Family Medicine Clerkship (FMC) Handbook

Table of Contents

Introduction ................................................................................................................................ 3

The Family Medicine Clerkship as Part of MCW’s Curriculum .................................................. 3
Central Role of the Family Medicine Clerkship Preceptors ....................................................... 3
Today’s Medical Students are Tomorrow’s Family Physicians .................................................. 3

Overview of Family Medicine Clerkship Components ................................................................. 4

Clerkship Length .......................................................................................................................... 4
Clerkship Learning Objectives ..................................................................................................... 4
Student Orientation ....................................................................................................................... 5

Team-Based Learning (TBL) ......................................................................................................... 5
Clinical Preceptor Office-Based Experience ................................................................................. 6

Community Medicine Project ...................................................................................................... 6
Clinical Experience Log ................................................................................................................ 6
Assigned Readings ......................................................................................................................... 6

Midcourse Feedback .................................................................................................................... 7
Pathways ........................................................................................................................................ 7

Script Concordance Test .............................................................................................................. 7
Final Exam ..................................................................................................................................... 7
Calendar ........................................................................................................................................ 7

FMC Assessments by Students ................................................................................................... 7

Family Medicine Clerkship Grade Components ......................................................................... 7

FMC Final Grade .......................................................................................................................... 8

Information for Clinical Preceptors on Their Student’s Office-Based Experience .................... 8

Guide for Preceptor Completion of the FMC Student Performance Assessment Form (SPAF) .. 9

Introduction .................................................................................................................................. 9
Receiving Your Student Performance Assessment Form ............................................................ 9

Competency-Based Assessment .................................................................................................... 10
Completing the SPAF Rating Scales for Each EPA ..................................................................... 10

“Consistently” ............................................................................................................................... 11
“Usually” ...................................................................................................................................... 11
“Does Not” .................................................................................................................................. 11
“Falls Between” ................................................................................................................................. 12
Yes or No Questions .......................................................................................................................... 12
Honors, High Pass, Pass .................................................................................................................... 12
Narrative Commentary ...................................................................................................................... 13
The “Summative” Comment Section .............................................................................................. 13
The “Formative” Comment Section ............................................................................................... 13
Addendums ....................................................................................................................................... 15

1. The Benefits of Being a Family Medicine Preceptor
2. FMC Syllabus
3. TBL Sessions Learning Objectives
4. Clinical Experience Log (sample)
5. Clerkship required textbook and media reading assignments
6. Mid-Course Feedback Form (sample)
7. Clerkship Calendar (sample)
8. Student Performance Assessment Form (sample)
9. MCW Global Competencies
Introduction

This handbook is intended to provide an overview of MCW’s required Family Medicine Clerkship (FMC). The primary audience for this handbook is MCW Family Medicine faculty, residents, and community family physician preceptors who serve in the critical role as teachers for our FMC students. Other administrative faculty and staff may also find this overview of interest.

The Family Medicine Clerkship as Part of MCW’s Curriculum

The Family Medicine Clerkship (FMC) is a graduation requirement for all MCW students. The FMC curriculum is the same for all students, whether they are in Milwaukee, Green Bay or Central Wisconsin. The FMC is a time during a student’s medical school curriculum where they will learn the principles and practice of Family and Community Medicine in a structured and systematic way. The FMC is focused on ambulatory care of patients in a Family Medicine clinic environment.

Central Role of the Family Medicine Clerkship Preceptors

The Family Medicine Clerkship has enjoyed great success primarily due to the one-on-one teaching, mentoring and role modeling provided by our preceptor at their clinic sites for our MCW students. Preceptor sites include our MCW Family Medicine Residencies, MCW Community Physician clinic sites and/or family medicine clinic sites primarily in Southeastern Wisconsin, but also around the entire state. Sixty-five percent of the FMC preceptor sites are associated with MCW; however, 35% of the sites have volunteer community family practice physician preceptors. The strength and quality of the FMC has been built on the shoulders of our committed outstanding preceptors.

Today’s Medical Students are Tomorrow’s Family Physicians

As our Family Medicine faculty, residents and community physicians know, family doctors are in demand, and not enough students are choosing Family Medicine as a career. Many of our students who do choose Family Medicine cite their clerkship experience as a decisive factor. By having a student working in a family practice clinic with family physicians, showing them the intellectual breadth of Family Medicine as well as the rewards of their patient relationships, our preceptors can promote the future supply of family doctors.
Overview of Family Medicine Clerkship Components

Clerkship Length

The MCW Family Medicine Clerkship (FMC) is a “block” rotation in Milwaukee and Green Bay. In these block rotations, students are immersed full-time in the FMC for 4 weeks. In Central Wisconsin, the FMC is incorporated into the Longitudinal Integrated Clerkship (LIC) model.

Clerkship Learning Objectives

The MCW Family Medicine Clerkship (FMC) learning objectives mirror national FMC learning objectives. All of the learning activities and student assessments described in this handbook, are linked to these objectives.

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**

· Demonstrate a basic understanding of the professional and ethical issues facing family physicians
· Promote professional self-awareness and self-care. Demonstrate and promote emotional development thru critical reflection on clinical stories.

**Student Orientation**

The Family Medicine Clerkship orientation is a clerkship requirement. In Milwaukee and Green Bay, the student orientation is the first morning of the clerkship. In Central Wisconsin, it will be integrated into the beginning or their Longitudinal Clinical Experience in Family Medicine. During orientation, students receive both verbal and written information on FMC learning objectives, learning activities, classroom schedules, assigned readings, professionalism expectations, assessments, grading, policies and procedures. The student orientation specifically includes assuring students are aware of their clinical preceptor site and have access to all clerkship curriculum materials and administrative information thru: (a) The Family Medicine Clerkship link in MCW’s D2L learning platform and (b) the FMC syllabus *(Addendum 2).* All orientation materials are included in the FMC syllabus. Faculty, residents and community preceptors must also be familiar with the clerkship objectives. The FMC Objectives can be found in the FMC Syllabus and on MCW Department of Family and Community Medicine website, [mcw.edu/Family-Medicine](http://mcw.edu/Family-Medicine) under Pre-Doctoral Education, M3 Clerkship.

**Team-Based Learning (TBL)**

TBL sessions are interactive classroom experiences that address topics pertinent to the skills/knowledge/attitudes essential to Family Medicine. Topics include: Preventive Health/Evidence-Based Medicine, Chronic Disease, Musculoskeletal Problems, Dermatology, Motivational Interviewing, Chronic Pain, Community Medicine, Respiratory/ENT Problems, Health Care Access/Systems and Self-care. In Milwaukee,
these classroom sessions are generally all day on Tuesday. In Green Bay and Central Wisconsin, they will be scheduled consistent with faculty and student schedules. Addendum 3 has a sample TBL schedule including learning objectives for each session. Students who are at rural sites are given an assignment that is equivalent to the TBL sessions.

Clinical Preceptor Office-Based Experience

Students spend a minimum of six half-days per week in a family physician’s office, under the guidance of a family physician or resident teacher. Students are assigned to a primary preceptor for the clerkship, though they may be with several different preceptors at their assigned site. Students are able to request a preceptor or preceptor site if they wish. Once students receive their assignment, they are instructed to contact their primary preceptor to confirm arrangements for their first day together. If there are any questions regarding preceptors, preceptor sites, or preceptor assignments, students or preceptors can contact Stephanie Shaw, the FMC Clerkship Coordinator, at 414-955-8207, sshaw@mcw.edu, or Douglas Bower MD the FMC Clerkship Director at 414-955-4318, dbower@mcw.edu.

Community Medicine Project

Students do a Community Medicine project under the supervision of FMC faculty. Some students may approach their preceptor about choosing a patient for a Community Medicine interview. The student will be able to provide the preceptor with details. The preceptor need not be concerned about this, unless their student initiates this discussion. Students can be released from their clinic for a half day, to do their community-based project.

Clinical Experience Log

Students are required to track their clinical experiences on all clerkships, including the FMC, in a clinical experience log. Clinical experience log data is anonymous (there is no way to identify a specific patient based on the student-entered data). The log data does include a small amount of demographic information, specifically the patient’s age, gender, race and diagnosis. This data is used to assure students have a relatively equivalent clinical experience regardless of their preceptor site. A sample of the End of Month Student Clinical Experience Log is found in Addendum 4.

Assigned Readings

All students have required reading from textbooks, computer case-based learning modules (Med-U/fm Cases), links to articles. They are also strongly encouraged to read about the patients they see. All reading material can be made available to clinical
preceptor; however, preceptors need not do the reading to be a preceptor for students. Textbook and MedU reading assignments are in Addendum 5. Additional articles and supplemental reading can be found in the TBL schedule in Addendum 3.

**Midcourse Feedback**

All students are required to complete and turn in a mid-course feedback form from their clinical preceptors, including a self-assessment and review of their clinical experience log. A sample copy of this mid-course feedback form is in Addendum 6.

**Pathways**

In Milwaukee, Thursday afternoons are protected time for students who have elected to participate in longitudinal “pathway course” experiences. Students who are not involved with the pathway course in their 3rd year are expected to be in clinic.

**Script Concordance Test**

The Script Concordance Test (SCT) is a 68-item written exam of students’ clinical reasoning in Family Medicine. This is done in the last week of the clerkship.

**Final Exam**

The last day of the clerkship is the final exam, which is based on their reading and consistent with their clinical experiences.

**Calendar**

A calendar for a typical Milwaukee-based FMC is seen in Addendum 7.

**FMC Assessments by Students**

Students evaluate all TBL sessions, their preceptor and/or residents, and the FMC. This data is not accessible to the clerkship until student grades are submitted, consistent with MCW policy.

**Family Medicine Clerkship Grade Components**

Forty-five percent of the FMC grade is based on the students’ clinical performance at their clinic site. The clinical portion of the student’s grade is based on the preceptor’s observation of student’s clinical work in their clinic. Preceptor observations are recorded in the FMC Student Performance Assessment Form (SPAF). A sample of the SPAF is found in Addendum 8.
Twenty-five percent (25%) of the FMC grade is from the final examination, 15% from their TBL sessions participation, 10% from their community health assignment and 5% is based on the Script Concordance Test.

**FMC Final Grade**

The students’ final grade is the responsibility of the Family Medicine Clerkship Director. Students who receive a grade of “Honors”, have generally done well on all components of the clerkship. For any final grade issues, students are referred to the Clerkship Director.

**Information for Clinical Preceptors on Their Student’s Office-Based Experience**

The clinical preceptor office-based experience for FMC students is intended to be an active learning experience. Students will need access to the patient medical record. Students have HIPAA training. Whenever possible, hands-on experience with the students independently doing an initial focused history, focused examination, assessment and plan for clinic patients is the goal. Students are also expected to write a progress note on the patients they see, in the format preferred by the attending physician. All of this is under the supervision of the attending physician or resident. Preceptors are encouraged to observe students during aspects of the history and exam to offer timely feedback. Feedback on progress notes is also helpful to students. Preceptors and residents should feel free to talk to Department of Family and Community Medicine faculty about efficient ways to incorporate a student into the flow of a busy clinic schedule. In addition, preceptors and residents are encouraged to access the TeachingPhysician.org for teaching tips. This is a subscription that is free to preceptors and residents and is paid for by MCW’s Department of Family and Community Medicine and the regional campuses.

Preceptors may choose to involve their students in aspects of family practice beyond office-based patient visits. The majority of students’ clinical experience should be office-based, and students are not expected to take call during the Family Medicine Clerkship; Students may appreciate the opportunity to experience other aspects of the family physician’s professional life. At the discretion of the preceptor, they may invite their student to a few nonoffice-based experiences. Examples of these activities related to family physician’s role in the community or the hospital, include (but are not limited to): (1) attending hospital rounds; (2) nursing home or home visits; (3) participating in after-hours or extended-hours of patient care or (4) attending medical coverage for sports events, if they are activities related to family physician’s role in community or the hospital.
The vast majority of FMC students will do very well and will be assets to their respective clinical sites; however, if for any reason there are issues related to learning or professionalism, please notify the Clerkship Director as soon as possible. The Clerkship Director will actively address any concerns.

Guide for Preceptor Completion of the FMC Student Performance Assessment Form (SPAF)

Introduction

First, thank you for being a Family Medicine Clerkship (FMC) preceptor! As a teacher, you are an incredibly important mentor, role model, and clinical guide for our students. Your feedback helps students develop their skills and professional competence.

The FMC has a Student Performance Assessment Form (SPAF) that is specific to Family Medicine. The FMC Clerkship Director calculates the students’ clinical grade based on the preceptors’ ratings of their students on the SPAF. A sample of the SPAF is found in Addendum 8.

Your timely completion of the Student Performance Assessment Form allows us to get your students’ grades to the registrar efficiently and is much appreciated by your student and MCW. It is best to complete the SPAF on the last day of the clerkship or soon thereafter. Your observations will be much more accurate if completed in a timely fashion. I would estimate it will take you 15-20 minutes or so to complete your student’s evaluation thoughtfully.

I hope that the information provided here will make completion of the SPAF a little easier and more comfortable for you.

Receiving Your Student Performance Assessment Form

A link to the Students’ Performance Assessment Form will be emailed to you two weeks before the end of the FMC. Student performance assessments are completed by the preceptor in OASIS, the MCW platform for compiling student grades.

Some preceptors appreciate having the Student’s Performance Assessment Form available before the end of the clerkship. This allows them to begin to enter information on their student before the end of the clerkship. The evaluation will save your information and will not be sent until you hit “submit”. You will also receive a reminder of the need to complete and submit the Student Performance Assessment Form weekly until the form is complete.
Competency-Based Assessment

For the 2016-17 academic year, we have a NEW competency-based assessment form. MCW has 8 global competencies it wants students to achieve by the time of graduation. As a clinical preceptor for the Family Medicine Clerkship you will be asked to assess progress in these competencies.

The form includes the following 10 competencies: History Taking, Physical Exam, Assessment, Developing a plan, Writing a note, Oral Presentation, Applying Knowledge to Patient Care, Communication, Professionalism and Professional Development.

You are asked to rate your student on each EPA, based on your observations of your student’s work.

Completing the SPAF Rating Scales for Each EPA

To orient you to the SPAF -- on top, it will have the student’s name, your name and the name of the clerkship. Brief instructions for completing the form are also at the top. The instructions for the SPAF state “As you complete the following competency-based items, it is very important that you read the text and choose the option that best describes what you have observed the student to be able to do on the clerkship”.

As you review the SPAF, the bold headings highlight the 10 competencies evaluated for Family Medicine.

As an example, take a look at the first Entrustable Professional Activity (EPA), “Gathers appropriate amount of data” under the Competency of “History Taking”. Each EPA question on the SPAF is structured in a similar way – “Consistently” – “Usually” – “Does not”, all with the “falls between” ratings.

### History Taking

1. Gathers appropriate amount of data
   - Does not gather appropriate amount of data. Does not adapt to urgency, time limitations, and complexity.
   - (falls between these comments)
   - Usually gathers appropriate amount of data for common scenarios. Usually adapts to urgency, time limitations, and complexity.
   - (falls between these comments)
   - Consistently gathers appropriate amount of data even for diverse scenarios. Consistently adapts to urgency, time limitations, and complexity.
   - Unable to Assess
You will need to choose one of the assessment options for each EPA. You are essentially given five options ranging from the highest rating, “Consistently”; to the middle rating, “Usually”; to the lowest rating, “Does not”. There are also two “falls between” ratings. If you have not observed an activity, it is appropriate to choose “Unable to Assess”.

“Consistently”

The highest rating in the scale describes performance at the level of a student ready to graduate from medical school and start residency. Under the History example for students to earn the highest rating, you will need to observe this student, Consistently, getting historical information on increasingly complex patients’ efficiently and effectively. Only a few really outstanding students perform at this level especially during their first clinical clerkships.

Just for emphasis, the top competency levels on this assessment form are describing behaviors of a graduating medical student. Do not use an experienced, expert, attending physician like yourself, as your reference point for the highest rating.

“Usually”

Using the “History Taking” example, if you choose the middle behavioral descriptor (“Usually”), it means that the student was able to gather a history at a basically competent level. In other words, you would trust this student to gather history on a straightforward common problem without a lot of correction or guidance. This student is meeting your expectations.

I would anticipate you would observe most MCW students to perform at least at “Usually” level for the EPA, “Gathers appropriate amount of data”. All of our MCW students have had training in basic history taking. They also come to you with basic training in physical exam skills, some knowledge of general medical problems, and some experience and training in the clinical reasoning process.

“Does Not”

If you observe performance that is not at a basically competent level by the last week of the clerkship, then mark the “Does Not” rating. Using the History example we expect our students to perform at a level higher than described in the “Does Not” rating. This will flag MCW faculty that this is a skill your student needs help with. MCW faculty, dedicated to monitoring student’s progress in their competencies over the course of their clinical years, will individually address and help students improve their skills in areas that you have identified and rated below a “Usually” level.
Some students can be exceptionally good at some EPAs and not as competent at others. It is really important and helpful for your student’s growth to honestly identify any areas you believe to be deficient or in need of extra attention or work.

“Falls Between”

A student who performs at a level higher than “Usually” on a specific competency, but does not “Consistently” demonstrate a skill like a student ready to graduate from medical school, might be rated as “falls between”. For example, perhaps, your student did a great job of gathering history with some more difficult patients -- but not all. This would make the “Falls between” rating appropriate. A student performing at a level lower than “Usually” would, of course, be rated as “Falls between” but below “Usually”.

Yes or No Questions

After completing the EPA questions, you will be asked a couple of straight forward yes/no questions.

First, “Is there any reason to question the student’s integrity?” (We would expect a ‘no’ answer).

Second, “Does the student maintain a professional appearance?” (We would expect a ‘yes’ answer).

If either of these questions do receive the expected answer, the Clerkship Director, will be sure to address these issues with your student.

Honors, High Pass, Pass

You will be asked to rate your student’s overall clinical performance as Honors, High Pass, or Pass, Low Pass or Fail. For your reference, Honors represents the top 25% of students; High Pass is the middle 50%; and Pass is the lower 25 % of students. Please notify the Clerkship Director, if you believe your student is NOT passing (that is, if you think your student is Low Pass or Fail). This would be an unusual circumstance, but still, if you think you have struggling student, let the Clerkship Director know as soon as possible.

“Honors” (H) is reserved for students that you consider to be exceptionally good. Pass (P) is for good students that are adequate and have no serious deficits, but have not especially impressed you overall. High pass (HP) is,” in-between“. You can make this judgement! Your judgment for Honors, High Pass, Pass will not be the students’ final clerkship grade; however, your rating of H, HP or P adds a percentage to the rest of your ratings of the students’ competence.
Narrative Commentary

The final section of the SPAF is for comment. This is a very significant part of the SPAF. To complete your student’s evaluation, some commentary is necessary before the form can be submitted.

You are asked to first provide and then comment on your student’s work. Students find your written comments very helpful! Your comments may offer additional thoughts on one or several of the EPAs, or they could reflect something about a student that is not captured in the EPAs.

The “Summative” Comment Section

Please provide your overall narrative assessment of the student. If your student is rated especially high (“Consistently”) on the SPAF, it would be appropriate to provide specific descriptions how your student demonstrated excellence. Regardless of your student’s rating, comments on knowledge, attitudes, and skills for which your student made an impression on you (either positive or negative) are appropriate. For instance, maybe you observed the student to have well-developed skills in physical exam, beyond the routine exam. Other comments might include (but are not limited to) your student’s engagement in the clinic, their enthusiasm, how they made a special contribution to patient care or their positive learning style. Comments that are descriptive and specific are the most valuable.

The Summative comments section become part of your student’s academic transcript. When students apply to residency programs their complete MCW transcript is sent – including your summative comments -- so when you write your comments, consider what a residency program might want to know about your student. Example:

“When dealing with complex patients, Sarah was able to set priorities for the visit and quickly assess multiple chronic problems.”

The “Formative” Comment Section

In this last Formative Comment section, you may want to be a little more prescriptive, especially for areas you believe your student needs to improve. For example, you could suggest the student “Needs to work on organization of oral presentations” or, you might suggest the student:

“Should work to develop assessments that demonstrate good clinical reasoning”

A “Does Not” rating in any EPA calls for a comment discussing the deficit.
These formative comments are seen only by the student and the MCW faculty that monitor students' development in their competencies. Your formative comments will provide guidance to your student for improvement, and will assist our MCW faculty in determining what focused extra attention your student might need to achieve at a high level, in all competency areas, by the time they graduate.

On behalf of the MCW and Family Medicine Clerkship, thank you again for teaching and mentoring our students.

**Contact Information:**

<table>
<thead>
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<th>Stephanie Shaw, MSM, MBA</th>
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Addendums

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8. Student Performance Assessment Form (sample)
9. MCW Global Competencies
WHY TEACH?

Teaching the next generation of physicians is a tradition that goes back to Hippocrates. In today’s world, being a preceptor for the Family Medicine clerkship can bring some benefits to your practice:

**EXCELLENCE**

Patients are impressed that you have the expertise to teach others. Teaching students spurs us to stay fresh, up-to-date and self-aware. Preceptors will receive clinical teaching appointments (Instructor or Assistant Professor) in the Medical College of Wisconsin Department of Family and Community Medicine.

**PRACTICE HELP**

Clerkship students are prepared to help with some of the time-consuming aspects of patient visits: medication reconciliation, smoking cessation counseling, motivational interviewing for weight loss. With some planning and guidance, they can be valuable additions to your practice.

**CME**

The American Academy of Family Physicians awards free CME credit to preceptors. You can earn additional credit when you access on-line faculty development modules on www.teachingphysician.org and preceptors get a discount on the tuition for MCW’s annual Family Medicine Winter Refresher.

**PIPELINE**

As you know, family doctors are in demand, and not enough students are choosing Family Medicine as a career. Many of our students who do choose Family Medicine cite their clerkship experience as a decisive factor. By working with a student in your practice, showing them the intellectual breadth of Family Medicine as well as the rewards of your patient relationships, you can promote the future supply of family doctors.

**OTHER BENEFITS**

For its volunteer faculty, MCW offers access to the library and electronic library resources.

**AWARDS FOR PRECEPTORS**

The Medical College of Wisconsin and the Department of Family and Community Medicine recognize the tremendous contribution that volunteer faculty in our communities make to the education of our students. As a token of appreciation, MCW gives the Marvin Wagner Award for outstanding clinical preceptors at its annual fall Convocation. The DFCM bestows its own additional Outstanding Clinical Preceptor awards at its annual June Research Forum.
SUPPORT FOR PRECEPTORS

Potential preceptors may have concerns about how to integrate a student into their busy practice schedules. Strategies such as having the student present to you in the exam room with the patient increase efficiency and involve the patient in the teaching encounter in a way that most patients enjoy.

INTERESTED?

We need sites and preceptors in our communities for our four-week M3 Family Medicine clerkship. Please talk with us when we call, or call us to start the process of working with a student. Our faculty are ready to answer questions, and our coordinators are ready to work with your administration to smooth the way.

CONTACT US:

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HEALTH SYSTEMS POLICIES AND ACCESS

You may also have concerns about your health systems policies about students and their access to the EMR. Our clerkship coordinators have ongoing communications with health system administrators and office managers, and ensure that our students are compliant with all requirements including background checks, EMR training, HIPAA training and immunizations before they arrive at your office.

PROFESSIONALISM

Rarely, a preceptor may encounter a student with academic or professionalism difficulties. By contacting the clerkship director, preceptors will get immediate help with assessing and addressing the issues.

FACULTY DEVELOPMENT OPPORTUNITIES

All preceptors will be given access to [www.teachingphysician.org](http://www.teachingphysician.org), developed and maintained by the Society of Teachers of Family Medicine (STFM). The site presents skills and tips for teaching medical students in easy-to-use, brief modules (which earn free CME credit as well). As other faculty development opportunities become available through the Department of Family and Community Medicine, preceptors will be notified and invited to participate.
## Table of Contents

Course Description.................................................................................................................. 2  
Clerkship Goals..................................................................................................................... 2  
Rotation Sites Assignments................................................................................................. 3  
Clerkship Orientation........................................................................................................... 3  
Textbooks/Reading ............................................................................................................. 4  
Clerkship Grading.................................................................................................................. 5  
Clerkship Evaluation............................................................................................................ 6  
Instructional Methods.......................................................................................................... 7  
Learning Activities.............................................................................................................. 7  
Clinical Experience Log....................................................................................................... 10  
Clerkship Expectations........................................................................................................ 11  
Process for Time Away Request.......................................................................................... 13  
Clerkship Learning Objectives............................................................................................. 13  
Clinical Education Guidelines.............................................................................................. 15  
Special Accommodations..................................................................................................... 15  
Remediation.......................................................................................................................... 15
Medical College of Wisconsin
2017-2018

| Clerkship Title | FMED - D3300 Family Medicine - MKE
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Course Description
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.

Clerkship Goals
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:

- 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 conduct a wellness visit for a patient of any age or gender.
- Model the principles of family medicine care
- Provide instruction in communication, physical exam, assessment and clinical reasoning skills.

Specific clerkship learning objectives for students are accomplished through a range of learning activities 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.
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:
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). 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:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>Honors</td>
<td>90% or higher</td>
</tr>
<tr>
<td>High Pass</td>
<td>80% - 89%</td>
</tr>
<tr>
<td>Pass</td>
<td>70% - 79%</td>
</tr>
<tr>
<td>Low Pass</td>
<td>60% - 69%</td>
</tr>
<tr>
<td>Fail</td>
<td>50% - 59%</td>
</tr>
<tr>
<td>Incomplete</td>
<td>According to MCW guidelines</td>
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</table>

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 or the Director, Dr. Douglas J. Bower, (414) 955-4318 or 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 techniques 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):

<table>
<thead>
<tr>
<th>The “Top 20” diagnoses in Family Medicine:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. CV: Hypertension/elevated blood pressure</td>
<td>11. Resp/ENT: Sinusitis</td>
</tr>
<tr>
<td>2. Endo: Diabetes</td>
<td>12. Resp/ENT: Otitis media/Ear pain</td>
</tr>
<tr>
<td>4. Resp/ENT: Upper respiratory infection (URI)</td>
<td>14. GI: GERD (reflux)/Dyspepsia/PUD</td>
</tr>
<tr>
<td>5. OB: Prenatal Exam/Pregnancy</td>
<td>15. Resp/ENT: Acute Pharyngitis</td>
</tr>
<tr>
<td>8. MS: Extremity Sprain/Strain/Tendonitis/Bursitis</td>
<td>18. MS: Arthritis/Rheumatism/DJD</td>
</tr>
</tbody>
</table>
The “Next 20” most common or important diseases/diagnoses list. This list is to facilitate clinical experience log data entry.

<table>
<thead>
<tr>
<th>No.</th>
<th>CV: Other (CHF, arrhythmia, murmur, edema, etc.)</th>
<th>Psy: Anxiety/Stress/Panic</th>
</tr>
</thead>
<tbody>
<tr>
<td>21</td>
<td>Gastrointestinal: Abdominal pain; N&amp;V; Const &amp; Diarrhea</td>
<td>Gyn: Pregnancy prevention/Contraception</td>
</tr>
<tr>
<td>22</td>
<td>Gyn: Menstrual disorder</td>
<td>Neuro: Other (chronic pain, dementia, CVA, seizure, etc.)</td>
</tr>
<tr>
<td>23</td>
<td>Gyn: Vaginitis/Vulvitis</td>
<td>Eye: Conjunctives/other vision</td>
</tr>
<tr>
<td>24</td>
<td>URO: UTI/Dysuria/Urinary frequency</td>
<td>Gyn: Menopause/Osteoporosis</td>
</tr>
<tr>
<td>25</td>
<td>Derm: All other (Acne, dermatitis, wart, etc.)</td>
<td>Psy: Addiction (Smoking, Alcohol, other substance)</td>
</tr>
<tr>
<td>26</td>
<td>Endo: Thyroid diseases</td>
<td>Neuro/ENT: Dizziness/Vertigo</td>
</tr>
<tr>
<td>27</td>
<td>Resp: COPD/Emphysema</td>
<td>STD: GC, Chlamydia, Genital wart/Herpes/HIV</td>
</tr>
<tr>
<td>28</td>
<td>CV: Chest pain/Coronary artery disease/PVD</td>
<td>Derm: Injury (laceration, wound, contusion/abrasion)</td>
</tr>
<tr>
<td>29</td>
<td></td>
<td>Uro: Prostate/Erectile Dys</td>
</tr>
<tr>
<td>30</td>
<td></td>
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</tr>
</tbody>
</table>

**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. Students 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), GB (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.
Department of Family & Community Medicine M-3 Clerkship
TBL Sessions Learning Objectives

Chronic Disease – Objectives

At the end of the Chronic Disease session, students will be able to:

1. Identify and develop a plan for screening for and/or follow-up management of patients with chronic disease (hypertension, obesity, impaired glucose metabolism, dyslipidemia)
2. Understand the value of relationship, continuity, and comprehensive care in the Family Medicine care model as it relates to chronic disease management
3. Appreciate the role of the Patient-Centered Medical Home in chronic disease management (team concept, EMR, pre-visit planning, post-visit planning, group sessions, etc.)

Community Medicine – Objectives

After completing the Community Medicine portion of the Family Medicine Clerkship, students will:

1. Appraise and discuss the impact of at least two elements of a specific patient’s community and cultural context on their health status and healthcare access.
2. Describe at least one successful and one unsuccessful example of linking specific patients to appropriate community resources, noting factors that influenced both examples
3. Acknowledge the presence and risks of explicit and implicit bias (personal and societal) towards members of some groups or populations in clinical encounters.
4. Select and defend at least three strategies for influencing health through education.
5. Identify limitations of individual medical providers to address all aspects of a patient’s psychosocial situations.

Dermatology & Dermatologic Office Procedures in Family Medicine – Objectives

At the end of the Dermatology session, the student will be able to:

1. Describe skin lesions using correct dermatologic terminology in order to:
   a. Communicate about skin problems to a consultant e.g., dermatologist
   b. Effectively search skin disease databases
   c. Correctly document skin lesions in a medical record
2. Recognize common skin problems by history and physical exam features:
   a. Diagnose and recommend treatments for common skin lesions: lipoma, sebaceous cyst, ganglion cyst
   b. Diagnose and recommend treatments for eczema, psoriasis, contact dermatitis, urticaria, tineas

Page 1 of 4
c. Diagnose, name causative organisms, and recommend treatments for common skin infections: impetigo, MRSA, cellulitis, shingles

3. Be familiar with common skin procedures performed in primary care: excisional biopsy, punch biopsy, shave biopsy, cryotherapy, I & D, aspiration, local anesthesia
   a. List indications, cautions for common primary care dermatology-procedures
   b. Perform a punch biopsy in class

4. Describe the basic principles of wound care:
   a. Apply the principles of Tetanus Prophylaxis
   b. List indications, cautions for various wound closure options

Demonstrate simple interrupted and vertical mattress sutures in class

Motivational Interviewing for Risky Drinking & Obesity – Objectives

At the end of the Motivational Interviewing for Risky Drinking & Obesity session, the student will be able to:

1. Describe the role of patient self-management in the treatment of chronic disease
   • List aspects of disease treatment that depend on patients’ self-management
   • List common chronic illnesses in which strategies to promote patient self-management have been developed and evaluated

2. Define risky drinking, alcohol dependence and alcohol abuse

3. Describe recommended screening and intervention for alcohol problems

4. Discuss treatment for obesity, including weight loss medications, bariatric surgery, diet and exercise

5. Discuss the effectiveness of behavioral interventions for obesity and problem drinking

6. Describe the technique of motivational interviewing for promoting patient self-management

7. Demonstrate the use of motivational interviewing techniques for promoting behavior change in Chronic Disease Self-Management

Preventive Health & EBM – Objectives

At the end of the Preventive Health & EBM session, students will be able to:

1. Define primary, secondary and tertiary prevention.

2. Define characteristics of useful screening test.

3. Find and apply current evidence-based guidelines for immunization for all ages.

4. Find and apply current evidence-based health promotion recommendations to health promotion plans for a patient of any age or either gender that is current, evidence based, individualized, opportunistic and prioritized. Core health promotion conditions include: breast cancer, cervical cancer, colon cancer, prostate cancer, coronary artery disease risk (hypertension, lipids, diabetes, smoking), substance abuse (alcohol, smoking), STI's, intimate partner violence, fall risk in elderly, osteoporosis and depression.

5. Apply epidemiology principles to clinical decision making for screening and diagnostic tests, including the concepts of sensitivity, specificity, predictive values, and likelihood ratios.
Respiratory / ENT – Ear, Nose, & Throat – Objectives

At the end of the Respiratory/ENT – Ear, Nose, & Throat session, the student will be able to:

1. Identify key elements of history and physical exam in diagnosing common upper and lower respiratory tract infections in the outpatient setting
2. Describe symptoms and physical findings of common infections in the ear, eye, nose, and throat
3. Apply diagnostic algorithm to common infections of the ear, eye, and throat
4. Identify a differential diagnosis for cough, including at least 8 possibilities
5. List indications for chest x-ray in a patient with a complaint of cough
6. Identify benign and pathologic conditions on chest x-ray, including pneumonia
7. Discriminate between upper respiratory and lower respiratory infections in adults
8. Apply treatment intervention plans to a patient with a respiratory tract infection
9. Discriminate between history suggestive of URI, influenza, sinusitis, bronchitis and pneumonia
10. List common infectious respiratory diseases seen in the ambulatory setting.
11. Identify key items of history and physical exam that discriminate between minor and serious causes of the acutely red eye
12. Compare and contrast key elements of history and that discriminate between Asthma and COPD

The Spectrum of Chronic Pain and Substance Use Disorders in Primary Care – Objectives

At the end of The Spectrum Chronic Pain and Substance Use Disorders in Primary Care session, the student will be able to:

1. Discuss the definition of chronic pain and the associated psychosocial and medical issues
2. Develop a framework for safe prescribing practices based on current guidelines for determining when to initiate or continue opioids for chronic pain
3. Delineate the interviewing skills necessary to screen effectively for substance use and abuse
4. Describe and apply strategies for preventing and detecting the misuse of opioid pain medications
5. Identify the differences between physical dependence on and addiction to opioid pain medications
6. Describe the problem of prescription drug abuse as it relates to
   a. the public health impact of opioid use
   b. recent data on opioid prescribing and overdose rates
7. Demonstrate awareness of how physician attitudes toward patients with substance use disorders impact recognition, diagnosis and treatment of patients
Sports Medicine / Musculoskeletal – Objectives

At the end of the Sports Medicine/Musculoskeletal session, the student will be able to:

1. Identify the functional anatomy (Basic Science) of the shoulder, back, knee and ankle.
2. Identify the epidemiology, clinical presentation and risk factors associated with diagnosis of common non-traumatic musculoskeletal problems in primary care, including osteoarthritis, rheumatoid arthritis, gout and spinal stenosis.
3. Describe and name exam maneuvers, using appropriate medical terminology and common clinical eponyms, for shoulder/neck, low back, knee and ankle.
   - **Shoulder**: Spurling, lift-off, cross chest, empty can (Jobe’s), full can, painful arc, external rotation, drop arm and apprehension test
   - **Knee**: Lachman, McMurray, posterior drawer, sag sign and varus/valgus stress
   - **Back**: Straight leg raise, cross straight leg raise, slump test and DTR’s/muscle/sensory exam
   - **Ankle**: Thompson, external rotation and squeeze test.
4. Demonstrate key/common exam maneuvers for shoulder/neck, low back, knee and ankle.
5. Describe positive exam findings, and associated interpretation, to assist in differential diagnosis of common musculoskeletal problems in primary care.
   - **Shoulder**: Adhesive capsulitis, rotator cuff disorders or tear, glenohumeral instability, AC joint DJD and cervical radiculopathy.
   - **Knee**: ACL/PCL tear, cartilage injury, Baker’s cyst, hamstring injury, and medial & lateral collateral ligament strain.
   - **Back**: Acute mechanical low back pain/strain, herniated lumbar disc, spinal stenosis, compression fracture/tumor, DJD lumbar spine, spondylolisthesis, spondylolysis, and cauda equina syndrome (red flag).
   - **Ankle**: ATFL ankle sprain, high ankle sprain, (tibiofibular syndesmosis), patellofemoral dysfunction (PFD), Maisonneuve fracture and achilles tendon rupture.
6. Understand evidence-based rationale for when imaging is indicated (or not indicated) for common shoulder, back, knee, and ankle problems in primary care (including the Ottawa Ankle and Knee Rule).
Students are required to present their clinical experience logs to preceptors at the mid-clerkship evaluation, and use the clinical experience log as one component of a learning plan for the remainder of the month.

**Student Name:**  
**Clinic Site:**  
**EOM-ROTATION Clinical Experience Log FEEDBACK**  
**MONTH X – 2017-2018**

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### TBL required reading from Sloane/Aquifer in yellow

Other required structured reading from Sloane/Aquifer cases in white

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# Reading Assignment Summary

(Required “TBL” reading in yellow – “Other” required structured reading in white)

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# of Other: 134

# of TBL: 64

Total # of Pages: 198

1/31/2018 12:39 PM
The completion of this form is intended to provide students with the opportunity to reflect and receive the feedback necessary to improve the quality of their learning experience. It also should stimulate a discussion of areas for improvement before the end of the Clerkship.

**PRECEPTOR INSTRUCTIONS:** Please review the student’s clinical experience log and the self-assessment. Mark an X in one of the boxes in the row marked “P” below the phrase that best describes the student’s clinical performance. Sign the completed form and return it to the student.

**STUDENT INSTRUCTIONS:** Complete your self-assessment on this form by marking X in one of the boxes in the row marked “S” below the phrase that best describes your performance. Bring it with your clinical experience log to your preceptor to be reviewed, discussed and signed. This is a tool to help you improve your end-of-clerkship ratings, which may go up or down. The completed form must be turned in to the clerkship coordinator before the end of the clerkship.

### HISTORY TAKING

**1. Gathers appropriate amount of data**

<table>
<thead>
<tr>
<th>Insufficient data. Doesn’t use time well</th>
<th>Gathers enough data in most cases</th>
<th>Adapts history to complexity</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

**2. Link current signs/symptoms to prior clinical encounters**

<table>
<thead>
<tr>
<th>No link to previous encounters - no continuity</th>
<th>Links current to previous encounters</th>
<th>In complex patients, links history to previous encounters, hospitalizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### PHYSICAL EXAM

**3. Common abnormal findings**

<table>
<thead>
<tr>
<th>Physical exam not pertinent to complaint, doesn’t recognize abnormal findings</th>
<th>Pertinent physical exam; Recognizes common abnormal findings</th>
<th>Familiar with advanced exam maneuvers, recognizes unusual findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### DEVELOP AN ASSESSMENT

<table>
<thead>
<tr>
<th>4. Common diagnosis</th>
<th>Usually identifies common diagnosis</th>
<th>Identifies uncommon diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>5. Differential diagnosis</th>
<th>Differential diagnosis usually complete, based on key H&amp;P elements</th>
<th>Complete, prioritized, focused differential in complex situations</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### DEVELOP A MANAGEMENT PLAN

<table>
<thead>
<tr>
<th>6. Link key H&amp;P factors with assessments</th>
<th>Links key history, physical and assessment factors to plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key factors not linked to plan</td>
<td></td>
</tr>
<tr>
<td>S</td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>7. Develop initial diagnostic plan</th>
<th>Independently develops diagnostic/treatment plan for common problems</th>
<th>Develops diagnostic/treatment plan for complex problems</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not develop plan independently</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>8. Incorporates cost issues</th>
<th>Thinks about cost</th>
<th>Knows costs, balances costs and benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>No awareness of cost</td>
<td></td>
<td></td>
</tr>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### PRESENTATION AND DOCUMENTATION

#### 9. Presentation accuracy

<table>
<thead>
<tr>
<th>Presentations not accurate, not organized</th>
<th>Presentations accurate/organized in simple/common scenarios</th>
<th>Accurate and organized in complex scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

#### 10. Note organization

<table>
<thead>
<tr>
<th>Notes not organized, accurate, complete</th>
<th>Notes organized and prioritized - common problems</th>
<th>Complex notes organized and prioritized</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

#### 11. Note organization

<table>
<thead>
<tr>
<th>Copies inaccurate med list or problem list into note</th>
<th>Med problem list copied into notes are accurate</th>
<th>Uses EMR features to add useful detail, clarity to notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### DEVELOP RESEARCH QUESTIONS AND APPLY TO PATIENT CARE

#### 12. Recognizes knowledge gaps

<table>
<thead>
<tr>
<th>Unaware of knowledge gaps</th>
<th>Recognizes knowledge gaps, finds reliable information</th>
<th>Locates information that helps decisions in uncommon scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

#### 13. Reads to better understand

<table>
<thead>
<tr>
<th>Doesn’t read about patients</th>
<th>Reads to better understand common clinical problems</th>
<th>Reads and brings new knowledge to the team</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
### DEVELOP RESEARCH QUESTIONS AND APPLY TO PATIENT CARE

<table>
<thead>
<tr>
<th>14. Applies science concepts</th>
<th>Cannot apply biomedical science or epidemiology to patient care</th>
<th>Can apply biomedical science and epidemiology to common scenarios</th>
<th>Exceptional application of biomedical science, epidemiology in uncommon scenarios</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>15. Independently identify impact of psychosocial influences</th>
<th>Cannot identify psychosocial factors</th>
<th>Identifies psychosocial factors, needs help to address</th>
<th>Independently integrates psychosocial factors into assessment and plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

### COMMUNICATION WITH PATIENTS AND FAMILIES

<table>
<thead>
<tr>
<th>16. Communication with patients and families</th>
<th>Not caring, respectful, supportive</th>
<th>Caring, respectful, supportive</th>
<th>In difficult/stressful situations, remains caring, respectful</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>17. Communication with patients and families</th>
<th>Does not explain clearly, uses medical jargon frequently</th>
<th>Explains common problems clearly, avoids jargon</th>
<th>Can explain complex problems, doesn't use jargon</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>18. Shows sensitivity</th>
<th>Insensitive to SES, culture</th>
<th>Sensitive to socioeconomic status, culture; Uses Kleinman questions</th>
<th>Skillfully bridges differences in SES, culture</th>
</tr>
</thead>
<tbody>
<tr>
<td>S</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:
## COMMUNICATION WITH PATIENTS AND FAMILIES

<table>
<thead>
<tr>
<th>19. Shows sensitivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tells patients to change behavior w/o discussion</td>
</tr>
<tr>
<td>S</td>
</tr>
<tr>
<td>P</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>20. Speaks in confident manner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obviously lacks confidence OR inappropriately cocky</td>
</tr>
<tr>
<td>S</td>
</tr>
<tr>
<td>P</td>
</tr>
</tbody>
</table>

Comments:

## PROFESSIONALISM

<table>
<thead>
<tr>
<th>21. Prepared for clinical duties/dependability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unprepared, arrives late</td>
</tr>
<tr>
<td>S</td>
</tr>
<tr>
<td>P</td>
</tr>
</tbody>
</table>

Comments:

<table>
<thead>
<tr>
<th>22. Demonstrates effort</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn’t complete tasks, needs constant supervision</td>
</tr>
<tr>
<td>S</td>
</tr>
<tr>
<td>P</td>
</tr>
</tbody>
</table>

Comments:

## PERSONAL AND PROFESSIONAL DEVELOPMENT

<table>
<thead>
<tr>
<th>23. Modifies performance based on feedback</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resistant to feedback, does not modify performance based on feedback</td>
</tr>
<tr>
<td>S</td>
</tr>
<tr>
<td>P</td>
</tr>
</tbody>
</table>

Comments:
Preceptor’s Education Action Plan for the student: Please list items to address in the second half of the Clerkship month (e.g., see more patients with a particular diagnosis or in a specific age group; do more specific exams such as pelvic, eye exams, etc.; work on asking open-ended questions, Kleinman questions, presentation skills, etc.).

1._______________________________________________________________________________________________

2._______________________________________________________________________________________________

3._______________________________________________________________________________________________

4._______________________________________________________________________________________________

Preceptor to indicate if the student provided their clinical experience log information for review:

☐ Yes   ☐ No

If no, why not?

_______________________________________________________________________________________________.

____________________________________________  __________________________________________
Preceptor’s Signature                      Date Mid-Clerkship Evaluation Completed
# M3 FM Clerkship – March 2018

**Month 9 – Spring Term – Block B – Track C17, C18**

<table>
<thead>
<tr>
<th>Week</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Monday</td>
<td>3/5/2018</td>
<td>9:00-12:15pm</td>
<td>Family Medicine Orientation</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>3/6/2018</td>
<td>9:00-12:00pm</td>
<td>TBL: Motivational Interviewing - Bedinghaus</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>3/6/2018</td>
<td>1:00-4:00pm</td>
<td>TBL: Spectrum of Chronic Pain - Hulbert</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Wednesday</td>
<td>3/7/2018</td>
<td></td>
<td>CLINIC START DATE</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday</td>
<td>3/8/2018</td>
<td></td>
<td>Pathway Activities PM *</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>3/9/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Match Week – March 12th-14th**

<table>
<thead>
<tr>
<th>Week</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Monday</td>
<td>3/12/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>3/13/2018</td>
<td>9:00-12:00pm</td>
<td>TBL: Preventive Health/EBM - Bower</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>3/13/2018</td>
<td>1:00-5:00pm</td>
<td>TBL: Dermatology - Diehr</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Wednesday</td>
<td>3/14/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday</td>
<td>3/15/2018</td>
<td></td>
<td>Pathway Activities PM *</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>3/16/2018</td>
<td>8:00am</td>
<td>Oasis entries due by 8:00am / Clinical Experience Reports are sent</td>
<td></td>
</tr>
</tbody>
</table>

**Complete Mid-Course Evaluations - March 19th – March 23rd**

**Residency Opportunity Luncheon – March 20th (RSVP Required)**

<table>
<thead>
<tr>
<th>Week</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Tuesday</td>
<td>3/20/2018</td>
<td>8:00-9:00am</td>
<td>TBL: Sports Med - Young/Bower</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>3/20/2018</td>
<td>9:00-10:15am</td>
<td>TBL: Chairman’s Message</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Wednesday</td>
<td>3/21/2018</td>
<td>1:15-4:00pm</td>
<td>TBL: Respiratory - Hueston</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Thursday</td>
<td>3/22/2018</td>
<td></td>
<td>Pathway Activities PM *</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>3/23/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Week 4**

<table>
<thead>
<tr>
<th>Week</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monday</td>
<td>3/26/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>3/27/2018</td>
<td>8:00-9:00am</td>
<td>Script Concordance Test</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>3/27/2018</td>
<td>9:00-12:00pm</td>
<td>TBL: Community Med - Ruffalo/Bernstein</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>3/27/2018</td>
<td>1:00-4:00pm</td>
<td>TBL: Chronic Disease - Brusky</td>
<td>MCW-HUB A2545</td>
</tr>
<tr>
<td></td>
<td>Wednesday</td>
<td>3/28/2018</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday</td>
<td>3/29/2018</td>
<td></td>
<td>Pathway Activities PM *</td>
<td>CLINIC END DATE</td>
</tr>
<tr>
<td></td>
<td>Thursday</td>
<td>3/29/2018</td>
<td>8:00am</td>
<td>Have all Oasis entries in</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday</td>
<td>3/30/2018</td>
<td>1:00pm</td>
<td>FINAL EXAM - Discovery Classroom (M3750)</td>
<td></td>
</tr>
</tbody>
</table>

**Pathway Students Should be Excused at Noon on Thursdays**

Month 9 Pathway students are:

---

3/15/2018 10:08 AM
There are notices

Student Performance Evaluation
M3 Clerkship Student Performance Assessment - Family Medicine

Return to Evaluation

Student Level

Course Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Course</th>
<th>Location</th>
<th>Weeks</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/01/2006 -</td>
<td>XXX-YYY: Department</td>
<td>Location</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>01/31/2006</td>
<td>Course</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluation Period: 01/01/2006 - 01/31/2006
Evaluator: Evaluator name
Student: Student name Email: oasis_support@mcw.edu

History Taking

1.* Gathers appropriate amount of data
- Does not gather appropriate amount of data. Does not adapt to urgency, time limitations, and complexity.
- Usually gathers appropriate amount of data for common scenarios. Usually adapts to urgency, time limitations, and complexity.
- Consistently gathers the appropriate amount even for diverse scenarios. Consistently adapts to urgency, time limitations, and complexity.
- Unable to Assess

2.* Link current signs/symptoms to prior clinical encounters
- Does not link current signs and symptoms to a patient’s prior clinical encounters
- Usually links current signs and symptoms to a patient’s prior clinical encounters
- Consistently links signs and symptoms to a patient’s prior clinical encounters – even in complex patient care scenarios
- Unable to Assess

Physical Exam

3.* Common abnormal findings
- Does not identify or recognize common abnormal findings. Does not perform physical exam pertinent to the patient complaint
- Unable to Assess

https://oasis.acad.mcw.edu/admin/manage_e_manage/preview.html?back_to=edit_evaluation.html;common_eval_version_id=306
Develop an Assessment of Patient Encounter

4.* Common Diagnosis
- Does not identify common diagnoses associated with H&P findings.
  (falls between these comments)
- Usually identifies common diagnoses associated with common H&P findings.
  (falls between these comments)
- Consistently identifies common and uncommon diagnoses associated with both common and more rare H&P findings.
  Unable to Assess

5.* Differential diagnosis
- Differential diagnosis not supported by data. Does not develop and prioritize a differential diagnosis list. Missing key diagnoses.
  (falls between these comments)
- Usually develops differential diagnosis supported by data, though sometimes excessive or incomplete.
  (falls between these comments)
- Consistently develops complete, focused, and prioritized differential diagnosis supported by data – even in complex patient care scenarios.
  Unable to Assess

Develop a Management Plan

6.* Link key H&P factors with assessments
- Does not link key H&P factors with assessments and patient management decisions
  (falls between these comments)
- Usually links key H&P factors with assessments and patient management decisions
  (falls between these comments)
- Consistently links key H&P factors with assessments and patient management decisions
  Unable to Assess

7.* Develop initial diagnostic plan
- Does not develop initial diagnostic plan independently
  (falls between these comments)
- Usually develops initial diagnostic plan for common problems independently
  (falls between these comments)
- Consistently develops initial diagnostic plans for common and complex problems independently
  Unable to Assess

8.* Develop initial treatment plan
- Does not develop initial treatment plan independently
  (falls between these comments)
- Usually develops initial treatment plans for common problems independently
  (falls between these comments)
- Consistently develops initial treatment plans for common and complex problems independently
  Unable to Assess

9.* Incorporates cost issues
Document a Clinical Encounter

10.* Note organization
○ Notes are not organized and/or prioritized
○ (falls between these comments)
○ Notes are usually organized and prioritized in common scenarios
○ (falls between these comments)
○ Notes are consistently organized and prioritized, even in complex scenarios
○ Unable to Assess

Oral Presentation

11.* Presentation accuracy
○ Presentations are not accurate, concise and organized
○ (falls between these comments)
○ Presentations are usually accurate, concise, and organized in common patient care scenarios
○ (falls between these comments)
○ Presentations are consistently accurate, concise, and organized in common and complex patient care scenarios
○ Unable to Assess

Develop and Research Clinical Questions and Apply to Patient Care

12.* Recognizes knowledge gaps
○ Does not recognize knowledge gaps without prompting
○ (falls between these comments)
○ Usually recognizes knowledge gaps and independently researches to apply to acute clinical scenarios
○ (falls between these comments)
○ Consistently recognizes knowledge gaps and independently researches – and presents findings to the team to teach and apply to patient care
○ Unable to Assess

13.* Applies science concepts
○ Does not attempt to apply biomedical and epidemiological science concepts to patient care – or lacks this ability.
○ (falls between these comments)
○ Usually applies biomedical and epidemiological science concepts in common clinical scenarios. Requires revision by supervisors
○ (falls between these comments)
○ Consistently applies biomedical and epidemiological science concepts in common and uncommon clinical scenarios. Minimal supervisor revision required, if any.
○ Unable to Assess

14.* Independently identify impact of psychosocial influences
○ Does not independently identify impact of psychosocial influences on health and disease
○ (falls between these comments)
Usually independently identifies psychosocial influences on health and common diseases, but requires prompting to address these
○ (falls between these comments)
○ Consistently independently identifies psychosocial influences on health and common diseases, and proactively seeks to address these
○ Unable to Assess

Communication with Patients and Families

15.* Communicates with patients and families
○ Does not communicate with patients and families in a clear, caring, supporting and respectful manner. Uses medical jargon frequently
○ (falls between these comments)
○ Usually communicates with patients and families in a clear, caring, supporting and respectful manner. Sometimes uses medical jargon
○ (falls between these comments)
○ Consistently communicates with patients and families in a clear, caring, supporting and respectful manner even in difficult/stressful situations. Medical jargon is avoided or explained
○ Unable to Assess

16.* Shows sensitivity
○ Does not show sensitivity to socioeconomic, ethnic, and cultural backgrounds in patient and family communication
○ (falls between these comments)
○ Usually shows sensitivity to socioeconomic, ethnic and cultural backgrounds in all patient and family communication
○ (falls between these comments)
○ Consistently shows sensitivity to socioeconomic, ethnic and cultural backgrounds in all patient and family communication – even in complex patient care scenarios
○ Unable to Assess

17.* Speaks in confident manner
○ Does not speak in confident manner and does not articulate limitation in skills.
○ (falls between these comments)
○ Usually speaks in confident manner yet usually articulates limitation in skills.
○ (falls between these comments)
○ Consistently speaks in confident manner yet appropriately articulates limitation in skills.
○ Unable to Assess

Professionalism

18.* Prepared for clinical duties/dependability
○ Does not prepare for clinical duties. Frequently late
○ (falls between these comments)
○ Usually prepared for clinical duties. Dependable, accountable, reliable and consistent in interactions with patients and members of the health care team
○ (falls between these comments)
○ Consistently prepared for clinical duties. On-time, available, accessible’ prepared, and fully engaged
○ Unable to Assess

19.* Demonstrates effort
○ Does not complete required tasks. Unable to work without constant supervision
○ (falls between these comments)
○ Usually demonstrates effort in attempt to meet patient and healthcare team expectations
○ (falls between these comments)
Consistently demonstrates effort in attempt to exceed patient and healthcare team expectations. Clearly enhances team function

Unable to Assess

Personal and Professional Development

20.* Modifies performance based on feedback

☐ Does not modify performance based on feedback
☐ (falls between these comments)
☐ Usually modifies performance based on feedback from multiple sources and self-assessment
☐ (falls between these comments)
☐ Consistently modifies performance based on feedback and self-assessment. Proactively seeks out reassessment of identified deficiencies with supervisors
☐ Unable to Assess

21.* Is there any reason to question this student's integrity?

☐ Yes
☐ No

22.* Does this student maintain a professional appearance?

☐ Yes
☐ No

23.* Recommended grade for overall clinical performance.

☐ Honors
☐ High Pass
☐ Pass
☐ Low Pass
☐ Fail
☐ Incomplete
☐ Insufficient knowledge to assess

24. Summative Comments (for Dean's Letter/MSPE) and description of other components that contribute to the final grade:

25. Formative Feedback (Internal Comments for Students, CPD Director, Course/Clerkship Directors):

Please Note: This information is intended for your use only. Student record information is protected by the Family Educational Rights and Privacy Act (FERPA). No information regarding an individual student, other than that defined as directory information (without confidential flag), may be communicated to a third party without the express written consent of the student.
## OASIS ASSISTANCE

<table>
<thead>
<tr>
<th>Course Scheduling/Visiting Students</th>
<th>D2L</th>
</tr>
</thead>
<tbody>
<tr>
<td>M4 Clinical Advising</td>
<td>ExamSoft</td>
</tr>
<tr>
<td>Pathway Advising</td>
<td>Campus Maps</td>
</tr>
<tr>
<td>Evaluations</td>
<td>About MCW</td>
</tr>
<tr>
<td>Requirement Checklists</td>
<td>MCW Home</td>
</tr>
<tr>
<td>Other/OASIS Support</td>
<td></td>
</tr>
</tbody>
</table>
MCW Global Competencies

At the completion of the Medical College of Wisconsin curriculum, students will be able to:

**Patient Care**
- Perform medical, diagnostic, and surgical procedures considered essential for the start of internship.
- Gather essential and accurate information about patients and their conditions through history-taking, physical examination, laboratory data, imaging, and other tests.
- Interpret laboratory data, imaging studies, and other tests essential for the start of internship.
- Demonstrate independent problem-solving interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Develop and monitor patient management plans.
- Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making.
- Understand and recommend health care services to patients, families, and communities aimed at preventing health problems or maintaining health.

**Knowledge for Practice**
- Apply established and emerging biomedical scientific principles fundamental to health care for patients and populations.
- Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations.
- Apply social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care.
- Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices.

**Practice-Based Learning and Improvement**
- Identify strengths, deficiencies, and limits in one's knowledge and expertise.
- Set independent learning and improvement goals.
- Perform learning activities that address one's gaps in knowledge, skills, and/or attitudes.
- Utilize feedback to improve daily practice.

**Interpersonal and Communication Skills**
- Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.
- Communicate effectively with colleagues, health professionals and health related agencies. Maintain comprehensive, timely, and accurate medical record.
• Demonstrate sensitivity, honesty, empathy and compassion in difficult conversations.
• Elicit, listen to, recognize and respond to emotional as well as physical complaints.
• Elicit and negotiate appropriate care plans for patients from diverse socioeconomic and cultural backgrounds.

Professionalism
• Demonstrate honesty, integrity, and respect in all interactions and patient care.
• Demonstrate accountability to patients, society, and the profession.
• Demonstrate a commitment to ethical principles in everyday patient care including but not limited to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations.
• Continually strive to do one’s duty and exceed expectations of patients, colleagues, society and members of the healthcare team.

Systems-Based Practice
• Work effectively in various health care delivery settings and systems.
• Coordinate patient care within the health care system.
• Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care.
• Participate in identifying potential system errors and solutions.
• Develop awareness to discuss the influence of legislation and political policies on the practice of medicine.

Interprofessional Collaboration
• Collaborate with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.
• Identify one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served.

Personal and Professional Development
• Develop self-awareness to engage in appropriate help-seeking behaviors.
• Demonstrate healthy coping mechanisms to respond to stress.
• Balance personal and professional responsibilities.
• Demonstrate level-appropriate leadership skills.
• Demonstrate appropriate self-confidence that puts patients, families, and members of the health care team at ease.
• Demonstrate resilience when dealing with unanticipated outcomes.

Adapted from AAMC Physician Competencies Reference Set (PCRS), 2014