an appropriate time.

Any time away may require make up time or assignments to successfully complete the clerkship, and all unexcused time away will have to be made up.

Please see the Excused Absence Policy included in Appendix C for additional information.

**PROFESSIONALISM**

Students on the Family Medicine Clerkship are required to comport themselves at all times along the highest standards of professionalism. This includes maintaining a proper professional appearance, punctuality, completing assignments on time, following directives from faculty appropriately, maintaining honesty and integrity, and being respectful to patients, their families, other physicians and health care workers at all times. Please review the University Professionalism Policy (Appendix D) for additional information. Failure to comply with these standards will result in verbal correction. Continued incidents or incidents that are of sufficient severity will result in a meeting with the Clerkship Director and having a Professionalism Behavior
Report completed (see Appendix E). For those of you rotating at sites away from UTMC, remember, you are there as a representative of UT.

Students are expected to meet or exceed the institutional standards for professional behaviors as evidence by:

- adhering to the dress code consistent with clerkship standards.
- being punctual for all educational experiences (i.e. exams, clinics, rounds, small group sessions, appointments at the clinical skills center).
- fulfilling all educational assignments and responsibilities on time.
- displaying honesty in all interactions and situations.
- contributing to an atmosphere conducive to learning and is committed to advance scientific knowledge.
- establishing and maintaining appropriate boundaries in all learning situations.
- using professional language being mindful of the environment.
- establishing effective rapport.
- being respectful at all times of all parties involved.
- resolving conflict in a manner that respects the dignity of every person involved.
- respecting the diversity of race, gender, religion, sexual orientation, age, disability and socioeconomic status.
- exhibiting humanism in all interactions.
- protecting patient confidentiality.
- being aware of and adapting to differences in individual patients including those related to culture and medical literacy.
- recognizing personal limitations and seeking appropriate help.
- accepting constructive feedback and making changes accordingly.
- exhibiting independent and self-directed learning.

**NBME SUBJECT EXAMINATION**

The NBME Family Medicine Exam is 80 multiple choice questions and 2 ten question modules, one is on management of chronic diseases and the other is on musculoskeletal issues. It is composed of single best answer multiple choice questions covering the full breadth of Family Medicine Topics. As such, it can be a challenge to fully prepare for the test in the five weeks. Certainly there is a large overlap in subject matter with every other clerkship and NBME Subject Exam. The NBME website contains a content outline and a few sample questions which we encourage you to review (http://www.nbme.org/PDF/SubjectExams/SE_ContentOutlineandSampleItems.pdf). We recommend considering use of a high yield USMLE Step 2 resource as part of the preparation for the test along with case-based preparatory material. If you have any questions, please contact the Clerkship Director.

The Family Medicine examination predominantly comprises patient encounters in an ambulatory setting.

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Principles</td>
<td>1%-5%</td>
</tr>
<tr>
<td>Organ Systems</td>
<td>95%-99%</td>
</tr>
<tr>
<td>Immunologic Disorders</td>
<td>5%-10%</td>
</tr>
<tr>
<td>Diseases of the Blood and Blood-forming Organs</td>
<td>5%-10%</td>
</tr>
<tr>
<td>Mental Disorders</td>
<td>5%-10%</td>
</tr>
<tr>
<td>Diseases of the Nervous System and Special Senses</td>
<td>5%-10%</td>
</tr>
<tr>
<td>Cardiovascular Disorders</td>
<td>10%-15%</td>
</tr>
<tr>
<td>Diseases of the Respiratory System</td>
<td>10%-15%</td>
</tr>
<tr>
<td>Nutritional and Digestive Disorders</td>
<td>10%-15%</td>
</tr>
<tr>
<td>Gynecologic Disorders</td>
<td>5%-10%</td>
</tr>
</tbody>
</table>
Renal, Urinary, and Male Reproductive System 5%-10%
Disorders of Pregnancy, Childbirth, and the Puerperium 1%-5%
Disorders of the Skin and Subcutaneous Tissues 1%-5%
Diseases of the Musculoskeletal System and Connective Tissue 5%-10%
Endocrine and Metabolic Disorders 5%-10%

Physician Task
- Promoting Health and Health Maintenance 15%-20%
- Understanding Mechanisms of Disease 20%-25%
- Establishing a Diagnosis 35%-40%
- Applying Principles of Management 20%-25%

Distribution Across Age Groups
- Childhood 5%-15%
- Adolescence 5%-10%
- Adulthood 65%-75%
- Geriatric 5%-15%

OSCE

The OSCE, or Observed Structured Clinical Evaluation, is composed of a series of clinical tasks where you will interact with standardized patients. There will be a number of stations on the OSCE testing common complaints in family medicine. You will be evaluated on communication skills, appropriate physical exam, proper differential diagnosis and plan, and ability to accurately and appropriately document the encounter. Some stations will be standardized patient encounters where you need to conduct an interview, obtaining a proper history and perform a focused exam based on the complaints. Other stations will require you to write a SOAP note based on the previous standardized patient encounter.

GRADING POLICY

Student Performance Evaluation

The evaluation process in Family Medicine is consistent with the standardized clerkship grading policy. You will be graded using the following procedure:

1. The components of the final grade will be
   - Performance in the clinical activities of the clerkship (Clinical Competence)
   - Performance on the individual clerkships evaluation exercises that contribute to the Clerkship Educational Program Grade.
   - Performance on the National Board of Medical Examiners (NBME) Subject Examination for the clerkship.

2. The Clinical Competence Grade will reflect the student’s ability to meet the Clerkship Educational Program Objectives.

   Preceptors will evaluate student’s clinical performance by assessing their understanding and ability to apply the essentials of Family Medicine across clinical encounters.

   During student’s patient encounters and discussions with preceptors, the preceptors will also be observing their performance in multiple areas. Please review the Clinical Competency Evaluation found in Appendix F which lets you see the kinds of assessments evaluators will be completing.
If “Not Applicable (N/A)” is assigned by a preceptor, the points that could have been earned must be removed from the denominator for calculation of the clinical competency grade.

The total score from each evaluator (attendings, residents, others) will be calculated. If there are multiple evaluators, the average of all of the evaluations will be calculated and contribute to the final grade, weighted based on contact time.

Weighting of Preceptor Evaluation:

The contact of the evaluator with the student may be extensive (weight of 1) more than 10 hours of contact, moderate (weight of 0.5) 4 – 10 hours of contact or minimal (weight of 0.25) 1 – 4 hours.

The final Clinical Competency score will contribute 40% of the student’s final grade for the clerkship. (40 points)

3. The Clerkship Educational component contributes 20% to the final grade. (20 points). Failure (i.e. zero points) of any component of the departmental educational program requires a repeat of the component until it is successfully passed. A grade of DEFER will be submitted to the Registrar’s Office pending successful remediation of the failed component(s) of the departmental educational program.

A minimum of 10 accumulated points must be achieved for the departmental program.

When a student has remediated all failed components of the departmental educational program, a final grade no higher than PASS will be submitted to the Registrar’s Office.

4. The NBME Subject Examination percentile (using total year percentiles) achieved by the student contributes 40% to the final grade. (40 points)

1. Grade calculation: in this example the total clinical competency points available equal 21. This total will vary across the seven required clerkships and is based upon the clinical competencies assessed by the specific clerkships.

   Clinical Competence – maximum score is 20 points

   Sample calculation: 16/21 X 40 = 36 points

   Individual Clerkship Evaluation Exercises = 17 points (max 20 points)

   NBME subject exam scaled score: 68

   Sample calculation: 68/100 X 40 = 27.2 points

   Sample total score = 81.2 points

Final Grade: High Pass

5. Final Grade Calculation (If the score is 0.5 or above, the score must be rounded up to the next whole number):

   Honors ≥ 86 points
High Pass $\geq 81$ points
Pass $\geq 60$ points
Defer <10th percentile on NBME subject examination or Nine (9) points or less for the departmental educational program

*Incomplete see below

**Fail see below

Note: Students must achieve the 10th percentile on the NBME subject examination to successfully complete the clerkship. Failure to achieve the 10th percentile will require the student to retake the subject examination and a grade of DEFER will be assigned. A second attempt to complete the NBME subject examination must be completed within one year from the first attempt. If the student achieves the 10th percentile or higher on the second attempt a grade of PASS will be assigned. PASS is the highest grade that can be achieved after a DEFER grade due to an initial failure to achieve the 10th percentile on the NBME Subject Examination. Failure to successfully complete any part of the Clerkship evaluation exercise(s) will be lead to a grade of INCOMPLETE.

A grade of INCOMPLETE will be assigned if the student fails to complete the NBME subject examination as scheduled at the completion of the clerkship or if the student fails to complete the clinical requirements of the clerkship, or if the student fails to complete any of the individual clerkship evaluation exercises.

**3. Grade of Fail
A grade of Fail will be assigned in the following circumstances.

1. 19 or less points gained for clinical portion of the competence grade.
   Failure due to poor clinical competence evaluation will require completion of the clerkship in its entirety.

2. A second failure of the NBME subject examination (See policy #10-04-00008-706). Requires a 4-week remedial clerkship to be completed.

3. Failure to achieve 40 total points (total points 39 or less).

6. Final Grade Submission;
The final grade for each student will be submitted to the Registrar no later than three weeks after the end of each required clerkship.

Clerkship Educational Program in Family Medicine

As mentioned in the grading policy, the Clerkship Educational Program will count 20% or 20 points. The Clerkship Educational Program is composed of the various projects described earlier in the handbook. Points are awarded for successful completion of the projects along the following guidelines:

Journals - 2 points. Both of the journal entries entered over the course of the clerkship will be reviewed by the Clerkship director and evaluated using a Modified Bloom’s Taxonomy to measure their reflectivity. Each entry will receive a grade of 0, 0.5 or 1 based on how reflective the writing is. If any entry is not turned in, then no
points will be awarded for any portion of the journal project (i.e. 0/2 points). There will be a -0.5 point penalty for each late entry.

OSCE - 7 points. There are a number of expected tasks at each station, forming a checklist for proper completion of the station. For example, if the standardized patient’s complaint is shoulder pain, you might be expected to obtain a description of the pain, including quality of pain, location, exacerbating and relieving factors, etc, along with doing a thorough shoulder exam, obtain a trauma history, etc. You receive a “point” for each expected task you do at each station that goes towards your raw OSCE score. NB: these “points” are used to determine your raw OSCE score, and are not the same as the points used in calculation of your grade for the clerkship. The raw OSCE score is then converted to a scaled score of 0-7. Note that relatively more points will be allotted based on physical exam skills compared to basic interviewing skills, as reflects your status as third year clinical clerks.

If you wish to review your OSCE performance, please contact the Clerkship Coordinator to schedule an appointment with the Clerkship Director, who will review the video of your performance of the OSCE with you.

FmCases - 5 points. There will be a 20 multiple-choice question quiz covering the material in the 8 required cases through Blackboard. This will be available for a specific time on the blackboard site after the third week.

Nutrition- 2 points: proper history, focused prescription (1-3 items) relevant to goals and assessing patients willingness and confidence in the changes.

Exercise- 2 points: proper history, focused prescription relevant to goals

Geriatrics Project- 1 point. Documentation of interviews turned in and reviewed for completeness

PCMH Project- 1 point. Checklist completed and turned in and participating fully in discussion section.

In addition you will lose points for not completing projects on time or any unexcused absence:

-1 – Un-excused absence from clinic or lecture

-1 – Case logs not updated weekly

-1 – Any assignments not completed and turned in by due date

Recommended Online Readings/Resources

There are a number of quality online resources on a variety of clinical aspects of the common problems seen by family physicians. The American Academy of Family Physicians maintains an excellent website (www.aafp.org) with links to review articles from the journal American Family Physician on many relevant topics. Reviewing these articles will enhance your understanding of these problems and your ability to apply the essential competencies of family medicine to them. Students are able to register on the site for free; unregistered visitors do not have access to the article from the past year. Registering on the site also allows students access to multiple-choice board review questions which, although not designed for preparing for the NMBE Family Medicine Subject Exam, are successfully used by students across the country to help prepare for the exam.
Appendix A
Mid-Clerkship Formative Feedback Form

Family Medicine Clerkship
Student’s name – ________________________________
Block # ___ – Clerkship date: ____________-

Please comment on the overall performance of the student.

<table>
<thead>
<tr>
<th>Please check one</th>
<th>YES</th>
<th>NO</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical, reliable, and responsible (including attendance at all clinical venues)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Honest, displays integrity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional dress, grooming and speech</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect for patient, protects their privacy and dignity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respect for other health care professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have enough concerns about this student’s progress during this clerkship that a meeting with the Clerkship Director is necessary.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This formative feedback is information provided to you to help you identify your strengths and weaknesses at the mid-point of your clerkship. The feedback is provided to enhance your successful completion of this clerkship.

SIGNATURES:
Preceptor filling out form: ____________________________ Date

Student: ____________________________ Date
Appendix B: Excused Absence Request Form

UT/College of Medicine
Third Year Required Clerkships and Fourth Year Elective Clerkships
EXCUSED ABSENCE REQUEST FORM

Name: ______________________________________ Class Year: _________

Address: ________________________________________________________________________________

City: __________________________________ State: _________ Zip: ___________

Telephone: ( ) __________________ Mobile: ( ) __________________ Pager: ( ) ________________

Request from:
Day(s): □ Monday □ Tuesday □ Wednesday Date: ________________ Time: ________________
□ Thursday □ Friday □ Saturday □ Sunday

Through:
Day(s): □ Monday □ Tuesday □ Wednesday Date: ________________ Time: ________________
□ Thursday □ Friday □ Saturday □ Sunday

Clinical Site:  □ ____________________________
AHEC Site: □ ____________________________
Other Site:  □ ____________________________

Other scheduled activities that will be / have been missed:
_____________________________________________________________________________________

_____________________________________________________________________________________

Reason for absence:
_____________________________________________________________________________________
_____________________________________________________________________________________

I understand that I am responsible for all clerkship/curriculum content during my absence, and it is MY responsibility to
contact the clerkship coordinator to find out what the requirements are to make-up my time missed.

_____________________________________________________________________________________

Student Signature ____________________________________________ Date ____________________
Appendix C: Excused Absence Policy

Name of Policy: Absences from required clerkships
Policy Number: 3364-81-04-014-03
Approving Officer: Dean, College of Medicine
Responsible Agent: Associate Dean for Clinical Undergraduate Medical Education

Scope: All University of Toledo Campuses

☐ New policy proposal☐ Minor/technical revision of existing policy
☐ Major revision of existing policy☐ Reaffirmation of existing policy

Effective date: 04/26/11

(A) Policy statement

Attendance is mandatory for all required clinical clerkships; however, the faculty and administration realize that illnesses and significant extenuating circumstances may render a student incapable of attending required sessions. Students must request to be excused for time away, in writing, from the clerkship director, as soon in advance as possible. Requests for excused absences must be approved by the clerkship director or his/her designee, with input from the associate deans for clinical undergraduate medical education or student affairs when necessary. For unanticipated absences that preclude seeking permission in advance, the student is responsible for notifying the appropriate parties (resident and/or attending, clerkship office, other as dictated by the clerkship’s policies) prior to the time that they are required to be present for their clinical responsibilities. Failure to attend for any reason, whether excused or unexcused, does not relieve a student from responsibility for curriculum content during an absence.

(B) Purpose of policy

Since attendance is expected and part of professional growth of students, this policy outlines the rationale, procedure and implication of excused and unexcused absences.

(C) Procedure

1) In the event that illness or other significant extenuating circumstances preclude a student from being present for a required clerkship, the student must request time away, in writing, from the clerkship director, as soon in advance as possible. For unanticipated absences that preclude seeking permission in advance, the student is responsible for notifying the appropriate parties (resident and/or attending, clerkship office, other as dictated by the clerkship’s policies) prior to the time that they are required to be present for their clinical responsibilities.
2) Requests for excused absences must be approved by the clerkship director or his/her designee, with input from the associate or assistant dean for clinical Undergraduate medical education or student affairs when necessary (a written request form must be completed). The clerkship director may request additional written documentation for the illness or other extenuating circumstance prior to rendering a final decision as to whether or not an absence will be considered excused.

3) The clerkship director will decide if a make-up experience or assignment is required, even when an absence is excused. If the clerkship director decides that a make-up experience is required, the make-up may involve additional clinical hours or an alternative assignment. One example may be to write a paper in lieu of missed attendance.

4) If the number of days of absence is deemed excessive, the student may be required to drop the required clerkship and be granted no credit, partial credit for the required clerkship, or credit for an elective, depending on the individual case and the policies of the clerkship.

5) Failure to follow these procedures will result in an unexcused absence. Unexcused absences will result in a grade of zero on any missed examinations, quizzes, assignments, or experiences, and may result in failure of the clerkship. In addition, unexcused absences will result in the filing of a professional behavior report, which could lead to disciplinary action, up to and including suspension or dismissal.

6) All clerkship offices will submit a log of absences (excused and unexcused) to the office of clinical undergraduate medical Education at the end of each clerkship.

7) If the total number of absences exceed 10 days for the academic year, an automatic review will be undertaken by the Associate Dean of Medical Education, Professionalism and Diversity

| Policies Superseded by This Policy: |
| None |
| Initial effective date: 08/25/85 |
| Review/Revision Date: |
| • 08/25/85 |
| • 08/25/86 |
| • 08/13/87 |
| • 08/22/89 |
| • 08/15/90 |
| • 10/01/91 |
| • 02/24/94 |
| • 07/01/95 |
| • 08/19/96 |
| • 04/01/98 |
| • 05/27/99 |
| • 08/17/00 |
| • 08/17/01 |

Approved by:

Jeffrey S. Gold, M.D.
Chancellor and Executive Vice President
for Biosciences and Health Affairs and
Dean of the College of Medicine

Date 5/4/11

Review/Revision Completed by:
Appendix D: University Professionalism Policy

(A) Policy statement
All students are responsible for understanding and complying with the Standards of Conduct defined by University of Toledo Health Science Campus (UT HSC) Policy No. 3364-25-01 and University of Toledo College of Medicine (UT COM) Policy No. 3364-81-04-007-01. In addition, as physicians-in-training, medical students are held to the highest standards of professionalism, and have a number of professional responsibilities that they are obligated to uphold. A failure to comply may result in disciplinary action, as described below. Students subject to adverse disciplinary actions are entitled to due process and appellate rights as outlined below.

Professional Behavior
Medical students are physicians-in-training, and thus are held to the highest standards of professionalism. Students must be thoughtful and professional in verbal, written, and electronic communications. When interacting with patients and their families, faculty, staff, and colleagues, the medical student must deal with professional, staff and peer members of the health team in a cooperative and considerate manner. Fatigue, stress, and personal problems do not justify unprofessional behavior.

It is unethical and unprofessional for a student to disparage without good evidence the professional competence, knowledge, qualifications, or services of a faculty member, resident, staff member, or colleague. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a faculty member, resident, or colleague without tangible evidence.

Professional relations among all members of the medical community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community.

Students may be subject to disciplinary action if their conduct, in the opinion of faculty, staff, or other students, is inconsistent with the accepted standards of the medical profession, if they refuse to comply with directions of College officials, academic or administrative, acting in performance of duties, if they inflict intentional or negligent damage to property belonging to the College or to members of the college or campus visitors, and if their actions constitute violations of law on or off college premises, especially if such adversely affect the College’s pursuit of its educational activities.

Standards for Professional Behavior in the Educational Environment
The following standards for professional behavior are in alignment with the Educational Program Objectives for the College of Medicine and are meant to supplement the Standards of Conduct, detailed in Policy No. 3364-25-01 and 3364-81-04-017-01.

The standards of professional behavior in the educational setting are related to three domains: 1) Individual Performance; 2) Relationships with students, faculty, staff, patients and community others; and 3) Support of the ethical principles of the medical profession, as expanded below for students in the College of Medicine:

**Individual performance**
1. Demonstrates independent and self-directed learning.
2. Recognizes personal limitations and seeks appropriate help.
3. Accepts constructive feedback and makes changes accordingly
4. Fulfills all educational assignments and responsibilities on time
5. Is punctual for all educational experiences (i.e., exams, clinics, rounds, small group sessions, appointments at the clinical skills center.
6. Adheres to dress code consistent with institutional standards.

**Relationships with students, faculty, staff, patients and community**
1. Establishes effective rapport.
2. Establishes and maintains appropriate boundaries in all learning situations.
3. Respectful at all times of all parties involved.
4. Demonstrates humanism in all interactions.
5. Respects the diversity of race, gender, religion, sexual orientation, age, disability and socioeconomic status.
6. Resolves conflict in a manner that respects the dignity of every person involved.
7. Uses professional language being mindful of the environment.
8. Maintains awareness and adapts to differences in individual patients including those related to culture and medical literacy.

Support of ethical principles of the medical profession
1. Maintains honesty.
2. Contributes to an atmosphere conducive to learning and is committed to advance scientific knowledge.
3. Protects patient confidentiality.

Professional Dress
Students should at all times maintain a neat and clean appearance, and dress in attire that is appropriate. When students are functioning as medical professionals, either with clinical patients or simulated patients, dress must be appropriate and professional. A professional image increases credibility, patient trust, respect, and confidence. In addition, because medical students utilize facilities on campus where patients and the public are present, professional dress and appearance are also expected even when students are not engaged in patient care. The medical student Dress Code Policy is addressed in full in Policy No. HSC-COM-04-023-00. In addition, most of our clinical facilities have specific dress code policies that must also be followed. Furthermore, Photo I.D. badges are to be worn at all times.

Violation of the dress code can have detrimental consequences for patient care and could damage the reputation of the institution. Flagrant and repeated violations of the dress code may be deemed to signify a lack of insight or maturity on the part of the individual student and call for counseling and discipline. The immediate supervisor may choose to discuss initial violations of the dress code directly with the student. Serious or repeated violations may be subject to disciplinary action.

Accurate Representation A student should accurately represent herself or himself to patients and others on the medical team. Students should never introduce themselves as “Doctor” as this is clearly a misrepresentation of the student’s position, knowledge and authority.

Evaluation Students should seek feedback and actively participate in the process of evaluating their teachers (faculty as well as house staff). Students are expected to respond to constructive criticism by appropriate modification of their behavior. When evaluating faculty performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language, or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance.

Teaching It is incumbent upon those entering the medical profession to teach what they know of the science, art, and ethics of medicine. This responsibility includes communicating clearly with and sharing knowledge with patients so that they are properly prepared to participate in their own care and in the maintenance of their health. Medical students also have a responsibility to share knowledge and information with colleagues.

Equipment Usage Students assume full responsibility at all times for the loss of or damage to MUO equipment. Such loss or damage shall result in the assessment of the replacement cost as established by the Treasurer of the institution.

(B) Purpose of policy
To codify the standards for professional behavior and related standards of conduct for students in the College of Medicine, as well as the policy and procedures for due process and appeals in the event of breaches of the aforementioned standards.

(D) Procedure
Professional Behavior Report
1) Following the observation of unprofessional behavior by any member of the faculty or staff, the behavior or incident will be brought to the attention of the block/clerkship director and/or an Associate Dean in the College of Medicine, as appropriate.
2) The Professional Behavior Form should be completed and a narrative summary of the event(s) attached to the form.
3) A date and time is established for a meeting with the student regarding the matter.
4) During the meeting, the block/clerkship director should discuss the issues related to the unprofessional behavior observed with the student and a plan for remediation.
5) At the completion of the meeting, the form is signed by both the student and the block/clerkship director.
6) A copy of the form is returned to the Associate Dean of Undergraduate Medical Education in the Medical Education Office and placed in the student’s “professionalism” file.
7) On the accumulation of the third form in the student’s “professionalism” file, the student will meet with the appropriate Associate Dean of UME and receive a formal VERBAL warning.
8) On the filing of the fourth unprofessional behavior form the student will receive a WRITTEN warning.
9) On the filling of the fifth unprofessional behavior form the student’s file will be forwarded to the Student Promotions Committee for review. Possible actions of this committee include suspension or dismissal from the College of Medicine.

Disciplinary Action and Due Process

Students are subject to disciplinary action for violation of the institutional standards of conduct, including breach of their responsibilities, as detailed above. The types of disciplinary action are:

Verbal warning. The violation is brought to the student’s attention. A warning is verbally given which clearly defines the formal disciplinary measures possible if further, similar actions occur.

Written warning. The student is informed, in writing, of the violation. A copy of this warning is placed in the student’s file in Student Affairs. The warning must state that any future incidents of misconduct may result in suspension or dismissal.

Suspension. The student is notified in writing that he/she cannot attend classes/clerkships for a prescribed period of time. The suspension may carry requirements for specific activities (i.e., counseling, therapy, professional evaluations) prior to being allowed to resume student status. (In this case, an extension of the prescribed period for completing all academic requirements may be considered.)

• Dismissal. The student is notified in writing that he/she is no longer affiliated with the College of Medicine.

Other requirements as specified by the Medical Student Conduct and Ethics Committee, the Dean, or the President. These may include counseling, psychological or psychiatric evaluation, writing a paper on a related topic, sensitivity training, required mentoring, etc.

Due Process

Due process will be provided to a student accused of violating institutional standards of conduct that is beyond a verbal warning or where the action is punitive in nature, or for violations of professionalism or ethics. The committee chair will do the following:

1) Notify in writing the Student of the charge(s), the date, time, and location of the due process hearing, as well as the composition of the hearing committee. If the charge(s) could result in a recommendation of dismissal from UT COM, then the notice will inform the Student of that possibility. Notice of the hearing must be delivered at least ten (10) days before the hearing date. The Student will be given the opportunity and is urged to appear before the committee to fully present his/her position on the allegations. The Student may waive the right to such appearance in his/her sole discretion.

2) The Student will be provided (by way of a statement or other summary) any relevant information or evidence that a complainant plans to bring or that will be considered by the committee relating to the allegations before the committee. The complainant may present affidavits of persons unavailable to come before the committee, exhibits, witnesses and any other similar information for the committee. All written materials must be provided to the student least three (3) business days prior to the hearing.

3) Notify in writing the Student of the specific protocols to be followed in the investigation/hearing and to provide a copy of this policy to the Student

4) Invite the complainant(s) to the hearing.
5) Preside at the hearing, for which minutes will be kept, and at the committee chair’s request, which may be recorded or transcribed.

6) The chair will notify the Student in writing of the date, time and location of the committee meeting, as well as the composition of the committee. Notice of the hearing must be delivered at least ten (10) days before the hearing date. The chair will also preside over the hearing for which minutes will be kept.

7) In any instance where the Student is facing criminal charges arising out of the same or related conduct that is the subject of the hearing and/or where dismissal from UT COM is a possibility and after notice of that fact has been provided to the Student, then the Student may, upon five (5) days written notice to the chair of the committee, have an attorney present to provide counsel to the Student. If the Student elects in such circumstances to have counsel appear at the hearing, UT COM may, in that instance, similarly have counsel present at the hearing to assist the committee. In all other cases, the Student may, in his/her discretion, have a faculty member or fellow student attend the hearing as his/her advisor.

8) The hearing is not, and should not be construed to be a legal trial. Both the complainant(s) and the Student will be permitted to make any statement relevant to the issue(s) being addressed. The Student, the complainant as well as any other witness will be permitted to answer any questions posed by any member of the committee. If counsel for the Student is permitted to attend as set forth herein, he/she will, in the Student’s sole discretion, be permitted to make such statements to the committee as are deemed appropriate. Neither the complainant(s), the Student, nor his/her counsel (if applicable) is permitted to ask questions of any witness; provided, however, if the Student calls a third party witness to speak before the committee on his/her behalf, he/she may ask questions of that witness(es).

9) The Student will have a full opportunity to present (by way of a statement made by him/herself or, if applicable, by his/her counsel) any relevant information to the committee relating to the allegations before the committee. The Student or his/her counsel (if applicable) may present affidavits of persons unavailable to come before the committee, exhibits, witnesses and any other similar information for the committee to consider in issuing its findings and recommendations. If the Student desires to distribute written materials to the committee members, he/she must present them at least three (3) business days prior to the meeting for copying, or must prepare adequate numbers of copies him/herself.

10) The student is expected to cooperate in the investigation/hearing. The complainant is expected to cooperate in the investigation/hearing and cannot be guaranteed anonymity.

11) Any recommendation for student discipline up to and including dismissal from UT COM will be based exclusively on the information (evidence) received at the hearing. Upon completion of the hearing, the committee will, by majority vote, agree to findings and determinations concerning disciplinary actions for violation of institutional standards of conduct, if any. The findings and conclusions shall be reduced to a written statement of findings and actions signed by the chair of the committee and delivered to the Student and to the Dean of the College of Medicine within ten (10) business days after the hearing.

Appeal

1) The Student may appeal the committee’s decision to the Dean of the College of Medicine in a writing requesting a review relating to the following that apply: (1) the failure of process or for an additional review of the evidence presented at the hearing; or (2) a review of the evidence concerning the charges for disciplinary action.

   a. Written request for appeal must be received within fifteen (15) days following the issuance of the written recommendation, or any further right to appeal is waived.

   b. The Dean of the College of Medicine may review all of the evidence presented in the hearing (including minutes and any available transcripts and exhibits), the applicable process matters raised by the student
(if any), the specific concerns concerning the charges and evidence in considering the grounds for appeal raised by the student.

c. After completing such review, the Dean of the College of Medicine may ask for a meeting with the Student called for that purpose.

d. Upon completion of the review of the appeal, the Dean of the College of Medicine may choose to uphold, reverse, or return the findings and decisions to the

2) The Dean of the College of Medicine may also appoint an ad hoc committee to hear the Student’s appeal.

a. The members of any ad hoc committee appointed to review any appeal will consist of individuals from inside and/or outside of the college or institution who have had no involvement in any way with the initial committee or its issuance of any findings and decisions.

b. The ad hoc committee will meet to consider the appeal within fourteen (14) days after they are appointed, and only after the Student is provided with at least five (5) days notice of the date, time and place of the hearing, as well as the identities of the ad hoc committee members.

c. The ad hoc committee, if appointed, will render its decision and submit its recommendation in a writing signed by all of the members of the committee to the Dean of the College of Medicine within ten (10) days following the meeting of the ad hoc committee.

d. Upon receipt of the ad hoc committee’s written recommendation, the Dean of the College of Medicine may consider the recommendations of that panel, and may choose to uphold, reverse, or return the findings and recommendations to the original due process committee for reconsideration of some or all of their findings or recommendations. 3364-81-04-017-02 Professionalism Policy 8

3) The Dean of the College of Medicine will provide any decision to uphold findings and recommendations of discipline to the Student within no later than 45 days from the date in which the appeal was first filed by the student.

Final Appeal

1) The Student may appeal the decision of the Dean of the College of Medicine to the UT HSC Council of Deans

a. A written request for appeal must be received by the Office of the Provost for Health Affairs, within thirty (30) days following the issuance of the written recommendation, or any further right to appeal is waived.

b. The written request must state the basis for the Student’s relating to any of the following that apply: (1) the failure of process or for an additional review of the evidence presented at the hearing; or (2) a review of the evidence concerning the charges for disciplinary action.

c. The Provost for Health Affairs will forward the Student’s request for appeal to the UT HSC Council of Deans, who will review all findings and decisions of the committee, any ad hoc committee appointed by the Dean, or by the Dean. The Council of Deans may choose to interview the Student or any applicable witnesses or evidence. After considering the evidence presented, the Council of Deans may choose to interview the Student or any applicable witnesses or evidence. After considering the evidence presented, the Council of Deans may choose to uphold the findings and resulting discipline, reverse all or part of the recommended findings and discipline and impose less or no discipline, or return the findings and recommendations to the Dean or the committee for reconsideration of some or all of their findings and/or recommendations.

2) The UT HSC Council of Deans decision is final. The UT HSC Council of Deans will notify the Student in writing of the final decision within no later than 30 days from the date in which the appeal was submitted to the Provost’s office.

Pendency of Action
Generally, implementation of disciplinary action will be suspended until all appeals made by the student have been exhausted. However, the Dean of the College of Medicine may, in his/her discretion, impose interim suspensions and/or restrictions on the Student if the Dean of the College of Medicine believes that the alleged conduct in any way concerns patient and/or public (including faculty and other student) safety, or when dismissal from UT COM is a possible sanction.
Appendix E: Professionalism Behavior Report
PROFESSIONAL BEHAVIOR REPORT

Student name (type or print legibly)  Block/Clerkship (Name & Block no.)

Faculty submitting report (print and sign)  Date

The above student has demonstrated unprofessional behavior that is inconsistent with the following professionalism standards. (Circle all that apply)

Individual
1. Adheres to dress code consistent with institutional standards.
2. Is punctual for all educational experiences (i.e. exams, clinics, rounds, small group sessions, appointments at the clinical skills center).
3. Fulfills all educational assignments and responsibilities on time.
4. Accepts constructive feedback and makes changes accordingly.
5. Recognizes personal limitations and seeks appropriate help.

Relationships with students, faculty, staff, patients and community
1. Establishes effective rapport.
2. Establishes and maintains appropriate boundaries in all learning situations.
3. Respectful at all times of all parties involved.
4. Demonstrates humanism in all interactions.
5. Respects the diversity of race, gender, religion, sexual orientation, age, disability and socioeconomic status.
6. Resolves conflict in a manner that respects the dignity of every person involved.
7. Uses professional language being mindful of the environment.
8. Maintains awareness and adapts to differences in individual patients including those related to culture and medical literacy.

Support of ethical principles of the Medical Profession
1. Maintains honesty.
2. Contributes to an atmosphere conducive to learning and is committed to advance scientific knowledge.
3. Protects patient confidentiality.

A signed narrative of a description of the observed behavior and circumstances is attached.

☐ Check this box if you feel that the unprofessional behavior requires immediate action by the Associate Deans of Undergraduate Medical Education.

I have met with the student and discussed the following suggestions for change:

_____________________________________ ________________________
Block/Clerkship Director (Signature)  Date

This section is to be completed by the student.
I have read this evaluation and discussed it with the Block/Clerkship Director.

_____________________________________    _______________________
Student signature  Date
Appendix F: Final Clinical Competency Evaluation Form

Family Medicine Clerkship

Final Clinical Competency Evaluation

Student Name:  
Block #  

Amount of Contact with Student

- ☐ Extensive (more than 10 hours)
- ☐ Moderate (4 to 10 hours)
- ☐ Minimal (1 to 4 hours)
- ☐ No Contact (0 hours)

Dates: From ___________ to ___________

5- Exceptional performance for this level of training - far above expected  
4- Performance above expected for this level of training  
3- Performance appropriate for this level of training  
2- Performance less than expected for this level of training - requires occasional intervention  
1- Performance not acceptable for student at this level of training - requires frequent intervention  
N/A - Not Applicable/Unable to evaluate

<table>
<thead>
<tr>
<th>History Taking Skills</th>
<th>Excellent (5 pts)</th>
<th>Very Good (4 pts)</th>
<th>Good (3 pts)</th>
<th>Fair (2 pts)</th>
<th>Poor (1 pt)</th>
<th>N/A (0 pts)</th>
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<tbody>
<tr>
<td>History is thorough, systematic, logical and accurate.</td>
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<td>Student controls interview and obtains history in a time efficient manner.</td>
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<td>Student established rapport and listens to patient perceptions.</td>
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<td>Student uses vocabulary appropriate to level of patient understanding.</td>
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<tr>
<th>Physical Examination Skills</th>
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<tr>
<td>Student able to perform comprehensive physical exam.</td>
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<td>Student able to perform focused physical exam appropriate to presenting problem.</td>
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<td>Student is considerate of patient comfort.</td>
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<td>Student preserves patient modesty.</td>
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<tr>
<th>Oral Case Presentation</th>
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<td>Oral presentation is complete and appropriate.</td>
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<td>Presentation reveals that student has done preparatory reading.</td>
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<td>Student identifies patient problems.</td>
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<td>Student openly reveals an appropriate level of knowledge and understanding regarding an assessment and diagnostic plan.</td>
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<td>Student verbally communicates in a logical systematic manner.</td>
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<tr>
<th>Written Data Recording Skills</th>
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<td>Data documentation is complete and accurate.</td>
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<td>Handwriting is legible.</td>
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<td>Patient data is documented in an organized and logical manner.</td>
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<tr>
<th>Clinical Judgment and Diagnostic Skills</th>
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<tr>
<td>Appropriate initial therapeutic plans are formulated for each problem.</td>
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Student justifies appropriate diagnostic possibilities for each problem with avoidance of diagnostic indecision or premature closure.

The issues of cost-effectiveness and risk to patient vs. outcome are considered when ordering diagnostic studies.

The student is able to interpret laboratory data using a pathophysiological approach.

**Self-Education Skills**

Student demonstrates the initiative to enhance his/her knowledge through reading and facilitate accurate patient assessments and plans.

Student is motivated and initiates self-education.

**Professional Attributes and Responsibilities**

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<thead>
<tr>
<th>Exceptional, performance above and beyond expectations. Outstanding in attendance, dependability and punctuality in team activities and patient care responsibility. Makes extra effort to be an integral team member by volunteering for higher levels of patient care responsibility.</th>
<th>Conscientious, makes a consistent effort to be responsible and dependable regarding patient care responsibilities. Makes a noticeable effort to be part of the team.</th>
<th>Can regularly be relied upon in fulfilling responsibilities as a member of the ward team and in the delivery of patient care.</th>
<th>Needs reminders in fulfillment of ward responsibilities including patient care. Allows himself / herself to be too peripheral to active team activities and patient care.</th>
<th>Cannot be relied upon. Attendance and punctuality are erratic. Student’s whereabouts are often unknown. Needs prodding frequently. Am concerned over student’s commitment.</th>
<th>Not observed</th>
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**Self-Improvement and Adaptability**

Outstanding in soliciting and receiving criticism with interest and grace. Able to effect change. Extensive self-initiated supplemental reading. Makes an extra effort to learn. | Accepts criticism and is able to effect change. Self-motivated to expand knowledge with supplemental reading. | Accepts criticism when offered, makes an effort to change. Does some supplemental as well as required reading. | Resistant of defensive in accepting criticism. Makes those offering suggestions uncomfortable because of lack of receptiveness. | Completely unaware of own inadequacies. Refuses to consider or make changes. | Not observed |
| | | | | | |
| | | | | | |

**Relationships with Patients**

Makes an extra effort to put patients and family members at ease and appropriately communicating medical information to them. Relates well to patients and/or families. Shows empathy, compassion and respect. | Consistently relates well to patients and family members. Shows empathy, compassion and respect. | Relates well to most patients and family members. Seems comfortable with patients and family members, and his/her role as a developing physician. | Sometimes has difficulty establishing rapport with patients or communicating with them. Not always comfortable interacting with patients. | Often insensitive to patient’s feelings, needs and wishes. Lacking capacity for empathy. | Not observed |
| | | | | | |
| | | | | | |

**Interpersonal Relationships with other Members of Health Care Team**

Outstanding in respecting the feelings, needs and wishes of all healthcare team members. Makes an extra effort to be highly integrated into the team structure. Is consistently a positive contributor to the team. | Relates well to all health care team members. Makes an effort to be integrated into the team structure. | Relates well to most of the health care team members. Functions well within the team structure. | Sometimes has difficulty relating well to health care team members. | Insensitive to needs, feelings and wishes of health care team members. Poorly integrated into the team. | Not observed |
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**Comments:**

Signature: ___________________________ Date: ___________________________