
AY 2023-2024 Family Medicine Clerkship

FM Clerkship Description

Welcome to the Family Medicine Clerkship! We look forward to working with each of you. Students will have an excellent ambulatory (outpatient) experience by seeing a variety of clinic patients ranging from newborns to geriatric patients. Additionally, through many community partnerships, students will become familiar with community resources available in El Paso.

There are multiple cross references within the Family Medicine Clerkship Syllabus. These are indicated with blue hyperlink font and, when clicked, will take you to the appropriate reference.

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 physicians' offices, and Hospice El Paso. The Goals and Objectives outlined below are met through all of these experiences. Finally, all of the clerkship learning objectives are linked to the Medical Education Program Goals and Objectives (PGOs) (in parenthesis).

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 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 including identification and treatment of acute and chronic pain (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).

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

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 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 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

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

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

Objectives: Throughout the Family Medicine 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 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.

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

Objectives: By the end of the Family Medicine 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 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.”

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

Objectives: By the end of the Family Medicine 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 that will be integrated into the Block and will also be visited by other Clerkships in the third year:

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 |

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

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

Geriatrics: Ambulatory clinic experiences (Texas Tech Physicians of El Paso, Community Clinic, and Hospice), Didactic Sessions, and NBME study preparation questions.

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

Palliative Care: Hospice Rotation and Breaking Bad News Didactics and Workshop

Communication Skills: Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Geriatric Selective, Didactic Sessions (Breaking Bad News), OSCE (end of Block and end of Year), Student Presentations

Basic Sciences: Musculoskeletal Workshop, Fatigue Online Module, Sports Medicine Selective.

EBM: Online module and ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

Pain Management: Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice) and Sports Medicine

Diagnostic Imaging: Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Musculoskeletal Workshop, and Online Modules

Ethics: Free CME opportunity available on Canvas, Orientation, and ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

Chronic Illness Care: Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Didactic Sessions, and Chronic Disease Management Selective

Clinical Pathology: Musculoskeletal Workshop, dermatology workshop Didactic Sessions, and Online Modules

Clinical and Translational Research: During the Family Medicine Clinic Rotation, all students attend a lecture from the FM Research Department and later go into the community with *Promotoras* as they recruit patients for the Department's colorectal cancer research.

Interprofessionalism: students are exposed to interdisciplinary teams during the musculoskeletal workshop, Hospice experience, and the following selectives: civic engagement, HIV, geriatrics, and occupational medicine.

Family Medicine Continuity Assignment Learning Objectives

Family Medicine Center and Community Faculty Clinical Learning Objectives.

While in the clinic with the family medicine preceptor (at the FMC 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 preceptor (faculty or residents). (4.2)

Chronic Presentations:

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

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)
- 5.1) Important Notes for clinic

- When at a Community Clinic, 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, 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 and follow local documentation processes at community clinics).
- Students will review charts of patients to be seen the following day, the night before. (See guidelines for Family Medicine Clinic Chart Review)

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

Family Medicine Clinic Patient Chart Review

FM Clerkship MS III: Chart Review Guidelines

1. Find out the name of the faculty or resident you are in working with in the Family Medicine Center.
2. Review charts of all the faculty or residents scheduled patients prior to the start of clinic
 - a. This will allow you to interact more meaningfully with the patient and the preceptor
 - b. Jot down notes on the MS3 Chart Audit (MS3-CA) and bring to clinic with you.
 - c. At the end of clinic session, turn into the FM Clerkship Coordinator
3. Review and document on the (MS3-CA) the following information:
 - 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 app or UpToDate
 1. to review doses and adverse effects or contraindications
 2. the more you do this the better you will perform on the NBME
 - d. **LAST CLINIC NOTE** w/ the Family Medicine faculty or resident
 - i. What was the plan? Were any tests 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 - LowerBP or improved blood glucoses, etc?
 - iii. Was a condition left to be addressed at this next visit that there was not time for before?
 - e. **PREVENTIVE CARE**
 - i. You can use the AHRQ ePSS app and put in their age and sex to see what they should have done based on the USPSTF guidelines.

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

- ii. Ask 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)

The Hospice Experience

The Family Medicine Hospice Experience consists of one week seeing patients and acting as part of an interdisciplinary team with Hospice El Paso. Ideally, students will experience each aspect of hospice care, from admissions to death, through the viewpoint of various caretakers during their week-long rotation. Students will still attend their didactics, longitudinal selective and SDL days.

Goals:

1. Students will develop an increased understanding of Hospice care
2. Students will recognize barriers for timely Hospice referrals
3. Students will gain confidence in communicating with terminal patients and their families

Objectives:

1. Students will display the ability to determine prognosis for terminal disease (2.1)
2. Students will be able to list the eligibility criteria for Hospice(5.5)
3. Students will be able to list potential barriers for Hospice referral and how to overcome them (4.1, 4.2,4.3, 5.4, 6.4, 7.1, 7.2)

Hospice care is a dynamic process and unpredictable at times. Students will learn what type of patients to refer and how to refer in a timely manner. Students will see how a multidisciplinary team works with the patient and their family to provide a comforting experience. It is very important to keenly observe how these experts in end life issues treat a real patient. Students will rotate through the major aspects of hospice care.

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

They will be paired with a hospice nurse and gain the following experiences:

1. Students will attend an orientation and go through the Hospice admissions process (7.1): Here students should understand what type of terminal illnesses are accepted and the referral and admissions process (7.1)
2. Attend an interdisciplinary team meeting: The RN, social worker, and pharmacist get together to discuss the patient(s) and their care plans (7.1, 7.2, 7.3)
3. Review medical records (1.3)
4. Home visit with a hospice patient (2.5, 4.2, 5.1, 5.2,5.4): This is most valuable to see patients in their home or hospice facility and how they are cared for
5. Death call is optional (2.5, 8.2): When death is imminent, hospice comforts the patient and the family

Evaluation

1. Students will take a pre and post test on Hospice care on Elentra
2. Students are required to write a reflective piece at the end of the Hospice experience to discuss something new that was learned, new skills gained, or a patient and their family that left an impression
3. Professionalism evaluations will be completed by Hospice staff

Assessment:

FM Table 4: Family Medicine Clerkship Required Assignments and Activities

| Activity | Description / How to Pass | Fail | Required or Optional | Make Up (if applicable) | Grading |
|--|---|--------------------------|---|--------------------------------------|--|
| Attendance Clinic Selective Didactics | Students are expected to be on time and attend all (see attendance policy under Common Clerkship Policies). | Absenteeism or tardiness | Required Unexcused Absence Form will be signed by student | Readings and/or Make-up clinic | Failure to attend can result in a failure of professionalism, make up work or failure of course. |

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

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| SOAP Notes | Weekly SOAP note turned into continuity faculty with clinical presentation. Four SOAP notes uploaded into Elentra. Do not include protected Health Information on uploaded note. | If note consistently late or contains protected health information or not submitted | Required | Make-up SOAP notes | Failure to submit may result in failure of professionalism grade. |
| Attendance in the Data & Patient Navigator Class | Introduction to Clinical and Translational research | Not attending class | Required | TBD by Clerkship Director Readings | Failure to attend class may result in failure of professionalism grade. |
| <i>Promotora</i> Experience | Work with <i>Promotoras</i> to recruit and educate the community about the colon cancer research | Not showing up or participating in the activity | Required | Not attending is an unexcused absence | Failure to attend may result in failure of professionalism grade. |
| <i>Promotora</i> Reflective Paragraph | Write a reflective paragraph explaining what they learned about clinical and translational research, in particular how it is different to clinical care delivery. The paragraph is due one week after the <i>Promotora</i> experience at 5:00 pm Upload to Elentra | Not turning in paragraph | Required | A 2 page paper TDB by Clerkship Director | Failure to turn in paragraph may result in failure of professionalism grade. |
| Op-Log | Students must update their Op-Logs weekly throughout the Block with all meaningful patient encounters . | Not updating weekly and/or not meeting the minimum requirement | Required | If student does not meet the required amount of patients/conditions, it will be counted as an unprofessional event and May result in failure of the professionalism grade. | |
| AAFP Questions | Complete 500 questions throughout the block. 250 questions due by MCF, remaining 250 questions by end of block. | Not completing 250 questions by midway and/or not completing all 500 questions by the end of the block. | Required | Not completing the questions may result in failure of professionalism grade. | |

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

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| Integrated Case Presentation | Participation of case with team. Must be an active member and contribute to the overall presentation. Must complete Peer Review. | Failure to participate on the final presentation | Required | Failure to participate and present case may result in failure of professionalism grade. |
| EMR Notes | Each clinical session at the Texas Tech Physicians of El Paso Family Medicine Clinic, students must complete at least two Medical Student EMR notes. The note must be signed by the student and routed to the faculty member or resident with whom they worked. | Not completing notes. Please see the Student Affairs Handbook for more information regarding plagiarism | Required | Failure to complete notes or assignments will be documented on the student's weekly evaluation and will be counted as an unprofessional event and may result in failure of the professionalism grade. |
| Duty Hours Submissions | Students are required to submit duty hours worked through Elentra. Duty hours must be submitted within 48 hours of the scheduled session. There will be a manual given to students and available on Elentra. Even if a student is absent, they are expected to report that through the duty hours log within 48 hours of the missed session. | Not submitting duty hours within 48 hours of the schedule | Required | Failure to submit duty hours within 24 hours will be counted as an unprofessional event and may result in failure of the professionalism grade. |
| Hospice Reflection | Students are required to turn in a reflective piece discussing what was learned during the Hospice Rotation. This needs to be emailed to the Unit Coordinator | Not turning in hospice reflection the Monday after rotation | Required | Failure to turn in the reflection on time will be counted as an unprofessional event and may result in failure of the professionalism grade. |

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

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|-------------------------------------|--|--|----------|---|---|
| Family Medicine NBME | All students will take the Family Medicine Shelf Exam at the end of the Clerkship Block. In accordance with the PLFSOM Common Clerkship Policies. Honoring the NBME requires obtaining ≥ 60 percentile. To pass the NBME, a student will need to score in the 6 th percentile or higher. | Failing score on NBME $< 6^{\text{th}}$ percentile | Required | If a student fails the NBME, they will receive an Incomplete grade and will need to remediate the exam. | The Family Medicine NBME usually takes place on the last Friday of the Block on main campus. |
| Student Led Didactics | Each student will be required to present one didactic session to their peers. Students will be assigned to groups for these presentations. You will work with a faculty mentor and students will be evaluated on their presentations. | Nonparticipation | Required | To be determined by clerkship director | Failure to present with classmates will be counted as an unprofessional event and may result in failure of the professionalism grade. |
| Observed H&P | All students will have at least one observed H&P done by either faculty or a resident. Student will turn in completed and signed H&P form to coordinator (may also upload on Elentra) | Not completing task | Required | Attempt to make up | Failure to complete may result in failure of professionalism grade. |
| Chart Audit in the Kenworthy Clinic | Students must turn in proof of their notes taken prior to a clinic session to coordinator | Not reviewing charts the night before | Required | N/A | Repeated failure to submit proof or if not prepared for scheduled clinic session may result in failure of professionalism grade. |

Student Performance Objectives

Note: For required activities, Honors-level work includes engaged participation, evidence of reading, and active learning. This determination means you have exceeded the expectation of a 3rd year medical student in the Family Medicine Clerkship.

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

Pass: This determination means that you have performed appropriately at the level expected for a 3rd year medical student in the clerkship.

Students should also take the initiative to see patients (if applicable) and improve their clinical skills by consistently applying new knowledge in the clinical arena.

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
 - Hospice El Paso
 - Private Family Medicine Offices
 - Longitudinal Selectives
 - Clerkship Unit Coordinator Professionalism Assessment
 - Mid-clerkship feedback sessions with the Clerkship Director or Assistant Clerkship Director
- Written feedback in the form of the institution's clinical and professionalism evaluations occurs on a weekly basis. Students are required to make sure they receive their completed clinical evaluations from preceptors. We cannot give adequate feedback if you do not have completed evaluations. Please let the Clerkship Unit Coordinator and Clerkship Director know if you need assistance.
- **Please see FM section in Appendix D for weekly assessment forms and criteria.**

Mid-Clerkship Feedback

Mid-Clerkship Feedback is a required meeting with the Clerkship Director or Designee to review clinical and professional evaluations, absences, Op-Log and other assignment progress. This is also the time to discuss any other issues important to your individual

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

learning and successful completion of clerkship. Students will also describe their NBME study plan, career goals, and their strengths and weaknesses. **Failure to comply will result in a failing professionalism grade.**

- Students will be scheduled to review their progress with the Clerkship Director or his/her designee
- Mid-Clerkship Feedback takes place roughly halfway through the student's Family Medicine Clerkship

Student Requirements:

- Clinical Evaluations available for review. Students must ask preceptors to complete if not done.
- Op-Logs up to date.
- AAFP questions (250)

All other assignments should be completed.

[Please refer to Appendix D for detailed information about assignments.](#)

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

FM Final Clerkship Assessment

This form includes the sources of the evaluation identified from each competency. Look **closely** at the SOURCES. This shows you what we will be using to evaluate your FINAL score.

| End of Clerkship Evaluation grading criteria for: | Grade |
|---|--|
| <p>1. <u>Knowledge for Practice</u> Sources: The source for this competency will come from: weekly clinical evaluations (including evaluations from Hospice, clinical and translational research and from your FM selectives), SOAP notes, FM selective and integrated case presentations, online cases, and direct observation.</p> <p>Comments – meant to justify the score in this competency.</p> | <p>Needs improvement Pass Honors</p> |
| <p>2. <u>Patient Care and Procedural Skills</u> Sources: The source for this competency will come from weekly clinical evaluations (including evaluations from Hospice, clinical and translational research and from your FM selectives), your SOAP notes, integrated case presentation, and direct observation.</p> <p>Comments – meant to justify grade in this competency</p> | <p>Needs improvement Pass Honors</p> |
| <p>3. <u>Interpersonal and Communication Skills</u> Source: The source for this competency will come from weekly clinical evaluations (including evaluations from the clerkship unit coordinator, Hospice rotation, clinical and translational research rotation, and from your FM selectives and direct observation).</p> <p>Comments – meant to justify grade in this competency</p> | <p>Needs improvement Pass Honors</p> |
| <p>4. <u>Practice-based Learning and Improvement</u> Sources: The source for this competency will come from weekly clinical evaluations, hospice and clinical and translational research evaluations and respective reflective papers. Additionally, the integrated case and FM selective presentations will be used.</p> <p>Comments – meant to justify grade in this competency</p> | <p>Needs improvement Pass Honors</p> |

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

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| 5. Systems-Based Practice | Needs improvement |
| Sources: The source for this competency will come from weekly clinical evaluations, hospice and clinical and translational research evaluations and respective reflective papers. Additionally, the integrated case and FM selective presentations will be used. | Pass Honors |
| Comments – meant to justify grade in this competency | |
| 6. Professionalism | Needs improvement |
| Sources: The source for this competency will come from weekly clinical evaluations (including evaluations from the clerkship unit coordinator, Hospice rotation, clinical and translational research rotation, direct observation, and from your FM selectives). Additionally, improvement in areas deemed “needing improvement” discussed during mid-clerkship feedback with the Clerkship Director. | Pass Honors |
| Comments – meant to justify grade in this competency | |
| 7. Interprofessional Collaboration | Needs improvement |
| Sources: The source for this competency will come from weekly clinical evaluations during your Hospice rotation, clinical and translational research rotation, and peer evaluations and from your FM selectives. Your participation in the FM selective and integrated case presentations also counts towards this competency. | Pass Honors |
| Comments – meant to justify grade in this competency | |
| 8. Personal and Professional Development | Needs improvement |
| Sources: The source for this competency will come from: weekly clinical evaluations, FM selective and integrated case presentations, SOAP notes, Hospice and Clinical and Translational reflective papers. | Pass Honors |
| Comments – meant to justify grade in this competency | |
| Boxes at the bottom for: | |
| a. NBME score | |
| b. OSCE | |
| c. MSPE comments | |
| d. General Comments (Optional and not for MSPE) | |
| Final grade for Clerkship – Honors, Pass, Fail | |

Grading Policy – In Addition to Common Clerkship Policies

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

Grades

The student's final Clerkship grade will be based on their overall clinical and professionalism evaluations, end of block OSCE, and NBME score. Please see the school's grading policy in the Common Clerkship Policies.

Op Log Expectations

Please see **Appendix C** for a complete list of required patient encounters for the Psychiatry Clerkship. Please monitor your Op Log Dashboard to ensure that you are on track to complete his requirement. If you do not log a required encounter, you will need to complete an alternate assignment. Your progress will be reviewed at your mid-clerkship meeting.

You are responsible for informing the Clerkship Director or Coordinator that you have not completed a required patient encounter in time for an alternative experience to be arranged. This typically occurs during and after the mid-clerkship evaluation. After Midclerkship evaluations, it is your responsibility to inform the Coordinator when and how (clinical encounter or alternate experience) you satisfied the requirements.

Readings: Please access the suggested readings in Appendix E

NBME Review

- AAFP website review questions
- Family Medicine Pre-test (books available for checkout)
- Family Medicine Case Files (books available for checkout)
- Board Vitals – optional resource
- First Aid USMLE Step 2
- Family Medicine Board Review books by:
 - Bratton
 - Swanson

Internal Medicine, Psychiatry, Family Medicine, Neurology and Emergency Medicine Block

- Wilbur (new edition to be released September 30, 2016)