Family Medicine
OM7114
Clerkship Rotation Syllabus

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<th>CLASS OF</th>
<th>2021</th>
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<tr>
<td>DATES</td>
<td>2019-2020</td>
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<td>CONTACT HOURS</td>
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<td>ASSESSMENT TOOLS</td>
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<td>Clinical Performance-Preceptor Evaluation(s)</td>
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<td>Cognitive (COMAT) Performance</td>
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<td>Completion of Case Modules</td>
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<td>Completion of Case Logs</td>
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<td>Completion of Student Evaluation of Rotation</td>
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<td>TRANSCRIPT CATAGORIES</td>
<td>Honors/Pass/Fail</td>
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<td>LOCATION</td>
<td>Rotation Site</td>
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<td>CLERKSHIP DIRECTOR</td>
<td>Karen Vaillant, MD</td>
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<tr>
<td>COURSE COORDINATOR</td>
<td>Wendy Zuniga</td>
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Course Description

The Family Medicine clerkship consists of two four week blocks of Family Medicine. This primary care specialty provides first contact, ongoing, and preventive care to all patients regardless of age, gender, culture, care setting, or type of problem. Family Medicine clinical experiences allow students to understand how context influences the diagnostic process and management decisions. Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations. Family Medicine clerkships across the country provide a wide variety of educational experiences, due to the breadth of care provided by family physicians. In a positive sense, this breadth gives clerkship directors the autonomy to address regional variation in prevalence of diseases, supplement areas of need in their medical schools’ curriculum, and infuse content with their faculty’s preferences.

July 16, 2019
**Course Goals**

1. Demonstrate the unequivocal value of primary care as an integral part of any health care system.
2. Acquire an approach to the evaluation and initial management of acute presentations commonly seen in the office setting.
3. Acquire an approach to the management of chronic illnesses that are commonly seen in the office setting.
4. Acquire an approach to conducting a wellness visit for a patient of any age or gender.
5. Model the principles of Osteopathic Family Medicine care.
6. Discuss the principles of Osteopathic Family Medicine care.
7. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
8. Manage follow-up visits with patients having one or more common chronic diseases.
9. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
10. Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
11. Discuss the critical role of Osteopathic family physicians within any health care system. Achievement of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.

**Course Objectives**

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<thead>
<tr>
<th>Objective</th>
<th>Osteopathic Core Competencies</th>
<th>Programmatic Level Educational Objectives</th>
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<tbody>
<tr>
<td>1. Recognize the Osteopathic Philosophy is applicable to all patients</td>
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<td>2. Identify those patients who would benefit from Osteopathic Manipulative Medicine</td>
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<td>3. Appropriately Educate inquisitive patients and their family, naïve to osteopathic Philosophy.</td>
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<td>2</td>
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<td>4. Assess the type of level of care needed for the particular encounter.</td>
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<td>1,4,5,6</td>
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<td>5. Utilize appropriate health maintenance screening protocols.</td>
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<td>6. Apply their knowledge in the basic and clinical sciences to the care of their patients.</td>
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<td>1</td>
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<td>7. Demonstrate the ability to assess a patient in differentiate the need for urgent versus non-urgent care.</td>
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<td>8. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.</td>
<td>1,2</td>
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<td>9. Employ viable treatment plans within the</td>
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confines of clinical data available, and within the socioeconomic capability of the patient and/or family.

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<td><strong>10. Facilitate and support his/her own education by reading current journal publications and utilizing information technology</strong></td>
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<td><strong>11. Use effective written, verbal and nonverbal language.</strong></td>
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<td><strong>12. Illustrate the attributes of a team player.</strong></td>
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<td><strong>13. Utilize active listening skills.</strong></td>
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<td><strong>14. Demonstrate respect, empathy, and integrity.</strong></td>
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<td><strong>15. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.</strong></td>
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<td><strong>16. Recognize the role of the Family Physician as a member and coordinator of the healthcare delivery team.</strong></td>
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<td><strong>17. Recognize social and economic factors that affect patient care.</strong></td>
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<td><strong>18. Practice quality cost-effective healthcare.</strong></td>
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<td><strong>19. Identify and collaborate with the various people/facet’s involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.</strong></td>
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<td><strong>20. Realize the Family Physician’s role in community and society.</strong></td>
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**Required Resources and Equipment**

Required reading may be assigned during the Family Medicine clerkship by your preceptor or by the Clerkship Director.

The suggested reading and resources are available in the library at BCOM or e-library.

1. The Color Atlas and Synopsis of Family Medicine, 3rd Edition by Richard P. Ustaine
2. Case Files: 1. Medical Ethics & Professionalism by Eugene C. Toy
4. Up to Date
6. The Harriet Lane Handbook by Johns Hopkins Hospital
Student Responsibilities Regarding Patient Supervision

All medical activities involving medical students must be supervised by a licensed physician responsible for the care of the patient. The supervising physician has the responsibility for determining the level of supervision needed.

Equipment

Students are required to bring their stethoscope to each rotation. Additional equipment will be recommended at the discretion of your site attending.

Grading Information

Assignment of Grades

A grade for each rotation will be assigned by the Clerkship Director or her/his designee. A letter grade of P-Pass, F-Fail or H-Honors will be assigned for each third year core rotation. Elective and Emergency medicine rotations shall only be graded as P-Pass or F-Fail.

Elements of Rotation Grading

Each third year core rotation will have five (5) elements contributing to the final grade and each element must be individually passed to pass the clerkship:

- Clinical Performance-Preceptor Evaluation(s)
- Cognitive (COMAT) Performance
- Completion of Case Modules
- Completion of Case Logs
- Completion of Student Evaluation of Rotation

Clinical performance will be graded by the supervising preceptor. This assessment (see Student Assessment Form) includes ten (10) questions designed to assess academic skills and core competency acquisition. Grading on elective rotations will be solely determined by this assessment. Students are expected to achieve a score of 2 or 3 for each domain. An average score of at least 1.7 on all observed skills and competencies must be obtained to pass this element.

In addition to the requirements above, students must receive a minimum score of two (2) on the preceptor’s assessment of Professionalism (Question 7) to pass this element.
Cognitive performance will be measured by the end-of-rotation COMAT exam. The NBOME provides a conversion table to obtain a percentile rank from the student’s raw score. A percentile rank of 3 corresponds to a raw score of 81 and is -1.88 Standard Deviations below the national adjusted mean. A minimum raw score of 80 is needed to pass this element.

Clinical reasoning will be assessed through completion of the assigned online case modules. Completion of all case module is required to pass this element. The student will not be permitted to sit for the COMAT exam if the case module is not completed **by the last Wednesday of the rotation.**

**Attainment of Honors**
Attainment of Honors (H) for each third-year core rotation will be limited to the highest performing 10% of the class based on cumulative points earned for the rotation. Honors for all core rotations will be determined at the end of Year 3 when all final assessments have been recorded. The Clerkship Directors will identify the top 10% of students who will receive the honors designation.

**Student Evaluation of the Preceptor/Site/Rotation**
Students are required to complete evaluations on New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the development of faculty development programs. An annual summary of student comments will be reported anonymously to preceptors and training sites to assist them in making improvements to the rotations that they provide. The evaluations are to be completed by 8:00 AM on the last Friday of the rotation. Students will receive a notice from New Innovations with a link to the evaluations. Students need to complete this evaluation in order to receive a passing grade.

*Failure to complete each clerkship evaluation in a timely manner may result in a finding of non-professional conduct.*

**Failure of a Rotation and Remediation**
A failure of any graded element as described herein will result in failure of the rotation. The requirements for remediation will be determined by the Clerkship Director. This may require a repeat of the COMAT exam and attainment of a minimum passing grade, completion of outstanding cases, or repeating all or part of the clerkship experience. When successfully completed, a remediated passing grade will be so designated on the student’s final transcript.

*All Year 3 rotations must be successfully completed to advance to Year 4. The need to repeat any failed clinical rotations may result in a delay in graduation.*

**Assignments**

**Medical Student On-line Modules:** The medical student will receive an invitation through “Aquifer” to complete registration and instructions to the coarse content. Please select Aquifer Family Medicine (fmCASES) and complete the 16 cases.

Completion of cases is required prior to end of the second Family Medicine rotation. Required Clerkship
Clinical Modules: The Family Medicine Clerkship is using Aquifer clerkship clinical modules for the key areas covered during your rotation. You must complete 2 case modules per week making it a total of 16 by 2nd Family Medicine rotation. The case modules for Well Adult Care for Men and Women are mandatory. Student may choose any of the other family medicine modules to complete the 16 cases. Each student must complete 100% of required clerkship clinical modules before taking the COMAT exam on the last day of the second rotation. Case Modules are due last Wednesday of 2nd rotation.

Required Web-based Courses: These electronic programs are the basis of educational requirements during clinical rotations. Clinical Modules give structure to protected academic time and independent learning. For this purpose, BCOM makes available several web-based educational resources.

The course coordinator will monitor the student’s completion of each required module.

**Patient Encounter and Procedure Log:**

Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations before the end of the second Family Medicine Rotation. If your preceptor does any of the following procedures, please enter them in your New Innovations Procedure Log by the last Wednesday of the rotation.

This list is comprised of procedures commonly done in a family Physician’s office. If you participate in any of the procedures be sure to document them in your procedure log. Note these procedures are not required but are examples of procedures you may do by the end of your Family Medicine rotations, you should be able to demonstrate the steps and techniques uses when performing these procedures.

**List of Procedure Logs:**

- a. Arthrocentesis
- b. Application of splint/cast
- c. Quick strep, throat swab – technique & interpretation
- d. Urine dipstick - technique & interpretation
- e. Skin Biopsy
- f. Pap Smear
- g. EKG – recognize normal and abnormal patterns
- h. CXR – recognize pneumonia, pneumothorax, COPD, Congestive heart failure, fractured ribs
- i. Vaginal Swabs – Wet prep & KOH specimens
- j. Use of various depression scales, questionnaires
- k. Mini-mental status exam
- l. SLUMS- St. Louis University mental status exam
- m. Stool of occult blood – technique and interpretation

**List of Diagnoses Logs:**

- a. Acute Respiratory Infection

July 16, 2019
b. Addiction and substance abuse
c. Arthritis
d. Asthma, COPD
e. Back pain – acute and chronic
f. Depression/anxiety
g. Diabetes type II
h. Dyslipidemia
i. Elder care – Medicare annual wellness visits
j. Fatigue
k. Genitourinary problems – UTI, STD’s
l. Headache
m. Hypertension
n. Menopause and menstrual disorders/ osteoporosis
o. Pregnancy
p. Obesity
q. Skin problems/ rash
r. Stroke – Cerebrovascular Accident
s. Well Adult Care
t. Well Child Care
u. Cardiovascular Disease (Asymptomatic or symptomatic)
v. Thyroid/ parathyroid disease
w. Growth & Puberty presentations
x. Gastrointestinal Disorders – eg: GERD, rectal bleeding, abdominal pain, poisonings, small & large bowel disorders.

After completing the Family Medicine Clerkship, the students should be able to:

1. Describe the characteristic, historic, physical and biopsychosocial features of the following conditions commonly seen as acute presentations in family medicine clinics:
   a. Abdominal pain
   b. Back pain
   c. Chest pain
   d. Cough
e. Depression
   f. Dizziness
g. Diarrhea
   h. Ear pain
   i. Fatigue
   j. Fever
k. Joint Pain
l. Headache
m. Memory loss
n. New Skin Lesion
o. Rash – common rashes and skin lesions
p. Runny nose/ congestion
q. Shortness of breath
r. Sore throat
s. Urinary problems – male and female
t. Vaginal discharge, abnormal vaginal bleeding
u. Wheezing

Common cancers: Breast, Lung, Colon, Cervical

2. Formulate and perform a clinical evaluation on these health issues. Include 8-10 most common differential diagnoses for each problem/disease, “red flags” and key components in the history, focused physical examination, diagnostic strategies, and appropriate therapeutic management.

Learning Topic List:

a. Acute Respiratory Infection
b. Addiction and substance abuse
c. Arthritis
d. Asthma, COPD
e. Back pain – acute and chronic
f. Depression/anxiety
g. Diabetes type II
h. Dyslipidemia
i. Elder care – Medicare annual wellness visits
j. Fatigue
k. Genitourinary problems – UTI, STD’s
l. Headache
m. Hypertension
n. Menopause and menstrual disorders/ osteoporosis
o. Pregnancy
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s. Well Adult Care
t. Well Child Care
u. Cardiovascular Disease (Asymptomatic or symptomatic)
v. Thyroid/ parathyroid disease
w. Growth & Puberty presentations
x. Gastrointestinal Disorders – eq: GERD, rectal bleeding, abdominal pain,
poisonings, small & large bowel disorders.

3. List the preventive health recommendations of the U.S preventive services task force – for any age or gender.

4. Clinical Experience
   a. Conduct a complete history and physical exam on a patient presenting with new or chronic problems or health care maintenance exam.
   b. Present cases concisely; describing the patient’s complaints, Hx history of present illness, past medical and surgical history, social and family history, description of physical findings, and list of problems, differential diagnoses and suggested plan.
   c. Complete a comprehensive write-up of the patient encounter.

5. Demonstrate the steps and the techniques used when performing the following procedures (which are commonly done in family physician’s offices)
   a. Arthrocentesis
   b. Application of splint/cast
   c. Quick strep, throat swab – technique & interpretation
   d. Urine dipstick - technique & interpretation
   e. Skin Biopsy
   f. Pap Smear
   g. EKG – recognize normal and abnormal patterns
   h. CXR – recognize pneumonia, pneumothorax, COPD, Congestive heart failure, fractured ribs
   i. Vaginal Swabs – Wet prep & KOH specimens
   j. Use of various depression scales, questionnaires
   k. Mini-mental status exam
   l. SLUMS- St. Louis University mental status exam
   m. Stool of occult blood – technique and interpretation
Patient Procedure Encounter Worksheet

*all logs must be permanently entered into New Innovations by the last Wednesday of rotations; this is a guide since you might not have computer access.

<table>
<thead>
<tr>
<th>Patient Number or Initials</th>
<th>Patient Diagnosis</th>
<th>Procedure</th>
<th>Participation*</th>
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*Participation: Observation, Partial, Total

This case log must be entered into the New Innovations no later than last Wednesday of rotations
Course Communication

Students are expected to monitor their BCOM email and are responsible for all communications sent to their official email address. Students are expected to monitor their BCOM email and are responsible for all communications sent to their official email address. Students are also expected to monitor E-mail, LEO, New Innovations, and Aquifer.

Policies and Procedures

Information regarding course grades, attendance (including excused absences), exam procedures, remediation, appeals, acceptable use of technology, honor code, professional attire, and related policies are stated in the current Student Handbook. Policies regarding non-discrimination, accommodations for disabilities, and Title IX are also referenced within the Student Handbook. All policies and procedures stated therein will apply during this course.

The Student Handbook may be accessed through the BCOM website:

For information regarding emergency or inclement weather, refer to the Campus Safety and Security page on the BCOM website:

For information regarding Clerkship Rotations, refer back to the Student Clerkship Manual on the BCOM Website:

Statement Regarding Reservation of Power

The curriculum, assignments, schedule, syllabus, and any information contained within the course can be altered or changed at any time. In the event of any alterations during the course, students will be informed officially through their BCOM email. It is the student’s responsibility to obtain the changes or notices even if absent from class.

Appendix

A. Programmatic Level Educational Objectives

*Graduates of the BCOM Doctor of Osteopathic Medicine degree program will be able to:*

1. Integrate knowledge and skills acquired from the biomedical, clinical, social, and behavioral sciences to provide patient care in a supervised setting.
2. Demonstrate competence in the skills of osteopathic manipulative treatment and the application of osteopathic philosophy in patient care.
3. Demonstrate professionalism, characterized by honesty, integrity, ethical behavior, empathy, and responsibility.
4. Communicate effectively with patients, families, faculty, peers, and other members of the healthcare team.
5. Critically appraise, evaluate, and apply scientific evidence to inform patient care and research.
6. Demonstrate awareness of the roles and interactions of professionals within the healthcare system and identify resources to optimize patient care at the individual and community levels.
7. Identify the specific healthcare needs of diverse populations and the ways in which the medical community responds.

B. AOA Osteopathic Core Competencies

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice