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## Medical College of Wisconsin 2017-2018

<b>Clerkship Title</b>		FMED - D3300 Family Medicine - MKE FMED - D2500 Family Medicine – GB
<b>Clerkship Director</b>	<b>Clerkship Coordinators</b>	
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<p><b><u>Course Description</u></b></p> <p>Welcome to MCW’s Family Medicine Clerkship. This four-week required clerkship gives all students a chance to experience family medicine, primarily in an office setting. There, under the guidance of superb community family physicians, family medicine faculty physicians or family medicine residents, students see the broadest possible range of patients, learn and practice real-world management of common medical problems, and discover the satisfactions of family medicine. At the same time, students learn the core primary care skills that no other rotation can provide so comprehensively.</p> <p><b><u>Clerkship Goals</u></b></p> <p>The overall goal of the Family Medicine Clerkship is to provide an outstanding learning experience for all medical students. In addition, the Family Medicine Clerkship should:</p> <ul style="list-style-type: none"> <li>• Demonstrate the unequivocal value of primary care as an integral part of any health care system.</li> <li>• Teach an approach to the evaluation and initial management of acute presentations commonly seen in the office setting.</li> <li>• Teach an approach to the management of chronic illnesses that are commonly seen in the office setting.</li> <li>• Teach an approach to conduct a wellness visit for a patient of any age or gender.</li> <li>• Model the principles of family medicine care</li> <li>• Provide instruction in communication, physical exam, assessment and clinical reasoning skills.</li> </ul> <p>Specific clerkship <a href="#">learning objectives</a> for students are accomplished through a range of <a href="#">learning activities</a> that include one-on-one time in an office setting with a family physician, classroom time, and community-based experiences. The majority of the student’s time will be spent in a clinical practice seeing patients, working with family physicians and learning from both.</p>		

## **Rotation Sites Assignments**

**MKE:** All students will be assigned to a clinical practice with a family physician who will be their site preceptor. Sites include:

1. Family Medicine Residency Program sites, affiliated with the MCW Department of Family and Community Medicine. Specific sites include Columbia-St. Mary's Family Health Center, All Saints Family Health Center, Town Hall Health Center, and the Fox Valley/Appleton Family Health Center.
2. Other select non-MCW Family Medicine Residency Program sites.
3. Froedtert & MCW primary care clinics including Tosa Health Center, Sunnyslope Health Center Lincoln Avenue Health Center, Greenfield Highlands Health Center, Germantown Health Center and other MCW health network sites.
4. Southeastern (SE) Wisconsin community family physicians or family physician groups that volunteer to have students in their office.
5. State of Wisconsin "rural" practice sites, outside of SE Wisconsin, for select 4-week blocks, based on availability. Students can choose a rural site. For some 4 week blocks students will be assigned to a rural practice ([Rural Wisconsin clinical practice experience/assignments for details](#)).

Request from students to any of the above locations are considered and when possible accommodated. This clerkship does not work from rank lists. Students will be notified of the clinical practice assignments in advance. Please contact Stephanie Shaw (414-955-8207) about your assignment.

**GB:** All students will be assigned to a clinical practice with a volunteer community family physician (or group).

## **Clerkship Orientation**

**MKE:** At the start of each 4-week block, the Family Medicine Clerkship begins with an orientation. The orientation is held in the classroom at the Department of Family & Community Medicine located in MCW HUB building; the exact location is contingent upon room availability. Orientation is generally the first Monday of the rotation and begins at 9am. Attendance at orientation is mandatory and you should always dress professionally for your orientations.

**GB:** Each block of the Family Medicine clerkship begins with an orientation, which will be given via Polycom by the Clerkship Director Dr. Bower. Your Green Bay coordinator will notify you of the location to report by 8:45am on the first day.

**Clinical Site Orientation** - For all sites, there will be one physician (your preceptor) who will coordinate the schedule at that practice site and the schedule with other physicians at that site. The physician's office staff at the clinical practice site will provide an orientation to the practice, to the office staff, to other physicians, and to that practice's schedule.

## **Textbooks/Reading**

### **Textbook access**

The Family Medicine clerkship has three required text books that are loaned to students.

**MKE:** Books are obtained through the circulation desk at the Todd Wehr Library. Books are available for pick up the Friday before the start of the clerkship and should be returned to the library before or immediately following the Family Medicine clerkship exam.

**GB:** Books are obtained and returned to the Green Bay clerkship coordinator.

### **Textbook titles:**

1. **Essentials of Family Medicine**, Sixth Edition, Sloane, et al., ©2012
2. **Case-Files in Family Medicine**, Fourth Edition, Toy, et al., ©2016
3. **Twelve Patients: Life and Death at Bellevue Hospital**, Eric Manheimer, ©2012

### **Reading**

All required reading assignments from textbooks will be provided at the clerkship orientation.

Other non-textbook required reading assignments:

The clerkship has students complete select fmCASES found in MedU, a computer-assisted learning site ([www.med-u.org](http://www.med-u.org)). There is a link to Med-U on the MCW library "Clinical Resources" site (<http://www.mcw.edu/Libraries/Clinical-Resources.htm>). The fmCASES content is based on the STFM National Family Medicine Clerkship Curriculum and reflects NBME content. There are also pertinent articles in literature that are required reading. Links to these will be found in D2L associated with Team-based learning reading assignments ([TBL Sessions](#)).

Finally, students are encouraged to access point-of-care module applications, Evidence-Based Medicine Databases, and EBM Resources through MCW Library Clinical Resource page.

## **Clerkship Grading**

The grade for the Family Medicine Clerkship will be based on five components:

- 45% Preceptor's ratings on the Clerkship Student Performance Assessment Form (SPAF)
- 25% Final examination
- 15% TBL, 11-12% are quizzes and 3-4% from preceptor evaluation of participation
- 10% Community medicine paper
- 5% Script Concordance Test – A test of clinical reasoning

The clerkship grade will be calculated by combining the scores for each of the five clerkship components using the percentages listed above. The distribution of clerkship grades will be approximately 25-40% Honors, 45-60% High Pass, 15-30% Pass, and 0-2% Low Pass/Fail.

The range for final grades are as follows:

Honors	90% or higher	Low Pass	60% - 69%
High Pass	80% - 89%	Fail	50% - 59%
Pass	70% - 79%	Incomplete	According to MCW guidelines

### **Final Exam**

The final exam is done on the last day of the Clerkship. Students are referred to their clerkship calendar for the date, time and location. The final exam is written by DFCM faculty. The final exam questions are drawn from students' required reading and clinical experiences through the 4-week clerkship. The exam is multiple choice and is delivered using ExamSoft™. Sixty percent of the exam questions are based on the top 20 diagnoses in Family Medicine. Forty percent of the exam questions are based on the "next 20 diagnoses" in Family Medicine.

### **Script Concordance Test (SCT)**

The SCT is done on the last week of the clerkship. It is a validated 68 item test with 26 clinical scenarios that measures student's clinical reasoning in Family Medicine.

### **Special Circumstances**

- a. **Remediation - Exam Retake** A student who fails the written exam may be allowed to retake the final exam (once within two weeks of original exam) if extenuating circumstances can be documented which contributed significantly to the failing score.
- b. **The Clinical Experience Log (in OASIS)** The clinical experience log is a required Clerkship activity. Students who do not record their patient encounters, consistent with clerkship objectives, will be dropped one grade level from the earned clerkship final grade. Your patient experience log data must be completed by the end of the last day of the clerkship. No later.
- c. **Mid-Clerkship Evaluation** The mid-clerkship evaluation is a required clerkship activity. Students who not turn in their signed mid-clerkship evaluation by the end of the clerkship, will have a summative comment added to their clerkship evaluation indicating the student did not fulfill a professionalism element of the clerkship.
- d. **Grading Questions** If you have questions about grading, course organization or content, please contact clerkship coordinator, Stephanie Shaw, (414) 955-8207, [sshaw@mcw.edu](mailto:sshaw@mcw.edu) or the Director, Dr. Douglas J. Bower, (414) 955-4318 or [dbower@mcw.edu](mailto:dbower@mcw.edu).

## **Clerkship Evaluation**

### **Mid-Clerkship Feedback**

You and your preceptor will complete a required mid-clerkship feedback form. This evaluation should provide early feedback to the student and allow the opportunity for the student to improve their clinical learning and/or performance for the remainder of the clerkship. Students should use the form to do their own self-assessment first. Students will receive, by email, a clinical experience log progress report, with a summary of their clinical experiences for the first two weeks of the clerkship. Students should schedule a time (consistent with the clerkship calendar) with their primary preceptor (or the preceptor that knows them the best) to review their clinical experience log progress report and to complete and sign the mid-clerkship feedback form. This mid-clerkship feedback should guide clinical learning for the second half of the clerkship. The preceptor-signed mid-clerkship evaluation form will need to be returned to your clerkship coordinator, by the end of your Clerkship month for credit. Student final end-of-clerkship ratings by their preceptors may be higher or lower than recorded on the mid-clerkship feedback form.

### **End of Clerkship Preceptor(s) Ratings of Student's Clinical Performance**

The responsible preceptor designated at your site will complete the Clerkship Student Performance Assessment Form (SPAF). This is the college-wide form used for all required clerkships to rate your clinical performance. If you have had contact with multiple preceptors/teachers/residents at your clinical site, the site coordinator will ask each of your preceptors who have more than three half-days with you, to complete the SPAF. All SPAF data will contribute to your clinical performance ratings. The SPAF items rate student's performance on the domains of competence that contribute to MCW Global Competencies. Preceptors rate students based on their observation of the student's current ability to perform on each domain of competence. Preceptors are also asked to provide a global assessment of the student's work on the SPAF (Honors, High Pass, Pass, Low Pass, and Fail). The SPAF items are 45 % of the clerkship grade. Preceptor SPAF ratings are sent to the clerkship director along with their comments. Your preceptor will have comments designated for the student's transcript (summative comments) and separate internal formative comments that will not be part of the student's transcript, but will be available to the student and the student's CPD Director.

The Clerkship Director will use the SPAF ratings for part of the student's grade, but will make small adjustments, for each 4-week block of students as a group, recognizing that students earlier in their clinical training may perform lower on select SPAF domains of competency, depending on the time in the academic year the student has the clerkship. These adjustments will be small, and will be based on historic data of student competency development.

The Clerkship Director will submit a final grade for each student for the clerkship based on all components of the clerkship. Honors level clinical work, as rated by the preceptor, does not guarantee Honors for the clerkship. Students must do consistent high-level work across all components of the clerkship to receive Honors.

### **Student Evaluation of Clerkship**

Student evaluation of the Clerkship experience is very important for 1) maintaining the on-going quality of the Clerkship and 2) curriculum change. All components in the Clerkship are evaluated. Evaluations forms are both on-line and paper-based. Several of the evaluations are MCW wide forms. Others are Clerkship specific. The MCW-wide forms, completed on the day of the final exam, include:

- 1) The MCW Clinical Clerkship Evaluation Form for students to evaluate their overall clerkship experience.
- 2) The MCW Clinical Teaching Evaluation Inventory, to evaluate the clinical teaching effectiveness of their faculty and community preceptors.
- 3) An MCW-wide online form in D2L for students who have had contact with Family Medicine Residents, to evaluate the effectiveness of their Residents as teachers.

**Instructional Methods**

(methods aligned with AAMC Curriculum Inventory using MeBiquitous terminology)

- Case-Based Instruction/Learning
- Clinical Experience-Ambulatory
- Demonstration
- Discussion, Large Group > 12
- Discussion, Small Group < 12
- Independent learning
- Lecture
- Mentorship
- Patient Presentation-Faculty
- Patient Presentation-Learner
- Peer teaching
- Reflection
- Role Play/Dramatization
- Self-Directed Learning
- Service Learning Activity
- Team-Based learning

**Resource Types**

- Audience Response System
- Clinical Correlation
- Virtual/Computerized Laboratory (MedU)
- Distance Learning/Synchronous
- Real Patient
- Searchable Electronic Database

**Assessment Methods**

(methods aligned with AAMC Curriculum Inventory using MeBiquitous terminology)

- Clinical Documentation Review
- Clinical Performance Rating/Checklist
- Exams - Institutionally Developed Written/Computer-based
- Narrative Assessment
- Oral Patient Presentation
- Participation
- Research or Project Assessment
- Self-Assessment

**Learning Activities**

There are four core learning activities for the Family Medicine Clerkship: Clinical Office-Based Learning Experience, Classroom Team-Based Learning, Chairman’s Message and Community–Based Experience and Reflection. A description of each one of these activities follows.

### **Clinical Office-Based Learning Experience**

During every 4-week block all students will be assigned to a clinical practice with a preceptor, a family physician(s) committed to teaching. Students spent 5 to 7 half-days in the office setting each week. The expectation, after some orientation and under the supervision of their preceptor, is that students will see patients first to do a problem-focuses history and a problem-focused physical exam. Students should then develop appropriate assessments and plans, do oral presentations and write clinical notes (as directed by their preceptor).

### **MKE only: Wisconsin Rural Clinical Practice Experience/ Assignments**

Rural clinical practice site assignments have several unique logistical characteristics. In recognition of this, the Family Medicine Clerkship provides rural students the following support: Housing is provided, if necessary, and some reimbursement for gas mileage is provided, consistent with MCW Financial Aid policy.

The following process has been established relative to assigning students to rural sites for M3 Family Medicine Clerkship.

- 1) An e-mail seeking students who wish to have a rural practice site assignment will be sent to all students approximately 16 weeks prior to their FM clerkship. Students that volunteer for the rural experience will be assigned to the available rural preceptor on a first-come-first-served basis.
- 2) If a student volunteers, then requests to change plans, it has to be for one of the hardship reasons listed below and no fewer than 90 days before the start of the clerkship. Potential hardship reasons for being excused are:
  - Parents of minor children (not pets)
  - Presenting at a national meeting
  - Pregnancy during rotation
  - Other significant hardship
- 3) 90 days before the clerkship if there are no volunteers, a lottery will be done to choose student(s) to be assigned to a rural site.
- 4) The student(s) chosen by lottery will have 30 days to confirm and accept the assignment. The assigned student(s) will be excused from a rural assignment only for hardship reasons (listed above).
- 5) If there are open rural slots up to 60 days before the clerkship starts (initial student(s) unable due to hardship reasons), a second lottery will be done and new student(s) will be assigned a rural placement. These students must notify the clerkship coordinator within 2 weeks (10 business days) to confirm and accept the assignment. These students will be excused from this rural assignment only for hardship reasons (listed above).

All students at rural clinical practice sites will complete equivalent curricular experiences for the Clerkship. Specifically, a TBL equivalent exercise and/or distance TBL will be done.

### **Team-Based Learning in the Classroom**

Assessment and management of selected common clinical conditions in the office setting are taught using Team-based learning (TBL) as a teaching method. Practical problem-solving skills, clinical reasoning, and evidence-based medicine are emphasized. Key office-based communication skills, including motivational interviewing and advanced patient-centered communication technique are also taught through these interactive classroom sessions. Team-based learning (TBL) groups are strategically assigned and will be distributed at orientation. If for some reason, you are unable to attend a TBL session, you will need to complete a make-up assignment in lieu of that session.

#### **Team-Based Learning Topics:**

- Preventive Health & EBM
- Motivational Interviewing for Risky Drinking and Obesity
- Respiratory/ENT – Ear, Nose, & Throat
- Dermatology & Dermatologic Office Procedures in Family Medicine
- Community Medicine
- The Spectrum of Chronic Pain and Substance Use Disorders in Primary Care
- Sports Medicine/Musculoskeletal
- Chronic Disease

### **The Chairman's Message**

Through an interactive classroom discussion with Chairman Alan K. David, MD, of the Department of Family and Community Medicine, students will learn about the most current trends for the specialty of Family Medicine, including the Patient-Centered Medical Home. Students will also have the opportunity to reflect on being a physician. This is a student enrichment activity. It is not graded.

### **Community-Based Experience and Reflection**

The Family Medicine Clerkship is one of the few opportunities that requires all students to consider community health in a systematic manner. The Department of Family and Community Medicine utilizes its faculty from the Center for Healthy Communities and Research for student teaching.

As part of the Community Medicine portion of the clerkship, students are assigned to complete one of four different community-based experiences:

1. Home visit (with community or public health nurse)
2. Medical Student Free Clinic Experience (MCW Saturday Clinic for the Uninsured)
3. Conducting a health education session
4. Conducting an in-depth social history in the clinic setting

The purpose of the community-based experience is to assist students in developing skills that will help them to identify and address socioeconomic, cultural and health education issues impacting the patients' health. The community-based experience will help students understand the non-medical influences that affect a patient's health and how to incorporate these issues into an appropriate plan of care. Students culminate their community-based experience by completing a reflection paper that describes the experience.

## **Clinical Experience Log**

There are **two objectives** for students as they enter their Clinical Experience Log data:

**Objective 1:** Each student is to document 70 unique clinical patient encounters during the month in their [OASIS clinical experience log](#).

**Objective 2:** Each student's documented clinical experience will include at least one unique encounter with 80% of the "Top 20" diagnoses/diagnosis groups seen in family practice.

### **Clinical Experience Log (in OASIS)**

**Why?** It is important to know the content of student clinical experiences during their M3 Family Medicine Clerkship. The student-entered clinical experience log data is used to confirm that all students have a relatively similar breadth of clinical experience regardless of their site assignment. Therefore, you will be required to record any significant encounter with a patient in which you have played a role, either observing a significant part of the clinical encounter or by conducting part of that encounter and presenting it to your faculty physician. You will also be allowed to enter "virtual" patients into your log. This will be discussed at orientation.

**How?** The patient experience log is done in an anonymous fashion to protect the patient's individual identity. Thus, you will not record social security numbers, chart numbers, or name - simply age, sex, ethnicity and diagnoses. Record your OASIS data on the day you see the patient. It should take no more than several minutes per patient; or, for three to five patients, about fifteen minutes per half day in the clinic.

**Outcome** - Accumulated patient data, recorded by students over time, will enable us to build a profile of each practice to better understand and guide the learning of future students in that particular clinical site and to better organize and direct the overall clinical learning for students who will come after you in this clerkship. You will be provided a report of your clinical experience at the half-way point and at the end of the clerkship.

### **Clinical Experience Log Diagnosis Lists (found in OASIS):**

The "Top 20" diagnoses in Family Medicine:

1. CV: Hypertension/elevated blood pressure	11. Resp/ENT: Sinusitis
2. Endo: Diabetes	12. Resp/ENT: Otitis media/Ear pain
3. Prev: Well adult/physical	13. Endo: Hyperlipidemia
4. Resp/ENT: Upper respiratory infection (URI)	14. GI: GERD (reflux)/Dyspepsia/PUD
5. OB: Prenatal Exam/Pregnancy	15. Resp/ENT: Acute Pharyngitis
6. MS: Low back pain	16. Neuro: Headache
7. Prev: Well child/Adol exam/Issue	17. Resp: Lower respiratory infection (pneumonia/bronchitis)
8. MS: Extremity Sprain/Strain/Tendonitis/Bursitis	18. MS: Arthritis/Rheumatism/DJD
9. Resp/Allergy: Asthma	19. Endo: Obesity
10. Psy: Depression	20. Allergy/ENT: Allergic Rhinitis/Vasomotor Rhinitis

The “Next 20” most common or important diseases/diagnoses list. This list is to facilitate clinical experience log data entry.

21. CV: Other (CHF, arrhythmia, murmur, edema, etc.)	31. Psy: Anxiety/Stress/Panic
22. GI: Abdominal pain; N&V; Const & Diarrhea	32. Gyn: Pregnancy prevention/Contraception
23. Gyn: Menstrual disorder	33. Neuro: Other (chronic pain, dementia, CVA, seizure, etc.)
24. Gyn: Vaginitis/Vulvitis	34. Eye: Conjunctives/other vision
25. URO: UTI/Dysuria/Urinary frequency	35. Psy: Addiction (Smoking, Alcohol, other substance)
26. Derm: All other (Acne, dermatitis, wart, etc.)	36. Gyn: Menopause/Osteoporosis
27. Endo: Thyroid diseases	37. Psy: Child behavior/development MR/ADHD
28. Resp: COPD/Emphysema	38. Neuro/ENT: Dizziness/Vertigo
29. CV: Chest pain/Coronary artery disease/PVD	39. STD: GC, Chlamydia, Genital wart/Herpes/HIV
30. Derm: Injury (laceration, wound, contusion/abrasion)	40. Uro: Prostate/Erectile Dys

### **Clerkship Expectations**

This policy was approved by the Clerkship Directors, June 2001. During Clinical Rotations, medical students will adhere to the following standards of professional conduct:

#### **1. Professional Appearance**

- a. Identification: While on clinical rotations, students at all times must wear MCW Name Tag/ID Badge and appropriate identification at all times as outlined by the facility at which they are rotating.
- b. Clothing and Accessories: Clothing, including white coats, must be clean and professional looking. Any clothing or personal accessories (e.g., jewelry, tattoos, or piercings) that interfere with the provision of patient care, is not acceptable. This includes clothing or personal accessories that limit a student's ability to effectively communicate with patients, families, staff and/or their ability to perform a physical examination or procedure.

#### **2. Communication**

- a. Introduction to Patient: Students will introduce and identify themselves to the patient and their families as "medical students". The student will advise the patient that he/she has been directed to evaluate the patient and share the findings with the staff physician who is responsible for the patient's care.
- b. Cultural Differences: Students must acknowledge and respect the cultural differences of patients, families, and staff.
- c. Respect: Students will demonstrate respect in all interactions with patients, families, supervisors, peers and members of the healthcare team.

### 3. Patient Care Responsibility

- a. Responsibility: Patient care is the responsibility of the supervising physicians.
- b. Supervision: Students must be supervised in their interactions with patients. Student/patient interactions must be within the confines of resident/faculty teaching.
- c. Patient Access: Student interaction with patients is limited to only those patients of the supervising physician or service to which they have been assigned. Student should limit and qualify discussions of any findings (e.g., H and P, laboratory findings, prognosis, treatment) with the patient.
- d. On Call: When the student is on call, he/she may interact with patients seen in consultation by the service to which they are assigned or with those patients in need of emergent/urgent problems that require evaluation/treatment.
- e. Confidentiality: All aspects of patient care (e.g. conversations re: H & P, diagnosis, test results, treatment, prognosis, and written medical record) will remain confidential. Discussions should occur in appropriate venues with treating physicians for the purposes of patient care or education.
- f. Medical Records: Students may make notations in the actual or electronic chart consistent with the protocol of the facility to which they are assigned and at the direction of the supervising physician.

### 4. Professional Responsibility

- a. Responsibility to the Profession: The student will report any witnessed violations of this policy or other forms of unprofessional behavior to his/her immediate supervisor and/or clerkship director.
- b. Attendance: The student will participate in clinical care activities as assigned by the supervising physician and other academic work assigned by the clerkship director. The student is also responsible for make-up assignments in lieu of any missed TBL sessions.
- c. Unanticipated Time Away: In case of an unanticipated personal emergency/illness, the student must contact the supervising physician and the clerkship coordinator MKE ([sshaw@mcw.edu](mailto:sshaw@mcw.edu)), GB ([slee@mcw.edu](mailto:slee@mcw.edu)), to discuss their absence as soon as possible. The clerkship coordinator will also notify the Family Medicine preceptor and verify the student's absence. The student must submit a Time Away Request for the Clerkship Director for each day of absence for a personal emergency/illness. The Time Away Request Form is located on the Family Medicine Clerkship's D2L site under [Submit Excused Absence Form](#)
- d. Anticipated Time Away: A request for Clerkship Director approval must be submitted at least one month before the start of the rotation. The Clerkship Director, per the attached policy (page 13), will evaluate requests individually. The Time Away Request Form is located on the M3 Family Medicine Clerkship's D2L site under [Submit Excused Absence Form](#).

## **Process for Time Away Request**

The process, as outlined below, must be followed and gives no assurance that a student's request will be granted:

1. Submit a request for the Clerkship Director's approval **at least one month** before the start of the rotation. Exceptions to this time requirement can be made for extenuating circumstances or dire emergencies, as judged by the Clerkship Director.
2. Requests should be completed through the [Submit Excused Absence Form](#), located on the Family Medicine Clerkship's D2L site.
3. Please include full and supportive detailed documents for conferences and / or planned time off.
4. After approval of the clerkship director, the student is required to notify the attending physician and chief resident on the service is required. Any student granted time off a clinical clerkship must arrange coverage for night call, care of his/her patients, and all clinical responsibilities during the time off. The plan for addressing missed time, once approved by the clerkship director, must be implemented with oversight by the clerkship director and/or his/her designee.

**Clerkship Director: Douglas J. Bower, MD**

**Clerkship: Family Medicine**

**Address: Department of Family Medicine, MCW**

**Phone: (414) 955-8207 (Clerkship Coordinator MKE, Stephanie Shaw)**

**Phone: (920) 403-4510 (Clerkship Coordinator GB, Sousie Lee)**

## **Clerkship Learning Objectives**

*The Discovery Curriculum is competency-based and linked to previously-approved MCW Global Competencies. Upon completion of the Family Medicine Clerkship, a student will be able to:*

### **Patient Care**

- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations in the office setting.
- Manage follow-up visits with patients having one or more common chronic diseases in the office setting.

### **Knowledge for Practice**

- Recognize symptoms, signs and differential diagnoses of common acute and chronic illnesses as they present in primary care.
- Develop evidence-based diagnostic and management plans for common acute and chronic illnesses.
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
- Integrate population factors of heritage, environment and disease prevalence into patient care.

### **Practice-Based Learning and Improvement**

- Develop proficiency in efficiently assessing and using computer-based resources for improving patient care.

### **Interpersonal and Communication Skills**

- Demonstrate competency in advanced elicitation of history, communication, physical examination, and clinical reasoning skills.
- Demonstrate skills in motivational interviewing and patient education.
- Integrate socioeconomic, cultural and environmental factors into patient care.
- Acknowledge the presence and risks of explicit and implicit biases in clinical encounters.

### **Systems-Based Practice**

- Discuss the principles of family medicine care
- Discuss the critical role of family physicians within any health care system.
- Discuss the Patient-Centered Medical Home

### **Interprofessional Collaboration**

- Identify the role of family physicians and other members of the health care team in the Interdisciplinary/Medical Home model of comprehensive, personalized care.

### **Personal and Professional Development**

- Promote professional self-awareness and self-care. Demonstrate and promote emotional development thru critical reflection on clinical stories.

### **Professionalism**

- Demonstrate a basic understanding of the professional and ethical issues facing family physicians
- Continuous effort at striving to fulfill expectations of the patients, colleagues, and members of the healthcare team.

### **Clinical Education Guidelines**

Your clinical experience is primarily office-based and is under the supervision of your assigned preceptor. You will receive guidelines from your clerkship site preceptor, coordinator, or resident regarding your office-based learning experience. Please follow those guidelines. The expectation is that your office-based experience should include the equivalent of six to seven half-days of learning activities. If your preceptor has a half-day off, you will likely be excused from clinic on that half-day. Alternatively, if your preceptor is able to offer a substitute opportunity for a missed half-day in the clinic this is reasonable and appropriate. These additional opportunities might include supervised learning outside of the office. For example: work with hospitalized patients, involving the student in selected experiences (such as deliveries), attending sporting events as team physicians, spending select time with other health care providers or organizations, visits to patients outside the office or hospital such as at home or in nursing homes, or other opportunities to learn what the life and practice of a family physician is all about.

### **Special Accommodations**

If you require special accommodations under the Americans with Disabilities Act, you must have a Disability Accommodation Plan on file with the Associate Dean for Student Affairs. The Clerkship Director(s) will confirm the presence of that plan. **It is also your responsibility to notify the Clerkship Director(s) of the special accommodation needed by the date of orientation to allow us to meet your special accommodation.** A verbal request must be confirmed with a dated written request within 48 hours after the scheduled date and time of the orientation to the clerkship.

### **Remediation**

Any student failing any clinical course work must repeat the course work in its entirety, unless specific arrangements are made by joint decision of the Course/Clerkship Director, Academic Standing Committee, Associate Dean for Students Affairs and Regional Campus Dean, as appropriate. Any delinquent or deficient coursework must be completed prior to promotion to the next level of academic progression. Early clinical course (Foundations of Clinical Medicine, Clinical Apprenticeship, Bench to Bedside and Foundational Capstone) and Continuous Professional Development remediation policies are documented separately. Final decisions made by the Academic Standing Committee are binding.

### **Social Media Conduct**

[Social Media Policy](#) AD.CR.070

### **Distribution of Educational Materials**

[All Student Handbook](#), page 17

**NOTE:** Clerkship Syllabus subject to change at the discretion of the faculty.