FAMILY MEDICINE HANDBOOK

TWENTY FIFTH EDITION

2020-2021
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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 four 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 are 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 (PC-1,3).

2. Demonstrate proficiency in interpersonal communication skills and interviewing techniques (IPC-1).

3. Perform the appropriate physical examination for patients presenting with common problems in the family medicine setting (PC-2,3).

4. Demonstrate appropriate clinical skills regarding examination of the ENT, integumentary, and musculoskeletal systems (MK-1,3; PC-2).

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

6. List and discuss the principles, elements and sequencing of appropriate treatment modalities for common problems in the family medicine setting (MK-6,8; PC-8).

7. Present information gathered in an organized way and to come to a reasoned differential diagnosis (MK3,4,5; PC-8; IPC-2).

8. Formulate critical differentiating history questions, physical examinations and/or diagnostic tests that will be successful in differentiating disease (MK-2,4,5; PC-3).

9. Identify and discuss the continuity issues relevant to the successful management of patients in a family medicine setting (SBP-1).

10. Identify and discuss pertinent “systems” issues which would need to be addressed for optimal management of the patient’s condition (SBP-1,2,3).

11. List and discuss the monitoring and screening activities important for control of disease and prevention of complications (MK-15).

12. Identify and discuss the important “physician coordination” issues that would need to be addressed for optimal management of the patient’s condition (MKC-16, IPC-1,2,3; SBP-1,2,3).

13. Identify, list and discuss the important economic issues which would need to be addressed to optimize the management of the patient’s condition (SBP-2,3).

14. Describe the role of the family physician related to women’s health issues (SBP-3).

15. Identify and discuss ethical issues encountered in family medicine (MK-9).

16. Identify important patient concerns when caring for geriatric patients in ambulatory and extended care facility settings (MK-6,10).
17. Explain an approach to eliciting a history, performing a physical exam and communicating for diverse, at-risk populations, including mentally retarded/developmentally delayed (MR/DD) patients (MK-9,11, 13; PC-1,2,3; PB-4,5,7, IPC-3,4, SBP-2).

18. Students will be able to evaluate common injuries seen in a Family Medicine setting. (MK-1,4,5).

19. Describe strategies involved in educating patients for behavior changes (MK-12; IPC-1; PBL-6).

20. Explain the impact of psychosocial factors on health and illness (MK-12).

21. Describe resources and be able to produce articles/books/journals that support evidence-based practice (MK-7; PBL-4,5; PC-10).

22. Meet or exceed the institutional standards for professional behaviors as described in the Clerkship Manual (MK-14, PB-1,2,3,4,5,6,7,8).

**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: blackboard collaborate ultra)
   a. First day of the rotation

2. Classroom sessions (location: blackboard collaborate ultra)
   a. Second day of the rotation
   b. Fourth Thursday of the rotation (see schedule)
      i. Turning in the completed PCMH checklist

3. vOSCE (location: blackboard collaborate ultra)
   a. Fourth week of the rotation (see schedule)

4. Debriefing with UT Family Medicine faculty
   a. Last week of the rotation (see schedule for specific date/time)

5. NBME Exam
   a. Last Friday afternoon of the clerkship (additional information sent by Testing Center)

**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, Mercy Family Medicine Center, Bryan area family physicians, Lima area family physicians, Sandusky area family physicians, St. Luke’s Family Medicine Residency in Perrysburg, St. Mary Mercy in Livonia, Riverside Methodist Hospital in Columbus, Akron General Family Medicine Residency in Akron, and selected community family physician offices in the metro Toledo area.

Students with assigned Family Medicine AHEC rotations will complete the entire four-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, or St. Luke’s will be at that location for the full duration of the clerkship. All other students will spend four weeks in the Toledo area, either spending two weeks in community-based practices of family physicians in the Greater Toledo area and two weeks at one of the local family medicine residency sites, or all four weeks at one assigned site.

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 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.

**Required Clinical Experiences**

During the Family Medicine 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. Students will use the 5 Levels of Involvement checklist in RocketMed to determine if a patient encounter meets the minimum level of involvement to count towards this requirement.

It is the student’s responsibility to see and log the required amount of cases in each diagnostic category; please contact the Clerkship Director if you are having difficulty finding patients in certain categories.

<table>
<thead>
<tr>
<th>Family Medicine Clerkship</th>
<th>Levels of Involvement</th>
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<tbody>
<tr>
<td></td>
<td>Independently Gathered History Information</td>
</tr>
<tr>
<td></td>
<td>Required #</td>
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<tr>
<td>Well Woman Annual Exam (18-64)</td>
<td>1</td>
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<td>Well Male Annual Exam (18-64)</td>
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<tr>
<td>Hypertension</td>
<td>2</td>
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<tr>
<td>Heart Failure</td>
<td>2</td>
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<tr>
<td>Type 2 Diabetes</td>
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<tr>
<td>Hyperlipidemia</td>
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<td>COPD/Asthma</td>
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<tr>
<td>Chronic Arthritis/Joint Pain</td>
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<tr>
<td>Obesity</td>
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<td>GERD</td>
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<td>Depression</td>
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<tr>
<td>Anxiety</td>
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<tr>
<td>Cough</td>
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<td>Dysuria</td>
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<td>Rash</td>
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<tr>
<td>Headache</td>
<td>2</td>
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<tr>
<td>Acute MSK Pain/Acute injury</td>
<td>2</td>
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<tr>
<td>Back Pain</td>
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**Student Levels of Involvement:**

Students' participation in the patient encounters involves:
- independently gathering patient history information
- performing physical exam under direct preceptor supervision
- presenting your findings to the supervising preceptor
- offering a differential diagnosis to the supervising preceptor
- suggesting treatment options and/or diagnostic tests to the supervising preceptor
- 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 RocketMed portal, https://rocketmed.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 a loss of one point in the Departmental Program grade. If after 10 days requirements are still not satisfied, a meeting will be arranged with the Clerkship Director for a Professionalism Behavior Report.

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

In addition to your 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 ASSIGNMENTS**

Mastery of several skills will be demonstrated by the completion of two assignments. These assignments are designed to relate to at least one of the competencies of Family Medicine and to reflect knowledge that is relevant to the treatment of one or more 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 patient situations. Students are required to complete the following:

1. Aquifer Cases (10 points) - Students will be required to complete the 40 Family Medicine cases by 8 am on Wednesday, the week of the NBME. Each case completed is worth 0.25 points. Please note that included with these 40 cases are some Internal Medicine and Peds cases.

2. 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. Complete both sides of the form. During your PCMH lecture, you will have the opportunity to discuss these elements and how they may or may not affect care delivery. (pg. 10-12)
See the calendar included in your orientation packet to find the PCMH due date.

**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. 11 - 12). 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 Thursday 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.**
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

Do you coordinate care across the medical neighborhood?
- Create an informed care team to oversee continuity of care
- Manage care transitions and build linkages to community-based resources
- Coordinate and monitor exchanges of information with specialists and care facilities
- Evaluate a care transition process

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/pcmphresources
and transformed.com
We will be utilizing fmCases, a set of virtual patient cases designed by the Society of Teachers in Family Medicine to both teach the Family Medicine core curriculum and enhance your preparation for the NBME Subject Exam. Each case is an interactive case that simulates a patient encounter, provides learning materials, and has 10 multiple choice questions. The quiz is based off of 8 cases: 1, 2, 6, 10, 11, 16, 25, and 29. You can access fmCases (Aquifer) by logging on to www.Aquifer.org. 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 5th Monday 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:

**Knee Anatomy Refresher**
- Identify the underlying anatomy based on visual observation and surface palpation
- Review the underlying gross anatomy of the knee- osteology, desmology, myology, and vasculature
- Apply orthopedic testing through clinical scenarios:
  - Identify the anatomical structures being provoked with orthopedic tests
  - Compare positive and negative findings of the orthopedic tests for specific conditions

**Geriatrics**
- Identify medical issues specific to geriatric patients
- Discuss clinical testing used for geriatric patients
- Identify common side effects of medications, including the risks of polypharmacy

**Asthma**
- Review diagnosis and classification of asthma
- Identify stepwise treatment for asthma
- Discuss use and application of asthma action plans

**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 2nd 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, 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 a UTMC Family Medicine site for a patient encounter that will be observed by a faculty physician. The student should expect to report at the beginning of the physician’s clinic and plan to work with them for the remainder of their clinic (1/2 day). 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 (please do not use patient’s name). 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. Case Quiz
3. vOSCE

At your debriefing, you will also be reminded to complete the feedback forms on RocketMed 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 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 always required to comport themselves 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 four 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.

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**Systems**

| General Principles, Including Normal Age-Related Findings and Care of the Well Patient | 5%-10% |
| Immune System | 1%-5% |
| Blood & Lymphoreticular System | 1%-5% |
| Behavioral Health | 5%-10% |
| Nervous System & Special Senses | 1%-5% |
| Skin & Subcutaneous Tissue | 3%-7% |
| Musculoskeletal System (% increases with the addition of the Musculoskeletal module) | 5%-10% |
| Cardiovascular System | 5%-10% |
| Respiratory System | 5%-10% |
| Gastrointestinal System | 5%-10% |
| Renal & Urinary System | 1%-5% |
| Pregnancy, Childbirth, & the Puerperium | 1%-5% |
| Female Reproductive System & Breast | 1%-5% |
| Male Reproductive System | 1%-5% |
| Endocrine System | 5%-10% |
| Multisystem Processes & Disorders | 1%-5% |
| Biostatistics, Epidemiology/Population Health, & Interpretation of the Medical Lit. | 1%-5% |
| Social Sciences | 5%-10% |

| Communication and interpersonal skills | 40%-50% |
| Medical ethics and jurisprudence | |
| Systems-based practice and patient safety | |
| Diagnosis, including Foundational Science Concepts | 25%-30% |
| Pharmacotherapy, Intervention & Management | |

**Site of Care**

| Ambulatory | 100% |

**Patient Age**

| Birth to 17 | 15%-20% |
| 18 to 65 | 55%-65% |
| 66 and older | 15%-20% |

---

**vOSCE**

You will have a musculoskeletal vOSCE focused on a knee complaint. You will be expected to gather a focused history, describe the physical examination you would perform, and document
your findings in SOAP format. Each station will request some portion of expected tasks, forming a checklist for proper completion of the station. Credit is based on communication skills and documentation. You receive credit for each expected task you do at each station and this goes towards your raw OSCE score. NOTE: these “credits” 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 0-5. Note that relatively more points will be allotted to the assessment than to basic interviewing skills, as reflects your status as third year clinical clerks.

Minimum passing score for the OSCE is 1 point.

If you wish to further review your OSCE, please contact the Clerkship Coordinator to schedule an appointment with the Clerkship Director.

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**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 the evaluations will be calculated and contribute to the final grade, weighted based on contact time.

Evaluations that are turned in to the clerkship are considered final barring actions from an appeal of grade. **DO NOT SOLICIT EVALUATORS FOR A CHANGE IN THEIR EVALUATION AFTER IT HAS BEEN TURNED IN.** Concerns about evaluations should be brought to the Clerkship Director as per the Appeal of Final Grade policy# 3364-81-04-013-04 (http://www.utoledo.edu/policies/academic/college_of_medicine/pdfs/3364-81-04-013-04%20Appeal%20of%20final%20grade.pdf).

**Weighting of Preceptor Evaluation:**

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

The **final Clinical Competency score will contribute 50% of the student’s final grade** for the clerkship. (50 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 30% to the final grade.** (30 points)

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Score Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>≥88</td>
</tr>
<tr>
<td>High Pass</td>
<td>81-87</td>
</tr>
<tr>
<td>Pass</td>
<td>73-80</td>
</tr>
</tbody>
</table>
Defer  <5th 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 5th percentile on the NBME subject examination to successfully complete the clerkship (Minimum passing score is a 64). Failure to achieve the 5th 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 5th 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 5th percentile on the NBME Subject Examination.

Failure to successfully complete any portion 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. 24 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 5-week remedial clerkship to be completed.

6. Final Grade Submission;
The final grade for each student will be submitted to the Registrar 4-6 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 following:
Aquifer Cases - 10 points
fmCase Quiz - 5 points
OSCE - 5 points

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

- 1 – Each un-excused absence from clinic or lecture
- 1 – Case logs not updated weekly
- 1 – Each assignment 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 # –

### Professionalism

<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>
</tbody>
</table>

### Clinical Skills

<table>
<thead>
<tr>
<th>Please check one</th>
<th>Satisfactory</th>
<th>Needs to Improve</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ability to obtain a history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to perform an exam</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Presentation skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Note writing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Documentation skills</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnostic reasoning</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I have enough concerns about this student’s progress during this clerkship that a **meeting with the Clerkship Director is necessary.**  

### Please comment on the overall performance of the student.

**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:**

Please return to Lindsey Brillhart, Clerkship Coordinator  
Fax: 419-383-3158  
E-mail: Lindsey.Brillhart@utoledo.edu
ABSENCE REQUEST FORM

Please print, complete all sections and return this form to the appropriate clerkship office for approval.

Name: ___________________________ Class Year: ____________

Email Address: ____________________ Phone #: ( ) ____________

**REQUEST 1**

**Request from:**
- [ ] Monday  
- [ ] Tuesday  
- [ ] Wednesday  
- [ ] Thursday  
- [ ] Friday  
- [ ] Saturday  
- [ ] Sunday  

Day: ___________________________ Date: ___________________________

Time: ____________________________  
- [ ] ALL DAY

**Returning on:**
- [ ] Monday  
- [ ] Tuesday  
- [ ] Wednesday  
- [ ] Thursday  
- [ ] Friday  
- [ ] Saturday  
- [ ] Sunday  

To be completed by the Clerkship Director:  
- [ ] Approve  
- [ ] Disapprove

**REQUEST 2**

**Request from:**
- [ ] Monday  
- [ ] Tuesday  
- [ ] Wednesday  
- [ ] Thursday  
- [ ] Friday  
- [ ] Saturday  
- [ ] Sunday  

Day: ___________________________ Date: ___________________________

Time: ____________________________  
- [ ] ALL DAY

**Returning on:**
- [ ] Monday  
- [ ] Tuesday  
- [ ] Wednesday  
- [ ] Thursday  
- [ ] Friday  
- [ ] Saturday  
- [ ] Sunday  

To be completed by the Clerkship Director:  
- [ ] Approve  
- [ ] Disapprove

What other days have you requested off or plan to request off from this elective clerkship? ____________________________________________

Clinical Site (list actual service where line permits):  
- [ ] UTMC: ____________________________
- [ ] AHEC: ____________________________
- [ ] Other Site: ____________________________

Scheduled activities that will be / have been missed: ____________________________________________

Reason for absence: ____________________________________________

Verification attached (doctor’s note, boarding pass, interview invitation, etc.):  
- [ ] Yes  
- [ ] No

I have / had notified the following attendings and / or residents on the service I am assigned to of this absence: ____________________________________________

I understand that I am responsible for all clerkship / curriculum content during my absence. It is MY responsibility to contact the clerkship coordinator no later than the first day of my return to find out what the requirements are to make-up my time missed.

Student Signature: ___________________________ Date: ____________

- [ ] Make-up time required  
Notes: ____________________________________________

Approval Signature: ___________________________ Date: ____________

Clerkship Director
Appendix C: Excused Absence Policy

Name of Policy: College of Medicine and Life Sciences: Excused Absences from Required Academic Activities in the MD Program

Policy Number: 3364-81-17

Approving Officer: Dean, College of Medicine and Life Sciences

Responsible Agent: Associate Dean for Student Affairs

Scope: Medical students in the preclinical and clinical years, University of Toledo College of Medicine and Life Sciences

Revision date: February 24, 2020

Original effective date: 8/21/17

- [ ] New policy proposal
- [ ] Minor/technical revision of existing policy
- [x] Major revision of existing policy
- [ ] Reaffirmation of existing policy

(A) Policy statement

As part of the professionalism component of the UTCOMLS Educational Program Objectives students are expected to conduct themselves responsibly, reliably and dependably in all aspects of their professional lives. Attendance at all scheduled instructional periods, as well as timely and appropriate requests for excused absence when attendance is not possible, is considered to be a key aspect of this objective. Attendance is mandatory for all examinations and summative and formative assessments. Attendance is also mandatory for specified classes and academic activities in the foundational science curriculum of the MD program at the discretion of the thread/course directors, when participation by students is deemed essential to the proper acquisition of knowledge, skills, and behaviors. Failure to attend for any reason, whether excused or unexcused, does not relieve a student from responsibility for curriculum content during an absence. Excused absences do not include designated University holidays, winter break, spring break.

In recognition that the religious diversity of our students may result in time conflicts between students’ religious beliefs/practices and certain educational activities, UTCOMLS will attempt to make accommodations that do not unduly burden faculty and staff, disproportionately affect the general student population involved in the affected educational activity, and honor the primacy of our commitment to patient care, while ensuring that the requirements of the prescribed curriculum are upheld. Students who believe they have a need for religious accommodation during any thread, clerkship or other required educational activity must notify the relevant authority as soon as possible after an impending conflict becomes apparent —prior to the beginning of the course, clerkship or other activity. If it is established that there is a legitimate basis for excusing or accommodating a student, reasonable accommodations will be provided where possible, including the opportunity to make up the activity in conflict if this is indicated and consistent with curricular policies. Absences excused for religious holidays or observances do not relieve a student from responsibility for curriculum content during an absence. This policy is intended to allow students under limited circumstances to exercise their religious beliefs while still continuing to meet their academic requirements. This policy is not intended to allow students to be granted excessive
Excused absences from required academic activities in the MD Program

Absences from the curriculum or to be granted significant alterations of the prescribed curriculum, regardless of one's religious beliefs.

Attendance is mandatory for all required sessions in foundational science and clinical clerkships; however, the faculty and administration realize that illnesses and significant extenuating circumstances may render a student incapable of attending required sessions. Excused absences will be granted for documented medical and mental health appointments. Students must request to be excused for time away, in writing, from the clerkship/thread director, as soon in advance as possible. Requests for excused absences must be approved by the clerkship/thread director or his/her designee, with input from an Associate Dean when necessary. For unanticipated absences that preclude seeking permission in advance, the student is responsible for notifying the appropriate parties prior to the time that they are required to be present for their educational responsibilities.

(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.

Attendance is mandatory for all examinations and summative and formative assessments, as well as for specified classes and academic activities in all of the curricular years. Thus, policies and procedures for the timely notification of all appropriate parties in the event of an absence, as well as for requesting a formal excuse for the absence, have been developed, implemented, and enforced.

(C) Scope

This policy applies to Medical students at the UT College of Medicine and Life Sciences.

(D) Procedure

1. In the event that illness, appointment, or other significant extenuating circumstances preclude attending an examination/assessment, clinical assignment, or class/session with required attendance, all students must request, in writing that the absence be excused. Excused Absence Request Forms are available at on the UTCOM website.

2. Coordinators will review and forward to thread or clerkship director to be considered for approval. The final determination will be made by the thread or clerkship director with the option for consultation and input from the appropriate Associate Dean. Serious breaches of this policy, as well as patterns of unexcused absences may result in review by the Academic Progress Committee and a Professionalism Behavior Report. Knowingly submitting false information on an excused absence request or submitting fraudulent documentation may also result in a Professionalism Behavior Report or more serious consequences. Any student who reschedules examinations in three examination periods during one academic year will be required to have a mandatory advising session with the Associate Dean of Student Affairs that may be followed by a referral to the Medical Student Promotions Committee for a review of progress.
(3) Activities/circumstances for which an excused absence can be requested but may not automatically be granted are listed below. Please Note: Documentation will be required. *All requests for an excused absence in all 4 years must be made 60 days prior to the scheduled event.*

(a) *Illness or hospitalization.*
(b) *Medical or mental health appointment*
(c) *Authorized presentation or service at an academic conference or other professional meeting.* (Refer to the travel policy 3364-81-04-015)
(d) *Significant family ceremony or family event that requires student participation.*
(e) *Family emergency or crisis (including funeral) that requires student attendance.*
(f) *Religious holiday or observance.*
(g) *Military service obligations.*
(h) *Taking USMLE step 2 CK and step 2CS.*
(i) *Interviewing for residency positions.*
(j) *Other extenuating circumstances as approved by the thread or clerkship director, with input from the associate or assistant deans for medical education, as necessary.*

*The 60 day window may be waived.*

(4) Students needing time off for routine or urgent health care will be provided reasonable accommodations by all threads and clerkships. Students requiring regular or multiple scheduled visits during a thread or clerkship should seek assistance from disability/accommodation office and/or Office of Student Affairs. In some cases, requests for an excused absence may need to include written documentation of said illness or extenuating circumstance. Documentation of illness must be provided by Student Health Services or the student’s personal health care provider. An excused absence for significant extenuating circumstances may also require written documentation if requested. Submission of documentation does not guarantee that a requested absence will be excused.

(5) Decisions about whether an absence will be excused cannot be made until written documentation is provided and validated, and thus notifications of excused absences will often follow the date/time of the absence. The thread or clerkship director, through the coordinator, will notify a student as to whether a student has been granted an excused absence from the required examination or instructional activity.

(6) The faculty and administration realize that illnesses and significant extenuating circumstances may render a student incapable of sitting for an examination or attending required sessions. If the prescribed procedures for requesting an excused absence are followed, every effort will be made to offer the student an opportunity to make-up the examination or required activity. Even if an absence is excused, a thread/course may not offer the student a make-up opportunity; laboratory sessions and quizzes are two examples. In other situations, an alternative make-up activity may be required to receive credit for the required activity or examination. In all
cases, it is the student’s responsibility to verify the status of their excused absence request, and to contact the thread/course/clerkship director about their make-up policies for excused absences.

(7) Failure to follow these procedures will result in an unexcused absence. In the event of an unexcused absence, students will be given a grade of zero on any missed examinations or quizzes, and may be given a grade of zero on any assignments, or in-class learning experiences, which may result in failure of the thread/clerkship. At the discretion of the appropriate director, students may still be required to complete the scheduled learning activity or alternate activity without receiving a grade if deemed necessary in order to proceed through the remainder of the course. Any student with an unexcused absence for the academic year may be ineligible to be excused for travel. In addition, unexcused absences may result in the filing of a Professional Behavior Report, which could lead to disciplinary action, up to and including suspension or dismissal (see policy 3364-81-04-017-02).

(8) In addition to attendance, students are expected to be on time at all examinations, summative and formative assessments, as well as for specified classes and academic activities in the foundational science years. Excused absence requests should not, however, be used for situations when students are tardy. Instead, advance requests for late attendance or notification of unexpected late attendance should be handled in accordance with thread/clerkship syllabi.

(9) If the number of absences exceeds the number allotted for each medical school year, this behavior will result in a Professionalism Behavior Report. The student will have a mandatory meeting with the Associate Dean for Student Affairs.

(10) Specific attendance policies for the Clinical curriculum

(a) Religious accommodations: an excused absence must be made in writing to the Clerkship Director and Coordinator prior to the beginning of the clerkship or activity.

(b) Requests for excused absences or accommodations 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. The Clerkship Director may request additional information or documentation prior to rendering a final decision.

(c) Once an absence or accommodation has been approved, the Clerkship Director or Coordinator will notify the involved parties, including the faculty and/or residents with whom the student is rotating, and the clerkship/educational coordinator at the assigned clinical site. Students must also notify the relevant parties of their scheduled absence from any clinical responsibilities.

(d) Time away: students may take up to 2 days for a 2 week clinical rotation and up to 3 days for all other rotations. 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.

11 Foundational sciences: When an excused absence has been granted from a written or practical examination, it is the responsibility of the Course Director, in conjunction with the system faculty, the Academic Test Center or the Clinical Skills Center, where indicated, to decide when the make-up examination will be administered. Such accommodations must not unduly burden faculty and staff or disproportionately affect the general student population involved in the affected educational activity.

12 When an excused absence has been granted from other required educational activities, an opportunity to make up the activity in conflict will be provided when possible if this is indicated and consistent with block/clerkship policy. It is the responsibility of the Thread or Clerkship Director to decide if an opportunity for a make-up experience or assignment will be provided and whether or not a make-up experience or assignment is required (see 7 above).

13 In case of student presentation at a national or regional meeting and/or conference related to academic or scholarly activity, permission may be granted after prior approval by the appropriate Associate Dean and the clerkship/thread director.

14 The Academic Progress Committee will periodically review total number of excused absences for students. If the total number of absences exceeds five (5) in any academic year, an automatic review will be undertaken.

15 If the number of days of absence is deemed excessive, the following actions may be undertaken: a.) Student may be required to drop the any given course for which allowed absence was exceeded, and/ or given no credit for the course; 2) Student may be required to undertake academic counselling, or 3) other steps deemed appropriate.

16 All clerkship and thread coordinators will submit a log of absences (excused and unexcused) at the end of each course.
### Approved by:

/Christopher Cooper, M.D.,
Executive Vice President for Clinical Affairs and Dean,
College of Medicine and Life Sciences

February 24, 2020
Date

Review/Revision Completed by:

Assistant/Associate Deans for Medical Education, Office of Student Affairs
SLT

### Policies Superseded by This Policy:

- 3364-81-04-032-00
- 3364-81-04-014-03
- 3364-81-04-014-04
- 3364-81-04-014-05

Initial effective date: 8/21/17

Review/Revision Date:
- 01/03/2020 review
- 02/24/2020 revision

Next review date: 02/24/2023
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
remains, 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 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

#### Required Clerkship Clinical Competency Evaluation

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Clerkship: Sample</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Evaluator:</td>
</tr>
<tr>
<td></td>
<td>Start Date: 5/22/2017</td>
</tr>
<tr>
<td></td>
<td>End Date: 6/25/2017</td>
</tr>
<tr>
<td></td>
<td>Rotation Number: 1</td>
</tr>
<tr>
<td></td>
<td>Site: UTMC</td>
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</tbody>
</table>

**Time Spent with Student:**
- **Extensive (More than 10 Hours)**
- **Moderate (4 to 10 Hours)**
- **Minimal (1 to 4 Hours)**
- **No Contact (Less than 1 Hour)**

For each item in each category, please select a value from 1 to 5 or N/A. A selection of N/A will not impact a student's final evaluation score.

### Competency: Medical Knowledge

<table>
<thead>
<tr>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foundation of knowledge and understanding of disease mechanisms is inadequate. Unable to clinically apply knowledge base.</td>
<td>Adequate overall foundation of knowledge with some gaps. Limited ability to clinically apply knowledge.</td>
<td>Expected foundation of knowledge and understanding of disease mechanisms. Frequently demonstrates ability to apply knowledge in clinical situations.</td>
<td>Broad foundation of knowledge and understanding of disease mechanisms. Consistently has ability to apply knowledge in clinical situations.</td>
<td>Comprehensive foundation of knowledge and understanding of disease mechanisms. Consistently applies knowledge in clinical situations. Effectively educates patients and peers.</td>
</tr>
</tbody>
</table>

### Competency: Patient Care (Patient History)

<table>
<thead>
<tr>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inaccurate or dismissive history. Poor interviewing technique. Unable to develop assessment and plan. Does not ask pertinent questions.</td>
<td>Accurate history and good interview technique. Able to develop a reasonable assessment and plan based on history obtained.</td>
<td>Through and accurate history. Strong interviewing technique. Identifies key facts in patient history.</td>
<td>Comprehensive, accurate history includes valuable cues from patient interview. Excellent interviewing technique. Maximizes meaningful assessment and plan.</td>
<td></td>
</tr>
</tbody>
</table>

### Competency: Patient Care (Physical Exam)

<table>
<thead>
<tr>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inaccurate and disorganized physical exam. Does not recognize normal or abnormal findings in patient exam.</td>
<td>Accurately completes physical exam. Recognizes normal features and common abnormalities in patient exam.</td>
<td>Thorough, accurate and organized physical exam. Recognizes unexpected and important abnormalities in patient exam.</td>
<td>Comprehensive, accurate and organized physical exam. Recognizes both expected and important subtle abnormalities in patient exam.</td>
<td></td>
</tr>
</tbody>
</table>

### Competency: Patient Care (Clinical Reasoning)

<table>
<thead>
<tr>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to integrate relevant findings and laboratory data when solving clinical problems. Unable to develop an assessment and plan.</td>
<td>Limited ability to integrate findings and laboratory data into clinical assessments. Assessments may be inaccurate or do not integrate differential diagnosis.</td>
<td>Integrates findings and laboratory data into clinical assessment. Assessments are accurate and reflect all relevant information.</td>
<td>Integrates relevant findings and laboratory data into clinical assessments. Assessments are comprehensive, accurate, and include a well-developed differential diagnosis.</td>
<td>Proficient.</td>
</tr>
</tbody>
</table>

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Page 1 of 2
### Competency: Practice Based Learning and Improvement

<table>
<thead>
<tr>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely unaware of own gaps in knowledge and skills. Poor acceptance of feedback and does not make an effort to change.</td>
<td>Inconsistently recognizes gaps in knowledge and skills. Does not demonstrate improvement of specific feedback.</td>
<td>Recognizes most gaps in own knowledge and skills. Accepts criticism when offered and makes an effort to change based on specific feedback.</td>
<td>Recognizes gaps in own knowledge and skills. Solicits feedback weekly and accepts constructive criticism well. Able to effect change. Self-motivated.</td>
<td>Recognizes gaps in own knowledge and skills. Regularly solicits feedback and receives criticism with insight and effect changes. Self-motivated.</td>
</tr>
</tbody>
</table>

### Competency: Interpersonal and Communication Skills

<table>
<thead>
<tr>
<th>Significantly below expected competency</th>
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<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not establish rapport with patients; lacks empathy and does not communicate effectively. Does not communicate well with other healthcare professionals.</td>
<td>Sometimes has difficulty establishing rapport with patients. Ineffective oral and written communications with other healthcare professionals. Participation in team-based care is inconsistent.</td>
<td>Relates well to most patients and family members. Proficient verbal and written communications with other healthcare professionals. Actively participates in team-based care.</td>
<td>Relates well to patients and family members. Demonstrates empathy; uses easy to understand language in patient communication. Proficient verbal and written communications with other healthcare professionals. Actively participates in team-based care.</td>
<td>Relates well to patients and health care teams even when complex clinical scenarios arise. Shows empathy, compassion and respect; engages patients in shared decision making. Excellent communication with healthcare professionals. Role models active, respectful participation in team-based care.</td>
</tr>
</tbody>
</table>

### Competency: Professionalism

<table>
<thead>
<tr>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attendance and punctuality are erratic. Cannot be relied upon to carry out tasks and meet deadlines. Frequent reminders of responsibilities due to inattentive or absent-mindedness. Involvement needed regarding student's commitment.</td>
<td>Regular attendance, but inconsistent punctuality for duties. Needs reminders on times to complete responsibilities. Does not actively participate in all educational activities. Needs reminders to complete responsibilities.</td>
<td>Nearly regular attendance. Can be relied upon in fulfilling responsibilities as a member of the healthcare team and in the delivery of patient care. Completed assigned responsibilities without need for reminders.</td>
<td>Student is always on time or early for duties. Outstanding in dependability, punctuality and participation in team activities and patient care responsibilities. Makes extra effort to be an integral team member.</td>
<td>Exceptionally conscientious. Excellence in attendance, dependability, punctuality, and participation in team activities and patient care responsibilities. Makes extra effort to be an integral team member.</td>
</tr>
</tbody>
</table>

### Competency: Systems Based Practice

<table>
<thead>
<tr>
<th>Significantly below expected competency</th>
<th>Below expected competency</th>
<th>At expected competency</th>
<th>Above expected competency</th>
<th>Significantly above expected competency</th>
</tr>
</thead>
<tbody>
<tr>
<td>No awareness of hospital or clinic resources. Unable to recommend any additional resources for patient care delivery.</td>
<td>Rarely suggests and recruits additional hospital or clinic resources in patient care. Rarely displays awareness and discussion of cost-effectiveness of care.</td>
<td>Regularly suggests and recruits ancillary resources to optimize patient care. Demonstrates basic understanding of the roles of multidisciplinary care providers and regularly includes in patient care discussions. Demonstrates awareness of cost-effectiveness of patient care.</td>
<td>Shows in depth understanding of the roles of multidisciplinary care providers in achieving optimal patient outcomes and frequently includes in patient care discussions. Demonstrates in depth understanding of cost-effectiveness of care and includes frequently in patient care discussions.</td>
<td>Has advanced knowledge of all hospital/clinic resources available and utilizes appropriately. Demonstrates advanced understanding and ability to employ cost-effectiveness of care strategies. Recognizes sources of potential system failures.</td>
</tr>
</tbody>
</table>

### Summary Comments: Narrative comments are required. Please include specific comments with examples.