A. Clerkship information-

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<tr>
<th>Director</th>
<th>Phone</th>
<th>Office</th>
<th>Campus</th>
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<tbody>
<tr>
<td>Rick Kellerman MD</td>
<td>316-293-2607</td>
<td>Family and Community Medicine</td>
<td>KUSM-Wichita</td>
</tr>
<tr>
<td>Assistant Director</td>
<td>n/a</td>
<td>n/a</td>
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<tr>
<td>Clerkship Administrator</td>
<td>316-293-2607</td>
<td>Family and Community Medicine</td>
<td>KUSM-Wichita</td>
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B. Overview of Clerkship

Family medicine is the foundational medical specialty that plays a critical role in robust high-functioning cost-effective healthcare systems. Family physicians deliver many types of care (acute, preventive, chronic and end-of-life) to individuals of all ages who live in a variety of diverse communities through a range of practice styles.

Nearly one in four – 208 million - of all office visits in the United States are made to family physicians, nearly 83 million more than the medical specialty with the next highest number. Family physicians provide more care to America’s underserved and rural populations than any other medical specialty and family medicine is important in urban and suburban areas as well. Health care systems with a broad base of family physicians have better mortality rates, better morbidity rates, better preventive care, better care of chronic illness, better quality of care indicators and better patient satisfaction, all at less cost, compared to highly subspecialized systems.

The family medicine clerkship is unique at the University of Kansas School of Medicine – Wichita because you will spend the majority of your eight weeks in the practice of a family physician focusing on ambulatory family medicine, specifically visits for acute care, undiagnosed new problems, chronic disease management, prevention and health maintenance. The 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, family, community and cultural influences affect an individual’s health. During the rotation, watch as your preceptor employs the biopsychosocial approach to patient care, providing access to comprehensive, coordinated, continuity of care within the context of the family and community.
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 family physician where they evaluate patients under direct supervision and recommend management. This practice experience is enhanced by case-based seminars, interactive presentations, skill-based workshops, simulation/standardized patients and hospital call. Evaluation is based on assessment by clinical supervisors, project completion, an objective structured clinical exam (OSCE) and the NBME Family Medicine Subject Exam. The behavioral objectives of the family medicine clerkship are listed in Appendix A.

Prerequisite: Medical Basic Sciences.

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<tr>
<th>Material</th>
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<td>Clerkship content, textbooks, and other curriculum materials</td>
<td>SharePoint</td>
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</tr>
<tr>
<td>Pre-lecture readings/work</td>
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<td><a href="https://ome.kumc.edu/">https://ome.kumc.edu/</a></td>
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C. Clerkship Competency Assessment
Assessment of competencies will take place throughout the clerkships. The subject exams assess mostly knowledge for practice. Faculty ratings during small group activities, preceptor visits, clinical skills and simulation exercises as well as other activities will evaluate your skills and abilities in additional competencies as you apply your knowledge and collaborate with patients and colleagues. Competency evaluations will be aggregated into ratings of Meets Expectations or Below Expectations.

The Family Medicine Clinical Clerkship Grading Summary is in Appendix B.

D. Clerkship Learning Activities
The clerkship design assumes that students learn best when they are actively involved with the curriculum content through multiple learning activities as outlined below. Students are expected to participate in all learning activities and complete all assignments on time.

1. Clinical
Community Faculty Preceptor:
The family medicine clerkship emphasizes learning through participation in patient care. You have been assigned to a community volunteer faculty member (i.e. preceptor). 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, hospital, community, and maternity care. This may be your first opportunity to work closely with a community physician “in the real world,” so ask questions, read about patients and learn about the business aspects of the practice such as medical records, coding and billing 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 assigned community faculty.

You must do more than observe or "shadow" the community faculty physician. Please inform the clerkship director or clerkship administrator 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 family physician and respect the time and goodwill of the volunteer physicians, office staff and patients who are willing to contribute to your education.

Communicating with your Community Preceptor Faculty:
Your community faculty has received a copy of your personal goals and objectives for the course and other clerkship materials such as the clerkship schedule, call schedule and Clinical Performance Assessment Form (Appendix C) as well as on-line access to the syllabus and CMS documentation guidelines. On the first day in your community faculty’s office, review these with him/her, clarify your responsibilities in the office, and check your clerkship and preceptor schedules. Encourage your community faculty to give you immediate and continuous feedback on your knowledge base and clinical skills. By the fourth week of the clerkship, we request that your community faculty complete a formal mid-clerkship review of your progress using the Clinical Performance Assessment Form (Appendix C). Please return the signed form to the clerkship administrator.

Make an effort to stay in touch with your community physician faculty during and beyond medical school. They can be a great help to you in planning and achieving your residency and career goals.

We try to make accommodating matches between students and community faculty. Notify us as soon as possible if problems are emerging in your community faculty’s office.

Appendix D is a week-by-week checklist of milestones you can use to guide whether you are getting a well-rounded experience on your family medicine clerkship and are progressing in your clinical experience. Because community practices differ, you may not - and are not expected to - reach all of these milestones. Depending on your preceptor, you may participate in many activities and procedures that are not on the list. The milestone checklist is only a guide. We will review it at your mid-clerkship feedback session.

Assessment:
Your preceptor will complete a standard KU Clinical Performance Assessment form to assist in determining your final grade for the clerkship. The Clinical Performance Assessment form is located in Appendix C. One of the important competencies you will be evaluated on is professionalism, so it is important to be on time, complete required assignments, treat patients and clinical co-worker with respect, provide care with compassion, work to improve and accept constructive feedback.

Activities to be completed include keeping a patient log, submitting a written paper describing the biopsychosocial approach to the care of one of your preceptor’s patients with a
chronic illness, and being directly observed performing a history and physical examination. You should receive mid-clerkship feedback from your preceptor to help you improve your clinical skills during the clerkship. You will have an opportunity to evaluate your community preceptor.

You will assess your preceptor using an on-line form that is reproduced in Appendix E. Your evaluations of your preceptor are confidential and are not directly shared with the preceptor.

**On-Call Experience:**
To ensure that you work with family physicians providing hospital and emergency care during the clerkship, you will have four on-call experiences with family medicine faculty and residents. Appendix F explains the four calls you will take during the clerkship.

The residency coordinators may be able to help you if you are having difficulty contacting your assigned residents. Their contact information (before 5:00PM) is as follows:

**Via Christi**
- Amy Cahill
- 858-3537

**WESLEY**
- Katie Kellerman
- 962-3976
- Nina Nguyen
- 962-3974

*Please emphasize to your assigned resident that you would like to participate in all aspects of their on-call duty. They ARE NOT DOING YOU A FAVOR if they let you sleep or do not involve you in patient-care experiences.*

**Assessment:**
Each resident and faculty will submit a Clinical Performance Assessment (Appendix C) of your participation and effectiveness while on call. You, in turn, will be asked to evaluate how well the resident involved you and taught you as you worked together. The on-line evaluation you are to complete on the resident is reproduced in Appendix E.

**JayDoc Community Clinic Experience:**
Your experience at the JayDoc Community Clinic, a medical student run free clinic, is designed to broaden your understanding of socio-cultural effects on health by placing you in a clinical setting serving a vulnerable population. This experience will reinforce how health is affected by many factors and will allow you to learn about community resources while providing hands-on medical care. Appendix G explains your role at the JayDoc Community Clinic.

**Assessment:**
The supervisor for the JayDoc clinics will complete a Clinical Performance Assessment of your performance. This is the ONLY evaluation YOU need to distribute during the clerkship. You will find a copy of the Clinical Performance Assessment in Appendix C.
**OPTIONAL Continuity Maternity Care Experience:**
This experience is optional. If you choose to participate, it will replace one of your day calls at Via Christi. The Continuity Maternity Care Experience is more time intensive, but you develop a relationship with your pregnant patient and are likely to be actively involved in the delivery. If you would like to do this, please notify Mary Hursey either before the clerkship begins or during the first week of the clerkship.

The Continuity Maternity Care Experience is designed to broaden your understanding of maternity care in family medicine. You will be assigned to a patient who you will follow with one of the Via Christi residents at the residency program office on the St. Joseph campus or the St. Francis campus. You will be informed of the time and location of the patient’s first OB visit during the clerkship. Thereafter, you will be responsible for ascertaining when future appointments will be. Ideally you should determine the date of the next visit at the end of each appointment you attend, as the patient often schedules their next appointment before leaving the office that day. You may also call the clinic to inquire about subsequent appointments. You are expected to attend the appointment with the patient and will be excused from your preceptor’s office for the visit. You will be contacted when the patient presents in labor at the St. Joseph campus and should take an active role in her labor management and delivery. Depending on the delivery date, you may also participate in the care of the newborn at the initial well child checks.

You will receive an e-mail from the clerkship administrator that provides more details about your Continuity Maternity Care Experience. This e-mail will have 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 a Clinical Performance Assessment Form (Appendix C) that evaluates your participation during the course of the experience. You in turn will be asked to evaluate how well the resident involved you and taught you as you worked together (Appendix E).

**OPTIONAL Rural Family Medicine Clerkship Opportunity.**
You may elect to do your family medicine clerkship with a rural family physician. If you do, you may have opportunities to see patients in the office, hospital, emergency department and community. If you do your clerkship in a rural community, you do need to be in Wichita for the scheduled didactic presentations. If you elect to do your clerkship in a rural community, you are not required to participate in the residency call or the JayDoc Community Clinic activities.

**2. Didactic**
**Didactic Sessions:**
Interactive didactic sessions are designed to complement your patient care experiences by concentrating on key aspects of the clinical practice 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 any required readings and come
prepared to participate and apply your reading to patient problems and procedures. The required readings will be listed in the packet you receive at the start of the clerkship and are available on SharePoint.

Attendance at all didactic sessions is mandatory.

A list of Core Clinical Conditions in Family Medicine can be found in Appendix H. These are the conditions that are commonly seen in family medicine and will be a major focus of didactic sessions.

**Standardized Patients:**
Although the community faculty’s office is one of the richest environments for clinical learning during medical school, you will not predictably encounter some patient problems that are important in family medicine. A number of key problems such as substance use disorders and domestic violence may not present in your community physician’s office in such a way that you are fully involved and able to take the initiative in the work-up. Therefore, the “standardized patient” program was developed to provide an alternative learning situation. Selected people from the community are trained to portray important teaching cases in a consistent fashion. The cases are developed from family physician practices and accurately reproduce real scenarios. Each encounter is monitored by video and recorded for you to review. The standardized patients are a required non-graded opportunity for you to improve your clinical skills.

During the Family Medicine Clerkship you will see a total of 4 standardized patients during 2 formative sessions. You will be asked to perform an appropriate focused history and physical exam, and/or offer appropriate patient education/plan explanation to the standardized patient. The details of the patient’s vital signs and the exam you should perform are provided in the patient’s chart, along with a pad for notes, outside the exam rooms. You will have 15 minutes 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 patient communication, patient education or explanation of the plan.

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. With respect to possible abnormalities on physical examination, what you see is what you get. Abnormal findings may 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 the standardized 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, and 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 students will meet with department faculty in a small group session to discuss the case. After the case discussion, faculty who have been video-monitoring the scenarios will meet with you individually to provide personalized feedback. You will receive feedback about your ability to effectively communicate with and relate to patients, gather historical information, perform an appropriate physical examination and, to a smaller extent, formulate a differential diagnoses and develop a management plant. You will be given access to a recording of your encounters, which you are urged to view on your own time to self-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.

E. Clerkship requirements
1. **JayLog**
   Students must maintain and update their patient logs continuously. All students' logs will be checked at mid-clerkship to see how many and what types of patient's students have had. Students must meet the logging targets. Students are required to have all patient logs completed by end of clerkship on Saturday at 11:00 pm or submit logs in spreadsheet format if the deadline is missed.

**Patient Logging Instructions for JayLog**
Please log all patients that you see on rounds or during clinic Keep up on logging – You are locked at midnight the last day of the rotation

1. Include all patients with whom you had a meaningful educational experience a. If a unique patient is being followed by a colleague, but during rounds you learn about the presentation, pathophysiology, work-up, etc., please log this patient encounter. If you learn about the patient along with the team, it is important to reflect this learning. b. If you are present on rounds and no significant learning occurs with regard to a particular patient, please do not log this encounter.
2. Record all patients that you pick up or learn about during rounds, etc. according to the “Interaction Setting” a. Inpatient encounters i. Inpatient admission – A new patient to the team, whether it is a new consult or new patient admitted to the team A new consult, even if the patient has been in the hospital for 3 months, is a new work-up from a subspecialty standpoint ii. Inpatient initial follow-up – The 2nd time you take care of the patient (consult or ward patient) iii. Inpatient subsequent follow-up – The 3rd and later times you take care of the patient (consult or ward patient) **If you have been rounding on the same stroke patient, etc. every day for more than 5 days, and there are no new questions or diagnostic dilemmas, and you are really just waiting for placement, etc. then you probably don’t need to keep logging the patient** b. Outpatient encounters – Don’t forget to log the clinic patients! i. Outpatient initial encounter – For a new patient to the clinic attending or a follow-up patient who requires notable thought and is otherwise a complex patient from a diagnostic and treatment standpoint ii. Outpatient subsequent encounter – For a follow-up patient to the clinic attending c. There is probably no need to use “Other setting”
3. Be sure to accurately log “My role in the diagnosis” a. Observed – For those patient encounters in which your participation was really just observation (learning about another colleague’s patient during inpatient rounds, observing a routine follow-up patient with an attending in clinic, etc.) b. Active – For those patient encounters in which you were actively involved in their care (patients you personally rounded on every day and presented during rounds, seeing a patient in clinic and presenting the patient to your resident or staff, etc.) c. Completed under supervision – For those patient encounters in which you were not only actively involved in their care, but a resident or staff observed any of the parts of the encounter (taking a history and/or examining the patient)

4. Log all conditions the patient has!

A list of specific clerkship diagnoses and targets for the family medicine clerkship are in Appendix I.

2. Observed History and Physical

ALL students are required to complete an observed H&P. You must set a time with attending faculty to observe this at the beginning of one of your assignments; do not wait until the last day or two to discuss a time for observation.

This can be completed by your preceptor coming in with you to observe you during a patient encounter. It can also be split. They could observe you do a history on one patient and later observe you doing a physical exam on another. You must have AT LEAST one history and one physical exam observed, but we anticipate you will be observed significantly more often on this clerkship as you work very closely in the outpatient setting with your preceptor.

3. Mid Clerkship Preceptor Feedback

At the midway point of the clerkship, students will meet individually with their assigned preceptor. It is the responsibility of the student to set up a time to meet with their preceptor, request feedback and re-emphasize or modify the student’s goals for the clerkship. The preceptor should receive an e-mailed OASIS link to the Clinical Performance Assessment Form (Appendix C) from the clerkship administrator. If the preceptor does not receive the OASIS link, they can request a form from the clerkship administrator or you may give them a copy of the form in Appendix C. The preceptor should either complete the form in OASIS or fill out a hard-copy of the form and return to the clerkship administrator.

F. Clerkship Assessment

Assessment in the Clerkship

The grading scale for each clerkship is Fail, Pass, Pass with Distinction. The grading criteria are provided in the Clinical Clerkship Grading Summary (Appendix B) and are specific to the clerkship. Please note that the pass with distinction designation will be decided by the grading committee for the clerkship. A lapse of professionalism may interfere with the ability to acquire the pass with distinction designation.
Professional behavior competencies include: consistent demonstration of respect; compassion; integrity and honesty; seeking and readily responding to feedback; modeling responsible behavior; consistently arriving on time for clinical activities; consistently available for clinical responsibilities; meeting deadlines in a timely manner; consistently considering the needs of patients, families and colleagues above one’s own needs; maintaining patient confidentiality; working effectively in team-oriented patient care; and willingly acknowledging errors.

Clinical Performance Assessment (includes narratives)
Your clinical performance is evaluated on a Pass/Fail basis. Your performance in your preceptor’s office, JayDoc Clinic, interactions with faculty and residents and other clinical experiences will be used to make this evaluation. A copy of the Third-Year Clinical Performance Assessment (CPA) each of your evaluators will complete is included in Appendix C. A single final composite of the Clinical Performance Assessment forms will be compiled 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. To assist you, we ask you to complete the Week-by-Week Family Medicine Clerkship Clinical Milestone Checklist (Appendix D).

Professionalism
Professionalism is a required “Pass” component of the Clinical Performance Assessment. Medical professionals are expected to provide care in a professional manner. Professionalism includes consistent demonstration of respect; compassion; integrity and honesty; seeking and readily responding to feedback; consistently arriving on time for educational/clinical activities; meeting deadlines in a timely manner; consistently considering the needs of patients, families and colleagues above one’s own needs; maintaining patient confidentiality; working effectively in team-oriented patient care; and willingly acknowledging errors.

National Board of Medical Examiners (NBME) Family Medicine Core + Chronic Care + Musculoskeletal Exam (FCCM) Subject (Shelf) Examination
A National Board of Medical Examiners (NBME) Subject (Shelf) Examination is used for grading purposes for the Family Medicine 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 this exam. Appendix J outlines how the Family Medicine Clerkship uses the NBME Subject Examination for grading purposes. We are oftentimes asked how to best study for the NBME Family Medicine Subject Examination. Appendix K outlines some study options, many of which past students have used to prepare for the NBME Family Medicine Subject Examination.

Objective Structured Clinical Examination (OSCE)
At the end of the Clerkship, you will be evaluated using an Objective Structured Clinical Examination (OSCE). You will be expected to demonstrate clinical skills pertinent to family medicine. A brief outline of the OSCE stations is explained in Appendix L. The OSCE
grading thresholds are explained on the Grading Form in Appendix B.

**Biopsychosocial Approach to Chronic Conditions Paper**
The biopsychosocial model of care suggests that health is impacted by biological, psychological and social factors. Care that is delivered using a biopsychosocial model is a common practice in family medicine, and allows the physician to develop an understanding of the whole person, including the many factors that impact a patient’s health or illness. Foundational principles of family medicine are based on care that is accessible, comprehensive, continuous, coordinated and contextualized.

A requisite of the Family Medicine Clerkship is a reflective paper that requires you to apply the biopsychosocial approach to a patient you see in your preceptor’s office with a chronic condition. The paper is graded and the passing score is located on the Clinical Clerkship Grading Summary in Appendix B. The format of the paper is formulaic. You should receive a Pass if you follow the designated format below and apply yourself to the task.

An explanation of the Biopsychosocial Approach to Chronic Conditions paper is located in Appendix M.

This paper is due by 8:00 AM on Monday of the last week of the rotation. The grading rubric in Appendix N details the point values each section contributes to the grading of the paper. Note that late assignments will be docked 2 points for each day they are late (i.e. if turned in after 8:00AM Monday, two points will be docked; if turned in after 8:00 AM Tuesday, a total of 4 points will be docked and so on). Documentation that demonstrates carelessness such as significant spelling errors, poor grammar, multiple typos, etc. may have up to 10 points deducted from the score. If you do not achieve as Pass on the paper, you will be required to consult with the Clerkship Director to determine a remediation plan. Your grade will be “Incomplete” until the remediation plan is completed.

**Mid-clerkship feedback**
At the midway point of the clerkship, students will meet individually with a Clerkship Director at an assigned time. Each student is required to complete and turn in a mid-term summary (Appendix D: Week-by-Week Family Medicine Clerkship Clinical Milestones Checklist); failure to comply will result in loss of professionalism points. Student patient logs will be reviewed to ensure a variety of diagnoses/procedures are being logged. The student will also be advised on their current progress on the rotation, and any concerns the student may have, or suggestions for improving the Clerkship experience, will be discussed.

Please have your preceptor sign off on your Week-by-Week Family Medicine Clerkship Clinical Milestones Checklist (Appendix D) prior to the mid-clerkship review with the Clerkship Director which will occur half-way through the clerkship. Your preceptor should provide you with feedback using the Clinical Performance Assessment (Appendix C).
NBME Subject Exam Policy

University of Kansas School of Medicine Students are required to take their NBME Subject Examination on the last Friday of the clerkship as scheduled. Students may request to take their subject exam a day earlier than scheduled if extenuating circumstances warrant a special administration of the exam. Students are advised that leaving for a wedding or for a conference is not an extenuating circumstance. Medical school is not a convenience, it is a duty. Students wishing to request a special administration of the subject exam are required to inform the Academic and Student Affairs office and the Clerkship Director in writing of their extenuating circumstances. Students should expect a decision in writing. A minimum of 4 weeks advanced notice is required so that exams are not needlessly ordered and the accompanying fees are not encumbered. Extenuating circumstances like a death in the family or medical emergency must be communicated to the Clerkship Director and Clerkship administrator immediately if an exam cannot be taken on the scheduled date. Students who are excused from sitting for the exam on the scheduled date must adhere to the following procedures.

A. Students who are unable to sit for the subject exam on the scheduled test date either as a class or with special accommodations will have three options:
   1. Take the subject exam one day early (Thursday) at a time specified by Academic and Student Affairs. OR
   2. Take the exam on a make-up date that is agreeable to both Academic and Student Affairs and the student. OR
   3. Take the subject exam at its next scheduled offering at the end of the next clerkship, i.e. 6 weeks.

B. Students who do not sit for their scheduled subject exam and have requested in writing and obtained written permission from Academic and Student Affairs to take their exam early or postpone their exam: Must specify on or before their originally scheduled test date whether they want option 1, 2 or 3 above. If an option is not selected at that time, the student will not be allowed to sit for the exam until the next regularly scheduled test date at the end of a clerkship. C. Students who fail the subject exam will be required to retake the shelf exam according to the clerkship grading policy. Students who pass the subject exam on the second attempt will be assigned a grade based on the departmental policy. Students who fail a subject exam on a second attempt may be required to repeat the entire clerkship.

Subject exams will not be ordered for administration at times other than those specified above. NBME regulations state: Orders cannot be placed within 14 days of the test date. NOTE: Students are required to turn off their pagers and cell phones while testing; no watches can be worn during the exam. Unless otherwise noted, check-in is promptly at 12:45 at Dykes Library, with the exam starting at 1:00 PM. Students are provided two hours and 45 minutes to complete their exam. Exam scores are generally released within one week of exam. The clerkship administrator will notify students of their exam score by secure confidential email. Students will then receive their clerkship grades at the end of 4 weeks on Enroll & Pay and by email.
**Final grading procedure:**
The Family Medicine Clinical Clerkship Grading Summary chart is in Appendix B. In order to pass the clerkship, all parameters must be passed. In order to be considered for Pass with Distinction, all parameters must be passed during the initial Family Medicine Clerkship, in addition to achieving specified score cutoffs as outlined on the Clinical Clerkship Grading Summary in Appendix B. If a student fails any single parameter, then they fail the course and are required to remediate. A failure of any parameter results in ineligibility for Pass with Distinction, regardless of the result of remediation.

Remediation will vary based on which component is failed as outlined in Appendix O.

**G. Remediation-information regarding the subject exam, Request for Grade review etc.**

**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:

1. Students wishing to contest their grade or an evaluation must submit a request in writing to a course/clerkship director. All requests for consideration must be submitted within 30 days of the posting of the grade by the Registrar and must contain the rationale for the challenge. After receiving the request a course/clerkship director will meet with the faculty responsible for the evaluation, if indicated. If the director determines that a meeting between the student and faculty would help clarify the basis of the evaluation and result in a beneficial discussion, he/she will arrange a meeting with the student, faculty and clerkship director. A director will present her/his recommendation to the department Chair. If necessary, the Chair may meet with the student before the department's decision is made. The department's decision will be presented to the student within two weeks of receipt of the student's concern.

2. If the student feels that their concern has not been adequately addressed by the department, he/she may present their concerns in writing to the Associate Dean for Student Affairs. The Associate Dean will refer the issue to the Academic Committee upon student request. The Academic Committee will review the issue within 60 days of receiving the request. If the student does not accept the decision of the Academic Committee, she/he may appeal to the Executive Dean for a final decision.

3. Neither the Academic Committee nor Executive Dean shall unilaterally change the grade or evaluation. The grade or evaluation will be changed only if the department Chair agrees.

4. The primary concern of the Associate Dean, Academic Committee, and Executive Dean upon appeal will be whether the student was treated fairly, whether the student was treated as other students in the class and that the process of evaluation was conducted in accordance with departmental policy. The Associate Dean, Academic Committee and Executive Dean will not contest the validity of test questions or the validity of faculty observations of the student as long as there is no evidence that the observations were unfairly biased.

5. The student will have 10 working days in which to accept or reject the decision offered at
any level of appeal, with the exception of the Executive Dean's opinion which is final. Once the student accepts the decision at any level of appeal and does not appeal to the next level, the decision is considered final and is not open for further discussion. Grade review policy

H. School Wide Honors
Honors will be based on demonstrated longitudinal excellence in local assessments including clinical skills and the completion of a longitudinal work product. The Honors designation targets students who perform in the top quartile across the foundational science and clinical science blocks. For additional information, concerning school wide honors see the Honors Track Guidelines or contact the Honors director on your campus:

Kansas City: Dr. Pam Shaw - PSHAW@kumc.edu
Salina: Dr. Tyler Hughes - thughes55@kumc.edu
Wichita: Dr. K James Kallail - KKALLAIL@kumc.edu

I. Clerkship and Faculty Evaluations
At the end and during the clerkship, you will receive by e-mail clerkship and faculty evaluations. As a participant in these learning activities, it is your professional responsibility to complete these evaluations. Your constructive feedback is valuable, as it helps us to continually improve the experience(s) we offer our students. These evaluations are conducted by the Office of Medical Education (OME) and are independent of the clerkship leaders. Your responses are strictly confidential. Evaluation results are reported to those responsible for making changes to the curriculum (i.e., Clerkship director and curriculum oversight committees). The essence of good feedback:

- Be clear, specific, and focus on behaviors that can be changed and are under the recipient’s control.
- Try to balance positive observations with areas that need improvement.
- Don’t overwhelm the recipient: one or two well-crafted observations are better than a long list of generalities.

J. Policies
1. Attendance
Attendance at and preparation for learning activities are core professional responsibilities for physicians in training.
- Exams - Attendance is expected at all scheduled examinations. In order to retake an exam, an excused absence is required. When a medical student becomes ill before or during an exam, he/she must contact the Office of Student Affairs, specifically Dean Mark Meyer on the KC campus and Dean Garold Minns on the Wichita campus. The Salina campus policy is listed below. The student must also be seen at Student Health or by their primary provider and return documentation of the visit to the Office of Student Affairs. It is preferable that the student be seen by a healthcare provider prior to requesting an excused absence. However, that may not always be possible. If a student experiences a family emergency such as birth, illness, accident, or death of a close family member, an excused absence may be granted by contacting the appropriate campus dean and providing documentation to the Office of Student Affairs.
• Phase II: Attendance at all scheduled Phase II clinical clerkship activities is mandatory. Any excused absence must be approved by the Office of Student Affairs. The process to be used for requesting an excused absence while in Phase II is to contact the appropriate campus dean designated above. The student should also contact the Chief Resident and/or Attending Physician as well as the Clerkship/Elective Course Administrator by e-mail or by phone/pager. You will be advised if/when any examination or required activity has been arranged. Each campus designee will determine if the request qualifies for an excused absence. Excused absences may be provided for birth, illness, accident, or death of a close family member. Students may be required to complete an additional assignment for their excused absence. The School of Medicine attendance policy allows a student to miss up to 2 days of a clerkship if the time is approved and excused by the campus designee. A student may be provided absences due to other medical school activities (e.g. officially representing the college, presenting at a national conference, attending national conference as the student leader of an organization, shelf exam retake). DO NOT PURCHASE NOR PLAN TRAVEL ARRANGEMENTS BEFORE RECEIVING APPROVAL FOR AN EXCUSED ABSENCE FROM YOUR CAMPUS REPRESENTATIVE LISTED ABOVE. Absences for personal reasons will not be granted. Unexcused absences from clinical duties can result in required remediation.

• Salina: On the Salina campus students are instructed to contact the Associate Dean for Clinical Experiences/Clerkship Director (Dr. Owings), as well as their attending physician and clerkship coordinator (Lucy Kollhoff), regarding an absence while in a Phase 2 experience. Dean Cathcart-Rake is then informed of such absences.

2. Student Duty Hours

Duty hours are defined as all clinical and academic activities related to the clinical clerkship. Duty hours do not include reading and preparation time spent away from the duty site. While on call from home, only the hours spent in the hospital after being called in to provide care, count toward the 80-hour limit. Specifically, duty hours include all clinical and academic activities related to clinical training:
  o Patient care, both inpatient and outpatient;
  o Administrative duties related to patient care;
  o The provision for transfer of patient care;
  o Scheduled academic activities such as conferences and research activities required by the clerkship

It is the responsibility of each student to track and report the duty hours for each clerkship. The average hours of clinical activity will be reported on the end of the clerkship survey for each clerkship. If a student would like to report any duty hours concerns before the end of the clerkship, they can contact Mark Meyer MD or Pam Shaw MD on the Kansas City campus, any staff in the Academic and Student Affairs office on the Wichita campus or Scott Owings MD on the Salina campus.

Student Duty Hours
3. **Guidelines for Student Participation in Clinical Activities**
   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](http://www.kumc.edu/som/medsos/GuidelinesforClinicalActivitiesbyMedicalStudents.html)

4. **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.

5. **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.
6. Special Accommodation Services
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 the Academic Accommodations Services Office to ensure that such accommodations can be implemented in a timely fashion.

Cyn L Ukoko
1020C Student Center
913-945-7035
cukoko@kumc.edu

Online appointments may also be made at https://medconsult.kumc.edu. For online information about academic accommodations, please go to www.kumc.edu/accommodations.

7. Religious Accommodation
As part of our diversity and inclusion efforts, KU Medical Center is committed to creating and offering an environment where all differences are embraced and valued. This commitment includes the religious diversity of our students and employees. We have always provided accommodations for various religious practices to the best of our ability, but now we have a formal process in place to guide faculty, staff, students and other campus members making requests.

As long as accommodations do not interfere with the university's mission, vision, and ability to provide patient care, we will continue to provide reasonable religious accommodations when religious beliefs, practices or observances conflict with university policies or requirements. The religious accommodation policy outlines procedures for requesting accommodations under various circumstances for students, employees and any KU Medical Center member. In summary, the university will make all reasonable efforts to accommodate requests for absences for religious observances, exemptions from participation in activities that conflict with religious beliefs, requests to wear specific religious attire and requests to engage in religious practices. View the official policy, located in the KU Policy Library. Religious Accommodations Request Form.

8. Intellectual Property
Sharing of faculty curriculum content (i.e., slides, syllabi, images, etc.) with outside commercial agencies without written permission from KUMC’s administration and faculty members is a violation of KUMC’s Copyright Policy and Guidelines as well as a potential violation of federal copyright laws. If any company approaches you to share curriculum material, please decline and immediately notify Dr. Anthony Paolo (apaolo@kumc.edu) or Dr. Mark Meyer (mmeyer@kumc.edu) on the KC campus, Dr. Garold Minns (gminn@kumc.edu) on the Wichita campus and Dr. William Cathcart-Rake (wcathcart-rake@kumc.edu) on the Salina Campus with any relevant information.
9. **Learning Environment**

The faculty-student relationship must be built on a foundation of mutual trust and respect.

Faculty must:
1. Provide the opportunity for students to learn the knowledge, skills, attitudes and behaviors which will enable them to become competent physicians.
2. Treat students with respect as individuals and future colleagues.
3. Model professional behavior at all times.

Students must:
1. Put forth their best effort to learn and exhibit professional behavior towards each other, faculty, and patients.
2. Show respect for faculty as their teachers and mentors in the process of becoming physicians.
3. Model professional behavior at all times.

Reporting of student concerns, faculty concerns, student mistreatment, etc. can be accomplished using the [electronic form](#) on the [Student Affairs homepage](#).

In addition to the form, students can report mistreatment or concerns to any of the campus faculty liaisons, the Associate Dean for Student Affairs or campus designee, EOO for the university, or any trusted faculty or staff member. It is the responsibility of the ombudsmen or whomever receives a student concern to bring the concern to Associate Dean for Student Affairs in Kansas City, Dean in Wichita, or Dean in Salina for follow-up.

10. **Weapons Policy**

KUMC Weapons Policy prohibits faculty, staff, students, and visitors from carrying weapons of any type on the Kansas City, Kansas and Salina campuses. For additional information, please see the KUMC Procedures for Implementing University Wide Weapons Policy. Students who conceal carry on the Lawrence or Edwards campuses are responsible for making alternative arrangements when attending classes in Kansas City or Salina. Students can transfer a handgun from a backpack or purse to a secure location such as the trunk of their locked vehicle. Individuals who violate the weapons policy or procedures may be asked to leave campus with the weapon and may face disciplinary action under the appropriate university code of conduct.”

Wichita Campus: Concealed carry of handguns is permitted on the Wichita campus. Individuals who choose to carry concealed handguns are solely responsible to do so in a safe and secure manner in strict conformity with state and federal laws and KU weapons policy and KUMC implementing procedures.
Appendices

Appendix A: Family Medicine Clerkship Objectives

Family Medicine Clerkship Learning Objective

1. Perform a focused history and physical exam for patients who present for acute complaints, for chronic disease management, and for health promotion/disease prevention.
2. Generate a differential diagnosis and initial diagnostic strategy for the most common acute complaints that present to a family medicine clinic.
3. Develop a logical and systematic approach to the undifferentiated problem, one that includes an understanding of urgency and sensitivity to cost.
4. Recognize shifts in acuity during a clinical encounter, respond to urgency in diverse clinical environments, and deliver effective transitions to other levels of care when needed.
5. Perform a history and physical exam for patients with acute and chronic musculoskeletal complaints—including of the spine, shoulder, hand/wrist/elbow, hip, knee, and ankle/foot. Generate a differential diagnosis, build an initial diagnostic plan, and discuss evidence-based management accordingly.
7. Using current clinical guidelines, identify gaps in patient's chronic disease management and develop a patient-centered plan toward guideline-directed management of that disease.
8. Develop age- and sex-specific preventive health plans for patients based on national preventive guidelines, such as those by USPSTF.
9. Perform common technical skills and office procedures under direct supervision.
10. Discuss the pathophysiology of problems commonly cared for in a family medicine clinic.
11. Approach clinical decision-making in an evidence-based, cost conscious manner.
12. Demonstrate effective communication skills throughout patient encounters.
13. Communicate ethically, using an interpreter when needed, with patients and families regardless of culture or language.
14. Deliver an accurate oral presentation to a supervising physician. Include all core components of a thorough presentation: focused subjective and objective information and concise assessment and plan.
15. Document patient encounters with accuracy, rigor, and professionalism. Include all core components of a thorough note: focused subjective and objective information and concise assessment and plan.
16. Consistently demonstrate respect for patients' dignity, past experiences, privacy, and rights.
17. Behave ethically and honestly.
18. Demonstrate consistent punctuality and reliability.
19. Accept and provide civil, constructive feedback in a timely manner to and from faculty, staff, patients, and peers.
20. Demonstrate skills of self-evaluation, including identifying one's knowledge and skills gaps and opportunities for improvement.
21. Develop answerable clinical questions from patient encounters and research evidence-based answers.
22. Effectively use point-of-care resources during a patient encounter.
23. Reflect on emotional and interpersonal experiences from patient and staff interactions.
Include an honest self-assessment toward one's own beliefs, biases, and prejudices.

24. Discuss the value of primary care to a health system.

25. Discuss the social determinants of health and their impact on disease, wellness, access to care, quality of care, and health outcomes. Consider the physician's role in understanding and acting to mitigate these factors.

26. Discuss how some groups are included, underrepresented, or systematically marginalized within systems that provide health care.

27. Discuss how current health care systems meet or fail to meet the needs of patients with chronic conditions, acute problems, and preventive health needs.

28. Work effectively in interprofessional teams.
## Clinical Clerkship Grading Summary

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Fail</th>
<th>Pass</th>
<th>Pass w Distinction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Performance Assessment (includes narratives)</td>
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<td></td>
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<tr>
<td>Professionalism</td>
<td></td>
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<tr>
<td>Clerkship Specific Activities to be completed:</td>
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<tr>
<td>Observed History &amp; Physical</td>
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<tr>
<td>Mid Clerkship Feedback</td>
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<tr>
<td>Patient Log</td>
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<tr>
<td>Biopsychosocial Approach to Chronic Conditions Paper</td>
<td>&lt;85</td>
<td>≥85</td>
<td></td>
</tr>
<tr>
<td>OSCE Performance</td>
<td>&lt;65%</td>
<td>≥65% to &lt;78%</td>
<td>≥78%</td>
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<tr>
<td>NBME Clerkship Subject Exam (using national academic year norms)</td>
<td>&lt;5th percentile rank</td>
<td>≥5th to &lt;70th percentile rank</td>
<td>≥70th percentile rank</td>
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Final clerkship grade: **Fail** **Pass** **Pass with Distinction**

Provide comments supporting the grading decision: ___________________________
**Appendix C: The Clinical Performance Assessment Form**

**KU School of Medicine – Third-Year Clinical Performance Assessment**  
(Assessment of students’ knowledge, skills, behaviors, and attitudes)

Student: ____________________  Evaluator: ____________________  Date: _____________


Amount of contact:  ½ day  Full day  Partial week  Full week  Multiple weeks

**Below Expectations:** Demonstrates some difficulty/deficit with the knowledge, skills, behaviors, and/or attitudes needed to adequately perform the professional activity.

**Meets Expectations:** Demonstrates sufficient knowledge, skills, behaviors, and attitude to adequately perform the professional activity.

**DIRECTIONS:** Please evaluate student based on your direct observation of their ability to:

<table>
<thead>
<tr>
<th>Professional activity</th>
<th>Below Expectations</th>
<th>Meets Expectations</th>
<th>Unable to Rate</th>
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<tbody>
<tr>
<td><strong>1) Behave professionally</strong></td>
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<tr>
<td>• Consistent demonstration of respect; compassion; integrity and honesty; seeking and readily responding to feedback; consistently arriving on time for educational/clinical activities; meeting deadlines in a timely manner; consistently considering the needs of patients, families and colleagues above own needs; maintaining patient confidentiality; working effectively in team-oriented patient care; willingly acknowledging errors.</td>
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<td><strong>2) Gather a history and perform a mental health/physical examination.</strong></td>
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<td>• 2a) Can gather an accurate history in a prioritized, organized manner, and with respect for the patient. The history should be tailored to the clinical situation and specific patient encounter.</td>
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<tr>
<td>• 2b) Can perform an accurate mental health/physical exam in a prioritized, organized manner, and with respect for the patient. The mental health/physical examination should be tailored to the clinical situation and specific patient encounter.</td>
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<td><strong>3) Prioritize a differential diagnosis following a clinical encounter.</strong></td>
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<td>• Be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized, leading to selection of a working diagnosis.</td>
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<tr>
<td>Skill</td>
<td>Description</td>
<td></td>
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<tr>
<td>4) Recommend and interpret common diagnostic and screening tests.</td>
<td>Be able to select and interpret common diagnostic and screening tests using evidence-based and cost-effective principles.</td>
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<tr>
<td>5) Document a clinical encounter in the patient record.</td>
<td>Be able to provide accurate, focused and context-specific documentation of a clinical encounter in either written or electronic formats.</td>
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<td>6) Provide an oral presentation of a clinical encounter.</td>
<td>Be able to concisely present a summary of a patient encounter to achieve a shared understanding of the patient’s current condition.</td>
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<td>7) Form clinical questions and retrieve evidence to advance patient care.</td>
<td>Be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions.</td>
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<tr>
<td>8) Collaborate as a member of an interprofessional team.</td>
<td>Be an effective health care team member.</td>
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</table>

Narrative comments (required for grading committee and may be used on the Dean’s letter)

Please comment on one patient encounter the student had that stands out to you (Be as descriptive as possible). Describe at least one Skill, Behavior or Attitude that this student can improve (Be specific & provide examples).
Appendix D: Week-by-Week Family Medicine Clerkship Clinical Milestone Checklist

Week-by-week Clinical Milestone Checklist

*Initial or checkmark when completed.

Weeks 1-2

1. Discuss preceptor’s expectations (e.g. arrival time, dress, patient care duties, EMR documentation, etc.).

2. Write at least 2 SOAP notes. If you have access to the EMR, document at least 2 patient encounter notes as directed by your preceptor (i.e. to extent the preceptor is comfortable). If you do not have access to the EMR, write at least 2 patient encounter notes on paper or in MS Word. Have your preceptor review.

3. Perform at least one observed history and one observed physical and get feedback on your performance. The history and physical can be on the same or different patients.

4. Read up on common clinical scenarios (diabetes management, cancer screening guidelines, acute otitis media treatment, dyspnea differential diagnosis, etc.) encountered in the office – ideally at least once a day.

5. Make sure you are recording your patient logs.

6. See some patients on your own each day. Provide your differential diagnosis and diagnostic and/or treatment strategy to your preceptor. If you are still only shadowing at the end of the second week, please let the Clerkship Director or clerkship administrator know.

Weeks 3-5

*The nature of some of these tasks make them patient and preceptor dependent. If you cannot find a patient who will allow you to do them, that is unfortunate, yet understandable. Try your best, though, to find opportunities to attempt these skills.

1. Demonstrate proper otoscope and ophthalmoscope technique.

2. Attempt pelvic exam (including speculum use) at least once.

3. Attempt knee and/or shoulder injection.

4. Demonstrate pre-visit planning for at least one patient each week. Look up the status of the patient’s preventive measures, screens, vaccines, labs, etc. before their visit. If it is a follow-up appointment, look up the plan from the last visit to be aware of the goals for this visit.

5. Perform at least one observed history and one observed physical and get feedback on your performance. Ask yourself: “Am I progressing in my history taking and physical examination skills?” The history and physical can be on the same or different patients.

6. Continue to document in the EMR as allowed. If not allowed, write at least 2 notes on paper or in MS Word and review with your preceptor.

7. Develop an answerable clinical question from a patient encounter, look it up, and discuss your findings with your preceptor.
8. Select a patient for your “Biopsychosocial Approach to Chronic Conditions” paper, discuss with your preceptor and start to work.

9. Participate in the mid-clerkship review with your preceptor.

10. **Have your preceptor initial this form here and bring it to the mid-clerkship review with the Clerkship Director.** You are NOT required to have checks in ALL boxes above; this form is just a guide.

**Weeks 6-7**

1. Demonstrate proper otoscope technique on a child under age 3.
2. Perform a diabetic foot exam and provide diabetic counseling.
3. Provide obesity/weight loss or cardiovascular risk counseling to at least one patient.
4. Provide medication and dosage planning for a common primary care condition (e.g. otitis media, strep throat, HTN, diabetes, asthma, etc.)
5. Perform at least one observed history and one observed physical and get feedback on your performance. Ask yourself: “Am I progressing in my history taking and physical examination skills?” The history and physical can be on the same or different patients.
6. Continue EMR documentation as allowed. If not allowed, write at least 2 notes on paper or in MS Word and review with your preceptor.
7. Continue to read up on common clinical scenarios (e.g. diabetes management, cancer screening guidelines, acute otitis media treatment, dyspnea differential diagnosis, etc.) encountered in the office – ideally at least once a day. This will help prepare you for the end-of-clerkship exams.
8. Share your “Biopsychosocial Approach to Chronic Conditions” with your preceptor. Your preceptor will appreciate what you have written on their patient.
9. Participate in the end-of-clerkship review with your preceptor.
Appendix E: Student Evaluation of Clinical Faculty and Residents (Reproduction of On-Line Form)

**Faculty Evaluation**

**FCMD 950 - Resident/Faculty Evaluation**

<table>
<thead>
<tr>
<th>Course Information</th>
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<tbody>
<tr>
<td><strong>Date</strong></td>
</tr>
<tr>
<td>01/01/2006 - 01/31/2006</td>
</tr>
</tbody>
</table>

**Evaluation Period: 01/01/2006 - 01/31/2006**

**Faculty: Evaluator name**

Please rate this resident/faculty on each item. If you select "Below Expectations", please provide an example.

Question numbers in red are required.

**Professionalism**

1. Demonstrated respect for patients and their families.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

2. Demonstrated respect for all members of the health care team.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

**IPC (Feedback)**

3. Provided timely feedback about my performance.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

4. Provided constructive feedback about my performance.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

**Communication**

5. Demonstrated effective communication with patients and families.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

6. Demonstrated effective communication with the health care team.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

**PBLI (Teaching Skills)**

7. Communicated concepts clearly.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

8. Was enthusiastic about teaching.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

9. Overall, was an effective teacher.
   - Below Expectations
   - Meets Expectations
   - Exceeds Expectations
   - Unable to Rate; N/A

10. Please comment on what this Resident/Faculty did well.

Rich text
Appendix F: On Call Experience

You will have four on-call experiences with family medicine faculty and residents during the clerkship. The following explain the four call experiences.

- **Wesley Short Day Call**
  You will complete one short call with the Wesley family medicine 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 Wesley operator and ask to have the “senior resident for Wesley Family Medicine” paged. You can then agree on a location to meet in the hospital. You will help with adult and pediatric inpatients and admissions as well as maternity care during this call. You will be excused from your community faculty’s office for the afternoon of the call and will be expected to report to your community faculty’s office on the day following this call.

- **Wesley Night Call**
  You will complete one overnight call with the Wesley family medicine 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 Wesley operator and ask to have the “senior resident for Wesley Family Medicine” paged. You can then agree on a location to meet in the hospital. You will help with adult and pediatric inpatients and 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) Medicine Day Call (2)**
  You will complete two day calls with the Via Christi faculty and residents at the St. Joseph Hospital (3600 East Harry). Your call will begin at 7:00 AM and will end at 7:00 PM. The day before you are on call, please text or call the Via Christi faculty with whom you are on call. If the faculty does not answer your call, please leave a message on voicemail. You can also contact the faculty member by paging through the VC Operator (316-268-5000). The faculty will tell you where to meet on the day of your call. The faculty member will direct your patient care activities during your call days. You are excused from your community preceptor office for the days you are on call.
Appendix G: JayDoc Community Clinic Experience

You will be assigned to work at the JayDoc Community Clinic and/or JayDoc Clinic Outreach Program twice during the clerkship. The JayDoc Community Clinic is located at the Guadalupe Clinic at 940 S. St. Francis. The JayDoc Clinic Outreach Program is located at the Guadalupe Clinic building at 2825 South Hillside.

JayDoc Community Clinic operates from 9:00 AM to 1:00 AM on Saturdays. You are expected to arrive and sign in by 8:40 AM for a pre-clinic meeting led by the JayDoc board member in charge for that day and stay until all patients have been seen. The JayDoc Clinic Outreach Program doors open for staff at about 5:00 PM. Please arrive by 5:15 PM for orientation. The team will start seeing patients at 5:30 PM. You will be assigned a combination of a Saturday morning and/or a Monday evening.

When you arrive at JayDoc Community Clinic, the JayDoc Board of Directors requests you follow the following check-in procedure. The board uses this information to apply for grants that help fund clinic operation.

- Locate and introduce yourself to the JayDoc Board of Directors member who is in charge for the day.
- Sign in and out for each session. Write in capital letters so that your name can be easily read.
- Specify that you are a MS1, MS2, MS3 or MS4 student at KUSM-Wichita.
- Indicate your time of arrival and departure to the nearest five minutes.
- Wear your KUSM-Wichita identification badge. If you forget your badge, use one that is provided by Guadalupe Clinic. The Guadalupe Clinic badges are located on the wall beside the sign-in board.

The patient flow process is the following:

- Patients will be roomed by a MS1, MS2 or pre-medical student.
- Vital signs are taken by a MS1, MS2 or pre-medical student in intake rooms.
- Patients ready to be seen will have charts placed in the door and the MS1, MS2 or pre-medical student will notify the MS3/MS4 student that the patient is ready to be seen. If medical students are all seeing patients, the chart will be returned to the front desk and the patient will wait in the lobby.
- The medical students will perform the history and physical exam. The pre-medical students will observe.
- The med student will present the case to the attending physician.
- The attending physician will evaluate the patient.
- A diagnosis and treatment plan will be formulated.
- The medical students will assist in arranging necessary lab tests, medications and referrals.
- Once all patient questions have been answered, follow-up appointments will be set up, if necessary.

If you have a question or need some help with something, there will always be a JayDoc executive board member present who can provide help.
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.

Imaging studies: Imaging studies rotate among the three hospitals in Wichita. The JayDoc executive board member supervising the clinic will tell you which hospital to send the patient to. There are 3 forms to fill out: a hospital order form and two blue forms. Make copies of the 3 forms to keep in the chart before sending the master copies with the patient.

Forms: When in doubt, copy all forms before giving them to the patient and file the copies in the patient’s chart.

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 company medication assistance program.

**Switching Your Assigned Shifts:** It is important that you keep your two assigned shifts for the JayDoc Community Clinic experience. Patients, your classmates and the operation of the JayDoc Community Clinic are depending on you.

You can switch your assigned shifts if you find a classmate willing to switch, you notify Mary Hursey and you notify the JayDoc Director of Student Volunteers. If you must make a change and cannot find a classmate to switch with you, please ask Mary Hursey to help you.

You may volunteer for extra shifts at the JayDoc Community Clinic if you receive permission from the JayDoc Director of Student Volunteers.
Appendix H: Core Clinical Conditions in Family Medicine

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* 
Fever 
Sinus symptoms* 
Sore throat* 
Earache 
Red or painful eye 
Cough*
Fever 
Sinus symptoms* 
Sore throat* 
Earache

Dysuria* 
Low back pain* 
Shoulder pain and injury 
Knee pain and injury* 
Ankle pain and injury 
Common skin rashes* – poison ivy/oak; allergic; fungal; pityriasis 
Skin lesions* – dermatitis, dermatosis, actinic keratosis, seborrheic keratosis, SCC, BCC, inclusion cyst, wart
Skin infection* – abscess, cellulitis 
Leg swelling – DVT* 
Unexplained weight loss 
Fatigue 
Dementia – delirium or mental status* change – change to symptom

Abdominal pain 
Acute diarrhea 
Nausea and vomiting 
Pelvic pain

Dementia – delirium or mental status* change – change to symptom

Headache* 
Dizziness and vertigo* 
Insomnia/sleep problem* 

1st trimester bleeding 
Abnormal vaginal bleeding, non-pregnant 
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

<table>
<thead>
<tr>
<th>Diabetes*</th>
<th>Domestic Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension*</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Hyperlipidemia*</td>
<td>Obesity*</td>
</tr>
<tr>
<td>Asthma*</td>
<td>Congestive Heart Failure*</td>
</tr>
<tr>
<td>Arthritis*</td>
<td>Coronary artery disease*</td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Metabolic syndrome</td>
</tr>
<tr>
<td>COPD*</td>
<td>Gastro Esophageal Reflux Disease*</td>
</tr>
<tr>
<td>Depression*</td>
<td>Eczema*</td>
</tr>
<tr>
<td>Anxiety*</td>
<td>Acne</td>
</tr>
<tr>
<td>Substance use, dependence, and abuse*</td>
<td>Contraception*</td>
</tr>
<tr>
<td>Chronic Pain*</td>
<td>Menopausal Symptoms</td>
</tr>
<tr>
<td>Back Pain*</td>
<td>Sexual dysfunction</td>
</tr>
<tr>
<td>Chronic Headaches*</td>
<td>Care of patients with uncommon diseases/syndromes - (Down’s, Turner’s, other)</td>
</tr>
<tr>
<td>Medically unexplained symptoms/somatization</td>
<td></td>
</tr>
</tbody>
</table>

*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.
Appendix I: Family Medicine Clerkship Targets

Table 1: Family Medicine Clerkship Logging Targets

<table>
<thead>
<tr>
<th>Logging Diagnosis Group</th>
<th>Diagnoses</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generalized Infectious Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood/Immune Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Endocrine/Nutritional/Metabolic</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diabetes mellitus</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Hyperlipidemia</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Obesity</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Thyroid disorder</td>
<td>1</td>
</tr>
<tr>
<td>Mental/Behavioral Disorder</td>
<td>Anxiety disorder</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Mood disorder</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Sleep disorder</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Substance disorder, alcohol</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Substance disorder, tobacco/nicotine</td>
<td>1</td>
</tr>
<tr>
<td>Nervous system (NS, Neuro)</td>
<td>Dementia</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Headache</td>
<td>1</td>
</tr>
<tr>
<td>Eye/ Ear/Mastoid</td>
<td>Dizziness/Vertigo</td>
<td>1</td>
</tr>
<tr>
<td>Circulatory (Cardiovascular, CV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Chest Pain</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Dysrhythmia</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Heart failure</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Hypertension</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Ischemic heart disease; MI</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Vein/lymphatic disease</td>
<td>1</td>
</tr>
<tr>
<td>Respiratory (Pulm)</td>
<td>Acute bronchitis/pneumonia</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Asthma/COPD</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Cough</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Upper respiratory infection (rhinitis, sinusitis, tonsillitis/abscess)</td>
<td>2</td>
</tr>
<tr>
<td>Digestive (GI)</td>
<td>Core Experience</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>-----------------</td>
<td></td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Esophageal reflux (GERD)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Liver disease</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Skin (Derm)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dermatitis/dermatosis</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Infection, bacterial (cellulitis, impetigo, abscess)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Musculoskeletal (Ortho)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Degenerative joint disease (Osteoarthritis)</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Knee pain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Low back pain</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Genitourinary (GU)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Cystitis/lower UTI</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Renal</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Pregnancy/Delivery (Ob)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms &amp; signs, not elsewhere classified</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic pain</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Special Factors/Well Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Well adolescent/adult</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>Well child</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Family Medicine Clerkship Core Procedures

<table>
<thead>
<tr>
<th>Core Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exam, Breast</td>
</tr>
<tr>
<td>Exam, Digital Rectal</td>
</tr>
<tr>
<td>Exam, Pelvic</td>
</tr>
<tr>
<td>Immobilize with cast/splint or collar</td>
</tr>
<tr>
<td>Incision and Drainage (I&amp;D)</td>
</tr>
<tr>
<td>Injection/Aspiration of Joint</td>
</tr>
<tr>
<td>Laceration Repair</td>
</tr>
<tr>
<td>Skin Lesion Removal/Biopsy/Destruction</td>
</tr>
<tr>
<td>Wound Care/Dressing Change</td>
</tr>
<tr>
<td>Endoscopy</td>
</tr>
<tr>
<td>Intra-thoracic surgery</td>
</tr>
<tr>
<td>Intra-abdominal surgery</td>
</tr>
<tr>
<td>------------------------</td>
</tr>
<tr>
<td>Orthopedic surgery</td>
</tr>
<tr>
<td>Spontaneous vaginal delivery</td>
</tr>
<tr>
<td>Instrumented vaginal delivery</td>
</tr>
<tr>
<td>C-section delivery</td>
</tr>
<tr>
<td>Pelvic surgery</td>
</tr>
<tr>
<td>Thoracentesis/chest tube</td>
</tr>
<tr>
<td>Paracentesis</td>
</tr>
<tr>
<td>Central venous line placement</td>
</tr>
<tr>
<td>Lumbar puncture</td>
</tr>
<tr>
<td>Cardiopulmonary resuscitation</td>
</tr>
<tr>
<td>Intubation</td>
</tr>
<tr>
<td>Arterial blood gas collection</td>
</tr>
<tr>
<td>Foley catheter insertion</td>
</tr>
<tr>
<td>Vasectomy</td>
</tr>
<tr>
<td>Colposcopy</td>
</tr>
<tr>
<td>Circumcision</td>
</tr>
<tr>
<td>Newborn resuscitation</td>
</tr>
</tbody>
</table>
Appendix J: NBME Family Medicine Core + Chronic Disease + Musculoskeletal (FCCM) Subject Examination

The National Board of Medical Examiners (NBME) offers a variety of examinations. The Family Medicine Clerkship administers the Family Medicine exam that has a specified increased proportion of questions on chronic disease management and musculoskeletal complaints in addition to a variety of questions pertinent to family medicine. This is called the Family Medicine Core + Chronic Care + Musculoskeletal (FCCM) Exam. The KU School of Medicine chose to use this exam because family medicine is the primary, if not only, third year clerkship to cover these topics. When you receive your scores from the NBME, you may receive a score on the baseline Family Medicine Core questions as well as a score on the FCCM questions. We use the FCCM scores for grading purposes. If you have trouble interpreting your scores from the NBME, ask us to explain them to you.

The Fail, Pass and Pass with Distinction threshold for the NBME Family Medicine FCCM Exam are identified in Appendix B: Clinical Clerkship Grading Summary.

- Students who fail the exam will receive a "Failing" grade for the clerkship. The exam must be repeated before beginning the fourth year. If a passing mark is scored on the repeat exam the student will receive a grade of “Pass”, but will not be able to receive a “Pass with Distinction”.
- Students who fail the exam twice must repeat the clerkship.
Appendix K: How to best study for the NBME Family Medicine Subject Examination.

Because family medicine requires a broad medical knowledge-base, we are sometimes asked “What is the best way to study for the family medicine NBME subject examination?” We recommend a number of possibilities that might work for you:

1. Over the years, we’ve found that medical students best solidify their knowledge-base when they read about patients they’ve seen in their preceptor’s office that day. Jot down the clinical questions you develop during the day and research the answers at night. This is a technique that many physicians use throughout their career. Appendix F lists acute, chronic, health maintenance and disease prevention topics that are commonly seen by family physicians.

2. The department offers you access to Aquifer Family Medicine (fmcases). This is an online case-based learning platform developed by the Society of Teachers of Family Medicine. You can access fmcases at [https://www.aquifer.org/courses/aquifer-family-medicine/](https://www.aquifer.org/courses/aquifer-family-medicine/).

3. The department will provide you with the textbook *Essentials of Family Medicine* (7th edition) by Smith, Schrager and WinklerPrins. This is an excellent get-to-the-point text that will cover many topics pertinent to family medicine. The text does not go into great depth, but will provide you with a sound overview, especially if your time is limited.

4. *The American Family Physician*, published by the American Academy of Family Physicians (www.aafp.org), is the most-read medical journal in the United States and provides apposite clinical information in an easy-to-access format. *The American Family Physician* is available on-line, but you must have a no-cost membership to the AAFP to access it at [https://www.aafp.org/journals/afp.html](https://www.aafp.org/journals/afp.html). Talk to the clerkship administrator if you want an AAFP membership.

5. The Farha Library ([http://wichita.kumc.edu/farha-library.html](http://wichita.kumc.edu/farha-library.html)) has many resources that students frequently access for clinical information. Two favorites are Up-To-Date and Elsevier’s Clinical Key.

6. Because prevention is a key component of family medicine, we place a lot of emphasis on the United States Preventive Services Task Force recommendations that can be accessed at [https://www.uspreventiveservicestaskforce.org/BrowseRec/Index](https://www.uspreventiveservicestaskforce.org/BrowseRec/Index).

7. Many students enjoy learning using a question-and-answer format. The AAFP allows medical students to access American Board of Family Medicine board review questions at [https://www.aafp.org/cme/cme-topic/all/bd-review-questions.html](https://www.aafp.org/cme/cme-topic/all/bd-review-questions.html). These questions tend to be case-based and are applicable to medical students studying for tests. You must have a no-cost membership to the AAFP to access the questions. Talk to the clerkship administrator if you want an AAFP membership.

8. There is no one way to study and different medical students learn through different methods. In the end, find a study method that works for you and use it consistently.
Appendix L: Family Medicine Objective Structured Clinical Examination Stations and Grading

You will rotate through 7-9 stations that include:

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

- 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 will write a SOAP note (post encounter note) following an SP encounter.

- 1 station in which you will interpret laboratory, imaging, EKG tracings, or other diagnostic data. You may be asked to apply this information during a follow-up standardized patient encounter.

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

- 2 stations where you will describe images of a dermatologic condition.

Each station may have a different amount of points assigned for grading purposes.

There may be OSCE stations which will not be used for grading purposes. These stations are being tested for future use, similar to test questions that are inserted into the NBME Subject (Shelf) Examination that are being evaluated for future use. You will not know which stations are being graded and which stations are being tested.
Appendix M: Biopsychosocial Approach to Chronic Conditions Paper Format

Paper on the Biopsychosocial Approach to Chronic Conditions

For your Biopsychosocial Approach to Chronic Conditions paper, you will need to identify a patient that you have encountered in your preceptor’s outpatient office with at least one of the following conditions.

- Obesity
- Insomnia
- Chronic pain
- Anxiety and/or Depression

Work with your preceptor to choose a patient who will be agreeable to sharing an extended history with you. The patient needs to desire treatment or help with the condition. 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 the patient’s state of health, with emphasis on the chosen condition. Interview the patient about their condition, and seek to understand how this affects their day to day life. Discuss their psychological wellbeing with them, how this contributes to their condition, and vice versa. Further, discuss social and societal factors that may affect their health and chosen condition, such as various social determinants of health (eg. access to healthy foods, a safe home environment, adequate income, etc.)

You should explore various treatments for their condition that they have tried (or not tried) and what they have found that works, if anything. What barriers have they encountered in trying different treatment options? Here are other issues to consider with the patient:

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

Physical Exam: A physical examination is not explicitly required for this project. If you feel that current physical ailments or complaints require a physical examination, please document the findings in the paper.

You should document your findings using the format shown below. The format will help ensure that you complete all required elements of the paper.
Example History and Physical Documentation

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 who 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 the history of their condition.

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

Past Surgical and Procedure History
List surgeries and procedures that the patient has undergone with approximate year.

Medications
What medications does the patient currently take? Include over-the-counter drugs, herbals and supplements in addition to prescription medications. Include the dose, frequency, and medical indication for each. 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. What is the approximate monthly cost of the patient’s medications? Are there side-effects that complicate the patient’s health and well-being? For example, a patient with depression may be on a medication that promotes weight gain.

Allergies and Drug Sensitivities
What allergies does the patient have? Are there medications the patient cannot take due to sensitivities? For example, a patient with chronic pain cannot tolerate NSAID’s due to gastric upset.

Social History
Classic social history questions such as substance use history, occupation, family life and sexual history are important. 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? Do the children live with them? Have they previously served in the military—which branch? When?

Please also delve deeper in this section to include societal factors that may contribute to their current condition. These may include questions regarding economic stability (income, housing, employment, etc.), education/literacy (grade level achieved, language preference, etc.), community environment (incarceration, discrimination, social cohesion), health care access (access to primary care, health literacy, etc.) and their neighborhood and build environment (quality of housing, environmental conditions, crime/violence, etc.). Do not feel that you need to talk about all of these with the patient,
but please ask them about 3 to 4 of these broadly, and see where the conversation goes. Does the patient feel that these factors influence their health and illness?

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

Review of Systems
A review of systems is not required for this assignment, but may be included if pertinent to the patient’s story.

Physical Examination
A physical examination is not required, but acceptable when pertinent findings may exist.

Deep Dive
For the next portion of your paper, please do a “deep dive” into your chosen topic (obesity, insomnia, chronic pain, or anxiety/depression). Explore:
− Common/accepted organic (including hereditary and genetic) influences/causes/etiolgories of the condition in question
− Common/accepted societal and environmental influences/causes/etiolgories of the condition
− Non-pharmacologic treatment options and their level of evidence
− Pharmacologic treatment options and their indications and level of evidence
− Best evidence treatment/management plan. What is the best way to approach this problem? What should be tried/considered first? When do you increase the intensity of treatment? What are second-line options?
− What resources does the patient’s local community have for patients struggling with the conditions?

Use reputable sources and cite them using AMA style (http://library.nymc.edu/informatics/amastyle.cfm)

Example of AMA citation style:


Reflection
For the final portion of your paper, please reflect on how you, your preceptor, local community and society react to patients with the condition you have chosen to explore. Has your patient experienced these reactions personally? Reflect on whether YOU see these factors impacting their condition. After completing your “deep dive” and gaining a
more in-depth picture of the life and circumstances of the patient, 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?
Appendix N: Biopsychosocial Approach to Chronic Conditions Paper Grading Rubric

Biopsychosocial Approach to Chronic Conditions Paper Grading Rubric

Student:______________________________________________

Subjective elements (30 points)_______
Condition/Patient intro (___/2)
History of Condition
- How long the patient has struggled with the condition? (___/4)
- Has control of the condition fluctuated over time? How would describe control right now? (___/4)
- What has the patient tried? What worked/did not work? (___/4)
- Barriers to obtaining or following through with different treatments (___/4)
Past Medical History and Surgical/Procedure History (___/2)
Medications, Allergies and Drug Sensitivities, noting medications possibly affecting the condition (___/4)
Social History with reflection of how it affects the condition in question (___/4)
Family History with emphasis on family members struggling with same or similar conditions (___/2)

“Deeper Dive” on Condition (40 points)_______
Common/accepted organic influences/causes/etiologies of the condition in question (___/8)
Common/accepted societal or environmental influences/causes/etiologies (___/8)
Non-pharmacological treatment options and their level of evidence (___/8)
Pharmacologic treatment options and their indications and level of evidence (___/8)
Best evidence treatment/management plan (___/4)
Local community resources (___/4)

Reflection (30 points)_______
How has student/preceptor/society treated this patient and patients with similar conditions? (___/10)
How would student approach a similar patient in the future? (___/10)
Lessons learned to become a better physician (___/10)

Significant grammar/spelling errors, typos, etc.? Yes No
If yes: few _____ -2 Moderate _______ -5 Many_______-10

Paper turned in on time? Yes No
If no, number of days late x -2 points = _______

TOTAL (100 points)_______
Appendix O: Remediation Guidelines for Clinical Clerkship Grading Failure

Remediation Guidelines for Clinical Clerkship Grading Failure

A Pass for the Family Medicine Clerkship requires a Pass on each of the following five parameters: Clinical Performance Assessment (including narratives), Professionalism, OSCE Performance, Biopsychosocial Approach to Chronic Conditions Paper, NBME Clerkship Subject Exam as well as completion of the following three activities: Observed History and Physical, Mid-Clerkship Feedback, and the Patient Log.

A Fail on any of the five parameters will result in the following remediation options.

- Clinical Performance Assessment. A Fail will result in an individual assessment by the clerkship director. Unless there are extenuating circumstances (e.g. a personality conflict with an angry preceptor), a Fail will most likely require a repeat of the clerkship.

- Professionalism. A “Pass” is expected. A Fail requires individual consultation with the clerkship director and may require a report to the Associate Dean for Student Affairs.

- Biopsychosocial paper: A Fail will require consultation with the clerkship director. A re-write of the paper may be required until a Pass is attained.

- OSCE performance: A Fail will result in consultation with the clerkship director and determination of an individual action plan. In some cases, discussion with the clerkship director may be all that is required. The outcome might be to concentrate an individual action plan on a particular OSCE station where the student received a low score, perhaps with a retest on the OSCE station. In rare instances, if performance is significantly below expectations on multiple stations, the individual action plan may require repeating the entire OSCE. In any event, the individual action plan is personalized to the educational needs of the student under the direction of the clerkship director. The clerkship director will determine the criteria for a resultant Pass on OSCE performance.

- NBME Subject Exam: If <5%ile, the exam must be repeated and passed within one year. If the second exam is <5%ile, the clerkship must be repeated and ultimately Passed.

- Any single Fail on one of the five parameters above preempts the student from a Pass with Distinction, even if a resultant Pass on the parameter is eventually attained per remediation guidelines.

Lack of completion of any of the three required activities (Observed History and Physical, Patient Log, and Mid Clerkship Feedback by the student, preceptor and clerkship director) will result in the following remediation option.

- If a required activity is not completed, consultation with the clerkship director is required. The clerkship director may Fail the student, require the activity be completed prior to finalizing the Pass grade, require successful completion of an alternate activity or relieve the student of the requirement.