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Family Medicine Clerkship Syllabus

The Family Medicine Clerkship is designed to provide third-year medical students with an introduction to the principles and practice of Family Medicine. The course exposes the students to the concepts, values and skills that are basic to this discipline. The clerkship provides an understanding and appreciation for Family Medicine through exposure to a system of comprehensive and continuous medical health care for the entire family. As a result, students should understand an approach to care that has an orientation toward the health of the person as a whole.

Goals and Objectives:

Students on any given clerkship should embrace the principles and values of the specialty they are studying at that time in order to gain the most from the experience. To emulate the principles and values in Family Medicine it may be useful to look at them from the construct of the core competencies that are used across all institutional courses and clerkships:

- The practice of Family Medicine demands a broad and deep fund of knowledge to proficiently care for a diverse patient population with undifferentiated health care needs.
- Family Physicians provide accessible, quality, comprehensive, compassionate, continuous, and coordinated care to patients in the context of family and community, not limited by age, gender, disease process, or clinical setting, and by using the biopsychosocial perspective and patient-centered model of care.
- The Family Physician must demonstrate the ability to investigate and evaluate the care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.
- The Family Physician demonstrates interpersonal and communication skills that foster trust, and result in effective exchange of information and collaboration with patients, their families, health professionals and the public.
- Family Physicians share the belief that health care is best organized and delivered in a patient-centered model, emphasizing patient autonomy, shared responsibility, and responsiveness to the needs of diverse populations. Family Physicians place the interests of patients first while setting and maintaining high standards of competence and integrity for themselves and their professional colleagues. Professionalization is the developmental process that requires individuals to accept responsibility for learning and maintaining the standards of the disciplines, including self-regulating lapses in ethical standards. Family Physicians maintain trust by identifying and ethically managing the potential conflicting interest of individual patients, patients' families, society, the medical industry and their own self-interests.
- The stewardship of the Family Physician helps to ensure high value, high quality and accessibility in the health care system. The Family Physician uses his or her role to anticipate and engage in advocacy for improvements to health care systems to maximize patient health.

PLEASE REFER TO THE MCG CORE COMPETENCIES AND THE SPECIFIC CLERKSHIP COMPETENCIES IN APPENDIX A.

Student Requirements:

During the clerkship, the students are expected to develop a knowledge base of diagnostic problems commonly seen in the practice of Family Medicine. In order for the students to accomplish the competency goals and objectives, it has been determined that they should be required to complete certain tasks during their Family Medicine Clerkship. The requirements of the clerkship are below:

Patient Encounters:

Student will evaluate, by appropriate historical and physical assessments, a minimum of **120** patients in the office or clinic. Throughout all patient evaluations, the concepts of preventive health care are emphasized, as well as the impact of illness on the health of the family. The students should observe and participate in diagnostic and therapeutic procedures done for patients whose care they are participating in as much as possible. They should subsequently present the patient's clinical case summaries orally to the faculty and make appropriate written notations in the patient's medical record and in the Patient Experience Logbook.

Students are required to document 120 patients using their Student-Patient Experience Log in One45. Failure to achieve this documentation without faculty explanation can result in decrements by the course director to your final grade. No photocopies of patient information can be taken from the practice sites you are assigned to. This constitutes a breach of patient confidentiality which has the potential for severe legal ramifications. All practice sites are in agreement that if the patient experiences are not documented in the logbook then the experience did not occur.

1. Patient Logbook Encounters should include:

- a. ***Patient demographics**
- b. ***Presenting complaint**
- c. Pertinent subjective information and patient history (PMH/ PSH/hospitalizations/ ROS)
- d. Pertinent objective data (Physical Exam, prior relevant labs/studies)
- e. ***Diagnosis**
- f. ***Chronic Conditions Past Medical History (Concurrent Dx)**

- g. ***Therapeutics** (continued and new meds)
- h. Relevant patient labs or studies
- i. Diagnostic testing needed (labs, x-rays, etc.)
- j. Treatment Plans
- k. Health Maintenance and Continuous care requirements

***Required =required element in logbook**

2. When working with the attending faculty to provide patient care you should:

- a. See and evaluate patient independently and then present that patient's case to the attending faculty during which time you want to:
 - i. Develop appropriate preliminary and differential diagnosis

- ii. Verbalize and help to institute the plan of care for a patient by: performing or ordering further diagnostic procedures, instituting specific therapies, providing patient education, and recommending follow-up for patients
- b. Write organized progress note of your patient encounters in the medical record as directed by your attending

Procedure Logs:

The students should observe and participate in diagnostic and therapeutic procedures done for patients whose care they are participating in as much as possible. You will be given a recommended procedure checklist card (**Appendix B**) to use during your family medicine rotation. We encourage active participation in procedures that your patients are taking part in under the direct supervision of your attending faculty and procedures you may encounter are not limited to what are on the card. **There are several required procedures that MUST be signed off before the end of your rotation and they are below:**

1. Completion of (3) ea. IVC & aorta POCUS studies
2. Observed HEENT Exam
3. Observed Musculoskeletal Exam
4. Observed Male Sexual History

Home Visit/Medication Reconciliation Exercise:

Often, medical students have not experienced the importance of the home environment to the overall health and welfare of their patient. **As a result, the Department of Family Medicine, in its Family Medicine Clerkship, requires each student to make a home visit to a patient they have provided some degree of continuous care to.** Selection of the individual family and arrangements for the home visit are made with the family and the home in which they reside. They collect information concerning occupational and financial resources available for medical expenses from the members of the household and investigate the family's pattern of health utilization. The students attempt to determine the emotional, physical and economic impact of the illness of the patient on the family. The student will also perform a comprehensive medication reconciliation exercise during this time. The students also determine the mechanism for decision making processes in the family and the pattern of family member interaction. Finally, the students provide a summary of the home visit where they relate relevant findings to the health and welfare of the patient. Please refer to the **Family Medicine Clerkship Home Visit form (Appendix C)** for details on the required elements for your written home visit summary. Findings will be recorded in a form on D2L so we can track completion of this requirement; **completion of this assignment on Desire to Learn (D2L), MCG's learning management system, will count for 1% of your final grade. Please also log this patient as a patient encounter in One45.**

Weekly Quizzes:

In order to facilitate self- directed learning, students will be required to take weekly "themed" quizzes based on suggested reading materials. The weekly quiz will be made available through D2L LMS the Sunday at 1200 of the beginning of each week until 1159PM on the Saturday at the end of the week. **Each weekly quiz counts as 1% of your total grade for a total of 5% of your overall grade.**

Academic Half Day:

Schedule

Thursday Afternoons 1:00 PM (AU Main, SW, SE Regional Campus')

Friday Afternoons 1:00p PM (Athens Campus)
 As directed by FM Clerkship Coordinator (NW LIC Campus)

Grading and Assessment

Case Presentation Completion Counts as 1% of Final Grade

Recommended Resources

CURRENT Diagnosis & Treatment: Family Medicine, 4e (Access Medicine Database online at library, provided by clerkship)

Family Medicine Cases on Aquifer. <https://aquifer.org>

Case Files Family Medicine. 4th Edition. (Provided by clerkship)

American Family Physician (online journal, available with student membership to AAFP)

NBME Self-Assessment Examination in Family Medicine (small fee associated with this)

Course Structure

First Session: Preceptor driven discussion of preventative health care and expectations and tutorial on technology for sessions

Sessions 2-4: Case Presentations with Content Specific Review Questions. You will receive feedback from faculty on presentations that will be emailed to you after your session by clerkship coordinator.

You will then do a summary group case discussions or NBME review question session

Session 6: NBME Shelf Self-Study, Faculty available for questions

Week	Topics	MCG's Family Medicine Core Competencies	Weekly Quiz Topic
1	Health Maintenance <ul style="list-style-type: none"> • Men • Women • Children • Geriatrics Self-Study Modules	Preventative, Women's Health, Dermatologic, Musculoskeletal, Infectious Disease	Patient Based Systems
2	Presentation: Diabetes and Hyperlipidemia and Hypertension Presentation: Congestive Heart Failure and Coronary Artery Disease Presentation: Gout and Osteoarthritis and Low Back Pain Group Discussion Review: Case One	Endocrine/Metabolic, Cardiovascular, Musculoskeletal	Musculoskeletal
3	Presentation: COPD and Asthma Presentation: Chronic Kidney Disease and Geriatric Anemia Presentation: Hypothyroidism and Thyroid Nodules Group Discussion Review: Case Two	Pulmonary, Infectious Disease, Renal, Endocrine/Metabolic, Hematologic	Integumentary
4	Presentation: Peptic Ulcer Disease and Irritable Bowel Disease Presentation: Headaches/Migraines Presentation: Depression and Anxiety Group Discussion Review: Case Three	Gastrointestinal, Psychological, Neurological	Therapeutics
5	Presentation: Vertigo and Syncope Presentation: Acute cystitis and pyelonephritis	Renal, Infectious disease, Neurological	Systems Based Practice

Presentation : Dementia NBME Review Questions Session		
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Case Presentations Format and Feedback Grading Rubric can be found in **Appendix D**.

Case Presentations:

You will be paired in groups or as individuals and be assigned case presentations at the beginning of your rotation. The case presentation format is below and will be reviewed with you during the first session of academic half day. Use one real de-identified patient you have seen in clinic for your presentations. If you do not have a patient encounter that fits your topic, you can use a related Family Medicine Aquifer cases or Case Files to come up with the patient information (but please follow the format required). An example of a case presentation is in D2L for your review. Faculty will provide you with more clinical insight after each case is presented. You can take advantage of this time by asking them questions about clinical management, interesting cases you have seen in the clinic, etc. *Please know that participation is CRITICAL to having an effective academic half day. Be ready to ask questions, provide answers to questions, and engage in discussion.*

Supplementary Self-Study Lectures

Family Medicine is broad and we can't cover everything during our 6 weeks. Please review the self-study lectures on D2L to help with topics we can't cover that may also be on your shelf exam. It is important you take this time to review this material on your own.

Self-Study Modules

- Dermatologic Conditions
- Musculoskeletal Exam review
- Obstetric and Gynecological Cases in Primary Care
- Common Pediatric Infections

Optional Suggested Case-Based Resources

These supplementary cases are optional so use for academic half day to help reinforce weekly topics. The Aquifer family medicine cases are based on the Society of Teachers of Family Medicine guidelines for Family Medicine clerkship curriculum, guidelines which the NBME for Family Medicine try to follow as well, and are great study tools. You can count any FM Case you complete as a patient encounter in One45. The *Case Files* is provided during orientation. Although not all listed, *Case Files* contains many subject reviews that cover AHD topics so can be used entirely as another alternative resource for supplemental review. Don't forget the value of using primary text to solidify your foundational knowledge about core subjects- our recommended text is listed at the beginning of this syllabus.

Suggested Self-Study Cased-Based Learning Resources

Week One

- Family Medicine Case 1. 45 year old female annual exam
- Family Medicine Case 2. 55 year old male annual exam
- Case Files Case #18 Geriatric Health Maintenance

- Family Medicine Case 31. 66 year old female with shortness of breath
- Internal Medicine Case 2. 60 year old woman with episodic chest discomfort
- Case Files 3. Joint Pain
- Case Files 53. Acute Low Back Pain

Week Two

- Family Medicine Case 6. 57 year old female presents for diabetes care visit

Week Five:

- Case Files Case #32: Dementia

Week Three

Family Medicine Case 21. 12 year old female with a fever

Family Medicine Case 28. 58 year old male with shortness of breath

Pediatrics Case 13. 6 years old with chronic cough

Case Files Case #15. Thyroid Disorders

Case Files Case #21. Chronic Kidney Disease

Week Four

Family Medicine Case 18. 24 year old female with headaches

Family Medicine Case 19. 39 year old male with epigastric pain

Case Files Case #40. Irritable Bowel Syndrome

Family Medicine Case 3. 65 year old female with insomnia

Point of Care Ultrasound:

A program in collaboration with the AU Center for Ultrasound Education and Research and the Family Medicine Clerkship incorporates Point-of-Care Ultrasound (POCUS) into the curriculum. Students will complete three (3) POCUS evaluations for abdominal aortic aneurysm (AAA) and the inferior vena cava (IVC) during the clerkship. Portable ultrasound devices will be available at the site or will be available for use for 3 weeks of the clerkship and exchanged with another student on the clerkship to complete this requirement. Instruction on use of the device will be through the AU Center for Ultrasound Education and Research with asynchronous resources available on the device. The purpose of this program is to vertically integrate previously acquired ultrasound skills from the preclinical years into the clinical years through practical application. Students will upload their studies to a secure Box account or PACS for review by the AU Center for Ultrasound Education and Research who are also responsible for remediation for those students who are unable to complete this assignment.

Therapeutics Curriculum:

We believe Family Medicine is a great place to learn about rational prescribing for patients in the outpatient setting. The components of this curriculum are incorporated into other pre-existing requirements during your rotation. You will have a required online lecture to view during orientation on concepts of rational prescribing and medication reconciliation. You will be given a targeted list of medications and their clinical pearls to focus on during your time on this rotation for self-study and reference. A therapeutics discussion tool will assist you in thinking about key concepts while in the clinic. You will apply the concepts from your lecture in the clinical setting through the required home visit medication reconciliation exercise. You will take a quiz during the rotation on these therapeutic concepts. The resources given to you during the rotation will assist you on this quiz.

Pediatric and Obstetric Half Day

We realize that every site will have varying amounts of pediatrics and obstetrical care. In order to prepare you for your shelf and give you some basic exposure to common pediatric and obstetrical

themes in family medicine, you will be given one half day off from the clinic by your faculty attending in the clinic to do four (4) Aquifer Family Medicine Cases on select pediatric and obstetric topics. You should already have access to Aquifer for this and if you have any questions or issues with access please contact the Clerkship Coordinator to assist you (agerman@augusta.edu or dseymore@augusta.edu)

There will be an attestation question on D2L that you will answer to serve as proof of completion of this requirement. Please follow MCG's honor code with attesting to completion. **Completion of this requirement will count as 1% of your final grade.**

Required Aquifer Family Medicine Cases:

Pediatrics 02: Infant well-child visits (2, 6, and 9 months)

Pediatrics 03: 3 year old male well child visit

Pediatrics 13: 6 year old female with chronic cough

Family Medicine 14: 35-year-old woman with missed period

Quality Assurance:

Quality Assurance is an activity that will be required as you go through residency and in future practice. For the purposes of this clerkship you will perform either, (1) a comprehensive chart review of one patient you have seen, preferably for a wellness visit, or (2) a Comprehensive Care module on 3 patients looking at adherence to standards for selected conditions or screenings. The first exercise is called a Patient Oriented Longitudinal Evaluation of Care (POLEC) and is a modification of a similar exercise for residents in practice. The second exercise is a modification of a Quality Improvement exercise used by practicing Family Physicians in the maintenance of certification in the specialty. Instructions on completion and evaluation are described in the section on Quality Assurance on D2L. **APPENDIX E is an example of the questions that will be asked of you on the D2L form. Completion of this assignment on D2L will count for 1% of your final grade.**

Inter-professional Education (IPE) Activity

Providing high quality care to our patients involves teamwork. As a physician, you will often work with other health professionals besides physicians to provide optimal patient care. This is especially true for Family Medicine where we care for a large population of patients with multiple complex chronic medical problems. We want you to experience this inter-professional healthcare collaboration during this rotation. During your six-week Family Medicine clerkship, you will be required to collaborate with another health care professional to aid in the care of a patient that you are providing care for in the clinic. This will not be difficult, as this inter-professional collaboration happens seamlessly on a regular basis at our sites in different ways.

General Instructions:

Collaborate with a health professional of another discipline for the care of one patient that you have seen in the clinic. Each site has identified a possible scenario for this to take place so work with your attending on this collaboration. You will be required to document this experience in One45 detailing the type of health care professional you worked with and the way in which you

worked with them. Examples of IPE experience could be working with nurse or medical assistant to give your patient an immunization, do diabetic teaching, or draw blood work. Another example may be accompanying a patient you have seen in the clinic to their nutrition consultation or physical therapy consultation appointment. A third example could be collaborating with an on-site pharmacist about your patient's medications. Each site will have different opportunities available, so talk with the attending physician about what you can do at your specific site to meet this requirement. If you have not had an IPE experience by week 3 of the clerkship please let the clerkship coordinator, Dayna Seymore, know and we will find an opportunity for you.

Student Evaluation:

Mid-Rotation Feedback Form:

Mid-rotation feedback is an opportunity for you to sit down with your attending faculty and discuss your clinical performance and way you can continue to improve and excel during your rotation. This is a required element of your rotation and all of our clinical faculty are aware of this requirement. At the mid-point of your rotation, the clerkship coordinator will distribute a form (**See Appendix F**). This form will have a section for you to fill out before your meeting with your preceptor. After you fill out this form, you will set up a meeting with your attending for formal feedback on your performance in the rotation. A copy of the completed mid-term evaluation form should be turned into the clerkship coordinator no later than the Friday of the 4th week of the rotation; *this can be faxed, scanned & emailed, or provided via a paper copy.*

Final Evaluation:

The students are to be evaluated using several different methods. Here is the breakdown:

Clinical Performance	70%
Weekly Quizzes	5%
Academic Half Day Case Presentation	1%
Home Visit/Medication Reconciliation Exercise	1%
Quality Assurance Exercise	2%
Pediatric/OB Virtual Half Day	1%
NBME Shelf Exam	20%

First, the student's clinical performance will be judged based on the completion of the clerkship requirements using a mid-term evaluation form and a final evaluation form especially designed for this purpose. The evaluation form will be completed by the faculty member who has had the most contact with the student and who has observed his/her performance in relation to the stated goals and objectives of the course. This evaluation represents 70 percent of the student's final grade.

Please See APPENDIX G for an example of your final clerkship evaluation form which will be filled out by your preceptor to determine your clinical grade.

Students are required to complete a weekly 'themed' quiz that is based on suggested reading material related to that theme. Each of the five (5) quizzes constitutes 1% of the final grade. The quiz opens on Sunday at 1200 and is available through 1159PM Saturday. There is only one opportunity to take each quiz.

You will be given completion credit as listed above for one academic half day presentation, the home visit and medication reconciliation exercise, the quality assurance exercise, the and Pediatric/OB virtual half day.

Lastly, the student's overall medical knowledge of some of the subject material in Family Medicine will be assessed with the NBME Subject examination which accounts for the remaining 20 percent.

The students receive a comprehensive summary of their performance at the end of the rotation.

Course Evaluation:

The effectiveness of the course and the quality of the clinical teaching is assessed by the students using a form especially designed for that purpose. The overall effectiveness of the learning opportunities is judged by the course directors using the information derived from the students' evaluations and their observations of the components which constitute the course.

Each student is debriefed concerning his/her experiences on the Family Medicine Clerkship at the end of the course. These candid comments are compiled by the director and disseminated to the faculty to reinforce positive findings and seek ways to address negative findings.

The availability of appropriate clinical teaching material is determined by a computer analysis of the student's Patient Experience Logbook. This provides information on the number, sex, and race distribution of presenting problems, diagnosis, laboratory usage, office procedures and medication prescribing experience. This analysis is shared with the various teaching sites to ensure a continual source of appropriate patient encounters.

You will be provided a course evaluation at the end of the rotation so that we may evaluate your experiences and continue to provide a great rotation for our students that rotate through the family medicine clerkship (**APPENDIX H**).