



# FAMILY MEDICINE CLERKSHIP

## EOQ HIGHLIGHTS Newsletter

October 19th, 2018

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**RSVP for the WINTER EOQ: Friday and Saturday, March 8-9<sup>th</sup>**

[Click here to RSVP for the event](#)

**SAVE-THE-DATE: 2019-2020 End of Quarter Meetings**

**SPRING June 7, 2019**  
**AUTUMN October 18, 2019**  
**WINTER March 6-7, 2020**



## Top Five Take-Away Points from the October EOQ

- 1) **New Grading Criteria:** We are hoping to pilot new grading criteria that align more closely with the clerkship objectives. Some sites will pilot draft criteria this winter.
- 2) **Student Panel:** Students highlighted the need for consistent, constructive feedback from all teachers. Thanks for your work in helping your colleagues learn to offer regular, timely feedback to our learners!
- 3) **Medical Student Notes:** Medical student documentation is now admissible by Medicare as long as the attending physician verifies the history and performs the physical exam and medical decision making.
- 4) **Clinical Topic Auscultation and Research Study:** The Primary Care Innovations lab is conducting a study on the usability of a handheld device that provides a phonocardiogram.
- 5) **Final Exam:** We likely will be changing from the “FMCases” exam, administered by Aquifer, to the NBME Family Medicine Shelf Exam for the cohort that starts in March 2019.



## Clerkship Updates

**Final Exam:** We will switch from the FMCases based exam, administered by Aquifer, to the National Board of Medical Examiners Shelf Exam (NBME) starting in the 2018-19 school year. The NBME exam is more aligned to the USMLE Step 2 subject exam. With Aquifer, students complained frequently about the glitchy platform and quality of the FMCases. With NBME, students will take the exam at a central location in each state and will be reimbursed for travel and lodging.

**Confidential Comments:** We are pleased to report that we had very few “low scores” or “confidential comments” regarding students’ perceptions of disrespectful treatment by faculty and staff. If you or one of your site faculty were named in a confidential comment, we have either already alerted you, or will let you know individually or through your regional dean. There were a couple of themes:

1. Treating patients or staff differently based on the basis of identity or financial status.
2. Failing to offer clear or actionable feedback on a regular basis, or not having a transparent process for evaluations.
3. Having a “blind spot” to colleagues/friends who behave disrespectfully toward the student.

Please do your best to create opportunities for students to let you know if they have observed disrespectful behavior in your learning environment.

## A Day in the Life

### Country Doctor Community Clinic

**Sonja Olson, MD**

**Country Doctor Community Clinic**

Dr. Olson gave an overview and history of the Country Doctor Community Clinic, located in the Capitol Hill neighborhood of Seattle. Country Doctor was opened by volunteer community activists with a mission of treating anyone needing care in the community. This foundation translates to the clinic practice today, where students regularly interact with a diverse array of patients, including a weekly community outreach lunch with individuals experiencing homelessness in the neighborhood. The clinic recently expanded and now includes a separate building for dental practices. Country Doctor is exclusively outpatient, with students participating in inpatient medicine services at Swedish First Hill Hospital.



### Coeur d'Alene, ID

**Nicole Castagno, MD**

**Coeur d'Alene Family Medicine Residency**

Second-year resident Dr. Castagno shared on the clerkship experience at the 331-bed, not-for-profit district hospital. Serving over 300,000 patients per year, the clinic employs 3,200 people and serves the 10 northern counties of Idaho. Over the course of the FM clerkship, students complete five hours of didactics per week and focus on rural-ready full scope practice. Five of the six weeks students spend at the clinic are on inpatient, working alongside preceptors and residents. Within the one week of outpatient rotation, students get a chance to experience newborn/OB medicine. Outside of clinic, students enjoy the area's fishing, hiking, and skiing.





## New Grading Criteria

**Jan Carline, PhD**



**Professor, Biomedical Informatics and Medical Education**

Jan Carline, PhD, presented on the newly formulated grading criteria he would like used for Family Medicine clerkship evaluations (found by following [this link](#)). As the new criteria switches from a five-point scale to a four-point scale, further discussion at the March EOQ will be required. Ideally, Dr. Carline would like these criteria implemented in April of 2019 as nothing can be changed mid-year. There was discussion of switching to a pass/fail grading measure, as other phases have done, but this provides little way to differentiate medical school performance for residency applications and would have to be a school-wide decision. At this time, Dr. Carline is looking for a site to grade students with both old and new forms during current rotations so there is some data to review at our March EOQ.



## Student Professionalism Awards

Fourteen students were nominated by their preceptors for the Student Professionalism Award, which is based on a particular interaction, a series of positive exchanges and/or positive feedback received about a student. Staff and faculty at the UW Seattle Clerkship office reviewed the nominations and submitted votes for their top candidates. The two students receiving the most votes earned the award and were presented with a certificate for their achievement. See below for a brief excerpt of the two students' nominations. Please [follow this link](#) for the nominations of all fourteen students.

Nominator's Name	Student Nominee's Name	Description from Nominator	Nominee Photo
Kristin Nierenberg, MD	Habtam Asmeche	While located in a refugee camp in Kenya Habtam was separated from her parents and siblings, Habtam was able to apply for scholarships to come to college in the US. She ultimately worked through college to help put herself through school and then after working for several years after college was accepted to medical school. Throughout medical school Habtam has been committed to going into family medicine / primary care to give back to patients from international communities and limited resources. Tam treats all those she works with with respect and grace. She has a huge amount of empathy for patients.	
Valerie Edwards, MD (presented by Irbert Vega, MD)	Patrick Bloecher	Patrick took a genuine interest in all people with whom he interacted. This degree of warmth, kindness, and sincerity is a variety of professionalism rarely seen, but highly valued in rural communities and ought to be commended.	



## Student Panel

Facilitated by Jeanne Cawse-Lucas, MD  
Family Medicine Clerkship Co-Director

Habtam Asmeche, MS4; Patrick Bloecher, MS4; Duncan Hussey, MS4; Monica Shin, MS4; Claire Simon, MS4; James Wykowski, MS4



Six students who were nominated for the Student Professionalism Award participated in our Student Panel, moderated by Dr. Cawse-Lucas. Among the topics discussed (see [the following link](#) for full questions/answers):

- **What could UW Family Medicine do better?**
  - More formal didactics – could be in the form of recorded lectures.
  - Switch to the NBME shelf exam – this offers better preparation for step 2.
  - Try to ensure some continuity with teaching physicians.
- **What can site directors do better?**
  - Welcome packets are nice... who is picking you up at the airport, phone numbers for important people, how to get into the housing, etc.
  - ½ days to explore the community, go to museums, explore important areas, etc.
  - Schedule is very clear and set, clinic providers and staff understand schedule and policies.
- **What can be done better or more “eloquently”?**
  - A more structured formal way of getting feedback from all providers.
  - Students, especially early in third year, are not always comfortable asking for feedback.
  - If there is a form to use with all providers, it should be used.
- **Do you think in an ideal world following a patient in continuity would be nice or staying in outpatient is fine (in an ideal world)?**
  - This is student dependent – depends on the time in the year, what rotations students have already completed, and student interests.
- **Is there anything your site did particularly well to prepare you for the challenges you faced during your FM rotation?**
  - Starting somewhere new is a challenge during all rotations; it is not unique to FM.
  - Clear expectations are a benefit during all rotations and having clear expectations from all preceptors is the best way to set students up for success.
  - Make sure all preceptors know the expectations/levels of the student coming based on where third year medical students are and the clerkship this student is on (first clerkship versus last clerkship).

## **Billing, Coding and Medical Student Notes**

**Jeanne Cawse-Lucas, MD**

Family Medicine Clerkship Co-Director

**Morhaf Al Achkar, MD**

Family Physician, UW Neighborhood Northgate Clinic

Dr. Cawse-Lucas presented a study that she and David Evans, MD, performed on medical code criteria and potential for improvement among Medical Residents. Notable findings included a statistically significant decrease in the number of high-level codes applied to established E&M visits, when compared to residency faculty and MGMA benchmarks. This difference was exacerbated in programs in which residents were required to staff all patients with attendings according to the Medicare Primary Care Exception rules, and resulted in an average of \$30,000 lost revenue per program per year.

Dr. Morhaf Al Achkar presented on his subsequent study that demonstrated that both gender and level of training impacted the number of high-level codes applied. Male faculty were most likely to bill high level codes, followed by female residents, female attendings, and male residents billed the fewest, with male faculty three times more likely to apply a high-level code to a visit than a male resident.

Drs. Cawse-Lucas and Al Achkar also reviewed some basic tips on the minimum history, physical exam, and medical decision making that contribute to a level 99214 visit.

The new CMS rules on medical student documentation permit the use of the entire medical student note as long as the attending physician verifies the history and performs the physical exam and medical decision making. Please see [the following link](#) for the UW Medicine guidelines for your review. We recommend that you review these guidelines and best practices with your institution to ensure that they are acceptable there as well.



## Clinical Topic Auscultation and Research Study

Daniel Cornish, MD  
UW Family Medicine R2  
Matthew J. Thompson,  
MBChB, MPH, DPhil

Dr. Dan Cornish presented on teaching the cardiac exam and the common characteristics of murmurs during a conventional stethoscope exam. Dr. Matthew J. Thompson introduced the work of the UW Department of Family Medicine's Primary Care Innovation Lab (PCI-Lab) to study clinical innovations in the primary care setting. He introduced their current study, which examines acceptability of a smartphone stethoscope, called the [Steth IO](#). By clipping onto the back of a smartphone, the Steth IO provides both audio and visual representation of heart sounds in real time. Dr. Thompson is currently recruiting volunteers to pilot the Steth IO in clinic. Anyone interested in the study may reach out to Dr. Thompson or Victoria Lyon at [mjt@uw.edu](mailto:mjt@uw.edu) or [vlyon@uw.edu](mailto:vlyon@uw.edu), respectively.



*Thank you all for your hard work & thank you for attending!*

For those who attended the March 2018 EOQ: it was approved for up to 8 hours of CME. Search under **UWSOM Family Medicine Faculty Development EOQ and PCP**. We have received CME credit for the June and October EOQs as a unit in the autumn.

Our next EOQ will be: **March 8<sup>th</sup>-9<sup>th</sup>, 2019**

[Click here to RSVP for the event](#)

We are very open to feedback for upcoming EOQs. If there is a particular topic you would like to see covered, please email: [fmclerk@uw.edu](mailto:fmclerk@uw.edu)