Family Medicine Clerkship
FCMD 950

Clerkship Syllabus
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Welcome to the Family Medicine Clerkship

Family Medicine is a complex specialty encompassing many types of care across all age groups and settings. This course is unique in that you will spend the majority of your next eight weeks in the practice of a family physician focusing on ambulatory family medicine, specifically visits for chronic disease management, health maintenance, and undiagnosed new problems. That clinical experience will be enhanced by a variety of hands-on workshops and problem-based seminars. Many of the patients you see will be well known to your preceptor--take advantage of this opportunity to discover how psychosocial, cultural, family, and community influences affect people's health.

Course Description

Students are introduced to the principles and practice of family medicine. They spend the majority of their time participating in the practice of a private family physician where they evaluate patients under direct supervision and recommend management. This practice experience is enhanced by case-based seminars and skills-based workshops with faculty and hospital call with family medicine residents. Evaluation is based on assessment by clinical supervisors, projects, an objective structured clinical exam (OSCE) and the NBME Family Medicine Subject Exam.

Prerequisite: Medical Basic Sciences.

Goals and Objectives

Goals:

1. To contribute to the development of all medical students in areas where Family Medicine excels.
2. To help students gain the knowledge and skills needed to become the best medical students that they can be.

Objectives: Upon completion of this course, students should be able to:

Patient Care

Perform a focused history and physical exam for a patient who presents for an acute complaint, chronic disease management, or health promotion/disease prevention. (Tables 1-3) (PC-1).

Generate a differential diagnosis and initial diagnostic strategy for the most common acute complaints that present to a family medicine office. (Table 1) (PC2)

Develop a logical approach to an undifferentiated problem. (PC2)

Assess a patient's management of his/her chronic disease(s) and outline therapeutic strategies to assist that patient in managing his/her illnesses. This includes counseling patients for behavior change. (Table 2) (PC4, PC5)

Develop a preventive health plan based on the USPSTF recommendations for male and female patients of any age. (Table 3) (PC5)

Perform common technical skills and office procedures under direct supervision. (Table 6) (PC6)

Medical Knowledge

Demonstrate understanding of basic medical pathophysiology and principles of health and disease for the problems commonly encountered in a family medicine office. (Tables 1-6) (MK2)

Approach clinical decision-making in an evidence-based, cost-conscious manner that utilizes the principles of family medicine. (MK1, MK3)

Access sources of information at the point of care, and interpret and use this data in real time. (MK1)

Interpersonal and Communication Skills

Demonstrate proper communication skills during an office patient encounter (opening, engage, empathy, educate, enlist, closing). (ICS1)

Communicate effectively, using an interpreter when necessary, with patients regardless of culture or language. (ICS2)

Accurately present patient findings to a supervising physician. (ICS3)

Chart accurately and completely including SOAP format for current problems, problem list, medication list, and/or prevention flow sheets. (ICS4)

Professionalism

Consistently show respect for patient's dignity and rights, including confidentiality. (P2)

Consistently display honesty and ethical behavior. (P1)

Consistently demonstrate dependability by being punctual and reliable. (P1)

Recognize own limitations and seek opportunities to grow. (P3)

Practice-Based Learning and Improvement

Develop an answerable clinical question from a patient encounter. (PBL3)

Accept and provide constructive feedback to/from community faculty, staff, patients, peers, and course director. (PBL2)

Critically reflect on lessons learned from patients, preceptors and office staff using analysis to improve performance (PBL3)

Systems-Based Practice

Discuss the value of primary care to any health care system. (SBP2)

Demonstrate knowledge of the components of the medical home (Table 4) (SBP2)

Demonstrate competency in the beginning skills necessary to provide care in a Patient-Centered Medical Home. (SBP2)

Make positive contributions to patient care by working collaboratively with office staff, community faculty, and patients. (SBP1)

Reflect on determinants of health—the psychosocial, cultural, family, and community impacts on health. (SBP3)

Learning Activities

Community Faculty Preceptor:

The clerkship emphasizes learning by participation in patient care. You have been assigned to a community faculty volunteer. You will spend most of your time with your community faculty who will involve you in all facets of their practice which may include office, community work, hospital work or maternity care. This may be your first opportunity to work closely with a community physician in "the real world," so prepare yourself to **ask questions and familiarize yourself with aspects of the practice such as records, laboratory, and practice management**. Most of the teaching practices are group practices so you will be able to work with different physicians as directed by your community faculty.

You must do more than observe or "shadow" the physician. Please inform the clerkship office if you are only "shadowing" so that we can make sure that you have an active hands-on learning experience. Please **use your initiative** to get a full picture of the life of a modern family physician but respect the time and goodwill of the volunteer physicians, patients, and staff who are willing to contribute to your education.

Communicating with your Community Preceptor Faculty:

Your community faculty has received a copy of your goals and objectives for the course and other clerkship materials. On the first day in your community faculty's office, review these with him/her, clarify your responsibilities in the office, and check schedules. Encourage your community faculty to give you immediate and continuous feedback on your clinical skills and knowledge base. By the fourth week of the clerkship, your community faculty should complete a formal mid-clerkship review of your progress. Please return the signed form to Mary Hursey.

Finally, make every effort to stay in touch with your community physician mentors through and beyond medical school. They can be great help to you in planning for, and achieving your residency goals.

We try to make good matches, **but notify us as soon as possible if problems are emerging in your community faculty's office.**

Assessment:
Your preceptor will complete a standard KU Clinical Performance Review form to assist in determining your final grade for the clerkship. You should also receive mid-rotation feedback from your preceptor to aid you in improving throughout the clerkship. You will have an opportunity to evaluate your community preceptor as well.

On-Call Experience:

To ensure that you work with family physicians providing hospital and emergency care during the clerkship, you will have several types of on-call experiences with FM residents.

Wesley Short Call
You will complete one short call with the Wesley FM residents. This call will begin at noon on the day you are on call and will end at 7:00PM on that day. On the day that you are on call, please contact the operator and ask to have the "senior resident on for Wesley Family Medicine" paged. You can then agree on a spot to meet in the hospital. You will be doing adult inpatient and pediatric admissions as well as maternity care during this call. You will be expected to report to your community faculty's office on the day following this call.

Wesley Overnight Call
You will complete one overnight call with the Wesley FM residents. This call will begin at 7:00 PM on the day you are on call and will end at 7:00AM on the next day. On the day that you are on call, please contact the operator and ask to have the "senior resident on for Wesley Family Medicine" paged. You can then agree on a spot to meet in the hospital. You will be doing adult inpatient and pediatric admissions as well as maternity care during this call. You will be excused from your community faculty's office for the day once you complete call responsibilities at 7:00AM.

Via Christi (St. Joseph) Overnight Call
You will complete one overnight call with the Via Christi FM residents on the St. Joseph campus. This call will begin at 5:00PM on the day you are on call and will end at approximately noon the next day. On the day that you are on call, please contact the operator and ask to have the "senior resident on for Via Christi Family Medicine" paged. You can then agree on a spot to meet in the hospital. You will be doing adult inpatient admissions during this call. You will be excused from your community faculty's office from noon of the day you start call at 5 PM through the entire day you complete call at noon. This gives you opportunity to rest both the afternoon prior to night call and the afternoon post call.

The residency coordinators may be able to help you if you are having difficulty contacting your assigned residents. Their contact information (Call before 4:00PM) is as follows:

VIA CHRISTI	**WESLEY**
Betty Mitchem	Katie Kellerman
858-3562	962-3976
Marcia Beasley	Donna Wilson
858-3579	962-7088
	Christine Asher
	962-7915

Please emphasize to the Resident that you would like to **participate in all aspects of their on-call duty, and that they ARE NOT DOING YOU A FAVOR if they let you sleep through useful educational experiences**.

Please note that there are specific objectives and activities to complete during your call experiences. These are described in Appendix C.

Assessment:
Each resident will submit an evaluation of your participation and effectiveness while on call which will be used in calculating your final grade. You in turn will be asked to evaluate how well the resident involved you and taught you as you worked together.

Continuity Maternity Care Experience

The Continuity Maternity Care Experience is designed to broaden your understanding of maternity care in Family Medicine. You will be assigned to a patient whom you will follow with one of the Via Christi residents at the clinic on the St. Joseph campus or the St. Francis campus. You will be informed of when the patient's first visit during your rotation is. Thereafter you will be responsible for ascertaining when their future appointments are. Ideally you should do this at the end of each appointment you attend, as the patient often schedules their next appointment before leaving that day. You may also call the clinic to inquire about their subsequent appointments. You are expected to attend these with the patient. Further, you will be contacted when the patient presents in labor at the St. Joseph campus and should be an active part of her labor management and delivery. Finally, depending on her delivery date, you may also participate in the care of the newborn at their initial well child checks.

You will receive a letter from the Via Christi faculty which provides more details on your continuity maternity care experience. Please see this addendum for information on who to contact, where to report for visits and the names of the resident and patient with whom you have been paired.

Assessment:
The resident with whom you share this patient will submit an evaluation of your participation and effectiveness during the course of the experience that will be used to calculate your final grade. You in turn will be asked to evaluate how well the resident involved you and taught you as you worked together.

Community Experience

The Community Experience is designed to broaden your understanding of socio-cultural effects of health, by placing you in a clinical setting serving a vulnerable population. This experience will reinforce how health is affected by many factors and allow you to learn how to find resources while providing hands-on medical care.

You will be assigned to work at the JayDoc Community Clinic and/or JayDoc Clinic Outreach Program twice during the clerkship. JayDoc Community Clinic is located at the Guadalupe Clinic at 940 S. St. Francis. JayDoc Clinic Outreach Program is located north of the Lord's Diner at Broadway and Central (532 N Broadway.)

JayDoc Clinic Outreach Program doors open for staff at about 5pm. Please arrive by 5:15 for orientation. Will start seeing patients at 5:30pm. Please enter through the east side of the building, and you may park in the Lord's Diner parking lot on the east side as well. If you have any problems, call/text Claire Thomas at 913-449-8941.

JayDoc Community Clinic operates from 9 AM to 1 PM on Saturdays. You are expected to arrive and sign in by 8:30 for a pre-clinic meeting led by the JayDoc board member in charge and stay until all patients have been seen.
Patient Flow Process:

- Patients will be brought back by a pre-med student.
- Vitals are taken by a pre-med student in intake rooms.
- Patients ready to be seen will have charts placed in the door and the pre-med student will notify a medical student. When medical students are all seeing patients, the chart will be returned to the front desk and the patient will wait in the lobby.
- **Med student completes a History and Physical Exam.** Pre-med student observes.
- Med student presents the case to the attending physician.
- The patient visits with the attending physician.
- Formulate the diagnosis and treatment plan.
- Assist in arranging necessary lab tests, medications and referrals.
- Once all patient questions have been answered, set up follow-up appointment if necessary.

Lab: All lab work is done via AMS. You will need to give the patient the top order sheet with requested lab filled out in full. Keep the carbon copy in the chart.

Radiology: Radiology rotates among the three hospitals in Wichita; the executive board member supervising at the clinic will tell you which hospital to send the patient to. There are 3 forms to fill out: a hospital order sheet and two blue forms. Make copies of the 3 forms to keep in the chart before sending the master copies with the patient.

Medications: Some samples are available. Give samples first, then generic prescriptions, followed by prescriptions for brand name drugs. The process for logging medications will be explained at the clinic orientation. Only one month of medication should be given at a time. After a patient is stable on a certain dose, have him/her call Guadalupe Clinic the Monday following clinic to get enrolled in a pharmaceutical medication assistance program.

**Most important:* *If you have a question or need some help with something, there will always be an executive board member present from whom you can get some help. Also, when in doubt, copy all forms before giving them to the patient to keep them on file in the chart.*

Directions to JayDoc Community Clinic
From 135-S, take the Kellogg exit. Go west on Kellogg to Topeka. Go south on Topeka 2 blocks to Indianapolis, turn left (east) on Indianapolis and go 2 blocks to St. Francis, turn right (south) and the Guadalupe clinic is on the left side of the street. Park in the gravel parking lot north of the yellow house that is adjacent to the clinic, or on Gilbert St. just south of the clinic.

Assessment:
The supervisors for the JayDoc clinics will complete an evaluation of your performance. This is the ONLY evaluation which YOU need to distribute and you will find copies of the evaluation in your syllabus. The evaluation completed by the JayDoc supervisor will be used in calculating your final grade.

Didactics

These interactive sessions are designed to complement your patient care experiences by concentrating on key aspects of Family Medicine. The didactic sessions provide information in a variety of ways, from traditional lectures to small group case-based discussions. Prior to each session, complete the required readings and come prepared to participate and apply your reading to patient problems and procedures.

Attendance at all didactic sessions is mandatory.

Core clinical conditions
There is a set of core conditions listed in Appendix A. These are the conditions that are the focus of didactic sessions and assigned readings.

Assessment:
NBME Subject Examination. Seminar preparation and participation as assessed by the facilitator.

fmCASES

You will be asked to complete three fmCASES modules during the clerkship. These modules have been chosen to augment the information presented in the didactic sessions. Please complete each module by the assigned due date. The fmCASES can be found at http://www.med-u.org/virtual_patient_cases/fmcases To log-in to the cases you will need to click on the log-in to cases link. Then click on first time user to set-up your account. If you have already had pediatrics or internal medicine, your log-in information is the same as for the CLIPP or SIMPLE cases. Please log in early in the clerkship to ensure everything is working as expected. . Please complete the following cases:

1. Case #5- Ms. Waters. This case may be completed anytime during the clerkship.
2. Case #6- Ms. Sanchez. Please complete this case AFTER Dr. Moser's session on Chronic Disease Management.
3. Case #26- Mr. Cunha. This case may be completed anytime during the clerkship.

You may complete any other cases that interest you. The overview sheets for each didactic reference cases that may cover similar material to the didactic session and thus might be helpful for additional information or to review key concepts. However, you must complete the three cases listed above regardless of which other cases you choose to complete.

Assessment:
The completion of the required fmCASES is calculated into your final grade as a pass/fail component. You must complete the cases to receive a final grade for the clerkship.

Patient Encounter Logs

You are required to keep a log of all patients seen during the clerkship. You must log each patient encounter using the student logging program. Your log should be updated at least weekly. The log enables you to monitor your clinical experience throughout the clerkship in order to maximize

your learning. Just as clinicians must document clinical experience to receive privileges to care for patients, you must document your clinical experiences to receive a grade for this course.

The Department also uses the logs to monitor and improve the clerkship. At the midpoint and at the end of the rotation, a printed analysis of your data will be returned to you and shared with your community faculty.

Assessment:
The completion of the patient log is a calculated into your final grade as a pass/fail component. You must complete your patient logs to receive a final grade for the clerkship.

Mid-rotation feedback and check-in

Sometime during the 3rd, 4th, or 5th week of the clerkship you will be scheduled to meet with Dr. Mayans. You will have the opportunity to review how your clerkship experience is going. Your preceptor will be given the opportunity to check-in in person, by phone, or by email. There are certain situations where Dr. Mayans may choose to meet with preceptors in person, in which case she may meet with you at your preceptor's office. You will be notified of when and where you are to meet with Dr. Mayans. However, if you are experiencing problems or difficulties, please contact Dr. Mayans right away and do not wait until the mid-rotation feedback.

Standardized Patients

Although the community family physician's office is one of the richest environments for clinical learning during medical school, you will not predictably encounter some issues that are very important in family medicine. A number of key problems such a substance abuse, family dysfunction and violence, medical issues in sexual function, may not present in your community physician's office in such a way that you are fully involved and are able to take the initiative in their work-up. Therefore, we have developed a "standardized patient" program where selected people from the community are trained to portray important teaching cases in a consistent fashion. The cases are developed from our practices and accurately reproduce real scenarios. Each encounter is monitored by video and recorded for you to review later. This is a required but non-graded opportunity for you to improve your skills.

During the Family Medicine Clerkship you will see a total of 4 standardized patients during 2 formative standardized patient sessions. You will be asked to do an appropriate **focused** history, physical exam, and/or appropriate teaching for each patient. The details of the patient's vitals and your required exam are provided in a chart, along with a pad for notes, outside the exam rooms. You will have 15minutes to complete your interaction with the patient. You will hear an overhead message when you have 5 minutes to finish up. At the end of each interaction, you will have 15 minutes to complete a SOAP note. **Please read the instructions carefully and focus on the required tasks.** In some of the cases you are given more information than others, and the focus of the case may be primarily communication or patient education.

You are to examine and interact with each patient exactly as you would with a real patient. As you examine these patients, please remember that you should do what you feel is indicated in order to evaluate a patient with this problem. It will be up to you to decide what needs to be examined. With respect to possible abnormalities on physical examination, what you see is what you get. Abnormal findings may well be simulated. Please ***do not*** do sensitive exams including pelvic, male

genital, female breast, and rectal exams. If you think a sensitive exam is indicated in the evaluation of this patient, make it clear to the patient that you would like to do this exam, i.e., "Mr. Smith, I need to do a rectal exam," and the patient will provide you a card with the results. The patient should be adequately undressed, but you will need to drape them appropriately. Females will be wearing a bra, which will be treated as "skin."

At the conclusion of the session, the small group of students participating will meet with departmental faculty who have been monitoring the scenarios to discuss your findings, followed by video review and individual feedback. You will be evaluated according to your ability to effectively communicate with and relate to patients, your ability to gather historical information, perform appropriate physical examination, and to a smaller extent, to formulate differential diagnoses, plans and management. You will be given access to a recording of your encounters, which you are urged to view on your own time to evaluate your performance. The video-recording of each scenario is monitored and viewed by you and appropriate staff only. No other use of these tapes will be made without your permission.

To best utilize time and equipment for students, staff, and patients, scheduling has to be tight, so please follow the posted schedule.

Evaluation

Clinical Evaluation (50%)

One half of your final grade will be determined by your performance in clinical settings: your preceptor's office, JayDoc clinic, continuity maternity care visits and on call with residents. A copy of the evaluation forms for each of these activities can be found at the end of the syllabus. A single final composite Clinical Performance Rating (CPR) form will be completed based on all of the clinical evaluations of your performance.

We encourage you to review expectations with your supervising physicians and to seek out feedback on your performance to ensure that you are meeting expectations. Further, we encourage you to meet with evaluators to review ratings and additional feedback that may help you to continue to improve your performance. To assist you, we ask you to complete the weekly feedback card.

A minimum CPR score of 65 is required to pass the clerkship. Students who do not achieve a CPR score of 65 or more will receive a failing grade until they successfully complete a repeat clinical experience at which time their clerkship grade will be changed to "Satisfactory" if they passed all other elements of the course.

Projects and Participation in Clerkship Activities (20%)

Participation (5%)
Attendance is mandatory at all didactic sessions unless you obtain prior authorization. If you need to miss a didactic session for a continuity maternity care visit or delivery, you will be excused. However, you must let our staff know this ahead of time. You will receive a participation grade based on your level of preparation and meaningful participation in discussions and workshops. Several didactic sessions include specific homework assignments to bring to class from which your "level of preparation" grade is determined so pay attention to these assignments and their deadlines.

Paper: Biopsychosocial Care in Challenging Conditions (15%)
Family medicine is based on care that is contextual, comprehensive and continuous between physician and patient. Care that is delivered in this model allows a physician to develop an understanding of the factors that impact a patient's health or illness beyond only the biomedical manifestations of disease. The biopsychosocial model of care suggests that health or disease is impacted by biological, social and psychological factors—to ignore any one of these elements may significantly impair a physician's ability to best treat a patient.

For your Biopsychosocial Care in Challenging Conditions paper, you will need to identify a patient that you have encountered in your preceptor's office with at least one of the following conditions. They need to desire treatment or help with the condition.

- **Class II or greater Obesity (BMI $\geq$ 35kg/m^2)**
- **Insomnia (ongoing for more than 1 month)**
- **Chronic Pain**
- **Mild to moderate anxiety and/or depression**

Work with your community preceptor to choose a patient that will be agreeable to sharing an extended history with you. Then, schedule a time to see the patient and obtain the history and physical examination. You should coordinate this with the patient and your preceptor to ensure that you do not disrupt the flow of patients in the office, unexpectedly keep the patient in the office for an extended period of time, or allot less than adequate time to complete the assignment.

For this project you will need to complete and document a history that acknowledges the biological, psychological, and social factors contributing to their state of health, **with emphasis on the above chosen condition** (their obesity, insomnia, chronic pain, or anxiety/depression). Interview them about their experience with this issue, how it affects their health in other ways and/or affects their other chronic health conditions. Explore what treatments they have tried (or not tried) and what they have found that works, if anything. What barriers have they encountered to trying different treatment options?

History: Discuss how long they struggled with this problem, or how long they have been diagnosed with it. How has their control of it fluctuated over time? Where are they at right now? Include PMH, FH, Surgical History, Current Medications, Allergies, Social History.

Physical Exam: Not explicitly required. However if they do have physical ailments or findings related to your chosen problem, please document them.

You should document your findings using the format shown below. The format will help ensure that you complete all elements necessary. **Pay careful attention to bolded information**.

<u>Example History and Physical Documentation</u>

Chosen Condition:

State the condition you have chosen and a brief introduction of the patient and how you became acquainted with them. For example: “Mrs. S is a 49 year old female with morbid obesity whom I met in my preceptor’s office when she presented for evaluation of fatigue.”

History of Present Illness

Please document the pertinent information you obtained from the patient regarding their condition, as discussed above.

Past Medical History

List all active or resolved problems that are impacting the patient’s health and condition.

Past Surgical History

List surgeries that the patient has undergone with approximate year.

Medications

What medications does the patient currently take? Include over-the-counter, herbal, medications in addition to prescriptions. Also remember to include dose, frequency, and medical indication for each. Be careful with copy/paste. Please watch for duplications (generic and brand name on the list). **Please indicate which, if any, may be helping or hindering the condition you have chosen to explore.** For the example patient above:

Seroquel 200mg qHS for bipolar disorder

*Promotes weight gain

Allergies

What allergies does the patient have?

Social History

Does the patient have a history of tobacco, alcohol or drug use? What is their occupation? Where does the patient live and with whom? Are they in a long-term relationship? Do they have children? Have they previously served in the military—which branch? When? Okay to list these. Then, **reflect on how they and/or you see any of these things impacting their condition** you have chosen to explore in greater detail.

Family History

List a family standard history. **Please bold or otherwise mark those family members with the same condition in question as the patient**. If the patient is adopted, note this and still complete this with what they know of their adopted family.

Review of Systems is not required for this assignment.

Physical examination is not required, but acceptable to provide when pertinent findings exist.

For the next portion of your paper, please do a "deeper dive" into your chosen topic (obesity, insomnia, chronic pain, or anxiety/depression). Use reputable sources and cite them. Explore:

- Common/accepted *organic* causes/etiologies of the condition in question
- Common/accepted *societal or environmental* causes/etiologies
- Non-pharmacological treatments options and their level of evidence
- Pharmacologic treatment options and their indications and level of evidence
- Best evidence treatment plan (What is the best way to approach this problem for most problems? What should you try/consider first? When do you increase the intensity of treatment?)
- What resources does Wichita have for patients struggling with these conditions?

Reflection

For the final portion of your paper, please reflect on how you, your preceptor, and/or society treat patients with the condition you have chosen to explore. Has your patient experienced these reactions personally? After exploring this condition deeper and getting a more in depth picture of the life and circumstances of a patient with this condition, how will you try to approach patients with this problem differently in your practice in the future, whatever specialty your practice may be in? What lessons has this patient taught you that will help you become a better physician?

This paper is due by 8am on Monday of the last week of the rotation. The following rubric details the point values each section contributes to your final grade. Note that late assignments will be given a grade of zero. Please also note that any documentation that demonstrates carelessness such as significant spelling errors, poor grammar, etc will have up to 10% of the final grade on the assignment deducted.

Biopsychosocial Care in Challenging Conditions Grading Rubric

Student:_____

Subjective elements **(30 points)_____**

Condition/Patient intro
History of Condition
-How long they struggled with this problem
-Has their control of it fluctuated over time? Where are they at right now?
-What they have tried, what worked/did not work
-Barriers to obtaining or following through with different treatments
Past Medical and Surgical History
Medications and Allergies with note of medications possibly affecting the condition
Social History with reflection of how it affects the condition in question
Family History with note of family members struggling with same issue

"Deeper Dive" on Condition **(40 points)_____**

-Common/accepted organic causes/etiologies of the condition in question
-Common/accepted societal or environmental causes/etiologies
-Non-pharmacological treatments options and their level of evidence
-Pharmacologic treatment options and their indications and level of evidence
-Best evidence treatment plan
-Wichita resources

Reflection **(30 points)_____**

How has student/preceptor/society treated patient
How would student approach a similar patient in the future
Lessons learned to become a better physician

TOTAL (100 points)_____

Examinations (30%)

Objective Structured Clinical Examination (OSCE) (10%):

At the end of the Clerkship, you will participate in a clinical skills exam, or OSCE, in which you will be expected to demonstrate skills you have learned. Students who fail the OSCE will have to complete remediation with Dr. Mayans.

You will rotate through 7-9 stations that include:

3 standardized patient (SP) encounters, 15 minutes each. These will test your ability to perform an appropriate history and/or physical exam and/or patient communication regarding common problems in ambulatory care. These will be similar to the standardized patients sessions you have practiced on the clerkship, with problems that have been covered in your didactic material from the course. Expect to see patients who range in age from adolescence through elderly.

1 station in which you will write a SOAP note following the SP encounter.

1 station in which you will orally present an SP encounter to a faculty member as if presenting to your preceptor.

1 station in which you are to review laboratory, imaging, EKG tracings, or other diagnostic data related to a standardized patient encounter.

1 station in which you will perform a graded musculoskeletal examination of a specific joint or extremity.

Family Medicine Subject Examination (20%)

The NBME subject exam in Family Medicine is administered for this clerkship. Enthusiastically participating in the clinical care of patients, preparing for and contributing to the didactic sessions, and diligent, daily reading and studying are the best strategies for doing well on the exam.

A raw score of 58 (approximately the 5th percentile) or above is necessary to pass the Family Medicine Subject examination.

- Students who fail the exam will receive a "Failing" grade for the clerkship. The exam must be repeated before beginning fourth year. If a passing mark is scored on the exam the student receives a "Satisfactory" grade.
- Students who fail the exam twice must repeat the clerkship.

If you have had difficulty with NBME subject exams, please contact the Clerkship Director early in the clerkship for assistance.

Patient Encounter Log (Pass/ Fail)
You are required to keep a log of all patients seen during the clerkship. You must log each patient encounter using the logging program. Failure to log will result in you not receiving a clerkship grade until all logging is completed.

fmCASES (Pass/ Fail)
You are required to complete three fmCASES during this clerkship. Failure to complete the cases will result in you receiving a failing grade.

Evaluation Breakdown

Clinical Evaluation (50%)	
Preceptor Evaluation	35%
JayDoc Clinic Evaluations	15%
Resident On-call Evaluations	
Continuity Maternity Care Visit Evaluations	
Projects and Participation (20%)	
Biopsychosocial Care in Challenging Conditions Paper	15%
Participation	5%
Exams (30%)	
National Board Subject Examination (Highest of FC raw, FC %ile, FCCM raw, FCCM %ile)	20%
Objective Structured Clinical Exam (OSCE)	10%
Other Requirements	
Patient Encounter Logs	Completion (Pass/Fail)
fmCases	Completion (Pass/Fail)

GRADING
The final clerkship grade is awarded as follows:

90 to 100% **Superior**
Additional Requirements:
- Minimum CPR evaluation score of 85%
- Minimum raw NBME subject exam score of 68 *
- Satisfactory completion of ALL required assignments

80 to <90% **High Satisfactory**
- Meets all requirements for "Satisfactory"

65 to <80% **Satisfactory**
- Minimum CPR evaluation score of 65%
- Minimum raw NBME subject exam score of 58 **
- Satisfactory completion of ALL required assignments

< 65% **Fail**
- OR fails to meet ALL requirements of "Satisfactory"

* approximately 40th percentile
** approximately 5th percentile

Your Evaluation of Us

We value your feedback. There are many opportunities to provide written and verbal feedback during the clerkship. Please feel welcome to drop into the Department at any time. The Clerkship office staff are available to assist you. The Clerkship Faculty make themselves as available as possible, including for spontaneous drop-in visits. If you don't find us in our offices, please ask to schedule an appointment. You may contact any of the faculty using electronic mail or phone at 293-2607.

You may contact Dr. Mayans directly(See Contact Information Sheet–page). She welcomes such calls, particularly when you would like to discuss scheduling problems or personal issues that may limit your full participation in scheduled activities.

Learning Resources

Texts:

Essentials of Family Medicine, 6th Ed., by Sloane PD, et al., the recommended text, is readily available. You may borrow a copy of this text from the Department beginning on day 1 of the Clerkship.
There are many other options. Unless you have unlimited funds, we would not recommend that you go out and buy a new Family Medicine text.

Textbook of Family Practice	Rakel, editor
Family Medicine: Principles and Practice	Taylor, editor
Fundamentals of Family Medicine	Taylor, editor
Current Diagnosis and Treatment in FM	South-Paul, editor
Procedures for Primary Care Physicians	Pfenninger, editor
Art and Science of Bedside Diagnosis	Sapira, editor
20 Common Problems in Primary Care	Weiss, editor (out of print, but available on EBay)

Some didactics may have reading assignments in addition to Sloane. These may be accessed through JayDocs. All required reading assignments for the clerkship activities are noted on the overview sheet for each didactic session.

Your community faculty may recommend specific readings beyond the list of your required reading for the course. Daily reading about the cases you see in the FM office is your best study method.

Board Preps:
BluePrints: Family Medicine
NMS: Family Medicine
McGraw-Hill: Family Practice Examination and Board Review

Online:
www.familypractice.com
www.mdchoice.com
www.aafp.org
http://www.aafp.org/online/en/home/publications/journals/afp.html
www.jfponline.com
www.AccessMedicine.com
www.dynamicmedical.com (DynaMed)

Study Questions
Guiding questions to study the core conditions of this clerkship are in Appendix B pg 37. This may be helpful to you on the NBME subject examination which is a national standardized exam. If you have other study method or resources, you may choose to do these instead.

POLICIES AND PROCEDURES

Guidelines for Clinical Activities by Medical Students

Medical students rotate in clinical settings to learn all aspects of patient care, including obtaining patient histories, performing thorough physical examinations, formulating differential diagnoses, learning to make decisions based on appropriate laboratory and radiological studies and procedures, interpreting results of special studies and treatment, communicating with patients on all aspects of disease and prognosis and communicating with members of the health care team.

To this end, the medical student may participate in the following activities:

1. Access patients to obtain a medical history, perform a physical exam, and follow the inpatient and /or outpatient course.
2. Access the patient's entire medical record, including laboratory reports, x-ray reports, etc.
3. Perform appropriately supervised procedures as authorized by the patient's attending physician. For procedures such as drawing blood that the student has been trained for and declared competent in, the student may draw blood and perform independent of direct supervision.
4. Perform basic laboratory studies such as urinalysis, under appropriate supervision and review.
5. When the student is clinically prepared, write orders for specific patients. All of the orders written by a medical student must be reviewed and countersigned by the responsible resident or attending physician before forwarding to the nursing service.
6. Write progress notes that the responsible resident or attending physician will review and countersign.

Students **CANNOT:**

1. Write orders independently, without review and counter-signature by the responsible faculty member or resident.
2. Be the primary line of communication in the critical value reporting process.
3. Have sole responsibility for communicating vital patient related information to the patient or family members.

http://www.kumc.edu/som/medsos/GuidelinesforClinicalActivitiesbyMedicalStudents.html

Student Duty Hours

Students are not allowed to write orders without explicit approval and oversight by a licensed physician, are not responsible for patient care activities, and do not perform procedures on patients without direct, on site, close supervision by a licensed health care provider. As a result, student fatigue will not lead to patient care errors or misjudgments. While students must learn that high quality patient care requires personal sacrifice including, at times, loss of regular sleep patterns, erratic meal times, and absence from customary social events and personal recreation, they must strive to discover compensatory strategies to maintain physical and mental health, as well as appropriate social and personal relationships. Therefore, the following standards must be followed by students, faculty, and staff:

1. Students will not be asked or encouraged to provide professional services without appropriate supervision.
2. Students must be instructed on the signs and consequences of sleep impairment and emotional fatigue.
3. Students must be provided resources to address the causes and correction of sleep deprivation and/or emotional fatigue.
4. Students must not spend more than 80 hours a week, averaged over a four week period, in the School of Medicine patient care related environments, classroom activities, or other structured educational programs. This does not include time that students may elect to study outside the formal, structured, scheduled learning environment. Students may elect to volunteer time at other health care facilities that are not part of their assigned clerkship experience, but must monitor the affect of such activities on their mental alertness.
5. Student assignment for 24-hour ”call” experiences should be scheduled based on student learning requirements and not on any service needs of the institution. Certain types of learning opportunities arise more frequently in the overnight hours and resource availability is often modified during late night and morning times. The student will learn about the unique aspect of health care that occurs at that time of the 24-hour day/night cycle. It is advisable that the supervising faculty/residents provide the student with 4-5 hours of continuous sleeping time if the educational opportunities are not critical to the student’s learning. If extremely valuable learning opportunities override the opportunity for student rest and/or sleep during the 24-hour call time block, the faculty/residents should monitor the student’s alertness and ability to participate in the learning program. If the student’s learning is compromised because of fatigue or sleep deprivation, they should be allowed to rest.
6. Students must have adequate, private sleeping facilities at every teaching site in which 24-hour call activities occur. These facilities must be available to the student 24 hours a day.
7. If a student feels that s/he may be at risk when operating a motor vehicle because of fatigue or sleep deprivation, they should obtain sleep at the on-site call room before departing the premises or ask someone to take them home. The faculty must encourage the student to avoid driving if they feel the student is impaired because of fatigue or sleep deprivation.
8. Students must have, at least, one weekend (from 5 p.m. Friday evening until 7 a.m. Monday morning) free of all formal activities associated with a clerkship every 4 weeks.
9. Faculty (and residents) must monitor students for symptoms and signs suggestive of impairment (including learning impairment) due to sleep deprivation and/or emotional

fatigue. The faculty must advise the student appropriately if such observations are confirmed.

10. Faculty must notify the Associate Dean of Student Affairs of any student who suffers continued, persistent signs of sleep deprivation or emotional fatigue.
11. Students should notify the Associate Dean of Student Affairs if they feel their learning is impaired due to sleep deprivation or emotional fatigue.

http://www.kumc.edu/som/medsos/StudentWorkDutyHours.html

Request for Grade Review

Grades are personal and confidential information that will only be discussed with the student (and other persons with the student's written permission and in the student's presence) in a clerkship director's office. Students who wish to request a grade review must follow this procedure:

Submit your request for a grade review in writing (email acceptable) to the Clerkship Director within one month from the day the grades are posted. In your letter, specifically describe your rationale for requesting a grade review. The clerkship director will acknowledge the receipt of your request in a letter. Do NOT contact the person(s) who awarded you the evaluation you are contesting. The clerkship director will consider your appeal and respond in writing to you within 2 weeks.

If you are dissatisfied with the decision, you may appeal to the Chairman of Family and Community Medicine. Submit your request to his office in writing within one month from the date on the Clerkship Director's response letter. Be specific in describing your rationale for dissatisfaction with the Clerkship Director's decision. The Chairman will consider your request and respond in writing within one month. You may be asked to meet with the Chairman. If you are dissatisfied with the decision you must follow the procedures as outlined by the Office of Student Affairs.

Additional Guidelines for Students

Academic Accommodations

It is the policy of KUMC to accommodate students with disabilities, pursuant to federal and state law. Any student with a disability who needs an accommodation, for example in arrangements for exams, note taking, or access to events should contact, Cyn L Ukoko @ cukoko@kumc.edu, in the Academic Accommodations Services Office (1020C Student Center), 913-945-7035, as soon as possible to better ensure that such accommodations can be implemented in a timely fashion. Online appointments may also be made at https://medconsult.kumc.edu. For online information about academic accommodations, please go towww.kumc.edu/accommodations.

Learning Environment

The KU School of Medicine (SOM) is committed to educating students in an environment that fosters optimal learning, a spirit of collegiality, mutual respect, and open communication (i.e. a positive "learning environment"). While the vast majority of KU SOM students experience a positive learning environment, you may either experience or witness events that run counter to this goal. KU takes violations of our learning environment standards (see web links below) seriously. Any faculty member, the KU SOM administration (specifically the OSA), the Vice Chancellor of Students, or the Equal Opportunity Office can be approached with concerns about mistreatment or an adverse learning environment.

http://www.kumc.edu/school-of-medicine/osa/policies-procedures-and-manuals/faculty-student-relationship-standards.html
http://www.kumc.edu/school-of-medicine/osa/academic-standards/academic-and-professional-behavior.html

Follow All HIPAA Rules

As a member of the healthcare team you must ensure patient confidentiality at all times. This means you must only disclose patient information to individuals who are directly caring for a patient. You can also only access/read the charts of patients with whom you have a therapeutic relationship. If you write down or record electronically a patient's personal health information, make certain that information is kept secure.

Dress Code

Students must wear a name badge, white coat, closed-toe shoes, and appropriate professional dress at all times. **For the didactic sessions wear appropriate professional attire (i.e., no jeans or shorts) unless specifically directed otherwise**.

Email and Pager Use

Students will receive email at their KUMC email address from the clerkship coordinator throughout the clerkship. Check your email at least once a day for messages. Students must have a functional pager or mobile phone, with the number recorded at the clerkship office. You are expected to respond to mobile calls immediately and to pages within 15 minutes.

Absences, Emergency Situations, and Illnesses

The clerkship director will consider requests for absences due to unexpected or planned situations. All requests for approved absences must be in writing with the date(s) of the requested absence, the reason for the absence, the activity's location and time (include airline flight information if flying), and your proposal for making up the time. Do not arrange travel until you have written approval from the clerkship director. You will be required to make up the time missed.

If an **emergency** occurs (e.g., auto accident) between 8:00 AM-5:00 PM during working days, telephone the clerkship office immediately instead of sending an email message that may not be read until later in the day. Describe the situation to the clerkship coordinator. The coordinator will contact the clerkship director. The clerkship director may approve up to three (3) days excused absence without loss of clerkship credit. Students approved to be absent for more than three days will receive an "I" (incomplete) and must make up the lost time.

If an emergency occurs outside of normal working hours, the student is to call or page the Clerkship Director for instructions (see Contact Information). Students must inform the clerkship office if they are too ill to participate in clerkship activities. Students who are ill for more than one day must be evaluated by a physician. The physician must write an excuse saying the student cannot participate in clerkship activities for a specific number of days due to an illness. The student must give the clerkship coordinator or site coordinator that written excuse before rejoining the clerkship.

Attendance

You must be on time and present for all clerkship activities. If you must be absent, phone the Clerkship Office. If a change occurs in your clerkship schedule (e.g., preceptor is ill) immediately call the Clerkship Office.

Professionalism

The Department of Family and Community Medicine requires that clerkship students behave and dress in ways that positively reflect on the clerkship and the medical school. If a student behaves (e.g., is chronically tardy) or dresses in an unprofessional matter or behaves unethically (e.g., violates patient privacy or confidentiality) the clerkship director will assess the situation and award a grade and/or narrative that they deem appropriate on the student's grade letter.

Patient Presentations and Notes

Present each patient you see to an attending or resident. Your notes, though vital for learning and contribute to patient care, cannot be used for billing. So, ask your preceptor where he/she would like you to write your notes. Ask for feedback on your notes!

Write your notes in this problem-oriented (SOAP) format

Subjective: Provide historical data.

Objective: State physical examination and laboratory data.

Assessment: Show your thought processes and tell how you arrived at your diagnosis instead of simply stating the diagnosis.

Plan: List medications, instructions (including patient education), and follow-up plans. Outline your assessment and plan before talking with a faculty member or resident.

Patient Notes in the Electronic Health Record

When you are in clinic you may have the opportunity to use the electronic health record for patient documentation. You should treat this electronic documentation carefully and with the same respect as with paper documentation

Chaperones

A supervising faculty preceptor or resident should be in the room when you perform pelvic, female breast, rectal and male genital exams. If your preceptor feels you can do this without his/her supervision, use a chaperone. If you sense that you need a chaperone for a non-intimate exam, ask for help.

Administrative Offices and Contact Information

Please contact the office if you have a question about the clerkship or a non-emergency issue that can be handled during normal working hours. The clerkship's office is open between 8:00 AM - 5:00 PM, Monday - Friday.

	Email	**Office**
Mary Hursey	Mhursey@kumc.edu	(316) 293-2607

Emergency Contact Information

Regardless of clinical site, you may contact the clerkship director if you have an emergency outside of normal working hours.

	Email:	Mobile (use 1st):	Alternate:
Dr. Laura Mayans	lmayans@kumc.edu	316-570-1218	316-882-6161

APPENDIX A

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Table 1. Common Acute Presentations

Family physicians provide first contact care in multiple settings. Although many types of physicians provide first contact care, learning elements of the family physician approach benefits every medical student regardless of his/her future career choice. Those elements include:

- Prior knowledge of the patient
- Multiple settings with different diagnostic prevalence
- Multi-purpose visits
- Staged diagnostic approach
- Opportunity for follow-up care

Specific Acute Presentations

Upper respiratory symptoms*	Dysuria*
Fever	Low back pain*
Sinus symptoms*	Shoulder pain and injury
Sore throat	Knee pain and injury
Earache*	Ankle pain and injury
Red or painful eye	Common skin rashes* – poison ivy/oak; allergic; fungal; pityriasis
Cough	Skin lesions* – actinic keratosis, seborrheic kerotosis, keratoaconthoma, SCC, BCC, inclusion cyst, wart
Chest pain	Skin infection* – abscess, cellulitis
Palpitations	Leg swelling – DVT
Shortness of breath / wheezing	Unexplained weight loss
Abdominal pain	Fatigue
Acute diarrhea	Dementia – delirium or mental status change – change to symptom
Nausea and vomiting	Male urinary symptoms* – BPH, prostatitis (dysuria)
Pelvic pain	Vaginal irritation/discharge*
Headache*	1st trimester bleeding
Dizziness and vertigo	Abnormal vaginal bleeding, non-pregnant
Insomnia/sleep problem	Missed period(s)

*Target for patient encounter log.

Table 2. Common Chronic Diseases

Family physicians provide a large portion of the chronic disease management in the United States. Although many types of specialists contribute to chronic disease management, every student benefits from learning about chronic disease management in a family physician's office. Important characteristics of chronic disease management provided by family physicians include:

- Co-morbidities
- Co-management with specialists
- Continuity
- Relationship with the patient

Specific Chronic Presentations

Specific Chronic Presentations

Diabetes*
Hypertension*
Hyperlipidemia*
Asthma*
Arthritis*
Osteoporosis
COPD*
Depression*
Anxiety*
Substance use, dependence, and abuse*

Chronic Pain
Back Pain*
Chronic Headaches*

Medically unexplained symptoms/somatization

Domestic Violence
Fatigue*
Obesity*
Congestive Heart Failure*
Coronary artery disease*
Metabolic syndrome
Gastro Esophageal Reflux Disease*
Eczema*
Acne*
Contraception*

Menopausal Symptoms
Sexual dysfunction
Care of patients with uncommon diseases/syndromes - (Down's, Turner's, other)

*Target for patient encounter log.

Table 3. Health Maintenance and Disease Prevention

Health maintenance is an essential component of every person's health care. Family physicians provide health maintenance to patients of every life stage and both genders. Family physicians provide health maintenance in at least three ways: during office visits for health maintenance, during office visits for another purpose and outside of office visits in partnerships with community agencies or public health officials. Important characteristics of preventive care provided by family physicians include:

- Evidence-based
- Individualized
- Opportunistic
- Prioritized

Specific Health Maintenance and Disease Prevention Topics/Presentations

Prevention visits

- Well Child*
- Well Adolescent / preparticipation sports exam*
- Well Woman*
- Well Adult Man*

Screening, including principles of screening

- Colon, cervical, breast, prostate cancer
- CVD (obesity, BP, lipids)
- Type 2 DM
- Substance use and abuse
- Sexually transmitted infections
- Osteoporosis
- Depression
- Violence
- Literacy

Chemoprophylaxis

- Immunizations
- Aspirin

Counseling

- Weight reduction
- Smoking cessation

Health promotion

- Exercise, activity, nutrition and diet
- Safe sexual practices
- Healthy relationships
- Positive thoughts, outlooks and attitudes
- Balanced existence and lifestyle
- Healthy stress management
- Healthy pregnancy and birth outcomes
- Travelers health
- Healthy social and physical environments
- Social, occupational, spiritual, physical, intellectual, emotional wellness
- Life cycle/anticipatory guidance
- End of life decisions

*Target for patient encounter log.

Table 4. Patient Centered Medical Home (PCMH)

Per Kansas law, a "medical home" is "a health care delivery model in which a patient establishes an ongoing relationship with a physician or other personal care provider in a physician-directed team, to provide comprehensive, accessible and continuous evidence-based primary and preventive care, and to coordinate the patient's health care needs across the health care system in order to improve the quality and health outcomes in a cost effective manner." (KSA 75-7429)
The Agency for Healthcare Research and Quality (AHRQ) has divided elements of the medical home into five "domains" (separate but related concepts) and three "foundational supports," (underlying systems to allow the domains to work):
Domains:

Comprehensive Care:	The personal physician leads a team of individuals at the practice level who collectively take responsibility for the ongoing care of patients.
Patient-Centered Care:	The medical home provides relationship-based care that is whole person oriented, including care management as a key ingredient.
Coordinated Care:	The care is coordinated and/or integrated across all elements of the complex health care system and the patient's community, particularly during transitions between sites of care.
Accessible Services:	The medical home delivers care that is readily accessible and responsive to the needs and preferences of its patients.
Quality and Safety:	The medical home employs a systems-based approach to quality assessment and improvement and to safety that includes evidence-based decision-making, patient participation, and population health management.

Foundational Supports:

Health Information Technology (IT):	Health IT supports the PCMH through collection, storage, and management of personal health information to improve processes and outcomes of care and supports communication, clinical decision-making, and patient self-management.
Workforce:	A strong primary care workforce is critical to providing the benefits of PCMH to the population as a whole.
Finance:	Payment appropriately recognizes the added value provided to patients who have a patient centered medical home.

Table 5: Family Medicine Clerkship Logging Targets

Logging Diagnosis Group	Diagnoses	Target
Generalized Infectious Disease		*5*
	Viremia	3
Blood/Immune Disease		*1*
	Anemia, other	1
Endocrine/Nutritional/Metabolic		*25*
	Diabetes mellitus	10
	Fluid/electrolyte/acid base disorder	1
	Hyperlipidemia	8
	Obesity	8
	Thyroid disorder	3
Mental/Behavioral Disorder		*15*
	Anxiety disorder	1
	Child/adolescent disorder (ADHD, developmental)	1
	Mood disorder	8
	Substance disorder, alcohol	1
	Substance disorder, tobacco/nicotine	3
Nervous system (NS, Neuro)		*10*
	Headache	3
	Peripheral NS disorder (neuropathy, neuralgia)	1
Eye/ Ear/Mastoid		*2*
	Otitis	1
Circulatory (Cardiovascular, CV)		*20*
	Heart failure	1
	Hypertension	15
	Ischemic heart disease; MI	1
	Vein/lymphatic disease	1
Respiratory (Pulm)		*12*
	Acute bronchitis/pneumonia	1
	Asthma/COPD	3
	Upper respiratory infection (rhinitis, sinusitis, tonsillitis/abscess)	5
Digestive (GI)		*10*
	Abdominal pain	1
	Constipation/IBS	1
	Esophageal reflux (GERD)	2
	Oral/jaw disease	1
Skin (Derm)		*10*
	Acne	1
	Dermatitis/dermatosis	1
	Hair/nail disease	1
	Infection, bacterial (cellulitis, impetigo, abscess)	1
	Keratosis, actinic/seborrheic	2
	Mycosis (tinea, candida)-	1
	Viral wart	1

	Skin lesion removal/biopsy/destruction	2
	Suture repair wound/laceration	1
Musculoskeletal (Ortho)		*15*
	Degenerative joint disease (Osteoarthritis)	3
	Knee pain	2
	Low back pain	2
	Osteoporosis	1
	Joint sprain/strain	2
	Shoulder pain	1
	Tendonitis/tenosynovitis	3
	Splint application	1
Genitourinary (GU)		*10*
	Breast problem, benign	1
	Cervical dysplasia	1
	Contraception	2
	Cystitis/lower UTI	2
	Menstrual disorder	1
	Prostate hyperplasia (BPH)	1
	Sexually transmitted infection	1
	Vaginitis/vulvitis	1
	Exam, breast	3
	Exam, digital rectal	3
	Exam, pelvic	3
Pregnancy/Delivery (Ob)		*1*
Symptoms & signs, not elsewhere classified		*5*
	Abnormal lab test	1
	Abnormal imaging/x-ray	1
	Fatigue/malaise	1
Special Factors/Well Care		*12*
	High risk history	1
	Well adolescent/adult	8
	Well child	3

Table 6: Family Medicine Clerkship Core Procedures

	Core Experience
Exam, Breast	3
Exam, Digital Rectal	3
Exam, Pelvic	3
Immobilize with cast/splint or collar	1
Incision and Drainage (I&D)	
Injection/Aspiration of Joint	
Laceration Repair	1
Skin Lesion Removal/Biopsy/Destruction	2
Wound Care/Dressing Change	1
Endoscopy	
Intra-thoracic surgery	
Intra-abdominal surgery	
Orthopedic surgery	
Spontaneous vaginal delivery	
Instrumented vaginal delivery	
C-section delivery	
Pelvic surgery	
Thoracentesis/chest tube	
Paracentesis	
Central venous line placement	
Lumbar puncture	
Cardiopulmonary resuscitation	
Intubation	
Arterial blood gas collection	
Foley catheter insertion	
Vasectomy	
Colposcopy	
Circumcision	
Newborn resuscitation	

APPENDIX B

Study Questions for Core Conditions 37

Supplementary Readings on Core Topics.....47

Study Questions for Core Conditions

Listed below are the conditions we expect you to see and study during the family medicine rotation. We have included some questions to guide your independent study. Good places to look for information include: Up-to-Date and American Family Physician (www.aafp.org). Many answers are in the designated readings.

Sinusitis

1. What are the difference in presentation, evaluation, and treatment of chronic and acute sinusitis?
2. When is imaging appropriate for sinusitis?
3. When should you consider antibiotic therapy for sinusitis?

Allergic rhinitis

4. What are the characteristic physical findings of patients with allergic rhinitis?
5. What are the main treatments for allergic rhinitis?

Pharyngitis

6. What are the characteristics that make pharyngitis more likely to be streptococcal?
7. What are the dangerous sequela of untreated streptococcal pharyngitis?
8. What is the treatment of choice for streptococcal pharyngitis?

Upper resp. infection

9. What are the common organisms that cause upper respiratory infections?
10. What are the classes of medications used for symptomatic therapy?
11. What is the evidence for their effectiveness?

Cerumen impaction

12. What are the methods to resolve a cerumen impaction?

Otitis media

13. What are the physical findings that are most predictive of otitis media?
14. What is the typical curve for the tympanogram in otitis media?
15. What are the common causative agents?
16. What are the main risk factors for recurrent otitis media in children?
17. What are the dangerous complications of otitis media, how common are they, and how do you recognize them?
18. What are the main treatments for otitis media?

Otitis externa

19. What are the common organisms for otitis externa?
20. How is it treated?

Serous otitis

21. How does this differ from otitis media and externa?
22. What is the management?

Acute bronchitis

23. What are the common agents that cause acute bronchitis in different age groups?
24. How is acute bronchitis treated?
25. How does this differ from treating an acute exacerbation of chronic bronchitis?

Asthma

26. How do you classify asthma severity?
27. What is an asthma action plan and how do you design one?
28. What classes of medication are used to treat asthma?
29. How do you treat an acute exacerbation of asthma?
30. What do pulmonary function tests typically look like in asthma at different stages?

COPD/chronic bronchitis

31. How do you diagnose COPD and chronic bronchitis?
32. What are the treatment strategies (risk factor modification, medications, etc) and which ones extend life as opposed to treat symptoms?

Chronic cough

33. What are the common causes of chronic cough?
34. What is the algorithm to diagnose chronic cough?
35. What are the treatments for each of the common causes of chronic cough?

Hypertension

36. How is HTN staged?
37. What are the acceptable initial therapies (lifestyle modifications, single med, multiple med) for each stage of HTN?
38. What are the classes of medications for HTN and how does each one work?
39. What are the first line medications?
40. What are special considerations and which classes of medications are recommended for these?

Coronary artery disease

41. How do you define typical angina, atypical angina, and non-cardiac chest pain?
42. What is pretest probability and how is this concept useful in evaluating patients for coronary artery disease?
43. What are the different tests available to evaluate coronary artery disease and what are the advantages/disadvantages of each one?
44. Does the USPSTF make any recommendations for screening for coronary artery disease?
45. What are the risk factors for CAD?
46. What are the treatment options for CAD and what factors are considered when determining what type of treatment is optimal?
47. What are the EKG findings that demonstrate old infarcts and acute ischemia or infarct?
48. Which people (age, gender, risk factors) benefit from aspirin therapy to prevent heart attacks? Which people have more harm than benefit?

Congestive heart failure

49. What are the physical exam findings common to congestive heart failure?
50. What are the main history complaints in patients with CHF?
51. What are the common radiographic and EKG findings for people with CHF?
52. What are the common causes of CHF?
53. What is the staging system for CHF?
54. How do you manage the symptoms of CHF? (lifestyle, medications, etc)
55. How do you monitor therapy?
56. What is BNP and when is it useful?

Chest pain

57. What are 10 causes of chest pain and how do they differ (epidemiology, presentations, test results, management)?
58. How do you treat chest pain in your office that you believe may be cardiac?

GERD

59. How is GERD diagnosed?
60. What are the dangerous complications of GERD and which patients are at the highest risk?
61. What are the treatment strategies for GERD?
62. What are the diagnostic tests used in GERD?
63. Which patients need diagnostic testing?
64. What is the difference between GERD and dyspepsia?
65. What role does H. pylori play in GERD?

Peptic ulcer disease

66. What is the common presentation of peptic ulcer disease?
67. What is the role of H. pylori in PUD?
68. What are the “test and treat” and “early EGD” work-up strategies for PUD? Which patients are appropriate for each strategy?
69. What are the different types of testing for H. pylori and the advantages/disadvantages of either?
70. What are the common treatment strategies?

Gastroenteritis

71. What are the common causes of gastroenteritis in different age groups?
72. What characteristics make gastroenteritis more likely to be bacterial?
73. How do you treat viral and bacterial gastroenteritis?

Irritable bowel syndrome

74. How is IBS diagnosed?
75. What are the differences between IBS and inflammatory bowel disease?
76. How is IBS treated?

Obesity

77. How is obesity diagnosed?
78. Should obesity be treated? (Does it increase morbidity or mortality?)
79. What are the weight loss goals when treating obesity?

80. What are the Adkins, South Beach, Mediterranean, Low glycemic index, Low fat, and moderately deficient caloric diets?

Abdominal pain

81. What are the common causes of upper abdominal pain, how do you differentiate among them, and how does the differential diagnosis vary for acute vs. chronic complaints?
82. What are the common causes of lower abdominal pain, how do you differentiate among them, and how does the differential diagnosis vary for acute vs. chronic complaints?
83. What is the initial management for each of the conditions in questions 80 and 81?

Urinary tract infection

84. What are the typical symptoms for urinary tract infections, and how do they differ in the very young and very old?
85. What other conditions can present with dysuria, frequency or polyuria and how do you differentiate among them?
86. What are the common findings on the urine analysis?
87. What is the difference among uncomplicated UTI, complicated UTI, pyelonephritis, and interstitial cystitis?
88. What are the common organisms causing UTI in the different age groups?
89. When should you treat asymptomatic bactiuria and why?
90. Which antibiotics are used to treat UTI in children? Pregnant women? Women? Men? Older adults?

Prostatism

91. What are the presenting symptoms for prostatitis and for prostatism?
92. What are the common organisms associated with prostatitis at various patient ages?
93. What are the typical treatments for prostatitis and prostatism?

Diabetes mellitus type II

94. How do you diagnose type 2 diabetes mellitus?
95. What are the features of a diabetes diet?
96. What are the 5 classes of oral medications for diabetes mellitus and how do they work?
97. What is the initial therapy of type 2 diabetes mellitus (lifestyle changes, medications, recommended screening, primary/secondary/tertiary prevention)
98. What are the glycemic, blood pressure, and cholesterol goals in type 2 diabetes mellitus?
99. What are the different types of insulin, their onsets of actions and peak activity?
100. What are the complications of poor glycemic control?

Hypothyroidism

101. What are the common causes of hypothyroidism?
102. What are the laboratory tests used in hypothyroidism?
103. What is the standard therapy?

Hyperlipidemia

104. What are the recommended cholesterol levels according to the Adult Treatment Panel III?
105. What are the different classes of medications used to treat hyperlipidemia and what are the average percent reductions for each class?
106. Who should be screened for high cholesterol according to the USPSTF?

Metabolic syndrome

107. How is metabolic syndrome diagnosed (according to the ATP III)? FYI the World Health Organization also has a definition.
108. What is the recommended treatment strategy?

Vaginitis

109. What are the common causes of vaginitis in children, sexually active women, and older women?
110. How do we differentiate between causes?
111. What are the treatments for each cause?

Sexually trans. Infection

112. Who should be routinely screened for STDs (and which STDs)?
113. What are the standard treatments for gonorrhea, Chlamydia, syphilis, herpes?

Contraception

114. What are the different types of barrier methods and best use effectiveness?
115. What are the hormonal types of contraception and their best use effectiveness?
116. What are the different types of oral contraceptives?
117. What are the common side effects from estrogen and progesterone and how would you change OCPs to address those side effects?
118. What are the permanent and mechanical types of contraception?
119. What is emergency contraception?

Pelvic exam/Pap smear

120. Who should have a pap smear based on the USPSTF? How often?
121. Who should have a pelvic exam based on the USPSTF?
122. Do women who do not have a uterus need a pap smear?

Abnormal Pap smear

123. What are the classifications of an abnormal pap smear?
124. How does HPV status make a difference in managing an abnormal pap smear?
125. When does a patient need a colposcopy?

Dysfunct. uterine bleeding

126. What is abnormal menstrual bleeding?
127. What are the causes of abnormal uterine bleeding?
128. How do you evaluate abnormal uterine bleeding?
129. If abnormal uterine bleeding is found to be dysfunctional uterine bleeding, what are the treatments?

Pelvic pain/dysmenorrhea

130. What are the common causes of chronic pelvic pain?
131. What are the treatments?
132. How is a biopsychosocial approach to care important for this condition?

Menopause/HRT

133. What was the Women's Health Initiative study and what were the key findings?
134. What are the advantages and disadvantages of hormonal replacement therapy?
135. What are the physiologic changes of menopause?
136. What alternative medications are being used to alleviate symptoms of menopause? How are alternative medications evaluated for safety and efficacy? How are they regulated?

Breast exam/mass

137. What are the main causes of breast masses in different ages? Early adolescence, young women, older women?
138. What is fibrocystic breast disease?
139. What is the workup of breast masses in different ages?

Conjunctivitis

140. What are the main types of conjunctivitis and how do they differ?
141. How do you treat each type of conjunctivitis?
142. How would you tell the difference between conjunctivitis and iritis?

Headache

143. What are the main types of headaches?
144. What are the treatment strategies for each of those types?
145. What are the signs of a dangerous headache? Who needs imaging for a headache?

Dizziness

146. What is the difference between lightheadedness (pre-syncope) and vertigo?
147. What are the common causes of pre-syncope?
148. What are the common causes of vertigo?
149. What are the treatments for each type?

Depression

150. What are the common presentations of depression at different ages?
151. What are the differences among major depression, dysthymia, seasonal affective disorder, and bereavement?
152. How do you assess suicide risk?
153. What are the classes of medication used to treat depression?
154. What are the common side effects of each class of medication?

Alcohol abuse/addiction

155. How do you screen for abuse/addiction?
156. What are the different stages of substance use?
157. What are the outpatient treatments available for alcohol detoxification?
158. Who is a good candidate for outpatient alcohol detoxification and who may need inpatient detox?

159. What substances can be dangerous when stopped suddenly? Patients with addictions to which substances should be detoxed?

Anxiety

160. What are the differences between generalized anxiety disorder and panic disorder?
161. How is each of these diagnosed and treated?

Low back pain

162. What is the difference between acute and chronic low back pain?
163. What are the common causes of acute low back pain?
164. What are the “red flags” of acute low back pain?
165. What physical exam findings are associated with L4, L5, and S1 nerve root irritation?
166. Which patients with acute low back pain should have imaging and what type of imaging?
167. What are the treatment strategies for the common types of acute low back pain?
168. What are the treatment strategies for the common types of chronic low back pain?
169. What are the different classes of medications used in chronic pain management and the advantages/disadvantages of each one?

Ankle sprain

170. What are the Ottawa ankle rules and how do you apply them when evaluating an ankle injury?
171. What are the ankle ligaments that are typically injured in an ankle injury?
172. What are the common fractures that can be associated with an ankle injury?
173. How do you treat an ankle sprain?

Knee pain

174. What are the mechanisms of action associated with ACL tears, PCL tears, and meniscus injuries?
175. How do you test the integrity of the ACL, PCL, medial collateral and lateral collateral ligaments?
176. How do you test the meniscus?
177. What are the causes of chronic knee pain in different age groups? Children? Older adults?

Neck pain

178. What is whiplash, how does it occur, and how is it treated?
179. What are the causes of chronic neck pain?
180. What specific physical exam findings are associated with cervical nerve root irritation?

Osteoarthritis

181. How does osteoarthritis differ from other types of arthritis?
182. What are the treatments for osteoarthritis and common complications of each?

Actinic keratosis

183. How would you describe actinic keratosis using dermatology terminology?

184. What are the treatments?

Seborrheic keratosis

185. How would you describe seborrheic keratosis using dermatology terminology?
186. What are the treatments?

Acne

187. What are the 3 mechanisms responsible for acne?
188. What are the different types of medications used for acne?
189. How do you determine which type of medication to use?

Wart

190. What are the different types of treatments for common warts?
191. What causes genital warts and can patients prevent transmission?
192. What are the treatments for genital warts?

Nevus/skin neoplasm

193. What are the characteristics of an abnormal nevus?
194. What are the types of biopsies used in skin surgery?
195. What are three types of skin cancer and how are they different in appearance?
196. What are the risk factors for skin cancer and how can they be prevented?

Tinea

197. How does tinea appear on different parts of the body and different colors of skin?
198. What does tinea look like on a KOH slide?
199. How do we treat tinea on different parts of the body?

Skin infections

200. What are the common organisms that cause skin infections? (fungal, viral, and bacterial)
201. What are the differences among cellulitis, folliculitis, abscesses?
202. What are the antibiotics used for the common bacterial skin infections?

Ingrown nail

203. How can people prevent ingrown toenails?
204. When does an ingrown toenail require antibiotics? Removal?

Dermatitis/rash

205. What are macules, papules, nodules, plaques?
206. How can rhus dermatitis (poison ivy rash) be distinguished from other forms of dermatitis?
207. What does the poison ivy plant look like at different times of the year?

Lac. repair/suture removal

208. What forms of topical anesthesia are available?
209. When is the addition of epinephrine to topical anesthesia indicated? Contra-indicated?
210. What type of suture is indicated for laceration repair based on location or other wound factors?

Wound dressing change

211. What types of wound dressings are available and what are the indications for each?
212. What are the stages of decubitus ulcers? What treatments are indicated for each?

Anemia

213. How is anemia classified?
214. How do you work-up each class of anemia?
215. What are the potential complications of iron therapy?

Well child visit

216. What are the main components of a well-child visit?
217. What immunizations are recommended currently?
218. What are the leading causes of death for children of different ages?
219. How is development screened?

Adult preventive visit

220. What is the difference among primary, secondary, and tertiary prevention?
221. What is the USPSTF?
222. What are the three categories clinical prevention?
223. What do the grades of recommendations mean?
224. What are the recommendations for men and women under 25, 25-65, and over 65?

Immunization

225. What are the immunizations recommended for all adults?
226. Which adults should have the influenza or pneumococcal vaccine?

Smoking cessation

227. What are the 5 A's of smoking cessation?
228. What strategies are available to treat tobacco use?
229. What are the different types of nicotine replacement and how would you instruct someone in using each type?

Fatigue

230. What are the common causes of fatigue and how would you evaluate a patient with fatigue?
231. How is a biopsychosocial approach to care important for this condition?

Supplementary Readings on Core Topics

Topic	Core conditions	Online resource
Upper Respiratory Problems	Sinusitis	Acute bacterial rhinosinusitis in Adults http://www.aafp.org/afp/20041101/1685.html http://www.aafp.org/afp/20041101/1697.html (optional)
	Allergic rhinitis	Allergic rhinitis in Current Diagnosis and Treatment on Access Med (optional)
	Pharyngitis	Pharyngitis http://www.aafp.org/afp/20040315/1465.html
	Upper resp. infection	
	Cerumen impaction	Current Diagnosis and Treatment on Access Med (optional)
	Otitis media	Tympanometry http://www.aafp.org/afp/20041101/1713.html Acute otitis media I and II http://www.aafp.org/afp/20000401/2051.html http://www.aafp.org/afp/20000415/2410.html (optional)
	Otitis externa	Current Diagnosis and Treatment on Access Med
	Serous otitis	Current Diagnosis and Treatment on Access Med
Lower Respiratory Problems and Cough	Acute bronchitis	Diagnosis and Management of Acute Bronchitis http://www.aafp.org/afp/20020515/2039.html
	Asthma	Childhood Asthma: Treatment Update http://www.aafp.org/afp/20050515/1959.html
	COPD/chronic bronchitis	COPD: Diagnostic considerations http://www.aafp.org/afp/20060215/669.html
	Chronic cough	Evaluation of the Patient with Chronic Cough http://www.aafp.org/afp/20040501/2159.html
Metabolic Syndrome and Complications	Metabolic syndrome	Metabolic Syndrome: Time for Action http://www.aafp.org/afp/20040615/2875.html
	Diabetes mellitus type II	Glycemic control in type 2 Diabetes Mellitus: initial treatment Glycemic control in type 2 Diabetes Mellitus: persistent… www.uptodate.com
	Hypertension	JNC VII Express http://www.nhlbi.nih.gov/guidelines/hypertension/express.pdf
	Hyperlipidemia	USPSTF: Screening for lipid orders in adults http://www.ahcpr.gov/Clinic/uspstf/uspschol.htm Treatment of Cholesterol Abnormalities http://www.aafp.org/afp/20050315/1137.html
Atherosclerosis and heart failure	Chest pain	Diagnosing the cause of Chest Pain http://www.aafp.org/afp/20051115/2012.html
	Coronary artery disease	Contemporary management of angina: Risk Assessment http://www.aafp.org/afp/991201ap/2543.html
	Congestive	Does this dyspneic patient in the ER have CHF? (PDF)

	heart failure	Outpatient treatment of systolic heart failure http://www.aafp.org/afp/20041201/2157.html
Musculoskeletal	Low back pain	Diagnosis and management of acute low back pain http://www.aafp.org/afp/20000315/1779.html
	Ankle sprain	Evaluating the patient with an ankle or foot injury http://www.aafp.org/afp/20041015/poc.html
	Knee pain	Evaluation of patients presenting with knee pain I and II http://www.aafp.org/afp/20030901/907.html http://www.aafp.org/afp/20030901/917.html
	Neck pain	Evaluation of the patient with neck pain www.uptodate.com
	Osteoarthritis	Clinical manifestations of osteoarthritis Pharmacologic treatment of osteoarthritis www.uptodate.com

Common Dermatology conditions	Actinic keratosis	Actinic keratosis (optional) www.uptodate.com
	Seborrheic keratosis	Benign neoplasms of the skin (optional) www.uptodate.com
	Acne	Diagnosis and treatment of acne (optional) http://www.aafp.org/afp/20040501/2123.html
	Wart	Cutaneous warts: an evidence-based approach to therapy http://www.aafp.org/afp/20050815/647.html (optional)
	Nevus/skin neoplasm	Overview of melanoma Overview of non-melanotic skin cancers www.uptodate.com
	Tinea	Dermatophyte infections http://www.aafp.org/afp/20030101/101.html
	Skin infections	Treatment of cellulits Impetigo, folliculitis, furunculosis, and carbuncles www.uptodate.com (optional)
	Dermatitis/rash	Dermatitis www.uptodate.com
Abnormal menses and pap smears	Pelvic exam/Pap smear	USPSTF Screening for cervical cancer http://www.ahcpr.gov/Clinic/uspstf/uspscerv.htm
	Abnormal pap smear	ASCCP algorithms http://www.asccp.org/pdfs/consensus/algorithms.pdf
	Dysfunct. uterine bleeding	Abnormal Uterine Bleeding http://www.aafp.org/afp/20040415/1915.html
	Pelvic pain/dysmenorrhea	Dysmenorrhea http://www.aafp.org/afp/20050115/285.html

Dysuria	Urinary tract infection	Evaluation of dysuria in adults http://www.aafp.org/afp/20020415/1589.html
	Vaginitis	Management of vaginitis http://www.aafp.org/afp/20041201/2125.html
	Sexually trans. Infection	Update on the prevention and treatment of STDs http://www.aafp.org/afp/20030501/1915.html
Common Abdominal Complaints	GERD	Medical management of GERD in adults www.uptodate.com
	Peptic ulcer disease	Diagnosis of peptic ulcer disease Overview of the natural history and treatment of PUD www.uptodate.com
	Gastroenteritis	Approach to the patient with acute diarrhea www.uptodate.com
	Irritable bowel syndrome	Diagnosing the patient with abdominal pain and altered bowel habits: is it irritable bowel syndrome? http://www.aafp.org/afp/20030515/2157.html
	Abdominal pain	Differential diagnosis of abdominal pain in adults www.uptodate.com

APPENDIX C

Student performance evaluations

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KU School of Medicine – Year 3 Clinical Performance Rating
2016-2017

Student: _____ Evaluator: _____ Campus: **KC** **W** Date: _____

Clerkship: Geriatrics Neurology Psychiatry Ob/Gyn Peds Fam. Med. Int. Med. Surgery Other: _____

DIRECTIONS: Circle the statement that best describes the student's performance in each category as compared with your expectation of a 3rd year student.

Patient Care: Student is achieving competencies necessary to care for patients at the beginning of residency.	**Unsatisfactory***	**Satisfactory**	**High Satisfactory**	**Superior****	**Unable to evaluate**
Obtains accurate history from patients/family (PC-1)	Disorganized, shows little effort, incomplete, inaccurate	Elicits appropriate data; mostly accurate & complete	Elicits appropriate data, complete and organized	Consistently conducts a very well organized and thorough history that exceeds at least 75% of 3rd year students	Not Observed
Appropriately examines patients, using correct techniques and instruments (PC-1)	Incorrect or unnecessary exams, inaccurate findings	Satisfactorily identifies key findings accurately in most cases	Performs accurate exams and routinely identifies key findings	Consistently performs accurate exams with identification of key findings that at least 75% of 3rd year students would miss	Not Observed
Develops a prioritized differential diagnosis and/or problem list based on patient assessment (PC-2)	Assessment incomplete/inaccurate	Assessment adequate but problem identification not well prioritized	Routinely formulates accurate, prioritized assessments	Assessment skills exceed those observed in at least 75% of 3rd year students	Not Observed
Selects and interprets diagnostic tests based on scientific evidence and patient considerations (PC-3)	Inappropriate/incorrect tests selected; unable to accurately interpret results	Tests selected are appropriate with adequate interpretation in most cases	Routinely selects correct tests and accurately interprets results	Consistently selects appropriate tests, very accurate interpretation skills that exceed at least 75% of 3rd year students	Not Observed
Uses sound problem-solving strategies to propose initial patient management plans (PC4)	Unable to propose plans that adequately and safely address patient needs	Plans are adequate but incomplete	Proposes plans using sound problem-solving strategies	Proposes plans that are unusually thorough and sound for level of training	Not Observed
Assesses and addresses disease prevention/health promotion for individual patients (PC5)	Inadequately or inaccurately addresses prevention/health promotion	Uses accurate prevention/health promotion but misses opportunities with patients	Makes prevention/health promotion a routine part of patient evaluation	Addresses prevention/health promotion more effectively than at least 75% of 3rd year students	Not Observed
Performs selected investigations and technical skills correctly and with attention to patient safety and comfort (PC-6)	Limited or poor skills	Skill adequate for 3rd year student but significant opportunity for improvement	Routinely demonstrates skill at or above expected for 3rd year student	Consistently demonstrates skill that exceeds at least 75% of 3rd year students	Not Observed

COMMENTS: *For **ALL** Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.*

Medical Knowledge: Students will apply	**Unsatisfactory***	**Satisfactory**	**High Satisfactory**	**Superior****	**Unable to**

scientific knowledge in the logical diagnosis and management of medical problems and promotion of health.					**evaluate**
Accesses updated, reliable, high-quality scientific information in order to support clinical decisions (MK1)	Unable to access and/or evaluate the quality of scientific information	Able to access reliable information but application to clinical decisions could be improved	Reliably accesses and applies high-quality information to support clinical decisions	Capability to access, assess, and apply scientific information to clinical decisions exceeds at least 75% of 3rd year students	Not Observed
Provides evidence for their diagnostic and management decisions based on application of medical knowledge and clinical reasoning (MK2)	Does not appear to know relevant scientific or clinical information	Aware of relevant information and proposes ideas for application in patient care	Routinely demonstrates relevant information and proposes logical applications for patient care	Evidence base and clinical reasoning consistently exceed at least 75% of 3rd year students	Not Observed

COMMENTS: *For **ALL** Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.*

Professionalism: Students will integrate altruism, accountability, excellence, duty, service, honor, integrity, and respect for others into all aspects of care.	**Unsatisfactory***	**Satisfactory**	**High Satisfactory**	**Superior****	**Unable to evaluate**
Demonstrates professionalism in clinical and educational activities (P1)	Student demonstrates unprofessional attributes	Satisfactorily demonstrates professionalism but significant opportunity for improvement	Routinely demonstrates professionalism	Consistently demonstrates exemplary professionalism; beyond that of at least 75% of 3rd year students	Not Observed
Forms appropriate professional relationships with patients from diverse backgrounds (P2)	Student appears insensitive or disrespectful	Satisfactorily demonstrates an awareness of patient needs and attempts to meet them	Flexibly forms appropriate professional relationships with diverse patients	Readily forms professional relationships with diverse patients beyond the ability of at least 75% of 3rd year students	Not Observed
Recognizes and addresses personal limitations or behaviors that might affect their effectiveness as a physician (P3)	Misses important cues and/or demonstrates behaviors that adversely impact their effectiveness	Adequate insight; no serious behavior concerns	Consistently recognizes personal limitations and readily accepts feedback to improve	Insightful and proactive in developing behaviors to become more effective than at least 75% of 3rd year students	Not Observed

COMMENTS: *For **ALL** Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.*

Interpersonal & Communication Skills: Students will communicate effectively and appropriately with patients, patient family members, colleagues, other health professionals, and relevant others as a basis for trusting, collaborative relationships to promote optimal health outcomes.	**Unsatisfactory***	**Satisfactory**	**High Satisfactory**	**Superior****	**Unable to evaluate**
Communicates effectively with patients and patient families (ICS1)	Unable to effectively communicate with patients and families	Satisfactorily demonstrates effective communication with patients/families but significant opportunity for improvement	Routinely demonstrates effective communication with patients and families	Consistently demonstrates effective communication with patients/families beyond the ability of at least 75% of 3rd year students	Not Observed
Conducts culturally competent clinical encounters (ICS2)	Culturally rigid; unable to adapt communication style	Aware of cultural concerns but demonstrates limited adaptation to patient needs	Routinely uses adaptive communication style(s) to meet patient/family needs	More culturally competent than at least 75% of 3rd year students	Not Observed
Provides concise, accurate, prioritized verbal summary of patient situations to supervisors and other members of the health care team (ICS3)	Disorganized; student is unable to present and prioritize appropriately	Demonstrates satisfactory ability to present patients with adequate prioritization	Routinely demonstrates ability to accurately present patients with appropriate prioritization	Consistently demonstrates patient presentations with ability beyond that of at least 75% of 3rd year students	Not Observed
Creates, maintains, and uses appropriate confidential records of clinical encounters using standard terminology and formats (ICS4)	Documentation is incorrect, inappropriate, or inadequate	Documentation of patient encounters is timely, accurate, and adequately organized	Documentation of clinical encounters is routinely timely, accurate, appropriate, and well organized	Documentation of encounters is consistently more timely, accurate, appropriate, and well organized than at least 75% of 3rd year students	Not Observed

COMMENTS: *For **ALL** Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.*

Systems-Based Practice: Students will prepare to function effectively in teams and within organizations. They will be aware of and responsive to community health issues and apply community and other resources to medical problems for individual patients and groups.	**Unsatisfactory***	**Satisfactory**	**High satisfactory**	**Superior****	**Unable to evaluate**
Demonstrates effective participation in a health care team (SBP1)	Ineffective team member and/or does not participate with the team.	Adequately assumes role as a team member.	Participation with the health care team is appropriate and effective.	Consistent team participation exceeds that of at least 75% of 3rd year students	Not Observed
Adapts appropriately to the priorities, opportunities, and constraints of this clinical setting (SBP2)	Rigid or unaware of complexities of this clinical setting	Aware of complexities of this clinical setting and adapts adequately	Routinely aware of and adapts to the complexities of this clinical setting	Adapts more fluidly to the complexities of this clinical setting than at least 75% of 3rd year students	Not Observed
Incorporates organizational, financial, and health systems factors into clinical decision-making (SBP3)	Does not account for system factors in clinical decision-making	Able to articulate system factors but inconsistently considers them	Routinely considers system factors in clinical decision-making	Incorporates system factors more effectively than at least 75% of 3rd year students	Not Observed

COMMENTS: *For **ALL** Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.*

Practice-Based Learning and Improvement: Student will demonstrate critical and analytic thinking, awareness of the limitations of their knowledge and skills, and commitment to continuous learning and improvement.	**Unsatisfactory***	**Satisfactory**	**High Satisfactory**	**Superior****	**Unable to evaluate**
Refines diagnoses, management strategies, and prognosis as conditions evolve in the ongoing care of patients (PBL1)	Does not refine diagnoses and management strategies as patient conditions require	Refines diagnoses and management strategies as patient conditions require for safety but not necessarily optimal care	Routinely refines diagnoses, management strategies, and prognosis as conditions evolve	Anticipates and refines diagnoses, management strategies, and prognosis as patient conditions evolve better than at least 75% of 3rd year students	Not Observed
Accepts and provides constructive feedback (PBL2)	Does not accept feedback or provides destructive feedback to others	Accepts and provides feedback adequately but less than optimally	Accepts feedback and improves performance as an outcome; provides constructive feedback to others	Seeks out feedback and uses it to enhance performance more effectively than at least 75% of 3rd year students; consistently provides constructive feedback to others	Not Observed
Critically reflects on patient care activities, using analysis of experiences to improve performance (PBL3)	Lacks insight to improve performance	Reflects adequately for patient safety	Routinely reflects critically on patient care experiences and improves performance	Reflects on patient care experiences and improves performance more effectively than at least 75% of 3rd year students	Not Observed
COMMENTS: *For **ALL** Unsatisfactory or Superior ratings, the evaluator must provide supporting evidence/examples.*					

The general impression rating below is optional and may include impressions other than those summarized above. This is NOT a final grade. The final clerkship grade is a combination of the above clinical ratings and other clerkship activities as outlined in the clerkship syllabus.

GENERAL IMPRESSION OF STUDENT'S CLINICAL PERFORMANCE			
Unsatisfactory*	Satisfactory	High Satisfactory	Superior**

Required comments that may be used for Chair's and/or Dean's Letter	**General comments not intended for Chair's and/or Dean's Letter**
*** Please list specific action steps to improve** **** Please list specific examples of how student was superior**	

By signing below you are indicating that the ratings above were discussed with the student.

Signatures: Student_____ Evaluator_____ Date_____

Status: [ ] Faculty Member, [ ] Resident, [ ] Other: _____

Please returned completed evaluation to the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita, 1010 N Kansas, Wichita, KS 67214 or FAX to 293-2696

KU School of Medicine – Mid-Rotation Feedback

Student: _____ Evaluator:_____ Campus:**KC** **W** Date of rotation:_____
Geriatrics Family Med. Internal Med. Neuropsychiatry Obstetrics/Gynecology Pediatrics Surgery Other:_____

Competency	Insufficient exposure to evaluate / NA	Borderline / Does not meet expectations	Meets expectations	Exceeds expectations	Comments / Learning or Growth Plan
Patient Care: History taking skills, physical exam skills, clinical reasoning, etc.					
Medical Knowledge: Applied basic science knowledge, general medical knowledge, knowledge of disease processes, etc.					
Practice-based Learning: Interest in and ability for self-evaluation, insight, initiative, use of information resources.					
Interpersonal & Communication Skills: Rapport with patients, relationships with staff, listening skills, written communication skills, oral presentations, etc.					
Professionalism: Reliability, dependability, honesty, integrity, respect for patients and others, ethics.					
Systems-based Practice: Understanding of the role and contribution of health care team members, understanding of the systems of health care.					

Strengths:	**Areas for Improvement**

By signing below you are indicating that the above information was discussed with the student.

Signatures: Student_____ Evaluator_____
Please returned completed evaluation to the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita, 1010 N Kansas, Wichita, KS 67214 or FAX to 293-2696

KU School of Medicine – JayDoc Community Clinic Preceptor Evaluation of Student

Student:_____ Date:_____ Arrival time:_____ JayDoc Board Member signature _____

Competency	Insufficient exposure to evaluate / NA	Unsatisfactory	Satisfactory	High Satisfactory	Superior	Comments / Learning or Growth Plan
Patient Care: History taking skills, physical exam skills, clinical reasoning, etc.						
Medical Knowledge: Applied basic science knowledge, general medical knowledge, knowledge of disease processes, etc.						
Practice-based Learning: Interest in and ability for self-evaluation, insight, initiative, use of information resources.						
Interpersonal & Communication Skills: Rapport with patients, relationships with staff, listening skills, written communication skills, oral presentations, etc.						
Professionalism: Reliability, dependability, honesty, integrity, respect for patients and others, ethics.						
Systems-based Practice: Understanding of the role and contribution of health care team members, understanding of the systems of health care.						

Strengths:	**Areas for Improvement**

Signature: Preceptor _____

Please returned completed evaluation to the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita, 1010 N Kansas, Wichita, KS 67214 or FAX to 293-2696

KU School of Medicine – Resident On Call Evaluation of Student

Student: Resident:

Date of Call:

☐ Wesley Family Medicine ☐ Via Christi St. Joe Family Medicine ☐ Salina

Competency	Insufficient exposure to evaluate / NA	Unsatisfactory	Satisfactory	High Satisfactory	Superior	Comments / Learning or Growth Plan
Patient Care: History taking skills, physical exam skills, clinical reasoning, etc.						
Medical Knowledge: Applied basic science knowledge, general medical knowledge, knowledge of disease processes, etc.						
Practice-based Learning: Interest in and ability for self-evaluation, insight, initiative, use of information resources.						
Interpersonal & Communication Skills: Rapport with patients, relationships with staff, listening skills, written communication skills, oral presentations, etc.						
Systems-based Practice: Understanding of the role and contribution of health care team members, understanding of the systems of health care.						
Professionalism: Reliability, dependability, honesty, integrity, respect for patients and others, ethics.						

Strengths:	**Areas for Improvement**

Resident Signature: _____

Please returned completed evaluation to the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita, 1010 N Kansas, Wichita, KS 67214 or FAX to 293-2696

KU School of Medicine – Continuity Maternity Care Experience Resident Evaluation of Student

Student: Resident:

Competency	Insufficient exposure to evaluate / NA	Unsatisfactory	Satisfactory	High Satisfactory	Superior	Comments / Learning or Growth Plan
Patient Care: History taking skills, physical exam skills, clinical reasoning, etc.						
Medical Knowledge: Applied basic science knowledge, general medical knowledge, knowledge of disease processes, etc.						
Practice-based Learning: Interest in and ability for self-evaluation, insight, initiative, use of information resources.						
Interpersonal & Communication Skills: Rapport with patients, relationships with staff, listening skills, written communication skills, oral presentations, etc.						
Systems-based Practice: Understanding of the role and contribution of health care team members, understanding of the systems of health care.						
Professionalism: Reliability, dependability, honesty, integrity, respect for patients and others, ethics.						

Strengths:	**Areas for Improvement**

Resident Signature: _____

Please returned completed evaluation to the Department of Family and Community Medicine, University of Kansas School of Medicine-Wichita, 1010 N Kansas, Wichita, KS 67214 or FAX to 293-2696

Call Objectives

Objectives
The following are the specific clerkship objectives that the residents will use to evaluate performance during the call experiences.

Upon completion of these call experiences, students should be able to:

Patient Care

- Perform a focused history and physical exam for a patient who presents for admission to the hospital (PC-1).
- Generate a differential diagnosis and initial diagnostic strategy for the most common acute complaints that present for admission to the Family Medicine inpatient service (PC2)
- Develop a logical approach to an undifferentiated problem. (PC2)

Medical Knowledge

- Access sources of information at the point of care, and interpret and use this data in real time. (MK1)

Interpersonal and Communication Skills

- Demonstrate proper communication skills during a patient encounter (opening, engage, empathy, educate, enlist, closing). (ICS1)
- Accurately present patient findings to a supervising physician. (ICS3)
- Consistently show respect for patient's dignity and rights, including confidentiality. (P2)
- Consistently display honesty and ethical behavior. (P1)
- Consistently demonstrate dependability by being punctual and reliable. (P1)
- Recognize own limitations and seek opportunities to grow. (P3)

Practice Based Learning and Improvement

- Develop an answerable clinical question from a patient encounter. (PBL3)
- Accept and provide constructive feedback to/from faculty, residents, staff, patients, peers, and course director. (PBL2)

Systems Based Practice

- Make positive contributions to patient care by working collaboratively with office staff, community faculty, and patients. (SBP1)
- Reflect on determinants of health—the psychosocial, cultural, family, and community impacts on health. (SBP3)

APPENDIX D

Student's evaluation of clerkship activities

Each seminar and/or workshop 61

Student of Resident and Faculty 63

SEMINAR/WORKSHOP EVALUATION

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: Derm Procedures
Form: Student Evaluation of Seminar

Please answer the following questions.

How relevant was the material covered in this seminar/workshop? *(Question 1 of 6 - Mandatory)*

N/A	Not Helpful				Very Helpful
0	1	2	3	4	5

What new skills did you learn from this seminar/workshop? *(Question 2 of 6)*

How would you rate the style/effectiveness of the seminar/workshop? *(Question 3 of 6 - Mandatory)*

N/A	Poor				Excellent
0	1	2	3	4	5

What did you like most about the seminar/workshop? *(Question 4 of 6)*

What changes would you recommend? *(Question 5 of 6)*

Additional comments *(Question 6 of 6)*

Student of Resident and Faculty Evaluation

Subject:
Evaluator:
Site:
Period:
Dates of Activity:
Activity: *Evaluation Preview
Form: Student of Resident and Faculty

Please rate for each item below.

(Question 1 of 7)

	PROFESSIONALISM:	Never	Rarely	Sometimes	Usually	Always	Unable to rate
1.	Demonstrated respect for patients and their families.	1.0	2.0	3.0	4.0	5.0	0
2.	Demonstrated respect for all members of the health care team.	1.0	2.0	3.0	4.0	5.0	0

(Question 2 of 7)

	IPC (FEEDBACK):	Never	Rarely	Sometimes	Usually	Always	Unable to rate
1.	Provided timely feedback about my performance.	1.0	2.0	3.0	4.0	5.0	0
2.	Provided constructive feedback about my performance.	1.0	2.0	3.0	4.0	5.0	0

(Question 3 of 7)

	COMMUNICATION:	Never	Rarely	Sometimes	Usually	Always	Unable to rate
1.	Demonstrated effective communication with patients and families.	1.0	2.0	3.0	4.0	5.0	0
2.	Demonstrated effective communication with all members of the health care team.	1.0	2.0	3.0	4.0	5.0	0

3.	Demonstrated appropriate communication with me.	1.0	2.0	3.0	4.0	5.0	0

(Question 4 of 7)

PBLI (TEACHING SKILLS):		**Never**	**Rarely**	**Sometimes**	**Usually**	**Always**	**Unable to rate**
1.	Communicated concepts clearly.	1.0	2.0	3.0	4.0	5.0	0
2.	Provided guidance so I could find the appropriate answers to my questions.	1.0	2.0	3.0	4.0	5.0	0
3.	Was enthusiastic about teaching.	1.0	2.0	3.0	4.0	5.0	0
4.	Overall, was an effective teacher.	1.0	2.0	3.0	4.0	5.0	0

(Question 5 of 7)

SYSTEMS-BASED PRACTICE:		**Never**	**Rarely**	**Sometimes**	**Usually**	**Always**	**Unable to rate**
1.	This person treated me as part of the health care team.	1.0	2.0	3.0	4.0	5.0	0

(Question 6 of 7)

OVERALL:		**Never**	**Rarely**	**Sometimes**	**Usually**	**Always**	**Unable to rate**
1.	This is a physician I would like to emulate.	1.0	2.0	3.0	4.0	5.0	0

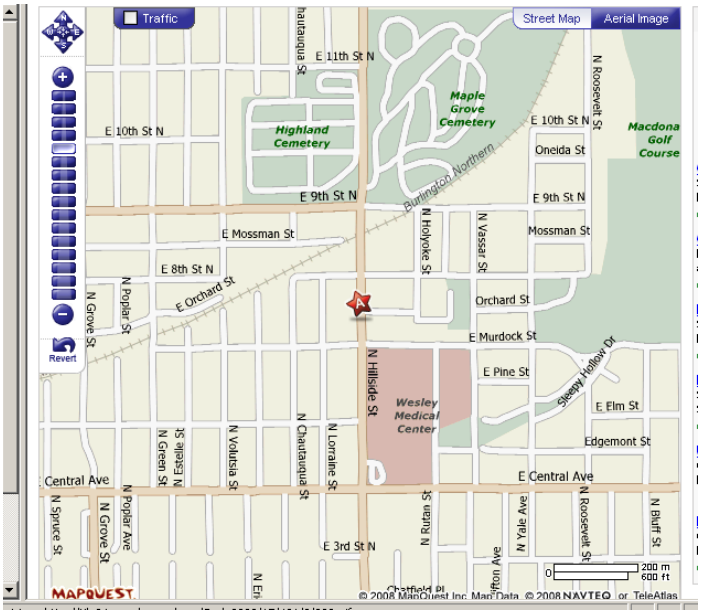
Resident/Faculty Comments: *(Question 7 of 7)*

APPENDIX E

Maps

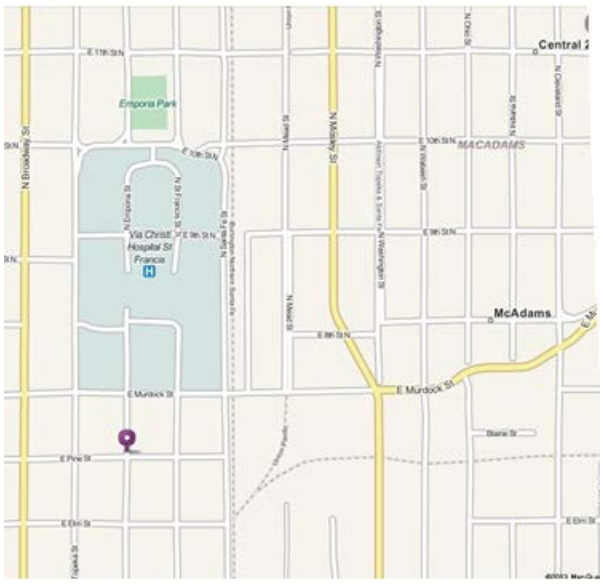
Via Christi Family Medicine Residency Program
St. Joseph Campus (1121 S Clifton).....66

Wesley Family Medicine Residency Program
850 N Hillside.....66



Wesley Family Medicine Residency Program
850 N Hillside

Via Christi St. Joseph Family Medicine Campus
1121 S Clifton



Via Christi St. Francis Family Medicine Campus
707 N Emporia

Guadalupe Clinic 940 S St. Francis