



2010-
2011

FAMILY MEDICINE Third Year CLERKSHIP



Mercer University School of Medicine

Mission Statement for the Third Year Clerkships

Mission

The mission of the Third Year 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.

Family Medicine Third Year Clerkship

Class of 2012

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.

Family medicine is an essential component of the primary care infrastructure of the US health care delivery system. This primary care specialty provides first contact, ongoing, and preventive care to all patients regardless of age, gender, culture, care setting, or type of problem. Family medicine clinical experiences allow students to understand how context influences the diagnostic process and management decisions. Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations.

Important Dates

Rotation #1, Monday, July 26 – September 17, 2010

Orientation: Monday, July 26, 2010, 9-10:30AM

Holidays:

Labor Day, Monday, September 6, 2010

FM SPA: Monday, August 23, 2010

Department Exam: Thursday, September 16, 2010

Shelf Exam: Friday, September 17, 2010

Rotation #2, Monday, September 20, 2010 – Friday, November 12, 2010

Orientation: Monday, September 20, 2010, 9-10:30AM

Holidays: None.

FM SPA: October 18, 2010

Department Exam: Thursday, November 11, 2010

Shelf Exam: Friday, November 12, 2010

Rotation #3, Monday, November 15, 2010 – Friday, January 21, 2011

Orientation: Monday, November 15, 2010, 9-10:30AM

Holidays:

Thanksgiving, Thursday, November 25, 2010 and Friday, November 26, 2010

Winter Break: Saturday, December 18, 2010-return on Monday, January 3, 2011.

Martin Luther King Day: Monday, January 17, 2011

FM SPA: Monday, December 13, 2010

Department Exam: Thursday, January 20, 2011

Shelf Exam: Friday, January 21, 2011

Rotation #4, Monday, January 24, 2011 – Friday, March 18, 2011

Orientation: Monday, January 24, 2011, 9-10:30AM

Holidays: None

FM SPA: Monday, February 21, 2011

Department Exam: Thursday, March 17, 2011

Shelf Exam: Friday, March 18, 2011

Rotation #5, Monday, March 21, 2011 – Friday, May 13, 2011

Orientation: Monday, March 21, 2011, 9-10:30AM

Holidays:

Good Friday, Friday, April 22, 2011

FM SPA: Monday, April 18, 2011

Department Exam: Thursday, May 12, 2011

Shelf Exam: Friday, May 13, 2011

Rotation #6, Monday, May 16, 2011 – Friday, July 8, 2011

Orientation: Monday, May 16, 2011, 9-10:30AM

Holidays: Memorial Day, Monday, May 30, 2011

Independence Day, Monday, July 4, 2011

FM SPA: Monday, June 13, 2011

Department Exam: Thursday, July 7, 2011

Shelf Exam: Friday, July 8, 2011

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Clerkship Directory 2010-2011

MACON

Medical School

Mercer University School of Medicine
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Family Medicine Residency

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Primary Hospital

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The History of Family Medicine

Nicholas J. Pisacano, M.D., Deceased

First Executive Director of the American Board of Family Practice*

The American Board of Family Practice was born many years before it was officially recognized in February, 1969 as the 20th primary medical specialty.

The history of the Board is a fascinating saga of travails, with frustrations and impediments punctuating its formative days. Despite the fact that by the early 1960s the number of physicians in a general type of practice was dwindling rapidly, the medical establishment opposed the creating of a specialty that would fill this void. Therefore, the founding fathers of the Board deemed it necessary and rational, particularly in the face of this opposition, to document meticulously and persuasively the need for the specialty.

Various studies in the 1950s and 1960s concluded that "General Practice" was moribund. An analysis was made of specialty distribution of all graduates of every medical school by five-year periods since 1900 and from this data it was learned that the number of general practitioners was rapidly and steadily dwindling. In 1964, the percentage of graduates going into General Practice fell to 19%, down from 47% in 1900 and continuously diminishing. It was also noted that the ratio of physicians in private practice was dropping rather rapidly, and the deficit was obviously in what was termed the "Family Physician Potential."

The general response to this precipitous decline was "this is an age of specialization." The founders of the Board could only affirm this fact, believing that this response to the dearth of General Practitioners strengthened their argument for a new generalist-type of specialty called "Family Practice." Many students expressed the concern that the broad body of knowledge required for general practice was too great. This concern was also based in truth, in light of the tremendous expansion of medical knowledge and skills in the past few decades. Four years of medical school and a year of internship were indeed not adequate. The inadequacy of this training could be remedied only by having residency programs in a new specialty, Family Practice, argued the proponents of the specialty.

Additional factors explaining the decline were the lack of "prestige" assigned to the general practitioner in comparison to his/her more "specialized" colleagues as well as the difficulty experienced by the general practitioner in obtaining hospital privileges which were being given increasingly only to those physicians who were board certified.

In view of the data gathered by the Board proponents, it was proposed that:

- Family Practice IS a specialty, and
- as a specialty, Family Practice deserves well-defined but flexible graduate training programs, and
- that a Board of Family Practice is essential for the certification of competency of Family Physicians and for the participation in the guidance and approval of training programs.

The specialty of Family Practice, based on the heritage of General Practice, would have graduate programs (residencies) for physicians whose training would encompass

- 1) first-contact care;
- 2) continuous care;
- 3) comprehensive care;
- 4) personal care (caritas);
- 5) family care; and,
- 6) competency in scientific general medicine.

** renamed in 2005 to the American Board of Family Medicine*

Policies

Student Honor Code and Professional Conduct

1. I realize that upon entering medical school, I am beginning my career as a physician and I do so believing that I have sufficient strength of character to enable me to become a licensed, practicing physician of the highest caliber.
2. The health and lives of the persons committed to my charge in the future could depend on my knowledge and skills. Thus, I will strive to develop that knowledge and skill to the best of my ability.
3. I will, both in my behavior and speech, show respect for all patients, their families, the staff and fellow students, regardless of their age, gender, race, national origin, religion, socio-economic status, state of health or handicap, sexual orientation, personal habits and cleanliness. I will aspire to interact with patients, their families and visitors in a courteous and considerate manner.
4. I am committed to the concept that exemplary moral character and a strong sense of personal integrity are an integral part of professional practice. I will endeavor to maintain the highest standards of honor and ethical behavior. I understand that neither personal nor academic dishonesty can be condoned, therefore I pledge myself neither to give nor to receive aid during an individually assigned task or examination, nor to use any information other than that allowed by the faculty. I further pledge that I will endeavor never to participate in any other form of academic or clinical dishonesty nor allow to go unchecked any violation of the Code of Honor. I understand that failure to report an observed violation is a violation on my own part. I recognize that my responsibility to support the Code of Honor parallels the responsibility of the individual physician to maintain the high ethical standards of his profession by persistent efforts to eliminate unethical practices.
5. I recognize the confidentiality of medical records and the fact that these records are official and legal. Under no circumstances will I knowingly record false information or statistics.
6. I will respect the integrity of the patients with whom I deal and the confidential nature of their communications. I will not discuss cases except under appropriate professional or academic circumstances.
7. I recognize that the best physicians are those who communicate well with their patients and are thus able to obtain their confidence and trust. I will therefore maintain standards of ethical and decorous behavior. Since attire is another form of communication between the physician and others, I will maintain a professional

appearance, hygiene and demeanor with attire that is appropriate to the patient care setting.

8. I will not participate in patient care under circumstances in which I am under the influence of any substance or other conditions that impair my ability to function. I will come to the aid of a colleague whom I recognize as impaired (substance abuse or emotional disability) and, if necessary, take an active role in preventing the impaired student from being involved in patient care.

9. I will clearly identify my role as a medical student to each patient. I will not undertake any clinical procedure unless I have been judged competent or am supervised by a qualified instructor. I will not attempt to advise, prescribe, or prognosticate for the patient without appropriate consultation. I will accept the responsibility to question plans or directives for patient care when, after careful consideration, I believe such plans not to be in the best interest of the patient.

10. I recognize that I am an important member of the health care team and I will abide by the rules and regulations and this Student Code of Honor and Professional Conduct in all settings in which I train or work. When given responsibility for some portion of the total care of a patient, I will assume this obligation and follow it through to the full extent of my abilities. If for some reason I am unable to fulfill my obligation, I will promptly notify the physician in charge of the patient and secure a colleague who can and will assume the care of the patient. I will be punctual, reliable, conscientious and truthful in fulfilling clinical responsibilities, never purposely falsifying information or misrepresenting a situation.

Mercer University Plagiarism and Cheating Policy

The term “cheating” includes, but is not limited to, the following:

1. Use of any unauthorized assistance in taking quizzes, tests, or examinations;
2. Dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments;
3. The acquisition, without permission, of tests or other academic material before such material is revealed or distributed by the instructor;
4. The misrepresentation of papers, reports, assignments, or other materials as the product of a student’s sole independent effort, for the purpose of affecting the student’s grade, credit, or status in the university;
5. Failing to abide by the instructions of the proctor concerning test-taking procedures; examples include, but are not limited to, talking, laughing, failing to take a seat assignment, failing to adhere to starting and stopping times, or other disruptive activity;
6. Influencing, or attempting to influence, any university official, faculty member, graduate student, or employee responsible for processing grades, evaluating students, or for maintaining academic records, through the use of bribery, threats, or any other means of coercion in order to affect a student’s grade or evaluation;
7. Any forgery, alteration, unauthorized possession, or misuse of university documents pertaining to academic records. Alteration or misuse of university *documents* pertaining to academic records by means of computer resources or other equipment also is included within this definition of “cheating.”

It is further considered an infraction of the Honor Code to share test items for the NBME Shelf Exams and USMLE Step Exams with students or proprietary organizations.

Mercer University Computer Users Guidelines

The university's computing and telecommunications facilities are provided for the use of students in fulfilling their needs which relate to the mission of the college. Other usage is not acceptable. Examples of unacceptable usage which are also honor code violations are:

1. Solicitation for charity or other benefits;
2. Activities related to the promotion or running of a personal for-profit venture or other activities unrelated to the provision of an undergraduate education;
3. Using foul or abusive language on the network or any electronic communication;
4. Promoting and sending chain letters;
5. Harassing students or employees at the university or other institutions;
6. Sexual harassment comments directed to another person;
7. Racial comments directed to another person. In a nutshell, usage should be businesslike and appropriate to the college mission. Complaints against any student for violation of the rules will result in immediate revocation of computing and telecommunications privileges. The complaint will then be provided to the student court for disposition and action. Computing and telecommunications privileges will be restored only at the request of the student court or the Dean of Student Affairs.

MUSM Dress Code

Policy Statement:

Mercer University School of Medicine requires faculty, staff and students to dress in such a manner as to present a positive image of the organization. The School's philosophy is a conservative and professional appearance appropriate for the activities required to carry out the expected duties. All faculty, staff and students are expected to be neat, clean and presentable at all times. The dress code recognizes that different styles and clothing will be necessary, depending upon the nature of the work, safety issues, contact with the public and patient contact.

Dress Code:

A. Attire

All clothing must be clean and neat. Proper undergarments must be worn and should not be visible through the clothing being worn. Tank tops, halter tops, midriff tops, or tops/dresses with spaghetti straps will not be permitted.

B. Hair

Hair should be kept in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

C. Nails

Nails should be trimmed in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

D. Jewelry

Jewelry should be worn in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

E. Footwear

Shoes must be worn at all times and should be worn in accordance to the rules of the medical institution sponsoring rotations and/or in accordance to laboratory regulations.

A photo ID is to be worn at all times while at the medical school or while in any of the clinical settings.

Identification badges and clothing/jewelry/footwear should be worn in accordance to the policies of the medical institution sponsoring rotations.

Please note that your lab coat should be **clean** and in good repair. If needed you should replace worn lab coats.

Embroidery is not allowed on lab coats.

Only the approved Mercer patch should be applied on the lab coat.

Attendance Policy

Attendance is required throughout the entire 8 week rotation.

- a. Excessive absences (2 days or more) **will result in the remediation** of all or part of the Family Medicine Third Year Clerkship rotation.
- b. All unexpected absences (illness, accident, etc.) must be reported to your campus Director/Coordinator before 8:30 AM on the day of the absence. Absence due to illness or accident that exceeds 2 days may require remediation at the discretion of the Clerkship Director.
- c. Any planned absence during this rotation must be coordinated **in advance** with your Clerkship Director/Coordinator and approved by the Clerkship Director.
- d. Students will receive one ½ day per week off for study and personal time. The time/day of week will be arranged at the discretion of each campus. For each ½ day of planned absence you will be **required** to surrender ½ day of your time off for study and personal time. You may need to use study time to make up absences due to illness or accident if that absence exceeds 2 days.
- e. All required components of the curriculum that are missed due to an absence, regardless of reason for absence, will be made up prior to the completion of the rotation or an 'Incomplete' will be issued.
- f. Excessive or unexcused tardiness may be counted as an absence at the discretion of the Clerkship Director.

Student Work Rules

80 Hour Rule: Students will work no more than 80 hours a week averaged over a four week block. This begins on the first day of the rotation and starts again on the first Monday of the next four weeks. Students will work no more than 110% (88 hours) in any one week.

24 Hour Rule: Saturday call makes it impossible to guarantee 24 hours off every week. Students should have 4 24 hour periods off every 4 weeks and not go 2 consecutive weeks without 24 hours off.

30 Hour Rule: Students should not be "on call" or involved in patient care activities for more than 30 consecutive hours. Significant, group educational activities may take place beyond the 30 hours but not for more than 36 total hours.

2010-2011 Policy Statement

Requirements for Successful Completion of the Family Medicine Third Year Clerkship

1. Attendance at all assigned clinical setting patient care experiences demonstrating active management of patients.
2. Completion of **1 SOAP note** and **1 History and Physical** in a patient/clinic setting of your choice. Both notes should be critiqued by the Clerkship Director for feedback (turned in for your file no later than the week following your in-patient experience).
3. Record all Clinical Encounters in the web based, *New Innovations* program. Meet minimal requirements for numbers and kinds of patients over the 8-week clerkship. Encounters are expected to be recorded on a **weekly** basis and **5 points of the final grade** will be awarded for adequate progress at specified benchmarks during the rotation.
4. Attendance at all scheduled and required conferences/workshops at the primary campus.
5. Maintain the Clinical Procedures Check List of procedures experienced on the rotation.
6. Complete Mid-rotation Evaluation with assigned faculty member.
7. Completion of a Standardized Patient Assessment at Mid-Rotation. This is a formative assessment used in conjunction with your Mid-Rotation Evaluation to assess your knowledge and skills in evaluating a patient. **The SP Assessment will be held on the Macon Campus.**
8. Completion of at least one nursing home visit during the rotation where you will round on patients and explore other aspects of nursing home care.
9. You are required to take overnight call for a minimum of 2 calls and a maximum of 6 calls.
10. Successful completion (**60** or higher) of the Family Medicine NBME Shelf Test.
11. Attaining a **70** or higher on your Clinical Performance Evaluations.
12. Successful completion (**70** or higher) of the Family Medicine Department Examination.
13. Successful completion (**70** or higher) of the Preventive Medicine Presentation (oral presentation) to be given at an appropriate forum.
14. **Attendance Policy: Attendance is required throughout the entire 8 week rotation.**

FAMILY MEDICINE JUNIOR CLERKSHIP – ROTATION CHECK LIST – 2010-2011

Student Name:		Rotation #:	
Campus:			
Check Off	Component		
	Enter all Clinical Encounters into the web based New Innovations		
	Enter Clinical Procedures experienced on your FM Clerkship rotation into New Innovations and complete checklist (turn checklist into Clerkship Coordinator)		
	Complete 2 – 5 days at a FM Private Physician's Office (arranged by Campus)		
	Complete and turn in 2 Clinical Notes (reviewed by Clerkship Director)		
	Complete In-Service Week(s) (arranged by Campus)		
	Complete 2 - 5 calls (designated by Campus)		
	Complete Standardized Patient Assessment (Monday of Week 5-Macon Campus)		
	Turn in/have topic approved for the Preventive Medicine Project (Complete by Friday of Week 2).		
	Present Preventive Medicine Project (complete by Friday of Week 6).		
	Attend all assigned seminars-workshops-conferences		
	<u>Evaluations:</u>		
	Complete Mid-Rotation Clinical Performance Evaluation (formative - designated evaluator by Campus/Site Director)		
	Faculty, Resident, Private Office Preceptor will complete Final Clinical Performance Evaluations		
	<u>Exams:</u>		
	Complete Written Exam (Thursday of Week 8)		
	Complete Shelf Test (Friday of Week 8)		

Curricular Expression

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

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 on the Macon Campus and the Family Medicine Center/Family Medicine Residency of the Memorial Health University Medical Center serves as the primary site on the Savannah Campus. Specific clinical assignments will be provided during orientation to each campus.

During this rotation, you will spend the bulk of your time in ambulatory care clinics and accruing a required 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 at your home campus.

At any of our campus' 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, you will be informed of the performance expectations by the supervising 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 or compromises your ability to maintain the Student Work Rules. If the last patient is seen prior to the close of the session then you may 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 experiences may include home visits, specialty care clinic visits, volunteer health clinics, palliative care unit visits, private practice clinics, nursing home visits as well as other clinic or unit visits. These visits will be attended by a physician who has a faculty appointment through Mercer University School of Medicine. You are still required to log your encounters during these sessions.

IN-SERVICE: All students are required to participate in the care of in-patients for 2 weeks during the rotation in order to experience the continuity of care offered in Family Medicine. Up to three weeks of in-service may be allowed at the discretion of the campus director. You are **required to take overnight call** for a minimum of 2 calls and a maximum of 6 calls. You will be off at noon on the day following call to ensure compliance with the work restrictions of the Student Work Rules. There should be **no call during the final week of the rotation**. 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.

SOAP Notes/History and Physical Notes

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 1 SOAP note in your choice of clinical settings to be submitted to the Clerkship Director for formative feedback.

SOAP Note Guidelines

CC: (Chief Complaint) This is required on every note or H&P. It is a one sentence or less description, preferably in the patient's own words, that states the reason for this patient encounter (i.e. "chest pain", "I have a cold", "fall with knee injury").

Subjective data includes what the patient tells you during the interview. It should be documented in a brief but logical and complete fashion. It should include the patient identifiers such as age, race and gender. This should be followed by the current symptoms, interval history, relevant past medical and surgical history, relevant family and social history and pertinent review of systems. All documentation should be grammatically correct and in the form of complete sentences.

Objective data includes the vital signs, physical examination relevant to the complaints, laboratory findings and radiology and pathology reports.

Assessment is the diagnosis and should be as complete as possible given the current data. If the most specific diagnosis is 'cough' then that should be the first diagnosis but this should be followed by a differential diagnosis that should include the most likely etiologies for the cough. If the patient has other related or contributory illnesses like COPD or HTN then these should be listed as well.

Plan is the final portion of the SOAP note and should include further testing or evaluations planned, the therapeutic interventions, any educational materials given or discussed and the plan for a return visit. Any future evaluations, lab tests, radiology tests or immunizations should be listed. Do not write 'continue current medication' or 'refilled current medications' as this is inadequate for continuity of care. Specify each medication, the dose, the number given and the number of refills allowed. Lastly, document any referrals made and the reason for each referral.

HISTORY AND PHYSICAL NOTE: In the above noted clinical settings you will have the opportunity to evaluate patients requiring a complete History and Physical, present your case to the supervising physician, negotiate a management plan. You are **required** to complete 1 History and Physical in your choice of clinical settings to be submitted to the Clerkship Director for formative feedback.

History and Physical Note Guidelines

CC: (Chief Complaint) This is required on every note or H&P. It is a one sentence or less description, preferably in the patient's own words, that states the reason for this patient encounter (i.e. "chest pain", "I have a cold", "fall with knee injury").

HPI: This section contains the subjective data and includes what the patient tells you during the interview. It should be documented in a brief but logical and complete fashion. It should include

the patient identifiers such as age, race and gender. This should be followed by the current symptoms, relevant past medical and surgical history, relevant family and social history and pertinent review of systems. All documentation should be grammatically correct and in the form of complete sentences.

ROS: Should include all pertinent positive and negative findings in the review of systems but is more comprehensive than a ROS for a SOAP note as you are 'screening' for unidentified problems.

ALLERGIES: Should include all known medication allergies and the specific reaction as well as allergies to other known substances.

MEDICATIONS: List all medications, dosages and how taken including all over-the-counter, herbal, vitamin and supplemental medications. May need to ask specifically about eye drops, birth control and OTCs.

PMH: List all illnesses or injuries including childhood illnesses. List pregnancies, menstrual history and developmental history if applicable.

PSH: List all surgeries or procedures. May need to specifically ask about tonsils, tubal ligation, etc.

SH: Social history should include occupation, education level, religious preferences, marital status, and use of tobacco/alcohol/drugs.

FH: Should include history of cancers, DM-2, cardiac disease. May want to ask specifically about the health of the mother and the father.

Objective data includes the vital signs, physical examination relevant to the complaints, laboratory findings and radiology and pathology reports.

Assessment is the diagnosis and should be as complete as possible given the current data. If the most specific diagnosis is 'cough' then that should be the first diagnosis but this should be followed by a differential diagnosis that should include the most likely etiologies for the cough. If the patient has other related or contributory illnesses like COPD or HTN then these should be listed as well.

Plan is the final portion of the History and Physical and should mirror the orders if the patient is being admitted. The plan should include further testing or evaluations planned, the therapeutic interventions, any educational materials given or discussed and the plan for a return visit if an outpatient. Any future evaluations, lab tests, radiology tests or immunizations should be listed. Specify each medication, the dose, the number given and the number of refills allowed. Lastly, document any referrals made and the reason for each referral.

Common Abbreviations for the Patient Note

Note: This is not intended to be a complete list of acceptable abbreviations, but rather represents the types of common abbreviations that may be used on the patient note. There is no need to use abbreviations on the patient note; if you are in doubt about the correct abbreviation, write it out. This is the list of common abbreviations used by the USMLE.

yo	year old	Ø	without or no
m	male	+	positive
f	female	-	negative
b	black	Abd	abdomen
w	white	AIDS	acquired immune deficiency syndrome
L	left	AP	anteroposterior
R	right	BUN	blood urea nitrogen
hx	history	CABG	coronary artery bypass grafting
h/o	history of	CBC	complete blood count
c/o	complaining of	CCU	cardiac care unit
NL	normal limits	cig	cigarettes
WNL	within normal limits	CHF	congestive heart failure
CPR	cardiopulmonary resuscitation	COPD	chronic obstructive pulmonary disease
CT	computed tomography	CVA	cerebrovascular accident
CVP	central venous pressure	CXR	chest x-ray
DM	diabetes mellitus	DTR	deep tendon reflexes
ECG	electrocardiogram	ED	emergency department
EMT	emergency medical technician	ENT	ears, nose, and throat
EOM	extraocular muscles	ETOH	alcohol
Ext	extremities	FH	family history
GI	gastrointestinal	GU	genitourinary
HTN	hypertension	HEENT	head, eyes, ears, nose, and throat
HIV	human immunodeficiency virus	IM	intramuscularly
IV	intravenously	JVD	jugular venous distention
KUB	kidney, ureter, and bladder	LMP	last menstrual period
LP	lumbar puncture	MI	myocardial infarction
MRI	magnetic resonance imaging	MVA	motor vehicle accident
Neuro	neurologic	NIDDM	non-insulin-dependent diabetes mellitus
NKA	no known allergies	NKDA	no known drug allergy
NSR	normal sinus rhythm	PA	posteroanterior
po	orally	PERLA	pupils equal, react to light and accommodation
PT	prothrombin time	PTT	partial thromboplastin time
RBC	red blood cells	SH	social history
TIA	transient ischemic attack	U/A	urinalysis
URI	upper respiratory tract infection	WBC	white blood cells

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. 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 will be required to remediate this incomplete prior to beginning the required rotations of the fourth year. Remediation of this incomplete will be negotiated between you and the Clerkship Director but should involve clinic experience sufficient to meet the required numbers and kinds of required encounters.

You and the Clerkship Director at your campus will receive a mid-rotation Patient Encounter report from the Clerkship Coordinator to review and plan for successful completion of these requirements.

Completion of the required numbers and kinds of encounters and subsequent documentation in *New Innovations* is required and composes **5 % of your final grade**. Reports are generated and your results evaluated at the end of week 2 and week 4. If encounters are entered appropriately by day 1 of week 5 then the student will receive **3 points** toward your final grade. Reports are generated and your results are evaluated near the end of the rotation. If encounters are entered appropriately by day 5 of week 7 then you will receive **2 points** toward your final grade. Keep in mind that you are still required to enter 200 clinical encounters to successfully complete the clerkship and should continue to enter encounters after reaching the required 200 encounters.

2010-2011 Clinical Encounter Criteria

Clinical Encounters	You are required to meet all required clinical encounters (diagnoses) noted below during your 8 week FM Clerkship Rotation. Enter weekly into the web based <i>New Innovations</i> Program. Your encounters are monitored at the end of week 4 and week 7. You are graded on appropriate progression (5% of your final grade) .
Overall Numbers	You are required to have 200 encounters (diagnoses) by the end of the FM Clerkship Rotation (averaging 100 patients with 2 diagnoses per patient).

Clinical Encounters (diagnoses)	Number Required	Level I – Perform under supervision Level II – Assist with evaluation, treatment or procedure Level III – Observe evaluation, treatment or procedure
Abdominal Pain or N/V/D		
Adult	1	
Pediatric	1	
Anxiety/Depression	2	
Back Pain/Joint Pain	2	
Breast Exam	1	
Chest Pain	1	
COPD/Asthma	3	
Dementia	1	
Dermatitis	1	
Diabetes Mellitus	5	
Dyslipidemia	5	
Earache/URI	3	
Fever		
Adult	1	
Pediatric	1	
GERD/PUD	1	
Headache	2	
Hypertension	5	
Obesity	5	
Pelvic Examination	2	
Smoking Cessation	1	
Sore Throat	1	
Substance Abuse	1	
Upper Respiratory Infection	2	
Urinary Tract Infection	1	
Vaginal Discharge	1	

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

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

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, there is a list of MUSM/Clinical Procedures you need to meet by the end of the third year. You should participate in clinical procedures as often as possible and record them when you do (*New Innovations*). You should record your procedures on the form provided and turn in to the clerkship co-coordinator at the completion of the rotation.

2010-2011 FM Clerkship – Clinical Procedures

Clinical Procedures	You are required to meet all noted Clinical Procedures by the end of year three of your medical training. You will experience some of these clinical procedures while rotating on the FM Clerkship. <i>Please enter into the web based New Innovations as you experience on the rotation.</i> They will be monitored at the beginning and at the midterm of the rotation. Please record on this form and turn in to the clerkship coordinator at the completion of the rotation.
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Clinical Procedure	Experienced on the Family Medicine Clerkship
Perform	
Venipuncture	
Intravenous catheter placement	
Intradermal injection	
Subcutaneous Injection	
Intramuscular injection	
Finger stick blood sample	
Local anesthetic injection	
Simple skin closure	
Suture removal	
Intradermal skin test with interpretation	
Cerumen removal	
Eye irrigation/foreign body removal and fluorescein staining	
Naso gastric tube placement	
Bladder catheterization or Foley catheter placement	
PAP smear of uterine cervix	
Observe	
Arterial blood sample for blood gas determination	
Incision and drainage of superficial abscess	
Punch skin biopsy	
Shave skin biopsy	
Fusiform skin biopsy	
Joint aspiration/injection	
Lumbar puncture	

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 common problems encountered by Family Physicians. You will be expected to take a methodical and efficient history and/or 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 within a week following the exercise.

The SP Assessment will take place on the Macon Campus.

PREVENTIVE MEDICINE PROJECT: You are expected to prepare a presentation on a preventive medicine topic, addressing an issue of 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 secondary prevention (e.g., cancer screening, cholesterol screening, mammography, PPDs, etc.).

Resources are available for this project on the Family Medicine Clerkship web site: <http://medicine.mercer.edu/Departments/FamilyMedicineClerkship>

Preventive Medicine Project Presentation Guidelines

Your topic choice must be Secondary Prevention:

Primary Prevention - measures provided to **prevent the onset** of disease or targeted condition (e.g. immunization of healthy children).

Secondary Prevention - measures provided to **asymptomatic** individuals to identify those who have pre-clinical disease with no signs or symptoms (**screening**) (e.g. mammograms). Refer to the *Frame and Carlson Criteria for Screening* #1 thru #6 (attached). You may also use the Frame and Carlson Criteria for Screening to organize your presentation.

(FYI-Tertiary Prevention, is treatment of factors to prevent disease progression in those who have already been diagnosed.)

Purpose of the Project/Presentation:

- To be able to evaluate the many proposed screening interventions for your future practice.
- Evaluate a screening intervention in light of the significance of the target disease, including prevalence, treatability, and mortality/morbidity.
- Evaluate costs, economic and non-economic, of screening tests.

Topic Choice – Review/Approval Process:

- *Your topic choice should be submitted/approved by your Clerkship Director during the first 2 weeks of the rotation (use the [Preventive Medicine Project form](#)).*
- The topic/approval process is part of the learning experience. Read the above definitions of prevention carefully before you explore a topic choice.
- Choose a target medical problem that will interest you and your audience.
A list of screening tests is available on the USPSTF web site <http://www.ahrq.gov/clinic/uspstf/uspstf/topics.htm>. Your topic should be narrow enough for the time you have available.

Presentation Tips:

- The presentation should be 7-10 minutes maximum and your audience will be faculty, residents, and your peers (setting, date and time will be scheduled at your site).
- Be familiar with the Preventive Medicine Project Grade Sheet as these are the criteria by which you will be evaluated.
- Become familiar with the technical equipment before your presentation.
- Slides should have only the key points, do not read from slides
- Make eye contact, engage the audience, speak clearly-slowly and loudly enough to be heard without amplification
- Wear your white coat
- Introduce yourself at the onset and state the title of your presentation
- Briefly state why you chose this topic
- Present findings including cost leading to your recommendation(s)/conclusion.
- You should reach your own recommendation(s)/conclusion at the end of the presentation, either for or against the chosen measure, based on the research evidence presented. This should be **your** conclusion, not just a quote of one of the many “authorities” in this area, e.g. ACS, USPSTF, ACP, AAFM, etc.
- Include references during the presentation or at the end
- Ask for questions

FRAME AND CARLSON CRITERIA FOR EVALUATION OF A SCREENING TEST

1. The disease must have a significant effect on quality or quantity of life.
2. Acceptable methods of treatment must be reliable.
3. The disease must have an asymptomatic period during which detection and treatment significantly reduce morbidity and/or mortality.
4. Treatment in the asymptomatic phase must yield a therapeutic result superior to that obtained by delaying treatment until symptoms appear.
5. Tests must be available at a reasonable cost to detect the condition in the asymptomatic period.
6. The incidence of the condition must be sufficient to justify the cost of screening.

In addition to these criteria, the screening test itself must be validated with attention to sensitivity, specificity, accuracy and precision.

Preventive Medicine Project Topic Approval Request

Please read guidelines carefully before proceeding with the completion/submission of this form. Ask questions as you develop your topic idea. Choosing your topic is part of the learning process of this project.

You are required to complete an oral presentation on one topic to complete the Preventive Medicine Project. The topic you select must be **secondary prevention** and must be approved prior to beginning work on the project. Please complete the following information and have approved by your Clerkship Director. The form must be submitted to the Clerkship Coordinator for review by Wednesday of Week 2.

To Be Completed By Student and E-mailed to Clerkship Coordinator

Name	
Campus	
Phone	
E-Mail Address	
Date Submitted	
Prevention Topic	

To Be Completed By the Clerkship Director

Comments:	
Topic Approval	
Date	
Date Student Notified:	

Family Medicine Clerkship Goals and Objectives

Goals

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

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 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.

Objectives

The objectives of the Family Medicine Clerkship are to:

- demonstrate the unequivocal value of primary care as an integral part of any health care system.

- teach an approach to the evaluation and initial management of acute presentations commonly seen in the office setting.

- teach an approach to the management of chronic illnesses that are commonly seen in the office setting.

- teach an approach to conducting a wellness visit for a patient of any age or gender.

- model the principles of family medicine care.

- provide instruction in historical assessment, communication, physical examination, and clinical reasoning skills.

At the end of the Family Medicine Clerkship, each student should be able to:

- discuss the principles of family medicine care.

- gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.

- manage follow-up visits with patients having one or more common chronic diseases.

develop evidence-based health promotion/disease prevention plans for patients of any age or gender.

demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.

discuss the critical role of family physicians within any health care system.

The students should be able to demonstrate proficiency at the following competency based objectives.

Patient Care

Perform a focused history and physical exam for a patient who presents for an acute complaint, chronic disease management, or health promotion/disease prevention.

Generate a differential diagnosis and initial diagnostic strategy for the most common acute complaints that present to a family medicine office. (See list of Acute Problems)

Assess a patient's management of his/her chronic disease(s) and outline therapeutic strategies to assist that patient in managing his/her illnesses. This includes counseling patients for behavior change. (See list of Chronic Problems)

Develop a preventive health plan based on the USPSTF recommendations for male and female patients of any age. (See list of Preventive Care Problems)

Perform common technical skills and office procedures under direct supervision. (See Procedural Skills List)

Perform a thorough physical examination appropriate to the presenting problem

Medical Knowledge

Demonstrate understanding of basic medical pathophysiology and principles of health and disease for the problems commonly encountered in a family medicine office. (See all lists noted above)

Approach clinical decision-making in an evidence-based, cost-conscious manner that utilizes the principles of family medicine

Practice-Based Learning and Improvement

Access sources of information at the point of care, and interpret and use this data in real time.

Reflect on lessons learned from a patient seen for multiple visits.

Interpersonal and Communication Skills

Demonstrate proper communication skills during an office patient encounter (opening, engage, empathy, educate, enlist, closing).

Communicate effectively, using an interpreter when necessary, with patients of a different culture or language.

Accurately present patient findings to a supervising physician.

Chart accurately and completely including SOAP format for current problems, problem list, medication list, and/or prevention flow sheets.

Professionalism

Consistently behave in a manner consistent with the Student Code of Ethics and Professional Conduct.

Consistently show respect for patient's dignity and rights, including confidentiality.

Consistently display honesty and ethical behavior.

Consistently demonstrate dependability by being punctual and reliable.

Accept and provide constructive feedback to/from community faculty, staff, patients, peers, and course director.

Recognize own limitations and seek opportunities to grow.

Systems-Based Practice

Identify and evaluate the psychosocial, cultural, familial and community influences that impact a person's health.

Use appropriate screening tools and protocols for health maintenance across the age spectrum.

Make positive contributions to patient care by working collaboratively with office staff, community faculty, and patients.

Orientation

1. Review a history of Family Medicine and the general principles of Family Medicine.
2. Review the components and requirements of the clerkship and their consistency across campuses.
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.

Ambulatory Care Experience

1. Recognize and treat Acute Problems (see Common Problems in Family Medicine) in different outpatient settings.
2. Utilize currently approved preventive measures in the care of patients.
3. Recognize and treat Chronic Problems (see Common Problems in Family Medicine) in different outpatient settings.
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 levels.
7. Integrate the concepts of behavioral medicine into the context of particular biological problems.
8. Recognize and treat Preventive Care Problems (see Common Problems in Family Medicine) in different outpatient settings.

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.
4. Document clinical encounters in a History and Physical format.

SOAP Notes and History and Physical Notes

1. The student will be able to document a patient encounter utilizing the SOAP (Subjective, Objective, Assessment, Plan) method as well as a complete History and Physical note.
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 a minimum of one patient encounter using the Soap Note Guidelines and one patient encounter using the History and Physical Guidelines.

Preventive Medicine Project Presentation

1. Develop skills in reading the medical literature critically, particularly as it relates to best practices in preventive medicine.
2. Discuss the costs of various screening tests 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 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 or other faculty member at your Campus 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.

Common Problems in Family Medicine

Acute Problems

Sloan page number(s)

1. Upper respiratory symptoms	769-780
2. Fever	215-224
3. Sinus symptoms	769-780
4. Sore throat	313-323
5. Ear ache	293-300
6. Red or painful eye	301-312
7. Cough	313, 770, 774
8. Chest pain	131-145
9. Palpitations	160-162
10. Shortness of breath / wheezing	185
11. Abdominal pain	325-337
12. Acute diarrhea	365-379
13. Nausea and vomiting	325-337
14. Pelvic pain	437-452
15. Headache	695-703
16. Dizziness and vertigo	663-679
17. Dysuria	425-434
18. Low back pain	579-587
19. Shoulder pain and injury	601-615
20. Knee pain and injury	543-555
21. Ankle pain and injury	543-555
22. Common skin rashes	617-630
23. Skin lesions	617-630
24. Skin infections	617-630
25. Leg swelling – DVT	179-194
26. Unexplained weight loss	279-291
27. Fatigue	681-692
28. Dementia – delirium or mental status change	643-660
29. Male urinary symptoms – BPH, prostatitis	469-492
30. Vaginitis	527-538
31. 1 st trimester bleeding	51-70
32. Abnormal vaginal bleeding, non-pregnant	437-452
33. Missed period(s)	437-452

Preventive Care Problems

Prevention visits

• Well Child	73-85
• Well Adolescent	73-85
• Well Woman	87-103, 455-465
• Well Adult Man	87-103, 469-492
• Pre-natal Care	51-70
• Palliative Care	105-115

Sloan page number(s)

Chronic Problems

1. Diabetes	227-244
2. Hypertension	165-177
3. Hyperlipidemia	247-259
4. Asthma	745-765
5. Arthritis	557-558, 562, 576
6. Osteoporosis	458-462
7. COPD	785-796
8. Depression	733-742
9. Anxiety	721-730
10. Substance use, dependence, and abuse	705-719
11. Chronic Pain	584-585
12. Back Pain	579-587, 589-598
13. Chronic Headaches	695-703
14. Domestic Violence	497-508
15. Fatigue	681-692
16. Obesity	279-291
17. Congestive Heart Failure	149-163
18. Coronary artery disease	149-163
19. Metabolic syndrome	151, 279-291
20. Gastro Esophageal Reflux Disease	351-361
21. Eczema	517-530
22. Acne	517-530
23. Contraception	395-421
24. Menopausal Symptoms	455-465
25. Sexual dysfunction	173, 458
26. Thyroid Disease	263-277

Sloan page number(s)

Common Dermatoses in Family Medicine

Students are expected to be able to recognize classic presentations, common etiologies and common treatments 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 following are suggested resources:

General text: *Essentials of Family Medicine (Sloan)
 Harrison's Textbook of Medicine
 Cecil's Textbook of Medicine
 Current Diagnosis and Treatment in Family Medicine

Physical Exam Text: Bates' and Mosby's Physical Examination

Review book: *Case Files Family Medicine
 Blueprints in Family Medicine
 USMLE Road Map/Family Medicine
 First Aid/Family Medicine Clerkship
 Board and Wards
 USMLE World

The Family Medicine Clerkship web site resources:

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

*Reserved check out in the MUSM libraries on the Macon and Savannah Campus for FM Clerkship students.

EVALUATION

The Family Medicine Third Year Medical Student Clerkship evaluation system consists of both formative (non-graded) and summative (graded) components.

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 be assigned 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, residents and private office preceptors will complete the evaluation. This comprises **35%** of the final grade.

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. One faculty member will complete the Preventive Medicine Project Grade Sheet and assign your grade. You are evaluated on how well you cover the criteria set forth on the Grade Sheet. This grade will comprise **10%** of your final grade.

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 list of common problems in Family Medicine. Written exam questions are comprised of multiple choice questions and fill in the blank questions (Common Dermatoses identification). *Sample Exam Questions* and *Dermatoses* slide review are available on our web site.

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

5. Clinical Encounters

Completion of the required numbers and kinds of encounters and subsequent documentation in *New Innovations* is required and composes **5 % of your final grade**. Reports are generated and your results evaluated at the end of week 4 and week 7. If encounters are entered appropriately by day 1 of week 5 (40% of required encounters) then the student will receive **3 points** toward your final grade. Reports are generated and your results are evaluated near the end of the rotation. If encounters are entered appropriately by day 5 of week 7 (100% of required encounters) then you will receive **2 points** toward your final grade. Keep in mind that you are still required to enter 200 clinical encounters to successfully complete the clerkship and should continue to enter encounters after reaching the required 200 encounters.

CLERKSHIP GRADES

All students must complete the entire clerkship curriculum and all Formative and Summative 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. Students will be allowed one attempt at retake for each Summative Evaluation component not successfully completed. If the student fails to pass on the second attempt then the entire eight week Family Medicine Clerkship will be remediated.
- 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) and will not receive credit for this component until it is successfully completed.

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 4 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.

Family Medicine Clerkship – Clinical Performance Evaluation

Mid Rotation Evaluation

2010-2011

Student:

Date:

Campus Site:

Evaluator:

Choose One: Faculty

Please rank the following student attributes the five point scale (based upon the ACGME competencies).

1= Fails to meet minimal expectations for student at this level of training (6 points)

2=Meets minimal expectations for student at this level of training (7 points)

3=Meets expectations for student at this level of training (8 points)

4=Exceeds expectations for student at this level of training (9 points)

5=Far exceeds expectations for student at this level of training (10 points)

	1	2	3	4	5
1. Patient Care					
-Appropriate history taking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriate patient concern and informed decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical Knowledge					
-Appropriate biomedical knowledge, clinical judgment and problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriate procedural skills and/or physical exam skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Practice-Based Learning and Improvement					
-Appropriate interest in learning practice management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interpersonal and Communication Skills					
-Appropriate communication with patients, families, colleagues, staff and fellow students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism					
-Appropriately punctual, reliable and exhibits a good work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriately fostered team-work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriately completed timely and accurate documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Systems-Based Practice

-Appropriately worked within the larger medical system to advocate for patients and uses resources wisely

Did the student behave in an ethical and professional manner as described in the Student Code of Honor and Professional Conduct? (If 'NO' then please complete an *Unprofessional Behavior Report*)

YES NO

Did you discuss this evaluation with the student?

YES NO

Comments

Areas For Improvement

Family Medicine Clerkship – Clinical Performance Evaluation

Final Evaluation

2010-2011

Student:

Date:

Campus Site:

Evaluator:

Choose One: Faculty

I am unable to evaluate this student due to insufficient time spent with student
(If checked, skip to section B)

A. Please rank the following student attributes the five point scale:

(based upon the ACGME competencies)

1= Fails to meet minimal expectations for student at this level of training (6 points)

2=Meets minimal expectations for student at this level of training (7 points)

3=Meets expectations for student at this level of training (8 points)

4=Exceeds expectations for student at this level of training (9 points)

5=Far exceeds expectations for student at this level of training (10 points)

	1	2	3	4	5
1. Patient Care					
-Appropriate history taking skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriate patient concern and informed decision making skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Medical Knowledge					
-Appropriate biomedical knowledge, clinical judgment and problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriate procedural skills and/or physical exam skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Practice-Based Learning and Improvement					
-Appropriate interest in learning practice management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Interpersonal and Communication Skills					
-Appropriate communication with patients, families, colleagues, staff and fellow students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Professionalism					
-Appropriately punctual, reliable and exhibits a good work ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriately fostered team-work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-Appropriately completed timely and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

accurate documentation

6. Systems-Based Practice

-Appropriately worked within the larger medical system to advocate for patients and uses resources wisely

B. Did the student behave in an ethical and professional manner as described in the Student Code of Honor and Professional Conduct? (if 'NO' then please complete an *Unprofessional Behavior Report*)

YES **NO** **Can not evaluate due to insufficient time spent with student**

Did you discuss this evaluation with the student?

YES **NO** **N/A**

Comments

Areas For Improvement

Preventive Medicine Project Grade Sheet 2010-2011

Student Name: _____

Date: _____

Topic: _____

Total Score: _____

Please check each issue addressed in this presentation.

1. The disease must have a significant effect on quality or quantity of life.

____ Student addressed this issue.

2. Acceptable methods of treatment must be reliable.

____ Student addressed this issue.

3. The disease must have an asymptomatic period during which detection and treatment significantly reduce morbidity and/or mortality.

____ Student addressed this issue.

4. Treatment in the asymptomatic phase must yield a therapeutic result superior to that obtained by delaying treatment until symptoms appear.

____ Student addressed this issue.

5. Tests must be available at a reasonable cost to detect the condition in the asymptomatic period.

____ Student addressed this issue.

6. The incidence of the condition must be sufficient to justify the cost of screening.

____ Student addressed this issue.

In addition to these criteria, the screening test itself must be validated with attention to:

Sensitivity

____ Student addressed this issue.

Specificity

____ Student addressed this issue.

Accuracy

____ Student addressed this issue.

Precision (positive predictive value)

____ Student addressed this issue.

The student receives 10 points for each issue addressed for a total of 100 points.

Your grade is 10% of your final clerkship grade.

Faculty Completing Grade Sheet:

Print/ Signature

Non-Faculty Evaluation of Students

Family Medicine Clerkship

2010-2011

Student Name: _____

Evaluator Name: _____

Date: _____ Rotation: _____

Interactions with others:

Expectation is that student interacts well; seeks contributions of others on the health care team.

Student meets expectations: Yes No

Reliability:

Expectation is that student is on time and available for scheduled activities.

Student meets expectations: Yes No

Professionalism:

Expectation is that student will act in a professional manner at all times as described by the Student Code of Honor and Professional Conduct.

Student meets expectations: Yes No

Comments:

Unprofessional Behavior Report

The purpose of the Unprofessional Behavior Report is to enable faculty, staff and students to document an individual incident or a recurring trend of unprofessional or unethical behavior. This report will be submitted to the Dean of Academic Affairs who will forward a copy to the Dean of Students Affairs and the Chair of the Ethics and Professionalism Oversight Committee. The goal of this report is to initiate further investigation into allegations of unprofessional or unethical behavior(s).

Student Name:

Phase or Rotation:

Evaluator:

Date:

Description of incident:

Date of observed behavior:

Name(s) of person(s) involved:

Describe incident (may attach document):

Indicate which of the following categories of professionalism behaviors were involved.

(Check all that apply)

Patient and Provider Communications

- The student inappropriately disclosed patient information
- The student made inappropriate or public remarks about fellow students, members of the healthcare team and/or patients
- The student was dishonest in written or verbal communication
- The student failed to show respect for the diversity of race, gender, religion, sexual orientation, age, disability or socioeconomic status of fellow students, members of the healthcare team and/or patients
- The student failed to show sensitivity to the needs of the patient, the patient's family and/or the health care team
- Other (please explain in comment section)

Comments:

Appearance, Attire

- The student fails to wear clothing that is professional in appearance (appropriate to the culture of the institution as defined by the preceptor, the campus dress code and professional norms)
- The student is not well groomed (poor bathing, malodorous, unkempt)
- The student fails to wear their name badge or white coat in appropriate situations
- Other (please explain in comment section)

Comments:

Reliability, Motivation and Responsibility

- The student is disruptive to an atmosphere conducive to learning (e.g. giving disruptive, verbal or nonverbal cues of non-participation)
- The student does not complete assigned tasks in the given timeframe
- The student committed plagiarism or cheating
- The student does not attend required activities
- The student is late to required activities or leaves before the conclusion of the activity
- The student fails to notify appropriate persons prior to missing required activities
- Other (please explain in comment section)

Comments:

Interpersonal Relationships

- The student behaves in a manner that lacks respect, is uncooperative or is manipulative
- The student fails to establish and maintain appropriate boundaries in work and learning situations
- The student fails to show an appropriately sensitive, courteous and/or respectful manner with fellow students, staff, faculty and/or patients
- Other (please explain in comment section)

Comments:

Accepts Instruction and Feedback

- The student actively rebuffs, avoids change, or does not recognize own limitations
- The student does not accept constructive feedback
- The student does not maintain professional composure in stressful situations
- Other (please explain in comment section)

Comments:

Did you provide feedback to the individual(s) named? Yes No

Did you document the feedback? Yes No
(please attach any documentation)

Have you reviewed the contents of this report with the individual(s) named? Yes No

If completing electronically; please print and sign as indicated.

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; evaluations will be collected in Macon or Savannah after the final written test.

Clerkship Evaluation by Student

2010-2011

Campus Site:

Please rank each item below on the following 5-point scale:

- 1 Poor
- 2 Below Average
- 3 Average
- 4 Above Average
- 5 Exceptional
- 6 Not applicable, cannot evaluate

Clerkship Evaluation:

How well did your experience on this rotation prepare you for the breadth of Family Medicine as outlined in the course objectives and goals?

1 2 3 4 5 6

Clerkship Director (we insert name here):

Please rank the coordinator on the ability to manage the clerkship components, and on their availability, attitude, interpersonal and communication skills, and professionalism.

1 2 3 4 5 6

Clerkship Coordinator (we insert name here):

Please rank the director on the ability to manage the clerkship components, and on their availability, attitude, interpersonal and communication skills, and professionalism.

1 2 3 4 5 6

Office Preceptor (we insert name here):

Please rank the office preceptor on their patient care, medical knowledge, availability, teaching, interpersonal and communication skills, and professionalism.

1 2 3 4 5 6

Residents:

Please rank the following residents on their patient care, medical knowledge, availability, teaching, interpersonal and communication skills, and professionalism.

Resident 1

1 2 3 4 5 6

Resident 2

1 2 3 4 5 6

Resident 3

1 2 3 4 5 6

Resident 4

1 2 3 4 5 6

Faculty:

Please rank the following faculty on their patient care, medical knowledge, availability, teaching, interpersonal and communication skills, and professionalism.

Faculty 1

1 2 3 4 5 6

Faculty 2

1 2 3 4 5 6

Faculty 3

1 2 3 4 5 6

Faculty 4

1 2 3 4 5 6

Faculty 5

1 2 3 4 5 6

Comments

Recommendations for improvements in the Family Medicine Clerkship

*Thank you for your feedback.
Your opinions matter to us and help us to continue to improve the 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 or the clinical encounter criteria. These remedial steps are defined below:

The Remediation Program will address three components:

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

Components that will require remediation if not completed successfully:

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 Judgment
 - 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)
6. Compliance with attendance policy

Remediation Plan:

1. All students must meet with the Campus 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 Campus Clerkship Director and the student. This remediation plan will be copied with a copy to the student, to the Dean of Academic Affairs, to the Campus Clerkship Director and a copy placed in the student's file.
2. The student will be given 4 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 4 months after completion of the third year will result in a failure in the clerkship and the need to repeat the entire clerkship.
3. If there is a failure to perform adequately on the Departmental Exam or the Shelf Test then the failed component will be repeated once and passed to resolve the Incomplete. Failure to pass the component on the second attempt will require that the entire eight week Family Medicine Clerkship be repeated.
4. If the Clinical Performance Evaluation is failed, it will be up to the Campus Clerkship 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 but the entire clerkship may be required to be repeated.

5. **Any student scoring 'fails to meet minimal expectations for student at this level of training' on any component of the professionalism portion of the final evaluation or who scores a 'no' on the final evaluation question 'did the student behave in an ethical and professional manner as described in The Student Code of Honor and Professional Conduct' will be referred to the Dean of Academic Affairs office for further evaluation and action as a violation of ethics and professionalism. An unsatisfactory evaluation as described above on any component of the final evaluation dealing with professionalism or ethics 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 Campus Clerkship Director to arrange completion of this requirement and will receive an incomplete-clinical encounters until requirements are met.

"The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head. Often the best part of your work will have nothing to do with potions and powders, but with the exercise of an influence of the strong upon the weak, of the righteous upon the wicked, of the wise upon the foolish." Sir William Osler