

FACULTY ORIENTATION TO CLERKSHIP GOALS AND OBJECTIVES



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OVERVIEW

1. Clerkship Goals and Objectives

The UWSOM requires this for everyone who teaches our students every year.

2. Clerkship Curriculum

Not required but helpful for educators to review

3. Teaching Tools

Not required but helpful

4. Medicare Student Documentation Update

Not required but helpful

FOUNDATIONAL KNOWLEDGE

- Clinical Phase now goes from end of March to March
- Students have all completed the Foundations phase, which includes:
 - Basic sciences
 - Foundations of Clinical Medicine curriculum
 - Primary Care Practicum (outpatient)
 - College Mornings (inpatient)
 - Ecology of Health and Medicine
 - Epidemiology and biostatistics

GOALS

Learn and apply key components of the Family Medicine approach to health care:

1. Biopsychosocial Aspects of Care
2. Comprehensive Care
3. Continuity of Care
4. Context of Care
5. Coordination and Integration of Care



Buffalo, WY

OBJECTIVES

1. Discuss the principles of care within the framework of family medicine, and the critical role of family physicians within any health care system.



Bozeman, MT

OBJECTIVES 2-4: CLINICAL KNOWLEDGE

2. Gather information, formulate differential diagnoses, propose initial diagnostic evaluation, and offer management plans for patients with common presentations within the framework of the family medicine.
3. Manage initial evaluation and follow-up visits with patients needing longitudinal care such as chronic disease and pregnancy, in a family medicine setting.
4. Collaboratively, with patient input, develop evidence-based health promotion/disease prevention plans for patients of any age or gender in a family medicine setting.



Central WA FMRP in Yakima

OBJECTIVES 5-6: PATIENT CENTERED COMMUNICATION & PROFESSIONALISM

5. Demonstrate use of patient centered communication skills during history taking, physical exam, use of electronic health records, and collaborative decisions making in an outpatient setting.
6. Demonstrate professionalism in the care of patients and families, and in interactions with the health care team and communities.



Bozeman, MT

CLERKSHIP CURRICULUM

- Website
- Tracker
- Required clinical encounters
- Patient Centered Observation Form
- Professionalism
- Optional Curricula
- SOAP-Q
- Evaluation Process

LEFT MENU: INFO FOR FACULTY

- NBME Testing Information
- Required Cases and Readings

REQUIRED ACTIVITIES

Week One

- ✓ Site Orientation
- ✓ Clerkship Orientation Webinar

Week Three

- ✓ Mid-Clerkship Review



Photo: Quinn Rivera MS1 | Cody, WY

REQUIRED ACTIVITIES

Week Six

- ✓ Final Exam
- ✓ End of Clerkship Review
- ✓ Friday is a travel day

End of Week Six

- ✓ Site and Faculty Evaluations
- ✓ Preceptors will receive evaluation requests around this time too

4-6 Times DURING the Rotation

- ✓ Use of the PCOF form as the mini-CEX



Pocatello, ID

ASSIGNMENT TRACKER

Students will:

- Track all curricular activities and timelines online
- Update Assignment Tracker WEEKLY
- Review tracker with preceptor at Mid Clerkship Review and at end of clerkship

Family Medicine Key Components

Assignment	Progress														
Biopsychosocial Aspects of Care	In your patient presentations, did you demonstrate an awareness of relevant biological, social, familial, environmental, psychological, cultural and genetic factors? <input type="checkbox"/>														
Comprehensive Care	Are you able to discuss the critical role family physicians play to meet all needs of patients across diverse settings and throughout the lifetime of the patient? <input type="checkbox"/>														
Continuity of Care Number of patients seen in follow-up (patients you saw for a second or more visits):	<table border="1"> <thead> <tr> <th>Week 1</th> <th>Week 2</th> <th>Week 3</th> <th>Week 4</th> <th>Week 5</th> <th>Week 6</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total							
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total									
Context of Care Did you develop patient treatment plans that were evidence-based, safe, and designed to produce high quality outcomes? Did you discuss the principles of care within the framework of family medicine?	<input type="checkbox"/>														
Coordination and Integration of Care Did you discuss the critical role of family physicians within any health care system. Did you demonstrate effective partnership with others as a member of the	<div>Did you refer or assist with referral of at least one patient to a community agency? <input type="checkbox"/></div> <div>Did you consult with another physician/non-physician specialist regarding one or more <input type="checkbox"/></div>														

Required Clinical Encounters

If students are unable to see any of the required clinical encounters, they may complete a reading. Links will be on our website.

On the tracker, there is a list of other common presentations that are NOT required but may guide students' reading and choice of clinical encounters

Students log clinical encounters in e-value every time they see them. Though they can log multiple encounters, **they only need to log them once.**

Diagnosis Name ▾	Count ▾
Asthma	34
Childhood ADHD	23
Childhood Immunizations	36
Chronic Obstructive Pulmonary Disease	39
Chronic Pain management	50
Depression	68
Diabetes Mellitus Type -2	54
Fever	32
Health Maintenance Adult 14 to 45 Female (Reproductive age)	43
Health Maintenance Adult 50 to 75 Female	56
Health Maintenance Adult 50 to 75 Male	58
Low Back Pain	62
Prenatal management	42
Substance Use / Dependence / Abuse	47

EFFECTIVE PATIENT CENTERED CARE (EPCC)

WEEKS 1&2

Learn EPCC concepts through

- Articles
- Videos
- Direct Observations

WEEKS 2-6

- Apply EPCC concepts into practice using the Patient Centered Observation Form
- Use form 4-6 times
- Link to form: www.pcof.us

While this serves as the mini-CEX (clinical examination) for the FM Clerkship, we do not require you to submit any forms

Patient Centered Observation Form - Clinician version			
Trainee name _____		Observer _____	Obsv'd 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 right side 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	
Establishes Rapport <input type="checkbox"/> Introduces self (before gazing at computer) <input type="checkbox"/> Warm greeting (before gazing at computer) <input type="checkbox"/> Acknowledges all in the room by name <input type="checkbox"/> Uses eye contact <input type="checkbox"/> Humor or non medical interaction	<input type="checkbox"/> 1a. Uses 0-2 elements	<input type="checkbox"/> 1b. Uses 3 elements	<input type="checkbox"/> 1c. Uses ≥ 4 elements
Notes:			
Maintains Relationship Throughout the Visit <input type="checkbox"/> Uses verbal or non-verbal empathy during discussions or during the exam <input type="checkbox"/> Uses continuer phrases ("um hmm") <input type="checkbox"/> Repeats (reflects) important verbal content <input type="checkbox"/> Demonstrates presence, curiosity, intent focus, not seeming "rushed" and acknowledges distractions	<input type="checkbox"/> 2a. Uses 0-1 elements	<input type="checkbox"/> 2b. Uses 2 elements	<input type="checkbox"/> 2c. Uses 3 or more elements
Notes:			
Collaborative upfront agenda setting <input type="checkbox"/> Acknowledges agenda items from other team member (eg MIA) or from EMR. <input type="checkbox"/> Additional elicitation- "something else?" * X _____ <i>* each elicitation counts as a new element</i> <input type="checkbox"/> Asks or confirms what is most important to patient.	<input type="checkbox"/> 3a. Uses 0-1 elements	<input type="checkbox"/> 3b. Uses 2 elements	<input type="checkbox"/> 3c. Uses ≥ 3 elements
Note patient concerns here:			
Maintains Efficiency using transparent (out loud) thinking and respectful interruption: <input type="checkbox"/> Talks about visit time use / visit organization <input type="checkbox"/> Negotiates priorities (includes provider agenda items) <input type="checkbox"/> Talks about problem solving strategies <input type="checkbox"/> Respectful interruption/redirection using EEE: Excuse your self, Empathize/validate issue being interrupted, Explain the reason for interruption (eg, for Topic tracking)	<input type="checkbox"/> 4a. Uses 0 elements	<input type="checkbox"/> 4b. Uses 1 element	<input type="checkbox"/> 4c. Uses 2 or more elements
Notes:			
Gathering Information <input type="checkbox"/> Uses open-ended question X____ <input type="checkbox"/> Uses reflecting statement X____ <input type="checkbox"/> Uses summary/clarifying statement X____ Count each time the skill is used as one element.	<input type="checkbox"/> 5a. Uses 0-1 elements	<input type="checkbox"/> 5b. Uses 2 elements	<input type="checkbox"/> 5c. Uses 3 or more elements
Notes:			
Assessing Patient or Family Perspective on Health <input type="checkbox"/> Acknowledges patient verbal or non-verbal cues. <input type="checkbox"/> Explores patient beliefs (explanatory model) or feelings <input type="checkbox"/> Explores contextual influences: family, cultural, spiritual. Number of patient verbal / non-verbal cues _____	<input type="checkbox"/> 6a. Uses 0 elements	<input type="checkbox"/> 6b. Uses 1 element	<input type="checkbox"/> 6c. Uses 2 or more elements
Notes:			

PROFESSIONALISM

- Review:
 - Professional expectations of the clerkship
 - Professionalism section of Feedback & Evaluation form
- Discuss professional performance at Mid & End of Clerkship Review - REQUIRED
- Professionalism Award Nominations:
 - Student Award
 - Staff and Faculty Award



2016-17 Student Award for Professionalism: Recipient, Nick Swenson with Dr. Sonja Olson, Country Doctor

PROFESSIONAL LEARNING ENVIRONMENT

Teacher-Learner Relationships: *Both have rights and responsibilities*

1. Responsibilities of Teachers:

- Treat learners fairly, respectfully, and without bias related to their age, race, gender, sexual orientation, disability, religion, or national origin.
- Give learners timely, constructive, and accurate feedback.



PROFESSIONAL LEARNING ENVIRONMENT

2. Responsibilities of Learners:

- Be courteous and respectful of others.
- Put patients' welfare ahead of educational needs.
- Know limitations and ask for help when needed.
- Maintain patient confidentiality.
- View feedback as an opportunity to improve knowledge and performance skills.



2016-17 Student Professionalism Award being presented to Angela Primbas by Dr. Jeanne Cawse-Lucas

PROFESSIONAL LEARNING ENVIRONMENT

- The UWSOM takes faculty and student professionalism very seriously
- The school considers all reports of mistreatment, and investigates as appropriate.
- Faculty with an ongoing and substantiated record of mistreating students will be removed from duties

CONCERNS ABOUT STUDENTS

- If you are concerned about a student's performance, even early in the clerkship, feel free to reach out to the clerkship team
- We can offer you resources and/or connect you with the student's college mentor

Omak, WA



WORK HOURS

- Please check the [UWSOM MD Program Handbook](#) for work hours policy.

Work Hours for Required and Elective Clerkships

The school's clerkship committees have created the following guidelines for students on all clerkships:

- No more than 80 hours of awake time in the hospital per week.
- Students should have at least one full day off per week, averaged over a month.
- Students must always check out with the team before leaving for the day.

For clerkships with call, the additional guidelines apply:

- Post-call, if the student did not sleep, s/he should go home at the same time as the intern or resident, within 30 hours of starting the prior day.
- Post-call, if the student slept at least 5 hours, s/he should stay through the working day.

Hours will not be specifically logged unless the student feels it is necessary because of a potential violation. If the student is working close to the 80-hour limit, s/he should document his/her hours for the week in

Optional Curriculum

- Suffering in Medicine
- UW Medicine WISH Online Learning modules (Suturing Curriculum)
- Articulating and Reflecting on Tacit Expertise

SOAP-Q


- Students have been introduced to the SOAP-Q format in EHM
- This is a way to include quality observations and interventions into their daily work
 - **S**ubjective
 - **O**bjective
 - **A**ssessment
 - **P**lan
 - **Q**uality
- Students have been introduced to this framework
- Students will check in with their site director to see if they would like to use the SOAP-Q format.

EVALUATION PROCESS

Site Director collects feedback from preceptors about student's performance.

A large, light purple arrow pointing downwards, connecting the first step to the second.

Site Director incorporates feedback into preliminary grade form considering depth, length of time, and when each faculty worked with the student.

A large, light purple arrow pointing downwards, connecting the second step to the third.

Final grades are assigned by Clerkship Directors at the Seattle office based on the site's scores and final exam performance.

GRADE ANCHORS

Student Evaluations are based on 11 scoring categories and the final exam:

1. Knowledge of Subject Area
2. Data-Gathering Skills
3. Clinical Skills
4. Patient-Centered Care Skills
5. Management Skills
6. Integration Skills
7. Communication Skills
8. Relationships with Patients
9. Professional Relationships
10. Dependability and Responsibility
11. Educational Attitudes

[Link to Grade Anchors](#)

FAMILY MEDICINE CLERKSHIP FEEDBACK AND EVALUATION FORM

Name: _____

Location: _____

The Family Medicine Clerkship is a mastery-based required clerkship. Evaluation is primarily based on the student's performance in the last 2-3 weeks of the clerkship with possible exceptions involving unacceptable professional behavior. Review the anchors in each category and select the category that most closely mirrors the student's performance in that area. The anchors are not a checklist where all items are required to achieve a particular grade.

CLINICAL KNOWLEDGE AND SKILLS SECTION

I. CLINICAL KNOWLEDGE AND SKILLS	1	2	3	4	5
Knowledge in Subject Area: Includes level of knowledge and application to clinical problems.	<ul style="list-style-type: none">• Never demonstrates an understanding of basic principles.• Never applies knowledge to specific patient conditions	<ul style="list-style-type: none">• Inconsistently demonstrates understanding of basic principles.• Inconsistently applies knowledge to specific patient conditions.	<ul style="list-style-type: none">• Generally, demonstrates understanding of basic principles.• Generally applies knowledge to specific patient conditions.	<ul style="list-style-type: none">• Often demonstrates understanding of basic and some complex principles.• Often applies knowledge to specific patient conditions.	<ul style="list-style-type: none">• Consistently demonstrates understanding of basic and most complex principles.• Consistently applies knowledge to specific patient conditions
Data Gathering Skills: Includes basic history and physical examination.	<ul style="list-style-type: none">• Never obtains basic history and physical	<ul style="list-style-type: none">• Inconsistently obtains basic history and physical.	<ul style="list-style-type: none">• Generally obtains basic history and physical.	<ul style="list-style-type: none">• Often obtains basic history and physical.• Obtains some elements of more advanced history and physical	<ul style="list-style-type: none">• Consistently obtains basic history and physical.• Obtains elements of more advanced history and physical
Clinical Skills: Includes oral case presentations, written or dictated notes, histories, physical exams and procedural skills.	<ul style="list-style-type: none">• Never communicates medical histories and physical exams in an organized or complete manner.• Not attentive to patient comfort or dignity and demonstrates poor motor skills.	<ul style="list-style-type: none">• Inconsistently communicates medical histories and physical exams in an organized or complete manner• Inconsistently demonstrates good motor skills and• Inconsistently demonstrates good motor skills.	<ul style="list-style-type: none">• Generally communicates medical histories and physical exams in an organized or complete manner.• Generally demonstrates good motor skills and generally demonstrates good motor skills.	<ul style="list-style-type: none">• Often communicates medical histories and physical exams in an organized or complete manner.• Often demonstrates good motor skills and often demonstrates good motor skills.	<ul style="list-style-type: none">• Consistently communicates medical histories and physical exams in an organized or complete manner.• Consistently demonstrates good motor skills.• Consistently attentive to patient comfort or dignity.

COMMENTS:

I. CLINICAL KNOWLEDGE AND SKILLS (Constructive criticism will not appear in the dean's letter unless there is a pattern of similar behavior across other clerkships)

GRADING CRITERIA

University of Washington Family Medicine Clerkship (FMC)

Each category will have a score from 1 to 5 and a GPA will be averaged based on aggregate of the scores. NOTE: A score of 1 in any category, will result in a Final Grade of Fail.

Honors	GPA of 4.7 to 5.0
High Pass	GPA of 4.2 to 4.6
Pass	GPA of 2.8 to 4.1
Fail	GPA of less than 2.8 OR a score of 1 in any category

2. Final Exam Grade: For the 2019-20 school year the final exam scores will be interpreted as follows:

Honors	84 percent and above = Grade adjustment: +0.1
High Pass	68 to 83 percent = Grade adjustment: No adjustment
Pass	50 to 67 percent = Grade adjustment: -0.2. Max final GPA 4.6. Not eligible for honors
Fail	Less than 50 percent = Failed clerkship (<i>updated 3/20/2019</i>)

3. Final Grade: The Final Grade is a combination of the Clinical Grade and the grade adjustment of the Final Exam Grade.

Honors	GPA 4.7 to 5.1
High Pass	GPA 4.2 to 4.6
Pass	GPA 2.6 to 4.1 OR a score of 2 in any category
Fail	GPA of less than 2.6 OR failed exam OR a score of 1 in any category

Upon completion of the Family Medicine Clerkship, you can view your final evaluation form on E*Value by four weeks after the end of a rotation. Once the Department of Family Medicine has assigned your final grade, you will receive an email notification and a link to view it. Please note that because you will be able to view and print your final evaluations online, we will not be mailing hard copies.

Students who have concerns about their final grade should submit the "Grade Appeal Form" listed on the clerkship website. Per the School of Medicine's Policy for Grade Appeal in the Required Clerkships, all requests for grade review should be made before 12 weeks following the end of the clerkship. Requests made after 12 weeks will not be considered. The complete policy can be found in the School of Medicine Student Handbook.

SAFETY

The Family Medicine Clerkship follows all School of Medicine Policies with regard to Bloodborne Pathogen Exposure and Infection Protection. The policy document can be found here:

<http://www.uwmedicine.org/education/Pages/body-fluid-exposure.aspx>

Your site orientation should include a discussion of the safety policies and procedures at the site. You should learn the location of necessary protective equipment and ask for anything you

EXAM GRADE	SCORE	FINAL GRADE ADJUSTMENT
HONORS	84% +	+0.1
HIGH PASS	68-83%	No Adjustment
PASS	50-67%	Max final GPA 4.6. Not eligible for honors. Grade decrease: -0.2
FAIL	Less than 50%	Retake 6 week Clerkship

[Link to Syllabus](#)

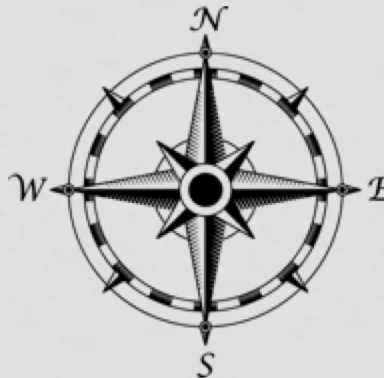
TEACHING PEARLS

(YOU CAN STOP HERE IF YOU WANT)

- Goals setting for the student
- Engaging the student in clinic
- Feedback
- New Medicare Student Documentation Guidelines and Workflow

CLINIC ORIENTATION

- What is the patient population?
- With whom will the student be working?
- Who are the main contact people?
- Available on our website:
 - [Orientation best practices](#)
 - [Sample orientations](#)



“I'D LIKE [MY FACULTY] TO ... SIT DOWN WITH ME AND GO OVER GOALS AND EXPECTATIONS.”

- GLEAM

- Goals
- Learning style
- Experiences
- Activities
- More



PRE-CLINIC HUDDLE

- What is the student working on? Are there any particular expectations (from student or faculty) for that day? (This will help focus your feedback at the end of the day!)
- Which patients may be good to see? Students should have “first touch” with 3-4 patients per half day.
- Students should write at least one note per half day.





“Let’s go in together. You take the history and I’ll be your scribe.”

“I want you to take 10 minutes to interview the patient. I’ll knock on the door and you present what you’ve found.”

“I don’t know what the best next step is. Can you look it up and we can talk after I see the next patient by myself?”

ONLINE RESOURCES

- Health Sciences Library Care Provider Toolkit
 - <https://hsl.uw.edu/toolkits/care-provider/>
- Here's a great instructional video on the "[Ask Tell Ask](#)" feedback method
 - if the link doesn't work, google "Ask Tell Ask Columbia"
- Check out STFM Teaching Physician for more teaching pearls: www.teachingphysician.org
 - **username:** uwfamedmse
 - **password:** uwfamedpassword

CMS MEDICAL STUDENT DOCUMENTATION UPDATE AND SUGGESTED WORKFLOWS

- CMS continues to pay only for those services provided by the Teaching Physician, but *after verifying the history of present illness and re-performing the exam and medical decision making, the teaching physician may now verify and attest to the medical student's documentation without having to re-document the findings*

REVIEWING THE NOTE

- Use the time that you would take to write your own note to review the student's documentation (ideally together)
- Offer feedback about what should be different
- Either give the opportunity for student to update OR
- Write your attestation with the appropriate changes

Sample attestation:

"I attest that I was physically present with the student, verified all student documentation, and performed (or re-performed) the physical exam and medical decision making. [Attending name]."

SCENARIO 1: DIRECT OBSERVATION

- The teaching physician is present while the medical student performs the history of present illness, the physical exam and medical decision making.
- **The teaching physician must re-perform the exam and medical decision making and verify the history of present illness.**
- The teaching physician can then verify* and attest to the medical student's documentation.

*Verify – make sure or demonstrate the documentation is true and accurate. This includes editing as needed.

SCENARIO 1: SUGGESTED WORKFLOW

- The teaching physician observes as the medical student performs the history of present illness, the physical exam and medical decision making.
- Teaching physician asks any additional or clarifying questions after student is done with the history
- Teaching physician performs the physical exam, either together or afterwards

SCENARIO 2: STUDENT GOES FIRST

- The **medical student must be present as the teaching physician later confirms** the history with the patient, performs their physical exam, and articulates their medical decision making.
- The TP can then verify and attest to the medical student's documentation

SCENARIO 2 WORKFLOW

- The medical student independently performs the history of present illness and the physical exam
- Student presents the patient in the room. Attending physician offers the patient an opportunity to add or correct, and asks clarifying questions
- Attending repeats exam or does exam with student
- Student may present an assessment and plan, but teaching physician finalizes the medical decision making

SCENARIO 3: RESIDENT IS PRESENT

- The teaching physician must again repeat or confirm the entire patient history, perform the physical exam and express their medical decision making (with or without the medical student).
- Only then can the TP use the medical student's note, again after verifying and attesting to it. The resident will attest to their presence with the medical student.

SCENARIO 3 WORKFLOW

- **Suggested Inpatient workflow:**
 - In-room presentation of patient
 - Attending examines patient and participates in medical decision making
 - Senior resident sits with student, reviews note including editing as needed, and writes attestation
 - Attending attestation

QUESTIONS?

YOU CAN ALWAYS CONTACT US AT:

fmclerk@uw.edu

206-616-7890

