

# Family Medicine Grand Rounds University of Washington

**Teaching From Afar:  
Educational Innovations in a Distance-learning  
Environment**

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August 1, 2012

# Teaching From Afar: Educational Innovations in a Distance-learning Environment

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UWSOM Family Medicine Clerkship



# CME credit for live program

- This Live series activity, UW Family Medicine Grand Rounds, from January 1 to December 31, 2012 has been reviewed and is acceptable for up to 12 Prescribed credits by the American Academy of Family Physicians.
- Physicians should claim only the credit commensurate with the extent of their participation in the activity.

# Disclosure: Conflicts of Interest

All presenters state:

Neither I, nor any immediate family member has any financial relationship with, or interest in, any commercial interest connected with this presentation.



# Disclosure: Off-Label Drug Use

- The material in this CME activity does not include discussion of unapproved or investigational uses of products or devices.

# Learning Objectives

By the end of the session participants will be able to

- 1. List educational innovations that can effectively be used in a distance learning environment.
- 2. Describe how to effectively gather and use student feedback.
- 3. List challenges and potential solutions in administering a decentralized clerkship which is spread over a large geographic area.



# Keeping it Simple

- Historically FM Clerkship has been very highly rated
- Clarifying what needs to be learnt
- Delivering content using adult, active learning techniques
- Clarifying what will be measured and how
- Measuring student performance and providing feedback

# Audience Response System

- Go to [www.rwpoll.com](http://www.rwpoll.com) or use the smart phone app
- Session ID: UWFMC
- You can leave your “name” and “user data” fields blank





**W**

FAMILY MEDICINE CLERKSHIP  
UNIVERSITY *of* WASHINGTON  
SCHOOL OF MEDICINE

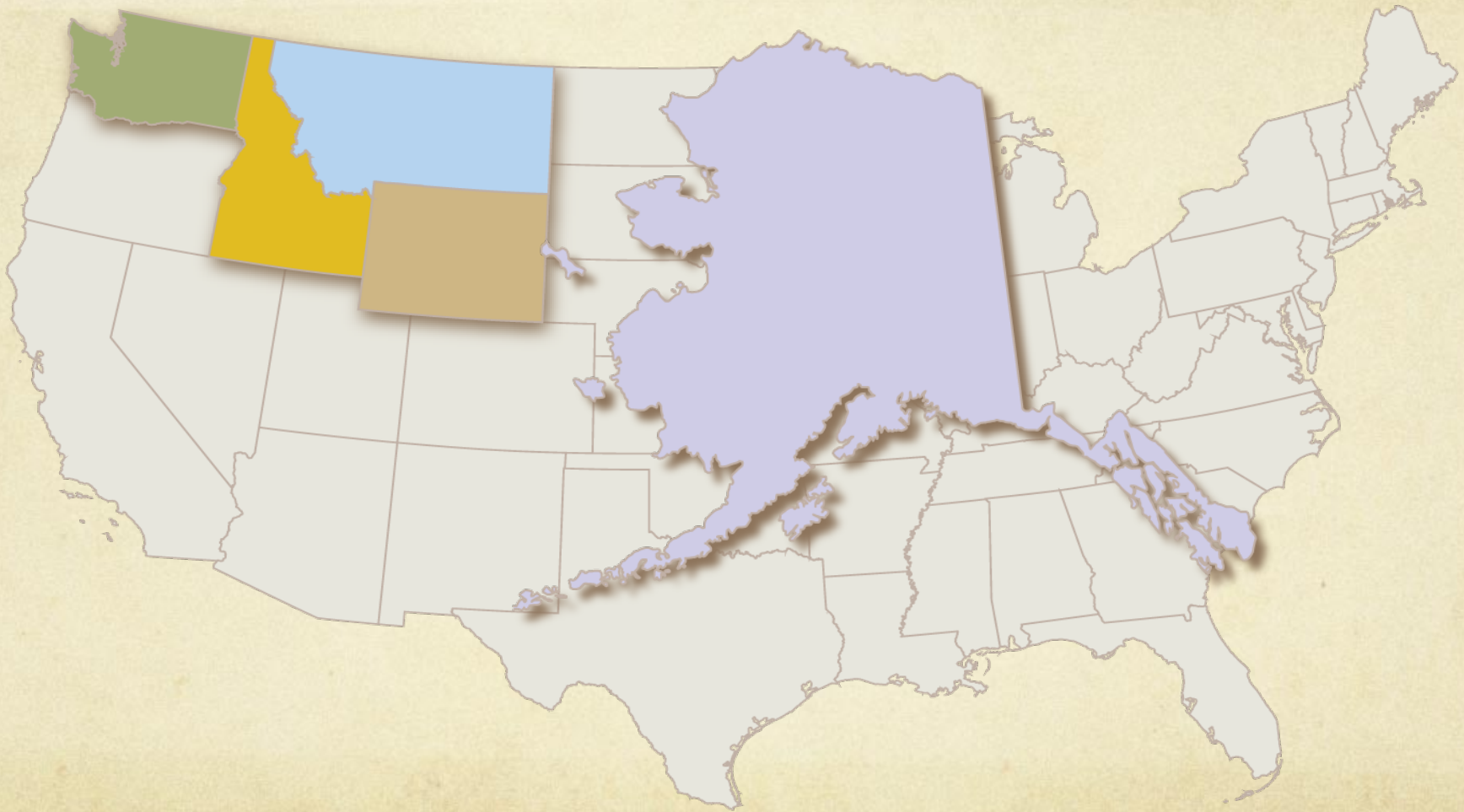
# Clerkship Overview

# Family Medicine Clerkship

- 6-Week clerkship
- Ambulatory focus
- 31 training sites in WWAMI region
- 20 + WRITE sites (Total of 50+ training sites)
- One student at most sites during each rotation.  
Maximum two students per rotation.

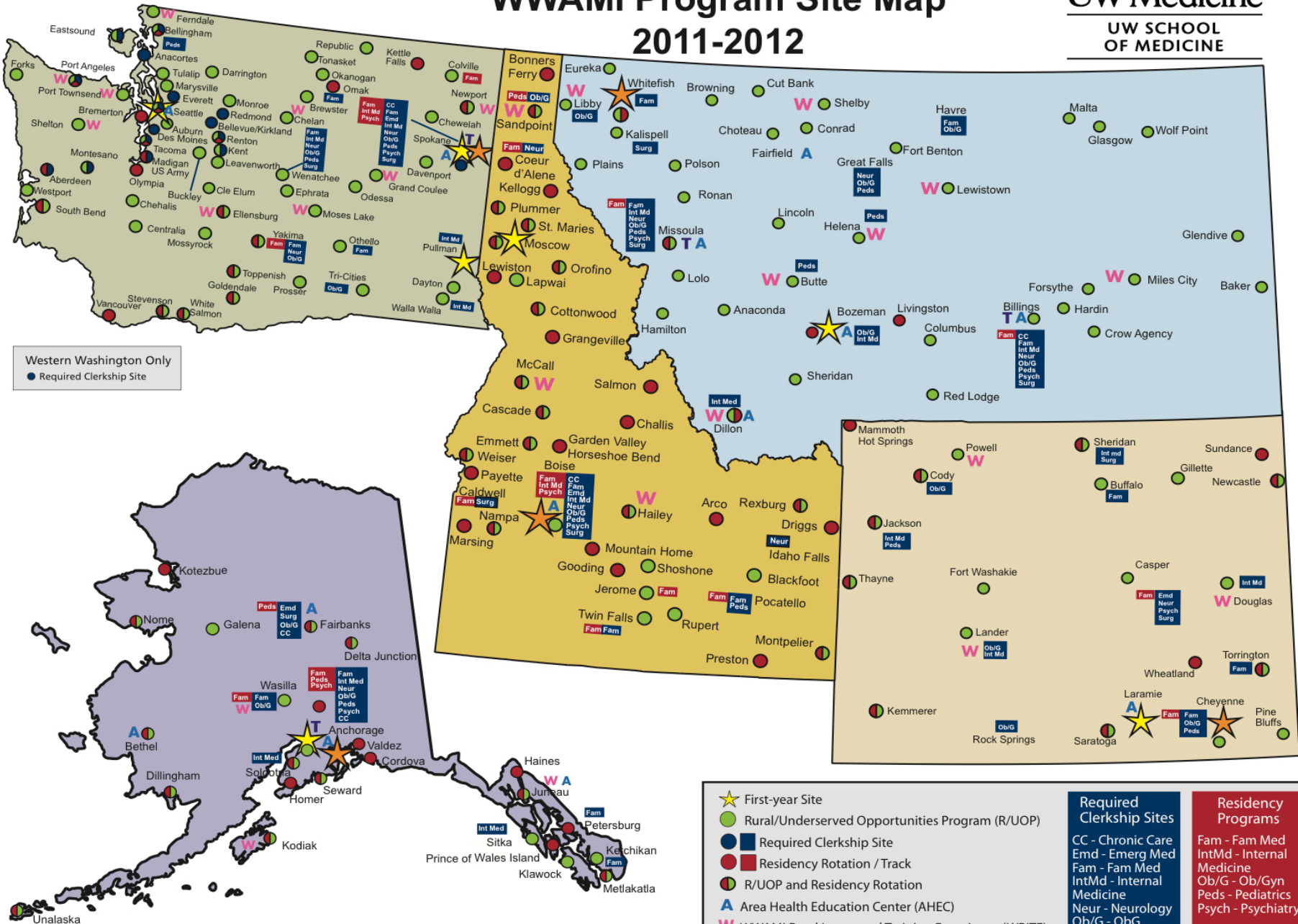


**The five WWAMI states make up 27% of the U.S. land mass but contain only 3.4% of the country's population.**



# WWAMI Program Site Map 2011-2012

**UW Medicine**  
UW SCHOOL OF MEDICINE



Western Washington Only  
● Required Clerkship Site

★ First-year Site	Required Clerkship Sites	Residency Programs
● Rural/Underserved Opportunities Program (R/UOP)	CC - Chronic Care	Fam - Fam Med
■ Required Clerkship Site	Emd - Emerg Med	IntMd - Internal Medicine
● Residency Rotation / Track	Fam - Fam Med	Ob/G - Ob/Gyn
● R/UOP and Residency Rotation	IntMd - Internal Medicine	Peds - Pediatrics
▲ Area Health Education Center (AHEC)	Neur - Neurology	Psych - Psychiatry
★ WWAMI Rural Integrated Training Experience (WRITE)	Ob/G - ObG	
★ WWAMI Regional Affairs Office	Peds - Pediatrics	
★ WWAMI Track Offices	Psych - Psychiatry	
	Surg - Surgery	

\*Alaska not to scale.





# Clerkship Website

<http://depts.washington.edu/fammed/education/courses/clerkship>

Easier to Google “UW Family Medicine Clerkship”

## Medical Student Education

### ▽ Advising

### ▽ Programs

### ▽ Courses

### ▽ Family Medicine Clerkship

[FM Clerkship home](#)

[Info for Faculty](#)

[Info for Students](#)

[Professionalism Awards](#)

[Site Information](#)

### Resources

### SoM Colleges

### Visiting Students

### Contact

[Home](#) » [Medical Student Education](#) » [Courses](#) » [Family Medicine Clerkship](#) » [Info for Students](#)

## Info for Students

### 2011/2012 Students: Welcome to the Family Medicine Clerkship!

Be sure to familiarize yourself with the syllabus below prior to beginning their clerkship. During the clerkship, refer to the Assignment Tracker for all curricular responsibilities and timelines. Weekly updates of the Assignment Tracker is a requirement of the clerkship.

#### Syllabus

[Family Medicine Clerkship Syllabus](#)

#### Assignment Tracker

[Clerkship Assignment Tracker](#)

#### Required Webinars

[Orientation access information](#) (begins 9am PST on first Monday of the rotation)

[Practice Exam and Exam Skills WEBINAR access information](#) (begins 12:30pm PST on Second Thursday of the rotation)

#### Practice Exam and Final Exam

[Questionmark Instructions](#) (for logging onto online exams)

[Final Exam instructions](#)

#### Other Documents

[Recipe for Family Medicine Clerkship Success](#)

[EHR Orientation Checklist](#)

[Orientation Session Slides Summer 2012 A](#)

#### Resources

[American Family Physician\(AFP\) Readings](#)

[Register for FmCases, SIMPLE and CLIPP Cases](#) (Make sure to use your UW email)

[FmCases, SIMPLE and CLIPP Cases link](#)

[FmCases, SIMPLE and CLIPP Content Area List](#)

#### Evaluation Documents

[Professionalism in the Family Medicine Clerkship Feedback and Evaluation Form\(Grade Anchors\)](#)

[Grade Criteria](#)

[Grade Inquiry Form](#)



## Medical Student Education

### ▽ Advising

### ▽ Programs

### ▽ Courses

### ▽ Family Medicine Clerkship

FM Clerkship home

Info for Faculty

Info for Students

Professionalism Awards

Site Information

### Resources

### SoM Colleges

### Visiting Students

### Contact

Home » Medical Student Education » Courses » Family Medicine Clerkship » Info for Faculty

## Info for Faculty

Below is faculty information on clerkship orientation, curricula, teaching best practices, feedback, and evaluation.

### 2012-2013 End of Quarter Meeting Dates

October 5, 2012

March 29, 2013

June 7-8, 2013

October 4, 2013

### ADMINISTRATIVE TOOLS and RESOURCES

[Clerkship Dashboard](#) View student curriculum, rotation schedules, track assignments and find student emails

### EVALUATION TOOLS AND RESOURCES

[Patient Centered Observation \(PCOF\) form](#)

[E\\*Value for Grade Submission](#)

[Evaluation Process Overview](#)

[Feedback and Evaluation Form \(Grade Anchors\)](#)

[Grading Criteria](#)

[Daily Feedback Card #1](#)

[Daily Feedback Card #2](#)

### TEACHING TOOLS and RESOURCES

[FmCases](#), [SIMPLE](#) and [CLIPP Module Reference List](#)

[Sample Orientation](#) | [Orientation Checklist](#)

[Teaching in a Busy Clinic](#)

[Innovative Methods for Teaching and Time Management](#)

[5 Microskills for Teaching](#)

[Resident Teaching Guide](#)

[Resident Teaching Assessment](#)

[Mistreatment Sheet](#)

# Site Information

## **Community:**

Buffalo is located in north central Wyoming at the foot of the Big Horn Mountains. Buffalo is a ranching community but is also a very popular area for outdoor recreation. The Family Medical Center is located in the hospital, which provides a unique opportunity to experience all aspects of family practice. The hospital has 27 acute care beds with ICU/CCU, obstetrical ward, surgery, and 24-hour emergency room. The hospital has fully equipped Lab and Radiology departments, including CT, US, and MRI. The hospital lab and x-ray are also used by the clinic. Buffalo has served as a Rural/Underserved Opportunity Program (RUOP) site.



## **Common Clinic Patients:**

The Family Medical Clinic is located in the hospital thus providing a unique opportunity to experience all aspects of family practice. Patients include all walks of life and socio-economic status. As a frontier health care center, all emergent medical issues pass through the facility. The hospital lab and X-Ray are also used by the clinic.





# Student slot availability

203 Students (2011-12 school year)

(49) greater Seattle area; (75) Rest of Washington;

(17) Wyoming; (10) Alaska (31) Montana (21) Idaho

\* 242 slots available for 2012-13 school year

\* *Excluding WRITE*





# Learning Objectives

- SMART Objectives and Mapping (MSE Project)
- Specific
- Measurable
- Attainable
- Realistic
- Timebound

# Curriculum

- Daily interactions with patients working one-on-one with preceptors and senior residents
- FMCases (No required textbook)
- ARTE and PCC
- Professionalism



# FmCases

- 33 interactive virtual patient cases encompass the learning objectives of the STFM's Family Medicine Clerkship Curriculum.
- Students are recommended to complete the 33 FmCases + 7 additional CLIPP / SIMPLE cases.
- End of rotation exam based entirely on these cases

Please select your set of cases by clicking on the active icon, or with the popup menu (the dropdown menu may contain more!)








Course selection:

Login: student-te3

Course comment:

Email of the tutor: medusupport@i-intime.org

Duration: April 30, 2009 6:00:05 PM EDT - December 30, 2010 6:00:05 PM EST

Status	Casename:	Evaluation
1	 <b>1. 45-year-old female annual exam - Mrs. Payne</b>  <b>Authors:</b> Thomas Tafelski, M.D., University of Toledo; Saudia Mushkbar, M.D., Neighborhood Health Clinic, Fort Wayne, IN <b>Comment:</b> <b>Last update:</b> December 13, 2009	Evaluate case
2	 <b>2. 55-year-old male for annual exam - Mr. Reynolds</b>  <b>Authors:</b> Jason Chao, M.D., Case Western Reserve University <b>Comment:</b> <b>Last update:</b> November 18, 2009	Evaluate case
3	 <b>3. 65-year-old female with insomnia - Mrs. Gomez</b>  <b>Authors:</b> William Hay, M.D., University of Nebraska <b>Comment:</b> <b>Last update:</b> October 20, 2009	Evaluate case
4	 <b>4. 17-year-old female with sports injury - Christina Martinez</b>  <b>Authors:</b> Stella King, M.D., University of Texas Health Sciences Center in San Antonio, TX <b>Comment:</b> <b>Last update:</b> November 17, 2009	Evaluate case



# Typical Card

CASUS<sup>®</sup> ? Help x Quit

Expert

Clipboard

← Back

→ Forward

Card 2 of 24 | Introduction

You are working in Dr. Nayar's office and are preparing to see the next patient, Mr. Sam Reynolds, a 55-year-old machine operator.

Before you go into the exam room, Dr. Nayar tells you a bit more about Mr. Reynolds: "I have not seen Mr. Reynolds as a patient for several years, although I take care of his whole family. It looks like he is coming in for a general physical exam today.

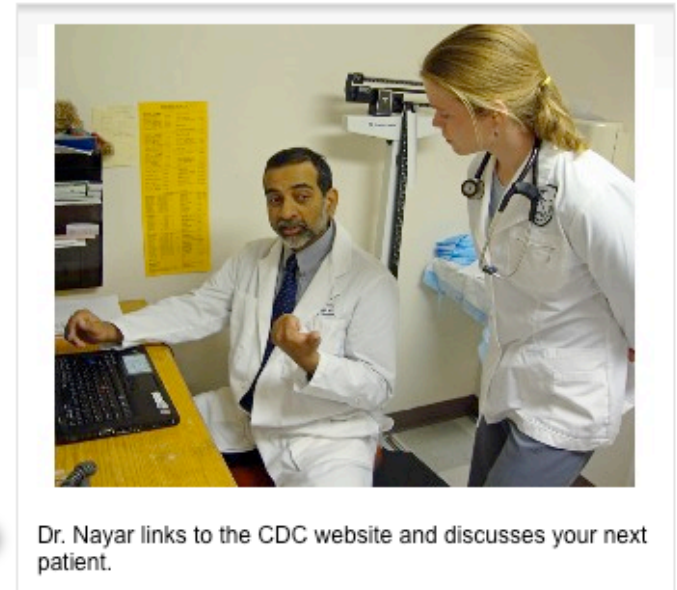
"I like to use the mnemonic **RISE** when seeing patients for a preventive visit in order to remember important parts of the exam: **R**isk factors, **I**mmunizations, **S**creening tests, and **E**ducation. Therefore, we want to identify the risk factors Mr. Reynolds has for serious medical conditions during the history and physical exam. We also want to order appropriate screening tests, provide recommended immunizations, and educate him on ways to live healthier while reducing his risks for disease. This is not as easy as it sounds, as we have limited time to cover a lot of ground.

"According to my mnemonic, RISE, the first order of business during Mr. Reynolds' annual physical exam will be to determine his **Risk** factors for disease. In order to know what conditions we should especially be on the lookout for, let's review the major causes of death for a man of Mr. Reynolds' age."

Dr. Nayar goes to the computer terminal and links to [the US National Center for Health Statistics on the CDC website](#). Dr. Nayar continues: "The five most frequent causes of death for a 55-year-old male in the US are: malignant neoplasm, heart disease, unintentional injury (accident), diabetes mellitus, and chronic lung disease. His family, occupational, and travel history may highlight additional conditions that he is at risk for developing. For other patients we see together, feel free to come back to this site to review their most frequent causes of mortality.

"Now, let's have you begin by seeing Mr. Reynolds. I'd like you to take a complete history and do a full physical exam, then come and get me so we can review your findings and I'll assist you with doing the rectal exam. I'll be seeing a same-day sick patient while you are seeing Mr. Reynolds."

Navigational Tip: To advance to the next card in the case, click the **Forward** button at the top of the screen.



i 🔍 Image 1 of 1 ← →

# Inline Hyperlink

You introduce yourself and begin the interview with an open ended question.

"Hello, Mr. Wright, I'm a student-doctor working with Dr. Chessman, who will be in to see you shortly. I understand that you are here for evaluation after falling today. [Can you tell me what happened?](#)"

["Did you lose consciousness or blackout?"](#)

**"What happened next?"**

Instruct AG (dbg)

"After struggling on the ground for five to ten minutes -- I heard my neighbor, Ms. Eden, calling my name. I knew she was there, but I remember having some trouble seeing her. When she couldn't help me up, she left to call 911. Before the EMS arrived, I was able to get up by myself. They spoke with Ms. Eden, examined me, hooked me up to their heart monitor, and checked my sugar. They didn't find anything wrong except that my blood pressure was a little high. They told me they had to take me to the hospital. I refused to go as I felt fine and wasn't having any chest pain or shortness of breath. After signing their refusal of transport against medical advice form, I promised the EMT and Ms. Eden that I would see my family doctor today, and so here I am!"



# Multiple Choice Questions

Once you have reviewed the agenda for the visit together, Dr. Wilson asks you how you might remember your plan for a diabetes visit if you did not have an electronic health record template to prompt you. "Let's think about the pathophysiology of diabetes and the end-organ damage caused by diabetes and use this to create our agenda."

After you pause to consider the question, you tell Dr. Wilson, "Well, I know that type 1 diabetes mellitus is an immunologic disease. The pancreas is damaged, and the beta cells don't produce enough insulin. In type 2 diabetes, the problem is more of insulin resistance and beta cell dysfunction."

Dr. Wilson compliments you, "That's excellent! What about the damage they cause? Do they act differently?"

You reply, "I never thought about it, but I think they act the same... In both types of diabetes, high blood glucose eventually affects blood vessels and therefore organs throughout the entire body..."

Dr. Wilson agrees, "Right. The heart, brain, kidneys, and eyes and the nerves that control sensation and autonomic function are affected. One thing to remember is that high blood pressure, which many patients who have diabetes have, makes the vascular disease much worse."

## Question

Dr. Wilson asks you: Which of the following are common manifestations of end-organ damage caused by diabetes? (Check all that apply.)

## Multiple Choice Answer:

Please select your answers.

- A  Coronary heart disease
- B  Cerebrovascular diseases
- C  Non-alcoholic fatty liver disease
- D  Hyperthyroidism
- E  Retinopathy
- F  Glaucoma
- G  Neuropathy
- H  Nephropathy
- I  Primary pulmonary hypertension

Submit

# Answer Comment

## Multiple Choice Answer:

Expert answer is displayed in green color.

- A   Coronary heart disease
- B   Cerebrovascular diseases
- C   Non-alcoholic fatty liver disease
- D   Hyperthyroidism
- E   Retinopathy
- F   Glaucoma
- G   Neuropathy
- H   Nephropathy
- I   Primary pulmonary hypertension



5 of 6 multiple choice items were answered correctly

### Comment:

**Cardiovascular disease or (i.e. coronary heart disease and stroke)** (A & B) is the leading cause of death in diabetes patients. People with diabetes are 2-4 times more likely to have heart disease or stroke than people without diabetes. Patients with diabetes who have a myocardial infarction have worse outcomes than patients without diabetes, and a diagnosis of diabetes is considered equivalent in risk to having had a previous myocardial infarction. Management of cardiovascular risk factors so commonly found in diabetes is therefore essential in preventing morbidity and mortality in diabetes patients.

Diabetes is the most common cause of new cases of blindness among adults of working age. Type 2 diabetes patients taking insulin have a 40% prevalence of **retinopathy** (E) at 5 years, while those on oral hypoglycemic agents have a 24% prevalence. After 15 years of diabetes, almost all patients with type 1 diabetes and two thirds of patients with type 2 diabetes have background retinopathy. By the time the patient's vision is affected, substantial retinal damage may have already occurred. Proliferative retinopathy is prevalent in 25% of the diabetes population with 25 or more years of diabetes.

People with diabetes are 40% more likely to suffer from **glaucoma** (F) than people without diabetes. The longer someone has had diabetes, the more common glaucoma is. Risk also increases with age. That diabetes actually causes open-angle glaucoma, the most common type of glaucoma, is not clear. Glaucoma might simply be a condition found more commonly in the presence of diabetes.

**Neuropathy** (G) is a heterogenous condition that is associated with nerve pathology. The condition is classified according to the nerves affected. The classification of neuropathy includes focal, diffuse, sensory, motor and autonomic neuropathy. The prevalence of neuropathy defined by loss of ankle jerk reflexes is 7% at 1 year increasing to 50% at 25 years for both type 1 and type 2 diabetes.

Nephropathy (H) is common in diabetes. 20-40 % of people with diabetes develop diabetic nephropathy.(1) Diabetes is the most common cause of End Stage Renal Disease (ESRD), resulting in 44% of all newly diagnosed cases in 2005.

While type 2 diabetes is found in up to 78% of patients with non-alcoholic fatty liver disease, it is not presently considered a cause of this common liver disease, Both conditions are thought to arise primarily from metabolic dysregulation associated with insulin resistance and obesity.

Thyroid disease can lead to diabetes. Hyperthyroidism is not an end organ result of diabetes. Hypothyroidism can cause fatigue, depression, and dyslipidemia, all of which complicate management of diabetes.

Primary pulmonary hypertension is an increase in blood pressure in the pulmonary vasculature leading to shortness of breath, dizziness, fainting, and other symptoms; all of which are exacerbated by exertion. Primary pulmonary hypertension is not an end organ result of diabetes.

Navigation Tip: To see previous cards in the case, click the drop-down menu at the top of the screen.

### References:

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- CDC website: [http://www.cdc.gov/diabetes/pubs/pdf/ndfs\\_2007.pdf](http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2007.pdf)



# Non-Evaluated Free Text Answer

## Question

Based on the key findings in this case so far, write a sentence or two (a summary statement) that you would present to your attending summarizing the case.

## Non-evaluated freetext:

Expert answer is displayed in green color.

Ms. Hunt is a 48-year-old female with AIDS with a CD4 count of 24 and viral load of 250,000, who presents with 2 months of water diarrhea, 6 weeks of fevers, weakness, and weight loss, with exam notable for cachexia, possible hepatomegaly, and diffuse abdominal tenderness without any peritoneal signs, and laboratory evaluation notable for anemia, negative blood and urine cultures, and negative chest X-ray.

 **This question is for self-assessment only and will not be evaluated by the system.**

# Expert Button

Expert

Clipboard

Back

Forward

Card 11 of 24 | Immunizations

After completing the physical exam, you tell Mr. Reynolds that you will be talking with Dr. Nayar for a few minutes and will be back shortly. You step out and present Mr. Reynolds' history to Dr. Nayar, including the fact that you provided some smoking cessation counseling.

Dr. Nayar says, "Good. Tobacco addiction, like all addictions, is characterized by 3 Cs: (1) Compulsion to use, (2) lack of Control, and (3) Continued use despite adverse consequences. What stage of behavior change is Mr. Reynolds at now: [pre-contemplative](#), [contemplative](#), [active](#), [relapse](#)."

You reply, "Mr. Reynolds has relapsed after quitting for two weeks and is now contemplative again. He's also interested in medication to help him quit smoking."

Dr. Nayar says, "I prefer prescribing bupropion to help smokers quit. I prescribe varenicline less often because of concerns about side effects. I reserve it now for those that have failed bupropion or if a patient specifically requested it. We can write a prescription and have him follow-up within a month of his quit date. Do you think Mr. Reynolds' family history places him at higher risk for any medical conditions?"

You reply, "Well, based on a significant family history of hypertension and stroke, he is at increased risk for cardiovascular disease. His family is unlikely to have a presently identifiable gene associated with cancer, given the sporadic cases."

You then present your physical exam findings to Dr. Nayar. Other than his obesity and elevated blood pressure, you did not notice any abnormalities.

Dr. Nayar says, "You have done a nice job assessing Mr. Reynolds' risk factors for disease in your history and physical exam. If you remember my mnemonic, **RISE**, the next item to cover in your routine exam is Immunizations. What immunizations does Mr. Reynolds need?"

You know Mr. Reynolds should get a tetanus booster every ten years, but are not sure about any others.

Dr. Nayar suggests checking the CDC website: <http://cdc.gov/vaccines/recs/schedules/default.htm>

He also suggests getting a free PDA version of Shots, which can be downloaded from <http://www.immunized.org/anypage.aspx?pagename=shotshome>

After reviewing the recommendations, you decide that Tdap (tetanus, diphtheria, and pertussis) and influenza are indicated for Mr. Reynolds.

Dr. Nayar replies, "Good, current recommendations replace Tdap for Td (tetanus and diphtheria) for ages 11-64 to provide additional pertussis protection. When Mr. Reynolds turns 60, we will recommend a zoster vaccine. Live vaccines, like zoster (also MMR, OPV, and Varicella), should not be administered to immunocompromised patients, their close contacts, or to pregnant women."

See the **Expert** for specific indications for other vaccines recommended for patients in high-risk groups.



You present your findings to Dr. Nayar.





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Back

Forward

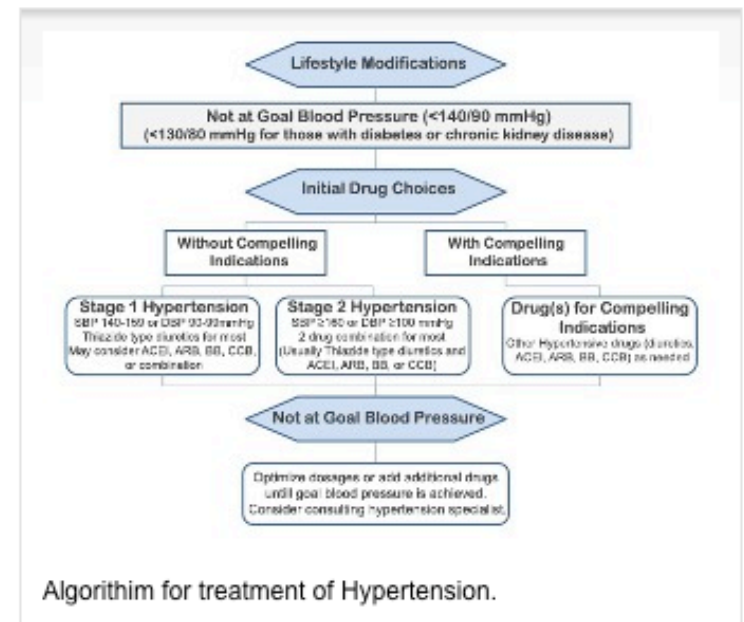
Card 18 of 30 | Titrating Antihypertensive Drugs

You remember that Mr. Martin has hypertension and smokes, which are two risk factors for cardiovascular disease (CVD). You know that in order to calculate Mr. Martin's 10 year risk for myocardial infarction and coronary death (and to assess his need for a statin) you need the average of at least two fasting cholesterol panels. Repeating the fasting lipid profile again for the next visit will allow you to do this.

You consider discussing aspirin prophylaxis with Mr. Martin, but you remember that JNC 7 recommends waiting to prescribe aspirin use until blood pressure measurements are normal and stable since aspirin prophylaxis in a patient with uncontrolled blood pressure may place the patient at higher risk of hemorrhagic stroke.

After considering your plan, you excuse yourself and locate Dr. Medel. You tell her, "Mr. Martin returns today, after his last visit four weeks ago. He is my 54-year-old-male patient, from the Dominican Republic, who presents for follow up after his new diagnosis of hypertension. He denies any symptoms. We started him on hydrochlorothiazide at his last visit; encouraged diet changes and tobacco cessation; and ordered initial lab work. He has implemented some of our recommendations from the last visit, such as walking with his wife for 30 minutes three times a week. They are working together to lower the sodium level in their food intake. He is also reducing his cigarette use. His only complaint is the challenge of using his diuretic and driving a taxi long hours around town." Dr. Medel states, "I can see how that would be a problem."

You continue, "His blood pressure today is 143/75 mmHg, after taking his diuretic this morning." You review the normal lab results including his electrocardiogram. You also share your concern about this patient's fasting lipid panel results and the need to get a second set. Dr. Medel agrees with you about the need to repeat that test.



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Search icon

Image 1 of 1

Back

Forward

# Case References

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4. WebMD. <http://www.webmd.com/menopause/slideshow>



## Communities

Welcome to MedU  
Communities

Instructors

[CLIPP](#)

[SIMPLE](#)

[fmCASES](#)

[Go to Cases](#)

[Case Descriptions](#)

[Case List](#)

[Log Data](#)

[WISE-MD](#)

Students

[For Collaborators](#)

## Case 1

### 45-year-old female annual exam - Mrs. Payne

Author: Thomas Tafelski, M.D., University of Toledo; Saudia Mushkbar, M.D., Neighborhood Health Clinic, Fort Wayne, IN

#### Learning Objectives:

1. Learn the principles of screening and the characteristics of a good screening test.
2. Identify risk factors for breast and cervical cancer based on family history, age, gender and exposure.
3. Learn how to perform a thorough breast exam.
4. Know current recommendations for mammography.
5. Learn the current recommendations for papanicolaou testing and the different types of testing available.
6. Identify risk factors for osteoporosis and appropriate preventative measures.
7. Learn recommended immunizations for adults.
8. Learn counseling skills for behavior change.
9. Recognize symptoms of menopause

#### Summary of Clinical Scenario:

Mrs. Payne is a 45-year-old woman who has not had preventive health care in five years, presenting now for a routine exam.



## Case Descriptions

Case 1: 45-year-old female annual exam - Mrs. Payne

Case 8: 54-year-old with elevated blood pressure - Mr. Martin

Case 10: 45-year-old man presenting with low back pain - Mr. Payne

Case 11: 74-year-old with knee pain - Ms. Roman

Case 17: 55-year-old post-menopausal female with vaginal bleeding - Mrs. Parker

Case 18: 24-year-old with headaches - Ms. Payne

Case 21: 12-year-old with fever - Marissa Payne

# Value added to FmCases

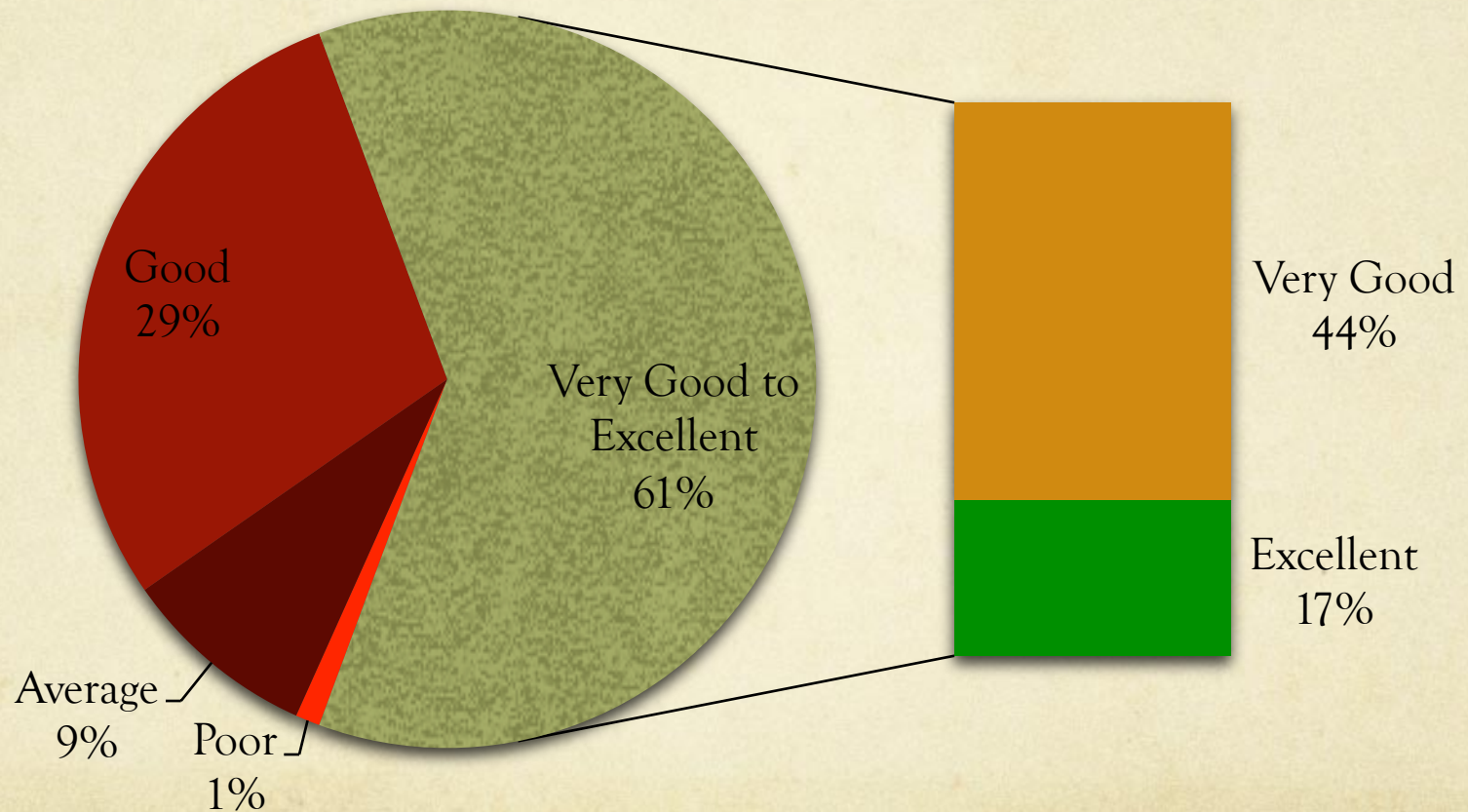
- Promoted as “formal curriculum”
- FmCases Content areas
- Assignment Tracker links curricular content areas to FmCases / CLIPP / SIMPLE



# CME Credit for FmCases

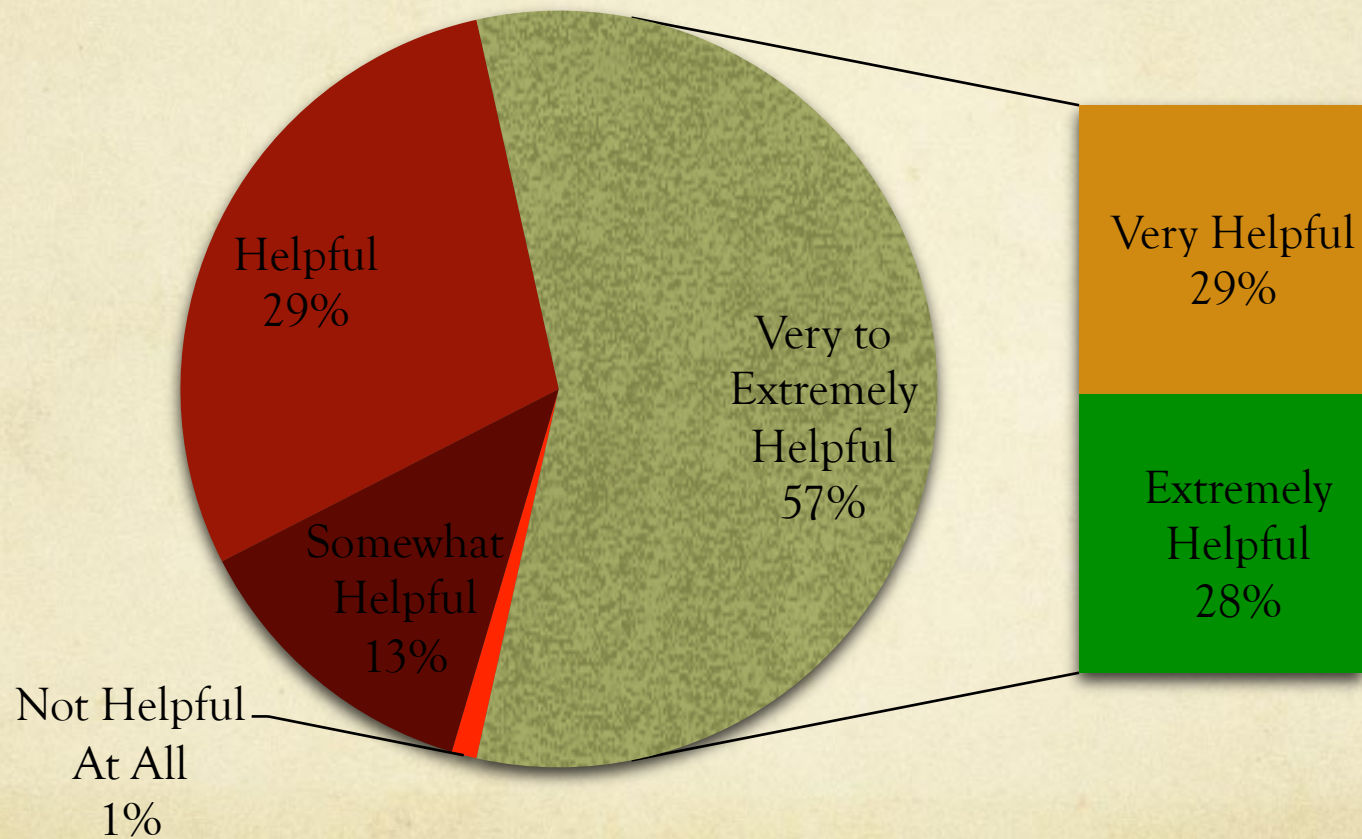
- FmCASES has been reviewed and is acceptable for up to 60 Prescribed credits by the AAFP.
- Each Family Medicine Case is approved for up to 1.50 Prescribed credits.

# How do you rate FmCases as a didactic resource? (93 Responses)

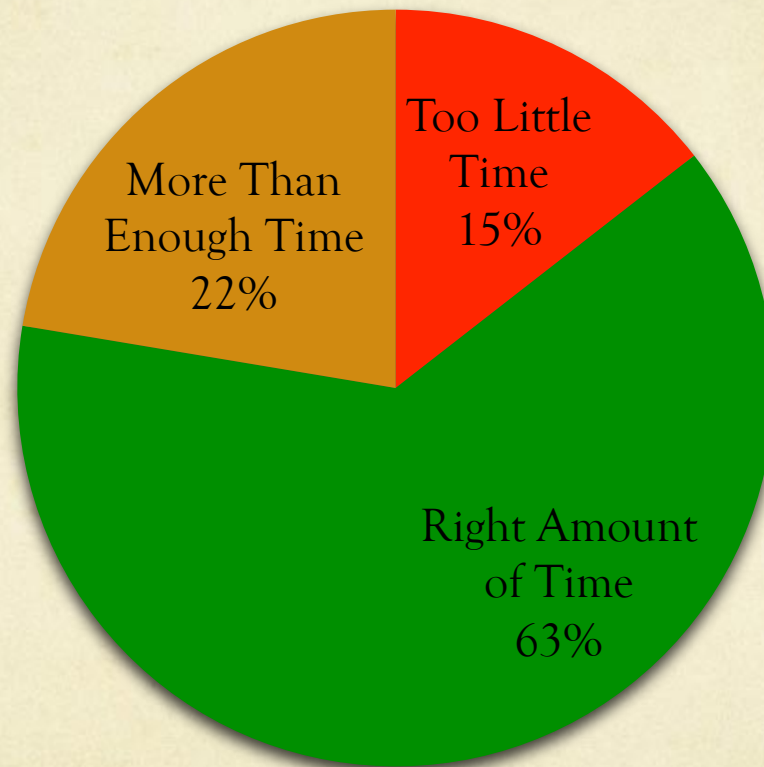




# Did you find FmCases helpful in preparing you for the exam? (93 Responses)



Was there enough time during the clerkship to complete all 29 FmCases? (76 Responses)





# Articulating and Reflecting Tacit Expertise (ARTE)

- **Articulating:** Naming specific behaviors helps both faculty physicians and students identify, discuss, teach, learn and master key clinical skills.
- **Reflecting:** Mindfulness can improve learning experience and care
- **Tacit Expertise:** Essential in clinical medicine but is hard to teach and learn.
- **Learning Tools:** Online Modules; “Q” Cards; GoPost discussion board

# Clinical CEX

## Effective Patient Centered Care

- Online videos, learning modules and readings
- Students are required to have at least 4 patient encounters observed and get feedback based on the form
- Mini CEX: Patient Centered Care Observation form

Patient Centered Observation Form			
Trainee name _____		Observer _____	
		Obsrvn# _____	Date _____
<p><i>Directions: Track behaviors in left column. Then, mark one box per row: a, b or c. Competent skill use is in one of the right two columns. Record important provider / patient comments and verbal / non-verbal cues in the notes. Use form to enhance your learning, vocabulary, and self-awareness. Ratings can be for individual interviews or to summarize several interactions. If requested, use this form to guide verbal feedback to someone you observe.</i></p>			
Skill Set and elements Check only what you see or hear. Avoid giving the benefit of the doubt.	Provider Centered Biomedical Focus		Patient Centered Biopsychosocial Focus
	<b>Establishes Rapport</b> <input type="checkbox"/> Introduces self <input type="checkbox"/> Warm greeting <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non medical interaction	1a. Uses 0-2 elements	1b. Uses 3 elements.
Notes:			
<b>Maintains Relationship Throughout the Visit</b> <input type="checkbox"/> Strong verbal or non-verbal empathy <input type="checkbox"/> Listens well using continuer phrases ("um hmm") <input type="checkbox"/> Repeats important verbal content; <input type="checkbox"/> Demonstrates mindfulness through curiosity, self-reflection, or presence	2a. Uses 0-1 elements	2b. Uses 2 elements	2c. Uses 3 or more elements
Notes:			
<b>Collaborative upfront agenda setting</b> <input type="checkbox"/> Additional elicitation- "something else?"; <i>each elicitation counts as a new element</i> <input type="checkbox"/> Acknowledges agenda items from other team member (eg MA) or from EMR. <input type="checkbox"/> Confirms what is most important to patient?	3a. Uses 0-1 elements	3b. Uses 2 elements	3c. Uses ≥ 3 elements
Note patient concerns here:			
<b>Maintains Efficiency through transparent (out loud) thinking:</b> <input type="checkbox"/> about visit time use / visit organization <input type="checkbox"/> about problem priorities <input type="checkbox"/> about problem solving	4a. Uses 0 elements	4b. Uses 1 element	4c. Uses 2 or more elements
Notes:			
<b>Gathering Information</b> <input type="checkbox"/> Uses open-ended question X____ <input type="checkbox"/> Uses reflecting statement X____ <input type="checkbox"/> Uses summary/clarifying statement X____ <i>Count each time the skill is used as one element</i>	5a. Uses 0-1 elements	5b. Uses 2 elements	5c. Uses 3 or more elements
Notes:			
<b>Assessing Patient or Family Perspective on Health</b> <input type="checkbox"/> Acknowledges patient verbal or non-verbal cues. <input type="checkbox"/> Explores patient beliefs or feelings	6a. Uses 0 elements	6b. Uses 1 element	6c. Uses 2 or more



# EPCCC study (In progress)

- Web based randomization
- Users see either better or common version first
- It appears that seeing the common version first is a better educational experience. Effect size .4 (moderate)
- Other parts of the PCOF study
  - Look at comments
  - Psychometrics of PCOF form

# Webinars

- Orientation Webinar
  - Common orientation
  - Clerkship Syllabus
  - Resiliency / Strategies for success
  - EHR Orientation
  - Grading
- Clinical Reasoning and Test Skills Webinar
- We use Adobe Connect + Teleconference



Family Medicine Clerkship Webinar: Exam Skills (Discussion) – Adobe Connect

Meeting   Layouts   Pods   Audio        

**Attendee List (1)**

- Hosts (1)
  - Misbah Keen
- Presenters (0)
- Participants (0)

**Camera and Voice**

Start My Webcam

**Poll**

Multiple Choice   Open

Question

Answers (One per line)

**Chat (Everyone)**

Natalie Hale: like derek mentioned earlier, i'm not sure this was covered - as an expanded student, i'm just not remembering pharm anymore

Natalie Hale: are there any good resources for us to use?

Cathy Cantway: based on the lab slides I thought the diagnosis would be Trichomonas, and I thought that was treated with Metro, I chose bactrim because she also has UTI symptoms and I know UTI can be treated with bactrim

Natalie Hale: great - thanks!

jay conhaim: Any recommendations for review books other than blue print or the fmcases?

Derek Weyhrauch: thanks all!

Natalie Hale: would you recommend us using uworld all year or just waiting until closer to step 2

jay conhaim: thanks

Natalie Hale: great - thanks so much!

Maika: Thanks for the review. Okay to log off?

Eric: thanks!

jay conhaim: thanks!

Lisa Sanders: thanks!

Lindsay: thank you

Brie: Thanks

**Note**

11          

**Discussion Notes**

11          

Help

Sharing

Discussion

Collabor...

Present...

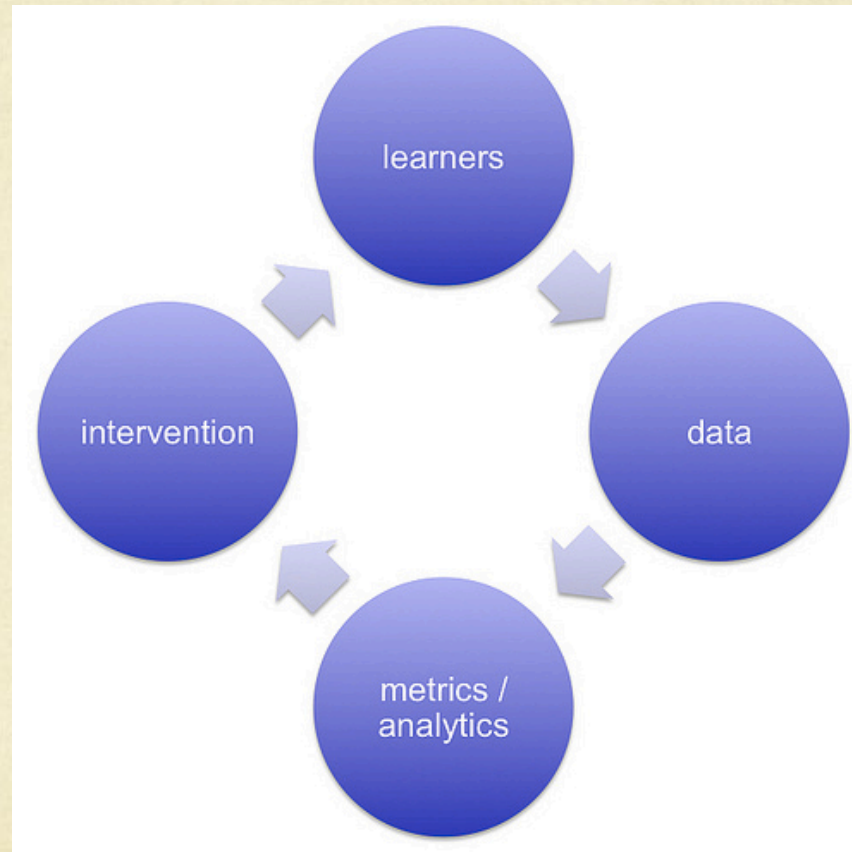
✕   +



## Evaluation and Feedback



# Learning Analytics PDSA





## FM Cases Student Log



Please select

<b>Startdate:</b>			<b>Enddate:</b>			<input type="button" value="Submit"/>	<input type="button" value="Download"/>
Sep ▾	28 ▾	2009	Jan ▾	6 ▾	2010		
General Display Options: <input type="checkbox"/> Display all sessions <input type="checkbox"/> Display session date and time <input type="checkbox"/> Display student names							
Session Display Options: <input checked="" type="checkbox"/> Time (minutes) <input checked="" type="checkbox"/> Cards visited ( / number of cards in case)							

Dartmouth

	ID:101494 (FMCASES 01) 1. 45-year-old female annual exam - Mrs. Payne	ID:91026 (FMCASES 02) 2. 55-year-old male for annual exam - Mr. Reynolds	ID:101606 (FMCASES 03) 3. 65-year-old female with insomnia - Mrs. Gomez	ID:105102 (FMCASES 04) 4. 17-year-old female with sports injury - Christina Martinez	ID:106704 (FMCASES 05) 5. 30-year-old female with Palpitations - Ms. Waters	ID:97762 (FMCASES 06) 6. 57-year-old female presents for follow-up visit for diabetes - Ms. Sanchez	ID:107182 (FMCASES 07) 7. 53-year-old male with Leg Swelling - Mr. Smith	
<a href="mailto:lgad@dartmouth.edu">lgad@dartmouth.edu</a>	41;21/21	54;23/24	27;25/26	40;22/23		84;27/27		9
<a href="mailto:katherine.mau@dartmouth.edu">katherine.mau@dartmouth.edu</a>	74;21/21	51;24/24	58;26/26	35;23/23	52;27/27	78;27/27	95;22/22	8
<a href="mailto:gabriela.belanger@dartmouth.edu">gabriela.belanger@dartmouth.edu</a>	53;21/21	57;23/24	52;25/26	63;22/23	25;25/27	42;27/27	33;21/22	3
<a href="mailto:claudia.bazemile@dartmouth.edu">claudia.bazemile@dartmouth.edu</a>	38;21/21	38;24/24	21;26/26	22;23/23	56;27/27	31;27/27		2
<a href="mailto:amy.chen@dartmouth.edu">amy.chen@dartmouth.edu</a>	57;21/21	65;24/24	45;26/26			57;27/27		3
<a href="mailto:hkdong@dartmouth.edu">hkdong@dartmouth.edu</a>	31;21/21	41;24/24	16;26/26	32;23/23	46;27/27	38;27/27	85;22/22	4
<a href="mailto:datoon@dartmouth.edu">datoon@dartmouth.edu</a>	74;21/21	83;24/24	66;26/26	89;23/23	95;27/27	104;27/27	72;22/22	7
<a href="mailto:yehongliang@dartmouth.edu">yehongliang@dartmouth.edu</a>	28;21/21			39;23/23	0;0/27	105;27/27		
<a href="mailto:christina.bazemile@dartmouth.edu">christina.bazemile@dartmouth.edu</a>	17;21/21	18;23/24	17;25/26	20;22/23	14;26/27	27;27/27	10;21/22	2
<a href="mailto:emma@dartmouth.edu">emma@dartmouth.edu</a>	45;21/21	68;23/24	30;25/26	60;22/23	53;26/27	116;27/27	35;21/22	6
<a href="mailto:isida.byni@dartmouth.edu">isida.byni@dartmouth.edu</a>	60;21/21	57;24/24	46;26/26	54;23/23	79;27/27	30;27/27	44;22/22	1
<a href="mailto:kibala@dartmouth.edu">kibala@dartmouth.edu</a>	105;21/21	7;23/24	6;25/26	10;22/23	5;26/27	154;27/27	5;21/22	3
<a href="mailto:sona.h@dartmouth.edu">sona.h@dartmouth.edu</a>	102;21/21	69;24/24	17;26/26	0;0/23		42;27/27		2
<a href="mailto:harjotman@dartmouth.edu">harjotman@dartmouth.edu</a>	52;21/21	112;23/24	37;26/26	43;22/23	91;26/27	88;27/27	72;21/22	1

## Sessions:

case_name	sum-time (min)	start_date last_opened	finished (1 0)	cards	reset?
(FMCASES 01) 1. 45-year-old female annual exam - Mrs. Payne	41	2009-08-17 20:56:57.0 2009-09-30 12:52:01.0	1	21	×
(FMCASES 02) 2. 55-year-old male for annual exam - Mr. Reynolds	54	2009-08-21 15:23:24.0 2009-09-30 12:56:31.0	1	23	×
(FMCASES 03) 3. 65-year-old female with insomnia - Mrs. Gomez	26	2009-09-09 12:58:35.0 2009-09-30 12:58:20.0	1	25	×
(FMCASES 04) 4. 17-year-old female with sports injury - Christina Martinez	39	2009-09-16 04:31:51.0 2009-09-30 13:01:50.0	1	22	×
(FMCASES 06) 6. 57-year-old female presents for follow-up visit for diabetes - Ms. Sanchez	83	2009-08-23 22:44:32.0 2009-09-30 13:02:04.0	1	27	×
(FMCASES 08) 8. 54-year-old male with elevated blood pressure- Mr. Martin	91	2009-08-23 22:45:14.0 2009-09-30 13:03:55.0	1	30	×
(FMCASES 09) 9. 50-year-old female with palpitations - Ms. Yang	80	2009-09-05 13:50:19.0 2009-09-30 13:08:50.0	1	26	×
(FMCASES 10) 10. 45-year-old male with low back pain - Mr. Payne	101	2009-09-07 12:43:51.0 2009-09-07 14:25:08.0	1	29	×
(FMCASES 11) 11. 74-year-old female with knee pain - Ms. Roman	70	2009-09-10 02:24:13.0 2009-09-30	1	26	×



# FmCases Usage

- Nationally the average time spent on one case is 35 minutes
- Our students spent on average spent 51 minutes on one case, this includes subsequent reviews as well.
- 80% students completed all recommended cases (36/44).
- 93% students completed at least 75% cases (41/44).



# Assignment Tracker



**Family Medicine Clerkship Grades:  
Summary Report for SpB12**

Date of Report: 7/30/2012

Name	Site	Last Modified	Global Requirements	Assignment Tracker	E-mail Student	Edit Eval	Print Eval	Exam	Eval Status	Eval Received	Grade Assigned	Date Sent to Dean's Office	Crs Eval Received	Grade Published	Views History
ao /ang	Anchorage	2012-06-15 13:37:30		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
achel lement	Billings	2012-06-15 15:11:35		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
orkamari andolin	Boise	2012-06-14 11:40:34		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
lary lice opez	Boise	2012-06-17 17:35:51		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
achel ool	Bremerton	2012-06-14 21:22:53		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
acob mith	Country Doctor	2012-06-19 12:26:58		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
inda hen	Group Health	2012-06-15 23:01:28		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
bby elly	Havre	2012-06-14 17:00:23		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
elly reder	Madigan	2012-06-15 14:01:38		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
anielle ibbard	Olympia	2012-06-16 17:06:25		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)
ancy anko	Petersburg	2012-06-15 10:06:56		<a href="#">view</a>	<a href="#">email</a>	<a href="#">edit</a>	<a href="#">print</a>		no data	yet					(0)

## Summary Information

Rotation Information		Clerkship Tasks Overview	
Logged In:	mkeen	<a href="#">Family Medicine Key Components:</a>	<b>complete</b>
First Name:	Misbah	<a href="#">Objective 1: Clinical Knowledge</a>	<b>Incomplete</b>
Last Name:	Keen	<a href="#">Objective 2: Effective Patient Centered Care</a>	<b>complete</b>
Site:	TESTSITE	<a href="#">Objective 3: ARTE of Family Medicine: Asking questions about the Process and Context of Care</a>	<b>complete</b>
Last Update:	2012-07-30 21:52:30	<a href="#">Objective 4: Professionalism</a>	<b>complete</b>
Final Grade:	<a href="#">E*Value</a>	<a href="#">Clerkship Environment:</a>	<b>incomplete</b>

## Family Medicine Key Components

Complete Date Recorded

### Biopsychosocial Aspects of Care:

1 In your patient presentations, did you demonstrate an awareness of relevant biological, social, familial, environmental, psychological, cultural and genetic factors? ✓ 7/30/2012

### Comprehensive Care:

2 Did you complete the first [33 FmCases](#), [5 CLIPP](#) and [2 SIMPLE cases](#) (this is an optional assignment however the end of rotation exam is based exclusively on the information provided in these learning modules)? ✓ 7/30/2012

3 Did you take the practice exam by week two of the clerkship? ✓ 7/30/2012

### Continuity of Care:

Number of patients seen in follow-up (patients you saw for a second or more visits):

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total
4	<input type="text" value="1"/>	<input type="text" value="3"/>	<input type="text" value="10"/>	<input type="text" value="5"/>	<input type="text" value="8"/>	<input type="text" value="6"/>	<input type="text" value="33"/>





**Health Maintenance - Child**

- 53 Growth and Development Assessment - *FmCases 23, CLIPP 1, 2, 3*
- 54 Newborn Screening - *CLIPP 1*
- 55 Lead Exposure Assessment - *CLIPP 3*
- 56 Nutrition including Breast Feeding- *FmCases 21, CLIPP 1, 2, 3*
- 57 Other Childhood Screening - *CLIPP 2, 3*
- 58 Childhood Immunizations - *FmCases 23*
- 59 Sexual Activity Screening - *FmCases 12*
- 60 Exercise Counseling - *FmCases 21*
- 61 Tuberculosis Screening - *CLIPP 3*

*\*You are required to see at least seven of the nine items on the above list. If you are unable to see at least seven conditions, you are required to complete the relevant [FM / CLIPP Cases](#).*

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**Pregnancy, Labor and Delivery**

- 62 Prenatal Care - *FmCases 14*  7/30/2012
- 63 First Trimester Bleeding - *FmCases 12*
- 64 Gestational Diabetes - *FmCases 14*  7/30/2012

## Objective 2: Effective Patient Centered Care

Complete

Date Recorded

### Patient Centered Care Curriculum:

Read (2) articles:

68	Week 1	<ul style="list-style-type: none"><li>• <a href="#">Relationship, Communication and Efficiency: Creating a clinical model from a literature review</a></li><li>• <a href="#">Motivational Interviewing in Health Care Settings: Opportunities and Limitations</a></li></ul>	✓	7/30/2012
70		Complete <a href="#">Improving Communication Assessment Training</a>	✓	7/30/2012
71		Observe your preceptor interviewing a patient using the Patient Centered Observation <a href="#">Form</a>	✓	7/30/2012
72	Week 2	View the video <a href="#">Patient Centered Care and Using the EHR</a> using the Patient Centered Observation <a href="#">Form</a> and compare the OK and Better sections of the video encounter	✓	7/30/2012
73		Read <a href="#">EHR in the Exam Room: Tips on Patient-Centered Care</a>	✓	7/30/2012
74		Ask faculty to rate your Patient Centered Interviewing Skills using the Patient Centered Observation <a href="#">Form</a> and ask faculty for feedback	✓	7/30/2012
75	Week 3	Review your progress with the patient-centered interviewing skills with your preceptor during the mid-clerkship review. Identify those skills that you feel most confident and less confident with and develop a learning plan with your primary preceptor for the remaining three weeks.	✓	7/30/2012
76	Week 4	Ask faculty to rate your Patient Centered Interviewing Skills using the Patient Centered Observation <a href="#">Form</a> and ask faculty for feedback	✓	7/30/2012



# Mid and End of Clerkship Feedback

- Students meet with site directors in weeks 3 and 6 to review:
  - ✓ Grade anchors and grading criteria
  - ✓ Specific feedback on strengths and areas for improvement
  - ✓ Curricular progress in:
    - ARTE
    - PCC
    - FmCases
    - Professionalism







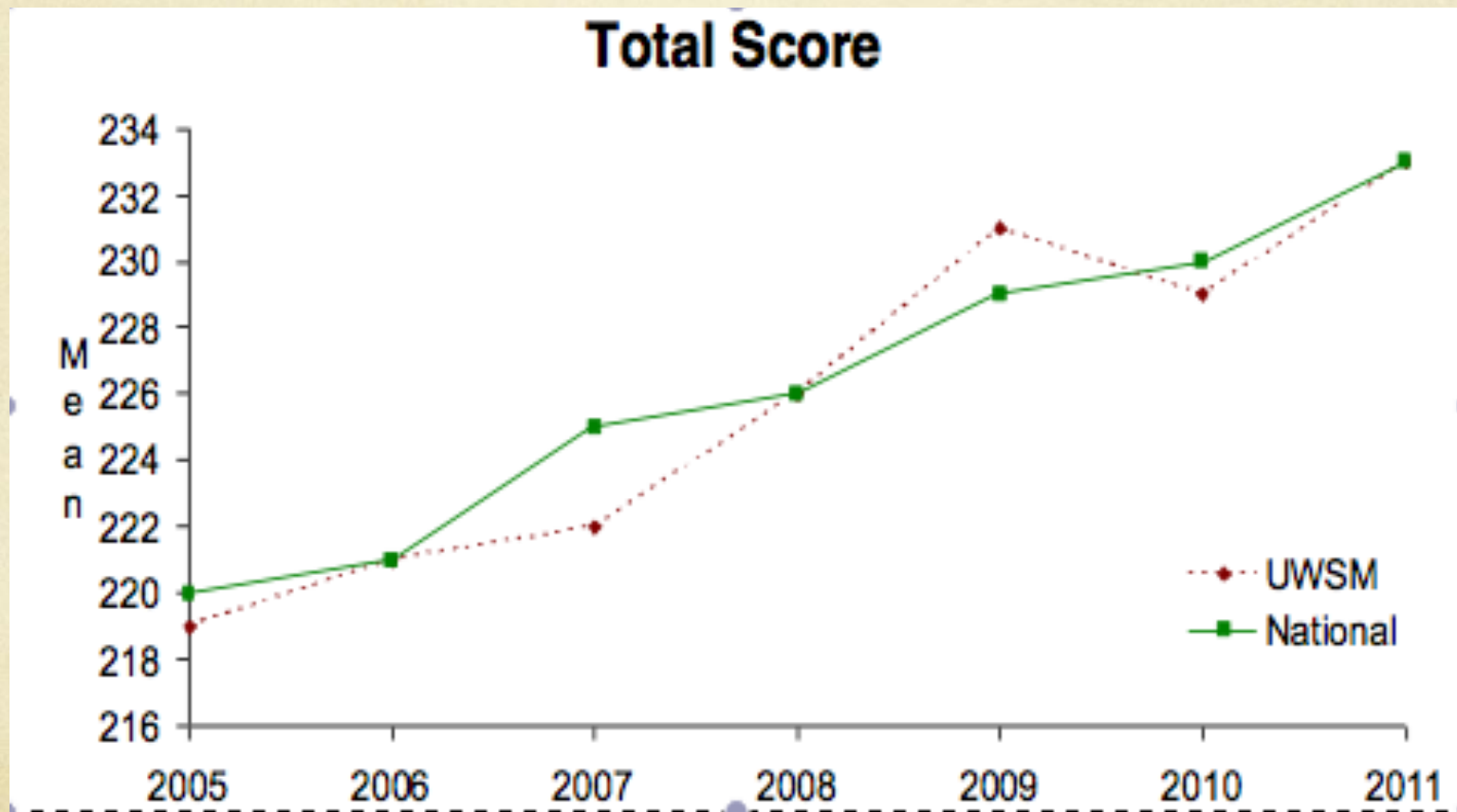
## Clinical reasoning and test skills Webinar



# Why focus on test taking skills

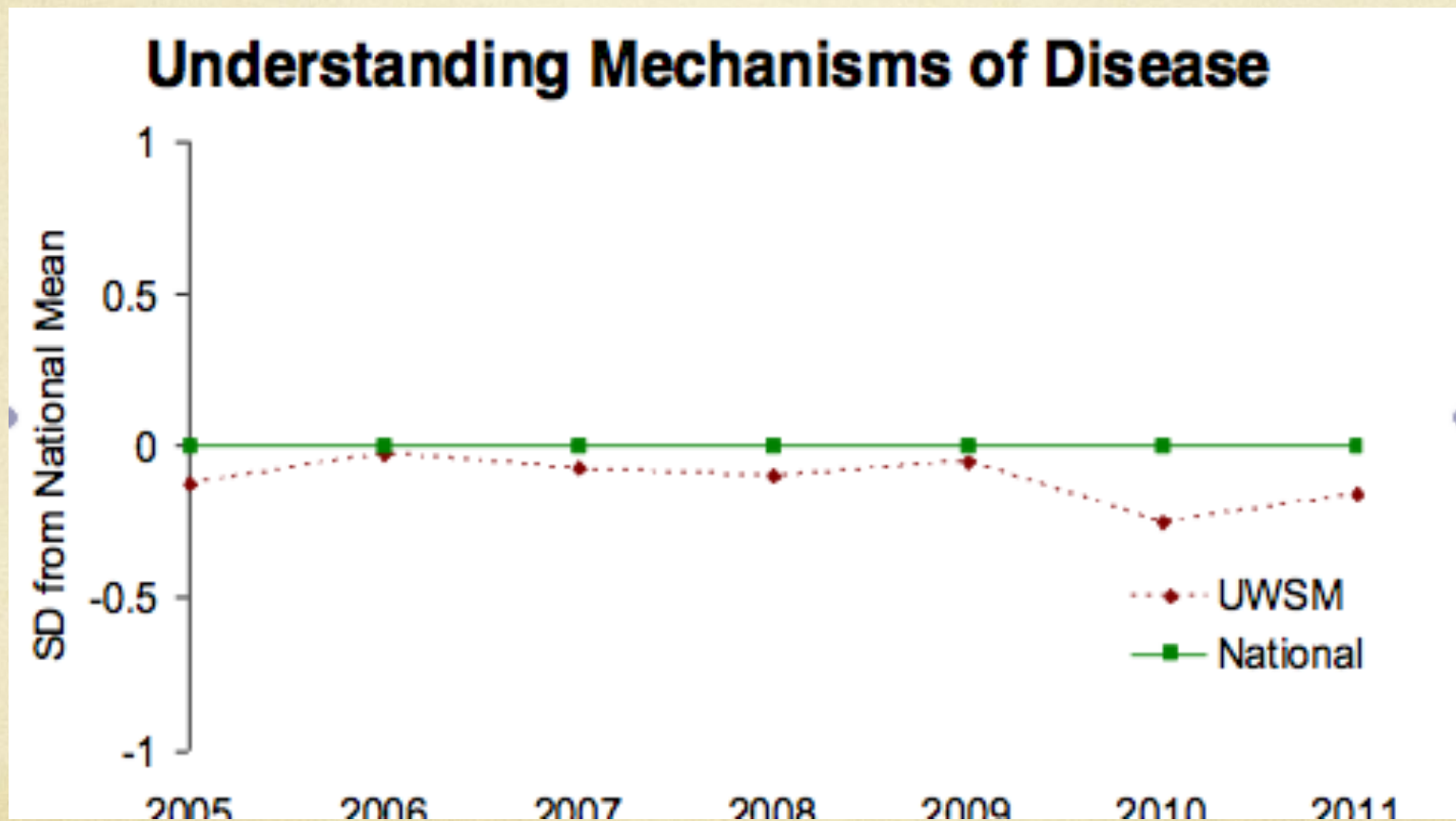
- Ability to analyze and interpret information are critical physician skills
- All physicians will take multiple tests during their career (USMLE's. ITE's. Specialty Boards. MOC's)
- USMLE scores play an important role in resident selection
- Largest single increase in USMLE -2 passing score (now 196)
- UWSOM students score at or below national average on USMLE and based on last years scores there would have been a 6 % fail rate if the new passing score was in place

# USMLE Step-2 CK performance of UWSOM Students

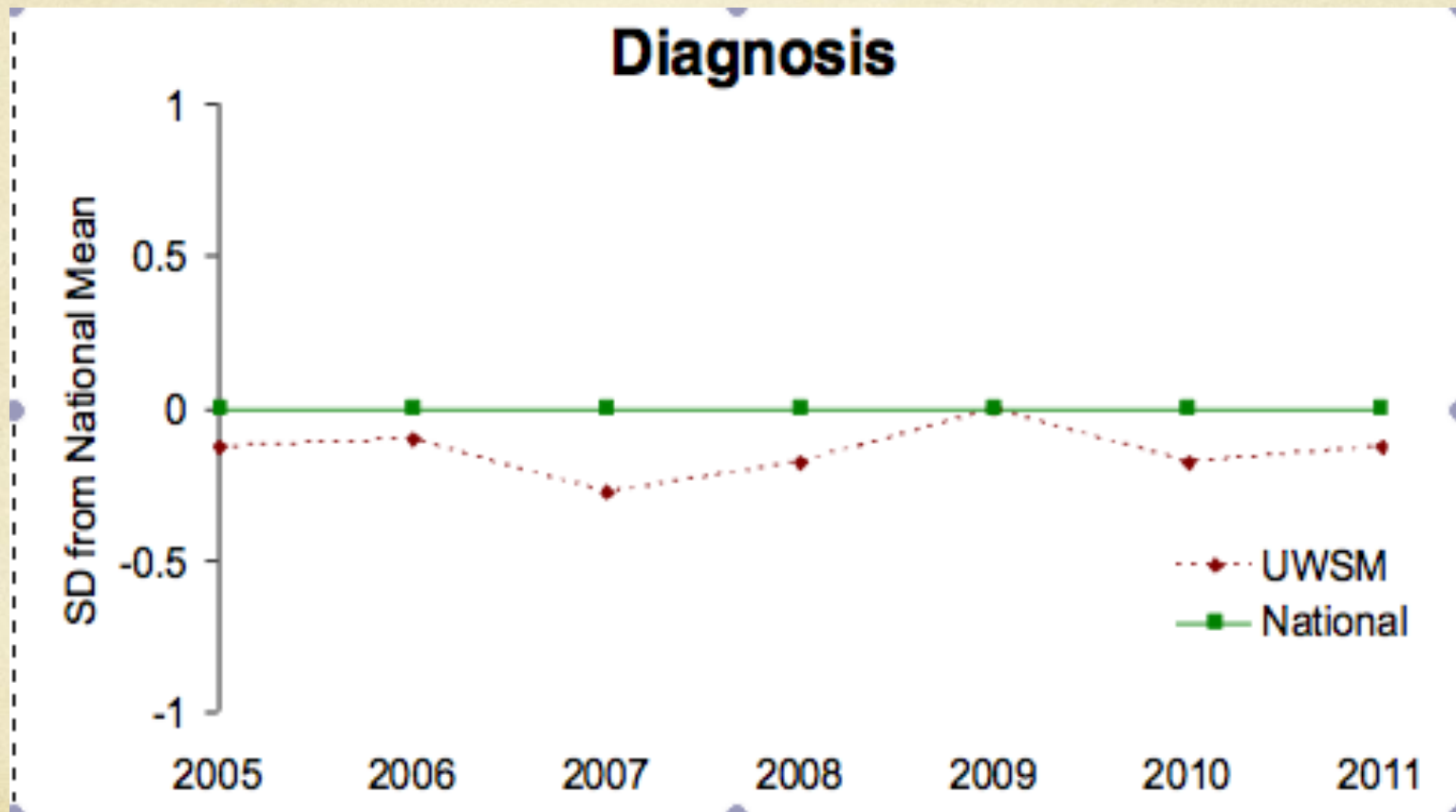




# USMLE Step-2 CK performance of UWSOM Students

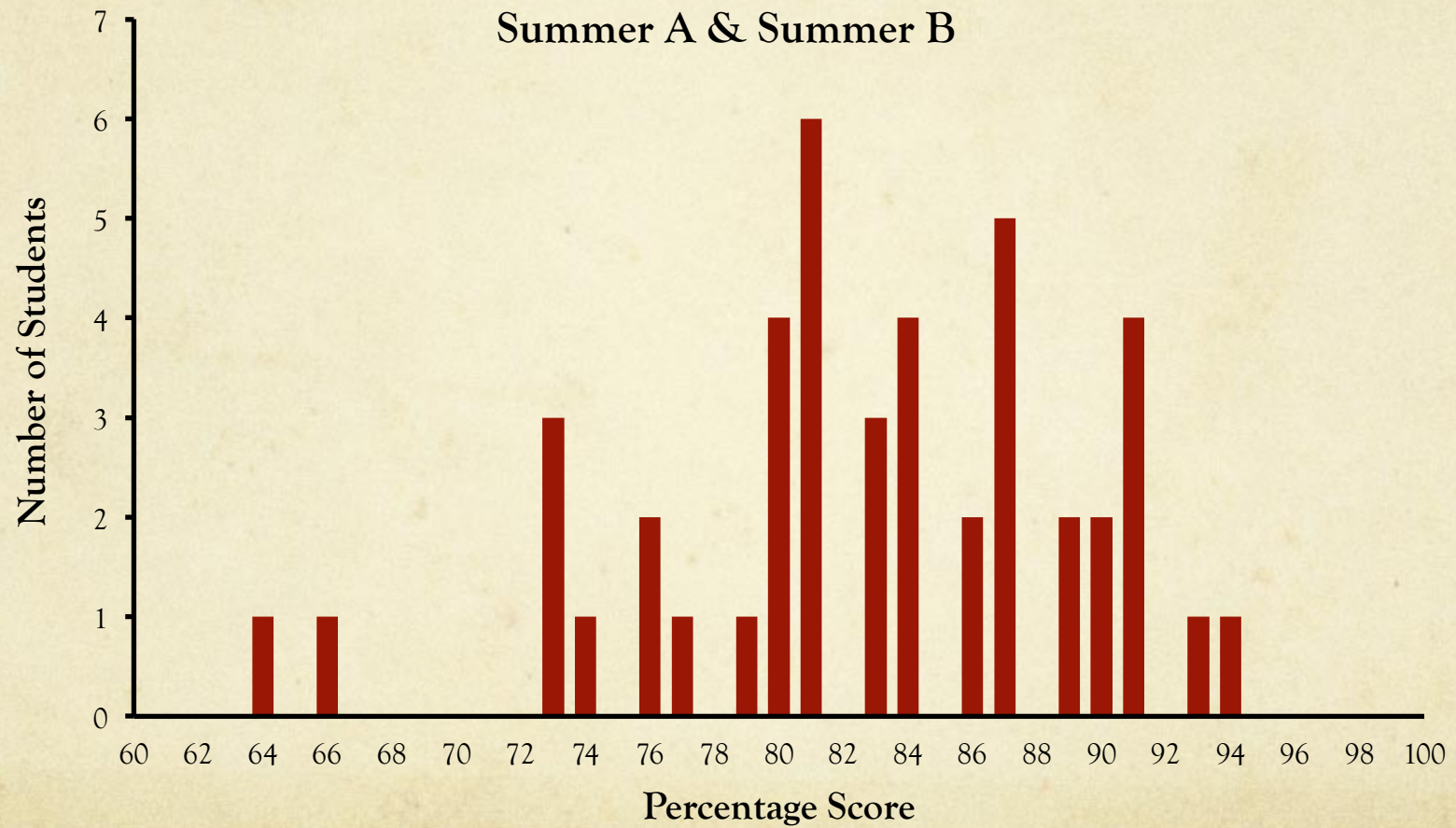


# USMLE Step-2 CK performance of UWSOM Students





# Student Performance



# Webinar Format

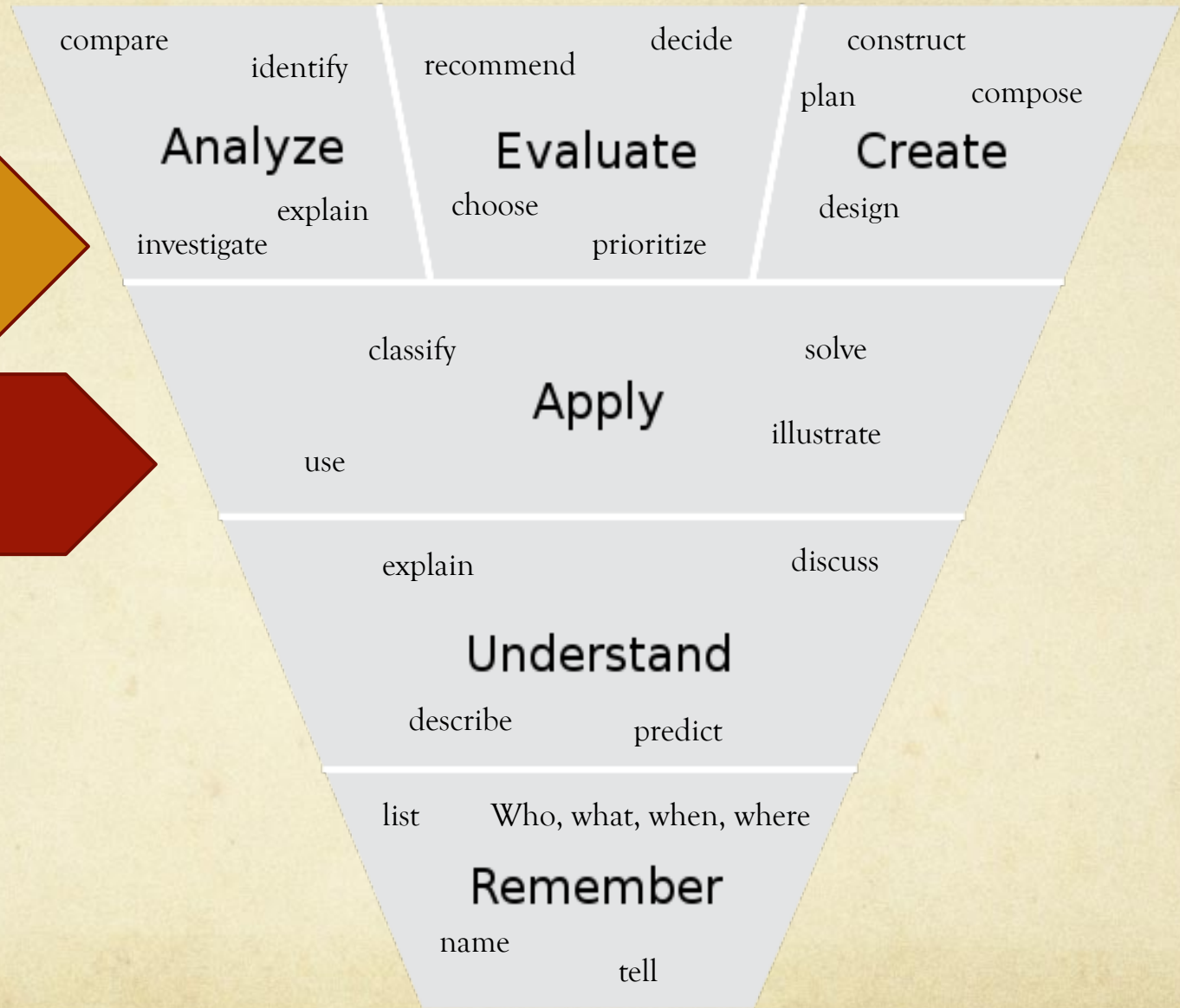
- Students first take the 14 question 25 minute practice test.
- We then go over each of the 14 questions.
- We ask students to discuss their responses, identify the correct response and discuss the bio-medical rationale as well as the test taking skills relevant to the question.
- There is a brief survey at the end of the Webinar as well as time for any further questions
- Jamie Cheek PhD (UWSOM Learning Specialist) also attends this Webinar



3<sup>rd</sup> Order & Higher

2<sup>nd</sup> Order

1<sup>st</sup> Order



# Audience Response System

- Go to [www.rwpoll.com](http://www.rwpoll.com) or use the smart phone app
- Session ID: UWFMC
- You can leave your “name” and “user data” fields blank





# Clerkship Final Exam

Need for Quality Assessment	National Board of Medical Examiners (NBME) Family Subject Examination	Institution-Specific Exam	fmCASES Exam
Content	Not reflective of the learning expected during a clerkship	Variable	1-3 items from each of 40 fmCASES; even sampling across Family Medicine Clerkship Curriculum
Reports	Not specific enough to guide clerkship directors in advising individual students or in improving the curriculum	Variable	Performance on items associated with each case allows specific feedback to individual students and guidance for curriculum reform
Exposure	Widespread	Not enough data to analyze item performance	Widespread national use of items (53 schools). Ample data for statistical analysis.
National Benchmark	Yes	No	Yes



# Item Creation: Spring 2010

- Ten STFM leaders
  - Trained to write multiple-choice questions (MCQs)
  - Individually created MCQs based on core content from assigned fmCASES
  - Convened and extensively reviewed all 328 items

- Content validity

- Established via independent scrutiny
- ~~○ Confirmed via student feedback (870 responses)~~

1

2

3

4

5

Accurately reflected  
the content of  
fmCASES virtual  
patients

Accurately assessed my  
learning from  
fmCASES virtual  
patients

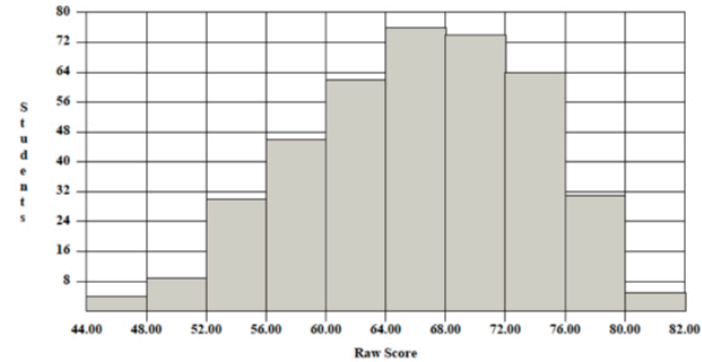
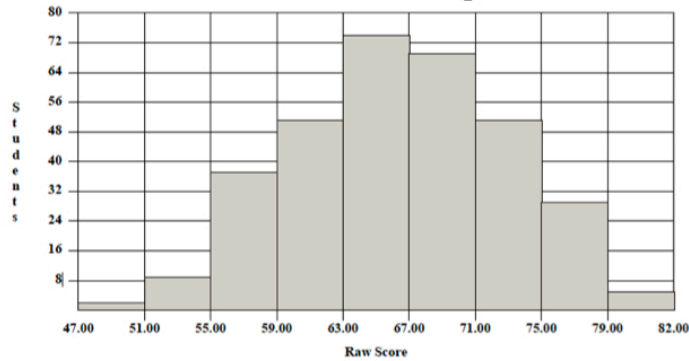
# Exam Creation: Spring 2011

- Items that met criteria used to create two exam versions containing:
  - 100 items: 90 graded and 10 ungraded
  - 1-3 items from each of 40 CASES
    - Even sampling across Family Medicine Clerkship Curriculum
    - Each version of the exam samples from the same content domain
  - Physician task distribution:

	Exam A (%)	Exam B (%)
Diagnosis	24	22
Mechanism	9	9
Management/ Therapeutics	31	31
Health Maintenance	17	19



# 2011/12 Exam Statistics



Exam A		Exam B
327	Administrations	401
82 (91.11%)	Highest Score	82 (91.11%)
47 (52.22%)	Lowest Score	44 (48.89%)
66 (73.33%)	Median	66 (73.33%)
65.82 (73.13%)	Mean	65.71 (73.01%)
6.53	Standard Deviation	7.61
0.66	Test Reliability	0.74
3.84	Standard Error	3.87

Data from 10 US Medical Schools

# Final Exam Scoring

- *\*Beginning in the 2012-13 school year, student final exam scores will count as one of the twelve scoring categories.*
- *The final exam scores will be interpreted as follows*
  - *5 (80 percent and above)*
  - *4 (74 percent and above)*
  - *3 (Depends on the question set used, is between 58 and 62 percent and above)*
  - *2 (Students scoring less than the cutoff for 3)*





## FAMED Clerkship Final Exam

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Dear Family Medicine Students:

1. You will be given 2.5 hours to complete 90 questions.
2. The exam is based exclusively on the 33 FMCases and 7 SIMPLE and CLIPP cases delineated in the Assignment Tracker.
3. The exam is closed book. Students may not use materials or ask anyone for help answering the questions during the exam.
4. The exam is based on an honor system. The honor system is considered violated when information which results in (or could result in) an unfair advantage for one or more students is given or received before, during or after a test. Student that violate the honor system are subject to failing the exam and/or clerkship.
5. You will be permitted to submit your exam only once. All submissions are considered final.
6. You will receive immediate feedback on your score and how you scored in the following categories:
  - Diagnosis/Evaluation
  - Mechanisms of Diseases
  - Management/Therapeutics
  - Health Maintenance
7. Your final exam score will count as one of the twelve scoring categories on the final evaluation. The Seattle Clerkship Office will assign this score after the rotation has been completed. See grading criteria on our website for scoring cut offs.

If you have any technical issues during the exam please contact our clerkship office immediately:  
206.543.9425



## FAMED Clerkship Final Exam

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### Assessment Feedback

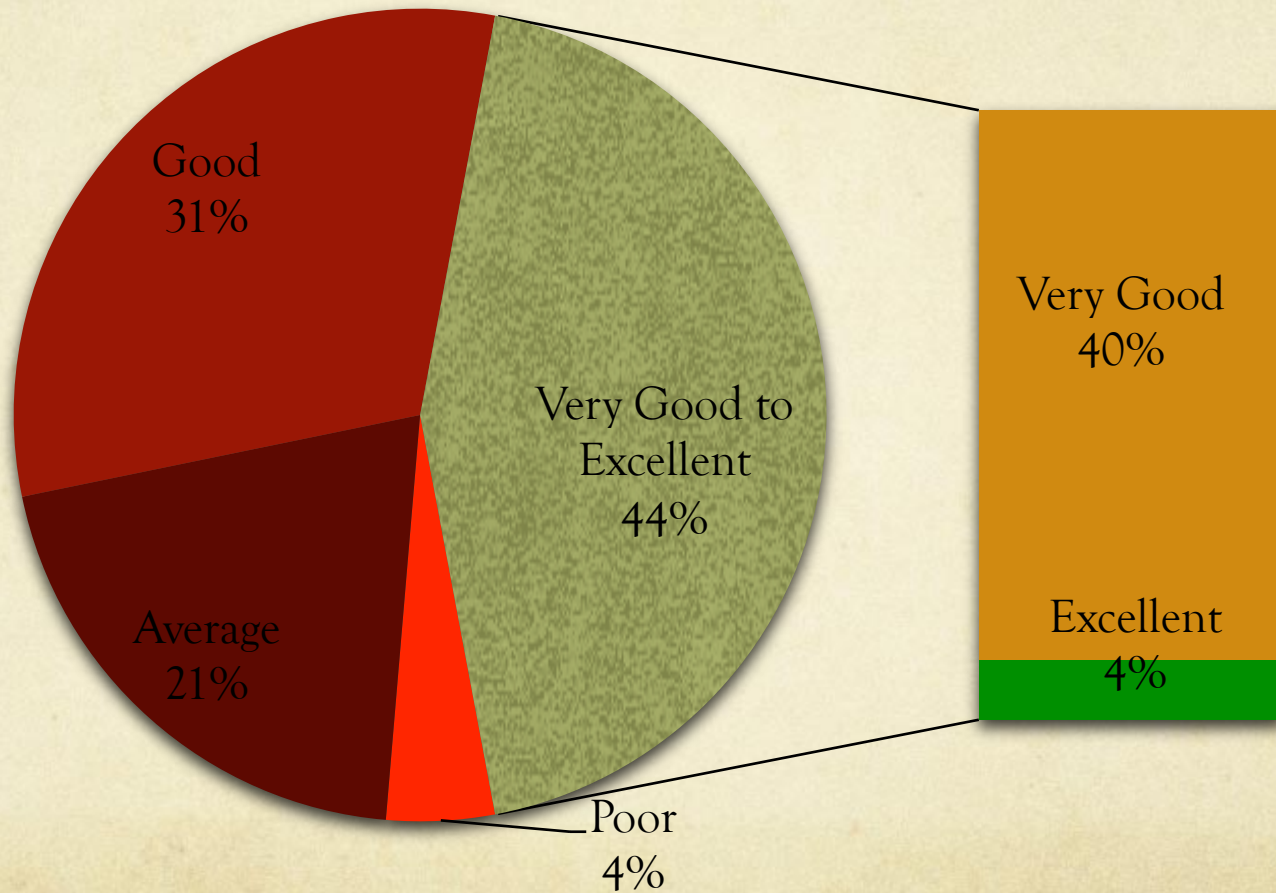
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Congratulations on completing your final exam!

Topic	Score	Outcome
FamMed	6%	
FamMed\Diagnosis & Evaluation	9%	
FamMed\Health Maintenance	5%	
FamMed\Management & Therapeutics	3%	
FamMed\Mechanisms of Disease	0%	
<b>Assessment result</b>	<b>6%</b>	



How well did the exam test what you learnt from FmCases and / or during clerkship?(93 Responses)



# Sample comment from MSE representative

- I must say, I greatly respect your team's responsiveness to national guidelines and changes and the time and energy you are investing to prepare students well for these changes.





# Faculty and Site Development





## End of Quarter Meetings



## Medical Student Education

### ▽ Advising

### ▽ Programs

### ▽ Courses

### ▽ Family Medicine Clerkship

[FM Clerkship home](#)

[Info for Faculty](#)

[Info for Students](#)

[Professionalism Awards](#)

[Site Information](#)

### Resources

### SoM Colleges

### Visiting Students

### Contact

Home » Medical Student Education » Courses » Family Medicine Clerkship » Info for Faculty

## Info for Faculty

Below is faculty information on clerkship orientation, curricula, teaching best practices, feedback, and evaluation.

### 2012-2013 End of Quarter Meeting Dates

October 5, 2012

March 29, 2013

June 7-8, 2013

October 4, 2013

### ADMINISTRATIVE TOOLS and RESOURCES

[Clerkship Dashboard](#) View student curriculum, rotation schedules, track assignments and find student emails

### EVALUATION TOOLS AND RESOURCES

[Patient Centered Observation \(PCOF\) form](#)

[E\\*Value for Grade Submission](#)

[Evaluation Process Overview](#)

[Feedback and Evaluation Form \(Grade Anchors\)](#)

[Grading Criteria](#)

[Daily Feedback Card #1](#)

[Daily Feedback Card #2](#)

### TEACHING TOOLS and RESOURCES

[FmCases](#), [SIMPLE](#) and [CLIPP Module Reference List](#)

[Sample Orientation](#) | [Orientation Checklist](#)

[Teaching in a Busy Clinic](#)

[Innovative Methods for Teaching and Time Management](#)

[5 Microskills for Teaching](#)

[Resident Teaching Guide](#)

[Resident Teaching Assessment](#)

[Mistreatment Sheet](#)

# Professionalism Awards

- Student Professionalism Award
  - 2009-10 14 nominations
  - 2010-11 17 nominations
- New Faculty and Staff Professionalism Award



*2010-11 Student  
Professionalism nominees  
recognized at  
Faculty EOQ meeting*



**UW Medicine**  
SCHOOL OF MEDICINE

**OUTSTANDING PROFESSIONALISM AWARD**

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*The Family Medicine Clerkship Team*

wishes to recognize the winner of the Family Medicine Clerkship  
Faculty and Staff Professionalism award.

**Jane Doe**

for her outstanding professional conduct and standards demonstrated  
during the 2011-12 school year.

*Presented September 30, 2012*

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Misbah Keen, MD, MBI, MPH  
Clerkship Director  
Dept. of Family Medicine

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Jeanne Cawse-Lucas, MD  
Associate Clerkship Director  
Dept. of Family Medicine

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Toby Keys, MA, MPH  
Clerkship Coordinator  
Dept. of Family Medicine



# Clerkship Site Visits





Observing student faculty interaction

# Challenges

- Expanding class size
- Finding and keeping sites
- Keeping faculty updated and knowledgeable of curriculum
- Standardizing curriculum across sites
- Maintaining sufficient staffing in Clerkship Office



# Successes

- Highly rated by students
- No failures
- Greater efficiency through technical innovations
- Successful quarterly meetings

# Student Evaluation of FM Clerkship 2011-12 Common Item (1 to 6 Scale)

- Clerkship as a whole 5.4 (5.1) Average in brackets
- Clerkship contribution to education 5.5 (5.2)
- Percent receiving mid rotation feedback 100% (93)
- Formal teaching 4.6 (4.9)



# Audience Response System

- Go to [www.rwpoll.com](http://www.rwpoll.com) or use the smart phone app
- Session ID: UWFMC
- You can leave your “name” and “user data” fields blank

# Questions?



Glacier National Park  
Glacier, MT



# Family Medicine Grand Rounds

<http://depts.washington.edu/fammed/grand-rounds>