

UB FAMILY MEDICINE CLERKSHIP

COURSE SYLLABUS
2003 – 2004

<http://www.smbs.buffalo.edu/fam-med/clerkship.htm>

“You, the patient
are my first professional responsibility
whether man, woman or child, ill or well,
seeking care, healing, or knowledge.

You and your family deserve high quality,
affordable health care including treatment,
prevention and health promotion.”

- from the Family Physician's Creed

State University of New York at Buffalo
School of Medicine and Biomedical Sciences
Department of Family Medicine
<http://www.smbs.buffalo.edu/fam-med/>

TABLE OF CONTENTS

Administrations, Staff and Faculty.....	2
Introduction.....	3
Core Curricular Competencies and Course Objectives.....	4
Recommended Textbooks.....	5
Clerkship Overview and Guidelines.....	6
Clinical Preceptorship.....	7 & 8
Procedures.....	9
Expectation for Inpatient Component.....	10
Guidelines for Completing Inpatient History and Physicals.....	11
Weekly Goals in Preceptors Office.....	12
Tips for Efficient Instruction.....	13
Seizing Learning Opportunities.....	14 & 15
Lectures and Workshops, Small Group Sessions, Self-Directed Learning	16
Family Medicine – Psychology Monday Afternoon Combined Conf.....	17
Differential Dx of Chest Pain.....	18
Antibiotics.....	19 & 20
Diabetic Medications.....	21
Assignments.....	22
Progress Note.....	23
Patient Safety Project	24-30
Community Medicine Experience.....	31-33
Attendance, Grading and Evaluation.....	34
Policy.....	35
Time Off Request.....	36
Grading Policy.....	37
Evaluation Forms.....	38
Preceptor Mid Clerkship Evaluation.....	39-40
Preceptor Final Clerkship Evaluation.....	41-42
Inpatient Attending Clerkship Evaluation.....	43
Inpatient Sr. Resident (ACR) Clerkship Evaluation.....	44
Group Facilitator Assessment.....	45
Final Clerkship Feedback.....	46
Student Evaluation of Small Group Facilitator.....	47
Would You Like To Receive Information.....	48
Family Medicine Preceptor of Year Award & Inpatient Teacher.....	49
Family Medicine Resident Teacher of Year Award.....	50
Family Medicine Teacher of Year Award.....	51

Administration, Staff and Faculty
Medical Student Education
Department of Family Medicine
 School of Medicine and Biomedical Sciences
 135 Cary Hall
 Buffalo, New York 14214
 Phone: 829-3800 Fax: 829-2933

Chairman

Thomas C. Rosenthal, M.D.
 Erie County Medical Center
 Department of Family Medicine
 462 Grider Street
 Buffalo, NY 14215
 Phone: 898-4505
 E-Mail: trosenth@buffalo.edu

Interim Vice Chair for Medical Student Education

Clerkship Director
 David Holmes, M.D.
 137 Cary Hall
 Phone: 829-3800
 Pager: 459-4390
 E-Mail: dholmes@buffalo.edu

CPM1-Director

Michael Zionts, M.D.
 137 Cary Hall
 Phone: 829-3800
 Pager: 629-2406
 E-Mail: zionts@buffalo.edu

Community Medicine Coordinator

Denise McGuigan M.S. Ed.
 135 Cary Hall
 Phone: 898-4567
dpalermo@buffalo.edu

Residency Program Director

Andrea Manyon, M.D.
 Clinical Center - ECMC
 898-5972
 E-Mail: manyon@buffalo.edu

Medical Student Program Coordinator

Karen Devlin
 135 Cary Hall
 Phone: 829-2602
 Email: kadevlin@buffalo.edu

Residency Coordinator

Pam Macoghany
 898-5972
 E-Mail: psm4@buffalo.edu

Clerkship Administrative Assistant

Diane Karosik
 135 Cary Hall
 Phone: 829-3800
 Email: dkarosik@buffalo.edu

Small Group Facilitators

Dr. John Brewer
 Dr. Katherine Kolbert
 Dr. Alicia Lisak
 Dr. Antonia Redhead
 Dr. Thomas Rosenthal
 Dr. Gregory Schenk
 Dr. Sandra Yale

<u>Office #</u>	<u>Pager #</u>
859-4140	642-9884
859-4140	629-1288
831-8612	459-3485
446-1041	459-4019
887-8200	629-6525
568-3402	642-9893
887-8200	629-6524

E-Mail address

jebrewer@buffalo.edu
kolbert@buffalo.edu
lisak@buffalo.edu
redhead@buffalo.edu
trosenth@buffalo.edu

yale@buffalo.edu

Clerkship Preceptors

Dr. Galvin Anderson
 Dr. Jerome Andres
 Dr. Donald Brautigam
 Dr. Mirza Beg
 Dr. Andrew Berger
 Dr. Robert Berke
 Dr. Jack Bertolino
 Dr. Paul Caro
 Dr. Milad Chrieki
 Dr. David Clifford
 Dr. Patrick Collins
 Dr. Steven Cramer
 Dr. Thomas Dilamarter
 Dr. Dana Drummond
 Dr. Myron Glick
 Dr. Ellis Gomes
 Dr. George Groff
 Dr. Zahrain Hall

Dr. Frederick Hirsch
 Dr. Ruth Johnson
 Dr. William Kuehnlng
 Dr. John Leone
 Dr. Rodney Logan
 Dr. Mary Obear
 Dr. Frederick Occhino
 Dr. James Panzarella
 Dr. David Pfalzer
 Dr. Lawrence Plumb
 Dr. Kristen Robillard
 Dr. Richard Ruh
 Dr. Iheb Shafik
 Dr. Gregory Snyder
 Dr. William Stephen
 Dr. Grant Stephenson
 Dr. David Thomas
 Dr. James Wild

Clerkship Introduction

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

The primary goals are to help you improve your skills in: developing a comprehensive database with the ambulatory patient, performing a focused history and physical exam and formulating an accurate assessment and plan in the outpatient setting, while using disease prevention strategies. Lastly, we hope to expand your understanding of the doctor-patient relationship. Whether you eventually enter a primary care specialty or a sub-specialty field, you will need to understand the role of the primary care physician in the delivery of high quality health care. Collegial respect is the key to good working relationships and ultimately, to better care for our patients.

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

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

Core Curricular Competencies

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

Course Objectives

The learning objectives are stated in the course syllabus and are highlighted during the orientation session on the first day of the clerkship.

By the completion of the third-year Family Medicine Clerkship, the medical student is expected to possess the knowledge, attitudes, and skills needed to:

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

Strongly Recommended Textbooks:

- Guide to Clinical Preventive Services, Report of the US Preventive Services Task Force, Second Edition, Williams and Wilkins, 1996
(The recommendations can be found on the Internet <http://odphp.osophs.dhhs.gov/pubs/guidecps>)
- Review books for Family Medicine and/or Step 2 USMLE Exam

Other Books

- Textbook of Family Medicine. Defining and Examining the Discipline. John W. Saultz, M.D., editor (good reference book) (*This text can be purchased at a savings thru: ecampus.com.*)
- Field Guide to Urgent and Ambulatory Care Procedures by David M. James, Lippincott, Williams & Wilkins
- “Directory of Community Services in Erie County”
*The Office of Predoctoral Education at 135 Cary Hall has a copy of this book.
You are more than welcome to use it to get information for setting up your community experience.*

**CLERKSHIP OVERVIEW
AND
GUIDELINESS**

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 clinical precepting sessions in the office and for any other activities required by your preceptor such as rounds at the hospital.
- You are expected to be prompt. You must work **at least 9 half-day sessions per week** (except for weeks with defined school holidays). Your preceptor may require you to do more than 9 sessions/week, such as an additional weekend or evening session. **If you are unable to work at least 9 half day sessions per week for whatever reason, 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 Predoctoral Education. In addition to the Clerkship Director you must also notify your preceptor if you will be absent.
- 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 a nametag at all times.
- You should accompany the attending with morning rounds and should be present and involved with as many obstetrical deliveries and /or other procedures as possible.
- You are expected to carry a stethoscope with you at all times. Your preceptor may recommend other equipment.
- Your preceptor may request/require you to participate in an office improvement project, such as doing a medical chart review, creating a patient education brochure, putting together a patient education bulletin board display for the waiting room, etc.

Introducing Yourself To Patients and Staff:

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

Procedures:

You should take the opportunity to learn as many procedures as possible during the Family Medicine Clerkship.

You should spend at least one half-day session working only with the nurse or office assistant and do everything that he/she does. For example, screen patients, take vital signs, draw blood, give vaccines/medications, do peak flows, audiometry, electrocardiograms, etc.

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

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

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

Procedure Checklist (Not Required)

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

Expectations of Third Year Clerkship Students on the Family Medicine Inpatient Service

1. Follow patients daily as supervised by a junior resident or ACR*.
2. Take **24 hr call on two weekdays and two weekend days** (4 days in total). Resident or Attending should call you at home for admissions during the night. If you have a busy call night, the attending may excuse you to go home after rounds. If you do not have a busy call night, you should not be excused.
3. **Round on inpatients Tue - Fri each week plus two weekend days.** Note: Monday afternoon (after small groups and lectures) you should report to the inpatient service.
4. The Clerkship does not end until the Sunday of week 6 (after the SHELF Exam). Therefore, some students who are doing inpatient medicine during the last 2 weeks of the Clerkship will be required to round and be on call during the weekend after the SHELF Exam.
5. Write at least 4 full H&P's that are reviewed by the attending. Attendings should provide you with feedback orally and/or by writing comments on the H&P's. The H&P's should be returned to you and not be placed in the medical record. As per the discretion of the attending and/or ACR, you may be asked to write more than 4 H&P's (up to a max. of 12). The more you do, the more you learn.
6. Pre-round on patients, with legible progress notes written prior to rounds. It's ok for progress notes to be in the medical record. However, the resident also needs to write a progress note. He or she cannot just co-sign your note.
7. Present patients and participate in discussions during rounds.
8. Keep general awareness of all patients on service.
9. Give at least one presentation, to the FMIS team, on a topic that is specific to inpatient medicine.
10. Perform in-house responsibilities as determined by the Attending and ACR (i.e. house coverage, admissions, etc.).
11. Participate in procedures and obstetrics as opportunities arise.
12. Exhibit honest and professional behavior.
13. Be present, and on time. Notify the attending or ACR if sick or an emergency arises.
14. Give the attending and ACR the evaluation form (located in your syllabus). In order to pass the Clerkship, this form must be completed and returned to the Family Medicine office (135 Cary Hall)—fax #829-2933 by the attending and ACR.
15. Take the initiative. Work hard. Learn as much as you can. Ask questions. Ask for feedback.

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

Guideline for Completing Inpatient History and Physicals

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

1. CC
2. HPI
3. PMH/PSH
4. Meds
5. Allergies
6. Family Hx (include genogram)
7. Psycho-social-spiritual Hx
8. Health Behaviors and Preventive Medicine
9. ROS
10. PE
11. Labs/Tests

*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.

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
socio-economic status	communication
family dynamics	patient education
relationships	alternative medicine
abuse	spiritual faith
home and/or work	stress
environments	other

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.
- You should ask your preceptor to complete your “Preceptor’s Mid Clerkship Assessment of Student” by the end of Week 4 (this is optional, but it is beneficial for feedback). You should schedule this in advance with your preceptor. This evaluation is required to pass the Clerkship. 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 Week 6. **Please note that you cannot receive a grade until all evaluation forms are completed and submitted to the Family Medicine office.** To ensure that your preceptor gets your evaluation form in on time, have him or her place it in an envelope, seal it, sign it across the seal and give it to you to hand in on the last day of the Clerkship. Alternatively, your preceptor may fax it to the Family Medicine office. **It is your responsibility to make sure that your preceptor turns in a grade no later than one week after the end of the Clerkship.** You will not receive a grade for the Clerkship until your preceptor turns in a grade.

Tips for Preceptors for Efficient Instruction

FYI. The following was given to your preceptor:

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

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

2. Make assignments that are specific and time limited.

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

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

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

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

Follow up with them daily for 15 to 20 minutes.

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

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

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

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

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

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

7. Expose students to your busy schedule.

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

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

9. Use other staff in your office to teach the student.

Group partner, nurse, business manager, and receptionist

Seizing Learning Opportunities Advice from Preceptors to Students

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

13. Initiate requests for feedback – e.g., “What can I do better?” “Where do you think I need to do some more work?”

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

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

Preceptors **least** prefers students who:

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

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, review the outline in the syllabus for that session and read about the topics ahead of time. You will not be able to fully participate in the sessions unless you come to class prepared!
- Attendance is mandatory at these sessions. Unexcused absences could result in a failing grade for this Clerkship. You must sign the attendance sheet for each session. Excused absences can only be obtained by contacting the Clerkship Director in advance and requires written documentation for the reason of the absence. You are required to fill out a lecture evaluation form at the end of each Monday session for each lecturer presenting.
- All assignments are to be completed according to the directions given and returned to the secretary in the Medical Student Education Office or to your small group facilitator.
- All students taking the Clerkship meet together for the Monday morning lectures/workshops at SUNY/Buffalo/School of Medicine, Room #244 Cary Hall, Main St. Campus

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.

Family Medicine – Psychiatry Monday Afternoon Combined Conferences

During one Monday afternoon of each block/group, students in Family Medicine and Psychiatry Clerkship will meet together and discuss patients that are difficult to deal with due to psychiatric or psychological conditions. During each session, 3 students will present patients that they have seen in the office or hospital. Drs. Pessar and Griswold will lead a discussion of these patients. One student from each small group in Family Medicine will be assigned to give the patient presentations. The other students in the small groups should assist the assigned student with preparing the presentations and determining what issues they would like the discussion to focus on.

Guidelines for the “Difficult Patient Presentations”:

1. Keep it brief (8-10 min.)
2. Focus on the problem that brought the patient to the doctor and the attitude or behavior that made treatment difficult, e.g., the patient was hostile, tangential, manipulative, “hysterical”, etc.
3. Describe how you handled the situation and how you felt during the encounter. It is assumed that you felt out of control, angry, or helpless, and you think you did a bad job. If not, you shouldn’t be presenting the case.
4. State 2-3 issues that you would like the discussion to focus on.
5. If you don’t have a patient that meets this description, then ask your preceptor or students in your small group for difficult patients that they may have had.

Please Note:

The student that is assigned to present the patients is ultimately responsible for this presentation, unless the Small Group Facilitator decides to make a change. If a change is made, the Small Group Facilitator must notify Diane in the Family Medicine office as soon as possible:

The Students Assigned to Block 1, Group A are:

Jennifer Stalica
Jeffrey Thompson
Elizabeth Honigsberg

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*

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.

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

PATIENT SAFETY PROJECT

Due Date: Last week of 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 exercise by responding to the points listed on the Patient Safety sheet. 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 “Patient Safety” presentation that you received at the beginning of the Clerkship.

The sheet is divided into three sections as outlined below.

The first section lists possible ‘Patient Vulnerability Factors.’ Under each heading (for example ‘Communication’) mark any vulnerabilities that apply to this patient (for example, patient speaks little English, patient has low income and has no prescription coverage).

The second section lists ‘Process Vulnerabilities.’ Think about the processes of care that this patient is or will be undergoing (such as medications, investigations, consultations, follow-up) and use the headings given in this section to list any vulnerable processes that are involved. For example, patient is being started on Coumadin, which requires close monitoring of INR and dosage adjustment.

In the final section, ‘Analysis of Risk’, we ask you to choose the one care process that you think is most vulnerable (i.e., most likely to result in harm for the patient) and explain how the patient factors that you identified increase the risk of errors in this process (for example, the patient has difficulty with transportation so may miss his follow-up appointments). Finally, describe what you think could be done to reduce the risk of errors and/or harm. More credit will be given for solutions that involve system changes (e.g., develop a system for tracking Coumadin patients and reminding them when their INR is due) as opposed to behavioral changes (e.g., explain to the patient how important it is to get his INR checked).

Please review the Example given below.

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

Note: Do not write the patient’s name on the sheet or identify the hospital or healthcare providers involved in their care.

3rd Year Family Medicine Clerkship Patient Safety Project

Student's Name: _____

Due: Last week of Clerkship

Brief Patient Details:

Patient's Age _____

PATIENT VULNERABILITY FACTORS

Certain patient factors can increase the risk of errors. Check the relevant boxes below and add any pertinent details under 'Comments'.

Communication:

Language

- Good English
- Poor English
- No English

Hearing

- Good hearing
- Poor hearing
- No hearing

Speech

- Clear speech
- Unclear speech
- Not comprehensible

Comments:

Cognitive:

Orientation

- x3
- x2
- x1
- x0

Memory (3 object recall)

- 3
- 2
- 1
- 0

Concentration (serial 7's

- or 'world' backwards)
- 4-5
- 2-3
- 0-1

Comments:

Education:

- College or above
- High School or Equivalency
- Did not complete high school
- Less than 8th grade

Comments:

Financial:

Employment

- Employed
- Unemployed
- Soc.Sec.
- Disability

Insurance

- Commercial
- Medicare
- Medicaid
- None

Medication coverage

- Full
- Limited
- None

Comments: _____

Cultural: Anglo American Specific cultural beliefs that can impact care:
 African American (beware of stereotypes)
 Latin American _____
 Native American _____
 Other _____

Access: Transportation Availability of local healthcare services
 No difficulties Good
 Difficulties: _____ Limited: _____
 _____ _____
 _____ _____

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 following section to identify the points of vulnerability in this patient's care.

High-Risk Medications _____

Multiple / Complex medications _____

Complex investigations (require patient to follow instructions) _____

Consultations _____

Follow-up _____

Monitoring _____

3rd Year Family Medicine Clerkship

Patient Safety Project

EXAMPLE

Brief Patient Details:

Patient's Age 76

76 year old Latino male patient admitted because of left sided deep venous thrombosis (DVT). Started on heparin. Will be discharged home on Coumadin. Also has hypertension, diabetes, and smokes cigarettes.

PATIENT VULNERABILITY FACTORS

Certain patient factors can increase the risk of errors. Check the relevant boxes below and add any pertinent details under 'Comments'.

Communication:

Language

- Good English
 Poor English
 No English

Hearing

- Good hearing
 Poor hearing
 No hearing

Speech

- Clear speech
 Unclear speech
 Not comprehensible

Comments: No interpreter was available at the time of assessment

Cognitive:

Orientation

- x3
 x2
 x1
 x0

Memory (3 object recall)

- 3
 2
 1
 0

Concentration (serial 7's

- or 'world' backwards)
 4-5
 2-3
 0-1

Comments: Cognition could not be reliably assessed due to language difficulty

Education:

- College or above
 High School or Equivalency
 Did not complete high school
 Less than 8th grade

Comments: _____

Financial:

Employment

- Employed
 Unemployed
 Soc.Sec.
 Disability

Insurance

- Commercial
 Medicare
 Medicaid
 None

Medication coverage

- Full
 Limited
 None

Comments: _____

Cultural:

- Anglo American
- African American
- Latino American
- Native American
- Other _____

Specific cultural beliefs that can impact care:
 (beware of stereotypes)
This patient tends to view illness as a
sign of weakness

Access:

Transportation
 No difficulties
 Difficulties: Cannot drive
Has to take 2 different
buses to reach clinic.

Availability of local healthcare services
 Good
 Limited: _____

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 following section to identify the points of vulnerability in this patient’s care.

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) _____

Consultations _____

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

Monitoring: INR needs to be monitored (as above)

ANALYSIS OF RISK

Which *one* of the ‘vulnerable processes’ that you identified in the previous section do you believe poses the biggest threat to this patient? (i.e., has the most potential to result in harm?)

Coumadin poses the greatest risk due to dangers of overdosing (bleeding) or
underdosing (recurrent DVT/PE)

Now, look through the ‘Patient Vulnerability Factors’ that you identified earlier and explain how these factors may make this process more prone to error.

Poor English skills: He may have difficulty understanding the instructions for Coumadin dosing
(especially if dosage is changed frequently)

Financial: Patient has only Medicare for insurance. Therefore, he has to pay for his own
medications, which are very expensive. Since he has a low income (Social Security) the Coumadin
(about \$30 per month) may be difficult to afford

Cultural: Due to his cultural beliefs, he may tend to underplay his problems. When his symptoms
resolve he may discontinue his medications without seeking medical advice.

Transportation: Access to the clinic is difficult for this patient. He is at risk for missing his INR
checks.

What strategies would you suggest to make this process safer for this patient and similar patients?

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

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

Arrange a visiting nurse (preferably a member of the same ethnic group) to check the patient’s
INR and monitor medication compliance.

COMMUNITY MEDICINE EXPERIENCE

ASSIGNMENT: Community Medicine Experiences

Due Date: Last Day of the Clerkship

You are required to participate in any two of the community medicine experiences listed below (or only one experience if you do a patient education project). It is your responsibility to arrange and schedule the experience. You must get prior approval from the Clerkship Director if there is an experience that is not listed below in which you are interested. Approximately one half-day should be devoted to each experience. You are required to write a brief description of each experience on the attached “Community Medicine Experience Report Form.” The forms are due the last day of the clerkship.

Community Experiences

- AA meeting or similar meetings (i.e. Alanon, Narcotics Anonymous, Smokers Anonymous, or Overeaters Anonymous)
- Academy Meetings
- Acupuncturist or other integrative medicine practitioner
- Ambulance (Rural/Metro – 882-8400)
- Child Advocacy Groups (CAC – 886-5437)
- Child and Family Services (852-1424)
- Chiropractor (Dr. Rodriguez – 882-8800)
- City Mission (854-8181)
- Dentist
- Downtown Alcohol Clinic (883-4517)
- ECMC Immunodeficiency Clinic (898-4119)
- Erie County Department of Health (885-0826)
- Habitat for Humanity (852-6607)
- Health screening at a community event (i.e. blood pressure, glucose & weight screening)
- Home visits with preceptor, other doctor, or home nursing agency (you are encouraged but not required to make at least one home visit during your rotation)
- Hospital Board Meetings
- Hospital rounds with a chaplain (Rev. Lewis at ECMC 898-3000)
- Lewac Associates of WNY (Katherine Lewis – 332-6111) Offers health education classes for people.
- Local pharmacist and/or dentist
- Nursing Home
- Nutritionist/ Dietitian
- Occupational health - General Motors, General Mills, etc. (Union Occ. Health – 894-9366)
- Physical/ Occupational Therapy
- Poison Control Center (878-7654)
- Prisons (The clerkship secretary Correctional – 937-4000)
- Quality Improvement Meetings
- Refugee clinic (Joan Kernan, jkernan@buffalo.edu)
- School Health Clinics
- Support Groups for specific illnesses (breast cancer, AIDS, CFS, etc.)
- Westfield, Tar Wars Program (Helen Baran, 326-3633) (Anti-smoking campaign presented in schools.)

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

Community Medicine Experiences Report Form I
Due Week 6

Name: _____ Preceptor: _____

Date of Experience: _____ Clerkship Dates: _____

Agency Name: _____ Phone Number: _____

Agency Mission: _____

Supervisory Person: _____ Title: _____

Brief Description of What You Did: _____

Brief Description of What you Learned: _____

Your Evaluation of the Experience:

Was the Experience Worthwhile? _____

Overall Rating of the Experience: _____ (use the key below)

5=outstanding, 4=highly satisfactory, 3=satisfactory, 2=poor, 1=unacceptable

General Comments:

Strengths: _____

Weaknesses:

Would you recommend this experience to students in future clerkship modules? _____

Community Medicine Experiences Report Form II
Due Week 6

Name: _____ Preceptor: _____

Date of Experience: _____ Clerkship Dates: _____

Agency Name: _____ Phone Number: _____

Agency Mission: _____

Supervisory Person: _____ Title: _____

Brief Description of What You Did: _____

Brief Description of What you Learned: _____

Your Evaluation of the Experience:

Was the Experience Worthwhile? _____

Overall Rating of the Experience: _____ (use the key below)

5=outstanding, 4=highly satisfactory, 3=satisfactory, 2=poor, 1=unacceptable

General Comments:

Strengths: _____

Weaknesses:

Would you recommend this experience to students in future clerkship modules? _____

**ATTENDANCE,
GRADING AND
EVALUATION**

Attendance Policy

- **3-4 unexcused lates or 1 unexcused absence from any part of the Clerkship** (i.e.: preceptor office, didactic sessions, small groups) **will result in a 5-point reduction from your final grade and possible course failure.**
- 5 or more unexcused lates or 2 or more unexcused absences from any part of the Clerkship (i.e.: preceptor office, didactic sessions, small groups) will result in automatic course failure.
- You must work **at least 9 half-day sessions per week and attend all lectures, workshops and small group discussions** (except for weeks with defined school holidays or during weeks with 2 lecture days). **If you are unable to work at least 9 half-day sessions per week for whatever reason, you must notify the Family Medicine office as soon as possible at 829-3800.** Whether you are ill or your preceptor or small group facilitator has given you time off or there is some other reason – you must notify the Family Medicine office. **Failure to notify the office is considered a breach of the Honor Code and may result in a reduction of your final grade or course failure.**
- A request for a proposed lateness or absence must be made in writing (form on next page) and approved by Dr. Nielsen and Dr. Holmes at least 2 weeks **prior** to the date of absence or lateness. The only exception to this is with illness. In this case you should notify the clerkship secretary at 829-3800 immediately. If you cannot reach her, you should page Dr. Holmes at 459-4390.

Monday Afternoon Policy

(All weeks except during the Family Medicine/Psychiatry lecture.)

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

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

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

HONOR CODE

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

Instructions: Requests must be made as early as possible, but at least 3 weeks in advance of requested time off (except for emergencies). After completing this form, give it to Dr. Nielsen in the OME. If she approves your request, return it to Dr. Holmes, for his approval to 135 Cary Hall. This form will be forwarded to your preceptor and / or small group facilitator to notify them. If you need to make up work, such as a quiz, you need to make those arrangements ahead of time with the clerkship secretary and your group facilitator.

Name: _____ Date: _____

Preceptor: _____

Small Group Facilitator: _____

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

Reason for Requesting Time Off: _____

Student signature

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

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

Date

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

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

Date

GRADING POLICY

A final grade will be assigned according to the following:

1. All of the following done:

Progress Note	Student Evaluation of Preceptor & Clerkship
Community Medicine Experience (CME) 1 & 2	Student Evaluation of Small Group Facilitator
Patient Safety Project	MedEd IQ Evaluation
	Student Evaluation of Inpatient Experience

2. Determination of final grade:

Preceptor Final Assessment	40%
Small Group	5%
Final Exam (SHELF)*	35%
Inpatient Work	10%
Patient Safety Project	5%
Preventive Medicine Quiz	5%
	<hr/>
	100%

3. Final Grade:

Grades:	Total %
Honors	Overall avg. ≥ 80 <u>and</u> Final Exam ≥ 90
High Satisfactory	Overall avg. ≥ 80 <u>and</u> Final Exam ≥ 80
Satisfactory	Overall avg. ≥ 60 <u>and</u> Final Exam ≥ 60
Unsatisfactory	Overall avg. < 60 <u>or</u> Final Exam < 60

*3 scores given--raw, curved, national % rank. The highest score will be used to determine your final grade.

If you are unsatisfied with your grade and would like to dispute it, you must do so by contacting the clerkship secretary (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

PRECEPTOR'S MID CLERKSHIP EVALUATION OF STUDENT (DUE WK #4)

Student's Name: _____ Preceptor's Name: _____ Module: _____

INSTRUCTIONS: Please evaluate the student's clinical performance at this point in the clerkship by indicating (circle) your ratings and providing the student with written as well as verbal feedback. **Written comments provide important feedback to your student and are a necessary part of this evaluation.** If you would like to use a fraction of a number, you may do so by writing down the number (i.e. "4.5") in the margin instead of circling a number.

COMMENTS:
Student's Strengths:

Opportunities For Improvement:

Other Comments:

I. CLINICAL KNOWLEDGE AND SKILLS					
A. Data Skills and Case Presentations	Unsatisfactory. Needs work on acquiring, recording and analyzing the data base.	Has basic data. Needs work on organization, assessment, or case presentations.	Data base assessment and plan are satisfactory. Organization & case presentations are satisfactory	Data base assessment and plan are outstanding. Good case presentations.	Data base assessment and plan are outstanding. Excellent case presentations.
N/A	0 1	2 3	4 5 6	7 8	9 10
B. Clinical Problem Solving	Has difficulty identifying the key problems. Demonstrates little independence. Uses time inefficiently.	Identifies major problems, but cannot set priorities. Somewhat inefficient.	Identifies major problems. Adequate utilization of lab and other parameters. Fairly efficient with use of time.	Able to prioritize problems and order tests in a fairly cost effective manner. Efficient with use of time.	Identifies major and minor problems in perspective. Superior grasp of information. Very efficient use of lab and other services.
N/A	0 1	2 3	4 5 6	7 8	9 10
C. Technical Skills	Unable to demonstrate basic skill or interview/PE/bedside procedures appropriate to clerkship level.	Minimal level of basic skills. Needs work on interview/PE/bedside procedures	Satisfactory basic skills appropriate to clerkship. Steady improvement.	Highly satisfactory basic skills.	Demonstrates superior mastery of basic skills performs far in advance of clerkship level.
N/A	0 1	2 3	4 5 6	7 8	9 10
D. Knowledge in Subject Area	Shows inadequate knowledge of medical principles and pathophysiology related to the patient's problems	Shows a minimal amount knowledge related to the patient's problem	Shows adequate comprehension of basic pathophysiology and relates them to the patient's problems.	Demonstrates highly satisfactory understanding of pathophysiology and is able to apply knowledge to pt. care.	Shows superior knowledge of the basic medical principles relating to the patient's problem.
N/A	0 1	2 3	4 5 6	7 8	9 10

E. Preventive Medicine (PM)	Rarely remembered PM needs &/or showed little competence with PM issues	Remembered PM needs occasionally or had difficulty accessing & managing the needs	Often remembered PM needs accessed and managed them OK	Actively promotes PM. Assessed and managed pts. well.	Outstanding job of promoting and managing PM. Very proactive
N/A	0 1	2 3	4 5 6	7 8	9 10
F. Patient Education (pt ed)	Very uninterested &/or showed little competence with pt. Education	Fairly interested in pt ed &/or had some difficulty remembering pt ed	Often remembered to provide pt ed and did OK at teaching patients	Actively promotes pt ed. Assessed and taught patients well	Outstanding job of teaching pts at their level. Very proactive
N/A	0 1	2 3	4 5 6	7 8	9 10
G. Psycho-Social-Spiritual Issues (PSSI)	Very uninterested &/or showed little competence with addressing PSSI	Fairly interested in PSSI &/or had some difficulty remembering PSSI	Often remembered to address PSSI & did OK at caring for pts with PSSI	Often inquired about PSSI. Assessed and cared for pts. with PSSI well	Outstanding job of assessing, talking with, & caring for pts with PSSI
N/A	0 1	2 3	4 5 6	7 8	9 10

II. PERSONAL AND PROFESSIONAL CHARACTERISTICS

A. Relationships with Patients	Often discourteous and /or non empathetic with patients. Puts personal convenience above the patient's needs	Fair rapport, occasionally discourteous	Generally good rapport with patients. Generally empathetic.	Able to respond well to patient needs and insecurities.	Consistently courteous and empathetic. Gives patient's needs priority, even with unpleasant or hostile patients.
N/A	0 1	2 3	4 5 6	7 8	9 10
B. Professional Relationships	Behavior interferes with satisfactory performance. Discourteous to nurses and/r residents. Hostel or uncooperative	Occasionally discourteous and/ or uncooperative. Sometimes does not work well with others.	Cooperative and courteous with staff, other students, and nurses.	Able to work as part of a team and is consistently courteous to coworkers.	Works very well with others. Consistently courteous. Has admiration and respect of coworkers.
N/A	0 1	2 3	4 5 6	7 8	9 10
C. Initiative and Interest	Not well motivated. Avoids "doing" when possible. Appears disinterested. Never volunteers	Accepts average load of work. Rarely volunteers or actively participates.	Does all work expected. Occasionally volunteers	Works hard, asks questions, often volunteers.	Works exceptionally hard. Active leader & participant. Seeks new learning experience. Often takes initiative to look up information about clinical problems.
N/A	0 1	2 3	4 5 6	7 8	9 10
D. Preparedness and Independent Learning	Student showed no evidence of reading and learning about patients seen in the office	Student showed a little evidence of reading & learning about patients seen in the office. Student did not look up or did an inadequate job at looking up and presenting answers to assigned questions.	Students showed some evidence of reading & learning about patients seen in the office. Student did a satisfactory job at looking up and presenting answers to assigned questions.	Students showed evidence of reading and learning about patients seen in the office. Student did a good job at looking up and presenting answers to assigned questions in a timely manner	Students did a lot of reading and learning about patients. Students did an outstanding job at looking up and presenting answers to assigned questions.
N/A	0 1	2 3	4 5 6	7 8	9 10
E. Handwriting	Handwriting is usually illegible and very difficult to read.	Handwriting is legible about half the time. It is often difficult to read	Handwriting is usually legible, but occasionally is difficult to read.	Handwriting is legible and easy to read.	Handwriting is incredibly neat and easy to read.
N/A	0 1	2 3	4 5 6	7 8	9 10

III. ATTENDANCE - Please circle the appropriate box

Absences	4 or more unexcused absences	2-3 unexcused absences	1 unexcused absence	Absences which were excused ahead of time	No absences
Lates	7 or more unexcused lates	4-6 unexcused lates	1-3 unexcused lates	Lates which were excused ahead of time	No lates, greater than 10 minutes

Preceptor's Signature _____ Date _____

Student's Signature _____ Date _____

When complete, fax to Diane @ (716) 829-2933 or send to Dept. of Family Medicine, University at Buffalo, 3435 Main Street, 135 Cary Hall, Buffalo, NY 14214 If you have questions, call Diane at (716) 829-3800 or page Dr. Holmes @ 459-4390. Thank you!

PRECEPTOR'S FINAL CLERKSHIP EVALUATION OF STUDENT (DUE WK #6)

Student's Name: _____ Preceptor's Name: _____ Module: _____

INSTRUCTIONS: Please evaluate the student's clinical performance at this point in the clerkship by indicating (circle) your ratings and providing the student with written as well as verbal feedback. **Written comments provide important feedback to your student and are a necessary part of this evaluation.** If you would like to use a fraction of a number, you may do so by writing down the number (i.e. "4.5") in the margin instead of circling a number.

COMMENTS:

Student's Strengths:

Opportunities For Improvement:

Other Comments:

I. CLINICAL KNOWLEDGE AND SKILLS					
A. Data Skills and Case Presentations	Unsatisfactory. Needs work on acquiring, recording and analyzing the data base.	Has basic data. Needs work on organization, assessment, or case presentations.	Data base assessment and plan are satisfactory. Organization & case presentations are satisfactory	Data base assessment and plan are outstanding. Good case presentations.	Data base assessment and plan are outstanding. Excellent case presentations.
N/A	0 1	2 3	4 5 6	7 8	9 10
B. Clinical Problem Solving	Has difficulty identifying the key problems. Demonstrates little independence. Uses time inefficiently.	Identifies major problems, but cannot set priorities. Somewhat inefficient.	Identifies major problems. Adequate utilization of lab and other parameters. Fairly efficient with use of time.	Able to prioritize problems and order tests in a fairly cost effective manner. Efficient with use of time.	Identifies major and minor problems in perspective. Superior grasp of information. Very efficient use of lab and other services.
N/A	0 1	2 3	4 5 6	7 8	9 10
C. Technical Skills	Unable to demonstrate basic skill on interview/PE/bedside procedures appropriate to clerkship level.	Minimal level of basic skills. Needs work on interview/PE/bedside procedures	Satisfactory basic skills appropriate to clerkship. Steady improvement.	Highly satisfactory basic skills.	Demonstrates superior mastery of basic skills performs far in advance of clerkship level.
N/A	0 1	2 3	4 5 6	7 8	9 10
D. Knowledge in Subject Area	Shows inadequate knowledge of medical principles and pathophysiology related to the patient's problems	Shows a minimal amount knowledge related to the patient's problem	Shows adequate comprehension of basic pathophysiology and relates them to the patient's problems.	Demonstrates highly satisfactory understanding of pathophysiology and is able to apply knowledge to pt. care.	Shows superior knowledge of the basic medical principles relating to the patient's problem.
N/A	0 1	2 3	4 5 6	7 8	9 10

E. Preventive Medicine (PM)	Rarely remembered PM needs &/or showed little competence with PM issues	Remembered PM needs occasionally or had difficulty accessing & managing the needs	Often remembered PM needs accessed and managed them OK	Actively promotes PM. Assessed and managed pts. well.	Outstanding job of promoting and managing PM. Very proactive
N/A	0 1	2 3	4 5 6	7 8	9 10
F. Patient Education (pt ed)	Very uninterested &/or showed little competence with pt. Education	Fairly interested in pt ed &/or had some difficulty remembering pt ed	Often remembered to provide pt ed and did OK at teaching patients	Actively promotes pt ed. Assessed and taught patients well	Outstanding job of teaching pts at their level. Very proactive
N/A	0 1	2 3	4 5 6	7 8	9 10
G. Psycho-Social-Spiritual Issues (PSSI)	Very uninterested &/or showed little competence with addressing PSSI	Fairly interested in PSSI &/or had some difficulty remembering PSSI	Often remembered to address PSSI & did OK at caring for pts with PSSI	Often inquired about PSSI. Assessed and cared for pts. with PSSI well	Outstanding job of assessing, talking with, & caring for pts with PSSI
N/A	0 1	2 3	4 5 6	7 8	9 10

II. PERSONAL AND PROFESSIONAL CHARACTERISTICS

A. Relationships with Patients	Often discourteous and /or non empathetic with patients. Puts personal convenience above the patient's needs	Fair rapport, occasionally discourteous	Generally good rapport with patients. Generally empathetic.	Able to respond well to patient needs and insecurities.	Consistently courteous and empathetic. Gives patient's needs priority, even with unpleasant or hostile patients.
N/A	0 1	2 3	4 5 6	7 8	9 10
B. Professional Relationships	Behavior interferes with satisfactory performance. Discourteous to nurses and/r residents. Hostel or uncooperative	Occasionally discourteous and/ or uncooperative. Sometimes does not work well with others.	Cooperative and courteous with staff, other students, and nurses.	Able to work as part of a team and is consistently courteous to coworkers.	Works very well with others. Consistently courteous. Has admiration and respect of coworkers.
N/A	0 1	2 3	4 5 6	7 8	9 10
C. Initiative and Interest	Not well motivated. Avoids "doing" when possible. Appears disinterested. Never volunteers	Accepts average load of work. Rarely volunteers or actively participates.	Does all work expected. Occasionally volunteers	Works hard, asks questions, often volunteers.	Works exceptionally hard. Active leader & participant. Seeks new learning experience. Often takes initiative to look up information about clinical problems.
N/A	0 1	2 3	4 5 6	7 8	9 10
D. Preparedness and Independent Learning	Student showed no evidence of reading and learning about patients seen in the office	Student showed a little evidence of reading & learning about patients seen in the office. Student did not look up or did an inadequate job at looking up and presenting answers to assigned questions.	Students showed some evidence of reading & learning about patients seen in the office. Student did a satisfactory job at looking up and presenting answers to assigned questions.	Students showed evidence of reading and learning about patients seen in the office. Student did a good job at looking up and presenting answers to assigned questions in a timely manner	Students did a lot of reading and learning about patients. Students did an outstanding job at looking up and presenting answers to assigned questions.
N/A	0 1	2 3	4 5 6	7 8	9 10
E. Handwriting	Handwriting is usually illegible and very difficult to read.	Handwriting is legible about half the time. It is often difficult to read	Handwriting is usually legible, but occasionally is difficult to read.	Handwriting is legible and easy to read.	Handwriting is incredibly neat and easy to read.
N/A	0 1	2 3	4 5 6	7 8	9 10

III. ATTENDANCE - Please circle the appropriate box

Absences	4 or more unexcused absences	2-3 unexcused absences	1 unexcused absence	Absences which were excused ahead of time	No absences
Lates	7 or more unexcused lates	4-6 unexcused lates	1-3 unexcused lates	Lates which were excused ahead of time	No lates, greater than 10 minutes

Preceptor's Signature _____ Date _____

Student's Signature _____ Date _____

When complete, fax to Diane @ (716) 829-2933 or send to Dept. of Family Medicine, University at Buffalo, 3435 Main Street, 135 Cary Hall, Buffalo, NY 14214 If you have questions, call Diane at (716) 829-3800 or page Dr. Holmes @459-4390. Thank you!

FMIS Attending Physician Assessment of Student

Student's Name: _____

Dates: _____ Attending: _____

Please take the time to write specific comments as they provide important feedback to your student. In order for this student to pass the inpatient component of the Clerkship, comments must be written.

Questions:

- | | <u>Circle One</u> | |
|--|-------------------|----|
| | Yes | No |
| 1. Did the student do at least 4 H & P's that were reviewed by the Attending or ACR? | Yes | No |
| 2. Did the student do hospital rounds and 24 hour call on 2 weekend days? | Yes | No |
| 3. Did the student do 24 hour call on 2 weekdays? | Yes | No |
| 4. Did the student give a presentation on a medical topic? | Yes | No |

Topic presented (if you remember): _____

If "no" on any of the above, please explain.

Comments:

	Strengths	Opportunities for Improvement
Professionalism		
Medical knowledge		
Daily Progress Notes		
H & P's *		
Pt. Presentations on Rounds		
Presentation of a Topic		
Interpersonal skills w/patients, staff & team		
Other		

* Note: Students must do at least 4 thorough H&P's. However, students may do more (up to 12) as per the discretion of the Attending and ACR.

Attendance (please circle one box in each row)

<u>Absences</u>	4 or more unexcused absences	2-3 unexcused absences	1 unexcused absence	Absences which were excused ahead of time	No absences
<u>Lates</u> (> 10 min.)	7 or more unexcused lates	4-6 unexcused lates	1-3 unexcused lates	Lates which were excused ahead of time	No lates > 10 min.

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

If needed, what kind of remediation do you recommend?

Attending's Signature: _____ Date: _____

When complete, please **fax this form to Diane @ 829-2933** or mail to UB Dept. of Family Medicine, 3435 Main St.135 Cary Hall, Buffalo, NY 14214. If you have questions, call Diane at 829-3800 or page Dr. Holmes at 459-4390. Thank you!

FMIS Senior Resident (ACR) Assessment of Student

Student's Name: _____

Dates: _____ Attending: _____

Please take the time to write specific comments as they provide important feedback to your student. In order for this student to pass the inpatient component of the Clerkship, comments must be written.

Questions:

- | | |
|--|--|
| 5. Did the student do at least 4 H & P's that were reviewed by the Attending or ACR?
6. Did the student do hospital rounds and 24 hour call on 2 weekend days?
7. Did the student do 24 hour call on 2 weekdays?
8. Did the student give a presentation on a medical topic? | <u>Circle One</u>
Yes No
Yes No
Yes No
Yes No |
|--|--|

Topic presented (if you remember): _____

If "no" on any of the above, please explain.

Comments:

	Strengths	Opportunities for Improvement
Professionalism		
Medical knowledge		
Daily Progress Notes		
H & P's *		
Pt. Presentations on Rounds		
Presentation of a Topic		
Interpersonal skills w/patients, staff & team		
Other		

* Note: Students must do at least 4 thorough H&P's. However, students may do more (up to 12) as per the discretion of the Attending and ACR.

Attendance (please circle one box in each row)

<u>Absences</u>	4 or more unexcused absences	2-3 unexcused absences	1 unexcused absence	Absences which were excused ahead of time	No absences
<u>Lates</u> (> 10 min.)	7 or more unexcused lates	4-6 unexcused lates	1-3 unexcused lates	Lates which were excused ahead of time	No lates > 10 min.

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

If needed, what kind of remediation do you recommend?

Attending's Signature: _____ Date: _____

When complete, please **fax this form to Diane @ 829-2933** or mail to UB Dept. of Family Medicine, 3435 Main St.135 Cary Hall, Buffalo, NY 14214. If you have questions, call Diane at 829-3800 or page Dr. Holmes at 459-4390. Thank you!

Group Facilitator's Assessment of Student

Student's Name: _____ Academic Year: 2003-04

Written comments provide important feedback to your students and are a **required** part of this evaluation.

Comments:

Strengths:

Opportunities for improvement:

Other Comments:

Small Group Grade: High Pass ? Pass ? Minimal Pass ? Needs Remediation ?

Indicate what remediation is needed:

Attendance:

Dates						
Attendance (Circle one for each day)	P A L E	P A L E	P A L E	P A L E	P A L E	P A L E

P = Present and on time

A = Absent

L = Late (> 10 minutes)

E = Excused absence or late

Evaluator's Signature _____ **Date:** _____

When complete, fax to Diane @ 829-2933 or send to Dept. of Family Medicine, University at Buffalo, 3435 Main Street, 135 Cary Hall, Buffalo, NY 14214 If you have questions, call Diane at 829-3800 or page Dr. Holmes @ 459-4390. Thank you!

Final Clerkship Feedback and Preceptor Evaluation

(Due Wk.6)

Preceptor: _____

Academic Year: 2003-04

Please complete this form with truthfulness. Preceptors will be given this information after your grade from them has been received, so it will not affect your grade in any way. Preceptors and the clerkship administrators value your constructive feedback so please be as honest as you can. (If you worked with more than one preceptor, please comment on them also). Continue comments on back of page if needed.

1. What did you learn from this clerkship that you think you'll remember several years from now?
2. What do you wish you had learned more about?
3. What did you appreciate most and least about the preceptor's clinical abilities, teaching, interpersonal skills, office environment, etc. (comments about individual preceptor or as a whole)?
4. What did you appreciate most and least about the staff in the preceptor's office (comment about individual staff or as a whole)?
5. What suggestions do you have that would help the preceptor and/or staff to improve student learning?
6. What did you appreciate most and least about your inpatient experience (comment about individual staff or as a whole) and do you have any suggestions to improve the inpatient experience?
7. What would you do to improve the Clerkship if you were the Clerkship Director?

Student Evaluation of Small Group Facilitator

(Due Wk. 6)

Small Group Facilitator: _____ Date: _____

COMMENTS (continue on back if needed):

What are some of the important things that you learned from the Small Group experience?

What I liked best about the Small Group discussion time and/or the facilitator was:

What I liked least about the Small Group discussion time and/or the facilitator was:

Suggestions for improvement:

Instructions: Write a number in the box to indicate your assessment of your Small Group Facilitator in each area:

Rating Key: 1 = Disagree strongly 2 = Disagree 3 = Neutral 4 = Agree 5 = Agree Strongly

Rating	Facilitation Skills
	Prompt for all sessions
	Ensured that group knew the objectives & expectations
	Made eye contact appropriately
	Appeared relaxed and at ease
	Called students by their names
	Demonstrated enthusiasm and interest
	Used humor appropriately
	Adapted teaching based on group members' past knowledge
	Helped group explore reasons for different opinions
	Encouraged non-judgmental communication
	Demonstrated comfort with silence when appropriate
	Effectively managed students who talked too much or too little
	Encouraged students to take risks (i.e.: ask questions, etc.)
	Used questions appropriately to promote a higher level of thinking
	Provided group with positive & negative constructive feedback
	Provided individuals with positive & negative constructive feedback
	Clarified confusing or complicated topics
	Balanced leading and facilitating the discussions
	Reviewed important learning points at the end of each session
	Provided useful written comments on SOAP note & CPP
	Overall was an effective facilitator/teacher
	Overall the group discussions were interesting and educational

Would you like to receive information about?

A career in family practice? _____YES _____NO

Family practice residency programs in general? _____YES _____NO

UB's family practice 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. Andrea Manyon. If you would like to contact Dr. Manyon directly, you may call her at 898-5972.

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

Dr. Rosenthal	898-4505	troseenth@buffalo.edu
Dr. Manyon	898-5972	manyon@buffalo.edu
Dr. Holmes	829-3800	dholmes@buffalo.edu
Dr. Brewer	859-4140	jebrewer@buffalo.edu

Other useful websites:

AAFP	www.AAFP.org
UB Family Medicine Residency	www.smbs.buffalo.edu/fam-med/
Career Guidance	www.Medcareers.org

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

_____Definitely!! _____Yes _____No _____Maybe _____Unsure

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

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

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

_____Definitely!! _____Yes _____No _____Maybe _____Unsure

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

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

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

_____Definitely!! _____Yes _____No _____Maybe _____Unsure

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

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

Return this form to the clerkship secretary in 135 Cary Hall on the last day of the Clerkship

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

_____Definitely!! _____Yes _____No _____Maybe _____Unsure

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

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

Return this form to the clerkship secretary in the 135 Cary Hall on the last day of the Clerkship

