

FAMILY MEDICINE JUNIOR CLERKSHIP
ORIENTATION/CLASS OF 2010
INTRODUCTION

The Department of Family Medicine welcomes you to the 8-week Family Medicine Clerkship. We hope to facilitate a strong foundation as a problem-solver in medicine. The following curriculum and explanation of the evaluation system gives you a general overview of the clerkship.

CURRICULUM

A variety of activities are planned in order to reach the goals outlined. The daily schedule will vary somewhat from site to site, but our core curriculum will include the following:

1. AMBULATORY CARE EXPERIENCE: Our discipline emphasis is on the outpatient management of common problems. The Family Health Center/Family Medicine Residency of the Medical Center of Central Georgia serves as primary site for the ambulatory care experience in Macon and the Family Medicine Center/Family Medicine Residency of the Memorial Health University Medical Center serves as the site for Savannah. Phoebe Putney Memorial Hospital in Albany, Columbus Regional/The Medical Center in Columbus, Atlanta Medical Center in Morrow and Floyd Medical Center in Rome are also training sites at their Family Medicine Residencies. Assignments will be given at orientation to each site.

During this rotation, you will spend the bulk of your time in ambulatory care clinics averaging 7 half-days per week and accruing an expected minimum of 200 patient diagnoses during the eight-week clerkship. Each clinical encounter must be logged in on the web based clinical encounter program, [New Innovations](#), in order to assure that you are seeing the numbers and kinds of patients necessary to complement our curriculum. You are expected to enter encounters **weekly** for review by the Clerkship Coordinator ([page 2](#)).

At any of our sites, supervisors will be faculty physicians or senior Family Medicine residents. You should present yourself to your supervisor at the beginning of the appointment schedule. At that time, arrangements for supervision patterns will be negotiated between you and the individual faculty member or senior resident. You are expected to stay in the assigned clinic setting until the end of the scheduled clinic session. You may stay until the last patient is seen but only if this does not interfere with other scheduled activities. If the last patient is seen before the close of the session then you can use this time to review with the supervising faculty member or resident.

In order to expose you to the breadth of ambulatory medicine, some clinic experience may be replaced by patient care in another ambulatory setting. These visits will be attended by a Family Physician who has a faculty appointment through Mercer University School of Medicine. You are still required to log your encounters during these sessions.

Finally, in an effort to expose you to the differences between private practice settings and academic family medicine clinics, you will be required to travel to a local Family Medicine practitioner's office 2 to 5 times during the clerkship. These visits will be for a full day and will be scheduled by the Site Coordinator so as not to conflict with other components of the curriculum. Again, all clinical encounters must be recorded.

2. IN-SERVICE: All students are required to participate in the care of in-patients for 1 week during the rotation in order to experience the continuity of care offered in Family Medicine. A second week of in-service may be allowed at the discretion of the site director. You are **not required to take overnight call** during the in-service week, but you will be required to make weekend rounds and take call with the daytime Inpatient Team, for 1 day either before or after serving the week on this service (approximately 10 hour commitment). While on the in-service team, you will be assigned patients and are expected to make daily chart notes on your patients. You may be asked to present during morning report.

3. SOAP NOTES: In the above noted clinical settings, you will customarily take a directed history, perform a pertinent physical examination, and then present the case to your supervisor. Together, you will negotiate a management plan with the patient. You are **required** to complete at least 2 SOAP notes in your choice of clinical settings. These notes will be reviewed by the site director for formative feedback. *You are required to turn the finished notes into the Clerkship Coordinator for your file ([SOAP Notes Guidelines](#)).*

4. CLINICAL ENCOUNTER CRITERIA: You are required to have a minimum of **200 clinical encounters (patient diagnoses)** and each encounter must be entered in the web-based [New Innovations](#) program. You may enter a maximum of 2 diagnoses for each patient so that a minimum of 100 patients will be seen. You also have requirements for minimum numbers of patients seen with specific diagnoses ([Clinical Encounter Criteria](#)). Once you have reached the minimum number of patient encounters you should continue to enter all of your encounters. Students who do not meet these requirements will be issued an incomplete-clinical encounters (I-CE) for the rotation, and be required to remediate prior to beginning the required rotations of the fourth year. You and the Clerkship Director at your Campus/Site will receive a mid-rotation Patient Encounter report to review and plan for successful completion of these requirements.

5. MORNING REPORT/IN-SERVICE ROUNDS: Morning Report (or its equivalent) and In-Service teaching rounds are conducted at each site and you are required to attend per site requirements.

6. CONFERENCES: You will attend conferences (grand rounds, teaching conferences) as directed by your site's Clerkship Director. You will be given a schedule at your site.

7. CLINICAL SCIENCE SEMINARS: Students will meet weekly for faculty/resident guided small group discussions of some common clinical problems in Family Medicine. These small group discussions are typically “case-based”, reviewing clinical presentations, epidemiology, pathogenesis, diagnosis, and therapy for common problems facing family physicians. When applicable, relevant clinical skills will be reviewed. Students are expected to prepare for the clinical science seminars by reading on the topic before each session. You should use the objectives for each seminar to ensure that you are adequately prepared. Keep in mind that while you are not directly graded during these seminars you are being evaluated by the faculty member at the completion of the rotation. At times it will not be possible to have formal sessions on each topic and on-line resources have been developed for each topic ([Clinical Science Seminars-Workshops Check List to Study Guides-Objectives/Resources](#)).

8. CLINICAL SCIENCE WORKSHOPS – CLINICAL PROCEDURES:

There are many clinical procedural skills practiced by Family Physicians. We anticipate some of the skills will be experienced in the context of the rotation. In addition, each of you will be introduced to several clinical procedures at mid-rotation during the Workshops.

In addition, there is a list of MUSM/Clinical Procedures you need to meet by the end of the fourth year ([Clinical Procedures](#)). You should participate in clinical procedures as often as possible and record them when you do ([New Innovations](#)).

9. MID-ROTATION STANDARDIZED PATIENT ASSESSMENT: In an effort to assist you in discerning your strengths and weaknesses at the bedside, the faculty designed a formative assessment using Standardized Patients (SP’s). The SP Assessment cases are based on the list of Undifferentiated Problems in Family Medicine ([page 5](#)) and other common problems encountered by Family Physicians. You will be expected to take a methodical and efficient history and then perform a focused physical exam or counsel the patient during a fifteen-minute encounter. Afterward, you will have ten minutes to write a summary of the encounter. There will be 2 separate Family Medicine SP cases, each testing a different set of bedside skills. Following the exercise you will be asked to observe your recorded performance and detail your strengths and weaknesses. You will be advised of your results approximately 1-3 days after the exercise, and you will have the opportunity to ‘debrief’ as a group to discuss the experience.

A reference text, *Mastering the OSCE*, is suggested to assist you in preparation for the SP Assessment. A web site, www.medcases.com may also be useful.

10. PREVENTIVE MEDICINE PROJECT: You are expected to prepare a presentation on a preventive medicine topic, addressing an issue of primary or secondary prevention. Choose an issue that interests you and study its aspects, to include: disease prevalence, effectiveness of the intervention or test, alternatives, and cost evaluations. We encourage you to review available clinical trials, contrast

different approaches to prevention, review recommendations of various experts, critically review the available evidence, and come to conclusions that you can support. Do not simply present a review, but actually take apart a recommendation and make a determination on whether the busy family physician should follow your recommendation. Cost must be weighed in your evaluation. Your topic must be on primary or secondary prevention (e.g., cancer screening, cholesterol screening, mammography, PPDs, vaccines, etc.). You may speak with the faculty/residents that will be in your audience for their suggestions about appropriate and interesting topics.

Resources are available for this project on the Family Medicine Clerkship web site: <http://medicine.mercer.edu/Departments/FamilyMedicineClerkship>, i.e., The [Preventive Medicine Project Presentation Guidelines](#), the [Frame and Carlson Criteria for Screening](#), [Preventive Medicine Topics-Sample Ideas](#) and additional research resources.

Complete the approval process by Friday of Week 2 (before you begin your research):

- Complete the [Preventive Medicine Project Topic Approval Request](#) form;
- Site Director approves;
- E-mail form to the Senior Clerkship Director on the Macon Campus for final review.

11. GERIATRIC FOCUS:

A) Required:

1. Nursing Home Visit: Students are required to visit a nursing home once during the eight-week rotation with an attending faculty physician. This visit will be scheduled by the site coordinator.
2. Geriatric Overview Clinical Science Seminar: a review of geriatrics (see also Clinical Science Seminar-Workshop List)

B) Optional Geriatric Experiences:

1. Drug Use and Polypharmacy
2. Palliative Care/Hospice Clinical Science Seminar
3. Palliative Care Clinical Care experience
4. Home visit
5. Assisted Living Center visit
6. Genogram
7. Clinical experience with geriatric fellow

UNDIFFERENTIATED PROBLEMS IN FAMILY MEDICINE

Students are expected to be able to outline a logical, efficient, and appropriate approach to clinical problem solving of an ambulatory case. Please note that, when appropriate, apply these undifferentiated problems to pediatrics and geriatrics.

Abdominal Pain

Vomiting

Diarrhea

Anxiety/Depressed Mood

Back Pain

Joint Pain

Breast Mass

Chest Pain

Dyspnea

Memory Loss

Dermatoses

Rash

Ear Pain

Fever

Headache

Elevated Blood Pressure

Menstrual Irregularities

Sore Throat

Cough

Sinus Congestion

Dysuria

Vaginal Discharge

Dizziness

Pedal Edema

Syncope

COMMON DERMATOSES IN FAMILY MEDICINE

Students are expected to be able to recognize classic presentations of the following dermatoses. A Power Point presentation is available for your review on our web site, [Common Dermatoses in Family Medicine](#).

- 1) Acne vulgaris
- 2) Psoriasis
- 3) Seborrhea
- 4) Seborrheic keratosis
- 5) Actinic keratosis
- 6) Basal cell carcinoma
- 7) Benign lentigo
- 8) Malignant melanoma
- 9) Tinea capitis
- 10) Tinea corporis (ringworm)
- 11) Tinea versicolor
- 12) Impetigo
- 13) Candida
- 14) Herpes simplex
- 15) Herpes zoster
- 16) Warts
- 17) Molluscum contagiosum
- 18) Urticaria
- 19) Contact dermatitis
- 20) Eczema
- 21) Dermatofibroma
- 22) Pityriasis Rosea
- 23) Squamous cell carcinoma

TEXT:

While rotating through the Family Medicine Clerkship you will be encouraged to be a self-directed learner utilizing multiple references, as no single reference is complete. The Curricular Alignment ([Clinical Encounters](#), [Clinical Science Seminars-Workshops](#) and [Undifferentiated Problems in FM](#)) are designed to emphasize common diagnoses and problems seen in Family Medicine. Please study in relationship to these curriculum pieces to ensure that you learn the breadth of Family Medicine and do well on the Department Exam and Shelf Test.

The following are suggested resources:

General text: Harrison's
Cecil's
*Essentials of Family Medicine
Current Diagnosis and Treatment in Family Medicine
*Reserved check out in the MUSM libraries on the Macon and Savannah Campus for FM Clerkship students.

Physical Exam Text: Bates' and Mosby's

Review book: Blueprints in Family Medicine
*USMLE Road Map/Family Medicine

The Family Medicine Clerkship web site resources:

<http://medicine.mercer.edu/Departments/FamilyMedicineClerkship>

Standardized Patient Assessment recommended text:

McGraw-Hill, *Mastering the Objective Structured Clinical Examination and the Clinical Skills Assessment*, ISBN 007138135X.

This is a reference text that students have found helpful in preparing for the Standardized Patient Assessment during the rotation, and preparation for Step II of the National Board exams.

Web Reference Site for Preventive Medicine project:

<http://www.ahrq.gov/clinic/cps3dix.htm> (no text required).

This is a web based reference text students find helpful in preparing the Preventive Medicine presentation during our clerkship. *Additional resources are noted on the Family Medicine Clerkship web site to assist you with your project (page 4).*

CLERKSHIP EVALUATION

The Family Medicine Junior Medical Student Clerkship evaluation system consists of both formative (non-graded) and summative (graded) components. There are two non-graded evaluations and four graded evaluations.

Formative Evaluations:

1. Clinical Performance Mid-Rotation Evaluation: All of the Family Medicine faculty are available to offer guidance as you move through the rotation but as you approach the mid-rotation you will choose a faculty member to complete your [Clinical Performance Mid-Rotation Evaluation](#). This evaluation is for feedback only and is a non-graded component.

2. Standardized Patient Assessment: The Standardized Patient Assessment is a formative assessment. In addition to the SP's feedback, faculty members proctor via closed circuit monitors and later assist grading the written assignments. If students have particular difficulties, either with bedside skills or professional behavior, remedial assignments may be necessary. After the exercise, each student is required to review his/her video-recording and make a self-assessment.

Summative Evaluations:

1. Clinical Performance Evaluation:

Students are required to average a **70** or higher on the Clinical Performance Evaluations. Additionally, any student who receives a grade of less than 70 by two separate faculty preceptors will be considered incomplete for this component of the clerkship. All faculty members that have worked with you may complete clinical evaluations. In addition, a resident of your choice and your private office preceptor complete the evaluation. This comprises **40%** of the final grade ([Clinical Performance Evaluation](#)).

2. NBME Shelf Test:

Students are required to score a **60** or higher on the Shelf Test in order to pass the rotation. The grade on this test comprises **25%** of your final grade.

3. Preventive Medicine Project:

Students are required to score a **70** or higher on the presentation. You will present the findings of your preventive medicine project to a group of faculty, residents and students at an appropriate forum specified by the Clerkship Coordinator. Faculty, senior residents and fellows attending the presentation will evaluate you for content and style/skill of presenting. This grade will comprise **10%** of your final grade ([Presentation Evaluation](#)).

4. Departmental Written Exam:

Students are required to make a **70** or higher in order to pass this exam. The questions are derived from the Curricular Alignment ([Clinical Encounters](#), [Clinical Science Seminars-Workshops](#) and [Undifferentiated Problems in FM](#)) and the make-up of the examination will parallel the Clinical Encounters numbers and kinds required for this rotation. Written exam questions are comprised of multiple choice questions and fill in the blank questions (Common Dermatoses identification). [Sample Exam Questions](#) and [Dermatoses](#) slides review are available on our web site.

<http://medicine.mercer.edu/Departments/FamilyMedicineClerkship>

This exam comprises **25%** of the final grade.

CLERKSHIP GRADES

All students must complete the entire clerkship curriculum and all Formative Evaluations for the Clerkship. Your grade for the clerkship will be either **Pass** or **Fail**. In addition, you will receive a composite score of the evaluation components described in the curriculum.

- 1) Any student who does not complete the Formative Evaluations for clerkship will receive an Incomplete for the clerkship, and will be required to complete those components.
- 2) Any student who does not pass each Summative Evaluation component (see above) of the clerkship will receive an Incomplete for the clerkship, and will be required to retake and pass that/those component(s) before he/she can pass the Family Medicine Clerkship.
- 3) Any student who does not achieve an overall composite score of **67** or higher will fail the clerkship and be required to repeat the entire eight week experience.
- 4) Any student failing to meet the required number and kinds of Patient Encounters will receive an Incomplete – Clinical Encounter (I-CE).

A student receiving an incomplete must satisfactorily repeat the failed or non-completed components of the rotation before beginning the required rotations of the fourth year. Should the student fail to satisfactorily remediate a deficiency within 3 months after completion of the third year, the Incomplete will become a Fail and the student will need to remediate the entire eight week Family Medicine Clerkship.

CLERKSHIP EVALUATION BY STUDENTS

Upon completion of the clerkship, students are requested and encouraged to reflect on their experience and offer commentary. This process is voluntary and anonymous and the comments are collated and reviewed by the entire faculty at the end of the academic year. This feedback from students informs the faculty about student concerns in order that the clerkship curriculum can improve from annually. We appreciate your honest input, but expect your statements to be made in a professional manner. At sites outside of Macon and Savannah, you may be asked to submit feedback before leaving campus; more general curricular evaluation will be collected in Macon or Savannah after the final written test.

MERCER UNIVERSITY SCHOOL OF MEDICINE
FAMILY MEDICINE CLERKSHIP REMEDIATION POLICY

Third year students learning Family Medicine may need remediation either in cognitive or behavioral areas if they fail to meet the standards on any of the summative evaluations. These remedial steps are defined below:

The Remediation Program will address three components:

1. Identification of the deficit
2. Instruction/Intervention
3. Re-evaluation

Those components that will require remediation if they are not completed successfully are:

1. Preventive Medicine Project (a score of at least 70)
2. NBME Shelf Test (a score of at least 60)
3. Clinical Performance Evaluation:
 - a. Medical Knowledge and Abilities
 - b. Problem Solving and Clinical Judgement
 - c. Professional Attributes
 - d. Interpersonal Relationships
 - e. Overall Performance
4. Clinical Encounters: Required numbers and kinds of diagnoses.
5. Departmental Exam (a score of at least 70)

Remediation Plan:

1. All students must meet with the Senior Clerkship Director within 4 weeks of notification of unsuccessful completion of any component of the clerkship to discuss the deficits and devise a remediation plan which will be signed and dated by the Senior Clerkship Director and the student. This remediation plan will be copied with a copy to the student, to the Senior Clerkship Director and a copy placed in the student's file.
2. The student will be given 3 months after the completion of his/her 3rd year to successfully complete the remediation plan. The remediation must occur before the student begins the required rotations of the fourth year. Failure to successfully complete the remediation within 3 months after completion of the third year will result in a failure in the clerkship.
3. If there is a failure to perform adequately on the Preventive Medicine Project, the Departmental Exam or the Shelf Test then the failed component will be repeated and passed to resolve the Incomplete.
4. If the Clinical Performance Evaluation is failed, it will be up to the Senior Clerkship Director (in consultation with the site director) to decide how much time the student will need to spend on the clerkship to successfully resolve the incomplete, and what form of re-assessment is necessary.
5. **Any student scoring 'below average' or 'unacceptable' on any component of the professional attributes section of the clinical evaluation will be referred to the the Dean's office for further evaluation and action. A grade of 'unacceptable' on any component of the professional attributes section may result in failure of the clerkship.**
6. If the student does not meet the required Clinical Encounters requirements, the student will work with the Senior Clerkship Director to arrange completion of this requirement.