

## **MERCER UNIVERSITY SCHOOL OF MEDICINE MISSION STATEMENT FOR THE JUNIOR CLERKSHIPS**

### **Mission**

The mission of the junior clerkships is to broadly prepare students for the practice of clinical medicine by facilitating their development of the knowledge, behaviors, skills, and attitudes necessary for the compassionate and competent care of patients.

### **Vision**

Our vision is to create lifelong learners who embody the stated values of MUSM (collaboration, compassion competence, excellence, integrity, respect and honesty, and service) and who have a commitment to meeting the health care needs of Georgia.

### **Goals**

Our goal is that students will be able to effectively and competently evaluate a patient and produce a competent history and physical that facilitates differential diagnosis and the development of a treatment plan.

Our goal is to ensure students develop the knowledge base necessary to pass USMLE Step II and thus to obtain the core knowledge that is considered necessary to the practice of medicine.

Our goal is to socialize medical students into the best of the culture of medicine such that they develop an enduring commitment to the care of patients.

### **Mercer University School of Medicine Family Medicine Clerkship Objectives 2008-2009**

### **Course Objectives**

1. Elicit a comprehensive problem oriented history, which identifies all the major cues in the patient's current illness and past history.
2. Perform a thorough physical examination appropriate to the presenting problem on ambulatory care patients.
3. Demonstrate an ability to use effective problem solving skills in evaluating patients, preparing a problem list from the data base and developing a plan for further diagnosis and treatment of common complaints.
4. Demonstrate skills in maintaining the health of patients and their families, including advising patients in preventive medicine.
5. Communicate effectively with patients, staff, and faculty so that healthcare is safely and efficiently delivered.

6. Demonstrate an ability to self-assess professional strengths and weaknesses.
7. Critically review medical literature, and summarize recommendation to colleagues.
8. Accept the importance of the context of the illness, recognizing that many illnesses cannot be fully understood unless they are seen in their personal, family, and social context.
9. Appreciate the role of the family physician, which plays an integral role in the community-wide network of healthcare agencies, and complements one another when working in coordination.
10. Participate in the wide-ranging role of family practice offering comprehensive and continuing care inside the office, home, hospital and nursing home.
11. Participate in the outpatient management of common problems and contrast it to the inpatient management.
12. Recognize the procedural skills practiced in Family Medicine and the benefits they can deliver in cost saving and time saving.
13. Exposure to the administrative procedures in private practice, including personnel management, patient flow and office economics.
14. Recognize the definitions of professional and ethical behavior and act accordingly.

### **Orientation**

1. Review a history of Family Medicine and the guiding principles that under gird it.
2. Review the components and requirements of the clerkship and their consistency across the training sites.
3. Review the system of evaluation during the clerkship and the chain of command inside the course.
4. Review the textbooks, curriculum guide and requirement deadlines for the clerkship.
5. Review the system of mentoring with a faculty member during the rotation.

### **Ambulatory Care Experience**

1. Recognize and treat acute situations in different outpatient settings.
2. Utilize currently approved preventive measures in the care of patients.
3. Identify the health care resources in the community.
4. Document clinical encounters in a SOAP format.

5. Demonstrate effective communication skills, with patients, staff and faculty.
6. Perform a thorough physical examination appropriate for each problem and at all age level.
7. Integrate the concepts of behavioral medicine into the context of particular biological problems.

### **In-service Patient Care**

1. Accept (supervised) responsibility for ongoing inpatient treatment of family medicine patients when an outpatient setting is not appropriate for recovery of health or function.
2. Demonstrate competency in the acquisition, collation, recording, and interpretation of clinical data.
3. Communicate effectively with members of the inpatient team, consulting faculty, and outpatient/referring family physician about patient progress, thus ensuring ideal disease management and continuity of care.

### **SOAP Notes**

1. The student will be able to document a patient encounter utilizing the SOAP (Subjective, Objective, Assessment, Plan) method.
2. The student will be able to discuss the purpose of clear, organized and accurate documentation of patient encounters to include continuity of care and medical-legal issues.
3. The student will document at least two patient encounters using the Soap Note Guidelines (see guidelines under Patient Encounters).

### **Preventive Medicine Project Presentation**

1. Develop skills in reading the medical literature critically, particularly as it relates to best practices in primary preventive medicine.
2. Discuss the costs of various screening tests or primary preventive actions, and contrast these with the benefits to large populations.
3. Present to others clearly and concisely a summary of the literature reviewed, and make recommendations to a group within the department about best practices.

### **Standardized Patient Assessment**

1. Identify some of the strengths and weaknesses of their own patient interview and physical examination skills.
2. Use the notepad computer to record in the medical record.

3. Document encounters for the medical record by writing SOAP notes, which are compared to the faculty standard.
4. Appreciate and incorporate standardized patient feedback about bedside skills and mannerisms that may build or erode trust and confidence between doctor and patient.
5. Discuss performance on the SP Assessment with the Clerkship Director at your Campus/Site using written feedback and video of assessment as basic evaluation tools.
6. Design and implement a plan for remediation of identified weaknesses discovered in the assessment.

### **Clinical Science Seminar-Workshop Objectives**

#### **Abdominal Pain With Abdominal Examination**

1. Perform a focused history and exam for the evaluation of abdominal pain.
2. Outline a prioritized differential diagnosis based on clinical presentation and demographics.
3. Develop an evaluation plan and explain the appropriate use of:
  - a. Laboratory assessment
  - b. Imaging studies
  - c. Consultation and referral guidelines
4. Provide a management protocol for the presentation of abdominal pain based on clinical assessment of etiology:
  - a. Intervention
  - b. Patient education
  - c. Follow-up

#### **Abnormal CXR With Radiology Review**

1. Recognize abnormalities on CXR as compared to normal findings.
2. Outline a differential diagnosis based on abnormal CXR findings.

#### **Chest Pain With Cardiac Examination**

1. Display ability to elicit a history to evaluate chest pain for the adult patient in the outpatient setting.
2. Perform a physical examination focused on the evaluation of chest pain.
3. Provide a prioritized differential diagnosis for assessment of chest pain in the adult patient.
4. Recognize risk factors and characteristics of:
  - a. Chest wall pain
  - b. Cardiac chest pain
  - c. GI related chest pain

- d. Respiratory related chest pain
5. Display knowledge of laboratory and procedural tools used to evaluate chest pain as well as a plan for the appropriate use.
6. Outline a management plan for each etiology.
7. Outline a follow-up plan for each etiology.
8. Outline the appropriate patient education needs for each etiology.

### **Complementary Medicine**

1. Understand what the spectrum of complementary medicine includes.
2. Identify specific risks of using dietary supplements.
3. Identify significant health benefits of some supplements.
4. Identify significant health risks of some supplements.

### **Dermatology Review With Slides**

1. Recognize classic presentation of various common skin disorders.
2. Recognize basic lesion morphology.
3. Define shapes, patterns and distributions of lesions.
4. Contrast common laboratory investigations used to evaluate skin lesions.

### **Diabetes With Foot Examination**

1. Outline diabetes screening recommendations:
  - a. Risk factors
  - b. Initiation of screening
  - c. Frequency of screening
2. Demonstrate understanding of criteria for:
  - a. Diagnosis of glucose intolerance
  - b. Diagnosis of diabetes
3. Performance of a physical examination to assess a diabetic patient:
  - a. Presenting with new diagnosis
  - b. Presenting for monitoring of diabetes
  - c. Perform foot examination
4. Outline monitoring parameters such as laboratory tests and consultations:
  - a. Frequency
  - b. Interpretation
  - c. Response to abnormal values
  - d. Assessment for co-morbidities
5. Describe treatment/management plans for diabetes:
  - a. Lifestyle education
  - b. Self-care education
  - c. Medication
  - d. Follow-up plans

- e. Management of co-morbidities

### **EKG Interpretation**

1. Demonstrate understanding of the various waveforms on a normal EKG and their relation to the physiology of the heart (including P wave, PR interval, Q wave, QRS complex, ST interval and T wave).
2. Recognize abnormalities on EKG including Atrial Fibrillation, Ventricular Tachycardia, Ventricular Fibrillation, AV block, Ventricular Block, ST changes and hypertrophy.
3. Outline the differential diagnosis for the changes listed above.

### **Family Disruption/Behavioral Science**

1. Identify factors related to divorce that may bring family members to the primary care doctor: developmental factors, behavioral changes, and health symptoms.
2. Describe short-term and long-term reactions of children to divorce in their parents.
3. Describe the doctor's role in caring for family members who are divorcing or remarrying.
4. Identify factors that predict a good adjustment for children after the divorce of their parents.
5. Describe ways primary care doctors can avoid taking sides in contentious divorce situations.
6. Recognize that the circumstances and decisions that lead to divorce are complex, varied, and highly personal.
7. Describe how support for patients who are divorcing and their families can be patient-centered.
8. Describe ethical duties to provide patient-centered care during transitions in patients' personal lives.

### **Geriatric Overview**

1. Identify common geriatric syndromes in the geriatric population.
2. Identify common geriatric problems in nursing home patients.
3. The student will be able to discuss screening tools for various geriatric problems to include the geriatric depression scale, screening for dementia.
4. Name components of the ADLs (average activity of daily living) and components of IADLs (instrumental activities of daily living).

### **Hypertension With Measurement of Blood Pressure**

1. Define hypertension.
2. Outline recommendations for screening for hypertension.
3. Define the stages of hypertension.

4. Outline the historical database pertinent to initial assessment of hypertension:
  - a. Risk factors
  - b. Family history
  - c. Symptoms
  - d. Review for co-morbidities
  - e. Response to intervention
5. Outline the subjective data needed for follow-up and monitoring hypertension in a patient with essential hypertension.
6. Perform the physical examination for hypertension:
  - a. Proper technique for blood pressure measurement
  - b. Proper conditions for blood pressure measurement
  - c. General physical exam with attention to evaluation for co-morbidities
  - d. Focused exam for subsequent visits and monitoring
7. List and justify laboratory data and procedures:
  - a. Initial assessment
  - b. Monitoring
8. Outline a management plan for hypertension:
  - a. Staging
  - b. Lifestyle education
  - c. Medications
  - d. Management of co-morbidities
  - e. Monitoring
  - f. Patient education needs

### **Joint Pain/Low Back Pain With DTR Examination**

1. Obtain a focused history and physical examination of the major joints including DTRs.
2. Provide a prioritized differential diagnosis for each of the major joints.
3. Outline evaluation guidelines for each of the major joints:
  - a. Ancillary laboratory tests
  - b. Xrays
  - c. Other imaging or diagnostic studies
4. Outline management plans for the most common problems in each of the major joints :
  - a. Initial management
  - b. Rehabilitation
  - c. Referral parameters
  - d. Follow-up evaluation
  - e. Ability assessment
  - f. Patient education

5. Perform a focused history for the evaluation of low back pain in the adult patient.
6. Identify any "red flags" in the history.
7. Perform a focused exam for the evaluation of low back pain in the adult patient.
8. List the differential for back pain.
9. Classify low back pain as acute, sub-acute and chronic.
10. List procedures that might be used to assess back pain, describe the guidelines for use.
11. Outline a management plan for acute low back pain based on assessment.
12. Discuss patient education and rehabilitation needs.

### **Obesity With BMI Calculation**

1. Define criteria for the diagnosis of obesity.
2. Define risk stratification based on BMI and co-morbidities and calculate BMI.
3. Perform a nutrition and fitness assessment.
4. Display an understanding of weight loss techniques.
5. Prepare a "exercise prescription".
6. Provide patient education regarding weight loss (including nutrition, exercise, community resources and follow up).

### **Professionalism/Ethics**

1. Using case discussion the student will be able to discuss the effects of substance abuse upon the physician, patients and colleagues.
2. Discuss professional, ethical and legal responsibilities.
3. Discuss recognition of impairment.
4. Discuss practical approaches to dealing with impaired colleague.

### **Shortness of Breath With Respiratory Examination**

1. List the differential diagnosis for shortness of breath in adult and pediatric patients.
2. Demonstrate ability to obtain history focused on shortness of breath.
3. Demonstrate the physical examination specific to the evaluation of shortness of breath.
4. List and defend the laboratory and/or procedural evaluation of shortness of breath.

#### **Specific Problems:**

##### **a. Asthma**

- Define and outline diagnostic criteria
- Stage a patient with asthma

- Outline treatment protocol based on stage
- Manage an acute exacerbation
- Provide education about prevention and use of inhalers

**b. COPD**

- Define COPD and emphysema
- Identify risk factors for COPD
- Outline diagnostic evaluation of COPD
- Stage a patient with COPD
- Outline management strategy for COPD in an outpatient setting

**c. Bronchitis**

- Distinguish between acute and chronic bronchitis
- Perform focused history and examination
- Outline management plan

**d. CHF**

- Define CHF
- Classify staging of CHF
- Outline common clinical findings in CHF
- Perform history and physical specific to CHF

**Substance Abuse With Screening and Intervention**

1. Understand the demographics and health risks of addiction and substance abuse.
2. Recognize clinical presentations that suggest addiction.
3. Perform a history and physical exam to investigate addictions and substance abuse to include a screening examination.
4. List ancillary laboratory data and clinical assessment tools.
5. Display understanding of stages of change and the role of this knowledge in management.
6. Perform a brief intervention with patients who are at-risk drinkers or who have substance abuse disorders.

**Workshop Objectives**

**Casting**

1. Diagnose a fracture clinically.
2. Manage most common joint sprains using ready-made orthotics.
3. Itemize basic principals of fracture immobilization and healing.
4. List essential principals of post cast care.
5. Demonstrate how to remove a ring from fingers.
6. Practice cast application and removal.

## **Colposcopy**

1. Describe the normal process of squamous metaplasia.
2. Identify risk factors for cervical cancer.
3. Identify low and high-grade cervical lesions.
4. Demonstrate the use of the colposcope to identify and biopsy model lesions.

## **Skin Procedures/Wound Closure**

1. Elicit the appropriate history and physical for management of an acute laceration including:
  - a. associated trauma
  - b. contaminating items
  - c. Td immunization status
  - d. deep structure injury
  - e. general medical history
2. Describe the basic principles of plastic closure of a fusiform excision.
3. Perform a 3:1 fusiform excisional biopsy.
4. Perform a simple interrupted closure of an incision with instrument tie.
5. Perform a vertical mattress interrupted closure of an incision with instrument tie.