
AY 2024-2025 Family Medicine Longitudinal Clerkship

Clerkship Description

During your Family Medicine Longitudinal Clerkship experience, you will develop basic competencies in the evaluation and management of patients of all ages in the ambulatory and possibly inpatient settings. You will develop an effective understanding of the assessment and management of common clinical conditions seen by the Family Medicine physician. This Family Medicine Longitudinal experience will be integrated with Pediatrics, Obstetrics and Gynecology, Surgery and Emergency Medicine.

Clerkship Objectives

The Family Medicine Clerkship provides students with ample exposure to the undifferentiated patient at the Texas Tech Physicians of El Paso Family Medicine Clinic, UMC, private physicians' offices, and at other sites in El Paso. The Goals and Objectives outlined below are met through all of these experiences. Additionally, each Longitudinal experience provides students with opportunities to further enhance their knowledge and skills in a variety of settings. Finally, all of the clerkship learning objectives are linked to the Medical Education Program Goals and Objectives (PGOs) (in parentheses).

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 (2.2-2.4).

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.

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

OPSEF

- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations seen in Family Medicine (1.1-1.3, 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 (1.8, 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, 5.1-5.6).
- Effectively educate patients and their families about health, illness, and prevention as appropriate to the clinical situation (1.8, 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 (4.2-4.4, 5.1-5.3, 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 and 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 (4.3, 5.1, 5.6).
- 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 (2.5, 4.1, 5.1).
- Awareness of the limits of one's own knowledge, experience, and capabilities (3.1, 5.3, 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 (2.3- 2.6, 3.4).
- Apply knowledge of study design and statistical methods to the appraisal of information on diagnostic and therapeutic effectiveness (2.4, 3.4, 3.5).
- 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 (3.1-3.3, 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 (6.1-6.4, 1.1-1.8, 2.2-2.5, 3.2, 3.4, 7.2, 8.1).
- Collaborate with other health professionals to provide patient-centered and preventive services across the lifespan (6.1, 6.2, 6.4, 1.9, 7.1-7.4).
- Assist patients in dealing with system complexities to reduce access barriers (1.8, 6.1- 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

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:

- Geriatrics: There are geriatrics didactic sessions planned during year. In addition to the didactics, students will have the opportunity to see a large number of geriatric patients.
- Basic Science: Anatomy, physiology, and pharmacology will be included in most didactics. In addition, there are specific didactic sessions devoted to basic sciences with the basic scientists.
- Clinical and Translational Research: Students will be exposed to clinical and translational research during the Family Medicine Clinic rotation. Students will become familiar with data entry and appropriate charting techniques.

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 Inter-professionalism

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

- Geriatrics, Professionalism, Communication Skills, Basic Sciences, EBM, Pain Management, Diagnostic Imaging, Chronic Illness Care, Clinical Pathology, Clinical & Translational Research: Clinical experiences
- Patient Safety: Free CME opportunity available on Elentra and access to Campus CME events, Clinical experiences, and in all FM Longitudinal experiences
- Ethics: Free CME opportunity available on Elentra, Orientation, and Clinical experiences
- Inter-professionalism: Students are exposed to interdisciplinary teams during their clinic experiences, particularly when communicating with other specialties directly through phone conversations or through the EMR.

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.
- 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 Ttuuhsc 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)
- If assigned to an inpatient experience with the FM residents / faculty the student will be expected to spend a minimum of four hours with inpatient team, observing how an inpatient FM Team functions.

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).

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
- Please see FM section in Appendix D for weekly assessment forms and criteria.

Grading Policy and Final Assessment

The student's final Longitudinal Family Medicine Clerkship grade will be based on their overall evaluations and attendance. This will be a **Pass / Fail course**.

- Patient Care & Procedural Skills, Interpersonal & Communication Skills, Professionalism
 - Sources: Evaluations, SOAP notes, and direct observation
 - Comments – meant to justify grade in this competency

- Final Grade will consist of:
 - Longitudinal Course Grade (Pass or Fail)
 - MSPE comments (optional additions only)

Op-Log Entries

For this clerkship there are no required diagnoses, but students are expected to log a minimum 6 patients.

Readings

Suggested readings in Appendix E.