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 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:

The overall goal of the family medicine clerkship is to provide an outstanding learning experience for all medical students.

FAMILY MEDICINE CLERKSHIP OBJECTIVES  *SOM Institutional Objectives in parentheses

The department of family medicine will provide a 6-week clerkship that will:

1. Demonstrate the unequivocal value of primary care as an integral part of any health care system. (6.1, 6.2, 6.3)
2. Teach an approach to the evaluation and initial management of acute presentations commonly seen in the office setting. (1.1, 1.2, 1.3)
3. Teach an approach to the management of chronic illnesses that are commonly seen in the office setting. (1.1, 1.2, 1.6)
4. Teach an approach to conducting a wellness visit for a patient of any age or gender. (1.9, 2.4)
5. Model the principles of family medicine. (1.10)
6. Provide instruction in historical assessment, communication, physical examination, and clinical reasoning skills. (1.2, 1.4, 1.4)

STUDENT LEARNING OBJECTIVES

At the end of the family medicine clerkship, each student should be able to:

1. Discuss the principles of family medicine care. (2.5, 6.2, 6.4)
2. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations. (1.2, 1.3, 1.4)
3. Manage follow-up visits with patients having one or more common chronic diseases. (1.6)
4. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender. (2.4)
5. Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills. (1.2, 1.3, 1.4)
6. Discuss the critical role of family physicians within any health care system. (6.1, 6.5, 6.6)
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 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 e*Value.

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 receive signed preceptor feedback, on the yellow card, of four SOAP notes they have written/entered electronically.
**The four direct observations, the four patient feedbacks, and the preceptor feedback of four SOAP notes must be entered among the case logs (formerly PxDx) under Procedures.

Students must also document at least 120 diagnoses and procedures (which can be multiple per patient). Diagnoses and procedures need to be entered into e*Value. Students may use the yellow case log (formerly PxDx) cards to help them keep track of these encounters during the day.

Finally, students are encouraged to use the Mid-block talking points as a reference for their mid-block check-in with their preceptors. This is an important moment during the rotation to gauge progress and expectations, going forward.

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:

1. Business office operations, e.g. reception, scheduling, insurance approval, billing/coding functions
2. Nursing functions, e.g. triage, answering and returning phone calls, prescription refills, etc....
3. The office laboratory
4. Office medical records

Community Activities may include:

1. Attendance at a substance abuse meeting, i.e. alcoholics anonymous
2. Nursing home rounds or visit
3. A home visit or hospice visit
4. A community health activity such as speaking to a school class, helping with school sports physicals or medico-legal activities
5. 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
6. Attendance at a continuing medical education meeting
7. 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=upiiuNFp3Vc%3d&tabid=17603&portalid=49

3. AAFP board review question (membership required)
http://www.aafp.org/cme/cme-topic/all/bd-review-questions.html
Become a Member of the AAFP (free to medical students)
Complete an application online at:
https://nf.aafp.org/MyAcademy/MembershipApplication/PersonalInformation/Student

Podcast Resources (designed for commuters)

1. Academy of American Physicians podcast series:
http://www.aafp.org/journals/afp/explore/podcast.html

2. Society of Teachers of Family Medicine podcast series:

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. Complete 120 case logs (formerly PxDx) data entry (including the logging of four direct observations, four patient feedbacks, and four SOAP notes)
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 at/above the 5th percentile to pass, at/above the 50th percentile to high pass and at/above the 75th percentile to honor.

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 2-5 days of the family medicine clerkship (depending on the block) 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 remainder of the clerkship with their assigned family medicine preceptor. During that time, students must complete the case logs (formerly PxDx), including signed direct observation sessions, patient feedback encounters (initialed by the student), and signed feedback of SOAP notes. Midway through the clinical preceptorship, students must discuss their performance with their preceptor. Mid-block talking points are 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

**EMERGENCY SAFETY INFORMATION/NEEDLESTICK POLICY:**

Please see the safety policies and procedures at: https://www2.tulane.edu/som/student-affairs/student-resources/emergency-safety.cfm.

**Needle-stick and Health Information**

In the course of education and training at any one of the Tulane University Health Sciences schools, student may, on rare occasions, be inadvertently exposed to blood-borne pathogens, toxins, or suffer an injury while engaging in educational or training activity.

These incidents may include accidental needle sticks or splashes with bodily fluids, or simply twisting an ankle while performing an educational task.

If you suffer an accidental exposure or injury, remember to contact the Student Health Center or the Office of Environmental Health & Safety (OEHS).

**Monday-Friday, 8am to 5pm call Student Health Center:** 504-988-6929

**All other times, please call the OEHS Office:** 504-419-1391

*After hours, you should also report exposure immediately to your supervisor and/or head nurse*
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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<th>Strictly Confidential</th>
<th>Mostly Confidential</th>
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<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 OBJECTIVES/AAMC PHYSICIAN COMPETENCY REFERENCE SET

1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
1.2 Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging, and other tests
1.3 Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice
1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
1.6 Develop and carry out patient management plans
1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making
1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
1.9 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
1.10 Provide appropriate role modeling
1.11 Perform supervisory responsibilities commensurate with one’s roles, abilities, and qualifications

2.1 Demonstrate an investigatory and analytic approach to clinical situations
2.2 Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
2.3 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
2.4 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
2.5 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care seeking, care compliance, and barriers to and attitudes toward care
2.6 Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices

3.1 Identify strengths, deficiencies, and limits in one’s knowledge and expertise
3.2 Set learning and improvement goals
3.3 Identify and perform learning activities that address one’s gaps in knowledge, skills, and/or attitudes
3.4 Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
3.5 Incorporate feedback into daily practice
3.6 Locate, appraise, and assimilate evidence from scientific studies related to patients’ health problems
3.7 Use information technology to optimize learning
3.8 Participate in the education of patients, families, students, trainees, peers, and other health professionals
3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care
3.10 Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes

4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
4.2 Communicate effectively with colleagues within one’s profession or specialty, other health professionals, and health related agencies (see also 7.3)
4.3 Work effectively with others as a member or leader of a health care team or other professional group (see also 7.4)
4.4 Act in a consultative role to other health professionals
4.5 Maintain comprehensive, timely, and legible medical records
4.6 Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics
4.7 Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions

5.1 Demonstrate compassion, integrity, and respect for others
5.2 Demonstrate responsiveness to patient needs that supersedes self-interest
5.3 Demonstrate respect for patient privacy and autonomy
5.4 Demonstrate accountability to patients, society, and the profession
5.5 Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
5.6 Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations

6.1 Work effectively in various health care delivery settings and systems relevant to one’s clinical specialty
6.2 Coordinate patient care within the health care system relevant to one’s clinical specialty
6.3 Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
6.4 Advocate for quality patient care and optimal patient care systems
6.5 Participate in identifying system errors and implementing potential systems solutions
6.6 Perform administrative and practice management responsibilities commensurate with one’s role, abilities, and qualifications

7.1 Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
7.2 Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
7.3 Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations
7.4 Participate in different team roles to establish, develop, and continuously enhance inter-professional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

8.1 Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors
8.2 Demonstrate healthy coping mechanisms to respond to stress
8.3 Manage conflict between personal and professional responsibilities
8.4 Practice flexibility and maturity in adjusting to change with the capacity to alter one’s behavior
8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
8.6 Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
8.7 Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
8.8 Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty

9.1 Describe the social determinants of health and identify how they create barriers to wellness for underserved populations
9.2 Use community resources to improve individual and population health
9.3 Partner with a community health stakeholder to design, implement, evaluate or enhance an intervention to address at least one social determinant of health
9.4 Explain methods of community health assessment
9.5 Participate in community-based service projects

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.