
AY 2023-2024 Family Medicine Longitudinal Clerkship

FM Longitudinal Clerkship Description

During your Family Medicine Longitudinal Clerkship experience, you will develop basic competencies in the evaluation and management of patients of all ages in the ambulatory setting and will develop an effective understanding of the assessment and management of common clinical conditions seen by the Family Medicine physician in a clinical setting.

Clerkship Objectives

The Family Medicine Clerkship provides students with ample exposure to the undifferentiated patient via an ambulatory experience at the Texas Tech Physicians of El Paso Family Medicine Clinic, private physician's offices, and at other sites in El Paso. The Goals and Objectives outlined below are met through all of these experiences. Additionally, each Longitudinal Selective provides students with opportunities to further enhance their knowledge and skills in a variety of settings. Finally, all of the clerkship learning objectives are linked to the Medical Education Program Goals and Objectives (PGOs) (in parentheses).

Medical Knowledge

Goal: The student will gain and develop an effective understanding of the assessments and management of common clinical conditions seen by the family physician in outpatient settings. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

Objectives: By the end of the Family Medicine Longitudinal Clerkship students will be able to:

- Describe the prevalence and natural history of common acute illnesses and chronic diseases over the course of the individual and family life cycle (2.1, 2.3).
- Demonstrate an investigatory and analytic approach to clinical situations integrating basic and clinical science concepts in the diagnosis and management of illness and disease (2.2, 2.3, and 2.4).

Patient Care

Goal: The students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

Objectives: By the end of the Family Medicine Longitudinal Clerkship students will be able to:

- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations seen in Family Medicine (1.1, 1.2, 1.3, 1.6, 2.1)
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment (1.2, 1.6, 2.4, and 2.5).
- Apply screening protocols based on evidence-based guidelines to identify risks of disease or injury and opportunities to promote wellness over the course of the lifespan (1.2, 2.3, 2.4, 6.3)
- Apply culturally appropriate behavioral change strategies to support patient wellness (1.9, 4.1, 4.3, and 5.1).

Interpersonal and Communication Skills

Goal: The Student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication with patients and their families, faculty, residents, staff, and fellow students.

Objectives: By the end of the Family Medicine Longitudinal Clerkship students will be able to:

- Create and sustain a therapeutically sound relationship with patients and their families based on a patient-centered approach (4.1, 4.3, 5.1, 5.2, 5.3, 5.4, 5.5, and 5.6).
- Effectively educate patients and their families about health, illness, and prevention as appropriate to the clinical situation (1.8, 1.9, 2.5, 4.1, 4.3, 5.1, 5.2, and 6.3).
- Demonstrate effective, respectful communication with clinical faculty, other health care professionals, and staff (4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.5, and 5.6).
- Clearly and accurately document information in the medical record (4.4, 1.7, and 5.7).
- Demonstrate the ability to communicate effectively with patients and their families through interpreters for those with limited English language proficiency (4.1, 4.3, and 7.2).

Professionalism/Ethics

Goal: Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principle and sensitivity to a diverse patient population.

Objectives: Throughout the Family Medicine Longitudinal Clerkship, the student will demonstrate:

- Respect for patients, their families, and all members of the health care team (5.1, 4.3, 5.6)
- Adherence to ethical principles governing the doctor-patient relationship including respect for patient confidentiality and privacy (5.1, 5.2, 5.4, 5.6)
- Respect for patients whose lifestyles and values may be different from those of the student (5, 1, 2.5, 4.1).
- Awareness of the limits of one's own knowledge, experience, and capabilities (5.3, 3.1, 8.1).

Practice-Based Learning and Improvement

Goal: The student will understand the application of scientific evidence and accept feedback for continuous self-assessment in the improvement of patient care practices.

Objectives: Throughout the Family Medicine Longitudinal Clerkship the student will demonstrate the ability to:

- Locate, evaluate, and apply evidence from scientific studies related to the patient's health problems (3.4, 2.3, 2.4, 2.5, 2.6).
- Apply knowledge of study design and statistical methods to the appraisal of information on diagnostic and therapeutic effectiveness (3.4, 3.5, 2.4)
- Use information technology and electronic resources to access, manage, and evaluate information in support of personal education (3.3, 3.4, 8.1, 8.4, 8.5)
- Solicit and respond to feedback to improve one's clinical practices (3.3, 3.1, 3.2, 5.7, 8.1, 8.4)

Systems-Based Practice

Goal: Students must demonstrate an awareness of medical systems and responsiveness to the larger context and system of health care and the ability to effectively utilize system resources to provide optimal care. The student will develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy.

Objectives: By the end of the Family Medicine Longitudinal Clerkship, the student will be able to

- Describe the role of the family physician as a coordinator of care and team member (6.1, 7.1, 7.2, 8.1)
- Discuss the knowledge, attitudes, and skills necessary for providing longitudinal, comprehensive, and integrated care for patients with common chronic medical problems (6.1, 6.2, 6.3, 6.4, 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8, 2.2, 2.3, 2.4, 2.5, 3.2, 3.4, 7.2, 8.1)
- Collaborate with other health professionals to provide patient-centered and preventive services across the lifespan (6.1, 6.2, 6.4, 1.9, 7.1, 7.2, 7.3, 7.4)
- Assist patients in dealing with system complexities to reduce access barriers (1.8, 6.1, 6.2, 6.3, 6.4)
- Identify appropriate medical and non-medical consultative resources (6.2, 6.4, 7.2)
- Describe strategies for controlling health care costs and allocating resources without compromising quality of care (6.3)

Interprofessional Collaboration

Goal: “Demonstrate the ability to engage in an Interprofessional team in a manner that optimizes safe, effective patient and population-centered care”

Objectives: By the end of the Family Medicine Longitudinal Clerkship, the student will be able to:

- Describe the roles of health care professionals. (7.1)
- Use knowledge of one’s own role and the roles of other health care professionals to work together in providing safe and effective care. (7.2)
- Function effectively both as a team leader and team member. (7.3)
- Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members. (7.4)

Personal and Professional Development

Goal: “Demonstrate the qualities required to sustain lifelong personal and professional growth.”

Objectives: By the end of the Family Medicine Longitudinal Clerkship, the student will be able to:

- Recognize when to take responsibility and when to seek assistance (8.1).
- Demonstrate healthy coping mechanisms in response to stress and professional responsibilities. (8.2)
- Demonstrate flexibility in adjusting to change and difficult situations. (8.3)

Integration Threads

The following is a list of topics which will be integrated into the Block and will also be visited by other Clerkships in the third year:

Geriatrics: There are geriatrics didactic sessions planned during the Block. In addition to the didactics, students will have the opportunity to see a large number of geriatric patients while in the ambulatory setting.

Basic Science: Anatomy, physiology, and pharmacology will be included in most didactics. In addition, there are specific didactic sessions devoted to basic sciences with the basic scientists.

Clinical and Translational Research: Students will be exposed to clinical and translational research during the Family Medicine Clinic rotation. Students will become familiar with data entry, the Patient Navigator, and will work with *Promotoras* as they recruit patients for the department's colon cancer research.

Integration Threads

FM Table 7: Integration Threads

An X indicates that this topic is included within the Family Medicine Clerkship:

X Geriatrics	X Basic Science	X Ethics
X Professionalism	X EBM	X Chronic Illness Care
X Patient Safety	X Pain Management	X Clinical Pathology
X Palliative Care	X Quality Improvement	X Clinical and Translational Research
X Communication Skills	X Diagnostic Imaging	X Interprofessionalism

The Family Medicine Longitudinal Clerkship will include these integration threads in the following ways:

Geriatrics: Ambulatory clinic experiences (Texas Tech Physicians of El Paso, Kenworthy campus)

Professionalism: Ambulatory clinic experiences (professionalism evaluations in every component of the Clerkship)

Patient Safety: Free CME opportunity available on Elentra and access to Campus CME events, ambulatory clinic experiences, and in all FM Longitudinal Selectives.

Communication Skills: Ambulatory clinic experiences.

Basic Sciences: Ambulatory clinic experiences

EBM: Ambulatory clinic experiences.

Pain Management: Ambulatory clinic experiences.

Diagnostic Imaging: Ambulatory clinic experiences.

Ethics: Free CME opportunity available on Elentra, Orientation, and ambulatory clinic experiences.

Chronic Illness Care: Ambulatory clinic experiences.

Clinical Pathology: Ambulatory clinic experiences.

Clinical and Translational Research: Ambulatory clinic experiences.

Interprofessionalism: students are exposed to interdisciplinary teams during their ambulatory clinic experiences, particularly when communicating with other specialties directly through phone conversations or through the EMR.

Family Medicine Continuity Assignments

Family Medicine Center and Community Faculty Clinical Learning Objectives.

Over the course of the block, students will be expected to attend a minimum of *three* clinics (experiences).

While in the clinic with the family medicine preceptor (at the Kenworthy clinic or in the community) the student will do the following:

Acute Presentations:

1. Differentiate among common etiologies based on the presenting symptom(s). (1.3, 1.2)
2. Recognize "don't miss" conditions that may present with a particular symptom(s). (1.5, 1.1, 1.2, 1.3)
3. Elicit a focused history and perform a focused physical examination. (1.1)
4. Discuss the importance of a cost-effective and evidence-based approach to the diagnostic work -up. (2.3, 6.3)
5. Describe the initial management of a common and potentially life-threatening diagnosis that present with particular symptoms. (1.2, 1.5, 1.6)
6. Communicate the above information in an organized and concise fashion to the preceptor (faculty/resident/fellow). (4.2)

Chronic Presentations:

1. Find and apply diagnostic criteria. (2.2, 2.3)
2. Find and apply surveillance strategies. (2.4, 2.3)
3. Elicit a focused history that includes information about adherence, self-management, and barriers to care. (2.5, 1.1, 1.8, 4.1)
4. Perform a focused physical examination that includes identification of complications. (1.1, 2.1)
5. Assess improvement or progression of the chronic disease. (2.2, 1.3)
6. Describe major treatment modalities. (1.2, 1.6, 2.3)

7. Propose evidence-based management that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention. (2.3, 1.9, 1.2, 1.6)
8. Communicate appropriately with other health professionals (e.g. physical therapist, nutritionists, and counselors). (4.2, 7.1, 7.2, 7.3)
9. Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. (1.8, 4.1, 5.1)

Important Notes for clinic

- When at a Community Clinic (if applicable), the clinical experience will be as stated above, but with a private family physician. Call ahead to confirm start times listed on your schedule.
- All procedures, vaccinations, and examinations of genital/breast/low abdomen/buttocks may only be done under the direct supervision of a preceptor.
- We will attempt to assign students to a set of clinic preceptors (residents, fellows, faculty community faculty) for continuity throughout the duration of the clerkship.
- Students are expected to document a minimum of two patients per clinical session in the EMR system (In systems where students are given individual access to the EMR. Route notes to the continuity TTUHSC El Paso resident or attending faculty).
- Students will review charts of patients to be seen the following day, the night before. (See guidelines for Family Medicine Clinic Chart Review)

Family Medicine Clinic Patient Chart Review

FM Clerkship MS III: Chart Review Guidelines

1. Find out the name of the faculty, resident, or fellow (if working at the FM Kenworthy Clinic) that you are working with in the Family Medicine Center.
2. Review charts of all of the scheduled patients for the preceptor assigned prior to the start of clinic
 - a. This will allow you to interact more meaningfully with the patient and the preceptor
 - b. At the end of clinic session, turn into the FM Clerkship Coordinator through Elentra
3. Review and document for the following:

- a. **PRE VISIT PLANNING** (located under the documents tab, look up PRE VISIT PLANNING (colonoscopy, pap, immunizations, diabetic foot exam, etc....))
 - i. This will tell you some of the preventive services our patients are due for write it down
 - ii. This needs to be completed for Quality Improvement
- b. **PROBLEM LIST** (this is the PMHX)
 - i. look for any old problems such as acute bronchitis or UTI any self-limited problem
 - ii. think about what problems should be removed from the list (see above)
- c. **MEDICATION LIST**
 - i. look up 2 to 3 of the patients' medications on Epocrates or UpToDate
 - 1. to review doses and adverse effects or contraindications
 - 2. the more you do this, your medication retention will improve
- d. **LAST CLINIC NOTE** w/ the Family Medicine faculty or resident
 - i. What was the plan? Were any tests what were ordered? /Was the patient sent to a consultant and what were the results or outcomes?
 - ii. Is there a condition that needs to be followed up such as knee pain? Was a new medication given for DM? Is the patient tolerating it? Is the medication having the desired effect: lower BP or improved blood glucoses or less numbers?
 - iii. Was a condition left that was to be addressed at a follow-up visit?
- e. **PREVENTIVE CARE**
 - i. You can use the AHRQ ePSS app and put in their age and sex to see recommended preventative guidelines through the USPSTF.
 - ii. Ask the patient if they have already had recommended screening or if they are interested in having it done.
 - iii. Is there a pap or colonoscopy documented? Is the patient a smoker and due for AAA screening? If you cannot find it, ask the Medical Assistant (MA)

Assessment:

Assessment in the Family Medicine Clerkship

- Students will receive **verbal and written feedback:**
 - During clinic sessions at the Texas Tech Physicians of El Paso Family Medicine Clinic (Kenworthy)
 - During clinic sessions at family physician offices
- **Please see FM section in Appendix D for weekly assessment forms and criteria.**

FM Longitudinal Final Clerkship Assessment

This form includes the sources of the evaluation identified from each competency.

End of Clerkship Evaluation grading criteria for:	Grade
<p>1. <u>Patient Care and Procedural Skills</u> Sources: The source for this competency will come from: clinical evaluations, SOAP notes/Pre Clinical notes, and direct observation.</p> <p>Comments – meant to justify grade in this competency</p>	<p>Needs improvement Pass</p>
<p>2. <u>Interpersonal and Communication Skills</u> Source: The source for this competency will come from: clinical evaluations, SOAP notes/Pre Clinical notes, and direct observation.</p> <p>Comments – meant to justify grade in this competency</p>	<p>Needs improvement Pass</p>
<p>3. <u>Professionalism</u> Sources: The source for this competency will come from: clinical evaluations, SOAP notes/Pre Clinical notes, attendance, and direct observation.</p> <p>Comments – meant to justify grade in this competency</p>	<p>Needs improvement Pass</p>

Boxes at the bottom for:

- a. Longitudinal course grade (Pass / Fail)
- b. MSPE comments (optional additions, only)

Grading Policy – In Addition to Common Clerkship Policies

Grades

The student's final Longitudinal Family Medicine Clerkship grade will be based on their overall clinical and professionalism evaluations and attendance. **This will be a Pass / Fail course.** Please see the school's grading policy in the Common Clerkship Policies.

Op Log Expectations

For this clerkship there are no required diagnoses, but students are expected to see a minimum of 10 patients.

Readings: Please access the suggested readings in Appendix E