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What Does MU Expect of Preceptors?

We appreciate you opening your practice to our students. To help things run smoothly, we suggest that you spend 15 minutes on the first day going over things with the student. Explain how your office runs, find out what the student expects out of the four weeks, and negotiate a game plan. Topics to cover could include

1) How your office runs
   a) Staff and their responsibilities
   b) Characteristics of your patient population
   c) Your special skills and interests
   d) Space they can use (for coat and books, space for studying, etc.)
   e) Office labs and procedures
   f) Charting

2) The student's specific goals
   a) "What do you want to get out of this experience?"
   b) "What kind of things do you want to learn this next four weeks?"
   c) Negotiate and clarify goals and expectations.
   d) Expectations regarding feedback.
   e) Review the student's Clinical Skills Inventory (they should have a copy with them)

3) How you plan to work with the student
   a) Degree of independence (see below).
   b) Patient flow. How the student will know what to do next.

How much independence should you give the student in seeing patients? There is a dynamic tension here between the preceptor's need to work efficiently and effectively, the patient's right to see his/her chosen physician, and the student's need to have hands-on experiences with some degree of independence. We recommend that your nurse first ask patients if they mind seeing a medical student. If it's acceptable to the patient, let the student do a problem-focused history and physical, then discuss findings and tentative plans with you. You then can evaluate the patient yourself and adjust the plan as needed. In most situations, this can be done five or more times each day. For certain patients or types of problems (e.g. gynecological), you may need to limit the student's activity; for others, more independence is possible. Students should not, however, be left on their own. A physician should always be readily available whenever the student is providing care for a patient.

If possible, arrange for the student to see some patients more than once. Experiencing continuity isn't always possible on a 4-week preceptorship, but we'd like for the student to have a taste of what it's like.

We also want students to spend a half day or two with some other health professional. The student will need your help to make the necessary contacts. A student might, for example, spend a half day with a social worker and another half day with a home health care nurse making home visits. Or, as part of preparing for writing the paper, the student might visit a patient's home. The objective is to help the student acquire a broader understanding of the context of illness. If the student plans clinical contact with a patient when you're not around (as, for example, a home visit), remind the student that they aren't licensed to practice medicine yet.

Schedule time during each day for the student to read about the patients and problems they've encountered. Many of us involve students in searching out answers to our own clinical questions, and this time can be used for that. One to two hours during each day would be appropriate.

Give the student frequent feedback, both your own observations and comments from patients, office staff, and hospital personnel. If time is available, once a week watch the student taking a problem-focused history and doing a limited physical exam. Within that same day, discuss with the student one or two things you observed them doing that were appropriate and one or two that could be improved.

During the second week of the four weeks, review with the student how things are going. Facilitate a mid-course correction, if one is needed.

Feel free to call us if problems come up at 573-882-3183. For urgent issues contact: Dr. Allmon at 573-424-2030 or Dr. Garrett 573-808-3189
Course Goals and Objectives-Introduction

We have included the complete Goals and Objectives for the clerkship at the end of this guide on pages 25-41. The Principles of Family Medicine and Student Learning Objectives are the national curriculum guidelines developed by family medicine educators for third year clerkships in family medicine. Please read through this document to understand what we want our students to achieve over the 8 weeks. Self-directed learning and use of resources will be important for the students to be sure these areas are addressed and we provide them with a list and access to valuable resources.

Brief overview of goals and objectives document: Family Medicine is a specialty of great breadth based on 5 core principles. We expect students on the family medicine clerkship to gain a better understanding of these principles as well as increase their skills in managing common acute presenting signs and symptoms, common chronic diseases, and being able to provide advice for core health promotion conditions for children and adults.

The tables in blue highlight major topic areas. The text after each table provides further information.

The Principles of Family Medicine: For each of the 5 Principles of Family Medicine we have inserted specific areas of the clerkship that will provide you with related experiences._

Acute and Chronic Conditions: Tables 3 and 5 provide lists of core acute presentations and core chronic diseases respectively that are arranged from most to least common based on national data of visits to primary care offices. To guide your learning over the next 8 weeks, please review the skills in managing primary care symptoms and diagnoses, the student learning objectives for acute presentations and the topic specific objectives for acute care. In a similar manner, please review the key messages for chronic disease care, the student learning objectives for chronic disease presentations and the topic-specific objectives.

Preventive care and health promotion are important activities for family physicians and the areas we want you to focus on are listed in Tables 6, 7, and 8. Again, pay particular attention to the key messages and the specific student learning objectives.

You have several resources that will be of great help for you as you work to expand your knowledge and skills during this clerkship and they are listed on a separate page in your black folder. They include: the 40 fmCASES; the UMHC Clinical Management algorithms; USPSTF guidelines; and the review articles published by the American Family Physician which you can access with the thumb drive we provide or by logging on to www.aafp.org and going to the student section. The fmCASES were specifically developed to complement this national curriculum and the end of clerkship exam will be based on questions from each of the fmCASES.

Our country is facing a great shortage in primary care physicians and family physicians are the most sought after specialists to address this shortage. Whether you become a family physician or another primary care specialist, or are a consultant who gets referrals from family physicians, understanding the principles and practice of family medicine will help you in your future career.
Clerkship General Information

Patient Logs (PLOG)
Students are required to enter all patients they see weeks 1, 2, 3, and 5 for the 8-week clerkship and to keep track of certain diagnoses/symptoms/skills. The student is encouraged to work with you to ensure they meet the required minimums. A list of these requirements is enclosed. They do not have to meet all of these during the four weeks they are with you. They will fulfill some of these requirements during the four weeks they are at the family medicine clinic in Columbia.

Evaluation
Please review the sample evaluation form carefully. This should always include written comments and an overall rating. Regular, timely feedback is essential. Ideally, all comments on the evaluation should already have been discussed with the student. Some preceptors find it useful to jot down notes and specific examples at the end of each clinic session to aid in the evaluation process. Observation is a crucial piece of this – finding the time to observe parts of the clinic visit will be important. Your evaluation is worth 50% of the overall clinical assessment. There are 3 categories of evaluation that contribute to the final grade: clinical performance, knowledge and professionalism. The full descriptors for the 3 clinical performance categories can be found on page 15 of this guide along with a sample of the evaluation form. Please do review those.

Teaching Tips – general
- Keep it simple – use teachable moments
- Involve them as active participants in your clinic as much as possible
- Make them feel of value to you – their histories and notes can be very helpful
- Let them observe you initially with the first 2-3 patients to get a feel for your style
- Make your expectations of them clear. e.g., do not cover this, do ask about that, when is the best time for asking you questions, etc.
- Help them focus on particular skills (e.g., history of present illness, lung exam, presentation skills, etc.) Involve them in selecting which patients they are to see.
- Have them see some patients in follow-up if at all possible.
- Find time to observe them – even if it is for a three-minute window.
- Share your thinking and strategies with them – what you tried to do and whether you felt it worked well. Have them observe a particular aspect of your interaction with the patient and give you feedback.
- Consider giving them focused assignments to report on at the next visit – but be sure to ask them for their report!
- Put them to work – look up answers to questions you have.
- Time limits can be very helpful, e.g., “Go and get the history of present illness, I’ll come get you in five minutes.”
- Demonstrate areas of history and physical and then have them practice.
- Be sure and point out common findings – skin lesions, joint deformities, murmurs, edema, etc.
- If you see an interesting physical/x-ray/microscope finding, try to share it with the student

Teaching tips – course specific
- We do not expect the students to see/have responsibility with every patient, but they do need to have some responsibility with several patients. We hope they will feel a part of 6-10 patient visits in each clinic session.
- Shape the experience to your learner – their knowledge, skills, etc. The learner’s abilities will dramatically change as the year goes on.
- It is okay to have them look up and read on a topic briefly during clinic, especially if clinic is very busy and you need to pick up the speed.
- Encourage them to share their ideas about assessment and plan.

Teaching tips – feedback and evaluation
- Ask them for their ideas, questions, and reasoning. Find time for answering their questions.
- Feedback, feedback, feedback. Remember to focus on specific behaviors. Also, get their feedback on how things are going.
- Do sit down with the student halfway through your experience together for a brief mid-block evaluation session. Ask them for feedback on how the experience might be improved from their point of view. Have them self-evaluate first - this can help you focus on feedback that will be most useful to them. Review their progress
toward their specific goals. They have a form that they should have used to reflect on their own progress prior to meeting with you. Ask to see it.

- Similarly, sit down with the student at the conclusion of the 4 weeks and once again give them feedback.
- Complete the detailed evaluation of the student immediately after your last clinic session and return it to the course office ASAP. It is critical that you include the overall evaluation and final comments as well. (Hopefully all ones you have already shared with the student.)

**Student Assignments During Clerkship**

Students are required to write a paper exploring the context of illness. We've given them some examples of possible topics or areas to explore to fulfill this requirement. The student can elect to do this paper during either half of the eight-week block. If they choose to do it during their community-based preceptorship, they will need your help in identifying a suitable patient/family to interview and study. We suggest you pick a patient who is willing (obviously most important) and whose problems illustrate the complex interplay of biomedical, social, and psychological aspects of illness. We will send you a copy of their paper. You may want to keep the student’s paper in their chart, but the copy the student turns in to us will not have the patient's name on it.

Students are also required to research and complete the Offsite Community Resource Project form. The medical care we provide is extremely important, but often not all that is required, for patients and families to achieve the best outcomes. It is important to be familiar with the resources available for individuals and families located in their community. During the student’s offsite rotation, we require them to select an index patient who has identified a need for a community resource (clothing, food, mental health services, etc.). They will gather information about a resource in the community for that patient.

Throughout the clerkship, students are encouraged to the online fmCASES. The Family Medicine Computer-Assisted Simulations for Educating Students (fmCASES) is MedU’s virtual patient program for the Family Medicine clerkship. fmCASES’s 40 interactive virtual patient cases encompass the learning objectives of our Family Medicine Clerkship Curriculum (see below). These cases help build clinical competency, fill educational gaps, and help instill the core values and attitudes of family medicine. fmCASES fosters self-directed and independent study, builds clinical problem-solving skills, and teaches an evidence-based and patient-centered approach to patient care. This year the end of block exam will be taken completely from the fmCASES.

**Patient Log Requirements**

*Students should enter all patients seen during the weeks 1, 2, 3 and 5* that meet any of the log entry possibilities and for whom they have had full participation. Students are encouraged to work with their preceptor to ensure they meet the required minimums. Full participation means that the student could write a reasonable clinical note based on their participation with this patient. Students may code up to three separate diagnoses/symptoms/skills/or special domain entries for each patient and are encouraged to enter patients throughout the entire block.

<table>
<thead>
<tr>
<th>Acute Limited Dx/Sx</th>
<th># of required (20 total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(URI) EENT; any; Respiratory: Cough, URI, Hoarseness, Bronchitis</td>
<td>4</td>
</tr>
<tr>
<td>Musculoskeletal: (any except DJD, Rheumatoid arthritis gout or fracture)</td>
<td>2</td>
</tr>
<tr>
<td>Headache</td>
<td>2</td>
</tr>
</tbody>
</table>

7
| Acute limited Other: | General (any); Skin (any); Cardiovascular: None; GI: diarrhea, nausea/vomiting, constipation, dyspepsia, gastroenteritis, GERD; hemorrhoids; Breast: none, Male GU-nocturia, dysuria, prostatitis; Female GU: Vaginal discharge, vaginal itching, vaginitis; dysmenorrhea; menstrual disorder; nocturia; dysuria, UTI, incontinence; peri/postmenopausal disorder; Endocrine: none; Psychiatric: none; | 10 |
| Acute Serious Dx/Sx | # pts (8) |
| (GI) Abdominal Pain; Diverticulitis; Cholecystitis; Change in Bowel movement; Pancreatitis; Appendicitis; Hematemesis; Blood in stool; Ulcer disease; Mass; GI Malignancy; Inflammatory bowel disease; Jaundice | 2 |
| Cardiovascular: Chest pain, palpitations, MI, Thrombophlebitis/DVT; Arrhythmia; | 1 |
| CNS: Dizziness/ Vertigo; CVA; TIA; Syncope; Weakness/paralysis; Decreasing mentation; | 1 |
| Acute Serious Other: Resp: Pneumonia; Influenza; RSV; Hemothoptysis; Lung cancer; Pleural effusion; Pulmonary embolus; Shortness of breath, Breast: any; Male GU: STI/STD, Penile discharge; Hematuria; Pyelonephritis; Elevated PSA, Kidney stone; Epididymitis; Bladder/kidney cancer; Venereal warts; Prostate nodule; Prostate cancer; Female GU: STI/STD; PID; Venereal warts; Abnormal PAP; Pyelonephritis; hematuria; abnormal mass/swelling; abnormal bleeding; Bartholin’s gland abscess; Pelvic pain; abnormality of ovaries; pelvic mass; bladder/kidney cancer; Musculoskeletal: Fracture/dislocation; Gout; Heme-Onc: Anemia; Abnormal bleeding/bruising; HIV; Endocrine: Thyroid mass; | 2 |

**CHRONIC DIAGNOSES**

| Hypertension | 5 |
| Diabetes Mellitus 1 or 2 | 5 |
| (Heart) Coronary Artery Disease; CHF | 2 |
| Dyslipidemias | 3 |
| (Lung) Asthma/COPD/emphysema | 2 |
| Obesity | 2 |
| (Rheum) Osteoarthritis/DJD; Rheumatoid arthritis; | 2 |
| (Mental) Depression; Anxiety; Panic disorder; | 2 |
| (Chronic Other): CNS: Seizure disorder; Sleep disorders (apnea); Dementia; Parkinson’s; ADD/ADHD; CV: Venous insufficiency; GI: Cirrhosis; Irritable bowel syndrome; Male GU: ED/Impotence; BPH; Female GU: Decreased libido; Endocrine: Hypothyroidism; Hormone replacement female; Psychiatric: Eating Disorder; Substance abuse (ETOH, tobacco, drugs), | 2 |

**SKILLS**

| Obtaining History (any- See PLOG) | 2 |
| Education/Prevention (any-See PLOG)) | 2 |
| Behavior Change Counseling (any- See PLOG) | 2 |
| Examination, Wound/Trauma, Invasive, Resuscitation: None required in this domain | 2 |
| Administrative: Any (See PLOG ) | 3 |
| Interpret: Any (See PLOG) | 6 |
**SPECIAL DOMAIN** | **Required**
---|---
Care of Infants and Children: None required in this domain | 
Trauma: None required in this domain | 
Patient Type: | 
(Cultural) Caring for a patient from a culture not your own | 2 |
Preventative Care: |  
(Child Exam <age 20) Well child check or adolescent exam or sports physical | 2 |
(Adult Exam) Well Male Exam or Well Female Exam (>age 20) | 2 |

**Strategies for Efficient Office Precepting**

Many family physicians teach because they enjoy the personal satisfaction of working with students and want to share their enthusiasm for family medicine while contributing to the education of the next generation of physicians. However, most office-based teachers are unpaid volunteers, and evidence indicates that time spent teaching can lengthen the preceptors’ working day and/or decrease their clinical productivity. Fortunately, preceptors can use several strategies to minimize the added tasks of teaching while optimizing students’ educational experience. Preceptors who use these strategies have reported practicing more efficiently with a student than without one. In this article, we summarize some practical strategies for efficient office-based teaching that are likely to be highly valued by preceptors and students.

**Planning and Preparing**

*Agree on Daily Goals*

The vast amount of potential learning material in each session can overwhelm both teacher and student. To better manage this learning material, spend 1 or 2 minutes before each session agreeing on mini-learning goals that relates to the clerkship objectives and is achievable that day. For example, it may be too time-consuming to observe a student conduct a complete physical exam, but it is practical to observe and give feedback on two abdominal exams in one session and ensure that the student has mastered this part of the physical exam. Achieving such mini goals over several sessions’ results in an impressive amount of clinical observation, teaching, and feedback.

*Limit the Number of Patients That Your Student Sees*

Seeing too many patients often prevents students from reflecting on how the clinical experience aids their learning. Depending on the number of clerkships completed, the clerkship’s goals, and the patients’ clinical complexity, third-year students should see between three and six patients for each 4-hour session.

*Encourage “Just in Time” Learning*

Between patients, students should review content related to the patients they see. For example, after seeing a child with a sore throat, students can look up the risk factors for strep throat and determine the sensitivity and specificity of the “rapid strep” test. This “just in time” learning, especially when combined with formulating clinical questions, encourages students to seek and use evidence-based medicine. Such integration of evidence-based medicine into practice has been reported as one of the top three factors students associate with effective teaching.

*Debrief and Plan for the Next Session*

At the end of each session, it is efficient to spend a few minutes debriefing on the teaching session, having the student self-reflect, reviewing how well the student met the mini goals, agreeing on any homework, and planning for the next session.

**Maximizing Learning Efficiency**

*Limit Presentation Time*

Students must learn to give a focused 2–3 minute patient presentation that includes pertinent positive and negative findings and their assessment and plan. Students consistently report the opportunity to formulate assessments and plans as one of the top factors associated with high-quality clinical teaching.

*Use the Five Clinical Teaching Microskills*

Most preceptors are familiar with the five microskills of clinical teaching but may not use them because they think that completing all steps after every patient is too time consuming. However, all five microskills do not need to be completed
for every patient. For example, if a patient presents with a sprained ankle, the preceptor can use the microskill “teach general rules” in discussing and demonstrating a proper ankle exam and use the microskills “reinforce what was done right” and “correct mistakes” in giving the student feedback about his/her actual exam of the patient’s ankle. For other sprained ankle issues such as understanding why an X-ray was or was not ordered, the teacher can direct the student to find the Ottawa ankle rules as “just in time” learning between patients and discuss their application in more detail later.

Make Feedback Routine
Giving feedback challenges most preceptors because they see it as time-consuming and fear it may upset the student. Yet students report receiving high-quality feedback as one of the top two factors associated with excellent clinical teaching. Feedback that is based on observation, consistent, fair, routine, and given in a spirit of unconditional positive regard will be accepted and appreciated. For example, while observing the student perform an abdominal exam, a preceptor might say, “You correctly palpated all four quadrants superficially and deeply, but you forgot to observe and listen first! Remember: always observe the abdomen first, listen to it second, and then palpate it.”

Teaching With Patients
Develop a Cadre of “Teaching Patients”
Every physician has patients who have interesting stories to share. If these patients have conditions that add to students’ learning, both student and patient usually enjoy spending extra time together. Such regular “teaching patients” can become familiar with students and may even learn to evaluate them and give informal feedback on students’ performance. Such patient feedback is particularly powerful for students.

Seize Unexpected Learning Opportunities
Besides planning in advance which patients the student will see, one should seize unexpected learning opportunities. For example, where a patient has a newly discovered goiter or heart murmur, the student may be briefly introduced to the patient simply to experience the abnormal sign.

Hear Presentations in the Exam Room
When all parties are comfortable and the clinical problem is suitable, it is efficient and mutually satisfying to have the student present his/her findings and for the preceptor to teach in the patient’s presence. Patients can then give immediate feedback on the accuracy and completeness of the student’s presentation.

Using Service Learning
Use the Students for Administrative Tasks
Many non-clinical tasks can aid student learning. For example, students can learn a great deal by performing administrative tasks under the preceptor’s guidance and supervision. These tasks may include filling out lab requests, writing referrals, updating problem lists, and doing telephone callbacks.

Let Students Write Notes
Writing notes aids students’ learning and helps students present the patient’s issues to the preceptor in an efficient and organized manner. According to Health Care Financing Administration documentation guidelines, only a small portion of a student’s note is billable, and the preceptor must still write or dictate a note and personally document major aspects of the patient visit. However, preceptors can still save time by using the student’s note as a guide when dictating or writing their own note. In one study, students’ notes saved preceptors 3.3 minutes of charting time per patient.

Use Students to Teach Patients
Students learn a great deal by teaching patients about such topics as smoking cessation and weight loss. Teaching patients sharpens students’ communication and negotiation skills and makes them aware of the many reasons patients don’t comply with medical advice.

Conclusions: Using these simple strategies can help office-based teachers improve the teaching experience for themselves and their students. Devoting a few minutes each day to these activities can maximize the teaching session’s efficiency and minimize extra work for the preceptor.
Mid-Rotation Feedback of Student’s Performance

Student name __________________ Clerkship______________ Block # ______ Academic Year_____

This form is intended to be used as a tool for providing students with formative feedback on their progress at least once during every clerkship. The student will turn in this completed form to the clerkship director, but it will not be used as a component of the final grade. Students may also choose to submit the information on this form as evidence for their M3 reflection and evidence assignment.

After completing the self-assessment portion, the student should sit down with a senior resident or faculty member with whom he/she has worked and request feedback on his/her performance using this self-assessment form to guide the discussion. By the end of the feedback session, the student and resident/faculty member should identify at least 2 areas for improvement and develop a strategy for accomplishing those goals during the remainder of the rotation.

The bulleted descriptors under each key characteristic are meant to be used as examples and not necessarily inclusive of all items that could be discussed. It is not necessary to address every descriptor. Simply pick a couple for the focus of your review. Think of them as conversation starters.

**Student Self-Assessment of Clinical Performance**

| Able to Deliver Effective Patient-Centered Care | My strengths: |
|                                               | My areas of improvement: |
| • History taking skills                        |                           |
| • Physical exam skills                         |                           |
| • Patient advocacy                             |                           |
| • Compassionate care                           |                           |

| Knowledgeable in Biomedical Sciences, EBM and Societal and Cultural Issues | My strengths: |
|                                                                         | My areas of improvement: |
| • Knowledge base                                                          |                           |
| • Application to patient-centered care                                     |                           |

| Critical Thinker and Problem Solver | My strengths: |
|                                   | My areas of improvement: |
| • Synthesis of data               |                           |
| • Clinical reasoning/judgment     |                           |
| • Thoughtful diagnostic and therapeutic decision-making                   |                           |
| • Patient management              |                           |

| Able to Communicate with Patients and Others | My strengths: |
|                                             | My areas of improvement: |
| • Communication skills                    |                           |
| • Written clinical notes                  |                           |
| • Oral presentations                      |                           |

| Able to Collaborate with Patients and Other Members of the Health Care Team | My strengths: |
|                                                                            | My areas of improvement: |
| • Teamwork                                                                 |                           |
| • Building rapport                                                         |                           |
| • Respect                                                                  |                           |

<p>| Committed to Improving Quality and Safety | My strengths: |
|                                         | My areas of improvement: |
| • Identify opportunities for quality   |                           |</p>
<table>
<thead>
<tr>
<th>improvement</th>
<th>My areas of improvement:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Recognition of own limitations</td>
<td></td>
</tr>
</tbody>
</table>

| Committed to Life-long Learning and Professional Formation                | My strengths:             |
| • Self directed learning                                                  |                           |
| • Appraisal of current scientific evidence                                | My areas of improvement:  |
| • Use of electronic medical databases                                    |                            |

| Honest with High Ethical Standards                                       | My strengths:             |
| • Responsibility/Accountability                                          |                           |
| • Trustworthiness                                                        | My areas of improvement:  |

Based on this feedback session, list 2 areas of improvement and a strategy for accomplishing each goal the student will focus on during the remainder of this rotation.

1. a. Area of improvement

   b. Strategy for accomplishing this goal

2. a. Area of improvement

   b. Strategy for accomplishing this goal

Name of Faculty/Resident providing feedback: ________________________________

(No signature required)

Students are responsible for entering the date this feedback session occurred in PLOG and turning in this form to the clerkship director upon completion.

Form updated June 1, 2015
Samples of Behavior Specific Evaluation Comments

A. Understanding (problem solving, synthesis of knowledge, originality, analytical ability)
Is able to get to the important parts of a history. Able to communicate well with both patient and family and to respond to them at their level of understanding.
Sara had a bit of a hard time applying and adapting her textbook knowledge to fit the "real life" cases that are part of every family practice. While this really threw her at first, I noticed significant improvement by the end of her time here.
Wonderful ability to approach problems and people in unique ways. Really stretched beyond the "book learning" of med school to get at the heart of the problem with each patient.

B. Skill (rapport, histories, physical examinations, laboratory organization, adaptability, use of hands, functions under pressure)
Very good histories. Needed to focus more to speed things up, but did this by end of rotation.
Appears to be truly concerned about patients and their problems, easily establishing rapport.
Sam developed rapport with patients easily. His histories were thorough and usually appropriate to the patient concern; occasionally he would digress from the patient's stated reason for being in the clinic.
Matt responded very well to specific feedback on technical skills and showed good improvement.

C. Knowledge (scope and depth of factual information)
Mike has a good knowledge base; when he doesn't know something he will tell you, not try to bluff through it.
Never afraid to ask in-depth, and sometimes difficult, questions. Frequently went to other various resources (computer, books, and journals) for further information on a case.
Knowledge of medicine is superior and she is very adept at discovering data. Comfortable with her knowledge and willing to defend her position.
Jason worked hard to improve his differential diagnosis skills. By the block's end he was performing at a very appropriate level for a third year student.

D. Attitude (intellectual curiosity, respect, integrity, recognizes limitations)
Kind and courteous to the staff at all times. Obviously respects people and their differing points of view. This became a real strength when working not only with patients, but also with others in the office. The staff actually had a going away party for this student! Should do very well in practice.
While knowledge regarding routine chronic problems was good, I noticed a rather lackadaisical approach to seeking out new information about some of the more acute or undifferentiated cases.
While Carlos was extremely competent in almost all areas, I was especially impressed by his willingness to seek me out when he had questions or felt "out of his league" when it came to some of the really difficult and complex cases.
He never seemed really interested in what was happening or in improving in areas where he was weak (like doctor/patient communication skills) despite specific feedback.

E. General Comments (Strengths and Weaknesses)
Jim is truly concerned about his patients, and is able to relate to them in a caring and professional manner. Good knowledge base. Enjoys learning new things. Consistently read about patients we had seen and was able to incorporate his new knowledge well. He even brought in a few articles for me to read that were quite helpful to me!
Well-rounded, well-educated and highly ethical. Nicki related easily to a wide range of my patients and many of them specifically commented on how comfortable she made them feel. She was never afraid to ask questions or say she didn't
know something. I really enjoyed working with her. She will do very well in whatever field she chooses.

Scott has very good communication skills and establishes rapport easily with a wide range of patients. He was able to get some information from a complicated and uncommunicative patient that has helped me greatly in that patient's care. He has a gentle, quiet style that I predict will make him a sought after physician once he is in practice. I think he would do very well in family medicine.

**Particular strength:**

Sincere, conscientious and compassionate. Has good common sense not only regarding medicine, but also when working with people of a variety of ages and personalities.

Extremely thorough, careful and patient. Willing to take the time to make people feel relaxed but was also able to get the job done in a competent and efficient manner.

His recent basic science training in your problem-based curriculum helped him be able to problem solve at a sophisticated level. He was a resource for me on some newer immunologic theories.

Sense of humor. Not only did this make it fun for all of us to work with Maureen, but it also made patients feel comfortable and enabled them to open up to her about all sorts of personal issues. In addition, her technical skills were first rate and her knowledge base was solid.

**Needs further work:**

Brian is a quiet and reserved person. I know that he cares about people but sometimes his natural reserve can come across as uncaring. He needs to continue to work on comfortable ways to demonstrate warmth and build rapport during one-on-one patient encounters. We discussed specific strategies such as concentrating on eye-contact, using more non-verbal prompts and having a more relaxed posture during the interview.

Robin needs more experience to fine tune history-taking and physical exam skills. Specific areas that seemed less strong were sexual history, social history, musculoskeletal exam and cardiac exam. I think some of this can be achieved through books, and tapes, but should push himself to work on these through additional clinical experiences.

Dan is a very bright and articulate student. He is not always aware when his choice of words, both medical and non-medical, were fairly technical or abstract. He needs to work on this because I saw it affect his ability to relate to some of my patients and not talk over their heads. This tended to distance patients and make them unsure about asking him questions. He is aware of this and just needs more observation and feedback in the future. I wish I had had the ability to videotape some of his patient encounters as I think he would have a much better understanding of this if he could see it.

While breadth of knowledge seemed very good, John appeared anxious about applying it in an outpatient setting. I think the undifferentiated nature of many of the problems seemed to make him less sure of himself initially. As time went on, this changed and he definitely improved, but there is still room for improvement. I have encouraged him to used primary care texts as his initial reference as they approach problems from a symptom approach which I think is the perspective that needs strengthening for John.
Faculty Evaluation of Students:
Overview of descriptors

Exemplary student on the clerkships
The student distinguishes themselves by consistently performing at a significantly higher level than expected in all areas of the clerkship and across the clerkship block. The student displays a visible love of learning and the learning process. The student arrives for assigned duties having thoroughly prepared for the anticipated activities. She/he has a superior fund of knowledge as compared to the already high standards set by MU students. The student easily translates the superior fund of knowledge into meaningful contributions toward the care of his/her patients. She/he brings evidence based information to the encounter that improves care. The student demonstrates a clear appreciation, not only for the big picture, but for the subtleties as well, in all aspects of patient centered care. Considers the whole patient and is appreciative of opportunities to participate in their care. Mentors would trust them (and actively seek them out) to provide care for themselves or a family member when they enter practice. Peers seek to emulate the exemplary student. Histories and exams are exceptionally skillful, demonstrating the student’s superior communication skills and ability to adapt to the situation. Oral presentations are on target and recognize nuances that may affect care. Notes are a true joy to review; they are accurate, concise, organized and communicate information in a way that enhances care. Energy and positive attitude elevate the level of functioning in all activities in which they participate. Patients and staff, and other team members go out of their way to comment on what a great job they are doing.

Among the best of the best.

SHORT VERSION: This student consistently performs at a significantly higher level than expected for an MU student in all areas and during the entire time of interaction. Among the best of the best.

Meets expectations for an MU student
This category includes the vast majority of our students. The low end of this group includes students who may have deficits in a particular area, but overall are performing at a level that would allow them to move forward in their studies. At the upper end of the satisfactory category are our very strong students who may excel in one or more areas, but have not consistently excelled in all areas to be able to rank them among our few very exceptional students. Students in this category will be strong residency candidates and solid physicians that we can be proud to call MU grads.

SHORT VERSION: This student meets expectations for level of training; - this includes the vast majority of our students, from our very strong students who may excel in one or more areas to those with deficits in a particular area (but overall performing at a level that would allow them to move forward in their studies)

Needs improvement (unsatisfactory)
Students in this category have significant deficits in one or more area that need to be remediated before they can be allowed to progress in their studies.

SHORT VERSION: This student shows significant deficits in one or more areas that needs to be remediated before the student can be allowed to progress in their studies
STUDENT NAME:  
PRECEPTOR/LOCATION:  
BLOCK NUMBER/START DATE:  

<table>
<thead>
<tr>
<th>HISTORY</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needs improvement to meet expectations</td>
<td>Obtains extensive and detailed information for presenting problem; expands history of present illness to consider all significant issues</td>
</tr>
<tr>
<td>(This student performs below the expectations for MU students or fails to meet certain requirements)</td>
<td>Elicits complete and relevant psychosocial, occupational and family histories and all relevant risk factors</td>
</tr>
<tr>
<td>□ Misses significant information for presenting problem; unable to expand history of present illness to cover major issues</td>
<td>□ Consistently and reliably uses other sources of additional historical information and confirms accuracy of this information as much as possible</td>
</tr>
<tr>
<td>□ Misses significant psychosocial, occupational, and family histories and risk factors</td>
<td>□ Easily able to adapt the appropriate focus of the history to the setting</td>
</tr>
<tr>
<td>□ Does not use other sources of additional historical information to confirm accuracy of information</td>
<td>□ Demonstrates understanding of times when focused histories are appropriate and usually able to focus history as appropriate for setting</td>
</tr>
<tr>
<td>□ Frequently not able to determine when a focused history is appropriate and/or not able to take a focused history; not able to manage time in obtaining a history</td>
<td>□ Does review of other resources for additional historical information and confirms accuracy of this information as much as possible</td>
</tr>
</tbody>
</table>

Indicate a score based on this student's performance:  
□ Needs improvement to meet expectations  
□ Meets expectations for level of training  
□ Exemplary  

If you cannot evaluate student for this section please indicate why:  
□ Not Applicable  
□ Insufficient Contact  
□ Not Observed  

Comments:  

Privileged/Confidential Information is contained in this document and should only be distributed to parties approved by the University of Missouri School of Medicine.
# EXAMINATION/TECHNICAL SKILLS

<table>
<thead>
<tr>
<th>Needs improvement to meet expectations (This student performs below the expectations for MU students or fails to meet certain requirements)</th>
<th>Meets expectations for level of training (This student performs at the expected level for MU students and completes all requirements)</th>
<th>Exemplary (This student performs at a level well above the usual expectations and requirements for MU students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Misses significant abnormalities</td>
<td>☐ Usually accurate identification of abnormalities</td>
<td>☐ Always identifies major abnormalities and frequently able to pick up subtle abnormalities</td>
</tr>
<tr>
<td>☐ Inconsistently demonstrates concern for patient comfort and modesty; has difficulty modifying exam for patient age/limitations</td>
<td>☐ Demonstrates concern for patient comfort and modesty; understands need to modify exam for patient age/limitations</td>
<td>☐ Exceptionally skillful interactions with patients to demonstrate concern for patient comfort and modesty; easily and skillfully able to modify exam for patient age/limitations</td>
</tr>
<tr>
<td>☐ Unable to determine when focused exam is appropriate and/or unable to focus the exam; unable to manage time when completing an exam</td>
<td>☐ Demonstrates understanding of times when focused exams are appropriate and usually able to focus exam as appropriate for setting; completes exam within expected amount of time</td>
<td>☐ Easily able to adapt the appropriate focus of the exam to the situation; exceptionally efficient in completing an appropriate exam</td>
</tr>
<tr>
<td>☐ Frequently does not understand indications, contraindications, anatomy and potential complications of procedures</td>
<td>☐ Understands indications, contraindications, anatomy and potential complications of procedures</td>
<td>☐ In depth understanding of indications, contraindications, anatomy, potential complications and alternatives for procedures</td>
</tr>
<tr>
<td>☐ Poor technical skills with no significant improvement; lapses in application of sterile technique and universal precautions</td>
<td>☐ Works at obtaining basic technical skills and improves over rotation; appropriate application of sterile technique and universal precautions</td>
<td>☐ Exceptional technical skills; consistent self and situational awareness of application of sterile technique and universal precautions</td>
</tr>
</tbody>
</table>

**Indicate a score based on this student’s performance:**

- ☐ Needs improvement to meet expectations
- ☐ Meets expectations for level of training
- ☐ Exemplary

**If you cannot evaluate student for this section please indicate why**

- ☐ Not Applicable
- ☐ Insufficient Contact
- ☐ Not Observed

**Comments:**

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Page 2 of 9
### KNOWLEDGE

<table>
<thead>
<tr>
<th>Needs improvement to meet expectations</th>
<th>Meets expectations for level of training</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>(This student performs below the</td>
<td>(This student performs at the expected</td>
<td>(This student performs at a level well above the</td>
</tr>
<tr>
<td>expectations for MU students or fails</td>
<td>level for MU students and completes all</td>
<td>usual expectations and requirements for</td>
</tr>
<tr>
<td>to meet requirements)</td>
<td>requirements)</td>
<td>MU students)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Significant lapses in knowledge of</td>
<td>☐ Has appropriate knowledge of the patient - PMH, social/preference issues and current data.</td>
<td>☐ Extensive knowledge of the patient, including small details that may affect patient outcome.</td>
</tr>
<tr>
<td>the patient.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Significant gaps in understanding of</td>
<td>☐ Understands pathophysiology for major finding/common problems.</td>
<td>☐ Understands and able to teach others about pathophysiology for all significant findings/problems.</td>
</tr>
<tr>
<td>pathophysiology.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ Gaps in knowledge about appropriate</td>
<td>☐ Uses evidence based approach to</td>
<td>☐ Cites appropriate literature when suggesting tests; procedures, and pharmacologic interventions and demonstrates knowledge of alternatives and reasons for suggested choices.</td>
</tr>
<tr>
<td>tests; procedures and pharmacologic</td>
<td>suggesting tests; procedures and</td>
<td></td>
</tr>
<tr>
<td>interventions</td>
<td>pharmacologic interventions</td>
<td></td>
</tr>
<tr>
<td>☐ Not able to appropriately use EMR</td>
<td>☐ Able to effectively navigate in and use EMR</td>
<td>☐ Able to effectively use EMR to benefit of the patient and the health care team</td>
</tr>
</tbody>
</table>

**Indicate a score based on this student’s performance:**
- ☐ Needs improvement to meet expectations
- ☐ Meets expectations for level of training
- ☐ Exemplary

**If you cannot evaluate student for this section please indicate why**
- ☐ Not Applicable
- ☐ Insufficient Contact
- ☐ Not Observed

**Comments:**
M3 Faculty Evaluates Student Questionnaire

Student Name –
Page 4

MEDICAL PROBLEM SOLVING

<table>
<thead>
<tr>
<th>Needs improvement to meet expectations (This student performs below the expectations for MU students or fails to meet certain requirements)</th>
<th>Meets expectations for level of training (This student performs at the expected level for MU students and completes all requirements)</th>
<th>Exemplary (This student performs at a level well above the usual expectations and requirements for MU students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Significant omissions in problem list</td>
<td>□ Develops reasonable problem list with no significant omissions</td>
<td>□ Extensive and appropriately prioritized problem list</td>
</tr>
<tr>
<td>□ Differential diagnosis incomplete or not consistent with the data</td>
<td>□ Differential diagnosis complete for common problems and consistent with data</td>
<td>□ Complete differential diagnosis and able to prioritize and defend with the data</td>
</tr>
<tr>
<td>□ Not able to use knowledge of epidemiology, the community, etc when considering the most likely diagnoses</td>
<td>□ Demonstrates critical thinking based on knowledge of epidemiology, the community, etc in considering most likely diagnoses</td>
<td>□ Uses in depth knowledge of epidemiology, the community, etc in prioritizing likely diagnoses.</td>
</tr>
<tr>
<td>□ Inconsistent understanding of the multiple factors that impact medical decision making</td>
<td>□ Demonstrates understanding of factors that impact medical decision making: e.g. acuity of situation, comorbidities, course, culture, patient preferences, resources, etc.</td>
<td>□ Understands, and consistently and effectively uses the multiple factors that impact medical decision making</td>
</tr>
</tbody>
</table>

Indicate a score based on this student’s performance:

- □ Needs improvement to meet expectations
- □ Meets expectations for level of training
- □ Exemplary

If you cannot evaluate student for this section please indicate why

- □ Not Applicable
- □ Insufficient Contact
- □ Not Observed

Comments:

[Blank space for comments]
### ORAL PRESENTATION

<table>
<thead>
<tr>
<th>Needs Improvement to meet expectations</th>
<th>Meets expectations for level of training</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>(This student performs below the expectations for MU students or fails to meet certain requirements)</td>
<td>(This student performs at the expected level for MU students and completes all requirements)</td>
<td>(This student performs at a level well above the usual expectations and requirements for MU students)</td>
</tr>
<tr>
<td>☐ Presentations of patient concerns or medical problems often lacks chronology and appropriate detail</td>
<td>☐ Presents common patient concerns or medical problems chronologically with appropriate detail</td>
<td>☐ Presents complex patient concerns or medical problems chronologically with pertinent and complete details</td>
</tr>
<tr>
<td>☐ Often needs prompting to supply relevant information.</td>
<td>☐ Occasionally needs prompting to supply relevant information</td>
<td>☐ Rarely or never needs prompting to supply relevant information</td>
</tr>
<tr>
<td>☐ Misses basic information or relies heavily on notes.</td>
<td>☐ Presents basic information with some reliance on notes.</td>
<td>☐ Presents complex information with minimal reliance on notes or prompts.</td>
</tr>
<tr>
<td>☐ Uses medical terminology that is imprecise or outdated</td>
<td>☐ Generally uses precise terminology</td>
<td>☐ Always uses medical terminology that is precise and up to date; and has an extensive medical vocabulary.</td>
</tr>
<tr>
<td>☐ Misses important elements from the PMH, FH, and ROS</td>
<td>☐ Includes reasonable elements from PMH, FH, and ROS to reflect their thinking</td>
<td>☐ Always includes pertinent elements from the PMH, FH, and ROS and synthesizes that information to develop an appropriate diagnosis and plan</td>
</tr>
</tbody>
</table>

**Indicate a score based on this student’s performance:**

- ☐ Needs improvement to meet expectations
- ☐ Meets expectations for level of training
- ☐ Exemplary

**If you cannot evaluate student for this section please indicate why**

- ☐ Not Applicable
- ☐ Insufficient Contact
- ☐ Not Observed

**Comments:**
## Written Presentation

<table>
<thead>
<tr>
<th>Needs Improvement to Meet Expectations (This student performs below the expectations for MU students or fails to meet certain requirements)</th>
<th>Meets Expectations for Level of Training (This student performs at the expected level for MU students and completes all requirements)</th>
<th>Exemplary (This student performs at a level well above the usual expectations and requirements for MU students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Presentations of patient concerns or medical problems often lack chronology and appropriate detail</td>
<td>☐ Presents common patient concerns or medical problems chronologically with appropriate detail</td>
<td>☐ Presents complex patient concerns or medical problems chronologically with pertinent and complete details</td>
</tr>
<tr>
<td>☐ Uses medical terminology that is imprecise or outdated</td>
<td>☐ Generally uses precise terminology</td>
<td>☐ Always uses medical terminology that is precise and up to date; and has an extensive medical vocabulary</td>
</tr>
<tr>
<td>☐ Assessment and plans are disorganized and lack evidence of interpretation and synthesis of data gathered</td>
<td>☐ Assessment and plans are organized; interpretation and synthesis of data provided</td>
<td>☐ Assessment and plans are always organized and complete with accurate interpretation and synthesis of data gathered</td>
</tr>
<tr>
<td>☐ Significant details omitted when recording or updating data</td>
<td>☐ Accurately records and updates data</td>
<td>☐ Consistently and accurately records/updates data and able to distinguish important information from less significant items</td>
</tr>
<tr>
<td>☐ Unacceptable omissions and delays in documentation of notes.</td>
<td>☐ Timely completion of notes with minimal prompting</td>
<td>☐ Timely completion of all notes without omissions or prompting.</td>
</tr>
</tbody>
</table>

**Indicate a score based on this student's performance:**

- ☐ Needs improvement to meet expectations
- ☐ Meets expectations for level of training
- ☐ Exemplary

**If you cannot evaluate student for this section please indicate why**

- ☐ Not Applicable
- ☐ Insufficient Contact
- ☐ Not Observed

**Comments:**
## M3 Faculty Evaluates Student Questionnaire

**Student Name –**

### Professional Development

<table>
<thead>
<tr>
<th>Needs improvement to meet expectations (This student performs below the expectations for MU students or fails to meet certain requirements)</th>
<th>Meets expectations for level of training (This student performs at the expected level for MU students and completes all requirements)</th>
<th>Exemplary (This student performs at a level well above the usual expectations and requirements for MU students)</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Exhibits selfish behavior; does not offer to help or assist other; criticizes others and system to make self look good; shows disruptive behavior</td>
<td>☐ Exhibits concern for others, offers to help and assist, shows evidence of self improvement</td>
<td>☐ Exhibits unselfish concern for others, can be counted on to help out above and beyond the stated expectations; provides thoughtful suggestions for improvement for self; others and system</td>
</tr>
<tr>
<td>☐ Inconsistently empathetic; has trouble communicating effectively with others</td>
<td>☐ Shows empathy; listens and responds to patient concerns</td>
<td>☐ Highly skilled at connecting with the patient and showing empathy; takes time to listen and respond to patient’s concerns; adeptly recognizes subtle clues related to a patient’s concern.</td>
</tr>
<tr>
<td>☐ Untrustworthy or dishonest on one or more occasions</td>
<td>☐ Trustworthy and honest</td>
<td>☐ Demonstrates behavior of the highest ethical and honest nature</td>
</tr>
<tr>
<td>☐ Occasionally late to clinic, rounds or conferences; assignments are sometimes turned in late; not dependable</td>
<td>☐ On time to required activities; assignments completed in a timely manner; dependable</td>
<td>☐ Comes to required activities early, never late; goes above and beyond basic assignments; always dependable</td>
</tr>
<tr>
<td>☐ Demeanor is unprofessional and appearance does not meet expectations</td>
<td>☐ Demeanor and appearance are appropriate</td>
<td>☐ Demeanor and appearance demonstrates consistent respect for the medical profession and the public trust</td>
</tr>
<tr>
<td>☐ Does not demonstrate intellectual curiosity; poorly prepared; shows no evidence of self assessment; does not use feedback to improve performance</td>
<td>☐ Curious; enthusiastic about learning; accepts feedback and shows improvement in specific areas</td>
<td>☐ Highly motivated; extremely well prepared; shows self-directed learning; self-monitors progress; regularly seeks out and acts on feedback</td>
</tr>
<tr>
<td>☐ Unaware of the differences among professional roles of health care team members; ignores or quickly dismisses input of health care team members</td>
<td>☐ Recognizes unique role and contribution of health care team members; respects input of health care team members</td>
<td>☐ Constructively explores differences among professionals; actively seeks input from health care team members</td>
</tr>
</tbody>
</table>

**Indicate a score based on this student’s performance:**
- ☐ Needs improvement to meet expectations
- ☐ Meets expectations for level of training
- ☐ Exemplary

**If you cannot evaluate student for this section please indicate why**
- ☐ Not Applicable
- ☐ Insufficient Contact
- ☐ Not Observed

**Comments:**

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Page 7 of 9
<table>
<thead>
<tr>
<th>Needs improvement to meet expectations</th>
<th>Meets expectations for level of training</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>(This student performs below the expectations for MU students or fails to meet certain requirements)</td>
<td>(This student performs at the expected level for MU students and completes all requirements)</td>
<td>(This student performs at a level well above the usual expectations and requirements for MU students)</td>
</tr>
<tr>
<td>□ Has trouble with basic communication skills; does not listen well; often interrupts the patient</td>
<td>□ Demonstrates mastery of skills in basic communication techniques both verbal and nonverbal</td>
<td>□ Aware and skilled in the use of advanced communication techniques—reduction, negotiation, and confrontation.</td>
</tr>
<tr>
<td>□ Demonstrates little or no attempt or concern to maintain patient confidentiality.</td>
<td>□ Demonstrates awareness regarding privacy issues and attempts to maintain patient confidentiality</td>
<td>□ Always diligent about confidentiality and privacy issues</td>
</tr>
<tr>
<td>□ Unaware or intolerant of patient values or beliefs; unaware of patient rights or desires when determining diagnostic and treatment plans</td>
<td>□ Acknowledges patient values and beliefs; demonstrates respect for rights, autonomy, and desires of patient when determining diagnostic and treatment plans</td>
<td>□ Non-judgmental; actively seeks to understand patient values and beliefs; always demonstrates respect for patient rights, autonomy and desires and skillfully incorporates those into diagnostic and treatment plans</td>
</tr>
<tr>
<td>□ Rarely checks in with the patient to ensure adequate understanding of the care plan and instructions</td>
<td>□ Attempts to check for patient understanding of the care plan and instructions</td>
<td>□ Always checks for patient understanding of the care plan and instructions</td>
</tr>
<tr>
<td>□ Lacks appropriate knowledge and skill for ensuring patient safety and reducing errors</td>
<td>□ Exhibits adequate knowledge and skill regarding strategies for ensuring patient safety and reducing errors</td>
<td>□ Advocates for patients and demonstrates attention to high quality personal care, safety, and identifying and reducing errors.</td>
</tr>
<tr>
<td>□ Generally unaware of patient context/realities (e.g., resources, social situation, culture, race, gender, sexual orientation, religion, ethnicity, and the health care system)</td>
<td>□ Awareness of patient context/realities (e.g., resources, social situation, culture, race, gender, sexual orientation, religion, ethnicity, and the health care system)</td>
<td>□ Acutely aware of patient context/realities and actively seeks to learn those aspects and understand how they might affect the plan of care</td>
</tr>
<tr>
<td>□ Inadequate attempts to educate and inform the patient and family; unaware of or doesn’t use available patient education resources</td>
<td>□ Competently educates and informs the patient and family on basic topics</td>
<td>□ Competently educates and informs the patient and family on basic and complex topics using a variety of resources tailored to the patient’s specific health literacy</td>
</tr>
</tbody>
</table>

**Indicate a score based on this student’s performance:**
- ○ Needs improvement to meet expectations
- ○ Meets expectations for level of training
- ○ Exemplary

**If you cannot evaluate student for this section please indicate why**
- ○ Not Applicable
- ○ Insufficient Contact
- ○ Not Observed

**Comments:**

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Page 8 of 9
OVERALL EVALUATION

☐ Needs improvement to meet expectations

This student shows significant deficits in one or more areas that needs to be remediated before the student can be allowed to progress in their studies.

☐ Meets expectations for level of training

This student meets expectations for level of training; this includes the vast majority of our students, from our very strong students who may excel in one or more areas to those with deficits in a particular area (but overall performing at a level that would allow them to move forward in their studies).

☐ Exemplary

This student consistently performs at a significantly higher level than expected for an MU student in all areas and during the entire time of interaction. Among the best of the best.

Comments (required):
Family Medicine Clerkship Goals and Objectives Introduction

Family Medicine is a specialty of great breadth based on 5 core principles. We expect students on the family medicine clerkship to gain a better understanding of these principles as well as increase their skills in managing common acute presenting signs and symptoms, common chronic diseases, and being able to provide advice for core health promotion conditions for children and adults.

The clerkship goals and objectives are based on the national curriculum for family medicine clerkships which follows: Principles of Family Medicine and Student Learning Objectives. The tables in blue highlight major topic areas. The text after each table provides further information.

The Principles of Family Medicine: For each of the 5 Principles of Family Medicine we have inserted specific areas of the clerkship that will provide you with related experiences.

Acute and Chronic Conditions: Tables 3 and 5 provide lists of core acute presentations and core chronic diseases respectively that are arranged from most to least common based on national data of visits to primary care offices. To guide your learning over the next 8 weeks, please review the skills in managing primary care symptoms and diagnoses, the student learning objectives for acute presentations and the topic specific objectives for acute care. In a similar manner, please review the key messages for chronic disease care, the student learning objectives for chronic disease presentations and the topic-specific objectives.

Preventive care and health promotion are important activities for family physicians and the areas we want you to focus on are listed in Tables 6, 7, and 8. Again, pay particular attention to the key messages and the specific student learning objectives.

You have several resources that will be of great help for you as you work to expand your knowledge and skills during this clerkship and they are listed on a separate page in your black folder. They include: the 40 fmCASES; the UMHC Clinical Management algorithms; USPSTF guidelines; and the review articles published by the American Family Physician which you can access with the thumb drive we provide or by logging on to www.aafp.org and going to the student section. The fmCASES were specifically developed to complement this national curriculum and the end of clerkship exam will be based on questions from each of the fmCASES.

Our country is facing a great shortage in primary care physicians and family physicians are the most sought after specialists to address this shortage. Whether you become a family physician or another primary care specialist, or are a consultant who gets referrals from family physicians, understanding the principles and practice of family medicine will help you in your future career.
Principles of Family Medicine and Student Learning Objectives:

Course Goals & Objectives

Table 1
The Principles of Family Medicine
- The biopsychosocial model
- Comprehensive care
- Contextual care
- Continuity of care
- Coordination/complexity of care

**Biopsychosocial model including Effective Communication Skills**
Students should have some understanding of the complex confluence of biological, cultural, psychological and social factors as determinants of health and illness. They should recognize the importance of behavioral and psychosocial contributions to the pathogenesis of health impairment. They should recognize the value of integrating a behavioral and psychosocial focus with a biomedical focus in the management of patients and in the maintenance and promotion of health. *Didactics: Cross-cultural Communication and role play; SAAM; Dyslipidemia/Diabetes. Written project requirement including home visit. Working with patients and preceptors. Recommended readings. fmCASES.*

**Knowledge of the Biopsychosocial Model**
The student will be able to:
1. Describe how psychological and cultural factors affect a specific individual’s illness.
2. Take appropriate social, occupational, and family histories.
3. Elicit the patient’s values, preferences, expressed needs and view (model) of his/her illness.
4. Identify and analyze characteristics of the difficult doctor/patient relationship.
5. Discuss the importance in patient management of such factors as patient attitudes and knowledge, social supports, compliance, occupation and complexity of recommended regimen.
6. Integrate cultural, psychological and social factors into effective clinical management of patients and their families.
7. Demonstrate awareness of their own feelings and emotional reactions to a patient.
8. Apply the biopsychosocial model in the care of a patient.
9. Document having worked with at least two patients from a culture different from his/her own.
10. Submit a written project that demonstrates growing awareness and incorporation of the biopsychosocial model as it relates to a person with chronic illness.

Students should be able to communicate effectively with patients and their families in a patient-centered manner that is respectful and responsive to individual patient preferences, needs, and values. Students should use a universal precautions approach when communicating with patients and their families. This includes the ability to obtain information useful to make diagnoses, find common ground and formulate management plans. It also includes the ability to provide information and emotional support, to educate, to promote healthy behavior, to develop constructive doctor-patient relationships and assess for understanding. Effective communication skills are also essential for working with other members of the health care team. Students will gain a better understanding of the risks and challenges inherent in transitions of care and importance of effective communication here. *Didactics; Cross-cultural Communication, Dyslipidemia/Diabetes and SAAM. Working with patients and preceptors. Working with other members of the health care team. Transition experience. fmCASES. Recommended readings.*
Effective Communication Skills
The student will be able to:

1. Describe and demonstrate methods of establishing rapport with patients during a clinical encounter.
2. Describe common impediments to doctor-patient communication.
3. Describe patient-oriented interview techniques, including the use of open-ended and direct question sequences, silence, facilitation summarization and key factors in health literacy.
4. Communicate effectively with persons of different social/cultural backgrounds, gender, and age.
5. Describe and demonstrate the components of patient-centered care including: the ability to understand the whole person, explore both the disease and illness experience, work to find common ground and use the knowledge, in a realistic way, to best fit the needs of the patient.
6. Communicate and work effectively with other members of the health care team, and describe and give examples of shared decision-making with patients/families.
7. Use a universal precautions approach in terms of health literacy with all patients.

Comprehensive Care (for specific core clinical topics see tables below)

Skills in Critical Thinking and Clinical Decision-Making. Students should be able to engage in a systematic and logical process of decision making that involves the collection, organization, integration, analysis and interpretation of appropriate information, the synthesis of relevant inputs and analyses into clinical hypotheses or conclusions, the implementation of resulting decisions, and the evaluation of the effects. Didactics: Dyslipidemia/Diabetes; SAAM; Geriatrics; Aches and Pains; Cough; Dysuria; Headache; Pharmaceutical Marketing Techniques. Working with patients and preceptors. Recommended readings. fmCASES.

Skills in Critical Thinking and Clinical Decision-Making
The student will be able to:

1. Discuss such characteristics of a test as sensitivity, specificity, predictive value and likelihood ratio.
2. Use concepts of probability and utility as components influencing clinical decisions.
3. Evaluate appropriateness of various diagnostic and therapeutic strategies.
4. Present to a precepting physician pertinent findings derived from a clinical encounter, including plans for diagnosis and therapy.
5. Interpret commonly ordered diagnostic tests based on national guidelines, other external standards and research as well as discuss how the findings relate to the particular patient; (Will document at least five of these experiences as defined in the PLOG).
6. Formulate clinical questions derived from patient care experiences and use the internet to find evidence based answers.
7. Evaluate the strengths of varied information sources.

A Commitment to Life-long Learning. Students should recognize that the maintenance of medical competence requires a strong commitment to continuing education throughout the medical career. Student should have demonstrated self-directed learning skills. Students should actively seek out behavior specific feedback. Didactics. Work with patients and practicing physicians. Protected time for study. Evidence of outside reading. Completion of mid-block feedback. Self-assessment by review of patient log (PLOG).

A Commitment to Life-long Learning
The student will be able to:

1. Discuss the changing practice of medicine and the challenge of staying competent in patient care and practice management.
2. Discuss the limited nature of medical knowledge and reality of ambiguity and uncertainty in patient care.
3. Use the basic definitions and principles of statistics and epidemiology in reviewing medical literature.
5. Demonstrate evidence of outside reading on clinical topics when involved in patient care.

Contextual Care
Students should understand that the context of the patient and the context of the visit are always relevant to the clinical encounter. A key characteristic of family physicians is prior knowledge of the patient and of the community. Having prior knowledge of a patient presenting to the office influences the diagnosis and provides an advantage in negotiating diagnostic testing and treatment strategies. For example, the patient’s economic realities and health beliefs are more likely to be known to their family physician.

Diagnostic testing can be conducted in stages. First, the physician considers the most common and any dangerous diagnoses. This approach is more cost-effective than obtaining an extensive work-up initially and is appropriate for the outpatient setting where common diagnoses are common.

The prevalence of disease varies greatly based on the care setting. These differences in prevalence change pretest probability, affecting the predictive value of a test, and altering posttest probability of a specific diagnosis. For example, a patient presenting to the family physician’s office with chest pain will have a much lower likelihood of experiencing a myocardial infarction than a patient presenting with a chest pain to the emergency room or subspecialist’s office.

The context of the visit itself should guide the approach—is this an acute visit for a limited problem, it is an acute visit for a serious problem, is it a health maintenance/prevention visit, follow-up of a chronic condition that may or may not be stable, or is it pregnancy related?

What is the community context—what are the resources available to that patient and their family and to you?

Finally, what is the context of your training? Most of your clinical education takes place in a university hospital setting. During this clerkship you will move out to a different place in the ecology of medical care. Didactics. Working with patients and preceptors. Culturally effective care. SAAM, Dyslipidemia/Diabetes, fmCASES, Community resource activity.

**Skills in Contextual Care:** The student will be able to:

**Person in context of family/social network:**

1. Conduct an encounter that includes patients and families in the development of screening and treatment plans.
2. Demonstrate caring and respect when interacting with patients and their families even when confronted with atypical or emotionally charged behaviors.
3. Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and their families.

**Person in context of community**

1. Discuss local community factors that affect the health of patients.
2. Discuss health disparities and their potential causes and influences.
3. Demonstrate interpersonal and communication skills that result in effective information exchange between patients of all ages and professionals from other disciplines and other specialties.

**Person in context of their culture**

1. Communicate effectively with patients and families from diverse cultural backgrounds.
2. Discuss areas where culture can impact the ability of patients to access and utilize health care.

**The context of the visit**

1. Demonstrate awareness of the context of the visit in the approach to history-taking, exam, sequence of test ordering, management and follow-up plans.

**The context of your training**

1. Students will appreciate that many people who have symptoms do not seek health care and that only a small percent of people with symptoms are cared for in a university hospital setting.
The ecology of medical care revisited.
Green LA¹, Fryer GE Jr, Yawn BP, Lanier D, Dovey SM.

Continuity of Care
Students should recognize that the opportunity for patients to follow-up allows the family physician to proceed with diagnosis and treatment in a thoughtful, staged manner taking into account the patient’s age, gender, or the presence of pregnancy or any chronic illnesses. For family physicians, an acute visit sometimes presents a highly cost-effective opportunity to address chronic medical problems and health promotion. In addition, family physicians frequently care for an entire family and many issues for the individual patient or family member often surface in the context of a single office visit. Working with patients and preceptors; algorithms, fmCASES, didactics, SAAM, Dyslipidemia/Diabetes.

Skills in Continuity of Care: The student will be able to:

Barriers to access
1. Describe the barriers to access and utilizing health care that stem from personal barriers.
   Examples include:
   - Disadvantaged minority populations
   - Unemployment
   - Lack of education
   - Lack of traditional family support
   - Inadequate access to transportation
   - Personal beliefs on health and wellness
   - Language and cultural barriers

2. Describe the barriers that patients encounter to accessing and utilizing health care that stem from their particular community
   Examples include:
   - Low socioeconomic status of communities
   - Geographic barriers in rural and remote communities as well as urban intercity
• Inadequate number and quality of healthcare providers
• Low educational status of communities
• Inadequate availability of social services
• Inadequate access to referral-based health care services, outside of the community
• Increasing ethnic diversity of the population, not matched by the health care workforce

3. Describe the barriers stemming from the health care system that affect the ability of patients to obtain and use health care.

Examples include:
• High cost of health care
• Increasing number of uninsured and under-insured individuals
• Insufficient capacity of mental health services
• Inadequate number or distribution of primary care providers
• Inadequate coordination of chronic disease care and management across health care disciplines

Coordination/Complexity of Care
Students should gain understanding of the important role of each member of the family physician office staff/team and how the practice is organized to provide timely access for patients’ visits and questions. This is a great opportunity to gain important insight into the consultation-referral process and learn more about the most important characteristics in a consultant from a family medicine perspective. Students should understand the role of the family physician and their team as a coordinator of care and manager of complexity. This includes work with other specialties and disciplines in medicine such as consultants, mental health providers, PT's, OTs, dieticians, as well as community resources and organizations. Working with patients and preceptors, Community resource activity.

Skills in coordination and complexity of care: The student will be able to:

Team approach
1. Describe the value of teamwork in the care of primary care patients.
2. Discuss the roles of multiple members of a health care team (e.g., pharmacy, nursing, social work, and allied health).
3. Participate as an effective member of a clinical care team.
4. Recognize the need for the family physician’s continuing role and responsibility in the care of patients during the process of consultation and referral.

Quality and safety
1. Recognize clinical processes established to improve performance of a clinical site.
Impact of Primary Care
1. Recognize that health systems based on primary care, compared to those not based on primary care, have better medical outcomes, lower medical costs, improved access, and decreased health disparities.

Skills in managing primary care symptoms and diagnoses.
Students should have basic skills in the assessment and diagnosis of problems commonly encountered in primary care. Students should understand appropriate strategies for managing such conditions in the ambulatory primary care setting including the advantages of electronic medical records, care teams and role of community resources. Students should demonstrate the ability to provide timely documentation through PLOG.

Core Presentation for Acute Care
Student Learning Objectives for Acute Presentations
At the end of the clerkship, for each common symptom, students should be able to:
- Differentiate among common etiologies based on the presenting symptom.
- Recognize “don’t miss” conditions that may present with a particular symptom.
- Elicit a focused history and perform a focused physical examination.
- Discuss the importance of a cost-effective approach to the diagnostic work-up.
- Describe the initial management of common and dangerous diagnoses that present with a particular symptom.
- Discuss the diagnosis of common acute and undifferentiated medical problems using probability estimates of disease prevalence specific to the geographic and socioeconomic characteristics of the practice community.
- Demonstrate an understanding of the need to make basic diagnostic and treatment decisions that consider the limitations of clinical data and the context of care.

Table 3: Core Acute Presentations with Common Diagnoses, Serious Diagnoses, and Topic-specific Objectives

<table>
<thead>
<tr>
<th>Topic*</th>
<th>Common</th>
<th>Serious</th>
<th>Topic-specific Objectives</th>
<th>Additional Skills</th>
</tr>
</thead>
</table>
| Upper respiratory symptoms | Infections (viral upper respiratory infection, bacterial sinusitis, streptococcal pharyngitis, otitis media, and mononucleosis) and noninfectious causes (allergic rhinitis) | | - Recognize that most acute upper respiratory symptoms are caused by viruses and are not treated with antibiotics.  
- Determine a patient’s pretest probability for streptococcal pharyngitis and make appropriate treatment decision (e.g., empiric treatment, test, or neither treat nor test). | |
| Joint pain and injury | Ankle sprains and fractures, knee ligament and meniscal injuries, Septic arthritis, acute compartment syndrome, acute vascular | | - Describe the difference between acute and overuse injuries.  
- Elicit an accurate mechanism of injury. | Detect a fracture on standard radiographs and accurately describe |
<table>
<thead>
<tr>
<th>Shoulder dislocations and rotator cuff injuries, hip pain, Carpal Tunnel Syndrome, osteoarthritis, and overuse syndromes (e.g., Achilles’ tendinitis, patella-femoral pain syndrome, subacromial bursitis/rotator cuff tendinosis, plantar fasciitis)</th>
<th>Compromise associated with a fracture or a dislocation</th>
<th>Perform an appropriate musculoskeletal examination †</th>
<th>Apply the Ottawa decision rules to determine when it is appropriate to order ankle radiographs.</th>
<th>Displacement, orientation, and location (e.g., nondisplaced spiral fracture of the distal fibula).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnancy (initial presentation)</td>
<td>Recognize the increased incidence of abuse during pregnancy</td>
<td>Recognize that many family physicians incorporate prenatal care and deliveries into their practices and studies support this practice.</td>
<td>Recognize common presentations of pregnancy, including positive home pregnancy test, missed/late period, and abnormal vaginal bleeding.</td>
<td>Appreciate the wide range of responses that women and their families exhibit upon discovering a pregnancy. (PR)</td>
</tr>
<tr>
<td>Abdominal pain</td>
<td>Gastro-esophageal reflux disease (GERD), gastritis, gastroenteritis, irritable bowel syndrome, dyspepsia, constipation, and depression</td>
<td>Appendicitis, diverticulitis, cholecystitis, inflammatory bowel disease, ectopic pregnancy, and peptic ulcer disease</td>
<td>Recognize the need for emergent versus urgent versus non-urgent management for varying etiologies of abdominal pain.</td>
<td></td>
</tr>
<tr>
<td>Common</td>
<td>Actinic</td>
<td>Describe a skin lesion</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>skin lesions</strong></td>
<td>keratosis, seborrheic keratosis, keratoacanthoma, melanoma, squamous cell carcinoma, basal cell carcinoma, warts, and inclusion cysts</td>
<td>using appropriate medical terminology.</td>
<td></td>
<td></td>
</tr>
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<td></td>
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</tr>
</tbody>
</table>
| **Common skin rashes** | Atopic dermatitis, contact dermatitis, scabies, seborrheic dermatitis, and urticarial | • Describe the characteristics of the rash.  
• Prepare a skin scraping and identify fungal elements. |
| **Abnormal vaginal bleeding** | | • Elicit an accurate menstrual history  
• Recognize when vaginal bleeding is abnormal |
| **Low back pain** | Muscle strain, altered mechanics including obesity, and nerve root compression | Aneurysm rupture, acute fracture, infection, spinal cord compromise, and metastatic disease  
• Describe indications for plain radiographs in patients with back pain  
Conduct an appropriate musculoskeletal examination that includes inspection, palpitation, range of motion, and focused neurologic assessment. |
| **Cough** | Infections (pneumonia, bronchitis, or other upper respiratory syndromes, and sinusitis) and non-infectious causes (asthma, GERD, and allergic rhinitis) | Lung cancer, pneumonia, and tuberculosis  
• Understand how pretest probability and the likelihood of test results altering treatment can be used to guide diagnostic testing.  
• Recognize pneumonia on a chest X-ray. |
| **Chest pain** | Gastrointestinal (e.g., GERD), musculoskeletal (e.g., costochondritis) | • Describe how age and comorbidities affect the relative frequency of common etiologies.  
• Apply clinical decision  
Recognize cardiac ischemia and injury on an electrocardiogram (ECG). |
<table>
<thead>
<tr>
<th>Headache</th>
<th>Tension, migraine, and sinus pressure headaches</th>
<th>Meningitis, subarachnoid hemorrhage, and temporal arteritis</th>
<th>Determine when imaging is indicated.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vaginal discharge</td>
<td>Urethritis, bacterial cystitis, pyelonephritis, prostatitis, and vulvovaginal candidiasis</td>
<td>Meningitis, subarachnoid hemorrhage, and temporal arteritis</td>
<td>Discuss the interpretation of wet prep and potassium hydroxide (KOH) specimens</td>
</tr>
<tr>
<td>Dysuria</td>
<td>Urethritis, bacterial cystitis, pyelonephritis, prostatitis, and vulvovaginal candidiasis</td>
<td>Cerebral vascular disease (CVA), brain tumor, and Ménière's Disease</td>
<td>Interpret a urinalysis</td>
</tr>
<tr>
<td>Dizziness</td>
<td>Benign positional vertigo (BPV), labyrinthitis, and orthostatic dizziness</td>
<td>Cerebral vascular disease (CVA), brain tumor, and Ménière's Disease</td>
<td></td>
</tr>
<tr>
<td>Shortness of breath/wheezing</td>
<td>Asthma, chronic obstructive pulmonary disease (COPD), obesity, angina, and congestive heart failure (CHF)</td>
<td>Exacerbations of asthma or COPD, pulmonary embolus, pulmonary edema, pneumothorax, and acute coronary syndrome</td>
<td>Recognize typical radiographic findings of COPD and CHF</td>
</tr>
<tr>
<td>Fever</td>
<td>Viral upper respiratory syndromes, streptococcal pharyngitis, influenza, and otitis media</td>
<td>Meningitis, sepsis, fever in the immunosuppressed patient</td>
<td>Describe a focused, cost-effective approach to diagnostic testing.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Propose prompt follow-up to detect treatable causes of infection that appear after the initial visit.</td>
</tr>
<tr>
<td>Depression</td>
<td></td>
<td></td>
<td>Appreciate the many</td>
</tr>
</tbody>
</table>
- Presentations of depression in primary care (e.g. fatigue, pain, vague symptoms, sleep disturbance, and overt depression).
  - Use a validated screening tool for depression.
  - Assess suicidal ideation.
  - Recognize when diagnostic testing is indicated to exclude medical conditions that may mimic depression (e.g. hypothyroidism).
  - Recognize the role of substance use/abuse in depression and the value of identifying and addressing substance use in depressed patients.
  - Recognize the potential effect of depression on self-care and ability to manage complex comorbidities.

<table>
<thead>
<tr>
<th>Male urinary symptoms/prostate</th>
<th>Select appropriate laboratory tests for a male patient with urinary complaints.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia</td>
<td>Perform a screening test for cognitive decline (e.g. the clock drawing test or the Mini-Mental Status Examination). Select appropriate initial diagnostic tests for a patient presenting with memory loss, focusing on tests that identify treatable causes.</td>
</tr>
<tr>
<td>Leg swelling</td>
<td>Recognize the need for urgent versus non-urgent management for varying etiologies of leg swelling, including when a Doppler ultrasound test for DVT is indicated.</td>
</tr>
</tbody>
</table>

* Ordered from most to least common based on numbers of ambulatory care visits to primary care offices
to diagnostic groups, United States 2005-2006 (National Health Statistics Reports No.8, August 2008).
† Musculoskeletal examination to include inspection, palpitation, range of motion, assessment of commonly injured structures (e.g. ligaments of the ankle and knee, rotator cuff in the shoulder), and assessment of neurovascular integrity.

**Core Presentations for Chronic Disease**

The percentage of patients who have chronic disease is large and increasing with the aging of the population. Care for patients with chronic diseases requires substantial health care resources. Family physicians provide a large portion of this care, often coordinating this care among many types of subspecialists. Every student benefits from learning about chronic disease management. Important characteristics of chronic disease management provided by family physicians are shown in Table 4.

<table>
<thead>
<tr>
<th><strong>Table 4</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Key Characteristics of Chronic Disease Management by Family Physicians</strong></td>
</tr>
<tr>
<td>Chronic Disease management knowledge and skill</td>
</tr>
<tr>
<td>Attention to comorbidities</td>
</tr>
<tr>
<td>Continuity context</td>
</tr>
<tr>
<td>Relationship with the patient</td>
</tr>
<tr>
<td>Patient empowerment and self-management support</td>
</tr>
</tbody>
</table>

**Key Messages for Chronic Disease Care**

A similar approach can be applied to most chronic diseases. General components of this approach include diagnosis, surveillance, treatment, and shared goal-setting. Chronic disease management involves empowering patients to engage in their own care and working as the leader or member of a team of professionals with complementary skills such as nurses, physical therapists, nutritionists, and counselors.

Many patients have more than one chronic disease. In caring for those patients, continuity increases efficiency and improves patient outcomes. Similar to diagnosis in acute care, continuity allows the family physician to address multiple issues in stages. Students should understand, however, that a follow-up visit with a patient is different than the initial visit with a patient and also different from an acute problem visit.

Students should also learn that a therapeutic physician-patient relationship facilitates negotiation and improves physician and patient satisfaction and outcomes. Relationships with patients are rewarding.

**Student Learning Objectives for Chronic Disease Presentations**

At the end of the clerkship, for each core chronic disease, students should be able to:

- Find and apply diagnostic criteria.
- Find and apply surveillance strategies.
- Elicit a focused history that includes information about adherence, self-management, and barriers to care.
- Perform a focused physical examination that includes identification of complications.
- Assess improvement or progression of the chronic disease.
- Describe major treatment modalities.
• Propose an evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention.
• Communicate appropriately with other health professionals (e.g. physical therapists, nutritionists, counselors).
• Document a chronic care visit.
• Communicate respectfully with patients who do not fully adhere to their treatment plan.
• Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. Use health literacy tools to check for patient understanding.
• Recognize the importance and complexity of providing longitudinal, comprehensive and integrated care for the patient with common chronic medical problems, particularly for patients with multiple chronic problems requiring multiple medications and the management of intercurrent illnesses.
• Describe the skills and information required to develop, in conjunction with the patient and patient’s family, a chronic disease management plan that enhances functional outcome and quality of life.
• Address the complex needs of the patient with chronic illness in terms of medical management, adjustment to disability, recruitment of appropriate resources and benefits of a team approach.

Table 5: Core Chronic Disease Presentations with Topic-specific Objectives

<table>
<thead>
<tr>
<th>Topic*</th>
<th>Topic-Specific Objectives</th>
</tr>
</thead>
</table>
| Multiple chronic illnesses (e.g. depression, hypertension, hypothyroidism, type 2 diabetes, mellitus) | • Assess status of multiple diseases in a single visit.  
• List important criteria to consider when prioritizing next steps for management of patients with multiple uncontrolled chronic diseases. |
| Hypertension | • Describe criteria to insure accurate blood pressure measurements.  
• Recognize the signs/symptoms of end-organ disease. |
| Type 2 diabetes mellitus | • Perform a diabetic foot examination.  
• Use an evidence-based DM algorithm to determine testing/surveillance to be done.  
• Recognize the signs/symptoms associated with hypoglycemia or hyperglycemia. |
| Asthma/chronic obstructive pulmonary disease (COPD) | • Discuss the difference between asthma and COPD, including pathophysiology, clinical findings, and treatments.  
• Elicit environmental factors contributing to the disease process.  
• Recognize an obstructive pattern on pulmonary function tests.  
• Recognize hyperinflation on a chest radiograph.  
• Discuss smoking cessation with a patient. |
| Hyperlipidemia | • Determine a patient’s cholesterol goals based on current guidelines and the individual’s risk factors,  
• Interpret lipid laboratory measurements. |
| Anxiety | • Describe how an anxiety disorder can compromise the ability for self-care, function in society, and coping effectively with other health problems. |
| Arthritis | • Guide a patient in setting goals for realistic control of pain and maximized function. |
| Chronic back pain | • Obtain a medication use history.  
• Anticipate the risk of narcotic-related adverse outcomes. |
| Coronary artery disease | • Identify risk factors for coronary artery disease.  
• Use an evidence-based tool to calculate a patient’s coronary
artery disease risk.
• Counsel patients on strategies to reduce their cardiovascular risks.

Obesity
• Obtain a dietary history.
• Collaborate with a patient to set a specific and appropriate weight loss goal.

Heart failure (HF)
• List underlying causes of HF.
• Recognize the signs/symptoms of HF.
• Recognize signs of HF on a chest radiograph.

Depression (previously diagnosed)
• Assess suicide risk.
• Describe the impact of depression on a patient’s ability for self-care, function in society, and management of other health problems.

Osteoporosis/osteopenia
• Recommend prevention measures.

Substance use, dependence, and abuse
• Obtain an accurate substance use history in a manner that enhances the student-patient relationship.
• Differentiate among substance use, misuse, abuse, and dependence.
• Discuss the typical presentations for withdrawal from tobacco, alcohol, prescription pain medications, and common street drugs.
• Assess a person’s stage of change in substance use/abuse cessation.
• Communicate respectfully with all patients about their substance abuse.

* With the exception of multiple illnesses (unknown) and osteoporosis (estimate), these are ordered from most to least common based on numbers of ambulatory care visits to primary care offices according to diagnostic groups, United States 2005-2006 (National Health Statistics Reports No.8, August 2008).

Health Promotion and Disease Prevention
Health promotion is an essential component of every person’s health care. Family physicians provide health promotion to all patients regardless of life stage or gender. Family physicians provide health promotion in at least three ways – during office visits for health promotion, during office visits for another purpose, and outside of office visits in other health care settings such as extended care facilities and hospitals and partnerships with community agencies or public health officials. Important characteristics of preventive care provided by family physicians are shown in Table 6.

| Table 6 |
| Characteristics of Preventive Care by Family Physicians |
| Evidence-based |
| Individualized |
| Opportunistic |
| Prioritized |

Key Messages for Preventive Care
There is an evidence base behind health promotion recommendations, but different organizations have
different recommendations. The United States Preventive Services Task Force recommendations are the most appropriate for students to learn in the family medicine clerkship.

Each patient will have a unique combination of primary, secondary, and possible tertiary prevention recommendations based on his/her risk factors and current diseases. In addition, patient preferences, time constraints, and variability in insurance coverage limit the ability to provide all recommended clinical prevention services for every patient. Creating an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. Family physicians are skilled in prioritization and must partner with patients to determine which preventive services are appropriate, important and affordable.

It should be stressed that clinical prevention can be included in ever office visit. Learning to “juggle,” i.e. prioritize or co-manage, acute, chronic, and prevention agendas, is an advanced skill. Be mindful of your preceptor's schedule and their preferred approach to this.

**Student Learning Objectives for Adult Prevention Care Presentations:**

- Define wellness as a concept that is more than “not being sick.”
- Define primary, secondary, and tertiary prevention.
- Identify risks for specific illnesses that affect screening and treatment strategies.
- Identify the roles of the individual, family, and community in the reduction of major causes of morbidity and mortality.
- For women: elicit a full menstrual, gynecological, and obstetric history.
- For men: identify issues and risks related to sexual function and prostate health.
- Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet.)
- Provide counseling related to health promotion and disease prevention.
- Discuss an evidence-based, stepwise approach to counseling for tobacco cessation.
- Document participation in 2 well adult visits in PLOG.
- Find and apply the current guidelines for adult immunizations.
- For each core health promotion condition in Table 7, discuss who should be screened and methods of screening.
- Develop a health promotion plan for a patient of any age or either gender that addresses the core health promotion conditions listed in Table 7.

### Table 7

**Core Health Promotion Conditions for Adults**

- Breast cancer
- Cervical cancer
- Colon cancer
- Coronary artery disease
- Depression
- Fall risk in elderly patients
- Intimate partner and family violence
- Obesity
- Osteoporosis
- Prostate cancer
Student Learning Objectives for Well Child and Adolescent Preventive Care Presentations

- Describe the core components of child preventive care – health history, physical examination, immunizations, screening/diagnostic tests, and anticipatory guidance (see Table 8.)
- Identify health risks, including accidental and non-accidental injuries and abuse or neglect.
- Conduct a physical examination on a child.
- Document participation in 2 well child visits in PLOG
- Identify developmental stages and detect deviations from anticipated growth and developmental levels.
- Recognize normal and abnormal physical findings in the various age groups.
Table 8
Core Health Promotion Conditions for Children/Adolescents

- Diet/exercise
- Family/social support
- Growth and development
- Hearing
- Lead exposure
- Nutritional deficiency
- Potential for injury
- Sexual activity
- Contraception
- Substance use
- Tuberculosis
- Vision

- Find and apply the current guidelines for immunizations and be able to order them as indicated, including protocols to “catch-up” a patient with incomplete prior immunizations.
- Identify and perform recommended age-appropriate screenings.
- Provide anticipatory guidelines based on developmental stage and health risks.
- Communicate effectively with children, teens, and families.
- Have basic understanding of contraindications and benefits of oral contraceptives and management of common symptoms during first 3 months on OCPs.