

*Family Medicine Physicians . . .
A specialty of experts in
comprehensive medical care*

**UB Family Medicine Clerkship
Course Syllabus 2006 – 2007**

www.smbs.buffalo.edu/fam-med/clerkship

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Family Medicine is about providing high quality comprehensive medical care and making a positive and significant difference in the health and well-being of your patients.

"Health is a state of complete physical, mental, social and spiritual well-being, not merely the absence of disease or infirmity." - adapted from the World Health Organization

"I have never met a more sincere professional like you. Your phone calls were greatly appreciated. I felt as if I were in capable hands at all times. I've talked about you to my friends and co-workers. They were amazed and happy for me. I hate to lose you to another lucky (sickly) person. I'll pray for you. If you ever come back to Bailey Medicine, please contact me." - letter from a patient to a UB Family Medicine Clerkship student

"The secret to caring for patients, is caring for patients." - Dr. William Osler

"A doctor's mission should be not only to prevent death, but to improve the quality of life. You treat a disease, you win, and you lose. You treat a person; I guarantee you'll win no matter what the outcome." - Patch Adams, MD

"If you care for those today who no one else wants to take care of, then tomorrow you'll be able to take care of those who no one else can take care of." -unknown

"Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane." -Rev. Martin Luther King, Jr.

"The greatest tragedy is not death but life without purpose." - Rick Warren

"You are going to give your life for something, what will it be - a career, a sport, a hobby, love, wealth? None of these will have lasting significance. Service is the pathway to real significance." - Rick Warren

"Never doubt that a small group of thoughtful citizens can change the world. Indeed, it is the only thing that ever has" - Margaret Mead

"Death is not the enemy. Indifference is. Transference is inevitable. Every human being has an impact on another." - Patch Adams

"Don't let them anesthetize you. Don't let them numb you out of the miracle of life. Always live in awe of the glorious mechanism of the human body. Let that be the focus of your studies and not a quest for grades which will give you no idea of what kind of doctor you will become." - Patch Adams

"Choose a job that you love and you'll never have to work another day in your life." - Confucius

"Successful people meet their goals. Significant people change their world." - unknown

"Six traits of effective leaders: 1. Make others feel important 2. Promote a vision 3. Follow the golden rule 4. Admit mistakes 5. Criticize others only in private 6. Stay close to the action. Example has more followers than reason. We unconsciously imitate what pleases us, and approximate to the characters we most admire." - Christian Nevell Bovee

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Clerkship Introduction

The faculty physicians of the Department of Family Medicine welcome you to the third year Family Medicine Clerkship. Family Medicine is the only generalist discipline whose scope of care includes all patients regardless of gender or age. As clinicians, our goal is to provide excellent care that is patient and family-centered, and characterized by continuity and comprehensiveness. We care for the vast majority of problems which patients bring to their doctors, managing most common problems whether they are acute or chronic, minor or major. At times, patients are managed together with consultants from various other specialties. A high priority in our practice is the integration of appropriate disease prevention and patient education protocols.

The primary goals are to help you improve your skills in:

- developing a comprehensive database with the ambulatory patient
- performing a focused history and physical exam and
- formulating an accurate assessment and plan in the outpatient setting
- using disease prevention strategies

Lastly, we hope to expand your understanding of the doctor-patient relationship. Whether you eventually enter a primary care specialty or a sub-specialty field, you will need to understand the role of the primary care physician in the delivery of high quality health care. Collegial respect is the key to good working relationships and ultimately, to better care for our patients.

While family practitioners can be found practicing in a variety of settings, on this clerkship, you will be assigned to a clinical preceptor in one of only a couple different milieus. These include full-time academic faculty practices, and solo or group private practices. This clinical preceptorship is the core of your experience in the clerkship. It is a unique opportunity to work closely with clinicians providing care to their patients in a continuity setting.

By learning in a “continuity” setting, we hope you will appreciate the challenges of medical problem solving (whether in the management of chronic medical problems or in the evaluation of undifferentiated patient complaints), and the immense rewards that longitudinal care and the development of meaningful relationships with patients can bring.

The faculty and staff in the UB Department of Family Medicine hope you have an excellent learning experience during the clerkship and wish you the best.

Core Curricular Competencies

- Provide primary medical care for individuals and families as the physician of first contact and continuing care in health as well as in illness.
- Assess and manage acute and chronic medical problems.
- Provide anticipatory health care using education, risk reduction, and health enhancement strategies.
- Provide continuous as well as episodic health care, not limited by a specific disease, patient characteristics, or setting of the patient encounter.
- Provide and coordinate comprehensive care of complex and severe problems using biomedical, social, personal, economic, and community resources, including consultation and referral.
- Establish effective physician-patient relationships by using appropriate interpersonal communication skills to provide quality health care.

Course Objectives

The learning objectives are stated in the course syllabus and are highlighted during the orientation session on the first day of the clerkship. By the completion of the third-year Family Medicine Clerkship, the medical student is expected to possess the knowledge, attitudes, and skills needed to:

- Demonstrate a high degree of integrity and excellence in professionalism.
- Demonstrate the ability to take an accurate, problem-focused patient history
- Demonstrate the ability to perform a complete and accurate physical examination appropriate to the patient's complaint.
- Demonstrate the ability to give a complete, accurate and organized case presentation of a patient encounter.
- Demonstrate the ability to write an accurate, well-organized problem-focused progress note and complete patient profile.
- Identify acute and chronic illnesses and formulate an adequate assessment and plan for each problem
- Demonstrate the ability to perform office procedural skills, such as pap smears, blood draws, vital signs, delivery of immunizations, ECG's, peak flows, finger sticks,
- Demonstrate adequate comprehension of basic pathophysiology and relate it to patients' problems
- Demonstrate adequate utilization of lab and other parameters
- Use time in a fairly efficient manner
- Identify and manage preventive medicine needs of patients
- Demonstrate the ability to provide patients with health education in terms that can be easily understood
- Demonstrate understanding of the guidelines as presented in the Guide to Clinical Preventive Services (Report of the US Preventive Services Task Force, Second Edition)
- Demonstrate understanding of whole person health care using the bio-psycho-social-spiritual model
- Develop good rapport with patients and demonstrate empathy toward them
- Develop good rapport and work well with staff and providers

- Demonstrate the use of appropriate interpersonal communication skills
- Accomplish all work expected as outlined in the syllabus, by the preceptor, and by the small group facilitator
- Demonstrate evidence of reading about the problems of patients seen in the office and researching answers to questions that arise in the office
- Demonstrate legible handwriting
- Attention to patient safety issues, including legible handwriting.

Strongly Recommended Textbooks:

- Guide to Clinical Preventive Services, Report of the US Preventive Services Task Force, Second Edition, Williams and Wilkins, 1996
 (The recommendations can be found on the Internet
<http://odphp.osophs.dhhs.gov/pubs/guidecps>)
 Once on the website, under “Report of the US Preventive Services Task Force”, click on PDF.

 The recommendations are also on the Family Medicine web site www.smbs.buffalo.edu/fam-med/clerkship. Click on “Files and Forms”, next to “Recommendations”, click on “yes”.
- Review books for Family Medicine and/or Step 2 USMLE Exam

Other Books

- Textbook of Family Medicine. Defining and Examining the Discipline. John W. Saultz, M.D., editor
 (Good reference book) (*This text can be purchased at a savings through: ecampus.com.)*
- Field Guide to Urgent and Ambulatory Care Procedures by David M. James, Lippincott, Williams & Wilkins

Student Recommendations for what helped the most in preparing for the final examination:

- NMS (x8)
- Kaplan Step 2 books (x2)
- Blueprints (x5)
- First Aid for Step 1
- Residency Q and A book
- Swanson’s (x4)
- Pretest medicine and the Family Practice web site
- Self-stud
- Reviewed notes from Step 1 exam

**CLERKSHIP OVERVIEW
AND
GUIDELINES**

Clinical Preceptorship

This activity is the core of this clerkship experience. You will be assigned to one of a select number of clinical sites that are the practices of either full-time academic faculty or community volunteer faculty.

Attendance:

- Attendance and **punctuality** are mandatory for all Monday morning instructional sessions, clinical sessions, and for any other activities required by your preceptor such as rounds at the hospital.
- You are expected to be prompt. You are required to spend a full day in your preceptor's office Monday-Friday unless you are at a UB teaching session or doing a community medicine experience. This may require working in the evening or a weekend session. **If you are unable to meet this requirement, you must notify the Family Medicine office as soon as possible at 829-3800.** Whether you are ill or your preceptor has given you time off or there is some other reason – you must notify the Family Medicine office. **Failure to notify the office may result in a reduction of your final grade or course failure.**
- Excused absences can only be obtained from the Clerkship Director in the Office of Medical Student Education. In addition to the Clerkship Director you must also notify your preceptor if you will be absent. (Please see the policy and “Time Off Request Form” on pages 40 & 41)
- Your time in your preceptor's office does not always have to be spent with your preceptor. It may also be spent with his/her partners, the nurse and the office staff. The time may also be spent participating in your community medicine experiences. If your preceptor doesn't work one afternoon per week, it is up to you to work with your preceptor to arrange an alternate preceptor experience (ie. with a partner, nurse, etc.). You must also notify the Family Medicine office as to what your alternate preceptor experience will be.
- Your preceptor should identify other clinical experiences with him or her that you are expected to attend such as inpatient rounds, on-call responsibilities, obstetric deliveries, home or nursing home visits, etc. You are expected to attend all clinical experiences that are identified by the preceptor.

Requirements and Expectations:

- **You are expected to adhere to strict rules regarding confidentiality** in all patient matters. Your preceptor should address any particular areas of concern as regards to his/her office. You are encouraged to discuss patient cases with your colleagues to enhance your understanding. However, **you must at all times protect patient confidentiality.** Use careful judgment about when and where to discuss patient care issues.
- You are expected to participate in the full range of clinical activities available with your preceptor **in addition** to your eight half-day sessions per week in the office. This may include night call and inpatient rounding.

- **You are required to spend at least 1 half-day session with the nurse or nurse's assistant doing nursing procedures**, (giving shots, drawing bloods, doing EKG's etc.). It is up to you to talk to your preceptor about when to schedule the time with the nurse. Ideally you should schedule this in the beginning of your rotation as it helps you get to know the staff better.
- You are required to give at least one 5-minute presentation to your preceptor. The topic is to be determined by yourself and your preceptor. Your preceptor may require you to do more than one presentation.
- Discuss with your preceptor his or her expectations regarding dress code in their office. You should wear your UB name tag at all times.
- You should accompany the attending with morning rounds and should be present and involved with as many obstetrical deliveries and /or other procedures as possible.
- You are expected to carry a stethoscope with you at all times. Your preceptor may recommend other equipment.
- Your preceptor may request/require you to participate in an office improvement project, such as doing a medical chart review, creating a patient education brochure, putting together a patient education bulletin board display for the waiting room, etc.

Introducing Yourself To Patients and Staff:

- Preceptors are being provided with a "welcome" sign which they may display in their waiting rooms to announce the presence during the Clerkship.
- You should be introduced to office staff on the first day and know what each person's role in the office is. If no one introduces you, take the initiative and introduce yourself.
- You should be given a tour of the office with attention to where reference materials are located, where the charting or dictating area is, the lab and other equipment, a brief review of an exam room, the patient flow, and other pertinent areas of the office.
- You should be informed of the office hour's schedule, and plan on being in the office whenever it is open, except for Monday mornings.
- You and your preceptor should discuss how you should introduce yourself to patients. One way is to say to the patient, "Hello. My name is _____. I'm a student doctor working with Dr. _____. He/she asked me to come and see you first and then he/she will be in to see you as well. Is that ok with you?" Most patients are willing to see students as long as they are assured that their physician will also be seeing them.
- Your preceptor should identify who will ask each patient for permission to be seen by a medical student.

Procedures:

You should take the opportunity to learn as many procedures as possible during the Family Medicine Clerkship. **You should spend at least one half-day session working only with the nurse or office assistant and do everything that he/she does.** For example, screen patients, take vital signs, draw blood, give vaccines/medications, do peak flows, audiometry, electrocardiograms, etc.

When working with your preceptor **you should perform whatever procedure needs to be done on the patient** you are seeing. For example, if you see a patient with diabetes, asthma, and a vaginal discharge and who is behind on her tetanus shots, you should perform the pelvic exam, cultures, and wet mount, give the tetanus shot, and do the finger stick glucose and peak flow (if indicated). All procedures should be done with supervision and only with the consent of the patient and preceptor.

Many times, you will need to take the initiative to ask your preceptor if it is OK to do the procedure(s). Don't wait for him/her to ask if you want to do it, or else you'll probably never do it. Preceptors generally like it when students ask to do things as it shows initiative and interest.

Below is a list of procedures that family care physicians and nurses perform. You will not get an opportunity to learn and perform all of them, but try to learn and do as many as you can.

Procedure Checklist (Not Required)

Physician Procedures		Nursing Procedures	
GYN	Pap smear	Screen	BP & Temperature
	KOH/wet mount		Ped ht, wt, head circ.
	Colposcopy	Lab	Blood draws
OB	Prenatal doppler		Finger stick, glucose
	Obstetrical delivery		Finger stick, HGB
Derm	Wart removal		Urine dipstick
	Punch biopsy		Urine pregnancy
	Skin lesions excision	Rx	IM vaccine/med
	Suturing		IV insertion
Ortho	Splinting/casting		Wound cleaning
GI	Flex Sigmoidoscopy		Dressing placement
	Hemoccult testing		Nebulizer treatment
Pt. Teaching		Tests	Audiometry
Other			Electrocardiogram
			PPD administration
			PPD reading
			Peak flow
			Spirometry
			Tympanometry
			Vision screen

Weekly Goals in Preceptors Office:

- The primary goals of the Clerkship are for the student to develop their skills in outpatient Family Medicine and not to see a large number of patients. The following are suggested guidelines for how you should progress in the ambulatory clinical experience.
 - ❖ **Day 1:** “Shadow” the preceptor to see how the office is organized and get to know the preceptor’s style and expectations.
 - ❖ By the end of the first week you should be seeing two to four patients per session independently (at least for the history and appropriate parts of the physical exam). You should practice concise oral presentation skills so as to present as much as they have completed with the patient to the preceptor and complete the visit with the preceptor’s assistance. The format used in the preceptor’s office is the preceptor’s choice for progress note writing.
 - ❖ You should increase the number of patients seen and the responsibility taken as your progress and your preceptor’s feedback allows. You should not be expected to see and write notes on more than six patients in a half-day session, and may see considerably fewer if working on a very comprehensive assessment.

Feedback and Evaluation:

- Several times throughout the Clerkship, you should take the initiative by asking your preceptor how you are doing and what you can do to improve your knowledge and skill.
- After spending two weeks at your preceptor’s office, you should ask your preceptor to complete the “Preceptor’s Mid Clerkship Assessment of Student”. (This is optional, but it is beneficial for feedback). You should schedule this in advance with your preceptor. The purpose of the Mid-Clerkship evaluation is to give you some formative feedback so that you can work to improve those skills that are identified.
- You should ask your preceptor to complete the “Preceptor’s Final Clerkship Evaluation” form by the end of your clerkship. **Please note that you cannot receive a grade until all evaluation forms are completed and submitted to the Family Medicine office. It is your responsibility to make sure that your preceptor turns in a grade no later than one week after the end of the Clerkship.** You will not receive a grade for the Clerkship until your preceptor turns in a grade.

Tips for Preceptors for Efficient Instruction

FYI. The following was given to your preceptor:

1. State clearly that your time is limited; set limits to encounters.

For example, say to the student, "I can meet with you now for 10 minutes. You can have five minutes to ask me questions, and then I need to give you some feedback on the patient we saw together this afternoon."

2. Make assignments that are specific and time limited.

"Go in, get as much history as you can in 10 minutes, and then come out and present it to me."

"I have five minutes to discuss this case. Please limit your presentation to three minutes."

"I'd like you to examine this gentleman's knee for 10 minutes, then I'll come in and we'll discuss your findings."

3. Suggest that students record their questions during the day.

Follow up with them daily for 15 to 20 minutes.

4. Honor your appointments with students and make them brief.

If you say you'll discuss patients with your student at the end of the day, be sure to do so.

5. Ask students to read about the problems of two patients they've seen during the day.

Be specific about where they can locate this information (textbooks, journals, article files, etc.). Set the expectation that the next morning you will ask them to give you a 10-minute oral presentation about one of the problems they've prepared. (This approach assures that they will do a wide range of reading but does not involve you in listening to a long series of oral presentations. Be sure to follow up and check on one of the problems you've been assigned.)

6. Be realistic about how much you attempt to teach.

You can't teach the whole discipline. Teach what you judge the student needs and what she or he has expressed interest in.

7. Expose students to your busy schedule.

Take your student with you as you attend noon conferences, hospital committees, boards, civic activities.

8. Conduct discussion/tutorials as you commute with the student.

9. Use other staff in your office to teach the student. Group partner, nurse, business manager, and receptionist

Seizing Learning Opportunities Advice from Preceptors to Students

1. Take the initiative. Don't sit, waiting for the preceptor to tell you what to do. If the office is not busy and you're not seeing patients, know what to do in that time period.
 - Ask your preceptor, "What can I do to help you?"
 - Ask if you might be able to make follow up phone calls, for example, regarding lab results.
 - Ask if you might be able to explain their prescriptions to patients.
2. Know what to do when a preceptor says, "Here is my exam room. My patients love seeing students. Go for it!" Use the opportunity to sharpen your skills.
3. Clarify expectations. If you're not getting the direction you think you need, say something.
4. Be up front with telling your preceptor what your experience has been. Clarify for your preceptor what you've done and areas where you're deficient – e.g., if you've seen pediatric patients, have they been mainly infants or adolescents?
5. Read up about cases seen in the office and talk about it with your preceptor. Speak up. Let your preceptor know that you've done some reading.
6. Be aware of time constraints on preceptors. Ask burning questions right away. Otherwise, write down questions throughout the session. After the session is over, ask your preceptor to answer questions and discuss what you've read.
7. Introduce yourself to the staff.
 - Understand their role in the office.
 - Let them know what experiences you'd like to have.
 - Ingratiate yourself to the staff. Staff "goes out looking" for learning opportunities for students whom they like.
8. Use the office staff as "teachers."
 - Ask to observe how nurse practitioners approach patients.
 - Ask to participate in every nursing procedure available.
 - Watch nurses draw blood, give shots.
 - Note: Preceptors readily admit that in evaluating students, those who project an attitude that tasks such as those above are "beneath" them, negatively influence their assessment.
9. Be ready to screen patients for vital signs and incorporate the data into the physical exam.
10. Learn to appreciate what you can get out of repetitive tasks or exams. Use them to:
 - Sharpen basic skills
 - Listen to heart sounds
 - Look in the eyes (fundoscopic exam)
 - LISTEN to patients' psychosocial issues – e.g. how long did it take to bring this patient to the doctor?

11. Recognize your learning experiences. At the end of each session, make a list of the things you learned that day.
12. Ask questions. When your preceptor says, “Do you have any questions?” ASK!!
13. Initiate requests for feedback – e.g., “What can I do better?” “Where do you think I need to do some more work?”

In general, preceptors **most** prefer to work with students who:

- Are interested in seeing patients.
- Are enthusiastic – “I feed off their energy.”
- Are interesting people, themselves – i.e. “Who tell me about their own life experiences. I learn from them.”
- Show interest in the preceptor as a person life – e.g., they ask, “How are you doing today?”
- Take the time to tell the preceptor what they learned from him or her – e.g., “They tell me they were tentative about the rotation at the beginning, but then let me know at the end that their attitude changed.”

Preceptors **least** prefers students who:

- Depend on the preceptor for direction.
- Are afraid of the “type of patients seen in our office.”

Expectations of Third Year Clerkship Students on the UB Family Medicine Inpatient Service (FMIS)

1. Follow patients daily as supervised by a junior resident or ACR*.
2. **Take call on three weekdays and one weekend day (4 days in total). If it is not busy, you may take call from home after 5:00 pm. The resident or attending should call you at home for admissions during the evening. Call starts at 5:00 p.m. and end at 8:00 a.m. the following morning. On weekends, call starts at 8:00 a.m. and end at 8:00 a.m. the following day.**
3. **As a general rule: whenever the resident that your are on-call with is in the hospital, you should be in the hospital as well.**
4. **Post-call days. You do not automatically get post-call days off. You only get them off if you were not able to leave the hospital for 6 or more hours during the night. If you do qualify to get a post-call day off, you may only leave the hospital after all your progress notes and other work is done and after rounds with the attending are completed.**
5. On weekdays, round on inpatients Tue - Fri each week plus one weekend day. Note: Monday afternoon (after small groups and lectures) you should report to the inpatient service.
6. **Write at least 6 full H&P's and give them to the attending. Attendings and/or residents should provide you with feedback orally and/or by writing comments on the H&P's. The H&P's should be returned to you and not be placed in the medical record.** As per the discretion of the attending and/or ACR, you may be asked to write more than 6 H&P's (up to a max. of 12). The more you do, the more you learn.
7. **You should follow 3 – 4 patients at any one time.**
8. Pre-round on all your patients, with legible progress notes written prior to rounds. It's OK for progress notes to be in the medical record. However, **the resident also needs to write a progress note. He or she cannot just co-sign your note.**
9. Present patients and participate in discussions during rounds.
10. Keep general awareness of all patients on service.
11. Give at least one presentation, to the FMIS team, on a topic that is specific to inpatient medicine.
12. Perform in-house responsibilities as determined by the Attending and ACR (i.e. house coverage, admissions, etc.).
13. Participate in procedures and obstetrics as opportunities arise.
14. Demonstrate integrity by exhibiting honest and professional behavior.
15. Be present, and on time. Immediately notify the attending or ACR if sick or an emergency arises.
16. **Give the attending and ACR the evaluation form (located in your syllabus) to complete.** In order to pass the Clerkship, this form must be completed by the attending and ACR and returned to the Family Medicine office (197 Farber Hall)–fax #829-2933 by the attending and ACR or yourself.
17. Take the initiative. Work hard. Learn as much as you can. Ask questions. Ask for feedback.

*ACR = Acting Chief Resident = the Senior Resident in charge of the inpatient service

Guideline for Completing Inpatient History and Physicals

If using hospital H & P forms, use Progress Note paper for the Assessment & Plan section as there is not enough room on the hospital forms to do an adequate job in this section.

1. CC
2. HPI
3. PMH/PSH
4. Meds
5. Allergies
6. Family Hx (include genogram)
7. Psycho-social-spiritual Hx
8. Health Behaviors and Preventive Medicine
9. ROS
10. PE
11. Labs/Tests
12. **Assessment and Plan** This section should include the following:

A) Problems:*

List problems in order of importance. Write a separate assessment and plan for each problem (as described in the Progress Note section of the syllabus). When appropriate, each plan should include diagnostic tests, treatment, and patient education.

B) Health Care Maintenance:*

Identify the patient's preventive medicine needs. Your preventive medicine recommendations should be evidence based.

C) Other Issues:*

Identify other issues and discuss how they affect this patient's health and well-being. Also discuss how these issues could be used and/or changed to improve this patient's health and well-being. Examples of issues to discuss are:

ethical dilemmas	hobbies and interests
insurance/managed care	doctor-patient communication
socio-economic status	patient education
family dynamics	alternative medicine
relationships	spiritual faith
abuse	stress
home and/or work environments	other

* Write these sections, not necessarily based on what your resident or attending did, but on what **you think** about the problems and issues and what **you think should be done or recommended** to the patient.

Obstetrics Call at Women and Children's Hospital of Buffalo (Optional)
UB Family Medicine Clerkship - Obstetrical Experiences

If you are interested in participating in OB call at WCHOB, you can contact the resident on call and ask to participate in labor and delivery (if there are any active patients in L & D). A call schedule will be distributed to you. One point will be added to your final grade as extra credit for each delivery done when you are not on call during a weekend or an evening (after 6:00 p.m.). To receive credit, complete the "Obstetrical Experiences" form below, have it signed by the supervising resident or attending, and turn it into the Family Medicine Office by the last day of Clerkship.

Complete and return this form to the Family Medicine Office by the last day of the Clerkship

Student Name: _____ Block/Yr: _____

PATIENT #1 Date of Delivery: _____ Hospital: _____ Type of Del: NSVD C/S

Complications: _____

Approximate time student was in the hospital caring for this patient: _____

How was student involved with the care (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Did an initial history and physical exam | <input type="checkbox"/> Assisted with the NSVD |
| <input type="checkbox"/> Wrote progress notes in the chart | <input type="checkbox"/> Assisted with episiotomy/laceration repair |
| <input type="checkbox"/> Participated in the labor management | <input type="checkbox"/> Demonstrated compassion and good interpersonal skills when interacting with the patient and family members/significant others |
| <input type="checkbox"/> Did a cervical exam | |
| <input type="checkbox"/> Read a fetal heart monitor strip | |
| <input type="checkbox"/> Other: _____ | |

Comments (continue on back if need more room):

This student participated in the care of this patient during a weekend or an evening (after 6:00 pm) when the student was not on call.

Signature of attending or resident physician: _____ Date: _____

Student Name: _____ Block/Yr: _____

PATIENT #2 Date of Delivery: _____ Hospital: _____ Type of Del: NSVD C/S

Complications: _____

Approximate time student was in the hospital caring for this patient: _____

How was student involved with the care (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Did an initial history and physical exam | <input type="checkbox"/> Read a fetal heart monitor strip |
| <input type="checkbox"/> Wrote progress notes in the chart | <input type="checkbox"/> Assisted with the NSVD |
| <input type="checkbox"/> Participated in the labor management | <input type="checkbox"/> Assisted with episiotomy/laceration repair |
| <input type="checkbox"/> Did a cervical exam | |

Demonstrated compassion and good interpersonal skills when interacting with the

patient and family members/significant others

Other: _____

Comments (continue on back if need more room):

This student participated in the care of this patient during a weekend or an evening (after 6:00 pm) when the student was not on call.

Signature of attending or resident physician: _____ Date: _____

Student Name: _____ Block/Yr: _____

PATIENT #3 Date of Delivery: _____ Hospital: _____ Type of Del: NSVD C/S

Complications: _____

Approximate time student was in the hospital caring for this patient: _____

How was student involved with the care (check all that apply):

Did an initial history and physical exam

Assisted with the NSVD

Wrote progress notes in the chart

Assisted with episiotomy/laceration repair

Participated in the labor management

Demonstrated compassion and good interpersonal skills when interacting with the patient and family members/significant others

Did a cervical exam

Read a fetal heart monitor strip

Other: _____

Comments (continue on back if need more room):

This student participated in the care of this patient during a weekend or an evening (after 6:00 pm) when the student was not on call.

Signature of attending or resident physician: _____ Date: _____

Student Name: _____ Block/Yr: _____

PATIENT #4 Date of Delivery: _____ Hospital: _____ Type of Del: NSVD C/S

Complications: _____

Approximate time student was in the hospital caring for this patient: _____

How was student involved with the care (check all that apply):

Did an initial history and physical exam

Assisted with the NSVD

Wrote progress notes in the chart

Assisted with episiotomy/laceration repair

Participated in the labor management

Demonstrated compassion and good interpersonal skills when interacting with the patient and family members/significant others

Did a cervical exam

Read a fetal heart monitor strip

Other: _____

Comments (continue on back if need more room):

This student participated in the care of this patient during a weekend or an evening (after 6:00 pm) when the student was not on call.

Signature of attending or resident physician: _____ Date: _____

Lectures and Workshops:

- We have selected some key topics and procedural workshops to address in weekly sessions that will be presented by faculty from Family Medicine. While this hardly covers even a small part of the discipline of Family Medicine, it does seek to address some of the most important or commonly encountered clinical topics
- Before each Monday session, read about the topics ahead of time. You will not be able to fully participate in the sessions unless you come to class prepared!
- Attendance is mandatory at these sessions. Unexcused absences could result in a failing grade for this Clerkship. You must sign the attendance sheet for each session. Excused absences can only be obtained by contacting the Clerkship Director in advance and requires written documentation for the reason of the absence.
- All assignments are to be completed according to the directions given and returned to the secretary in the Medical Student Education Office or to your small group facilitator.
- All students taking the Clerkship meet together for the Monday morning lectures/workshops at SUNY/Buffalo/School of Medicine, 244 Cary Hall unless otherwise stated on the schedule.

Small Group Sessions:

- You will be assigned to one of two or three problem-based small groups for the Monday morning sessions.
- Come prepared to present patients to your group that you have seen in your preceptor's office that you find to be especially interesting or challenging. You are expected to read about the problems of the patients you present prior to the group discussion. You are expected to use the relevant medical reference texts and current medical literature in preparing your discussions.
- During Week #2 you will hand in a progress note for a patient you have seen in your preceptor's office. The progress note should be legible, in SOAP format and photocopied with the patient's name eliminated. Do not type the note.
- Attendance is mandatory and any unexcused absence could result in your failing the Clerkship. Participation in the group discussion and presentation skills is also considered when evaluating your performance in this portion of the Clerkship.

Self-Directed Learning:

During your time off (evenings and weekends) you will complete the written assignments given, complete required reading, search for additional medical literature to bring to your Discussion Groups, read about patients you see in your preceptor's office, and prepare for your presentation(s) to your preceptor.

To prepare for small group discussion sessions the forms on the following pages should be completed prior to the week they are discussed. These forms are not graded, but will facilitate your learning.

UB Family Medicine Clerkship

Electrocardiography

Rate: <60 = bradycardia; > 100 = tachycardia; Atrial Rates: Atria Flutter = 250- 350, Afib=> 300.

Intervals: PR =.11-.2, QRS < .12, QT < half of RR interval.

P wave- normal axis downward left, same as QRS; Atrial Hypertrophy= fit one small box in Pw Lead 2.

QRS – Early phase: depolarization of septum from left to right, vector rightward (qw in I and V6)

Late phase: simultaneous depolarization of right and left ventricles, dominated by left ventricle due to its larger mass, vector is leftward and posterior

T wave – Vector usually same as QRS; U wave – vector same as Tw,

QRS Axis: normal is -30° to $+100^{\circ}$

Right axis deviation ($>100^{\circ}$): Right ventricular hypertrophy, left posterior fascicular block, dextrocardia

Left axis deviation ($> \text{minus } 30^{\circ}$): left anterior hemiblock, left ventricular hypertrophy, inferior wall MI

Left ventricular hypertrophy: Definition: $SV1 + RV5$ or $RV6 \geq 35$ mm or $R1 + SIII \geq 25$

Often associated with left ventricular strain pattern (ST depression with Tw inversion in lateral precordial leads of V5 and V6.

AV Block: 1° = PR > .2; 2° Mobitz I (Wenckebach) = gradual \uparrow PR until dropped QRS; Mobitz II= Dropping of occasional QRS. 3° no Pw produce a QRS (AV Dissociation)

Bundle Branch Blocks (BBB); Complete BBB QRS ≥ 120 ms, incomplete 100ms to 120 ms

Left BBB: alters both early and late phase of QRS, QRS vector is unchanged

Early phase is disrupted because conduction through the right bundle only causes the septum to depolarize right to left.

Late phase is disrupted because depolarization delayed through muscle

Lead I, V5, V6: notched R wave, no Q wave

Right BBB: Early phase is unchanged, left ventricle is unchanged but right ventricle is delayed

Lead I shows Q,R and slurred S; V1 shows R,R'

Causes: atrial septal defect, ischemic heart disease

Hemiblocks: Anterior: LAD, wide S in III, Q in I, Axis more negative than -30°

Posterior: RAD, wide S in I, Q in III, Axis more positive than $+90^{\circ}$

Hyperkalemia: peaked T waves

Hypokalemia: prominent U waves

Hypocalcemia: Long QT interval

Ischemia/MI: T w inversions = Ischemia

ST Elevation = acute transmural ischemia or infarction.

ST Depression = acute subendocardial ischemia or infarction.

Qw $>.04$ sec occurs 1-2 days after MI

Anterior MI = Poor R w progression V1-V4. Septal = Q V1 = V2

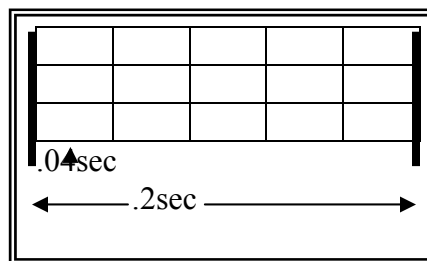
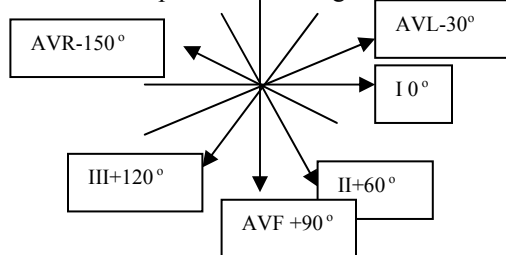
Lateral: ST \uparrow and Qws I, AVL, V5, V6

Inferior: ST \uparrow and Qws II,III, AVF

Posterior: R V1-V3 ("Reverse Qs")

Wellens' sign: Biphasic t-waves in V₂ + V₃, flipped Ts in I, AVL, V₄-V₆ and non-pathologic Q w in III

75% of patients with this pattern have a significant proximal (LAD) lesion.



ANTIBIOTICS - (Complete this prior to small group discussion on this topic)

Diagnosis	Microbials Involved	Class/Abx Treatment	Positives/ Used For	Negatives/ Side Effects
Sinusitis				
Otitis Media				
Bronchitis				
Pneumonia				
UTI & Pyelonephritis				
Vaginitis				
Skin Infections				

ANTIBIOTICS continued

Diagnosis	Microbials Involved	Class / Abx Treatment	Positives / Used For	Negatives / Side Effects
Impetigo				
Tinea				
Spider Bites				
Tick Born Illnesses				
Diarrhea				
Other				

Diabetic Medications – To be completed prior to Small Group session on Diabetes

Medication	Action	Positives/ Benefits	Negatives/ Problems	Cost per Month*

DIETARY LOG Name: _____ Day: _____ Date: _____

Complete this log based on what you eat on a specific day. Then bring it to your small group on Week # 6 when you discuss Nutrition, Diabetes and Obesity

Food Item	#Cal	#Fat Cal	Tot Fat g	Sat Fat g	Trans Fat g	Mono Poly Fat g	Chol mg	Sod mg	Pot mg	Tot Carb g	Fiber g	Sugars g	Prot g
Brkfst / Snacks													
Lunch/ Snacks													
Supper/ Snacks													
Total													

QUESTIONS:

What did you learn from completing this log?

What practical change in your diet could you make to improve your health?

UB Family Medicine Clinical Skills Exam

1. **It is a violation of the Honor Code to share information about this exam with others.**
2. There will be four stations – two standardized patients, one write-up station, and one behavioral medicine station.
3. You will be allowed 17 minutes to complete your visit with one of the standardized patients. For the other standardized patient you will receive 15 minutes for the exam and then 10 minutes for feedback from the faculty evaluator in the room.
4. For each standardized patient you will receive a warning with three minutes remaining.
5. Upon exiting one of the standardized patient's exam room, you will be asked to complete a self assessment form. Please read each item carefully and respond appropriately.
6. You will complete a write up for one of the standardized patients utilizing the SOAP format. Your write up will be done on a computer in a computer lab. Use the formal name for any tests or procedures you choose to document. Describe both pertinent positive and pertinent negative findings. Do not use abbreviations. You will be graded on the organization of your write-up.
7. There will be instructions in the examination room door. Please read them carefully for they provide information about the patient's history as well as current status.
8. You will be performing expanded problem focused exams today. This means you should pay attention to the systems which affect the chief complaint. However, there may be other problems that need to be addressed in addition to the chief complaint.
9. Your role today is that of a physician. You are able to order tests, make a diagnosis and recommend treatment.
10. Remember to properly drape your patients and to do your examinations on bare skin—you receive no credit if you do the physical examination over the examination gown.
11. Do not make any marks on the patient folders/student directions. Please make all notes on the paper provided on the clip board. All materials will be collected at the end of the exam.
12. There is also a behavior medicine station. This station involves viewing a few brief video vignettes of doctor-patient interactions and then answering questions after each vignette.
13. After the exam, there will be a break followed by your usual small group discussion session, followed by viewing of your exam (individually with headset).

ASSIGNMENTS

PROGRESS NOTE

ASSIGNMENT: **Progress Note**

Due Date: **Week 2**

- **Progress Note:** You are required to write one complete progress note on a patient you have seen in your preceptor's office or in the hospital. You will present this progress note in your Monday small group sessions Wk 2.

The progress note should be a photocopy of a note that you wrote in the office. The patient's name should be deleted. It must be legible and in SOAP format. It should not be typed, as the purpose of the assignment is to receive feedback on a "realistic" progress note. If you are in an office that uses electronic medical records, print out the progress note and block out the patient's name.

WRITTEN RECORD PROTOCOL: PROGRESS NOTE

Progress notes are always in ink (preferably black), and are corrected with a single line or addendum. Entries are dated, timed and signed the same way. The format used is the **S O A P** format.

Subjective - What the patient tells you or you learn from sources **other** than your own direct observations or that of other members of the medical staff. This includes historical information as relayed by the patient, family or other parties. It always includes a listing of current medications and their dosing.

Objective - what you found, physical exam information, lab reports, x-ray reports, etc.

Assessment - the assessment consists of a differential diagnosis for each problem, with a discussion that includes the arguments for and against each possible diagnosis and a rank ordering of the possible diagnosis.

Plan - and the plan has three components:

1. **Diagnostic** - what you need to do to find out more about the problem.
2. **Therapeutic** - what is going to be done for the patient?
3. **Patient Education** - this puts front and center your role in helping your patients take better care of them and become more effective partners in their health care. It also documents information transmitted to the patient as part of the process of obtaining informed consent.

When applicable "Health Care Maintenance" (preventive medicine) issues should be addressed as a separate "problem" in the Assessment and Plan.

There should be a separate assessment and plan for each problem. Don't lump them all together. The format should look like:

#1 Problem
A:
P:

#2 Problem
A:
P:

The format should NOT look like: A: all the problems listed
P: all the plans listed

Family Medicine Clerkship
Instructions for Patient Safety Project

Due Date: The last day of the clerkship

During your 2-week inpatient block, you are required to complete one Patient Safety Project. Choose one patient that you have followed in the hospital and complete the project by following the instructions given below. The purpose is to identify factors that make this patient vulnerable to medical errors during their care. The exercise is designed to reinforce the material that was covered in the ‘Error Anticipation’ presentation that you received at the beginning of the clerkship.

Complete the project using a UBMobileMed Encounter
PLEASE SAVE YOUR WORK FREQUENTLY TO AVOID LOSING IT

As with any Encounter, enter the ‘Encounter Information’ and ‘Patient Information’. However, to maintain confidentiality, *for location choose “Other Location” and for Attending choose “None.”*

The first step is to identify ‘**Patient Vulnerability Factors**’. These are listed under various Diagnosis Categories, called Patient Safety – Access, Cognitive, Communication, Education and Financial. Go into each category in turn and then choose the appropriate ‘Diagnoses’, as outlined below:

<u>Diagnosis Category</u>	<u>Diagnosis</u>		
Access:	<u>Transportation</u> <input type="checkbox"/> No difficulties <input type="checkbox"/> Difficulties	<u>Availability of services</u> <input type="checkbox"/> Good <input type="checkbox"/> Limited	<u>Telephone at home:</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
Cognitive:	<u>Orientation</u> <input type="checkbox"/> x3 <input type="checkbox"/> x2 <input type="checkbox"/> x1 <input type="checkbox"/> x0	<u>Memory (3 object recall)</u> <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1 <input type="checkbox"/> 0	<u>Concentration</u> (serial 7’s or ‘world’ backwards) <input type="checkbox"/> 4-5 <input type="checkbox"/> 2-3 <input type="checkbox"/> 0-1
Communication:	<u>Language</u> <input type="checkbox"/> Good English <input type="checkbox"/> Poor English <input type="checkbox"/> No English	<u>Hearing</u> <input type="checkbox"/> Good hearing <input type="checkbox"/> Poor hearing <input type="checkbox"/> No hearing	<u>Speech</u> <input type="checkbox"/> Clear speech <input type="checkbox"/> Unclear speech <input type="checkbox"/> Not comprehensible
Education:	<input type="checkbox"/> College or above <input type="checkbox"/> High School or Equivalency <input type="checkbox"/> Did not complete high school <input type="checkbox"/> Less than 8 th grade		Able to Read English <input type="checkbox"/> Yes <input type="checkbox"/> No
Financial:	<u>Employment</u> <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Soc.Sec. <input type="checkbox"/> Disability	<u>Insurance</u> <input type="checkbox"/> Commercial <input type="checkbox"/> Medicare <input type="checkbox"/> Medicaid <input type="checkbox"/> None	<u>Medication coverage</u> <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> None

Use the ‘Other Diagnoses’ box to add any comments to explain the above.

The second step is to identify ‘**Process Vulnerability Factors**’. Patient care in the hospital and upon discharge involves multiple complex steps/processes. Aspects of care that are most vulnerable to error include: those that involve complex instructions; those where coordination between multiple parties is required; and those that require close monitoring and/or accurate dosing. Use the headings below to identify the points of vulnerability in the patient’s care.

Enter your findings in the box labeled ‘Other Procedures’.

High-Risk Medications

e.g., Coumadin carries a risk of bleeding

Multiple / Complex medications

e.g., Patient on multiple medications at different times of day

Complex investigations (require patient to follow instructions)

e.g., For colonoscopy patient must take bowel prep correctly and be NPO

Follow-up

e.g., Patient requires follow up with Cardiologist

Monitoring

e.g., Needs Dilantin levels checked frequently

The third step is called ‘**Analysis of Risk**’. In this section, explain how the patient vulnerability factors that you identified in the first section increase the risk of errors in the Vulnerable Processes that you listed in the second section. *Enter your analysis in the box labeled ‘Notes’.*

The fourth step entitled ‘**Error Prevention Strategies**’ is to describe what you think could be done to reduce the risk of errors and/or harm. Refer to the slides from the lecture for suggestions.

Try to think of solutions in two categories:

- a) Make use of existing resources/technologies: e.g., visiting nurse, pill box
- b) Introduce system changes and/or new technologies: e.g., (i) develop a computerized system for tracking Coumadin patients and reminding them when their INR is due, (ii) electronic pill box that speaks in Spanish to remind patient that it is time to take his pills

Enter your suggestions in the box labeled ‘Current Labs’.

PLEASE SAVE YOUR WORK FREQUENTLY TO AVOID LOSING IT

Please review the Example attached.

If you have questions, write to Dr. R Singh at: rs10@buffalo.edu

Note:

Do not include the patient’s name or identify the hospital or healthcare providers involved in their care.

*For Location choose “Other Location”
For Attending/Preceptor choose “None”*

Grading Process

When you have completed the project, set the ‘Status’ (at the top of the encounter) to ‘Needs Instructor Review’ and click on ‘Save + Continue’. Then, Dr. Singh will grade it and enter comments and suggestions in the ‘Instructor Notes’ section. He will then set the ‘Status’ to ‘Needs Student Review’ so that you know to look at the feedback.

ANALYSIS OF RISK

Poor English skills: He may have difficulty understanding the instructions for all his medications, especially Coumadin where the dose may be changed frequently.

Financial: Patient has only Medicare for insurance. Therefore, he has to pay for his own medications, which are very expensive. He has a low income (Social Security) so there is a high chance that he will skip some meds to save money.

Transportation: Access to the clinic is difficult for this patient. He is at risk for missing his follow-up appointments and INR checks.

ERROR PREVENTION STRATEGIES

Arrange a visiting nurse to check the patient's INR and monitor medication compliance.

Choose a pharmacy that can label the medicine bottles in Spanish.

Develop a system in the clinic to remind patients when their INR is due.

Design an electronic pill box that speaks in Spanish to remind patient that it is time to take his pills.

RE-ADMISSION RISK

The most likely reason for readmission would be a high INR due to failure to be monitored adequately. This could be prevented by the strategies listed above.

COMMUNITY MEDICINE EXPERIENCE

ASSIGNMENT: Community Medicine Experiences **Due Date:** Last Day of the Clerkship

You are required to participate in two separate of the community medicine experiences listed below. It is your responsibility to arrange and schedule the experiences. You must get prior approval from the Clerkship Director if there is an experience that is not listed below in which you are interested. Approximately one half-day should be devoted to each experience. These assignments can be completed at anytime during the clerkship. If you need to take time off during your inpatient or outpatient clinic time, you must ask your permission to do so. You are required to write a brief description of each experience on the “Community Medicine Experience Report Form” in UB MobileMed. The forms are due the last day of the clerkship.

CLINICAL EXPERIENCES AFFILIATED WITH THE FAMILY MEDICINE DEPARTMENT

- Cornerstone Manor Clinic (free clinic for homeless women and children), 45 Carlton and Ellicott Sts. 14203; contact Eric Holet at cmda@holet.com or 839-1938; Chris Cancro at cjancro@buffalo.edu; Julie Hardy at jhardy@buffalo.edu; Helen Choi at jchoi9@buffalo.edu
- Good Neighbors Health Center (free clinic on lower east side), 175 Jefferson Ave., 14210; contact Eric Holet cmda@holet.com or 839-1938 or Lynn Yen lynnyen@buffalo.edu or 716-645-0671 or 716-348-1887.
- Lighthouse Free Medical Clinic, 1609 Genesee St. 14211, contact: lighthouse.volunteer@gmail.com
- Refugee Clinic (2 locations), contact Joan Kernan at jkernan@buffalo.edu or 898-4742

EXPERIENCES AFFILIATED WITH THE MINORITY HEALTH COALITION

- African-American Breast Cancer Survivors, Bertha Hill, 832-7149
- AIDS Community Services – HIV/AIDS direct, preventative, education and support services to the Western New York area., Mr. James Fritts, 847-2441, jfrittsacs@yahoo.com
- AIDS Leadership Coalition of the Near Eastside, Rev. James Josey, 883-4367, jrjoseys46@aol.com
- American Diabetes Association of WNY – Focus on finding a cure for diabetes and improving diabetes care. Provides information and support to patients and their families. Rebecca Mingo, 835-0274, rmingo@diabetes.org
- American Lung Association, Liese Ness, 691-5864, lness@alawyny.org
- American Red Cross – Purpose is to address the issue of increasing rates of HIV infection in women by implementing HIV prevention interventions to help women sustain behavior change over time. Monica Brown, 878-2394
- Buffalo Urban League, Brenda McDuffie, 854-7625
- Cancer Information Services – Resources and information regarding cancer. Angela Niak, 845-4541, angela.niakl@roswellpark.org
- CAO of Erie County Head Start Program, Delia Miller, 882-5150, dmiller@caoec.org
- Catholic Health Systems – Works to improve the health of individuals and communities through the provision of holistic, compassionate and respectful human dignity. Karen Schoenhals, 821-4460, ks2709@wnychs.org
- Center for Hospice & Palliative Care, Rose Collins, 686-8000, marketing@palliativecare.org
- Erie County Health Department, Gary Wolfe, 858-6180
- Erie County Healthy Women’s Partnership – Partners for prevention, cancer screening. Elisha Dunn-Georgiou, 882-0962, elisha-dunn-georgiou@cancer.org
- Erie Niagara Tobacco Free Coalition – Educates the public regarding health risks of tobacco use. Terry Alford, 845-3407, terry.alford@roswellpark.org
- Erie Regional Housing Development Corp. Donna Rice, 845-0485
- Friendship Clubhouse, Leslie Thomas, 835-1919
- Healthy Women’s Partnership, Wendy Ricigliano, 689-1952, wricigli@cancer.org
- Hispanic United of Buffalo, Inc. – Services for social, cultural, educational and economic well-being of Hispanic community. Sorida Rowland, 856-7110, hispanicsuntedofbuffalo@hotmail.com
- International League of Muslim Women, Margaret Gillette, 834-4214, msabirg@aol.com
- LEWAC Associates of WNY, Inc. – Community Health Education Agency, Group Health & Wellness Education, Individual Nutrition Counseling, Catherine Lewis, 881-6111, hwellness@aol.com
- Mocha Project, Reginald Griggs, 852-1142, rg1116@aol.com
- National Kidney Foundation, Victoria Keidel, 835-1323, NKFOfWNY@hotmail.com
- Native American Community Svc. Of Erie & Niagara, Kathy Rodriguez, 874-4460
- Planned Parenthood of Buffalo & Erie County, Colleen 831-2000 x-5927.
- St. John Baptist Church Health Ministry, Rynea Williams, 852-4504, ryneaw@yahoo.com
- Upstate New York Transplant Services – Accepts organs and tissues for transplantation and research; awareness for communities of color. Dr. Judith Tamburlin, 829-3630, jtamburl@buffalo.edu
- Veterans Hospital Health Care Systems, Edward Johnson, 862-6522, ejohnson@buffalo.edu
- WomenStories, Miriam Dow, 873-3689, mcdbuf@aol.com
- YWCA – Western New York – a large multi-purpose organization that has consolidated a variety of special programs and services to empower women. Tanya Perrin Johnson, 852-6120, YWCATPJ@aol.com

OTHER EXPERIENCES

Some phone numbers are included. Other numbers will depend on which community you will be doing your experience in. Many of the phone numbers will be listed in the phone book.

AA meeting or similar meetings (i.e. Al-Anon, Narcotics Anonymous, Smokers Anonymous, or Overeaters Anonymous)

Academy Meetings

Acupuncturist or other integrative medicine practitioner

Ambulance (Rural/Metro – 882-8400)

Child Advocacy Groups (CAC – 886-5437)

Child and Family Services (852-1424)

Chiropractor (Dr. Rodriguez – 882-8800)

City Mission (854-8181)

Dental Office

Downtown Alcohol Clinic (883-4517)

ECMC Immunodeficiency Clinic (898-4119)

“Good for the Neighborhood” see brochure in Clerkship packet for details and current dates

Habitat for Humanity (852-6607)

Health screening at a community event (i.e. blood pressure, glucose & weight screening)

Home visits with preceptor, other doctor, or home nursing agency (you are encouraged but not required to make at least one home visit during your rotation)

Hospital Board Meetings

Hospital rounds with a chaplain (Rev. Lewis at ECMC 898-3000)

Nursing Home

Nutritionist/ Dietitian

Occupational health - General Motors, General Mills, etc. (Union Occ. Health – 894-9366)

Pharmacist

Physical/ Occupational Therapy

Prisons (The clerkship secretary Correctional – 937-4000)

Quality Improvement Meetings

School Health Clinics

Support Groups for specific illnesses (breast cancer, AIDS, CFS, etc.)

Westfield Tar Wars Program (Helen Baran, 326-3633) Anti-smoking campaign presented in schools (**For students placed in Westfield only**)

You need to take the initiative to make the contacts and set up the experiences. However, your preceptor may be a valuable resource in helping you make the necessary contacts. Also, the Family Medicine, Dept. of Medical Student education office may be able to assist if needed.

MobileMed REQUIREMENT

OME requires that all students, in all Clerkships, keep track of patient data on UB MobileMed. In Family Medicine, you are required to enter the following data in MobileMed:

1. **All procedures (inpatient and outpatient)** that you perform or assist in performing (see page 11 of the syllabus for the list of procedures you may be doing while in this Clerkship).
2. **All patients you follow during your inpatient experience** (adult, pediatric and obstetrical patients). For each patient, enter age, gender, diagnoses and any procedures you performed or assisted with.

Once you are on the UBMM website, you will select "encounters" and enter you data.

In order to pass the Clerkship your MobileMed information must be entered no later than the Sunday after the Clerkship ends.

**ATTENDANCE,
GRADING AND
EVALUATION**

Attendance Policy

- **3-4 unexcused lates or 1 unexcused absence from any part of the Clerkship** (i.e.: preceptor office, didactic sessions, small groups) **will result in a 5-point reduction from your final grade and possible course failure.**
- 5 or more unexcused lates or 2 or more unexcused absences from any part of the Clerkship (i.e.: preceptor office, didactic sessions, small groups) will result in automatic course failure.
- You are required to spend a full day in your preceptor's office Monday – Friday (or a Saturday session if your preceptor is off a session during the week and offers Saturday hours). **You must attend all lectures, workshops and small group discussions** (except for weeks with defined school holidays or during weeks with 2 lecture days). Whether you are ill or your preceptor or small group facilitator has given you time off or there is some other reason – you must notify the Family Medicine office. **Failure to notify the office is considered a breach of the Honor Code and may result in a reduction of your final grade or course failure.**
- A request for a proposed lateness or absence must be made in writing (form on next page) and approved by Dr. Nielsen and Dr. Holmes at least 2 weeks **prior** to the date of absence or lateness. The only exception to this is with illness. In this case you should notify the clerkship secretary at 829-3800 immediately. If you cannot reach her, you should page Dr. Holmes at 459-4390.

Monday Afternoon Policy

(All weeks except during the afternoon lecture)

Students on the Family Medicine Inpatient Service (FMIS) – Report to assigned hospital and page the Senior Resident (ACR).

All others – Report to preceptor's office by 1:30 pm (2:00 – 2:30 if preceptor's office is further away).

All students (except those on FMIS) are expected to spend 9 half-day sessions per week in their preceptor's office. If this does not occur, for any reason, it is the responsibility of the student to notify, the UB Family Medicine Clerkship Office: 829-3800, dkarosik@buffalo.edu, or Dr. Holmes: 459-4390 (pager), dholmes@buffalo.edu. Failure to notify the Clerkship office or Dr. Holmes will be considered a violation of the attendance policy and grounds for course failure.

HONOR CODE

All written work must be your own and all forms completed must be truthful. All testing must be your own work. Presentations to preceptors or small group facilitators as well as chart documentation must be truthful (ie. don't try to BS and say you examined something if you didn't). The attendance policy must be adhered to. **Any professional misconduct, abusive language toward patients or others, misrepresentation, cheating, lying, false documentation, or deception of any sort is grounds for course failure and referral to the UB Code of Professional Conduct Council.**

Instructions: Requests must be made as early as possible, but at least 3 weeks in advance of requested time off (except for emergencies). After completing this form, give it to Dr. Nielsen in the OME. If she approves your request, return it to Dr. Holmes, for his approval to 197 Farber Hall. This form will be forwarded to your preceptor and / or small group facilitator to notify them. If you need to make up work, such as a quiz, you need to make those arrangements ahead of time with the clerkship secretary and your group facilitator.

Name: _____ Date: _____

Preceptor: _____

Small Group Facilitator: _____

Day, Date, and Time of Requested Time Off: _____

Reason for Requesting Time Off: _____

Student signature

The requested time off: is approved is not approved is approved with the following conditions:

Nancy Nielsen, MD Ph.D _____
Assistant Dean and Professor of Date
Clinical Medicine

The requested time off: is approved is not approved is approved with the following conditions:

David Holmes, M.D. _____
Director of Third Year Clerkship Date

GRADING POLICY

A final grade will be assigned according to the following:

1. All of the following must be completed in order to receive your final grade:

- | | |
|--|--|
| <ul style="list-style-type: none"> • Progress Note • 2 Community Medicine Experiences (CME) (Forms on UB Mobile Med) • Patient Safety Project (on UB MobileMed) • FMD700 Student Clerkship Evaluation for Course Objectives/General Assessment* (on UB MobileMed) • FMD700 Student Evaluation of Attending/Preceptor* (on UB MobileMed) | <ul style="list-style-type: none"> • FMD700 Student Clerkship Evaluation Experience @ Inpatient Site* (on UB MobileMed) • FMD700 Student Evaluation of Small Group Facilitator* (on UB MobileMed) • MobileMed Requirement |
|--|--|
- *These evaluations are anonymous*

If any of the above are turned in LATE, 1 point will be deducted from your final grade per assignment for each day past the due date.

2. Determination of final grade:

Preceptor Final Assessment	40%
Small Group	5%
Final Exam (SHELF)*	15%
Preventive Medicine Quiz	5%
Inpatient Work	15%
Patient Safety Project	5%
Clinical Skills Exam	15%
Total	100%

3. Final Grade:

Grades:	Total %
Honors	Overall avg. ≥ 80 <u>and</u> SHELF Exam ≥ 80
High Satisfactory	Overall avg. ≥ 75 <u>and</u> SHELF Exam ≥ 70
Satisfactory	Overall avg. ≥ 60 <u>and</u> SHELF Exam ≥ 60
Unsatisfactory	Overall avg. < 60 OR SHELF Exam in the 1 st percentile nationally based on the raw score OR Clinical Skills Exam < 58
Incomplete	SHELF Exam in the 2 nd -4 th percentile nationally based on the raw score OR Clinical Skills Exam is < 68

SHELF EXAM: 3 scores are given--raw, curved, and national percentile rank. The highest score will be used to determine your final grade. However.....

- If your raw score is in the 1st percentile nationally, you will receive an Unsatisfactory and you must repeat the entire Clerkship.
- If your raw score is in the 2nd-4th percentile nationally, you will receive an Incomplete and you must repeat the SHELF exam at the next available date that it is given.
- If your raw score is in the 1st-4th percentile on your 2nd attempt at the SHELF exam, you will receive an Unsatisfactory and you must repeat the entire Clerkship.

CLINICAL SKILLS EXAM: 2 Scores are given—raw and curved. The highest score will be used to determine your final grade. However.....

- If your score is < 58 , you will receive an Unsatisfactory in the course and you must repeat the entire Clerkship.
- If your Clinical Skills Exam score is < 68 , you will receive a Incomplete and you must repeat the Clinical Skills Exam at the next available date that it is given.
- If you receive an < 68 on your 2nd attempt at the Clinical Skills exam, you must repeat the entire Clerkship.

If you are unsatisfied with your grade and would like to dispute it, you must do so by contacting Diane Karosik (829-3800) within 2 weeks of receiving your grade. She will set up an appointment for you to review your file and discuss your grade with Dr. Holmes. You may not dispute your grade more than 2 weeks after receiving it.

EVALUATION FORMS

Student Name: _____ **Evaluator:** _____

Amount of time you spent with the student:

- little or no contact sporadic and superficial contact infrequent, but in depth contact frequent and in depth contact

Circle the descriptor that best describes the student’s performance.

A. Knowledge and Skills	1 inadequate	2 satisfactory	3 highly satisfactory	4 superior	N A
KNOWLEDGE	Shows a minimal amount of knowledge medical principles and pathophysiology related to the patients’ problems.	Shows adequate comprehension of basic medical principles and pathophysiology and relates them to the pts’ problems.	Demonstrates highly satisfactory understanding of medical principles and pathophysiology.	Shows superior knowledge of the basic medical principles and pathophysiology relating to the patients’ problems.	
APPLICATION OF KNOWLEDGE	Has difficulty identifying the key problems. Poorly applies knowledge to pt care. Cannot set priorities.	Identifies major problems. Adequate utilization of lab and other parameters.	Able to prioritize problems and order tests effectively. Does well at applying knowledge to pt care.	Identifies major and minor problems in perspective. Excellent use of lab and other services. Excellent application of knowledge to pt care.	
HISTORY TAKING	Disorganized. Does not ask appropriate follow-up questions. Interrupts patient. Appears uncomfortable interviewing patient.	Average mix of open-ended and directed questions. Follows logical sequence. Recognizes nonverbal cues. Establishes broad base of information. Establishes trust.	Obtains appropriate amount of information on all major and minor issues. Well organized. Very comfortable interviewing patient/family.	Comprehensive but efficient. Obtains pertinent information missed by other examiners. Takes initiative to contact additional sources (i.e. family, previous PCP’s, consultants, etc).	
PHYSICAL EXAMINATION	Unable to demonstrate basic exam skills. Unable to correctly identify major abnormal findings. Disorganized. Little regard to patient comfort. Has not made significant progress.	Identifies major and minor abnormal findings most of the time. Steady improvement. Has regard for patient comfort.	Identifies all significant abnormal and normal findings appropriately. Well organized. Modifies exam to adapt to patient illness.	Identifies subtle findings missed by other examiners. Appropriately confident in own diagnostic abilities. Applies special techniques to elicit further findings specific to complaints.	
ORAL PRESENTATIONS	Disorganized or unfocused. Some omissions. Over reliance on written notes.	Generally follows logical order. Adequate level of detail. Occasional reliance on written notes.	Well organized, inclusive of all essential information. Little reliance on written notes.	Concise, polished presentations even on complicated patients. Appreciates subtleties.	
WRITTEN WORK	Disorganized, missing essential information. Problem lists and differentials incomplete.	Notes organized and include all essential information with adequate analysis.	Well organized with thorough assessments and plans.	Superior level of organization with appropriately detailed discussion of differentials and plans.	
PROCEDURAL & TECHNICAL SKILLS	Minimal level of ability to perform basic surgical cases and bedside procedures. Little progress during clerkship.	Able to perform the procedures adequately. Steady improvement during clerkship.	Able to perform procedures at highly satisfactory level.	Superior mastery of procedural and technical skills. Performs far advanced procedures in clerkship level.	
PSYCHO-SOCIAL-SPIRITUAL (PSS) SKILLS	Uninterested &/or showed little competence with addressing PSS issues	Fairly interested in PSS issues &/or often did not remember to address these issues	Often inquired about PSS issues. Assessed and cared for pts. with PSS issues well.	Outstanding job of assessing, talking with, & caring for pts with PSS issues.	
PATIENT EDUCATION SKILLS	Uninterested &/or rarely provides pt ed. Difficulty speaking to pts at their level.	Interested in pt ed & occasionally provides it to patients	Promotes pt ed. and provided it often.. Assessed and taught patients well.	Outstanding job of teaching pts at their level. Very proactive.	

Knowledge and Skills Comments: WRITTEN COMMENTS ARE REQUIRED

Please write comments that are as specific as possible as they provide useful feedback for your student. Give specific examples of student-patient interactions. General comments, such as “pleasant”, “hard working” and “nice guy” are not helpful. **Please note, that if you circled a “1” or a “4” in any of the categories above, then comments are required for that category. If you give a “1” or a “4” without comments, then the grade will be changed to a “2” or “3”.** Please use another sheet of paper if more room is needed for comments.

Strengths:

Opportunities for Improvement:

B. Professionalism	1 inadequate	2 satisfactory	3 highly satisfactory	4 superior	N A
INTEGRITY	Remained silent when (s)he bore some responsibility for an oversight or minor error. Took credit when not due. Blamed others for own shortcomings. Lied about something.	Demonstrated no particularly positive or negative behaviors in regards to integrity.	Acknowledged when (s)he did not perform a part of the physical exam or task. Took responsibility for an error when asked.	Voluntarily acknowledged error. Appropriately shared or redirected credit to another person.	
COMPASSION Toward patients	Disrespectful or intolerant of cultural diversity. Patronizing. Negative about pts behind their back.	Shows empathy and concern; never patronizing; sensitive and respectful toward diversity; pts/families are comfortable asking student questions.	Demonstrates high level of empathy and concern; pts and families often turn to student with questions.	Exceptionally compassionate and takes cultural diversity into account in pt interactions; pts and families consistently seek out student to answer their questions.	
PROFESSIONAL AND TEAM RELATIONSHIPS	Occasionally discourteous to peers and or staff; does not work well with team of professionals; avoids work when possible.	Cooperative and courteous to peers and staff; works well with the team of professionals and maintains a satisfactory work load.	Works extremely well with the team; courteous, cooperative and actively engages in work to further educational opportunities.	In addition, has the respect and admiration of peers and staff. Always respected the opinion of others. Consistently fulfilled all duties & responsibilities.	
EDUCATIONAL ATTITUDE	Often sullen, hostile, argumentative. Unresponsive to suggestions. Reacts poorly to criticism.	Responsive to questions, but does not volunteer. Contributes to discussions, but not often.	Very good participation & response to suggestions. Often volunteers and takes initiative. Accepts criticism well.	Excellent participation. Eager to learn and be evaluated. Stimulates the learning process. Frequently volunteers and takes initiative.	
MATURITY	Requires frequent guidance and direction. Unable to work independently.	Requires average amount of guidance and direction. Recognizes limitations and is working to improve.	Generally self directed. Works well independently. Takes responsibility for own actions.	Extremely independent, but knows when to ask for help. Appropriately confident in own abilities. Self directed learner.	
PATIENT SAFETY	Daily oral reports and/or progress notes not up to date. Missed important changes in patient status. Unaware of potential drug interactions and poly-pharmacy issues. Inadequate attention to details. Did not follow up on tests	Oral and written work up to date and accurate. Demonstrated awareness of risks and benefits of treatment plan. Followed up on tests that were ordered. Adequate attention to details.	Very detailed oral reports and written progress notes with most up to date available information. Very good attention to details.	Outstanding daily oral and written progress reports with all latest data included. Anticipates potential drug interactions/poly-pharmacy issues. Excellent discharge and follow-up instructions for patients.	

Professionalism Comments: **WRITTEN COMMENTS ARE REQUIRED**

Please write comments that are as specific as possible as they provide useful feedback for your student. Give specific examples of student-patient-team interactions. General comments, such as “pleasant”, “hard working” and “nice guy” are not helpful. **Please note, that if you circled a “1” or a “4” in any of the categories above, then comments are required for that category. If you give a “1” or a “4” without comments, then the grade will be changed to a “2” or “3”.** Please use another sheet of paper if more room is needed for comments.

Strengths:

Opportunities for Improvement:

C. Areas of Concern

Do you have any level of concern about the student’s performance in the following areas?

Comments (Optional):

Legibility of Handwriting	None	A little	Some	A lot
Punctuality	None	A little	Some	A lot
Attendance	None	A little	Some	A lot
Attire/Grooming	None	A little	Some	A lot
Inappropriate Comments or Behavior	None	A little	Some	A lot

Evaluator’s Signature: _____ Date: _____

When complete, **please fax this form to Diane @ 829-2933** or mail to UB Dept of Family Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Diane at 829-3800 or page Dr. Holmes at 459-4390. Thank you.

Student Name: _____ Evaluator: _____

Amount of time you spent with the student:

little or no contact sporadic and superficial contact infrequent, but in depth contact frequent and in depth contact

Circle the descriptor that best describes the student’s performance.

A. Knowledge and Skills	1 inadequate	2 satisfactory	3 highly satisfactory	4 superior	N A
KNOWLEDGE	Shows a minimal amount of knowledge medical principles and pathophysiology related to the patients’ problems.	Shows adequate comprehension of basic medical principles and pathophysiology and relates them to the pts’ problems.	Demonstrates highly satisfactory understanding of medical principles and pathophysiology.	Shows superior knowledge of the basic medical principles and pathophysiology relating to the patients’ problems.	
APPLICATION OF KNOWLEDGE	Has difficulty identifying the key problems. Poorly applies knowledge to pt care. Cannot set priorities.	Identifies major problems. Adequate utilization of lab and other parameters.	Able to prioritize problems and order tests effectively. Does well at applying knowledge to pt care.	Identifies major and minor problems in perspective. Excellent use of lab and other services. Excellent application of knowledge to pt care.	
HISTORY TAKING	Disorganized. Does not ask appropriate follow-up questions. Interrupts patient. Appears uncomfortable interviewing patient.	Average mix of open-ended and directed questions. Follows logical sequence. Recognizes nonverbal cues. Establishes broad base of information. Establishes trust.	Obtains appropriate amount of information on all major and minor issues. Well organized. Very comfortable interviewing patient/family.	Comprehensive but efficient. Obtains pertinent information missed by other examiners. Takes initiative to contact additional sources (i.e. family, previous PCP’s, consultants, etc).	
PHYSICAL EXAMINATION	Unable to demonstrate basic exam skills. Unable to correctly identify major abnormal findings. Disorganized. Little regard to patient comfort. Has not made significant progress.	Identifies major and minor abnormal findings most of the time. Steady improvement. Has regard for patient comfort.	Identifies all significant abnormal and normal findings appropriately. Well organized. Modifies exam to adapt to patient illness.	Identifies subtle findings missed by other examiners. Appropriately confident in own diagnostic abilities. Applies special techniques to elicit further findings specific to complaints.	
ORAL PRESENTATIONS	Disorganized or unfocused. Some omissions. Over reliance on written notes.	Generally follows logical order. Adequate level of detail. Occasional reliance on written notes.	Well organized, inclusive of all essential information. Little reliance on written notes.	Concise, polished presentations even on complicated patients. Appreciates subtleties.	
WRITTEN WORK	Disorganized, missing essential information. Problem lists and differentials incomplete.	Notes organized and include all essential information with adequate analysis.	Well organized with thorough assessments and plans.	Superior level of organization with appropriately detailed discussion of differentials and plans.	
PROCEDURAL & TECHNICAL SKILLS	Minimal level of ability to perform basic surgical cases and bedside procedures. Little progress during clerkship.	Able to perform the procedures adequately. Steady improvement during clerkship.	Able to perform procedures at highly satisfactory level.	Superior mastery of procedural and technical skills. Performs far advanced procedures in clerkship level.	
PSYCHO-SOCIAL-SPIRITUAL (PSS) SKILLS	Uninterested &/or showed little competence with addressing PSS issues	Fairly interested in PSS issues &/or often did not remember to address these issues	Often inquired about PSS issues. Assessed and cared for pts. with PSS issues well.	Outstanding job of assessing, talking with, & caring for pts with PSS issues.	
PATIENT EDUCATION SKILLS	Uninterested &/or rarely provides pt ed. Difficulty speaking to pts at their level.	Interested in pt ed & occasionally provides it to patients	Promotes pt ed. and provided it often.. Assessed and taught patients well.	Outstanding job of teaching pts at their level. Very proactive.	

Knowledge and Skills Comments: WRITTEN COMMENTS ARE REQUIRED

Please write comments that are as specific as possible as they provide useful feedback for your student. Give specific examples of student-patient interactions. General comments, such as “pleasant”, “hard working” and “nice guy” are not helpful. **Please note, that if you circled a “1” or a “4” in any of the categories above, then comments are required for that category. If you give a “1” or a “4” without comments, then the grade will be changed to a “2” or “3”.** Please use another sheet of paper if more room is needed for comments.

Strengths:

Opportunities for Improvement:

B. Professionalism	1 inadequate	2 satisfactory	3 highly satisfactory	4 superior	N A
INTEGRITY	Remained silent when (s)he bore some responsibility for an oversight or minor error. Took credit when not due. Blamed others for own shortcomings. Lied about something.	Demonstrated no particularly positive or negative behaviors in regards to integrity.	Acknowledged when (s)he did not perform a part of the physical exam or task. Took responsibility for an error when asked.	Voluntarily acknowledged error. Appropriately shared or redirected credit to another person.	
COMPASSION Toward patients	Disrespectful or intolerant of cultural diversity. Patronizing. Negative about pts behind their back.	Shows empathy and concern; never patronizing; sensitive and respectful toward diversity; pts/families are comfortable asking student questions.	Demonstrates high level of empathy and concern; pts and families often turn to student with questions.	Exceptionally compassionate and takes cultural diversity into account in pt interactions; pts and families consistently seek out student to answer their questions.	
PROFESSIONAL AND TEAM RELATIONSHIPS	Occasionally discourteous to peers and or staff; does not work well with team of professionals; avoids work when possible.	Cooperative and courteous to peers and staff; works well with the team of professionals and maintains a satisfactory work load.	Works extremely well with the team; courteous, cooperative and actively engages in work to further educational opportunities.	In addition, has the respect and admiration of peers and staff. Always respected the opinion of others. Consistently fulfilled all duties & responsibilities.	
EDUCATIONAL ATTITUDE	Often sullen, hostile, argumentative. Unresponsive to suggestions. Reacts poorly to criticism.	Responsive to questions, but does not volunteer. Contributes to discussions, but not often.	Very good participation & response to suggestions. Often volunteers and takes initiative. Accepts criticism well.	Excellent participation. Eager to learn and be evaluated. Stimulates the learning process. Frequently volunteers and takes initiative.	
MATURITY	Requires frequent guidance and direction. Unable to work independently.	Requires average amount of guidance and direction. Recognizes limitations and is working to improve.	Generally self directed. Works well independently. Takes responsibility for own actions.	Extremely independent, but knows when to ask for help. Appropriately confident in own abilities. Self directed learner.	
PATIENT SAFETY	Daily oral reports and/or progress notes not up to date. Missed important changes in patient status. Unaware of potential drug interactions and poly-pharmacy issues. Inadequate attention to details. Did not follow up on tests	Oral and written work up to date and accurate. Demonstrated awareness of risks and benefits of treatment plan. Followed up on tests that were ordered. Adequate attention to details.	Very detailed oral reports and written progress notes with most up to date available information. Very good attention to details.	Outstanding daily oral and written progress reports with all latest data included. Anticipates potential drug interactions/poly-pharmacy issues. Excellent discharge and follow-up instructions for patients.	

Professionalism Comments: WRITTEN COMMENTS ARE REQUIRED

Please write comments that are as specific as possible as they provide useful feedback for your student. Give specific examples of student-patient-team interactions. General comments, such as “pleasant”, “hard working” and “nice guy” are not helpful. **Please note, that if you circled a “1” or a “4” in any of the categories above, then comments are required for that category. If you give a “1” or a “4” without comments, then the grade will be changed to a “2” or “3”.** Please use another sheet of paper if more room is needed for comments.

Strengths:

Opportunities for Improvement:

C. Areas of Concern

Do you have any level of concern about the student’s performance in the following areas?

Comments (Optional):

Legibility of Handwriting	None	A little	Some	A lot
Punctuality	None	A little	Some	A lot
Attendance	None	A little	Some	A lot
Attire/Grooming	None	A little	Some	A lot
Inappropriate Comments or Behavior	None	A little	Some	A lot

Evaluator’s Signature: _____ Date: _____

When complete, **please fax this form to Diane @ 829-2933** or mail to UB Dept of Family Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Diane at 829-3800 or page Dr. Holmes at 459-4390. Thank you.

UB Family Medicine Clerkship Inpatient Attending Assessment of Student

Student Name: _____ Evaluator: _____ Block: _____

1. Did the student do at least 6 H & P's that were reviewed by the Attending or ACR? Yes No
 2. Did the student do hospital rounds and call (till midnight) on 1 weekend day? Yes No
 3. Did the student do call (till midnight) on 3 weekdays? Yes No
 4. Did the student give a presentation on a medical topic? Yes No
 Topic presented (if you remember): _____
 5. Did the student give a brief presentation of his/her Patient Safety Project during rounds? Yes No
- If "No" on any of the above, please explain:

Comment on the student's performance in the areas below. Please **give specific examples** of the student's performance, such as a specific interaction with a patient. Continue on back if more room is needed.

	Strengths	Opportunities for Improvement
Professionalism (integrity, honesty, attitude, maturity)		
Knowledge and Application of Knowledge		
History and Physical Exams and Documentation		
Oral Presentations		
Attention to Psycho-Social-Spiritual and Cultural Issues		
Interpersonal Skills with patients and team		
Attention to Patient Safety and Patient Education Issues		
Other		

Do you have any concern about the student's performance in the following areas? Comments (Optional):

Legibility of Handwriting:	None	A little	Some	A lot
Punctuality:	None	A little	Some	A lot
Attendance:	None	A little	Some	A lot
Attire/Grooming:	None	A little	Some	A lot
Inappropriate Comments or Behavior:	None	A little	Some	A lot

Inpatient Grade (circle one): High Pass Pass Minimal Pass Needs Remediation

Evaluator's Signature: _____ Date: _____

When complete, **please fax this form to Diane @ 829-2933** or mail to UB Dept. of Family Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Diane at 829-3800 or page Dr. Holmes at 459-4390.

UB Family Medicine Clerkship Inpatient Resident Assessment of Student

Student Name: _____ Evaluator: _____ Circle One: R-1 R-2 R-3

- | | | |
|---|-----|----|
| 1. Did the student do at least 6 H & P's that were reviewed by the Attending or ACR? | Yes | No |
| 2. Did the student do hospital rounds and call (till midnight) on 1 weekend day? | Yes | No |
| 3. Did the student do call (till midnight) on 3 weekdays? | Yes | No |
| 4. Did the student give a presentation on a medical topic? | Yes | No |
| Topic presented (if you remember): _____ | | |
| 5. Did the student give a brief presentation of his/her Patient Safety Project during rounds? | Yes | No |
- If "No" on any of the above, please explain:

Comment on the student's performance in the areas below. Please **give specific examples** of the student's performance, such as a specific interaction with a patient. Continue on back if more room is needed.

	Strengths	Opportunities for Improvement
Professionalism (integrity, honesty, attitude, maturity)		
Knowledge and Application of Knowledge		
History and Physical Exams and Documentation		
Oral Presentations		
Attention to Psycho-Social-Spiritual and Cultural Issues		
Interpersonal Skills with patients and team		
Attention to Patient Safety and Patient Education Issues		
Other		

Do you have any concern about the student's performance in the following areas? Comments (Optional):

- | | | | | |
|-------------------------------------|------|----------|------|-------|
| Legibility of Handwriting: | None | A little | Some | A lot |
| Punctuality: | None | A little | Some | A lot |
| Attendance: | None | A little | Some | A lot |
| Attire/Grooming: | None | A little | Some | A lot |
| Inappropriate Comments or Behavior: | None | A little | Some | A lot |

Inpatient Grade (circle one): High Pass Pass Minimal Pass Needs Remediation

Evaluator's Signature: _____ Date: _____

When complete, **please fax this form to Diane @ 829-2933** or mail to UB Dept. of Family Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Diane at 829-3800 or page Dr. Holmes at 459-4390.

UB Family Medicine Clerkship Inpatient Resident Assessment of Student

Student Name: _____ Evaluator: _____ Circle One: R-1 R-2 R-3

- | | | |
|---|-----|----|
| 1. Did the student do at least 6 H & P's that were reviewed by the Attending or ACR? | Yes | No |
| 2. Did the student do hospital rounds and call (till midnight) on 1 weekend day? | Yes | No |
| 3. Did the student do call (till midnight) on 3 weekdays? | Yes | No |
| 4. Did the student give a presentation on a medical topic? | Yes | No |
| Topic presented (if you remember): _____ | | |
| 5. Did the student give a brief presentation of his/her Patient Safety Project during rounds? | Yes | No |
- If "No" on any of the above, please explain:

Comment on the student's performance in the areas below. Please **give specific examples** of the student's performance, such as a specific interaction with a patient. Continue on back if more room is needed.

	Strengths	Opportunities for Improvement
Professionalism (integrity, honesty, attitude, maturity)		
Knowledge and Application of Knowledge		
History and Physical Exams and Documentation		
Oral Presentations		
Attention to Psycho-Social-Spiritual and Cultural Issues		
Interpersonal Skills with patients and team		
Attention to Patient Safety and Patient Education Issues		
Other		

Do you have any concern about the student's performance in the following areas? Comments (Optional):

- | | | | | |
|-------------------------------------|------|----------|------|-------|
| Legibility of Handwriting: | None | A little | Some | A lot |
| Punctuality: | None | A little | Some | A lot |
| Attendance: | None | A little | Some | A lot |
| Attire/Grooming: | None | A little | Some | A lot |
| Inappropriate Comments or Behavior: | None | A little | Some | A lot |

Inpatient Grade (circle one): High Pass Pass Minimal Pass Needs Remediation

Evaluator's Signature: _____ Date: _____

When complete, **please fax this form to Diane @ 829-2933** or mail to UB Dept. of Family Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Diane at 829-3800 or page Dr. Holmes at 459-4390.

UB Family Medicine Clerkship Inpatient Resident Assessment of Student

Student Name: _____ Evaluator: _____ Circle One: R-1 R-2 R-3

- | | | |
|---|-----|----|
| 1. Did the student do at least 6 H & P's that were reviewed by the Attending or ACR? | Yes | No |
| 2. Did the student do hospital rounds and call (till midnight) on 1 weekend day? | Yes | No |
| 3. Did the student do call (till midnight) on 3 weekdays? | Yes | No |
| 4. Did the student give a presentation on a medical topic? | Yes | No |
| Topic presented (if you remember): _____ | | |
| 5. Did the student give a brief presentation of his/her Patient Safety Project during rounds? | Yes | No |
- If "No" on any of the above, please explain:

Comment on the student's performance in the areas below. Please **give specific examples** of the student's performance, such as a specific interaction with a patient. Continue on back if more room is needed.

	Strengths	Opportunities for Improvement
Professionalism (integrity, honesty, attitude, maturity)		
Knowledge and Application of Knowledge		
History and Physical Exams and Documentation		
Oral Presentations		
Attention to Psycho-Social-Spiritual and Cultural Issues		
Interpersonal Skills with patients and team		
Attention to Patient Safety and Patient Education Issues		
Other		

Do you have any concern about the student's performance in the following areas? Comments (Optional):

Legibility of Handwriting:	None	A little	Some	A lot
Punctuality:	None	A little	Some	A lot
Attendance:	None	A little	Some	A lot
Attire/Grooming:	None	A little	Some	A lot
Inappropriate Comments or Behavior:	None	A little	Some	A lot

Inpatient Grade (circle one): High Pass Pass Minimal Pass Needs Remediation

Evaluator's Signature: _____ Date: _____

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Would you like to receive information about?

A career in family medicine? _____ YES _____ NO

Family medicine residency programs in general? _____ YES _____ NO

UB's family medicine residency program? _____ YES _____ NO

If you answered, "YES" to any of the above, please fill in the information below and turn this form in to the clerkship coordinator on the last day of the Clerkship

Name:

Address:

Phone Number:

E-Mail Address:

We will send this request to the Interim Residency Program Director, Dr. Michael Zionts. If you would like to contact Dr. Zionts directly, you may call him at 898-5972.

If you have questions and/or would like an advisor, Dr. Rosenthal, Dr. Pretorius, Dr. Zionts, Dr. Holmes, Dr. Brewer or any of the other Family Medicine Faculty would be happy to talk to you. Please feel free to contact them. Your preceptors are also good sources of information and advice as are current Family Medicine residents.

Dr. Rosenthal	898-4505	trosenth@buffalo.edu
Dr. Zionts	898-5972	zionts@buffalo.edu
Dr. Pretorius	829-3800	pretor@buffalo.edu
Dr. Holmes	829-3800	dholmes@buffalo.edu
Dr. Brewer	859-4140	jebrewer@buffalo.edu

Other useful websites:

American Academy of Family Physicians:	www.AAFP.org
UB Family Medicine Residency:	www.smbs.buffalo.edu/fam-med/
Career Guidance:	www.aamc.org/medcareers
"Strolling through the Match":	http://fmignet.aafp.org/residency.html
2005 Directory of Family Practice Residency Programs:	www.aafp.org/residencies

Do you think your preceptor should get the award for “Family Medicine Preceptor of the Year”?

____ Definitely!! ____ Yes ____ No ____ Maybe ____ Unsure

If you think your preceptor should get the award, please write his/her name below:

If you would like to write down reasons why he/she should get the award, please do so in the space below:

Do you think your preceptor should get the award for “Family Medicine Inpatient Attending of the Year”?

____ Definitely!! ____ Yes ____ No ____ Maybe ____ Unsure

If you think your inpatient attending should get the award, please write his/her name below:

If you would like to write down reasons why he/she should get the award, please do so in the space below:

Do you think a resident you worked with should get the award for “Family Medicine Resident Teacher of the Year”?

____ Definitely!! ____ Yes ____ No ____ Maybe ____ Unsure

If you think a resident you worked with should get the award, please write his/her name below:

If you would like to write down reasons why he/she should get the award, please do so in the space below:

Return this form to the clerkship secretary in 197 Farber Hall on the last day of the Clerkship

Do you think a lecturer or Small Group Facilitator you worked with should get the award for “Family Medicine Teacher of the Year”?

____ Definitely!! ____ Yes ____ No ____ Maybe ____ Unsure

If you think a lecturer or Small Group Facilitator you worked with should get the award, please write his/her name below:

If you would like to write down reasons why he/she should get the award, please do so in the space below:

Return this form to the clerkship secretary in the 197 Farber Hall on the last day of the Clerkship