

Family Medicine Clerkship Syllabus

Clerkship Description

Welcome to the West Virginia University Department of Family Medicine and your Family Medicine Clerkship. Our goal is to provide you with an opportunity to enhance your clinical and interpersonal skills in a supportive and stimulating learning environment.

Over the eight weeks (Eastern Division, 24 weeks), you will have the opportunity to experience Family Medicine in a variety of settings of the three clinical campuses (Morgantown, Charleston and Eastern). In addition, you will spend nearly four weeks at a community site working intimately with an experienced Board Certified Family Medicine Physician with WVU School of Medicine Faculty Appointment. All of these opportunities will give you an "up close and personal" glimpse of what Family Medicine has to offer in terms of the care of individuals, families and communities.

The essence of Family Medicine involves the expert management of relationships, knowledge, skills and technology. As Family Physicians, we strive to "see the big picture" by serving as healthcare advocates and by promoting prevention and wellness. We also focus on addressing the physical, psychological, social and spiritual needs our patients within the context of family and community.

Family Medicine is broad in scope and academically challenging. Our patients are diverse and their healthcare issues are challenging. Our clerkship requirements are demanding and will require you to develop new skills and perhaps a new way of thinking. Yet in the end, you will come away with a keener sense of both the vulnerability and resiliency of the human condition and the privileged role that we, as physicians, play in the lives of those we serve.

During your Family Medicine Clerkship, you will come to realize the core values that help to define Family Medicine.

These values include:

- Respect - recognizing the value of all persons as unique individuals and deserving of quality care
- Integrity - utilizing critical thinking and intellectual curiosity honestly and within acknowledged limits to balance conflicting medical, psychosocial, and spiritual priorities
- Integration - implementing comprehensive care for the whole person within the context of family, community and culture
- Collaboration - actively engaging the skills, talents and resources of medical colleagues, other healthcare professionals and community organizations in a patient-centered care environment

Our curriculum is designed to teach you a logical and compassionate approach to caring for patients of all ages and with diverse needs. You will be challenged by participating in emergency and acute care management, chronic disease management, preventative care, and wellness promotion. You will be stimulated by applying evidence-based principles to the everyday practice of medicine. You will be supported in your quest to develop new skills and to perform common outpatient procedures.

Lastly, you will be guided by a dedicated staff of faculty and residents who are committed to excellence in both teaching and patient care. We sincerely hope that our Clerkship in Family Medicine meets your own learning| needs and professional goals. Regardless of your clinical interests, the skills and principles learned during this clerkship will serve as a solid foundation for the years ahead. We are honored to offer you this learning experience and we wish you well as you begin this journey of exploration with us.

Semester/Year: 2013-2014

Schedule: Campus specific

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Clerkship Objectives (listed under School of Medicine Competencies):

Patient Care

Acute and Chronic Illness

- Collaborate with health care professionals, including those from other disciplines, to provide patient-centered care and preventive services across the lifespan.
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities when providing care.
- Collect and incorporate appropriate psychosocial, cultural, and family data into a patient management plan.
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences scientific evidence, and clinical judgment.
- Describe the continuing role and responsibility of the family physician in the care of patients during the process of consultation and referral.
- Develop and implement a management plan for common, acute illnesses using a focused, problem-oriented assessment.
- Participate in a chronic disease management plan in partnership with the patient, patient's family, and other health care professionals that enhances functional outcome and quality of life.
- Counsel and educate patients and families about acute and chronic illnesses.
- Perform office-based procedures under supervision of a family physician.
- Recognize the need for the family physician's continuing role and responsibility in the care of patients during the process of consultation and referral.

Prevention and Wellness

- Apply screening protocols based on guidelines and recommendations to identify risks for disease or injury and opportunities to promote wellness for the following care groups:
 - Child care (e.g. nutrition, immunizations)
 - Adolescent care
 - Adult (e.g., hypertension, hypercholesterolemia, diet, CAD, CA, HRT, substance abuse, environmental exposure, occupational disease, STD)
 - Maternity care
 - Geriatric (e.g., advance directives)
- Counsel patients and their families about serious effects of harmful personal behaviors and habits and appropriate health maintenance strategies.
- Apply culturally appropriate behavioral change strategies (e.g., smoking cessation) to support patient wellness.
- Use appropriate technology (e.g., Web-based, hand held computer) to support patient education and disease prevention activities.

Community and Population Medicine

- Describe the social, community, and economic factors that affect patient care.
- Describe community-based interventions to modify or eliminate identified risks for disease or injury.

Medical Knowledge

Acute and Chronic Illness

- Describe the prevalence and natural history of common problems and illnesses over the course of individual and family life cycles.
- Reflect upon and discuss the complexity of providing longitudinal, comprehensive, and integrated care for patients with common, chronic medical problems.
- Integrate and apply the basic and clinically supportive sciences, appropriate to the discipline of family medicine.
- Demonstrate an investigatory and analytic thinking approach to clinical situations.

Prevention and Wellness

- Identify prevalent diseases, injuries, and conditions in which prevention plays a role.
- Demonstrate basic knowledge of the complex factors involved in behavioral change.
- Define primary, secondary, and tertiary prevention.
- Define characteristics of a good screening test (e.g., explain lead time bias).
- Describe the principles of behavioral change strategies (e.g., smoking cessation).
- Recognize the impact of cultural diversity on health promotion and disease prevention issues at the individual and community level.

Community and Population Medicine

- Compare and contrast the epidemiology of diseases seen in primary and tertiary care settings and discuss the implications of this epidemiology for the care of patients in these settings.
- Recognize and interpret relevant laws and regulations relating to protection and promotion of public health.
- Interpret the findings of an outbreak or cluster investigation as it applies to prevention and patient education.

Practice-Based Learning and Improvement

Acute and Chronic Illness

- Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems.
- Demonstrate an understanding of the need to make basic diagnostic and treatment decisions that consider the limitations of clinical data.
- Describe the benefits of providing longitudinal, comprehensive, and integrated care for patients with common, chronic medical problems.
- Analyze the impact of referral patterns within a family practice context.
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, up-to-date scientific evidence, and clinical judgment.

Prevention and Wellness

- Demonstrate basic knowledge needed for selecting protocols and strategies to reduce of identified health risks for patients and communities.

Community and Population Medicine

- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
- Use appropriate screening tools and protocols for health maintenance in specific populations, including immunizations across the age spectrum.
- Use information technology to manage information, access current medical information, and support personal education.
- Analyze practice experience and perform practice-based improvement activities using systematic methodology.
- Obtain and utilize information about populations of patients, including health risks to communities.
- Describe and discuss the forces that affect the process, timing, and reasons for the patient to seek medical care.
- Discuss the diagnosis of common, acute, and undifferentiated medical problems using probability estimates of disease prevalence specific to the geographic and socioeconomic community of the practice location.

Interpersonal and Communication Skills

Acute and Chronic Illness

- Create and sustain therapeutic and ethically sound relationships with patients and families utilizing a patient-centered approach
- Encourage patients with episodic or acute illnesses to seek continuing medical care.
- Document appropriate information for acute and continuing care in the patient's record.
- Participate in consultation and referral to other health care professionals.
- Demonstrate effective and respectful communication with other health care professionals and clinical faculty.
- Demonstrate the ability to communicate effectively with patients and families through an interpreter.
- Effectively educate the patient and concerned person/caregiver in a triangular relationship.

Prevention and Wellness

- Translate epidemiological findings and guidelines into patient recommendations for a specific disease prevention intervention.

Community and Population Medicine

- Participate in a community-based interdisciplinary team session and/or a community-based service learning project.

Professionalism

Acute and Chronic Illness

- Describe the importance of maintaining continuing professional responsibility for the patient's and family's health care.
- Demonstrate respect for patients and families in the referral and consultation process.

- Perform concise, problem-focused presentations of patients that reflect critical thinking in clinical decision making.
- Demonstrate respect for patient confidentiality and privacy regulations.

Prevention and Wellness

- Avoid imposing personal values by using non-directive counseling when appropriate.
- Demonstrate respect for patients whose lifestyles and values may be different from those of the student.

Community and Population Medicine

- Recognize limits of personal knowledge.

Systems-Based Practice

Acute and Chronic Illness

- Advocate for quality patient care and assist patients in dealing with system complexities.
- Recognize the barriers to coordination of health care and recommend improvements.
- Describe the role of the family physician as coordinator of care.
- Recognize appropriate consultation resources, both medical and non-medical, in discussing effective use of resources.
- Recognize and explain the various settings in which family physicians provide care and the integration of care that occurs across these settings.

Prevention and Wellness

- Understand how the prevalence of disease in a population changes the predictive value of a screening test (e.g., PSA screening and ethnicity).
- Demonstrate knowledge of epidemiological studies, including data collection, biostatistical techniques, study design, and implementation of results.
- Describe strategies for patient education and disease prevention that can be implemented with those who do not present for care on their own.

Community and Population Medicine

- Analyze the health of a community, using census, vital statistics, public health data, and other appropriate sources of data.
- Describe methods of controlling health care costs and allocating resources that do not compromise quality of care.

Text:

Essentials of Family Medicine: Recommended

Edition: 6th

Author: Philip Sloane, Lisa Slatt, Mark Ebell, Louis Jacques, Mindy Smith

Publisher: Lippincott, Williams and Wilkins

Soft Cover

Family Medicine Cases: Recommended

Med U - online

<http://app.med-u.org/player/app/homepage.html>

Evaluation and Grading:

The Department will issue a final grade on this clerkship consistent with School of Medicine policy to include:

H = Honors, S = Satisfactory, U = Unsatisfactory or I = Incomplete

All letter grades are accompanied by a narrative description of performance in each of the core competencies and composed by the course director. Both the letter grade and narrative summary are forwarded to the Associate Dean of Student Services office at the completion of the clerkship.

In order to pass this clerkship a student will be expected to do all of the following:

- 1) Earn a raw score on the NBME Family Medicine Core Shelf Exam that is at least equal to the 10th National Percentile Rank. (Determined at the beginning of the academic year based on the most recent year-end percentile rankings report)
- 2) Earn clinical evaluations (clinic audits, advisor evaluations, and rural evaluations) that reflect the student at least meets expectations for level of training in each of the six core competencies. (Meeting expectations equates to a 75.0% average or better)
- 3) Log into e-value and complete all of the required patient encounter documentation.
- 4) Complete and turn in for evaluation the 3 required History and Physicals and score 75.0% average or better (10 points will be deducted for any H&P turned in after the 72 hour deadline)
- 5) Complete the requirements of your oral presentation with an evaluation score of 75.0% or better.
- 6) Have narrative comments reflecting that you meet expectations for the six core competencies.

The breakdown of how each of the components figures into your final grade is listed below:

#1 CLINICAL COMPONENTS		#2 EXAM COMPONENTS	
Clinic Audits	20% of grade	Mid-Block Quiz	05% of grade
Oral Presentations	05% of grade		
H&P's	05% of grade	Raw Score on NBME Family Medicine Shelf Exam	25% of grade
FM Advisor/Wards Evals.	20% of grade		
Rural Advisor Evals	20% of grade		

Totaling	70% of clerkship grade	Totaling	30% of clerkship grade

Likert Scale Point Values

1 = 25 ,1-2 = 37.5, 2 = 50,2-3 = 62.5, 3 = 75, 3-4 = 80,4 = 85,
 4-5 = 92.5
 5=100

#3 OVERALL GRADE AND HONORS

The overall grade will be determined by adding the Clinical Component grades and the Exam Component grades. This overall grade will be used for honors determination with the top 15% of the students receiving honors. Honors will be determined at the end of the academic year. All scores will be rounded to the nearest tenth of a point using standard mathematical calculations.

SAMPLE GRADE CALCULATION :

For the purposes of this example the fictional medical student received the following averages:

Clinical Audits 91.3, Oral Presentation 92.5, H&P's 95.3, Advisor and Wards Evaluations 85.4, Rural Advisor Evaluation, 89.8. All of their scores were greater than 75.0 so they would pass the clinical components. He received a NBME raw score of 72 which equates to a 67th percentile using the current conversion. Since this was greater than 10th percentile they passed the exam portion. They scored 86.4% on their mid-block quiz.

Clinic Audits	91.3 x .20 = 18.3	
Oral Presentation	92.5 x .05 = 4.6	
H&P's	95.3 x .05 = 4.8	
Advisor and Wards Evals	85.4 x .20 = 17.1	
Rural Advisor Evals	89.8 x .20 = 18.0	
	Total 62.8	
NBME raw score	72 x .25 = 18.0	
Mid-Block Quiz	86.4 x .05 = 4.3	
	Total 22.3	
Clinical	62.8	
Exam	<u>22.3</u>	
Total	85.1	

85.1 is the final clerkship grade and this is the score that will be used to rank for Honors.

Narratives:

In addition to the numerical score in determining the official S+, S, U grade designations in the School of Medicine, narrative evaluations will be prepared to report the student's progress. The narratives will provide descriptive evidence of student performance to assist the Committee on Academic and Professional Standards to understand the nature of the student's strengths and/or weaknesses. These narrative evaluations can be a flag that indicates to the Committee on Academic and Professional Standards that students may be having academic and professional difficulty. Narratives will be forwarded to the Dean and become a part of the student's permanent record.

Mid Block Quiz:

The mid-block quiz will be taken from the following **Med - U online cases** and their corresponding **Essentials of Family Medicine - 6th Ed.** textbook chapters. Review of either should be sufficient to answer the questions on the quiz.

24 multiple choice questions on the quiz. Online through SOLE.

Chapter 6 Well Adult Care	Case 1 Female Annual Exam and Case 2 Male Annual Exam
Chapter 9 Chest Pain	Internal Medicine ****SIMPLE Case 2 Episodic Chest Discomfort
Chapter 10 Common Chronic Cardiac Conditions	Case 31 Shortness of Breath
Chapter 11 Hypertension	Case 8 Elevated Blood Pressure
Chapter 12 Venous Thromboembolism	Case 7 Leg Swelling
Chapter 13 Diabetes	Case 6 Diabetes Care Visit
Chapter 18 Sore Throat	Case 23 Sore Throat
Chapter 19 Abdominal Pain	Case 15 Right Upper Quadrant Pain
Chapter 21 Dyspepsia	Case 19 Epigastric Pain
Chapter 38 Shoulder Problems	Case 25 Shoulder Pain
Chapter 42 Dizziness	Case 33 Dizziness
Chapter 50 Depression	Case 3 Insomnia
Chapter 52 Asthma	Case 13 Persistent Cough
Chapter 55 COPD	Case 28 Shortness of Breath

NBME Shelf Exam:

The **recommended** study material for the NBME shelf exam is the Essentials of Family Medicine 6 Edition textbook by Sloane et al. Students may also choose to utilize the Med-U fmCases (<http://app.med-u.org/player/app/homepage.html>) to study for the shelf. The 40 cases included encompass the entire National Family Medicine Curriculum which the shelf test is based on. The following is a breakdown of what is on the NBME Family Medicine Core Shelf Exam.

Distribution Across Age Groups	
Childhood	5%–15%
Adolescence	5%–10%
Adulthood	65%–75%
Geriatric	10%–15%
General Principles	
	10%–15%
Infancy and childhood (normal growth and development)	
Adolescence (sexuality, separation from parents/autonomy; puberty)	
Senescence (normal physical and mental changes associated with aging)	
Medical Ethics and Jurisprudence	
Applied Biostatistics and Clinical Epidemiology	
Patient Safety	
Organ Systems	
Immunologic Disorders	1%–5%
Diseases of the Blood and Blood-forming Organs	1%–5%
Mental Disorders	5%–10%
Diseases of the Nervous System and Special Senses	5%–10%
Cardiovascular Disorders	10%–15%
Diseases of the Respiratory System	10%–15%
Nutritional and Digestive Disorders	10%–15%
Gynecologic Disorders	5%–10%
Renal, Urinary, and Male Reproductive System	5%–10%
Disorders of Pregnancy, Childbirth, and the Puerperium	1%–5%
Disorders of the Skin and Subcutaneous Tissues	1%–5%
Diseases of the Musculoskeletal System and Connective Tissue (<i>content allocation increases to 15%-20% with the addition of the Musculoskeletal module</i>)	5%–10%
Endocrine and Metabolic Disorders	5%–10%
Physician Task	
Promoting Health and Health Maintenance	15%–20%
Understanding Mechanisms of Disease	5%–10%
Establishing a Diagnosis	30%–35%

Applying Principles of Management

25%–
30%

FAILURE TO OBTAIN A SCORE OF 10% PERCENTILE OR HIGHER ON THE NBME FAMILY MEDICINE SHELF EXAM WILL RESULT IN AN UNSATISFACTORY FOR THE CLERKSHIP. A LETTER WILL BE SENT TO THE OFFICE OF THE ASSOCIATE DEAN OF STUDENT SERVICES NOTING ANY STUDENT RECEIVING AN UNSATISFACTORY SCORE ON THE SHELF EXAM

We reserve the right to assign a grade of unsatisfactory to a student who does not satisfactorily complete any portion of the clerkship including written exams, clinical performance, etc.

An Unsatisfactory Grade For The Clerkship will necessitate repeating the entire eight-week rotation including all components.

The Clerkship Directors on each clinical campus are available regarding the Clerkship's grading policy.

Medical Encounters Required For Each Student :

The following table outlines the clinical encounters you are expected to document into the E-value system. **Family Medicine Clerkship (FMED 731) Required Patient Encounters, Skills and Procedures:**

Setting	Encounter/Skill	Number required	Level of Participation
Inpt/outpt	Abdominal Pain Adult	1	Observed (O) or performed (P)
Out patient	Adult Healthcare Maintenance	2	O/P
Inpt/outpt	Asthma/COPD	2	P
Inpt/outpt	Derm Procedure	1	O/P
Inpt/outpt	Diabetes Type 2	3	P
Inpt/outpt	EKG Interpretation	1	P
Outpt	Family Planning Visit	1	O/P
Inpt/outpt	Finger stick Glucose	1	O/P
Inpt/outpt	Hyperlipidemia	3	P
Inpt/outpt	Hypertension	3	P
Inpt/outpt	Mood Disorder/ Depression/Anxiety	2	O/P
Inpt/outpt	Musculoskeletal Condition	2	P
Inpt/outpt	Pap Smear	1	P
Inpt/outpt	Acute Pediatric Illness	1	O/P
Inpt/outpt	Peptic Ulcer Disease/GERD	2	P
Outpt	Urinalysis	1	P
Outpt	Well Child Visit	1	O/P

You can receive the required information from the E-value web site by inserting your email address into the "**Forgot Password**" feature to the login field. Your login name and password will then be sent to you. After receiving your login name and password, you may log on again to complete the evaluations.

Student Directions to Add Procedures / Patient Encounters (PXDX)

1. Enter the evaluate site: <https://www.e-value.net>.
2. Under the user menu, **select PXDX**
3. Select **add new**
4. Select the date and select the answers to the questions.
5. Select **Next** and select the procedure group (e.g., if you are in Family Medicine, select Family Medicine MS III Clerkship). The procedures/diagnosis for that clerkship are populated into the list on the right. Select a **pxdx** and identify your role.
6. Select **Save Record**.

You will have a summary that explains the procedures you have completed. If you select the PXDX option under the menu option **Reports**, you will have access to reports that contains how many procedures you have completed and which ones need to be completed. The **Procedure Summary** option lets your identify what you have completed and what remaining PXDX you need to complete.

Standards of Behavior for Clinical Clerkships:

The patient is an important part of your educational process, helping you meet your educational goals. It is in everyone's interest to have a thriving patient practice. We recognize that both patients and referring physicians have a choice of where to go for care. Our goal is to make each patient encounter so positive that the patient will want to continue his or her care at WVU and will recommend WVU to others.

The patient's judgment is the measure of the quality of the care he or she receives at WVU. We are judged by what we do, our demeanor, timeliness, willingness to answer questions, and attention to the patient's needs. A key satisfier for patients is the level of communication a patient experiences. It makes the difference between perceiving the care one receives is "adequate" or "superior". The goal of WVU is for each student and physician to become an excellent communicator and an excellent listener. Additionally, we believe patients should be partners in their care. The better informed a patient is about his or her illness and treatment, the better the outcome will be.

STUDENTS ARE EXPECTED TO:

- Wear professional attire, including white coat and ID badge.
- Maintain good hygiene including washing hands before and after patient contact.
- Always introduce themselves to the patient and family and explain the important role they play in the patient's care.
- Respect the patient's privacy by requesting unnecessary family and guests to leave the room prior to beginning an exam or procedure. Refrain from discussing the patient's condition in the hallways, elevators, or any place one could be overheard.
- Make sure the patient's questions about procedures, tests, or diagnosis are answered by the appropriate individual. Students will be evaluated on their ability to communicate effectively with patients.

- Assist the attending physician in making sure the patient is informed of institutional resources available to help them learn more about their illness and treatment, including literature and web information, as well as any support groups they might join.
- Refrain from any negative comments regarding a referring or community physician and the quality of their care.
- Thank patients for contributing to their medical education.

Students will be evaluated by patients on their ability to provide care that meets patients' standards and expectations.

Common policies, procedures and the Social Justice Statement can be found [here](#). Please review and become familiar with this important information. * Note: All School of Medicine Policies may be located in the WVU Medical Student Handbook and the SOM Course and Clerkship Manual SOLE sites.

Service to the State

<http://medicine.hsc.wvu.edu/medicine/Service-to-the-State>