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QUOTES to THINK ABOUT

"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, M.D.

"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.

"Life's most persistent and urgent question is 'What are you doing for others?'" - 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, M.D.

"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

"A patient-centered medical home integrates patients as active participants in their own health and well-being. Patients are cared for by a personal physician who leads the medical team that coordinates all aspects of preventive, acute and chronic needs of patients using the best available evidence and appropriate technology. These relationships offer patients comfort, convenience and optimal health throughout their lifetimes." - AAFP Board of Directors

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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 knowledge of Family Medicine and your skills in:

- performing both focused and comprehensive history and physical exams
- formulating an accurate assessment and effective plan in both the outpatient and inpatient settings
- implementing disease prevention strategies
- improving the health and well-being of patients using the whole-person health care model

We hope to expand your understanding of the doctor-patient relationship and whole-person health care. Whether you eventually enter a primary care specialty or a sub-specialty field, you will need to understand the role of the family 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 family physicians 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

1. Provide primary medical care for individuals and families as the physician of first contact and continuing care in health as well as in illness.
2. Assess and manage acute and chronic medical problems.
3. Provide anticipatory health care using education, risk reduction, and health enhancement strategies.
4. Provide continuous as well as episodic health care, not limited by a specific disease, patient characteristics, or setting of the patient encounter.
5. Provide and coordinate comprehensive care of complex and severe problems using biomedical, social, personal, economic, and community resources, including consultation and referral.
6. 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:

1. Demonstrate a high degree of integrity and excellence in professionalism.
2. Demonstrate the ability to take an accurate, problem-focused patient history
3. Demonstrate the ability to perform a complete and accurate physical examination appropriate to the patient's complaint.
4. Demonstrate the ability to give a complete, accurate and organized case presentation of a patient encounter.
5. Demonstrate the ability to write an accurate, well-organized problem-focused progress note and complete patient profile.
6. Identify acute and chronic illnesses and formulate an adequate assessment and plan for each problem
7. 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,
8. Demonstrate adequate comprehension of basic pathophysiology and relate it to patients' problems
9. Demonstrate adequate utilization of lab and other parameters
10. Use time in a fairly efficient manner
11. Identify and manage preventive medicine needs of patients
12. Demonstrate the ability to provide patients with health education in terms that can be easily understood
13. Demonstrate understanding of the guidelines as presented in the Guide to Clinical Preventive Services (Report of the US Preventive Services Task Force, Second Edition)
14. Demonstrate understanding of whole person health care using the bio-psycho-social-spiritual model
15. Develop good rapport with patients and demonstrate empathy toward them
16. Develop good rapport and work well with staff and providers
17. Demonstrate the use of appropriate interpersonal communication skills
18. Accomplish all work expected as outlined in the syllabus, by the preceptor, and by the small group facilitator
19. Demonstrate evidence of reading about the problems of patients seen in the office and researching answers to questions that arise in the office
20. Demonstrate attention to patient safety issues, including legible handwriting.

Reading

Patients

You must read about the patients that you encounter. It's the best way to learn and the best way to prepare for the SHELF Exam.

Required Textbooks

- Case Files Family Medicine, E. Troy, D. Briscoe, C. Dumas, J. Bedford; McGraw-Hill Medical. 2007
- Guide to Clinical Preventive Services 2008
(The recommendations can be found on the Internet:
<http://ahrq.gov/clinic/pocketgd.htm>)

Strongly Recommended Books

- 12-Lead ECG's A Pocket Brain for Easy Interpretation, 4th Edition, 2007. Ken Grauer (ordering information can be found on the website: kg-ekgpress.com)
- Textbook of Family Medicine. Defining and Examining the Discipline. John W. Saultz, M.D., editor
(This is a good reference book and can be purchased at a savings through: ecampus.com.)
- Field Guide to Urgent and Ambulatory Care Procedures by David M. James, Lippincott, Williams & Wilkins
- Review books for Family Medicine and/or Step 2 USMLE Exam

Recommended

- Journal: American Family Physician
- Seidel HM, et. al. Mosby's Guide to Physical Examination. Sixth edition. Elsevier Science, St. Louis, 2006.

Required Readings from Case Files for Family Medicine

You are expected to read all the cases listed prior to the week that they are listed in (with the exception of week #1).

Small Group Topics

Large Group Topics

WEEK ONE			WEEK ONE			
Chest Pain	Case #	Page #		Case #	Page #	Instructor
Chest Pain	20	183	Research in FM	-	-	Dr. Rosenthal
ECG Workshop	-	-	Intro to FM	-	-	Dr. Holmes
Adverse Drug Reaction and Interactions	52	468	Alcohol Dependence	41	375	Dr. Blondell
			Patient Safety	-	-	Dr. Singh
WEEK TWO			WEEK TWO			
Behavioral Health	Case #	Page #		Case #	Page #	Instructor
Behavior Modification	-	-	Behavior Modification Assessment & Intervention	-	-	Dr. Koenigsberg
Tobacco	7	75	Joint Pain	3	33	Dr. Holmes
<i>*Note: Please read for Week Two Large Group Session</i>			Musculoskeletal Injuries	12	113	Dr. Holmes

**Groups will be split into 2 for Small Group Session*

Required Readings from Case Files for Family Medicine

You are expected to read all the cases listed prior to the week that they are listed in (with the exception of week #1).

Small Group Topics

Large Group Topics

WEEK THREE			WEEK THREE			
	Case #	Page #		Case #	Page #	Instructor
Pulmonary and Cardiovascular			Prenatal Care	4	41	Dr. Wilkins
COPD	2	25	Labor & Delivery	16	147	
Allergic Disorders	6	63	Post Partum Care	26	227	
Acute Bronchitis	19	175	Suturing Workshop	-	-	Sm Grp Facilitators
Congestive Heart Failure	27	247	Medical Ethics	8	81	Dr. Kowalski
Hypertension	30	279				
Hyperlipidemia	35	323				
Palpitations	42	383				
WEEK FOUR			WEEK FOUR			
	Case #	Page #		Case #	Page #	Instructor
Peds and GYN			Colonoscopy & Adult Health Maintenance	1	17	Dr. Symons
Well Child Care	5	51	Vaginitis	22	203	Dr. Holmes
Adolescent Health Maintenance	29	271	Procedure Workshop	-	-	Dr. Holmes
Abd Pain & Vomiting in a Child	31	287				
Acute Causes of Wheezing Other than Asthma in Children	39	359				
Limping & Pain in Children	37	341				
Family Plan-Contraceptives	28	259				
Menstrual Cycle Irregularity	50	449				
Breast Diseases	49	441				
Family Violence	36	333				
WEEK FIVE			WEEK FIVE			
	Case #	Page #		Case #	Page #	Instructor
GI, Endocrine & Nutrition			Clinical Skills Exam	-	-	
Lower GI Bleeding	23	211				
Acute Diarrhea	10	97				
Irritable Bowel Syndrome	40	369				
Jaundice	46	415				
Peptic Ulcer Disease	47	425				
Thyroid Disorders	15	139				
Calcium Disorders	17	157				
Diabetes Mellitus	51	457				
Obesity	33	305				
WEEK SIX			WEEK SIX			
	Case #	Page #		Case #	Page #	Instructor
Neuro-Psych, Geriatrics, ID & Renal			Skin Lesions	13	123	Dr. Ahirah
CVA/TIA	44	397	Wrap-Up, Physician Health, Global Health	-	-	Dr. Holmes
Migraine Headache	34	315				
Dementia	32	295				
Major Depression	25	227				
Geriatric Health	18	165				
Sting & Bite Injuries	43	391				
HIV & AIDS	45	407				
Fever & Rash	48	433				
Postoperative Fever	38	349				
Chronic Renal Failure	21					
Hematuria	14	131				

Assessment

Preventive Medicine Quiz

Last Friday of Clerkship at 8:30 a.m. in Room 182 – Farber Hall (in the school of Public Health). The quiz is based on the recommendations only of each chapter.

SHELF Exam

Last Friday of Clerkship at 9:00 a.m. in Room 182 Farber Hall.

SHELF Exam Preparation

Results of a survey completed by UB students after taking the Family Medicine SHELF exam (Fall 2007):

What helped you the most in terms of preparing for the FM SHELF Exam?

19	Reading about the patients/diagnoses you saw in the office/hospital	
2	The Essentials of Family Medicine book	
7	A Family Medicine SHELF exam review book (which one:)	
	26 Case Files	1 Pretest Family Medicine
	2 NMS questions, Family Med	1 Blue Prints
	1 Swansons	
2	A STEP 2 review book (which one:)	
	MKSAP, First Aid, NMS	
7	Other:	
	Read step 2 review could have helped	USMLE World Step II question bank
	Studying for Step 1	The rest of the third year
	First Aid for Step 1	Taking medicine before this
	Doing questions on USMLE Worlds q- bank	

What was the second most helpful resource in terms of preparing for the FM SHELF exam?

22	Reading about the patients/diagnoses you saw in the office/hospital	
17	A Family Medicine SHELF exam review book (which one:)	
	5 Case Files FM case files step up/MKSAP3	
4	A STEP 2 review book (which one:)	
	First Aid Step 2 secrets First Aid NMS	
5	Other:	
	Residual Step 1 Knowledge	AAFP Questions
	Paying attention at clerkship	USPX Task Force
	Case Files	Step up to FM
	First Aid for Step I	First Aid for Step 1
	NMS FM	

What was the hardest part(s) of the SHELF exam (i.e. what topics did you feel least prepared for)?

- Pediatrics (x13); rarely saw patients under 18 in clinic or inpatient
- The neonatal & adolescent medicine
- OBGyn (x9)
- Emergency Medicine (2)
- Cancer/oncology (2)
- Rheumatoid Arthritis, SLE
- Fluids would help
- Drugs (x2), antibiotics
- Acute cases
- Haven't had rotation yet: OB, peds, medicine, emergency medicine

- Renal (x3); a few questions of liver vs renal disease
- Hematology (x2)
- Urology (2)
- Cardiology (x2); a lot of cardiology questions, felt unprepared for (murmurs, etc.)
- Heart murmurs (x2)
- It was fair
- Could not pick one individual topic really
- Musculoskeletal (x2)
- Hard to remember everything, encompasses last of info
- Clinical Tests
- Prenatal Care
- Pharmacology
- Microbiology
- electrolyte imbalances
- managing chronic disease
- cardiac drugs, rare diseases that you don't see in the office
- Abx
- Sexual Dysfunction
- The exam had some topics that were biochemistry and mechanism related
- It's comprehensive
- All topics were hard, although the common topics were easier
- Time
- The specificity of each question
- General Knowledge
- The rare stuff that you only see when doing questions
- Studying for quizzes and all the other stuff we had to do for the clerkship
- so broad, so hard to study all topics equally
- Random questions (x2); there were some more random questions on the medicine
- Side of things that I hadn't come across in any readings or clinical encounters. Not sure how I would have prepared differently to take these into account
- medical questions
- Everything

What was the easiest part(s) of the SHELF exam (i.e. what topics did you feel most prepared for)?

- Cardio (x6)
- Prevention (x5); preventive guideline
- HTN (x3)
- Diabetes (x4)
- OBGyn (x5)
- Peds (x3)
- Cholesterol (x2)
- Respiratory (x2)
- Emergency Medicine
- Medicine; general medicine
- Basic sciences
- NADA
- MicroBio
- Neuro
- Treatment recommendations
- The stuff you see in the office or hospital all the time
- Well visits
- Inpatient medicine scenarios
- Management I
- Chronic disease sections
- Pharmacology
- URI's, autoimmune disorders
- Nothing was easy
- GI
- Hypertension
- CHF
- Heart disease
- Questions relevant to previous rotations
- Ottawa Ankle Rules
- CVA
- Things we read about for Essentials Book

Other comments you have regarding the SHELF exam (optional):

- The class was very good, but the shelf was very overwhelming. The only thing I would do differently is do more practice questions earlier.
- Very hard, recommend a book that is a review for step 2 not a family medicine book
- To study for the shelf use first aid for step 1, do USMLE world questions or MKSAP
- The exam was a lot like Step 1. Please tell people that it may affect the how or what they study
- Its difficult to study for
- SHELF: should be on computer. It would be better prep for Step 2

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 22 minutes to complete your visit with one of the standardized patients. For the other standardized patient you will receive 20 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 3rd year medical student. However, by the end of the visit you should let your patient know what your assessment and plan are. You are able to order tests, make a diagnosis and recommend treatment without first consulting with your preceptor.
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).

**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 page 44)
- 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

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.

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.

**INPATIENT
AND
OB CALL
INFORMATION**

FAMILY MEDICINE INPATIENT SERVICE
10 MOST COMMON DIAGNOSES
(Dr. Khalid Malik)

Please reads **BEFORE** you start your FMIS. It will help tremendously to enhance your clinical experience as well as your medical knowledge.

- 1- Acute Coronary Syndrome
- 2- Congestive Heart Failure
- 3- DVT/Pulmonary Embolism
- 4- Sepsis/Pneumonia/UTI/HIV
- 5- Asthma/COPD exacerbations
- 6- DKA/Insulin mgt
- 7- Renal failure
- 8- HTN urgencies/emergencies
- 9- Liver Disease/Ascites/DTs
- 10- Seizures/Stroke mgt

STUDENTS – PLEASE COPY and GIVE THIS SHEET TO EACH RESIDENT and ATTENDING ON YOUR TEAM so they will have a clear understanding of what is expected

For questions or concerns contact Dr. David Holmes via pager (459-4390) or e-mail (dholmes@buffalo.edu)

EXPECTATION OF ATTENDINGS, RESIDENTS and STUDENTS on the UB Family Medicine Inpatient Service (FMIS)

All members of the team are expected to work well with one another, to teach and encourage one another and demonstrate personal and professional integrity. This means:

- Patient presentations and chart documentation must be truthful (i.e. don't try to say you examined something if you didn't).
- You should display respect toward one another, patients, and others
- You should not use unprofessional language that may be offensive to others
- As a general rule, you should Praise in public. Criticize in private. Constructive negative feedback should be given in private as much as possible. Non-constructive negative comments about others should not be said or heard by anyone.
- Attendings and residents should give students oral feedback throughout the rotation.
- Attendings and senior residents should complete the final written evaluation of student within 1 week of the end of the rotation and return it to the Family Medicine Medical Education Office (202 Farber Hall, 3435 Main Street, Buffalo, NY 14214-8001, fax: 829-2933). **Written comments should be detailed and include specific examples as they provide the most useful type of feedback for students and Dr. Holmes.**

Also, all members of the team are expected to read and follow the guidelines below under Expectations of Students.

EXPECTATIONS of STUDENTS on FMIS

1. Under the supervision of the attending, senior resident or junior resident, you should follow 3-4 patients daily and perform in-house responsibilities (i.e. house coverage, admissions, etc.). Ideally, you should follow and write progress notes on all patients that you admit till they are discharged. Be generally aware of and learn from all patients on the service, not just the ones you are following.
2. Take call on two days. 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 11:00 p.m. If you choose to do a weekend call, it starts at 8:00 a.m. and ends at 11:00 p.m.
3. You do not get post-call days off.
4. You are expected to round on your patients and write legible and well organized progress notes every morning except for Mondays (and the Hospice Friday and disabilities seminar at People Inc.). During the weekend between your two week inpatient experience, you are expected to round on patients and write progress notes on both days (Sat and Sun). Note: Monday afternoon (after small groups and lectures) you should report to the inpatient service.
5. Write at least 3 full H&P's and give them to the attending right away. Attendings and/or residents should provide you with written or oral feedback. The H&P's should be returned to you and not be placed in the medical record. You may be asked to write more than 3 H&P's. The more you do, the more you learn.
6. Pre-round on all your patients, with legible progress notes written prior to rounds with the attending. It's OK for progress notes to be in the medical record. However, the resident also needs to write a progress note.
7. Present patients and participate in discussions during rounds. Residents should allow you to present patients first and then add to your presentation after you're done. Present your Patient Safety Project findings during rounds. Also, you should give at least one presentation on a topic that is specific to inpatient medicine. Ask your attending or senior resident when you should give these presentations.
8. **Give the attending and senior resident the evaluation form** (located in your syllabus) **to complete**. In order to pass the Clerkship, these forms must be completed and returned to the Family Medicine office (197 Farber Hall) fax #829-2933 by the attending and senior resident.
9. Be present, and on time. Immediately notify the attending or senior resident if sick or an emergency arises. Take the initiative. Work hard. Learn as much as you can. Ask questions. Ask for feedback.

Guideline for Completing Inpatient and Outpatient 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 Experience 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/Year** _____

PATIENT #1 Date of Delivery: _____ Hospital _____

Type of Delivery: 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 applies):

- | | |
|---|--|
| <input type="checkbox"/> Did an initial history and physical | <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 more room needed) _____

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 _____

If you participated in more than one OB experience, please copy the above form and use for each patient seen.

**CLERKSHIP LECTURES, WORKSHOPS
AND SMALL GROUPS**

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 or lateness 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.
- You must arrive on time for all lectures, workshops, small group sessions and clinical experiences.
- All assignments are to be completed according to the directions given and returned to the administrative assistant in the Family Medicine Office Predoctoral Education 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

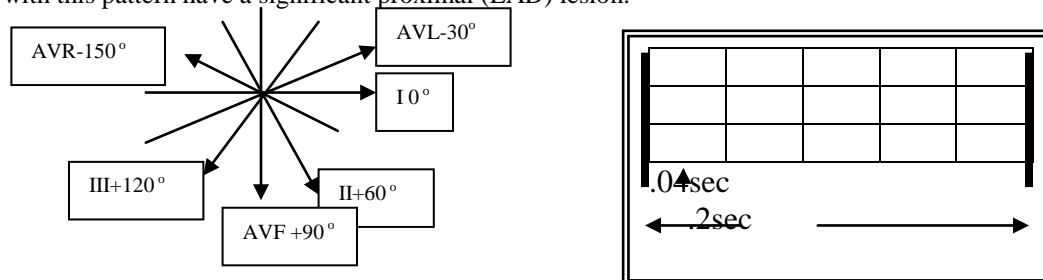
Lateral: ST \uparrow and Qws I, AVL, V5, V6

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.



Differential Dx of Chest Pain – To be completed prior to Small Group Session

Causes of Chest Pain	Quality	Severity	Location	Radiation	Aggravating Factors	Alleviating Factors	Associated Signs & Sx	Exam Findings	Diagnostic Tests	Treatment

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*

REQUIRED ASSIGNMENT

Due Monday of Week 5

NUTRITION 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?

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:

Diagnosis Category

Diagnosis

Access: Transportation Availability of services Telephone at home:

- No difficulties Good Yes
 Difficulties Limited No

Cognitive: Orientation Memory (3 object recall) Concentration

- x3 3 (serial 7's or 'world' backwards)
 x2 2 4-5
 x1 1 2-3
 x0 0 0-1

Communication: Language Hearing Speech

- Good English Good hearing Clear speech
 Poor English Poor hearing Unclear speech
 No English No hearing Not comprehensible

Education: College or above Able to Read English

- High School or Equivalency Yes
 Did not complete high school No
 Less than 8th grade

Financial: Employment Insurance Medication coverage

- Employed Commercial Full
 Unemployed Medicare Limited
 Soc.Sec. Medicaid None
 Disability 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.

Family Medicine Clerkship
Patient Safety Project
EXAMPLE

76 year old Latino male with HTN and DM II admitted with PE and left sided DVT. Started on heparin and Coumadin. After 4 days, INR is 2.3. Will be discharged home on Coumadin. Lives alone

PATIENT VULNERABILITY FACTORS

Access: Transportation Availability of services Telephone at home:

- No difficulties Good Yes
 Difficulties Limited No

Cognitive: Orientation Memory (3 object recall) Concentration (serial 7's

- x3 3 or 'world' backwards)
 x2 2 4-5
 x1 1 2-3
 x0 0 0-1

Communication: Language Hearing Speech

- Good English Good hearing Clear speech
 Poor English Poor hearing Unclear speech
 No English No hearing Not comprehensible

Education: College or above Able to Read English

- High School or Equivalency Yes
 Did not complete high school No
 Less than 8th grade

Financial: Employment Insurance Medication coverage

- Employed Commercial Full
 Unemployed Medicare Limited
 Soc.Sec. Medicaid None
 Disability None

Comments: Cannot drive. Has to take 2 different buses to reach the clinic.
Cognition could not be reliably assessed due to language difficulty

PROCESS VULNERABILITY FACTORS

High-Risk Medications: Coumadin can cause bleeding if overdosed. INR needs to be closely monitored – requires regular blood draws and follow-up of results. _____

Multiple / Complex medications: He will be on a total of 7 different medications at various different times during the day _____

Complex investigations (require patient to follow instructions): None _____

Follow-up: Patient needs to follow up with PMD within 1 week _____

Monitoring: INR needs to be monitored (as above) _____

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

You are required to participate in two separate community medicine experiences.

You are required to attend a 12-step meeting, such as AA, NA, Al-Anon, Overeaters Anon, etc. It is your responsibility to arrange and schedule the 12-step experience. This assignment can be completed at anytime during an evening or weekend. You are required to write a brief description of the experience on the Community Medicine Experience Report Form in UB MobileMed. The forms are due the last day of the clerkship. Your other community medicine experience will be your scheduled day at ASPIRE. In addition, you may participate in up to 2 additional community medicine experience, but this is not required. One point will be added to your final grade for each additional community medicine experiences (up to two) as extra credit. To receive credit, complete the Community Medicine Experience form following, have it signed by the person you are working with or your preceptor, and turn it into the Family Medicine Office by the last day of Clerkship.

Students can view evaluations of these experiences by previous students either by going to the MobileMed website or by coming into the Family Medicine office and viewing a binder with past evaluations.

REQUIRED EXPERIENCES:

1. 12 STEP PROGRAM:

AA meeting or similar meetings (i.e. Al-Anon (856-2520), Gamblers Anonymous (879-0555), Narcotics Anonymous (878-2316), Smokers Anonymous, or Overeaters Anonymous (www.oawny.org can only attend open meetings) – **PLEASE MAKE SURE THE MEETINGS ARE DESIGNATED AS OPEN**

Results of Evaluations of 12 Step Programs (completed by UB medical students)

Rating: 5 = Excellent 4 = Above Average 3 = Average 2 = Fair 1 = Poor

Program	Average Rating
AA – 695 Elmwood (Buffalo, NY) #854-2997	4
Overeaters Anonymous (Cazeonia St., Buffalo) #694-4848	5
AA – Beacon of Hope (Bailey & Sheridan) #853-0243	5
AA – 1 st Presbyterian Church (Symphony Circle) #884-7250	4.5
AA – Kenmore Mercy Hospital (Elmwood Ave.) #447-6600	4
AA – All Saints Episcopal Church (Maple Road near N. Forest in Williamsville) #632-0791	3.5

2. ASPIRE:

We are fortunate to have recently initiated a relationship with ASPIRE Health Center of Western NY. Aspire provides healthcare services for people with disabilities in their brand new, state-of-the-art facility in Cheektowaga (about 15 minutes from school). We are able to offer our students the opportunity to spend one day working at Aspire. This will provide a unique opportunity to learn skills for caring for patients with disabilities, as well as to gain exposure to this very special community. Spending a day at Aspire would not involve any extra time on your part; instead of showing up to your usual preceptor that day, you would show up at Aspire in Cheektowaga. This experience would fulfill part of your community medicine requirement.

CLINICAL EXPERIENCES AFFILIATED WITH THE FAMILY MEDICINE DEPARTMENT

- Cornerstone Manor Clinic (free clinic for homeless women and children, 150 E. North, Buffalo 14203; contact Kathy Szymanski at wyncmda@gmail.com).
- Good Neighbors Health Care (free clinic on lower east side), 175 Jefferson Ave., 14210; contact Dr. John Hu at conjhue@buffalo.edu, Area Director for CMDA at 315-1399 or 656-9533 or wyncmda@gmail.com.
- Lighthouse Free Medical Clinic, 1609 Genesee St. 14211, contact: lighthouse.volunteer@gmail.com
- Refugee Clinic, contact Angela Henke at ahenke@buffalo.edu or call 898-5558.
- Family Justice Center, 237 Main Street, Suite 1400, Buffalo, NY 14203; www.fjcsafe.org. For a tour of the facility contact Christina Chapman (cchapman@fjcsafe.org). For experience seeing what is done in the forensic medical unit, contact Jackie Collard (jackiegugino@hotmail.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 or on the internet.**
- Academy Meetings
- Acupuncturist or other integrative medicine practitioner
- African-American Breast Cancer Survivors, Marilyn Deans, 883-7037, darterkevros@aol.com
- 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
- Ambulance (Rural/Metro – 882-8400)
- 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 – 883-5864

- 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.niak@roswellpark.org
- CAO of Erie County Head Start Program, Phyllis McBride 881-5150
- Catholic Health System – Works to improve the health of individuals and communities through the provision of holistic, compassionate and respectful human dignity. Karen Schoenhals, 862-2400, ks2709@wnychs.org
- Center for Hospice & Palliative Care, Rose Collins, 686-8000, marketing@palliativecare.org
- 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)
- Erie County Health Department, 961-6800
- Erie County Healthy Women’s Partnership – Partners for prevention, cancer screening. Michelle Wysocki, 886-9201
- 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
- Family Justice Center – family violence (558-7233)
- Friendship Clubhouse, Leslie Thomas, 835-1919
- Habitat for Humanity (852-6607)
- Health screening at a community event (i.e. blood pressure, glucose & weight screening)
- 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. Vanessa Pomales, 856-7110 ext. 2006, hispanicsuntedofbuffalo@hotmail.com
- 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)
- 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, Greg Tannell, 585-4201-1407
- National Kidney Foundation, Barbara Breckenbridge, 835-1323, NKFofWNY@hotmail.com
- Native American Community Svc. Of Erie & Niagara, Kathy Rodriguez, 874-4460
- Network of Religious Communities (Rev. Stan Bratton 882-4793)
- Nursing Home
- Nutritionist/ Dietitian
- Occupational health - General Motors, General Mills, etc. (Union Occ. Health – 894-9366)
- Pharmacist
- Physical/ Occupational Therapy
- Planned Parenthood of Buffalo & Erie County, Colleen 831-2000 x-5927.
- Prisons (The clerkship secretary Correctional – 937-4000)
- Quality Improvement Meetings
- School Health Clinics
- St. John Baptist Church Health Ministry, Dr. Sharonamos, 852-4504
- Support Groups for specific illnesses (breast cancer, AIDS, CFS, etc.)
- 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
- Westfield Tar Wars Program (Helen Baran, 326-3633) Anti-smoking campaign presented in schools (**For students placed in Westfield only**)
- 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

You need to take the initiative to make the contacts and set up the experience. 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.

ADDITIONAL COMMUNITY MEDICINE EXPERIENCE

One point will be added to your final grade for each additional community medicine experiences (up to two) as extra credit

Preceptor: _____

Agency Name: _____

Supervisory Personal and their Title: _____

Date of Experience: _____ Clerkship Dates: _____

Phone Number: _____

Brief Description of What you Learned:

MobileMed REQUIREMENT

OME requires that all students, in all Clerkships, keep track of patient data on UB MobileMed. Please be consistent in entering this pertinent information on the patients you encounter. In Family Medicine, you are required to enter the following data in MobileMed:

All patients you follow/write notes on during your inpatient and outpatient experiences (adult, pediatric and obstetrical patients). For each patient, enter age, gender, ethnicity, diagnoses and any procedures you performed or assisted with.

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

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

PATIENT SATISFACTION QUESTIONNAIRE - *Required*

Feedback from patients is important. When you're a physician in practice, what your patients think of you really matters. Also, your scores on the Family Medicine Clinical Skills Exam and the NBME Step 2 CS Exam are dependent, at least in part, on how the standardized patient evaluates you. Therefore, it is required, that you write your name at the top of the Patient Satisfaction Questionnaire and ask 3 (or more if you like) patients to complete it at the end of their visit.

You will need to ask permission from your preceptor ahead of time to give the questionnaire to patients. You must give your preceptor a copy of the completed questionnaire and review them with him or her. Then you must return the completed questionnaire to the Family Medicine Office by the end of the Clerkship with your Preceptor's signature on each one.

If you or your preceptor has a question or concern about the Patient Satisfaction Questionnaire, please contact Dr. David Holmes (829-3800, dholmes@buffalo.edu) or Pam Coniglio (829-3800, pmc23@buffalo.edu).



University at Buffalo
The State University of New York

Department of Family Medicine
Office of Medical Student Education
School of Medicine and Biomedical Sciences

Dear Patients:

We at UB School of Medicine would like to know your feelings toward the care you received from this third year medical student today.

Attached is a brief survey. Please take a few moments to honestly answer the questions.

Then, return the survey to your doctor or one of his/her staff, or just leave it in the exam room and someone will pick it up.

Thank you for your time and your participation in this student's medical education. Your honest feedback will help this student become a better doctor.

Sincerely,

David Holmes, MD
Clinical Associate Professor
Director of Family Medicine Clerkship and Electives
University at Buffalo Dept of Family Medicine

202 Farber Hall, Buffalo, NY 14214-8801
Tel: (716) 829-3800 Fax: (716) 829-2933

Student's Name _____

PATIENT SATISFACTION QUESTIONNAIRE

You and/or your child were cared for by a third year medical student today, and we would like your honest opinions about the care you received.

Please rate your level of agreement for each of the following statements by checking one of the boxes below each statement. When completed, please return this form to your doctor or one of the office staff.

Thank you for taking the time to honestly complete this form, and contributing to the education of this future physician.

How was the student at

1. **Making you feel at ease** ... (being friendly and warm towards you, treating you with respect; not cold or abrupt)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

2. **Letting you tell your story** ... (giving you time to fully describe your illness in your own words; not interrupting or diverting you)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

3. **Really listening** ... (paying close attention to what you were saying; not looking at the notes or computer as you were talking)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

4. **Being interested in you as a whole person** ... (asking/knowing relevant details about your life, your situation, your spiritual or other beliefs and values; not treating you as just a number)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

5. **Full understanding your concerns** ... (communicating that he/she had accurately understood your concerns; not overlooking or dismissing anything)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

6. **Showing you care and compassion ...** (seeming genuinely concerned, connecting with you on a human level; not being indifferent or detached)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

7. **Being positive ...** (having a positive approach and a positive attitude; being honest but not negative about your problems)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

8. **Explaining things clearly ...** (fully answering your questions, explaining clearly, giving you adequate information; not being vague)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

9. **Helping you to take control ...** (exploring with you what you can do to improve your health yourself; encouraging rather than lecturing you)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

10. **Making a plan of action with you ...** (discussing the options, involving you in decisions as much as you want to be involved; not ignoring your views)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

YOUR OVERALL RATING OF THIS STUDENT:

11. Overall, how would you rate your visit with this student today?

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

Student's Name _____

PATIENT SATISFACTION QUESTIONNAIRE

You and/or your child were cared for by a third year medical student today, and we would like your honest opinions about the care you received.

Please rate your level of agreement for each of the following statements by checking one of the boxes below each statement. When completed, please return this form to your doctor or one of the office staff.

Thank you for taking the time to honestly complete this form, and contributing to the education of this future physician.

How was the student at

1. **Making you feel at ease ...** (being friendly and warm towards you, treating you with respect; not cold or abrupt)

1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>
Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

2. **Letting you tell your story ...**(giving you time to fully describe your illness in your own words; not interrupting or diverting you)

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Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

3. **Really listening ...** (paying close attention to what you were saying; not looking at the notes or computer as you were talking)

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Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

4. **Being interested in you as a whole person ...** (asking/knowing relevant details about your life, your situation, your spiritual or other beliefs and values; not treating you as just a number)

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Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

6. **Showing you care and compassion ...** (seeming genuinely concerned, connecting with you on a human level; not being indifferent or detached)

1 **2** **3** **4** **5** **6** **7**
Poor to Fair **Fair** **Fair to Good** **Good** **Very Good** **Excellent** **Outstanding**

7. **Being positive ...** (having a positive approach and a positive attitude; being honest but not negative about your problems)

1 **2** **3** **4** **5** **6** **7**
Poor to Fair **Fair** **Fair to Good** **Good** **Very Good** **Excellent** **Outstanding**

8. **Explaining things clearly ...** (fully answering your questions, explaining clearly, giving you adequate information; not being vague)

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Poor to Fair **Fair** **Fair to Good** **Good** **Very Good** **Excellent** **Outstanding**

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1 **2** **3** **4** **5** **6** **7**
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Poor to Fair **Fair** **Fair to Good** **Good** **Very Good** **Excellent** **Outstanding**

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11. Overall, how would you rate your visit with this student today?

1 **2** **3** **4** **5** **6** **7**
Poor to Fair **Fair** **Fair to Good** **Good** **Very Good** **Excellent** **Outstanding**

Student's Name _____

PATIENT SATISFACTION QUESTIONNAIRE

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Poor to Fair	Fair	Fair to Good	Good	Very Good	Excellent	Outstanding

**ATTENDANCE,
GRADING AND
EVALUATION**

Attendance Policy

- You **MUST** be prompt to all scheduled activities (clinical, lectures, Hospice, ASPIRE, People Inc. Disabilities Seminar and small groups). Therefore, plan to be at all activities 5 minutes prior to the scheduled start time. So, if a lecture is scheduled at 7:45 AM, plan to arrive at 7:40 AM. If you are late once, you will receive a reminder about the importance of punctuality. If you are late a second time, a letter will be sent to you and copied to the Office of Medical Education. An established pattern (i.e. more than two (2) instances) of lateness may result in a reduction of your final grade by 5 points. More than three (3) instances of lateness, may result in unsatisfactory completion of the clerkship
- ANY unexcused absence from any part of the Clerkship 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 Pam Coniglio, Clerkship Coordinator 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).

When not at teaching sessions or Aspire, all students are expected to be 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, Pam Coniglio, pmc23@buffalo.edu, or Dr. Holmes: 459-4390 (pager), dholmes@buffalo.edu. For instance, if your preceptor takes an afternoon off, then you should work with one of your preceptor's partners, PA's or NP's. If none are available, then you must notify the Family Medicine Office immediately and let Pam Coniglio know of your dilemma. If you cannot reach her, you must page Dr. Holmes at 459-4390 and notify him. Failure to notify the Clerkship Coordinator 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.**

U. B. Family Medicine Clerkship Time Off Request Form

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 202 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
Senior Associate Dean for Medical Education

Date

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

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

GRADING POLICY

A final grade will be assigned according to the following:

1. All of the following must be submitted by the last day of the clerkship (Sunday @ midnight) in order to receive your final grade:

- Progress Note
- 2 Community Medicine Experiences (CME) (Forms on UB Mobile Med)
- Patient Safety Project (on UB MobileMed)
- Inpatient and Outpatient encounters on UB MobileMed
- FMD700 Student Clerkship Evaluation for Course Objectives/General Assessment* (on UB MobileMed)
- FMD700 Student Evaluation of Attending/Preceptor* (on UB MobileMed)
- FMD700 Student Clerkship Evaluation Experience @ Inpatient Site* (on UB MobileMed)
- FMD700 Student Evaluation of Small Group Facilitator* (on UB MobileMed)
- Patient Satisfaction Survey

**Above evaluations are anonymous*

- FMD700 Clerkship ASPIRE Survey (this survey is not anonymous) (on UB MobileMed)

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

2. Determination of final percentage:

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 and preceptor assessment ≥ 2.0
Unsatisfactory	Overall avg. < 60 OR SHELF Exam in the 1 st - 2 nd percentile nationally based on the raw score OR a non-passing evaluation in any component of the course or preceptor assessment < 2.0
Incomplete	SHELF Exam in the 3 rd - 5 th percentile nationally based on the raw score OR any course requirement not completed

***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 - 2nd percentile nationally, you will receive an Unsatisfactory and you must repeat the entire Clerkship.
- If your raw score is in the 3rd - 5th 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 - 5th percentile on your 2nd attempt at the SHELF exam, you will receive an Unsatisfactory and you must repeat the entire Clerkship.
- If you repeat the SHELF exam or the entire clerkship, then the highest grade you can receive in the clerkship is a Satisfactory.

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

If you feel you need to dispute your grade, you must do so by contacting Pam Coniglio (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

REQUIRED

UB Clinical Mid-Evaluation Form Year 3

Course: Family Medicine Clerkship Block: _____

Student Name: _____ Evaluator: _____

Did the student spend 1/2 day session working with a nurse and/or medical office assistant? Yes No Uncertain
If yes, what kinds of things did the student do/learn during that time?

Was the student ever late to any sessions? Yes No Uncertain If yes, how many times? _____
Reasons student gave for being late (if none given or don't recall reasons, please state)

Was the student ever absent for any sessions (other than for required teaching sessions)? Yes No Uncertain
If yes, how many times? _____ Reasons student gave for being late (if none given or don't recall reasons, please state)

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.

Strengths:

Areas to work on:

Student Name _____

B. Professionalism	1 inadequate	2 satisfactory	3 highly satisfactory	4 superior	NA
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 staff; does not work well with team of professionals; avoids work when possible. Criticizes others (backbiting) or certain specialties (bashing) often.	Cooperative and courteous to peers and staff; works well with the team of professionals and maintains a satisfactory work load. Criticizes others (backbiting) or certain specialties (bashing) occasionally.	Works extremely well with the team; courteous, cooperative and actively engages in work to further educational opportunities. Rarely criticizes others (backbiting) or certain specialties (bashing).	In addition, has the respect and admiration of peers and staff. Always respected the opinion of others. Consistently fulfilled all duties & responsibilities. Never criticizes others (backbiting) or certain specialties (bashing).	
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.

Strengths:

Areas to work on:

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
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 Pam @ 829-2933** or mail to UB Dept of Family Medicine, 202 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Pam at 829-3800 or page Dr. Holmes at 459-4390. Thank you.

UB Clinical Final Evaluation Form Year 3 Course: Family Medicine Clerkship Block: _____

Did the student spend ½ day session working with a nurse and/or medical office assistant? Yes No Uncertain
 If yes, what kinds of things did the student do/learn during that time?

Was the student ever late to any sessions? Yes No Uncertain If yes, how many times? _____
 Reasons student gave for being late (if none given or don't recall reasons, please state)

Was the student ever absent for any sessions (other than for required teaching sessions)? Yes No Uncertain
 If yes, how many times? _____ Reasons student gave for being late (if none given or don't recall reasons, please state)

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.

Strengths:

Areas to work on:

Student Name _____

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. Criticizes others (backbiting) or certain specialties (bashing) often.	Cooperative and courteous to peers and staff; works well with the team of professionals and maintains a satisfactory work load. Criticizes others (backbiting) or certain specialties (bashing) occasionally.	Works extremely well with the team; courteous, cooperative and actively engages in work to further educational opportunities. Rarely criticizes others (backbiting) or certain specialties (bashing).	In addition, has the respect and admiration of peers and staff. Always respected the opinion of others. Consistently fulfilled all duties & responsibilities. Never criticizes others (backbiting) or certain specialties (bashing).	
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.

Strengths:

Areas to work on:

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
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 Pam @ 829-2933** or mail to UB Dept of Family Medicine, 202 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Pam at 829-3800 or page Dr. Holmes at 459-4390. Thank you.

REQUIRED

UB Family Medicine Clerkship Inpatient Attending Assessment of Student

Student Name: _____ Evaluator: _____ Block: _____

Was the student ever late to any sessions? Yes No Uncertain

If yes, about how many times? _____

Reasons student gave for being late (if none given or don't recall reasons, please state)

Was the student ever absent for any clinical sessions (other than when he/she was at the UB teaching sessions)? Yes No Uncertain

If yes, about how many times? _____

Reasons student gave for being absent (if none given or don't recall reasons, please state)

- | | | | |
|---|-----|----|--------------|
| 1. Did the student do at least 3 H & P's that were reviewed by the Attending or ACR? | Yes | No | Don't Recall |
| 2. Did the student do hospital rounds on 2 weekend days? | Yes | No | Don't Recall |
| 3. Did the student do 2 calls (any day)? | Yes | No | Don't Recall |
| 4. Did the student give a presentation on a medical topic? | Yes | No | Don't Recall |
| Topic presented (if you remember): _____ | | | |
| 5. Did the student give a brief presentation of his/her Patient Safety Project during rounds? | Yes | No | Don't Recall |
- 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 (give specific examples)	Areas to Work On
Professionalism(i.e., honesty with documentation & presentations, attitude, bashing, language, dress, etc.)		
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 (on back)		

Do you have any concern about the student's performance in the following areas?

Legibility of Handwriting:	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 Pam @ 829-2933** or mail to UB Dept. of Family Medicine, 202 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Pam at 829-3800 or page Dr. Holmes at 459-4390.

REQUIRED

UB Family Medicine Clerkship Inpatient Sr. Resident (ACR) Assessment of Student

Student Name: _____ Evaluator: _____ Block: _____

Was the student ever late to any sessions? Yes No Uncertain

If yes, about how many times? _____

Reasons student gave for being late (if none given or don't recall reasons, please state)

Was the student ever absent for any clinical sessions (other than when he/she was at the UB teaching sessions)? Yes No Uncertain

If yes, about how many times? _____

Reasons student gave for being absent (if none given or don't recall reasons, please state)

- 1. Did the student do at least 3 H & P's that were reviewed by the Attending or ACR? **Yes No Don't Recall**
 - 2. Did the student do hospital rounds on 2 weekend days? **Yes No Don't Recall**
 - 3. Did the student do 2 calls (any day)? **Yes No Don't Recall**
 - 4. Did the student give a presentation on a medical topic? **Yes No Don't Recall**
Topic presented (if you remember): _____
 - 5. Did the student give a brief presentation of his/her Patient Safety Project during rounds? **Yes No Don't Recall**
- 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 (give specific examples)	Areas to Work On
Professionalism(i.e., honesty with documentation & presentations, attitude, bashing, language, dress, etc.)		
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 (on back)		

Do you have any concern about the student's performance in the following areas?

- Legibility of Handwriting: 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 Pam @ 829-2933** or mail to UB Dept. of Family Medicine, 202 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Pam at 829-3800 or page Dr. Holmes at 459-4390.

Do you think your outpatient preceptor should get the award for the 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:

Return this form to the clerkship coordinator in 202 Farber Hall on the last day of the Clerkship.

WHY I WENT INTO FAMILY MEDICINE

I believe that the summary of most answers would contain three common concepts: comprehensiveness, continuity, and community. I full-heartedly agree with the aforementioned ideals as the foundation of my interest in Family Medicine, but let me explain further.

In the modern world of specialization, what has become of the Renaissance man?
What happened to the person who can do many things well,
The person who can find balance in his life,
the person who lived for the benefit of other beings, while living a healthy life himself – both physically and mentally,
The person who is capable of caring for patients regardless of age
Who are the doctors that are trained to care for communities?

The answer is obvious to me. That physician is the Family Doc, and that is why I am proud to be entering the specialty.

I'm proud to be part of the solution to the gross maldistribution of physicians here in the United States, and I look forward to the challenge of living up to the ideals that I have set regarding medicine. Most importantly, I highly anticipate living my childhood dream of serving people, and maintaining service as the highest priority of my practice.

Thanks and Best Wishes in your future endeavors.

Shawn Vainio
UB School of Medicine Class of 2003

Family medicine is truly a world of opportunities and the reason I chose a career in this field. It is a specialty that encompasses all others and offers opportunities to explore many different interests. From obstetrics to pediatrics, to geriatrics and palliative care, in-office procedures are even an option; everyone can find their niche. Family practice allows the physician to care for the entire family and build relationships while practicing preventive medicine. It is an exciting career field, for which there is an ever-growing need.

Carla Henke
UB School of Medicine Class of 2008

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 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. Symons, 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. Thomas Rosenthal	898-4505	troseuth@buffalo.edu
Dr. Michael Zionts	898-5972	zionts@buffalo.edu
Dr. Andrew Symons	829-3800	symons@buffalo.edu
Dr. David Holmes	829-3800	dholmes@buffalo.edu
Dr. John Brewer	859-4140	jebrewer@buffalo.edu
Dr. Chester Fox	332-3797	cfox@buffalo.edu
Dr. Jeanette Figueroa	332-3797	jfigueroa71@gmail.com
Dr. Alicia Lisak	835-9800	lisak@buffalo.edu
Dr. Greg Schenk	568-3400	schenk@buffalo.edu
Dr. Sandra Yale	332-3797	yale@buffalo.edu
Dr. Diana Wilkins	898-5972	dgpratt@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/students/cim

Directory of Family Practice

Residency Programs: www.aafp.org/residencies

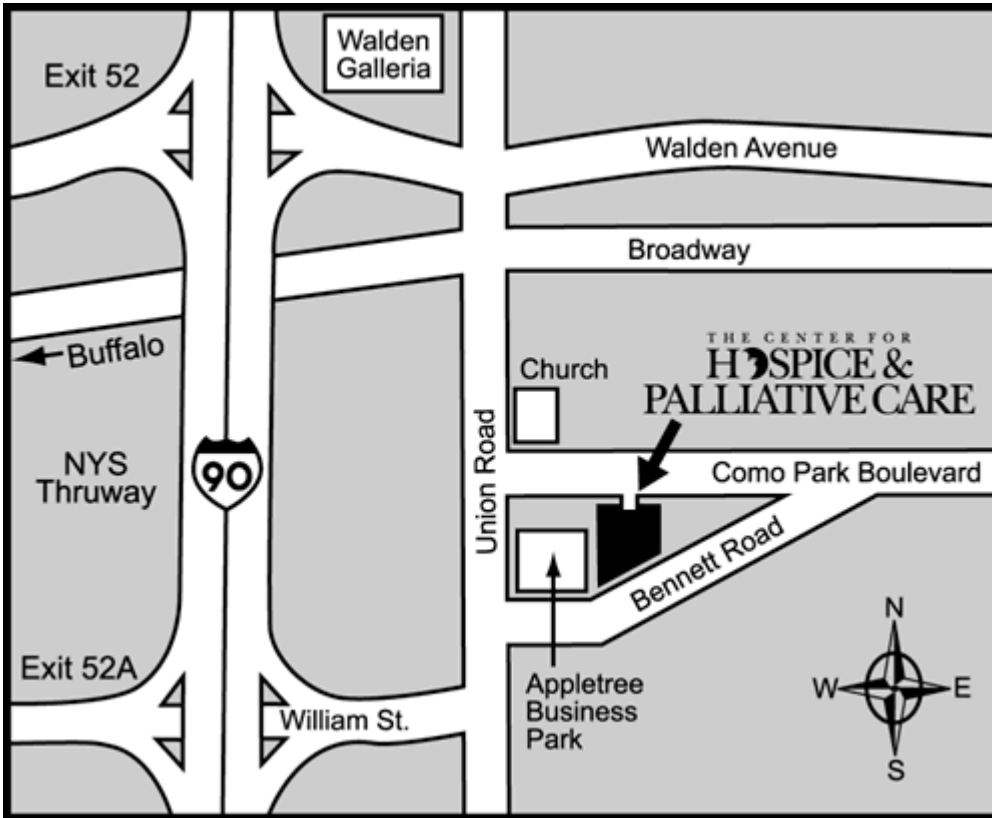
Strolling through the Match: <http://www.aafp.org/online/en/home/publications/otherpubs/strolling.html>

Directions to HOSPICE, ASPIRE and People Inc.

HOSPICE:

From North: Thruway (I-90) West to Exit 52 East - Walden Avenue East for ½ mile to Union Road, right on Union Road for 1 mile to Como Park Blvd., left onto Como Park Blvd., ½ mile to The Center on right.

From South: Thruway (I-90) East to Exit 52A East - William Street, right onto William Street East, William Street for 1 mile to Union Road, left onto Union Road for ¾ mile to Como Park Blvd., ½ mile to The Center on right.



ASPIRE:

Aspire is located at 7 Community Drive, Cheeektowaga, NY 14225











Phone number: 505-5630



Medical Director: Dr. Edward Kim

When you arrive go to the entrance that says Health Services. Walk through the double doors into the main hallway. Go into the waiting room and speak to the secretaries and tell them you are here from UB to meet with Dr. Kim or his staff.

Driving directions to 7 Community Dr, Buffalo, NY 14225 - **3.8 mi** – about **9 mins**

  245 Cary Hall, Buffalo, NY 14214 

1. Head **northwest** on **Diefendorf Loop** toward **Diefendorf Anx**  0.1 mi
2. Turn **left** to stay on **Diefendorf Loop**  0.1 mi
3. Continue on **Sherman Rd**  0.1 mi
4. Turn **right** at **Bailey Ave/US-62**  1.4 mi
5. Turn **left** at **Oakmont Ave**  0.2 mi
6. Turn **left** at **Suffolk St**  167 ft
7. Turn **right** to merge onto **RT-33 E**  0.9 mi
8. Take the exit toward **State Hwy 240/Harlem Rd**  0.2 mi
9. Merge onto **Maryvale Dr**  0.7 mi
10. Turn **right** at **Community Dr** Destination will be on the left  348 ft

  7 Community Dr, Buffalo, NY 14225



PeopleInc

Driving Directions
1219 North Forest Road
Williamsville, NY 14221
634-8132

From the City of Buffalo:

- Take RT-33 east
- Take the Bailey exit towards Cloverdale Ave.
- Turn left onto Bailey Ave. (US-62)
- Bear right onto RT-263
- Take the ramp toward Maple Rd.
- Turn right onto Maple Rd.
- Turn Right onto North Forest Rd.
- 1219 North Forest Road will be on the left

From the Southern tier:

- Take US-219 going North
- Continue onto I-90 east towards Buffalo
- Take exit #50 onto I-290 west toward Niagara Falls
- Take exit #7B/RT-5 east onto Main Street (RT-5)
- Turn left onto North Forest Rd.
- 1219 North Forest Rd. will be on the right

From the Northtowns:

- Take RT-425 (Twin City Highway) south towards Robinson Rd.
- Continue onto Eggert Rd.
- Bear left onto Brighton Rd.
- Brighton Rd. becomes Maple Rd.
- Turn right onto North Forest Road.
- 1219 North Forest Road will be on the left.

From Niagara Falls:

- Take the I-190 south going over the Grand Island bridges
- Take exit #16 onto I-290 east toward Rochester/Tonawanda
- Take exit #5B onto RT-263
- Take the ramp toward Maple Road
- Turn right onto Maple Rd.
- Turn right onto North Forest Road
- 1219 North Forest Road will be on the left

From the Rochester area:

- Take the I-490 west
- Take the Buffalo exit towards the I-90 west
- Take exit #50 onto I-290 towards Niagara Falls
- Take exit #6/RT-324 towards Harlem Rd.
- Turn right onto Sheridan Dr. (RT-324)
- Turn left onto North Forest Rd.
- 1219 North Forest will be on the right



