SYLLABUS: FAMILY MEDICINE CLERKSHIP

FAMY-3000
AY 2016-2017

Meeting Times: per schedule
Location: Murphy Building, Suite 1180

CONTACT INFORMATION:

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COURSE DESCRIPTION:

The family medicine clerkship is a six (6) week required course for third-year medical students. Clerkship students are paired with a community family medicine physician “preceptor.” Preceptors are board eligible certified family medicine physicians who volunteer their time to mentor Tulane medical students during the clerkship. Students work one-on-one with their preceptor to learn the essentials of family medicine through direct patient care. Students will spend most of their time in an outpatient family medicine clinic although some students will care for patients in the hospital. Students are expected to adopt the day-to-day schedule of their preceptor. Housing is provided for students placed outside of the city.

Prior to starting the clinical portion of the clerkship, students must attend a series of structured learning sessions. These sessions will focus on learning clinical skills essential to family medicine. Sessions will include hands-on training, team-based learning and case-based learning.

COURSE GOALS & OBJECTIVES:

Goal: At the end of the family medicine clerkship, students will have knowledge and experience as expected for a third-year student, regarding first contact ambulatory primary care.

Objectives: Students will increase their knowledge and skills in community-based ambulatory practice including:

1. Evaluation 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

Goal: Students will understand the role of ambulatory primary care in the continuum of health care service.

Objectives: Students will increase their appreciation and knowledge of:

1. The value and role of the family physician in the health care system.
2. How family physicians coordinate care with a medical team including specialists and allied health professionals.
3. Exposure to health systems issues such as payor effects on care provision, disease management programs and how the continuous quality improvement (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.

**Goal:** Students will increase their understanding of the five (5) core principles of family medicine and how these principles influence the delivery, quality and cost-effectiveness of 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. This is 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.
TEACHING PHILOSOPHY:

Traditional group lectures are kept to a minimum in favor of more dynamic teaching methods during the preclinical learning sessions. The focus of the preclinical learning sessions is to give students the time and space necessary to practice applying the skills essential to family medicine. With this in mind, students are expected to dedicate enough time to read the pre-session materials in order to maximize their learning. Additionally, students are expected to be fully engaged and actively participate in these sessions.

The clinical preceptorship is an opportunity for students to work one-on-one with a family medicine physician. Students are encouraged to take advantage of this experience to learn about family medicine through direct patient care. Students will have the opportunity to practice performing many history and physicals on their own. Students are expected to arrive at a reasonable clinical assessment and present patient encounters to their preceptor. Preceptor feedback is crucial for learning to occur in this context and students should actively seek it. The clinical preceptorship is the time for students to hone their clinical skills and expand their medical knowledge base.

Adult learners have many ways of acquiring new knowledge. Therefore, it is incumbent upon family medicine clerkship students to create a personalized study plan in order to prepare for the final examination. Mindful of that, clerkship students are encouraged to utilize whatever resources are available to assist them with their learning. However, reading is essential to learning and students are encouraged to read nightly. Some students have found that completing daily practice questions is a high-yield strong move of test preparation method. Prior to the final examination, there will be an optional test preparation session for students who would like additional help.

COURSE POLICIES:

Course policies follow those of the medical school. Please refer to the student handbook for further details. http://tulane.edu/som/student-affairs/policies.cfm

ASSIGNMENTS AND RESPONSIBILITIES:

Students must attend and participate in all of the preclinical learning sessions. All pre-session reading and assignments should be completed before the learning session.

During the preceptorship, students must ask their preceptor to directly observe them perform a history & physical exam four (4) times. The preceptor must sign and date the green direct observation card after each of the four encounters. Students are required to turn in this card at the end of the clerkship and document completion in eValue.

Students must ask four (4) patients to give them feedback on their encounter with them. Students should ask the patient what aspects of the encounter were good and what areas need improvement. The student must sign and date the green patient encounter card to verify that this was done.
Students must also document at least 120 diagnoses and procedures patient encounters (which can be multiple per patient). Diagnoses and procedures need to be entered into eValue. Students may use the yellow PxDx cards to help them keep track of these encounters during the day.

Finally, students are encouraged to complete the mid-block evaluation using the salmon-colored evaluation template as a reference. Students do not need to turn in this evaluation.

**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 clerkship, students are encouraged to spend time in several activities that can be characterized as practice management or community activities. Activities can be completed at night, on weekends or up to one half day during the week in lieu of working with the preceptor.

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 a substance abuse meeting, i.e. alcoholics anonymous
- 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, a battered women’s shelter, a rehab unit or a local public health unit
- Attendance at a continuing medical education meeting
- Attendance at grand rounds, a hospital staff meeting or a medical society meeting

**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=upiuuNFr3Vc%3d&tabid=17603&portalid=49

3. AAFP board review question (membership required)
   http://www.aafp.org/cme/cme-topic/all/bd-review-questions.html

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Commented [PAJ 3]: Just a note about why I made this change...a number of students were coming in with low numbers, not realizing they did not have to see 120 different patients, or they were only logging when they felt more or most autonomous...do we need to clarify that bit, as well?
Become a Member of the AAFP

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

GRADING AND EVALUATION:

There are five criteria for successfully completing the family medicine clerkship:

1. Pass the NBME family medicine exam
2. Receive a satisfactory preceptor evaluation
3. Complete direct observation/patient feedback card
4. Completed PxDx data entry
5. Have no unexcused absences

Preceptor comments are submitted to the office of student affairs for inclusion in the medical student performance evaluation (MSPE)—aka “Dean’s letter.” Both positive and negative comments will be included. The MSPE is a critical component in the residency selection process. Residency directors understand that past performance is the best indicator of future performance. Additionally, given the unique one-on-one preceptorship of this clerkship, students are often comfortable asking their preceptor for letters of recommendation. Therefore, it is in the student’s best interest to act interested, be professional and demonstrate their knowledge and skills during their preceptorship. Students are encouraged to conduct research, publish an article or do a CQI project with their preceptor. Such activities are mutually beneficial and help preceptors generate meaningful comments.

The National Board of Medical Examiners (NBME) family medicine “shelf” exam is administered on the final day of the clerkship. In August 2015, the NBME changed the method for reporting scores for clinical subject exams. An equated percent correct score has replaced the normalized raw score previously reported. The equated percent correct score is calculated as the percentage of items in the total content domain that would be answered correctly based on an examinee’s proficiency level. The NBME also provides clerkship directors with table that converts equated percent correct scores to national percentile rank.

Clerkship grades are based on historical trends for the entire academic year and are adjusted annually. Based on recommendations from the medical school curriculum committee, students must place above the 5th percentile to pass, above the 50th percentile to high pass and above the 75th percentile to honor.

For academic year 2016-2017, the grading criteria using the equated percent correct score is:

Honors ≥ 80
High pass ≥ 74

Pass ≥ 60
For students within 1 point above or below the grade cut-off, preceptor comments and overall performance, i.e. attendance, professionalism and participation during the clerkship will be taken into consideration when assigning a final clerkship grade. Negative comments from a student’s preceptor may have a more deleterious effect on the student’s final grade.

Students who fail the exam have six (6) months to retake the exam. Students who fail the second exam will fail the clerkship and the office of student affairs will be notified for further action.

Students who do not complete all five (5) criteria for passing the clerkship will be given an incomplete.

Students who want to contest their final grade must do so by contacting the clerkship coordinator in writing within seven (7) days of the date that the grade was issued. The clerkship grading committee (course director, department chair, and clerkship coordinator) will review the student’s file and issue a final grade within 30 days of the student’s request.

ABSENCES:

Students are allowed three (3) excused absences. Students must first request the time-off from the clerkship coordinator and then obtain an excused absence (chit) from the office of student affairs. In the event of illness, students should notify the department of family medicine as soon as reasonably possible. Additionally, students are expected to notify their preceptor directly.

If your preceptor becomes unavailable 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.

Any student in otherwise good standing with unexcused absences will receive a conditional pass until they make up the missed time. Students have six (6) months to make up the missed material. Failure to make up the missed time within this parameter will result in a fail.
COURSE MATERIALS:

Textbook

ISBN 9780323239905

Study guide

ISBN 9781608310876

Case-based learning

ISBN 0071753958

Chest x-ray

ISBN 9781455774838

EKG

Warinner PQ. *Pocket Brain EKG and Heart Murmurs*. Wisteria Publishing. 1998
ISBN 0965116239

COURSE CONTENT AND OUTLINE:

The first week of the family medicine clerkship is dedicated to preclinical learning sessions. Students will participate in a series of seminars, team-based exercises, case-based learning and hands-on learning sessions. Students will receive the clerkship calendar on the first day of the clerkship.

Students will spend the next 4.5 four-and-a-half weeks with their assigned family medicine preceptor. During that time, students must complete the PxDx cards, direct observation sessions, and patient feedback encounters. Midway through the clinical preceptorship, students must discuss their performance with their preceptor. A mid-block feedback form is provided as a template for that discussion. This is the time for students to set goals for improvement for the rest of the preceptorship. This is also the time for students to voice any concerns or deficiencies in their experience. We strongly encourage our students to maintain close contact with our clerkship coordinator, especially if there is a problem or conflict within the clinical setting or a personal issue.
There will be an optional test preparation session one (1) day before the exam. The NBME family medicine core content exam is administered on the final day of the clerkship.

COPY STATEMENT:

Some of the materials in this course are copyrighted. They are intended for use by students registered and enrolled in this course for instructional activities associated with and for the duration of the course. They may not be retained in another medium or disseminated further. They are provided in compliance with the provisions of the TEACH Act (Section 110(1) of the Copyright Act) http://www.copyright.gov/docs/regstat031301.html.

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

DISCRIMINATION POLICY:

Tulane University recognizes the inherent dignity of all individuals and promotes respect for all people. As “One Wave,” Tulane is committed to providing an environment free of all forms of discrimination based on race, ethnicity, creed, religion, gender, gender identity and sexual orientation, as well as all forms of sexual harassment, including sexual assault, domestic and dating violence, and stalking. If you (or someone you know) has experienced or experiences discrimination, domestic violence, sexual assault or sexual harassment, know that you are not alone. Resources and support are available. Learn more at onewave.tulane.edu. Any and all of your communications on these matters will be treated as either “Strictly Confidential” or “Mostly Confidential” as explained in the chart below.

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<tr>
<th>Strictly Confidential</th>
<th>Mostly Confidential</th>
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<tr>
<td>Except in extreme circumstances, involving imminent danger to one’s self or others, nothing will be shared without your explicit permission.</td>
<td>Conversations are kept as confidential as possible, but information is shared with key staff members so the University can offer resources and accommodations and take action if necessary for safety reasons.</td>
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<tr>
<td>Counseling &amp; Psychological Services (CAPS) (504) 314-2277</td>
<td>Coordinator of Violence Prevention (504) 314-2161</td>
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<td>Student Health Center (504) 865-5255</td>
<td>Tulane University Police (TUPD) (504) 865-5911</td>
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<td>Sexual Aggression Peer Hotline and Education (SAPHE) (504) 654-9543</td>
<td>Office of Institutional Equity (504) 862-8083</td>
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SOM INSTITUTIONAL LEARNING GOALS AND OBJECTIVES:

K11 apply the basic science principles of normal and abnormal structure and function to clinical medicine
K12 apply the principles of clinical reasoning
K13 recognize and manage common medical problems
K14 recognize and respond to acute life-threatening problems
K15 provide patient care based on the human life cycle stages
K16 apply the principles of evidence-based medicine
K17 develop the clinical competencies expected in each of the core medical specialties
K18 describe the organization and systems of health care delivery and financing
K19 apply principles of preventive and population-based medicine including environmental health issues
K20 provide patient care with regard for psychosocial issues
K21 apply the principles of clinical epidemiology, medical ethics, and alternative medicine in clinical medicine

AB10 altruism, honesty, ethical behavior, caring and compassion
AB11 use of adaptive mechanisms for dealing with stress
AB12 commitment to excellence in patient care
AB13 commitment to the patient’s welfare and advocacy
AB14 respect for and cooperation with all participants of the health care system
AB15 sensitivity to diversity
AB16 appreciation of medicine as a service profession
AB17 commitment to equity
AB18  responsibility for preventive care
AB19  participation in providing public health education
AB20  engagement in life-long learning and adaptability to the changing health care environment
AB21  commitment to civic responsibilities

S16  perform a comprehensive or focused history and physical examination, and recognize the appropriateness of when to perform each of these exams.
S17  order and interpret appropriate laboratory and diagnostic studies
S18  integrate history, physical examination and laboratory results
S19  perform routine and simple procedures necessary for patient care
S20  tailor treatment to individual patients
S21  recognize normal and abnormal findings across the life cycle
S22  generate appropriate differential and working diagnoses
S23  use information and knowledge seeking skills necessary for life-long learning
S24  cope with ambiguity and uncertainty
S25  recognize and differentiate between emergent, urgent, and routine health conditions
S26  coordinate or arrange appropriate intervention
S27  interact in a confidence-inspiring manner with patients and their families
S28  provide informed consent
S29  recognize and manage personal limitations in treating patients, evaluate and remediate personal deficiencies
S30  listen to and communicate information effectively to patients, families, and colleagues
S31  exercise conflict resolution
S32  work effectively with others on the healthcare team
S33  advocate for community needs
S34  apply population knowledge to patient management

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.