SYLLABUS
Family Medicine Clerkship
FAMY - 4040
Academic Year 2015-2016
Course Meeting Time: See Schedule
Course Meeting Location: FCM Classroom, Preceptor Sites

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COURSE DESCRIPTION:

A. **About the Family Medicine Clerkship**: During this 6-week experience, students will have an opportunity to join a community-based Family Practice and to learn about primary care practice through a structured, yet “real world” clinical experience with a mentor. Students will live in the community and largely adopt their preceptor’s schedule. This clerkship offers students a variety of opportunities different from other third-year clerkships including:

- Working one-on-one with an experienced physician-mentor, typically without other students or residents.
- Experience in the type of ambulatory setting where a majority of the nation’s health care is delivered. Students often have the opportunity for follow-up and continuity of care with ambulatory patients over several visits, and many of these patients have years and generations of continuity relationship with the preceptor.
- The challenge of seeing presenting signs and symptoms that are often vague, undifferentiated, and early, as well as patients presenting with multiple needs.
- Daily repetition in history-taking, the focused physical exam, and common procedural skills.
- A rural emphasis at many sites.
- Service as ambassadors, through professionalism and contributions to the host practice and community, reflecting on Tulane throughout the region.

B. **About the Community Preceptors**: The Clerkship is possible due to a network of volunteer Family Physicians who enthusiastically give of their time and experience to welcome and mentor students in their practice and community. Preceptors must be Board-Certified Family Physicians, and are located across Louisiana, south Mississippi, south Alabama and the Florida panhandle. They have participated in an orientation, site visits by Faculty, and/or training workshops regarding the Clerkship, and have been oriented to the course goals and activities. Many are experienced teachers with years of office-based teaching. In exchange for their efforts, preceptors receive the benefit of contact with bright doctors-to-be, a Tulane faculty appointment, access to continuing education, workshops on office-based teaching, and a preceptor newsletter.

*Please remember that your preceptor is a volunteer, and that you are a guest in his/her practice and community for the block.* Physicians who teach in this clerkship do so out of a commitment to sharing their knowledge and as a means of promoting the important and unique precepts of ambulatory primary care to future physicians. *We ask your assistance in helping us to maintain positive relationships with our clinical faculty, and encourage courtesies such as “thank you” notes and calls.*

C. **The Patient-Centered Medical Home**: Primary Care doctors and organizations are currently undergoing a re-organization around a concept that is called the *Patient-Centered Medical Home*. Many of the principles are well known to the family physician and are part of their long standing daily practice. In 2007, the principles were developed and codified by 4 different physician groups: the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, and the American Osteopathic Association. These Principles include:

1. A personal physician,
2. Physician-directed medical practice,
3. Whole-person orientation,
4. Care that is coordinated and/or integrated
5. Quality and safety,
6. Enhanced access, and
7. A new payment model, better reflecting the actual work that is done

COURSE OBJECTIVES:

A. **Goal**: At the end of this 6-week, office-based block, students will have knowledge and experience as expected for a third-year student regarding **first contact ambulatory primary care**, including well-person care, common acute problems and chronic problems. **Objectives**: Students will increase knowledge and skills in community-based ambulatory practice including:
   1. Evaluate and management of common medical problems, conditions and situations
   2. Disease prevention, health promotion, and lifestyle modification techniques (smoking, nutrition, alcohol and substance use, physical activity)
   3. Organization and prioritization of undifferentiated complaints, signs, and symptoms
   4. Common office procedures (as available)
   5. Consultation, referral, and coordination of care
   6. Appropriate documentation in a medical record
   7. Evidence-based information gathering and decision making
   8. Quality improvement and patient safety
   9. Issues around medical ethics, privacy and end-of-life decision-making.

B. **Goal**: Students will increase understanding of the **5 Core Principles of Family Medicine** and how they impact the delivery of quality and cost-effective health care.

   These principles are:

   1. **The Biopsychosocial Model of Care** - how suffering and disease are affected by multiple levels of organization, from the societal to the molecular. Also sometimes described in more practical terms as the embodiment of “the mind-body connection”.
   2. **Comprehensive Care** - how a family physician is responsible for appropriately arranging care for all stages of life, recognizing the breadth of knowledge it takes to be able to manage the diversity of the human experience.
   3. **Contextual Care** - how a family physician must recognize that the patient's relationships are integral to the health and wellness of the patient. The relationship a patient has with his or her family, community, culture and past experiences impacts their ability to participate in their own care.
   4. **Continuity of Care** - the process by which the patient and the physician are cooperatively involved in ongoing health care management toward the goal of high-quality, cost-effective medical care.
   5. **Coordination / Complexity of Care** - the family physician understands that the care of patients is not one individual's job, but a team-based effort involving other physicians and allied medical personnel. The physician must also use evidenced-based practices, tools such as registries and health information exchanges and other means to ensure patients get safe, quality and indicated care when and where they need it, in a culturally and linguistically appropriate manner.

C. **Goal**: Students will understand and respect the **role of ambulatory primary care in the continuum of health care service and as the basis of the Patient-Centered Medical Home**.

   **Objectives**: Students will increase their appreciation and knowledge of:
   1. The value and role of the family physician in the health care system and in the PCMH.
   2. How family physicians coordinate care with a medical team including physician specialists.
   3. Exposure to health systems issues such as payor effects on care provision, disease management programs, CQI process can enhance the quality and safety of care in the office setting.
   4. Routine office practice operations and issues such as insurance, billing and collecting, CPT/ICD coding, pre-authorization processes, and enhanced access.
TEA CHING PHILOSOPHY:

The Family Medicine Clerkship is a real world experience. It offers a unique opportunity for students, in that our clinical preceptors donate their time and provide a valuable one-on-one, daily mentoring relationship which students repeatedly cite as the most valuable aspect of the entire clerkship. For most students, the opportunity to work directly with an attending physician every day, all day, occurs at no other point in the clinical years than in Family Medicine and we know it provides powerful opportunities for growth and learning.

COURSE POLICIES:

The Family Medicine Clerkship affords students the opportunity, as independent learners, to craft an experience from the options offered by their host preceptor and host community within the Department’s guidelines and requirements.

**General Responsibilities of Students on the Rotation:**

1. Every student is expected to adhere to the Tulane University School of Medicine’s Honor Code and the Code of Professional Conduct [http://tulane.edu/som/StudentAffairs/student-code-of-professional-conduct.cfm](http://tulane.edu/som/StudentAffairs/student-code-of-professional-conduct.cfm)
2. Be available to your clinical teacher for the entire clerkship, including some night and weekend "on call" duty and community-based activities, as described in subsequent sections.
3. Conduct yourself professionally at all times during the clerkship.
4. Represent Tulane University in a positive fashion to your preceptor, his/her practice, and the community.
5. Review Clerkship curriculum and expectations, and your progress in meeting those expectations, regularly with your preceptor, and including a mid-block and final feedback session that are documented.
6. Attend all Clerkship seminars held at the beginning, at mid-block and the project presentations at the end of the block.
7. Complete all logs in a timely way and review announcements and clerkship requirements.
8. Complete Project Option #1, #2, or #3.
10. Take the Family Medicine Shelf Exam.
Absences:

Students must request and receive excused absences directly from the Office of Student Affairs. **You are also required to notify the Clerkship Coordinator prior to receiving the excused absence, and we expect you to notify your preceptor/site of your plans for absence.**

**No more than 3 days (including residency interviews) with an excused absence can be accommodated during the 6-week Clerkship without a requirement for make-up time.**

**Furthermore, if your preceptor becomes unavailable to mentor and teach you (due to illness, vacation, or any other reason) it is your responsibility to let the Clerkship Coordinator know.** We will help arrange an alternate learning opportunity for you, if your preceptor has not already done so.

**Any student with unexcused absences will receive a Conditional Pass until they make up the missed time.** They’ll have 6 months (3 blocks) to make up the missed material. Failure to make up the missed time within this parameter will result in a fail.

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GRADING/EVALUATION:

A. **PRECEPTOR EVALUATION OF STUDENTS**

1. Midcourse progress is accomplished by having a Mid-block feedback session with your preceptor. Using the Mid-block Evaluation form, first complete the self-assessment for each section on the form. Your preceptor must then review your self-assessment and complete his/her assessment. Then both you and your preceptor must sign the last page of the Mid-block Evaluation form. The completed form must be turned in at the Mid-block seminar. It is not graded, but is a tool for communication between you and your preceptor. Discussion with your preceptor about your progress will allow you to set goals for the remainder of the block. The Mid-block Evaluation form will be reviewed by Clerkship Faculty at the first Mid-block session, so any concerns can be addressed before you return to your preceptor.

   **The Mid-block Evaluation form must be completed and turned in at the Mid-block seminar series. Also, a contact e-mail address for your preceptor must be included on the first page of the form. Failure to turn in your completed Mid-block Evaluation form may result in deduction of points.**

2. The Faculty of Student Evaluation will be completed online, in E*Value. Your preceptor’s evaluation of your skills and competencies will be used to determine this part of your grade, and comments will be sent to the Dean’s office for inclusion in your Dean’s letter for residency applications. This form must be completed before you leave your preceptor’s office. Your preceptor must complete it prior to the final exam.

   **The completed Faculty of Student Evaluation Form must be submitted in E*Value prior to the final exam.**

B. **FINAL EXAM**

The final exam will be a Web-based Family Medicine NBME shelf exam.

C. **PROJECT – Choose from option #1, #2, or #3**

Your project will be discussed at the final focus group meeting session. The project paper and oral presentation will be graded using the criteria described under course requirements.

D. **PARTICIPATION/PROFESSIONALISM**

A student cannot honor the Clerkship without honors in this component of the grade, defined as score of 9 or greater in the professionalism component. Assignment of the score for this portion of the grade will be done by the Clerkship Committee.

1. **Participation:** This component includes full and prompt attendance at all seminars, fulfillment of all course paperwork and other requirements, full participation in the host practice, and completed submissions of the Communications Seminar quiz and Chronic Disease Management online module.

2. **Professionalism:** Courtesy, honesty, timeliness and teamwork are expected from each student beginning with your first contact with the Clerkship faculty and staff; continuing into the host communities and throughout your entire block. Students are expected to act ethically and adhere to the Tulane honor code.
E. **GRADING POLICY:**

**HONORS:**
- >75<sup>th</sup> percentile on NBME family medicine shelf exam
- Rank in top third of “students taught” on the final clinical evaluation
- >90% on project
- Complete all assignments on-time
- > 9/10 professionalism points
- No unexcused absences

**HIGH PASS:**
- >50<sup>th</sup> percentile on NBME family medicine shelf exam
- Rank in top half of “students taught” on the final clinical evaluation
- >80% on project
- Complete all assignments on-time
- >8/10 professionalism points
- No unexcused absences

**PASS:**
- >5<sup>th</sup> percentile on shelf exam
- Satisfactory preceptor evaluation
- >50% on project
- Complete all assignments on-time
- >5/10 professionalism points
- No unexcused absences

**For students on the borderline for any of the above grades:**
- Student evaluation goes to Family Medicine Clerkship Committee (Dennard, Pejic, and Gilhousen) for detailed review of student’s performance
- Preceptor’s evaluation is thoroughly reviewed and preceptor is possibly called to provide more detailed comments
- Poor professionalism grade, i.e. <8/10 removes student from consideration for higher grade
- Exam will never trump clinical performance

**CONDITIONAL PASS:**
Students will be given a conditional pass if they do well on everything but fail shelf. In that case, the student will need to re-take the shelf at a future date. If they fail the shelf a second time, then they will fail the clerkship and have to retake the entire clerkship at a future date.

**FAIL:**
Students will fail the clerkship if they do poorly on their evaluation and fail the shelf. All students who initially receive a failing grade will have their case reviewed by the clerkship committee.

There are 2 possible outcomes:
1) They fail
2) They receive a Conditional Pass and will be asked to make-up any missed/failed assignments plus complete an additional 2 weeks of family medicine

**Any student with unexcused absences will receive a Conditional Pass until they make up the missed time.** They’ll have 6 months (3 blocks) to make up the missed material. Failure to make up the missed time within this parameter will result in a fail.
ASSIGNMENTS/RESPONSIBILITIES:

COURSE REQUIREMENTS

A. **Seminars**: During the block, students spend 5-6 days in the Department of Family and Community Medicine in New Orleans. This time is spread over the block. *Attendance at all of these functions is required.*

- **Orientation** and initial classroom seminars during the first two days of the block.
- **Mid-block Seminars** over 1 1/2 days, usually in a Friday/Saturday combination, at the middle of the rotation.
- **Web-based NBME Shelf Exam and Project Presentations**, during the final 2 days of the block, students are not expected to be present in their preceptor’s office or participate in any clerkship clinical duties. The last two days of the block include the Web-based NBME shelf exam and the Focus Group meeting to discuss projects. **All students must be present both days.**

B. **In the Preceptor’s Office**:

**Getting started**: A core activity of the Clerkship is seeing patients in the office of your preceptor, under his/her guidance and supervision. Following are some general guidelines for getting started in the office that will help you to get off to a good start:

- Be sure to **talk with your preceptor before starting - arrange a specific time and place to meet** on the first day.
- **Take your instruments** (at least your stethoscope), **clinical textbooks, this manual and required logs**, to the clerkship site.
- Ask for time on the first day with your preceptor to discuss and review:
  - Your background
  - Blocks already completed
  - Your interests and personal goals for the block
- **Review the Clerkship requirements with your preceptor** that you are expected to complete during the rotation: the logs, studying for the exam, your project. Plan your time so as to accomplish these tasks.
- **Ask about "ground rules"** for the remainder of the Clerkship with your preceptor, such as:
  - Usual daily schedule and typical working hours.
  - Expectations regarding "on call" and weekends. The course does not impose specific call requirements on you, but we strongly encourage you arrange some call or ER time with or through your preceptor.
  - Expected attire.
  - How you’ll be introduced to patients so that patients clearly understand you are a student.
  - How you will know which patients prefer not to see a student.
  - Assignment of exam rooms and other space for you to sit, read, do charting, etc.
  - If/how/where you can access a computer and the internet.
- **Adopt the preceptor’s general schedule**, but plan to see 3 - 6 patients per half day. This will give you the opportunity to go at an appropriate pace, write your notes, and perhaps read about patients as you see them. It will also give the preceptor a chance to keep up his/her pace and not fall too far behind.
- **Attendance Requirement**: In order to achieve credit for the clerkship, you may only miss three (3) days with an excused absence. Additional absences for any reason will require make-up time to complete the clerkship.
- **Expect to "shadow at first** in order to learn the routines of the office and your preceptor, but you should have the opportunity to make first clinical contact and receive increasing independence after the first few days. Although shadowing can be appropriate at any time in the block and may be necessary at times due to a hectic schedule, if you do not see some...
patients as the initial provider and with some increased independence within a reasonable timeframe, (e.g., a couple weeks), talk with your preceptor and the Clerkship Director.

- Begin the day with the preceptor’s first medical activity, often early rounds at the hospital. End the office day when the preceptor does, unless this is routinely after 7 PM. In this case discuss your need to study or work on your project with your preceptor.

**Specific Requirements:** Following are the specific requirements of the office-based and community components of the Clerkship:

a). **Complete Logs:** The Family Medicine Clerkship curriculum centers around common problems seen in family practice. It is expected that you will focus on the common problems in three different ways: *by seeing* patients with these problems (clinical encounters); *by having informal discussions* with your preceptor on these topics; and *by reading* about these topics. The Clerkship provides you with a tool to help monitor your progress in these areas.

Complete the Common Problem & Procedure Log Cards by tracking patients that you see with common problems and tracking procedures you either observed, performed or assisted. **Patient logs are required for the entire block, and must be entered into the electronic log system – E*Value – www.e-value.net/index.cfm**

*Students should log a minimum of 120 diagnosis logs (3 encounters per ½ day).*

*LEAD students must enter logs through the LEAD program in E*Value.

b). **Optional Community and Practice Activities:** The Family Medicine Clerkship is an opportunity to learn about aspects of community medical care beyond the doctor/patient encounter, many of which are part of the community doctor’s daily routine. During the course of the block, students are encouraged to spend time in several activities that can be characterized as Practice Management or Community Activities. Hours can be completed at night, on weekends, and for up to one half day during the week in lieu of working with the preceptor, with the preceptor’s concurrence.

**Practice Management** activities that you may explore include:
- Business office operations (e.g., reception, scheduling, insurance approval, billing/coding functions)
- Nursing functions (e.g., triage, answering and returning phone calls, prescription refills, etc)
- The office laboratory
- Office medical records

**Community Activities** may include:
- Attendance at an AA Meeting (if you have never done so. If you have, then substitute an additional support, patient education or health education group meeting)
- Nursing home rounds or visit
- A Home visit or Hospice visit
- A community health activity such as speaking to a school class, helping with school sports physicals or Medico-legal activities
- Attendance at a support, patient education or health education group meeting, or to a social or medical agency (such as the child abuse police unit, a senior day care center, battered women’s shelter, a rehab unit or a local public health unit)
- Attending a continuing education meeting/dinner
- Attending Hospital Medical Staff or Medical Society meeting
c) **Using your time**

*Start early planning your time!* If your preceptor takes a day or half day off, you may use a part of that time on your project or other activities. Many students will work with a colleague or partner of the preceptor on those days, to gain experience with a different style.

C. **Family Medicine NBME Exam Study Material**

1. NBME content outline
   http://www.nbme.org/pdf/SubjectExams/SE_ContentOutlineandSampleItems.pdf
2. STFM clerkship curriculum
   http://www.stfm.org/LinkClick.aspx?fileticket=upiuNFp3Vc%3d&tabid=17603&portalid=49
3. Blueprints Family Medicine
4. Deja Review for Family Medicine
5. Current diagnosis and Treatment in Family Medicine (Lange)
6. Essentials of Family Medicine (Sloan)
7. Clinical key
8. Up-to-date
9. DynaMed
10. American Family Physician (AFP) http://www.aafp.org/journals/afp.html

**Become a Member of the AAFP:**

- Free to medical students
- Complete an application online at https://nf.aafp.org/MyAcademy/MembershipApplication/Perso
  nalInformation/Student
- Or complete the paper application included in your orientation packet

D. **Family Medicine Clerkship Projects:**

We require all students to complete a project during the course of the clerkship. We have 3 project formats to choose from: continuous quality improvement project, clinical question project, or the public health project. Each student must select one of the projects to complete. At the end of the clerkship, the student will submit a written paper and give a 10-15 oral presentation describing their project.

**Option #1: “CONTINUOUS QUALITY IMPROVEMENT” PROJECT OPTION:**

Students will complete a quality improvement (QI) project at their host site. The QI project should be meaningful and appropriate for the student’s host site. Use this site as a reference: http://www.ihi.org/resources/Pages/HowtoImprove/default.aspx

**Project Instructions:**

Students should identify an area for improvement at their clinical site at some point during the first 2 weeks of the clerkship. This could be done by interviewing or surveying the preceptor, patients, or staff. The student should then do a literature search seeking out the best evidence for how to improve the deficiency. An intervention should then be planned with clear metrics and goals for success defined. A plan-do-study-act (PDSA) cycle should be charted out. Students will submit a written report detailing and explaining their project. Specific
emphasis should be placed on describing the literature search. Specifically, 1 or more key articles should be highlighted and described. The quality of the articles should be noted and rated using CEBM criteria. [http://www.cebm.net/wp-content/uploads/2014/06/CEBM-Levels-of-Evidence-2.1.pdf](http://www.cebm.net/wp-content/uploads/2014/06/CEBM-Levels-of-Evidence-2.1.pdf). Students are not expected to collect outcome data during the short 6-week clerkship. However, students should describe how outcomes could be measured and subsequently acted upon. At the end of the clerkship, students will turn in their paper and give a 10-15 minute oral presentation describing their project. Visual aids, hand-outs, or slides may be used but are not required.

**The project will be graded on the following criteria:**

A. The student identified an appropriate area for improvement  
B. The literature search was described  
C. 1 or more articles were identified, described, and rated  
D. The intervention was clearly described  
E. Metrics and goals for success were clearly defined  
F. PDSA cycle was clearly outlined

**Option #2: “CLINICAL QUESTION” PROJECT OPTION:**  
Students will research the answer to a real clinical question which comes up during clinic. The question being researched should be of interest to the student, valuable to the host preceptor, and applicable to family medicine.

**Project Instructions:**

Students completing the clinical question project will identify a clinically relevant question during the course of patient care. The question should be edited to fit the PICO format (problem, intervention, control, outcome). Students should then perform a literature search seeking out the best evidence. 1 or more articles should be identified and rated using the CEBM rating criteria. An appropriate answer to the question should be derived and rated using the SORT criteria (if applicable). Students will submit a written paper outlining and detailing their project with specific emphasis on the literature search and the identification of appropriate articles. Students are expected to explain the relevant statistics and rate the quality of the articles. Students will present their findings during a 10-15 minute oral presentation. Visual aids, hand-outs, or slides may be used but are not required.

**The project will be graded on the following criteria:**

A. What is your clinical question? It should be written in PICO format.  
   [http://www.cebm.net/asking-focused-questions/](http://www.cebm.net/asking-focused-questions/)  
C. Rate the evidence using CEBM criteria. [http://www.cebm.net/critical-appraisal/](http://www.cebm.net/critical-appraisal/)  
D. Answer the clinical question  
E. Rate the clinical recommendation (if applicable) using the SORT criteria.  
Option #3: “PUBLIC HEALTH” PROJECT OPTION:
Students will identify a public health problem in their host community.

The identified public health problem should be of interest to the student, valuable to the community, and in some way related to family medicine.

Project Instructions:
Students choosing the public health project should identify a public health concern during the first 2 weeks of the clerkship. This could be done by simple observation, interviews, or surveys. Once the public health issue is identified, students should use the social-ecological model (SEM) to describe the 5 bands of influence relevant to the target population. Students should then conduct a literature search to find the simplest and most effective intervention(s) for improvement. The literature search process should be explained and 1 or more key article should be analyzed and rated as described above for the other projects. Students should then create an evidence-based intervention for one of the SEM bands. A paper describing this process and public health intervention is required along with an oral presentation. Visual aids, hand-outs, and slides may be used but are not required.

The project will be graded on the following criteria:

A. Describe the public health problem which exists at your host site.
B. Use the social-ecological model to describe the 5 bands of influence which might be targeted for health promotion intervention and give an example for each.
   [http://www.academia.edu/170661/An_Ecological_Perspective_on_Health_Promotion_Programs]
C. Describe your literature search and the results.
D. Describe your intervention or proposal for one of the bands
E. Define success and how it will be measured.

REQUIREMENTS FOR PROJECTS:
1. Email your project topic (subject line: FM Project) to your assigned Project Advisor and cc: Dionne Weber at dwieder @tulane.edu by the third Monday of the block. Your assigned project advisor (Faculty member) will respond to your topic and offer guidance within a couple of working days. If you do not hear back from your advisor in a timely manner, please let Joy Gilhousen know at jgilhous@tulane.edu.
2. Present your project to your small group and faculty advisor on the Thursday before the exam.
3. Email a copy, prior to Thursday, to Joy Gilhousen at jgilhous@tulane.edu. Be sure your name is on your paper. Turn in a copy of your paper on Thursday to your project grader.
   a. Students will be graded on the paper and presentation using the Project Grading Form (which will be given as a separate handout at orientation and can be found on your clerkship jump drive).
4. All papers should use the following format: Double-spaced, 11 point Times New Roman font. A title page containing the following information: Title, Name, Date.

*Here are some general reminders:

✓ Stay focused in what you do when preparing the 15 minute presentation. You will learn a lot more about the topic than just the focus of the project, and a lot more than you will be able to cover in your presentation.
✓ Root whatever you do in the evidence-based literature. If evidence does not exist or is very limited, that does not at all rule out the topic, but must be acknowledged as a limitation.
✓ Where they exist, use and cite the evidence-based guidelines and databases as central components of your evidence review. Remember it is not enough to cite just one or two
articles to support your point of view, especially if the weight of good evidence points to another conclusion. Take a look at resources such as the Cochrane Database, ACP Journal Club, DARE, and use web sites like the CDC website www.cdc.gov, AHRQ www.ahrq.gov, many of which are listed on our Department's links page. When you look at the evidence and present it in your project presentation, assess and comment briefly on its quality and applicability to your setting. Is it expert opinion? Consensus based? Based on a meta-analysis or systematic review? Remember that this project is intended to be the application of "best evidence" to a practical problem in your preceptor's practice or community and NOT original 'research.'

- Be sure that in your presentation you are explicit about its relevance to Family Medicine and/or Primary Care, as well as to the community or practice or nation, or some specific population.
- Mention briefly how what you have learned will impact both your preceptor's practice as well as your own future practice.
- All projects and ‘research’ have limitations. In addition to the obvious limitations of a 6-week time frame, critically think through and discuss limitations of your approach.

E. **Seminars:**

There are 3½ days of seminars on primary care topics held at Tulane in New Orleans, both during the initial two days of the block and at Mid-block, designed to complement learning in your host community and office. **Attendance at seminars is mandatory.** Please review your block schedule for specific details regarding the seminars.

F. **Focus Groups, Student project, Communications Seminar, and Chronic Disease Management TBL**

During orientation, you will be assigned to a focus group of 5 to 6 other students, plus a faculty advisor. This focus group will be maintained throughout your family medicine experience and will serve three functions.

First, this group and this faculty advisor will be your resource for advice and feedback as you work through and complete your project.

Second, your focus group will participate in the Communications Seminar during Orientation. The Communications Seminar is designed to refresh your skills in the patient-centered portion of the medical interview, a skill that will be helpful if not essential to you in the clinical part of the Clerkship. **You will be required to read the Communications Seminar materials and take a short quiz that will be emailed to you prior to the seminar.** You will find in the email, both required and optional materials and we encourage you to review the optional material, most of which are video demonstrations of the skills in the patient-centered portion of the interview. In your family medicine clinics, your role will include initial contact with the patient, so you will have an excellent opportunity to develop skills in agenda setting and uncovering a patient's hidden concerns to provide your preceptor and yourself with an accurate and insightful history as the basis for an assessment and plan. During the seminar, you have the opportunity to interview a role playing patient in your focus group demonstrating patient-centered interview skills and to evaluate your focus group members doing the same.

Third, your focus group will participate in the Chronic Disease Management team-based learning exercise during Midblock. **You will be required to review the mandatory materials and complete the online module for the Chronic Disease Management team-based learning exercise that will be emailed to you prior to Midblock.**
COURSE CONTENT AND OUTLINE:

CLERKSHIP SCHEDULE OVERVIEW
The overall structure of the typical 6-week Family Medicine Clerkship follows. Please check each Block Schedule for specific dates, as the length of the blocks vary.

<table>
<thead>
<tr>
<th>Wk 1 Orientation</th>
<th>Weeks 1.5-3</th>
<th>Mid-Block</th>
<th>Weeks 4-5.5</th>
<th>Week 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>2 days</td>
<td>~2.5 wks</td>
<td>Central</td>
<td>~2.5 wks</td>
<td>last 2 days of block</td>
</tr>
<tr>
<td></td>
<td>Community Learning in Preceptor’s practice</td>
<td>Community learning in Preceptor’s practice</td>
<td>in New Orleans</td>
<td>in New Orleans</td>
</tr>
<tr>
<td>Initial seminars in New Orleans (Dept of FCM)</td>
<td>Mid-block Seminars in New Orleans (usually a Fri/Sat)</td>
<td>Exams; Focus Group Project discussion session</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

ASSIGNMENT CHECKLIST
A summary of required assignments that must be turned in follows:

During Orientation:
- Review the mandatory materials and take the short quiz emailed to you for the Communications Seminar on Tuesday morning of the orientation.
- Be sure you can log into the E*Value system [www.e-value.net/index.cfm](http://www.e-value.net/index.cfm).
- Join the AAFP to access study materials for the shelf exam.
- Optional: purchase textbooks recommended as study material for the shelf exam.

By the third Monday of the block, you are required to:
- Email your project topic to your assigned Project Advisor and copy Dionne at dweber@tulane.edu. This should be brief, 2 paragraphs at most.
- Please write “FM Project” in the subject line when writing your Project Advisor and make sure to clarify which project option (1, 2, or 3) you have chosen.

At Mid-block you are required to:
- Review mandatory materials and complete the online module for the Chronic Disease Management team-based learning exercise on Friday morning of midblock.
- Turn in your completed Mid-Block Evaluation form. This form will include your Preceptor’s contact e-mail address for the final evaluation.
- Have completed your Mid-Block Feedback form in E*Value.

At the time of the project presentations, you are expected to:
- Turn in a hard copy of your project paper at the time of your presentation.
- Email a copy of your paper to Joy Gilhousen at jgilhous@tulane.edu.

At the time of the final exam, you are expected to:
- Complete your Common Problem and Procedure Logs in E*Value (PxDx).
- Work with your preceptor to ensure that your final evaluation has been completed online, in the E*Value system.
- Complete your clerkship evaluation, site evaluation, and preceptor evaluations.
RESOURCES:

LIBRARY RESOURCES:

During the seminars, an instructional session will be held on enhancing online search skills. The medical library has also provided instructions on how to access Tulane-restricted databases and electronic journals from off-campus: Go to the Tulane Medical Library's home page http://matas.tulane.edu. If you are off-campus, you must click on "Click here to authenticate" near the top. Next, enter your Tulane email account id/password. You will be taken back to the Medical Library page and it will be the same as if you are on campus or using the Tulane RS6000 server from home. If you have trouble switching from one database to another (i.e. Ovid to MD Consult), just go back to the Library's home page and re-authenticate.

The medical library website also has access to several valuable resources for use during the rotation. The following is a list of useful point of care databases that are approved for use during the Family Medicine Clerkship:

1. **StatRef! (ACP PIER):** Available on and off-campus. Physicians' Information and Education Resource (PIER) is an evidence-based, point of care tool by the American College of Physicians (ACP). Find under “Point of Care” on the library page.
2. **DynaMed:** Available on and off-campus. Summarizes clinical topics. Targeted to primary care providers and arguably the most evidenced-based POC reference available. It is updated daily and monitors the content of over 500 medical journals and systematic evidence review databases. Also available in a portable version for pocket devices and Smartphones with a password from the library. Find under “Point of Care” on the library page.
3. **Up-to-Date:** Available only on campus and consists of primarily expert-driven summaries.

If you have any questions about the use of these resources, contact Dr. Pejic, Clerkship Director at rpejic@tulane.edu or the Medical Library.

OTHER RESOURCES:

**AAFP Clerkship Resource:** The American Academy of Family Physicians (AAFP) and its clinical journal, American Family Physician (AFP), have provided a jump drive for each student in the Family Medicine Clerkship. These will be distributed the first day of orientation. This clerkship resource is to aid you in your clinical rotations and in preparation for your examinations. AFP has a long history of providing relevant, informative, and up to date evidence-based information for physicians, residents, and medical students. There are also a number of articles that help students learn about the scope of Family Medicine and about future practice opportunities.

**Syllabus/Handouts/Seminars/Forms/Etc.:** Also on the jump drive from the AAFP, the Family Medicine Clerkship has provided the 2015-2016 Student Resources in electronic format. There you will find a copy of the syllabus, forms, handouts, sample projects, etc. for your reference during the clerkship.
TULANE SCHOOL OF MEDICINE HONOR POLICY:

The Tulane University School of Medicine Honor Policy outlines the School of Medicine expectations for the integrity of students’ academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Honor Policy and for living up to their pledge not to violate the Honor Code.

I. It shall be a violation of this Honor Code for a student to cheat.
II. It shall be a violation of this Honor Code for a student to knowingly circumvent any course requirement.
III. It shall be a violation of this Honor Code for a student to steal.
IV. It shall be a violation of this Honor Code for a student to purposely impair another student’s educational opportunity.
V. It shall be a violation to act in a manner which is detrimental to the moral and ethical standards of the medical profession.
VI. It shall be a violation for a student to knowingly deceive another student, faculty member, or professional associate with the intent to gain advantage, academic or otherwise, for said student or for any other student.
VII. It shall be a violation for any student to fail to report any infraction of the Honor System to an appropriate representative.

The Tulane University School of Medicine Honor Policy can be found at:
http://www.som.tulane.edu/student/honorcode/new.htm

AMERICANS WITH DISABILITIES ACT:

Students with disabilities needing academic accommodations should: (1) register with, and provide documentation to, The Goldman Office of Disability Services; (2) bring a letter to the instructor indicating the need for accommodation and what type. This should be done during the first week of class. There are several types of accommodations available depending on student need. This syllabus and other class materials are available in alternative format upon request to the Office of Medical Education (ome@tulane.edu; 504-988-6600).

Determination of Accommodations will be made by The Goldman Office of Disability Services on the uptown campus. Students may apply online and can submit the required documentation by email, if they choose. Information about the process is available at:
http://tulane.edu/studentaffairs/disability/apply-online.cfm

For more information about services available to TUSOM students with disabilities, contact:
The Goldman Office of Disability Services
1st floor Mechanical Engineering Building
Tulane University
New Orleans, LA 70118-5698
Email: ods@tulane.edu
Phone: (504) 862-8433
FAX: (504) 862-8435
**SOM INSTITUTIONAL LEARNING GOALS/OBJECTIVES:**

http://tulane.edu/som/ome/upload/Tulane_SOM_Learning_Objectives_Phase_1_-_2.pdf

Assessment Method Key: PE=Preceptor Evaluation; P=Project; E=Exam; PSS=Practice Site Survey; Pro=Professionalism; MB=Mid-Block Evaluation

### AAMC Competencies and Associated Tulane Educational Program Objectives

- **K** = knowledge
- **S** = Skill
- **AB** = Attitude/Behavior

*Check all objectives that relate to your course or clerkship.*

<table>
<thead>
<tr>
<th>PC = Patient Care</th>
<th>Specify one course or clerkship objective that aligns best with each Educational Program Objective that you selected.</th>
<th>Assessment Method(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K4: become familiar with all components of the medical interview and physical examination (1.1)</td>
<td>A-1</td>
<td>PE</td>
</tr>
<tr>
<td>S3: perform a reliable history and physical exam (1.1)</td>
<td>A-1</td>
<td>PE</td>
</tr>
<tr>
<td>S4: generate a basic &quot;problem list&quot; based on the history and physical exam (1.1)</td>
<td>A-1</td>
<td>PE</td>
</tr>
<tr>
<td>X</td>
<td>S9: apply BLS training (1.1)</td>
<td></td>
</tr>
<tr>
<td>K13b: manage common medical problems (1.6)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>K14b: respond to acute life-threatening problems (1.1)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>K15: provide patient care based on the human life cycle stages (1.5)</td>
<td>B-2</td>
<td>PE, E</td>
</tr>
<tr>
<td>K16: practice the principles of evidence-based medicine (1.5)</td>
<td>A-7</td>
<td>PE, E, P</td>
</tr>
<tr>
<td>K20: provide patient care with regard for psychosocial issues (1.7)</td>
<td>B-1</td>
<td>PE, P</td>
</tr>
<tr>
<td>S16: perform a comprehensive or focused history and physical examination, and recognize the appropriateness of when to perform each of these exams (1.2)</td>
<td>A-3</td>
<td>PE</td>
</tr>
<tr>
<td>S17: order and interpret appropriate laboratory and diagnostic studies (1.4)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>S18: integrate history, physical examination and laboratory results (1.4)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>S19: perform routine and simple procedures necessary for patient care (1.1)</td>
<td>A-4</td>
<td>PE</td>
</tr>
<tr>
<td>S20: tailor treatment to individual patients (1.5)</td>
<td>B-3</td>
<td>PE</td>
</tr>
<tr>
<td>S22: generate appropriate differential and working diagnoses (1.2)</td>
<td>A-1</td>
<td>PE</td>
</tr>
<tr>
<td>S26: coordinate or arrange appropriate intervention (1.6)</td>
<td>C-2</td>
<td>PE, P</td>
</tr>
<tr>
<td>S36: practice universal precautions and hand hygiene (1.3)</td>
<td>A-8</td>
<td>PE</td>
</tr>
<tr>
<td>S37: assess the functional and mental status of elderly patients (1.1)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>AB18: take responsibility for preventive care (1.9)</td>
<td>A-2</td>
<td>PE, E, PRO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KP = Knowledge for Practice</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>K1: apply basic scientific principles of cellular and molecular medicine (2.2)</td>
<td></td>
</tr>
<tr>
<td>K2: normal structure, function and pathophysiology of all organ systems (2.1)</td>
<td>A-3</td>
<td>PE, P</td>
</tr>
<tr>
<td>K3: apply scientific basis of modern therapeutics (2.3)</td>
<td>A-7</td>
<td>PE, P, E</td>
</tr>
<tr>
<td>K5: fundamental issues of environmental health (2.4)</td>
<td>A-2</td>
<td>P</td>
</tr>
<tr>
<td>K6a: apply principles and application of scientific literature (2.3)</td>
<td>A-7</td>
<td>P</td>
</tr>
<tr>
<td>K7: recognize the foundations of evidence-based medicine (2.1)</td>
<td>A-7</td>
<td>PE, E</td>
</tr>
<tr>
<td>K11: apply principles of normal/abnormal structure and function to clinical medicine (2.2)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>K12: apply principles of clinical reasoning (2.3)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>K13a: recognize common medical problems (2.3)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>K14a: recognize acute life-threatening problems (2.1)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>K17: demonstrate the clinical competencies expected in each of the core medical specialties (2.3)</td>
<td>A-1</td>
<td>PE, E</td>
</tr>
<tr>
<td>K19: apply principles of preventive/population-based medicine to environmental health issues (2.4)</td>
<td>A-2</td>
<td>PE, E, P</td>
</tr>
<tr>
<td>K21a: apply principles of clinical epidemiology related to clinical medicine (2.4)</td>
<td>A-7</td>
<td>P</td>
</tr>
<tr>
<td>X</td>
<td>S38: demonstrate effective and appropriate use of EPIC electronic medical record system (4.5)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PBL = Practice-Based Learning and Improvement</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>K6b: apply the findings of scientific literature and clinical and translational research (3.6)</td>
<td>A-7</td>
<td>P</td>
</tr>
<tr>
<td>K8: use modern information technology (3.7)</td>
<td>A-7</td>
<td>PE, P</td>
</tr>
<tr>
<td>S7: navigate biomedical information resources (3.6)</td>
<td>A-7</td>
<td>PE, P</td>
</tr>
<tr>
<td>S10: use effective learning techniques (3.3)</td>
<td>A-1</td>
<td>PE, E, P</td>
</tr>
<tr>
<td>S11: use learning resources, including mentors, effectively (3.3)</td>
<td>A-7</td>
<td>P</td>
</tr>
<tr>
<td>S12: evaluate and remedy personal deficiencies (3.3)</td>
<td>A-1</td>
<td>MB</td>
</tr>
<tr>
<td>X</td>
<td>S13: develop effective test-taking skills (3.3)</td>
<td>A-7</td>
</tr>
<tr>
<td>S23: use information and knowledge seeking skills necessary for life-long learning (3.10)</td>
<td>PE, E</td>
<td></td>
</tr>
<tr>
<td>S29: recognize and manage personal limitations in treating patients, evaluate and remediate personal deficiencies (3.4)</td>
<td>MB</td>
<td></td>
</tr>
<tr>
<td>S34: apply population knowledge to patient management (3.9)</td>
<td>A-2</td>
<td>PE, P</td>
</tr>
<tr>
<td>AB19: participate in providing public health education (3.8)</td>
<td>A-2</td>
<td>P</td>
</tr>
<tr>
<td>AB20: engage in life-long learning and adapt to the changing health care environment (3.10)</td>
<td>C-1</td>
<td>P, PSS</td>
</tr>
</tbody>
</table>

ICS = Interpersonal and Communication Skills

| X | S2: establish rapport with patients (4.1) | A-1 | PE |
| S5a: demonstrate effective oral communication skills (4.1) | A-1 | PE |
| S5a: demonstrate effective written communication skills (4.5) | A-7 | P |
| S6: work collaboratively in problem-solving (4.2) | A-7 | P |
| S30a: listen to and communicate information effectively to patients, families (4.1) | A-2 | PE, P |
| S30b: listen to and communicate information effectively to colleagues (4.2) | B-5 | PE, P |
| X | S31: exercise conflict resolution (4.7) | A-1 | PE |
| X | S35: give a basic oral case presentation (4.2) | A-1 | PE |
| AB6: demonstrate teamwork and collegiality (4.3) | C-2 | PE |

P = Professionalism

| K9: describe the basic principles and practice of medical ethics (5.6) | A-9 | PE, E |
| K24b: describe basic HIPAA privacy laws (5.3) | A-9 | E |
| S28: provide informed consent (5.6) | A-9 | PE, E |
| AB1: act with integrity, honesty and candor (5.1) | A-1 | PE, PRO |
| AB2: treat the patient as a person (5.5) | B-1 | PE, E |
| AB3: view medicine as a service profession (5.4) | C-1 | P |
| AB4: maintain confidentiality about patients, colleagues, faculty, etc. (5.3) | A-9 | PE, E |
| AB5: practice humanism, courtesy, and social decorum (5.1) | C-1 | PE, PRO |
| AB7: demonstrate respect for diversity (5.5) | B-3 | PE, E, P |
| AB8: promote equity (5.5) | B-3 | PE, E |
| AB10: display altruism, honesty, ethical behavior, caring and compassion (5.1) | B-3 | PE, PRO |
| AB12: demonstrate a commitment to excellence in patient care (5.4) | A-1 | PE, P |
| AB13: demonstrate a commitment to the patient's welfare and advocacy (5.2) | B-2 | PE |
| AB15: display sensitivity to diversity (5.5) | B-3 | PE, E, P |
| AB16: demonstrate appreciation of medicine as a service profession (5.4) | C-1 | P |
| AB17: demonstrate a commitment to equity (5.5) | B-3 | PE, E |
| X | AB21: demonstrate a commitment to civic responsibilities (5.4) | C-1 | PE, E |

SBP = System-Based Practice

| K10: describe the usefulness of community resources (6.2) | B-5 | P |
| K18: describe the basic organization and systems of health care delivery and financing (6.3) | C-3 | P, PSS |
| X | K22: describe the process of managing a patient from hospital admission through discharge (6.2) | C-3 | P, PSS |
| K24a: describe the basic layout and key components of the patient chart (6.6) | A-1 | PE |
| K25: apply the basic principles of patient safety and quality improvement (6.4) | A-8 | PE, E |
| K26: describe the basic economics of how medical care is paid for (6.3) | C-4 | PE, E |
| K27: describe the procedure for referring patients from the ED, risks in transitions of care and how to minimize risks (6.3) | A-1 | PE |
| S33: advocate for community needs (6.4) | B-3 | P |

IPC = Interprofessional Collaboration

| K23: describe the roles of key members of the treatment team (7.2) | B-5 | PE |
| S32: work effectively with others on the healthcare team (7.1) | B-5 | PE |
| AB14: demonstrate respect for and cooperation with all participants of the health care system (7.1) | B-5 | PE, PRO |

PPD = Personal and Professional Development

| X | S14: manage time effectively (8.3) | B-2 | E, P, PRO |
| S15: balance personal and professional life (8.3) | A-3 | PE, E |
| S24: cope effectively with ambiguity and uncertainty (8.8) | A-3 | PE, E |
| S27: interact in a confidence-inspiring manner with patients and their families (8.7) | A-1 | PE |
| AB9: work through ambiguity and uncertainty (8.8) | A-3 | PE, E |
| X | AB11: use adaptive mechanisms to deal with stress effectively (8.2) | C-2 | PE, E |
SYLLABUS CHANGE POLICY:
Except for changes that substantially affect evaluation (grading), this syllabus is to be regarded as a guide for the course/clerkship and is subject to change without advance notice. Advance notice will be given in the event that it becomes necessary to make any changes that would affect grading.

Revised 7/15/15