



# WINDSOR UNIVERSITY SCHOOL OF MEDICINE

## FAMILY MEDICINE

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**THIS INSTITUTION IS POSITIONED AS AN AFFORDABLE INTERNATIONAL ENVIRONMENT FOR CULTURALLY DIVERSE STUDENTS TO GAIN CORE COMPETENCIES REQUIRED FOR GRADUATE AND POST GRADUATE TRAINING.**

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### **Appendices in Clinical Training Manual:**

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**Appendix B: The logbook of manual skills and procedures Pg. 62;  
Optional manual skills and observed procedures (Pg.86)**

**Appendix C: Rotation evaluation form Pg. 66**

**Appendix D: Midcore Evaluation Pg. 69**

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**Appendix F: Student Evaluation of the Clinical Rotation Pg. 92**

**Appendix G: Student Evaluation of the Clinical Preceptor Pg. 93**

**Appendix J: Oral exam form Pg. 100**  
**Appendix K: OSCE Marking Rubrics Pg. 102**

## LINKS FOR EVALUATION FORMS

**Midcore Evaluation:** <http://www.questionpro.com/t/ALT4jZS0fQ>

**Final Preceptor Evaluation:** <http://www.questionpro.com/t/ALT4jZS0fc>

**Student Evaluation of Clinical Preceptor:** <http://www.questionpro.com/t/ALT4jZSwFo>

**Student Evaluation of Clinical Rotation:** <http://www.questionpro.com/t/ALT4jZSymF>

## INTRODUCTION:

Family Medicine is a 6-week core clinical rotation which includes predominantly outpatient office based experience, creating a learning environment in which clinical competence can be achieved. In addition to acquiring knowledge and skill, students should gain the ability to gather essential and accurate patient information by medical history and physical examination. Students develop investigatory and analytical clinical thinking based on the understanding of the pathophysiology of disease. They should apply knowledge of the structure function of the body, major organ systems and of the molecular cellular and biochemical mechanisms. The student should develop an understanding of the scientific basis of the practice of medicine. In the course of the clinical rotations they should develop a personal program of self-study and professional growth with the guidance of the clinical teaching faculty. They should also demonstrate compassion and empathy in patient care maintaining the highest moral and ethical values. There should be a demonstrative sensitivity to culture, age, gender, and disability as they apply to patients. The students should demonstrate an understanding of the relationships among the various aspects of healthcare delivery.

The objective of the rotation is to prepare medical students to engage in the delivery of comprehensive and continuing focused care to patients of all ages by addressing the diverse health needs of individuals and the family as a unit. The students will learn how the patients progress through the healthcare delivery system in order to develop an on-going approach to the patient. Students should develop an understanding of mechanisms of disease process, inpatient care, referrals, consultations, and general resources.

The family medicine curriculum will assist students in achieving the following educational objectives

### **Medical Knowledge**

1. The normal psychosocial development of patients of all ages
2. The role of nutrition, exercise, healthy lifestyles, and preventive medicine in promoting health and decreasing risk of disease in individuals and populations.
3. The epidemiology of common disorders in diverse populations and approaches designed to screen and detect illness and to reduce incidence and prevalence of disease on an international patient population.
4. The knowledge of and provision of effective patient education for the common patient education topics encountered in the outpatient setting.
5. Demonstrate the physiological changes that occur in the geriatric population and the ability to develop short and long term treatment plans based on the unique aspects of geriatric patients.

### **Clinical Skills**

1. The ability to understand and utilize evidence-based decision making in clinical practice.
2. The ability to identify and develop management strategies for the psychosocial issues underlying a patient's visit.
3. The ability to perform and present a focused patient history and a focused physical examination for common problems encountered in family medicine.
4. The ability to use the information gained from the history and physical examination to diagnose and to manage patients in a family medicine office.
5. Strive for excellence in medical knowledge and quality of patient care through continued lifelong learning while recognizing one's own limitations and appropriate utilization of consultation.
6. The ability to identify and understand the principles of End of Life Care, Hospice Care, and Palliative Care

### **Professional Behavior**

1. Demonstrate empathy and respect irrespective of people's race, ethnicity, cultural background, social and economic status, sexual orientation or other unique personal characteristics.
2. The importance of professional behavior, empathy, and sensitivity to cultural and economic issues when interacting with patients and members of the healthcare team.
3. Demonstrate humility, compassion, integrity and honesty when dealing with patients, colleagues and the healthcare team.
4. Promote self-care and wellness for ourselves, our patients and colleagues.
5. The ability to identify and understand the principles of ethics including: i. autonomy, ii. Responsibilities, iii. Beneficence, iv. nonmaleficence, v. equality.

## CORE TOPICS

Students are responsible for knowing the presenting signs and symptoms and management of these problems regardless of whether any patients have been seen in the preceptor's Office.

### Week One Lecture topics:

1. Abdominal pain (pediatrics to geriatrics)
  - Vomiting
  - Diarrhea
  - Ulcers
  - Non-life threatening GI bleeds
  
2. Endocrinology
  - Hormonal changes (female and Male from teen to geriatrics)
  - Diabetes
  - Thyroid (hypo or Hyper thyroids)
  - Pancreatic
  - Alcohol related diseases (Cirrhosis and pancreatitis)
  
3. Mental States
  - Headaches (simple to migraine)
  - Altered mental status
  - Anxiety
  - Depression (include bi-polars)
  - Somatoform disorder

**Quiz 1:** Abdominal Pain, Endocrinology and Mental States (End of Week 1)

### Week 2 Lecture Topics:

4. Respiratory
  - Allergic rhinitis
  - Asthma
  - COPD
  - Respiratory infections
  
5. Cardiac
  - Chest pain
  - Angina
  - Hypertension
  - CHF (+/- edemas)

**Quiz 2:** Respiratory and Cardiac (End of Week 2)

### Week 3 Lecture topics:

6. Musculoskeletal
  - Back pain
  - Trauma
  - Inflammation
  - Joints
    - i. Gout

- ii. Osteoarthritis
  - iii. Rheumatoid
  - iv. Infectious
  - v. Traumatic
7. Dermatological
- Dermatitis (including Acnes)
  - Skin lesions (benign and cancerous)
  - Cellulitis
  - Venous Stasis
  - Leg ulcers
- Quiz 3:** Musculoskeletal and Dermatological (End of Week 3)

#### **Week 4 Lecture Topics:**

8. Female Reproductive Systems
- Birth control
  - Vaginitis
  - Dysmenorrhea
  - Postmenopausal
  - Breast exams
  - Pelvic pain (Infectious, benign to malignant)
  - STD
9. Male Reproductive Systems
- Prostatic Enlargement (benign to Malignant)
  - Scrotal pain
  - Erectile Dysfunction
- Quiz 4:** Female and Male Reproductive Systems (End of Week 4)

#### **Week 5 Lecture Topics:**

10. Nephrology
- UTI
  - Hematuria
  - LUTZ
  - Nephrolithiasis
11. Well adult exam
12. Well child exam
- Quiz 5:** Nephrology, well exams (end of week 5)

In addition, students completing this clerkship should be able to provide patient education in the areas listed below.

#### **Patient Education Topics**

1. Adult health maintenance including life style change and exercise
2. Hypertension control
3. Asthma management
4. Nutrition guidelines including (Diabetes mellitus, new & cholesterol and weight loss)
6. Safe sex and contraceptive choices
7. Depression



8. Smoking and illicit drug counseling and method of cessation
9. Stress management

## PRECEPTOR'S "TEACHING SCHEDULE TEMPLATE":

Preceptor's name: \_\_\_\_\_

	Morning Rounds	Out-Patient Clinics	Private Office (schedule 2-3 students per day OBSERVATION ONLY)	Hospital Ground Rounds and CME rounds	Didactic Teaching (Core Topics 5-6 hours /week)	Preceptor or Resident On-call Schedule (2-3 students/call)	Help Schedule (2 hours Per week)	Other
Mon								
Tues								
Wed								
Thurs.								
Fri								

## FAMILY MEDICINE PROCEDURES TO BE OBSERVED BY STUDENT DURING THIS CORE ROTATION:

- A. Family Medicine
  - 1. Cryosurgery
  - 2. Curettage-Cautery
  - 3. Electrosurgery
  - 4. Excisional Biopsy (Family Medicine)
  - 5. Fine-Needle Aspiration–Breast (Family Medicine)
  - 6. Incision and Drainage of an Abscess
  - 7. Punch Biopsy (Family Medicine)
  - 8. Shave Biopsy
  - 9. Wart Treatment
  - 10. Snellen Eye examination
  - 11. Dermatological examination
  - 12. Counseling of Psychological, nutritional, life style changing, chronic illness and Sexually related issues to an individual
  - 13. Counseling of Psychological, nutritional, life style changing, chronic illness and Sexually related issues to a family or group

## BASIC FAMILY MEDICINE PROCEDURES A STUDENT MUST BE SUPERVISED AND PERFORMED DURING THIS FAMILY MEDICINE ROTATION:

- 1. Snellen Eye Exam
- 2. Detailed Upper Respiratory examination with obtaining specimen
- 3. Otolaryngology examination in both Children and adult
- 4. Glucometer
- 5. Taking an accurate Blood Pressure
- 6. EKG or Holter Monitor hook-up and taking the EKG (if applicable to the practice)

## WEB BASED EDUCATIONAL ASSIGNMENTS FOR INDEPENDENT LEARNING

Proof of completion of the following three web-based assignments along with your patient log will complete your portfolio for family medicine. As part of their evaluation students should submit their portfolio to the clerkship director at the end of the rotation.

WEB BASED EDUCATIONAL ASSIGNMENTS	
Online Family Medicine Course	Student will participate in the self-directed web-based learning course, FM CASES through MedU. All assigned cases will be completed during your rotation; <b>FM Cases: 1, 2, 6, 8, 13, 16</b>
Communication Skills Modules	Students are responsible for DOCCOM communication Skills Modules 25 "Diet / Exercise" and 29 "Alcoholism Diagnosis and Counseling" modules of the Communication Skills B course.

## EVALUATION AND GRADING

### A. The Formative Mid-core Evaluation

All clerkship directors must arrange for formative mid-core evaluations with all students. These consist of individualized face-to-face meetings with each student and completion of the mid-core evaluation form (Appendix D). This form is not part of students' permanent record and can be kept on file at the hospital with a copy to the Associate Dean of Clinical Sciences. The purpose of this evaluation is to provide students with informal, qualitative feedback early enough in the clerkship to allow time for remediation of deficiencies. This meeting also gives the clinical preceptors an opportunity to help students recognize their strengths. The mid-core evaluation also gives medical students the opportunity to measure their progress in learning.

### B. The Summative Final Evaluation

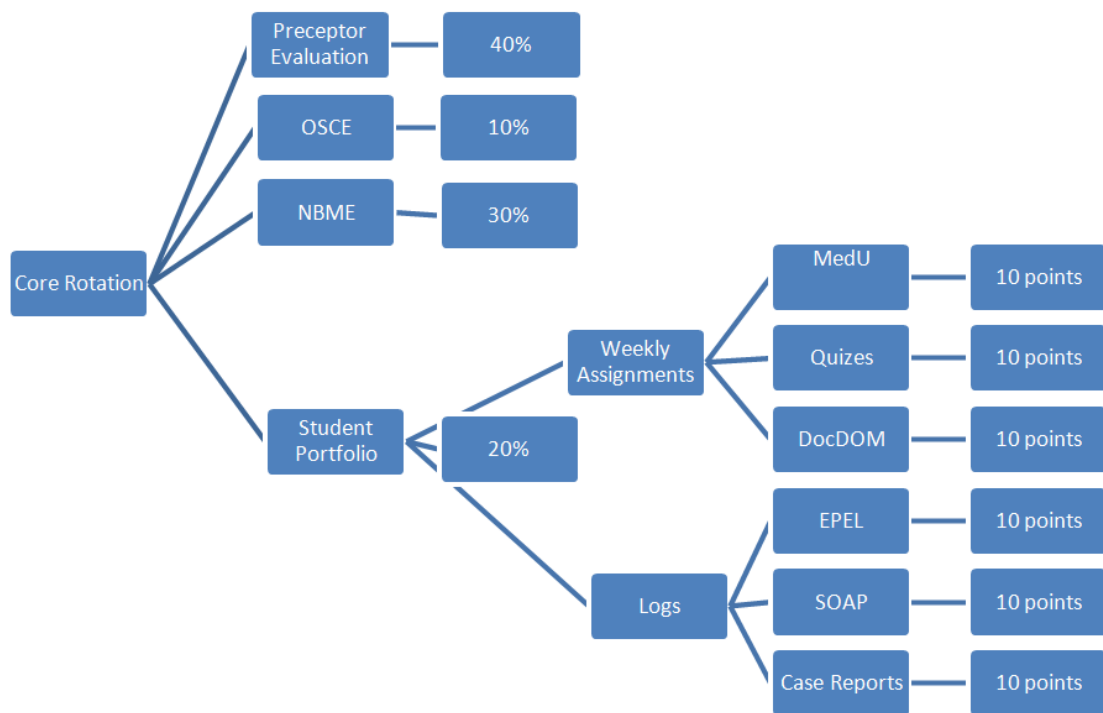
#### Grading Policy for the Clerkships

The Clinical preceptor completes a final evaluation form for each student in a core clerkship. The form requires narrative comments, grades in individual components and a final summative grade (Appendix C). The narrative comments summarize the student's clinical performance, professional behavior including attendance, rapport with patients and staff and the extent to which the students developed the required competencies for that core. This narrative section offers the faculty the opportunity to provide additional evaluative information beyond the letter grade. Students should make every effort to review these comments as soon as possible after completion of a rotation. The opinions of the physicians who have worked with a student are critical for self-improvement on the part of the student. Constructive criticisms can help a student develop into a more competent physician. Students should attempt to review these comments at the hospital, either from the clerkship director or from the medical education office. Alternatively, students can request a copy of the evaluation form from their clinical student coordinator in the Office of Clinical Studies.

The final grade in the clerkship represents a quantitative average of four components:

- 1) **40%: End of Clerkship Preceptor Evaluation of Student**
- 2) **30%: Core Rotation/ NBME Exam Score**
- 3) **10%: OSCE /Oral Examination.**
- 4) **20%: Student Portfolio**

**Refer to Diagram below for further breakdown of student portfolio:**



**The final grade calculation= Cumulative of above 4 > 65 % to pass.**

**Grading:**

**Honors:** If you get an A in all 4 areas of evaluation.

**In progress:** Failure of one area but pass all other areas of evaluation.

**Failure:** Fail two or more areas of evaluation.

**Re-mediation**

**In progress:**

- **Clinical evaluation:** successfully repeat 4 weeks of rotation
- **Clinical Log:** successfully complete all logs
- **OSCE/Oral:** successfully repeat the OSCE
- **Written Exam:** successfully pass exam, up to three attempts

The final grade will be calculated using the new data and will be downgraded one letter grade unless that grade is a "C".

**Failure:** The student must repeat the entire clerkship.

**Clinical Performance:**

**(40% Preceptor Evaluation, 10% weekly quiz, and 10% Patient Log and 10% MedU and Doccom)**

The teaching physicians who work with the student during the rotation evaluate the student's clinical performance in six core competency areas, medical knowledge, clinical skills, professional behavior,

Interpersonal and Communication Skills, Proactive based learning and systems-based learning. The more feedback the evaluator gets from different members of the medical staff that instructed the student, the more objective grades can be. The faculty evaluates the extent to which the student has developed the competencies required for that rotation. The following general goals form the basis of all evaluations. A more comprehensive list of competencies appears in Outcome Objectives of Medical education above.

A mid-core meeting with each student is required in order to discuss the student's performance. Students must print a copy of their Electronic Patient Encounter Log and procedural experience log and present it at the mid-core meeting for review by the Clinical Preceptor. The Clinical Preceptor discusses the log and the student's performance. This discussion should include encouragement if the student is doing well or a warning with constructive criticism if the student is doing poorly. The mid-core evaluation is formative and requires documentation on the WUSM Mid-core evaluation form (see Appendix D).

### **End of Clerkship Examinations for all Locations: (Virtual Patient or Actor Patient)**

#### **a. OSCE(s), Oral Examination**

Each department has a form for the end-of-clerkship oral exam (appendix J). The end of clerkship oral exam should last at least 20 minutes and requires a one-on-one format involving the student and clinical faculty member. It is used to evaluate independent study and patient log documentation but is primarily a Step 2 CS-type exam.

The first part of the exam requires the examiner to review the portfolio, which each student brings to the exam. This portfolio consists of the patient log and the web-based exams. The examiner first confirms that the student has completed all assignments and has shown a commitment to documentation in the log. The portfolio can be used to evaluate the extent to which the student has studied actively and independently.

After the review of the patient log, the exam should proceed as a Step 2 CS OSCE exam, this has two parts:

**1. The integrated clinical encounter (ICE).** This is the "classic" exam. The examiner would choose a case, from the student's log for example, and ask the student to "integrate the history, physical findings, lab results, imaging studies, etc. into a reasonable discussion of pathophysiology, differential diagnosis, further work-up and management, etc."

**2. Communication skills and interpersonal relationship (CS/IR).** This is new and may require some creativity and play-acting on the part of the examiner. Departments could develop a list of "challenging" questions involving ethical issues, e.g., end-of-life decisions, informed consent, delivering bad news, etc. Evaluations here may be difficult and subjective. One way to look at this would be for examiners to ask themselves "If this was an interview, would I take this student into my residency program?" If the answer is negative, we would like to know, to remediate the student. The exam form should have a section for such comments. These students may be at high risk for a Step 2 CS failure and/or for not getting a residency because of their lack of interviewing skills. To a certain extent, this can be a formative as well as a summative exam.

#### **b. NBME Exam**

The NBME Clinical Subject (Shelf) Exam must be taken by all students toward the end of the core rotation and determines 30% of the final grade during 3<sup>rd</sup> year Core Rotations but 50% after 4<sup>th</sup> year (end of Clinical Rotation). Scheduling for this exam is done by Dean's office. Hospitals should excuse students for the entire day to take these exams. While the oral exam is based on the student's clinical experience during the rotation, the shelf exam is not. Instead the shelf exam tests students' understanding of the subject as, for example, it might be presented in a concise textbook. Students must sit the shelf exam before starting their next rotation.

### c. Examination Policies and Procedures

- All students must attend the Oral Exam as scheduled. No excuses are permitted unless approved by the Clinical Preceptor or AHD.
- All students must attend the NBME exam as scheduled. With rare exception and only after approval by the Dean, a student can take a separate WINDSOR written exam.
- Students who are too ill to take the exam as scheduled should refer to the "Medical Excuse" policy in the Student Manual.
- If for any reason a student misses an oral exam, a make-up exam must be scheduled within 2 weeks with the Clinical Preceptor or AHD.
- If for any reason a student misses an NBME exam, a make-up exam must be scheduled within 2 weeks by contacting Dean's office.



## REQUIRED READING:

### Text books

1. Current Diagnosis and Treatment Family Medicine, 2nd Edition by South-Paul, Matheny, Lewis
2. Essentials of family medicine, 2nd Edition Sloan, Slatt, Curtis

### Recommended Resources:

1. Case Files Family Medicine, Third Edition (LANGE Case Files) 3rd Edition by Eugene Toy (Author), Donald Briscoe, Bruce Britton
2. Blueprints Family Medicine, 3rd Edition (Blueprints Series) Third Edition by Martin S. Lipsky, Mitchell S. King
3. Family Medicine PreTest Self-Assessment And Review, Third Edition by Doug Knutson
4. AAFP's Board Preparation Questions
5. USPSTF Recommendations

# Windsor University School of Medicine

## Clinical Documentation Checklist

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Hospital/Clinic: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_ Total Weeks: \_\_\_\_\_

S. No	Clinical Documentation/ Skills	Required	Completed	Student Initials
1.	Electronic Patient Encounter Logs (EPEL)	12		
2.	SOAP Notes	4		
3.	Case Reports	2		
4.	MedU Cases	6/12		
5.	DocCom Modules	2		
6.	Mid-core evaluation	1		
7.	Preceptor Evaluation	1		
8.	Core Examination (NBME Shelf)	1		
9.	Procedure Logs	1		
10	OSCE Skills	1		
11	Feedback Interview	1		
12	Student Evaluation of Rotation	1		
13	Student Evaluation of Preceptor	1		

Note: It is student's responsibility to complete the above requirements in its entirety with integrity and honesty. Students should get them evaluated by his attending, and submit the same to the clinical department. Failure to do so will result in receiving poor grade in the specific clinical rotation on the transcript.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attending/Preceptor: \_\_\_\_\_ Date: \_\_\_\_\_