

## *AY 2024-2025 Family Medicine Clerkship*

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### Clerkship Description

Welcome to the Family Medicine Clerkship! We look forward to working with each of you. Students will have an excellent ambulatory (outpatient) experience by seeing a variety of clinic patients ranging from newborns to geriatric patients. Additionally, through many community partnerships, students will become familiar with community resources available in El Paso.

There are multiple cross references within the Family Medicine Clerkship Syllabus.

### Clerkship Objectives

The Family Medicine Clerkship provides students with ample exposure to the undifferentiated patient via an ambulatory experience at the Texas Tech Physicians of El Paso Family Medicine Clinic, private physicians' offices, and Hospice El Paso. The Goals and Objectives outlined below are met through all of these experiences. Finally, all of the clerkship learning objectives are linked to the Medical Education Program Goals and Objectives (PGOs) (in parenthesis).

### Medical Knowledge

**Goal:** The student will gain and develop an effective understanding of the assessments and management of common clinical conditions seen by the family physician in outpatient settings. The learner will demonstrate the ability to acquire, critically interpret, and apply this knowledge.

**Objectives:** By the end of the Family Medicine Clerkship students will be able to:

- Describe the prevalence and natural history of common acute illnesses and chronic diseases over the course of the individual and family life cycle including identification and treatment of acute and chronic pain (2.1, 2.3).
- Demonstrate an investigatory and analytic approach to clinical situations integrating basic and clinical science concepts in the diagnosis and management of illness and disease (2.2, 2.3, and 2.4).

### Patient Care

**Goal:** The students must be able to provide patient-centered care that is age-appropriate, compassionate, and effective for the treatment of health problems and the promotion of health.

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**Objectives:** By the end of the Family Medicine Clerkship students will be able to:

- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations seen in Family Medicine (1.1, 1.2, 1.3, 1.6, 2.1).
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment (1.2, 1.6, 2.4, and 2.5).
- Apply screening protocols based on evidence-based guidelines to identify risks of disease or injury and opportunities to promote wellness over the course of the lifespan (1.2, 2.3, 2.4, 6.3).
- Apply culturally appropriate behavioral change strategies to support patient wellness (1.9, 4.1, 4.3, and 5.1).

## Interpersonal and Communication Skills

**Goal:** The Student will develop knowledge of specific techniques and methods that facilitate effective and empathic communication with patients and their families, faculty, residents, staff, and fellow students.

**Objectives:** By the end of the Family Medicine Clerkship students will be able to:

- Create and sustain a therapeutically sound relationship with patients and their families based on a patient-centered approach (4.1, 4.3, 5.1, 5.2, 5.3, 5.4, 5.5, and 5.6).
- Effectively educate patients and their families about health, illness, and prevention as appropriate to the clinical situation (1.8, 1.9, 2.5, 4.1, 4.3, 5.1, 5.2, and 6.3).
- Demonstrate effective, respectful communication with clinical faculty, other health care professionals, and staff (4.2, 4.3, 4.4, 5.1, 5.2, 5.3, 5.5, and 5.6).
- Clearly and accurately document information in the medical record (4.4, 1.7, and 5.7).
- Demonstrate the ability to communicate effectively with patients and their families through interpreters for those with limited English language proficiency (4.1, 4.3, and 7.2).

## Professionalism/Ethics

**Goal:** Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles and sensitivity to a diverse patient population.

**Objectives:** Throughout the Family Medicine Clerkship, the student will demonstrate:

- Respect for patients, their families, and all members of the health care team (5.1, 4.3, 5.6).

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- Adherence to ethical principles governing the doctor-patient relationship including respect for patient confidentiality and privacy (5.1, 5.2, 5.4, 5.6).
- Respect for patients whose lifestyles and values may be different from those of the student (5, 1, 2.5, 4.1).
- Awareness of the limits of one's own knowledge, experience, and capabilities (5.3, 3.1, 8.1).

## Practice-Based Learning and Improvement

**Goal:** The student will understand the application of scientific evidence and accept feedback for continuous self assessment in the improvement of patient care practices.

**Objectives:** Throughout the Family Medicine Clerkship the student will demonstrate the ability to:

- Locate, evaluate, and apply evidence from scientific studies related to the patient's health problems (3.4, 2.3, 2.4, 2.5, 2.6).
- Apply knowledge of study design and statistical methods to the appraisal of information on diagnostic and therapeutic effectiveness (3.4, 3.5, 2.4).
- Use information technology and electronic resources to access, manage, and evaluate information in support of personal education (3.3, 3.4, 8.1, 8.4, 8.5).
- Solicit and respond to feedback to improve one's clinical practices (3.3, 3.1, 3.2, 5.7, 8.1, 8.4).

## Systems-Based Practice

**Goal:** Students must demonstrate an awareness of medical systems and responsiveness to the larger context and system of health care and the ability to effectively utilize system resources to provide optimal care. The student will develop an appreciation of supportive health care resources, and understand their utilization as part of patient advocacy.

**Objectives:** By the end of the Family Medicine Clerkship, the student will be able to

- Describe the role of the family physician as a coordinator of care and team member (6.1, 7.1, 7.2, 8.1).
- Discuss the knowledge, attitudes, and skills necessary for providing longitudinal, comprehensive, and integrated care for patients with common chronic medical problems (6.1, 6.2, 6.3, 6.4, 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.8, 2.2, 2.3, 2.4, 2.5, 3.2, 3.4, 7.2, 8.1).

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- Collaborate with other health professionals to provide patient-centered and preventive services across the lifespan (6.1, 6.2, 6.4, 1.9, 7.1, 7.2, 7.3, 7.4).
- Assist patients in dealing with system complexities to reduce access barriers (1.8, 6.1, 6.2, 6.3, 6.4).
- Identify appropriate medical and non-medical consultative resources (6.2, 6.4, 7.2).
- Describe strategies for controlling health care costs and allocating resources without compromising quality of care (6.3)

## Inter-professional Collaboration

**Goal:** Demonstrate the ability to engage in an Interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

**Objectives:** By the end of the Family Medicine Clerkship, the student will be able to:

- Describe the roles of health care professionals. (7.1)
- Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care. (7.2)
- Function effectively both as a team leader and team member. (7.3)
- Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members. (7.4)

## Personal and Professional Development

**Goal:** Demonstrate the qualities required to sustain lifelong personal and professional growth.

**Objectives:** By the end of the Family Medicine Clerkship, the student will be able to:

- Recognize when to take responsibility and when to seek assistance. (8.1)
- Demonstrate healthy coping mechanisms in response to stress and professional responsibilities. (8.2)
- Demonstrate flexibility in adjusting to change and difficult situations. (8.3)

## Integration Threads

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The following is a list of topics that will be integrated into the Block and will also be visited by other Clerkships in the third year:

X Geriatrics	X Patient Safety	X Communication skills
X Basic Sciences	X Pain Management	X Diagnostic Imaging
X Ethics	X Chronic Illness Care	X Clinical Pathology
X Professionalism	X Palliative Care	X Clinical/Translational Research
X Evidence Based Medicine	X Quality Improvement	X Interprofessionalism

**The Family Medicine Clerkship will include these integration threads in the following ways:**

**Geriatrics:** Ambulatory clinic experiences (Texas Tech Physicians of El Paso, Community Clinic, and Hospice), Didactic Sessions, and NBME study preparation questions.

**Professionalism:** Ambulatory clinic experiences (professionalism evaluations in every component of the Clerkship)

**Patient Safety:** Free CME opportunity available on Elentra and access to Campus CME events, ambulatory clinic experiences, and in all FM Longitudinal Selectives

**Palliative Care:** Hospice Rotation and Breaking Bad News Didactics and Workshop

**Communication Skills:** Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Geriatric Selective, Didactic Sessions (Breaking Bad News), OSCE (end of Block and end of Year), Student Presentations

**Basic Sciences:** Musculoskeletal Workshop, Fatigue Online Module, Sports Medicine Selective.

**EBM:** Online module and ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

**Pain Management:** Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice) and Sports Medicine

**Diagnostic Imaging:** Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Musculoskeletal Workshop, and Online Modules

**Ethics:** Free CME opportunity available on Canvas, Orientation, and ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice)

Authorship: Dr. Genrich, Approved by CEPC/M.Francis – April 2024

**Chronic Illness Care:** Ambulatory clinic experiences (TTP El Paso, Community Clinic, and Hospice), Didactic Sessions, and Chronic Disease Management Selective

**Clinical Pathology:** Musculoskeletal Workshop, dermatology workshop Didactic Sessions, and Online Modules

**Clinical and Translational Research:** During the Family Medicine Clinic Rotation, all students attend a lecture from the FM Research Department and later go into the community with Promotoras as they recruit patients for the Department's colorectal cancer research.

**Inter-professionalism:** students are exposed to interdisciplinary teams during clinic time, musculoskeletal workshop, Hospice and Promotora experiences.

## Family Medicine Continuity Assignment Learning Objectives

While in the clinic with the Family Medicine preceptor (at the Kenworthy Family Medicine Clinic or in the community) the student will do the following:

### Acute Presentations:

1. Differentiate among common etiologies based on the presenting symptom(s). (1.3, 1.2)
2. Recognize "don't miss" conditions that may present with a particular symptom(s). (1.5, 1.1, 1.2, 1.3)
3. Elicit a focused history and perform a focused physical examination. (1.1)
4. Discuss the importance of a cost-effective and evidence-based approach to the diagnostic work -up. (2.3, 6.3)
5. Describe the initial management of a common and potentially life-threatening diagnosis that present with particular symptoms. (1.2, 1.5, 1.6)
6. Communicate the above information in an organized and concise fashion to preceptor (faculty or residents). (4.2)

### Chronic Presentations:

1. Find and apply diagnostic criteria. (2.2, 2.3)
2. Find and apply surveillance strategies. (2.4, 2.3)
3. Elicit a focused history that includes information about adherence, self-management, and barriers to care. (2.5, 1.1, 1.8, 4.1)
4. Perform a focused physical examination that includes identification of complications. (1.1, 2.1)
5. Assess improvement or progression of the chronic disease. (2.2, 1.3)
6. Describe major treatment modalities. (1.2, 1.6, 2.3)
7. Propose evidence based management that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention. (2.3, 1.9, 1.2, 1.6)
8. Communicate appropriately with other health professionals (e.g. physical therapist, nutritionists, and counselors). (4.2, 7.1, 7.2, 7.3)
9. Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. (1.8, 4.1, 5.1)

### Notes for clinic:

- When at a Community Clinic, the clinical experience will be as stated above, but with a private family physician. Call ahead to confirm start times listed on your schedule.

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- All procedures, vaccinations, and examinations of genital/breast/low abdomen/buttocks **may only be done under the direct supervision of a preceptor.**
- We will attempt to assign students to a set of clinic preceptors (residents, faculty, community faculty) for continuity throughout the duration of the clerkship.
- Students are expected to document **a minimum** of two patients per clinical session in the EMR system (In systems where students are given individual access to the EMR. Route notes to the continuity TTUHSC El Paso resident or attending faculty and follow local documentation processes at community clinics).
- Students will review charts of patients to be seen the following day, the night before. (See guidelines for Family Medicine Clinic Chart Review)

## Family Medicine Clinic Patient Chart Review

1. Find out the name of the faculty or resident you are in working with in the Family Medicine Center.
2. Review charts of all the faculty or residents scheduled patients prior to the start of clinic
  - a. This will allow you to interact more meaningfully with the patient and the preceptor
  - b. Jot down notes on the MS3 Chart Audit (MS3-CA) and bring to clinic with you.
  - c. At the end of clinic session, turn into the FM Clerkship Coordinator through Elentra.
3. Review and document on the (MS3-CA) the following information:
  - a. **Pre-visit Planning** (located under the documents tab, look up PRE-VISIT PLANNING (colonoscopy, pap, immunizations, diabetic foot exam, etc....)
    - i. This will tell you some of the preventive services our patients are due for write it down
    - ii. This needs to be completed for Quality Improvement
  - b. **Problem List** (this is the PMHX)
    - i. look for any old problems such as acute bronchitis or UTI any self-limited problem
    - ii. think about what problems should be removed from the list (see above)
  - c. **Medication List**
    - i. Look up 2 to 3 of the patients' medications on Epocrates app or UpToDate, in order to:
      1. to review doses and adverse effects or contraindications
      2. the more you do this the better you will perform on the NBME
  - d. **Last Clinic Note:** with the Family Medicine faculty or resident
    - i. What was the plan? Were any tests ordered? Was the patient sent to a consultant and what were the results or outcomes?



- ii. Is there a condition that needs to be followed up, such as knee pain? Was a new medication given for DM? Is the patient tolerating it? Is the medication having the desired effect – Lower BP or improved blood glucoses, etc?
- iii. Was a condition left to be addressed at this next visit that there was not time for before?

**e. Preventative Care:**

- i. You can use the AHRQ ePSS app and put in their age and sex to see what they should have done based on the USPSTF guidelines.
- ii. Ask patient if they have already had recommended screening or if they are interested in having it done
- iii. Is there a pap or colonoscopy documented?
- iv. Is the patient a smoker and due for AAA screening?

Remember, if you cannot find it ask the Medical Assistant (MA).

## The Hospice Experience

The Family Medicine Hospice Experience consists of one week seeing patients and acting as part of an interdisciplinary team with Hospice El Paso. Ideally, students will experience each aspect of hospice care, from admissions to death, through the viewpoint of various caretakers during their week-long rotation. Students will still attend their didactics, longitudinal selective and SDL days.

Goals:

1. Students will develop an increased understanding of Hospice care
2. Students will recognize barriers for timely Hospice referrals
3. Students will gain confidence in communicating with terminal patients and their families

Objectives:

1. Students will display the ability to determine prognosis for terminal disease (2.1)
2. Students will be able to list the eligibility criteria for Hospice (5.5)
3. Students will be able to list potential barriers for Hospice referral and how to overcome them (4.1, 4.2,4.3, 5.4, 6.4, 7.1, 7.2)

Hospice care is a dynamic process and unpredictable at times. Students will learn what type of patients to refer and how to refer in a timely manner. Students will see how a multidisciplinary team works with the patient and their family to provide a comforting experience. It is very important to keenly observe how these experts in end life issues treat a real patient. Students will rotate through the major aspects of hospice care.

They will be paired with a hospice nurse and gain the following experiences:

1. Students will attend an orientation and go through the Hospice admissions process (7.1): Here students should understand what type of terminal illnesses are accepted and the referral and admissions process (7.1)
2. Attend an interdisciplinary team meeting: The RN, social worker, and pharmacist get together to discuss the patient(s) and their care plans (7.1, 7.2, 7.3)
3. Review medical records (1.3)
4. Home visit with a hospice patient (2.5, 4.2, 5.1, 5.2,5.4): This is most valuable to see patients in their home or hospice facility and how they are cared for
5. Death call is optional (2.5, 8.2): When death is imminent, hospice comforts the patient and the family

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### Evaluation

- Students will take a pre and post-test on Hospice care on Elentra
- Students are required to write a reflective piece at the end of the Hospice experience to discuss something new that was learned, new skills gained, or a patient and their family that left an impression
- Professionalism evaluations will be completed by Hospice staff

## Family Medicine Clerkship Required Assignments and Activities

Activity	Description	Fail	Required or Optional	Make Up (If Applicable)	Grading
Attendance Clinic	Students are expected to be on time and attend all (see attendance policy under Common Clerkship Policies)	Absenteeism or tardiness	Required	Reading and/or Make up clinic	Failure to attend can result in failure of professionalism.
SOAP Notes	4 SOAP notes uploaded into Elentra. Do not include PHI. Weekly SOAP note turned into continuity faculty with clinical presentation.	If notes consistently late or contains PHI.	Required	Make-up SOAP notes	Failure to submit may result in failure of professionalism grade.
Attendance in Data and Patient Navigator Class	Introduction to Clinical and Translational Research	Not attending class	Required	TBD by Clerkship Director	Failure to submit may result in failure of professionalism grade.
Promotora Experience	Work with Promotoras to recruit and educate the community about the colon cancer and breast cancer reasearch	Not showing up participating in the activity	Required	Not attending is an unexcused absence	Failure to attend may result in failure of professionalism grade.
Promotora Reflection	Write a reflective paragraph explaining what you learned about clinical and translational research. Due one week after the	Not turning in reflection	Required	An alternate assignment can be provided to you by the Clerkship Director.	Failure to submit reflection may result in failure of professionalism grade.

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	Promotora experience at 5PM to Elenra.				
Op-Log	Students must update their Op-Logs weekly throughout the Block with all meaningful patient encounters	Not updating weekly and / or not meeting minimum requirements	Required	Make-up / Alternative assignments are available.	If student does not meet the required patient conditions this will be counted as unprofessional and may result in a failure of professionalism grade.
AAFP Questions	Complete 500 questions throughout the block. 250 questions due by MCF.	Not completing 250 by MCF and / or 500 by the end of the block	Required	AAFP website	Not completing the questions may result in failure of professionalism grade.
Didactic Presentation	Participation in didactic topic presentation	Not completing or working with a didactic presentation team	Required	Can be made-up at another time if the presentation is missed.	Not completing the presentation may result in failure of professionalism grade.
EMR Note	Each clinical session at the Texas Tech Clinic, students must complete at least 2 Medical Student Notes. These will be routed to the faculty member	Not completing the notes	Required	Can be made-up if there are unexcused absences at the Clerkship Director's discretion	Not completing the notes may result in failure of professionalism grade.
Duty Hours	Students are required to submit duty hours within 48 hours of the scheduled session.	Not submitting hours	Required	NA	Not completing / submitting the hours may result in failure of professionalism grade.
Hospice Reflection	Students are required to turn in a Hospice reflection discussing what was learned	Not turning in a reflection	Required	NA	Not completing / submitting the reflection may result in failure of professionalism grade.
NBME Exam in Family Medicine	All students must take the Family Medicine NBME.	Failing score on NBME	Required	If the student fails the exam their grade will be incomplete and they	According to the NBME exam results

				will need to retake the exam	
Observed H&P	All students must have one faculty / resident / fellow observed H and P	Not completing and uploading task	Required	NA	Not completing / submitting the observed H&P document may result in failure of professionalism grade.
Chart Audit	Students must turn in proof of their pre-chart notes.	Not review charts / submitting notes	Required	NA	Not completing / submitting the notes may result in failure of professionalism grade.

### Student Performance Objectives

Note: For required activities, Honors-level work includes engaged participation, evidence of reading, and active learning. This determination means you have exceeded the expectation of a 3<sup>rd</sup> year medical student in the Family Medicine Clerkship.

Pass: This determination means that you have performed appropriately at the level expected for a 3<sup>rd</sup> year medical student in the clerkship. Students should also take the initiative to see patients (if applicable) and improve their clinical skills by consistently applying new knowledge in the clinical arena.

### Assessment in the Family Medicine Clerkship

- Students will receive **verbal and written feedback**:
  - During clinic sessions at the Texas Tech Physicians of El Paso Family Medicine Clinic
- Hospice El Paso
- Private Family Medicine Offices and Longitudinal Selectives
- Clerkship Unit Coordinator Professionalism Assessment
- Mid-clerkship feedback sessions with the Clerkship Director or Assistant Clerkship Director
- Written feedback in the form of the institution’s clinical and professionalism evaluations occurs on a weekly basis. Students are required to make sure they receive their completed clinical evaluations from preceptors. We cannot give adequate feedback\_if you do not have completed evaluations. Please let the Clerkship Unit Coordinator and Clerkship Director know if you need assistance.
- **Please see FM section in Appendix D for weekly assessment forms and criteria.**

## Mid-Clerkship Feedback

Mid-Clerkship Feedback is a required meeting with the Clerkship Director or Designee to review clinical and professional evaluations, absences, Op-Log and other assignment progress. This is also the time to discuss any other issues important to your individual learning and successful completion of clerkship. Students will also describe their NBME study plan, career goals, and their strengths and weaknesses. **Failure to comply will result in a failing professionalism grade.** Students will be scheduled to review their progress with the Clerkship Director or his/her designee. Mid-Clerkship Feedback takes place roughly halfway through the student's Family Medicine Clerkship.

### Student Requirements

- Clinical Evaluations available for review. Students must ask preceptors to complete if not done.
- Op-Logs up to date.
- AAFP questions (250)

All other assignments should be complete. **Please refer to Appendix D for detailed information about assignments.**

## FM Final Clerkship Assessment

This form includes the sources of the evaluation identified from each competency. Look **closely** at the SOURCES. This shows you what we will be using to evaluate your FINAL score.

Competency	Source & Comments	Grade
Knowledge for Practice	Weekly clinical evaluations (Hospice, Clinical/translational research, FM selectives), SOAP, FM selective and integrated case presentations, online cases, and direct observation.  Comments: Justify the score in competency.	Needs Improvement  Pass  Honors
Patient Care & Procedural Skills		
Interpersonal & Communication Skills		
Practice-Based Learning & Improvement		
System-Based Practice		
Professionalism		
Inter-professional Collaboration		
Personal and Professional Development		

### Grading Policy – In Addition to Common Clerkship Policies

The student’s final Clerkship grade will be based on their overall clinical and professionalism evaluations, end of block OSCE, and NBME score. Please see the school’s grading policy in the Common Clerkship Policies.

### Op Log Expectations

Please see Appendix C for a complete list of required patient encounters for the Psychiatry Clerkship. Please monitor your Op Log Dashboard to ensure that you are on track to complete his requirement. If you do not log a required encounter, you will need to complete an alternate assignment. Your progress will be reviewed at your mid-clerkship meeting.

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You are responsible for informing the Clerkship Director or Coordinator that you have not completed a required patient encounter in time for an alternative experience to be arranged. This typically occurs during and after the mid-clerkship evaluation. After Mid-clerkship evaluations, it is your responsibility to inform the Coordinator when and how (clinical encounter or alternate experience) you satisfied the requirements.

Readings: Please access the suggested readings in Appendix E

## NBME Review

- AAFP website review questions
- Pretest
- Family Medicine Case Files
- Board Vitals – optional resource
- First Aid USMLE Step 2
- Family Medicine Board Review books by:
  - Bratton
  - Swanson
  - Wilbur