

Welcome!

W FAMILY MEDICINE CLERKSHIP
UNIVERSITY *of* WASHINGTON
SCHOOL OF MEDICINE

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Co-Director

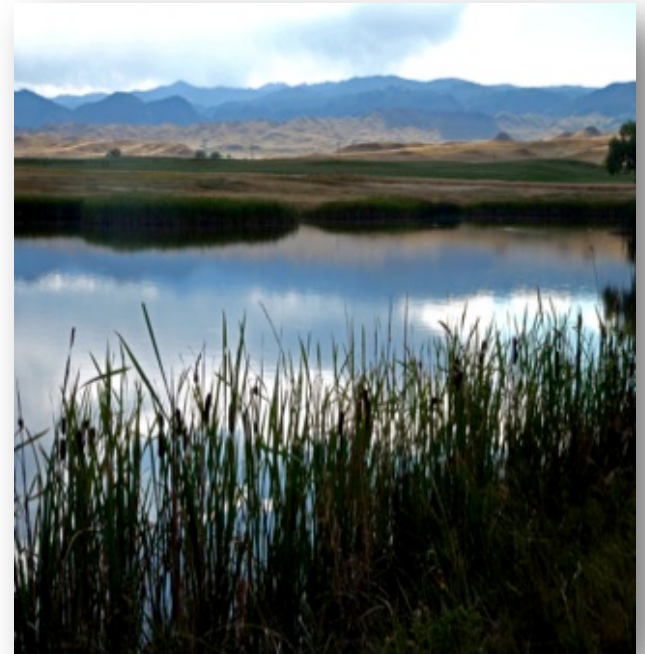
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Clerkship Administrator

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

Objective 1:

Principles of Care

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



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 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.



Objectives 5-6:

Communication & Professionalism

5. Demonstrate use of **patient centered communication skills** during history taking, physical exam, use of electronic health records, and collaborative decision 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.



Family Medicine Clerkship - webpage

<http://www.uwfmc.org/> Left menu: **Info for Students**

UW Medicine

**UW SCHOOL
OF MEDICINE**

DEPARTMENT OF
FAMILY MEDICINE

Medical Student Education

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INFO FOR STUDENTS

Welcome to the Family Medicine Clerkship!

Orientation

- Family Medicine Clerkship Syllabus 2019-20 (for Clerkships beginning 4/1/19 and after)**
 - Please read the syllabus prior to beginning your Clerkship to familiarize yourself with the goals and objectives, evaluation process, and policies.
 - For last academic year's syllabus (2018/2019), please click here.
- Orientation Slide Deck for Webinar 2019-20**
 - The orientation webinar is always on the **FIRST DAY** of the Clerkship from 12-1pm PST – hosted by Family Medicine Clerkship Administrator. Join by Zoom or Phone.
 - ZOOM Link
 - PHONE (both work):
 - +1 408-638-0968; Meeting ID: 553853479#
 - +1 646-558-8656; Meeting ID: 553853479#
- UW School of Medicine – IMD Program Handbook**

Clerkship Sites & Required Documents

- Resources & Requirements**
- Clerkship Sites & Credentialing Info**

Assignment Tracker

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.

- Family Medicine Tracker**

Clinical Encounters

Logging these is a requirement of the clerkship:

- Clinical Encounters login
- How to log clinical encounters video

NBME Final Exam:

- NBME Testing Information
- Required Cases and Readings
- FM Shelf Exam Review
- FM NBME Shelf Exam Study Resources
- Testing Location by Site

Assignment Tracker

- Track all curricular activities and timelines online
- Update Assignment Tracker WEEKLY
- Review tracker with preceptor at Mid Clerkship Review and at end of clerkship
- SCROLL ALL THE WAY DOWN. Weekly assignments at bottom of tracker

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? ☐														
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? ☐														
Continuity of Care	<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> 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							
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?														
Coordination and Integration of Care	Did you refer or assist with referral of at least one patient to a community agency? ☐ Did you consult with another physician/non-physician specialist regarding one or more ☐														

Required Clinical Experiences: Acute*

- Low Back Pain
- Fever
- Asthma

*If you are unable to see any of the required clinical encounters, you 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 your reading and choice of clinical encounters

Required Clinical Experiences: Chronic

- Depression
- Type 2 Diabetes
- COPD
- Childhood ADHD
- Substance Abuse and Dependence
- Chronic Pain Management

Required Clinical Experiences: Preventive Care

- Health Maintenance Adult
 - Male 50-75
 - Female 50-75
 - Female 14-45
- Childhood Immunizations
- Prenatal Management

Clinical Encounters on E*Value

- Log clinical encounters every time you see them.
- Though you can log multiple encounters, **you only need to log them once.**
- Link:
 - <https://sites.uw.edu/medevalu/clinical-encounters/>

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

Effective Patient Centered Care

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.

Assignment	Progress
Week 1	Read (2) articles: - Relationship, Communication and Efficiency: Creating a clinical model from a literature review - Engaging Patients in Collaborative Care Plans ☐ Complete Improving Communication Assessment Training ☐
Week 2	Observe your preceptor interviewing a patient using the Patient Centered Observation Form ☐ View the video Patient Centered Care and Using the EHR using the Patient Centered Observation Form and compare the OK and Better sections of the video encounter ☐ Read EHR in the Exam Room: Tips on Patient-Centered Care ☐
Week 3	Ask faculty to rate your Patient Centered Interviewing Skills using the Patient Centered Observation Form and ask faculty for feedback ☐ Review your progress with the patient-centered interviewing skills with your preceptor during the mid-clerkship review. Identify those skills that ☐

Effective Patient Centered Care (EPCC)

Mini-CEX for FMC:

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

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

Optional Curriculum

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

EHR Orientation Checklist

See: [Family Medicine Clerkship website > Info for Students](#)

EVALUATION DOCUMENTS

- MiniCEX – Effective Patient-Centered Care (EPCC), PCOF Form – Physician
- Professionalism in the Family Medicine Clerkship
- Feedback and Evaluation Form (Grade Anchors)
- Grade Appeal Form

OTHER DOCUMENTS

- Recipe for Family Medicine Clerkship Success
- EHR Orientation Checklist
- Guide to Identifying Student Mistreatment
- Body Fluid Exposure Procedure
- Higher Order Thinking Skills
- [UW School of Medicine Handbook](#) – MD Program Handbook



SOAP-Q

- You have been introduced to the SOAP-Q format in EHM
 - **S**ubjective
 - **O**bjective
 - **A**ssessment
 - **P**lan
 - **Q**uality
- Clerkship site directors have been introduced to this framework
- Check in with your site director to see if they would like you to use it if you encounter a quality or safety issue during patient care

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*

Learning Environment Concerns

Reporting Mistreatment or a Serious Concern:

- To report mistreatment or a serious concern that doesn't require immediate response, use the Learning Environment Feedback Tool.
- You are able to provide a description of your concern and indicate your follow-up preference and how you would like your feedback shared.
- You will have the option of reporting completely anonymously or indicating how you want your identity and the identity of anyone else involved in the situation to be shared.



CLICK HERE
TO REPORT MISTREATMENT OR
A SERIOUS CONCERN

<http://blogs.uw.edu/esom/learning-environment/>

Professionalism Concerning Learning Environment Concerns

- We aim to protect student confidentiality.
- Unless there is imminent danger we do not notify the site until anonymity can reasonably be assured.
- We would like permission to contact you, but we respect your choice.



*Photo: Deb Coolidge
Tickchik Alaska State Park*

Tools for FM Clerkship Success

Examples of Helpful Tips:

- **It's essential to know your patients well, which includes reading up on their illnesses and upcoming surgeries.** You can also do the corresponding articles/cases that pertain to a patient's diagnosis (see the assignment tracker for details)
- **Participate (even if you are shy or uncertain) and don't be afraid to get answers wrong!** A majority of students commented that being wrong is not nearly as important as students fear it is. Go back and find out the answer to a question you got wrong and report back to your team. One medical student said, "Answering questions wrong is NOT a red flag, but not trying is."
- **Oral presentations are very important so put in the time to do them well.** They should be well-organized and CONCISE, touching on only the most important details. Keep in mind the goal of the presentation-to convey information to your attendings and the team.

Duty Hours

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



M.D. PROGRAM HANDBOOK
For medical students, faculty, and staff



2018-2019

Applicable to the E-2015 Class and Later

Released September 2018

FINAL EXAM

**Final Exam: The last Thursday of the clerkship
at nearest testing location**

Family Medicine Modular Exam

- Questions: 90
- Time: 2 hours 15 minutes



Anacortes, WA

FINAL EXAM CONTENT

System

- General Principles, Including Normal Age-Related Findings and Care of the Well Patient 5%–10%
- Immune System 1%–5%
- Blood & Lymphoreticular System 1%–5%
- Behavioral Health 5%–10%
- Nervous System & Special Senses 1%–5%
- Skin & Subcutaneous Tissue 3%–7%
- Musculoskeletal System (% increases with the addition of the Musculoskeletal module) 5%–10%
- Cardiovascular System 5%–10%
- Respiratory System 5%–10%
- Gastrointestinal System 5%–10%
- Renal & Urinary System 1%–5%
- Pregnancy, Childbirth, & the Puerperium 1%–5%
- Female Reproductive System & Breast 1%–5%
- Male Reproductive System 1%–5%
- Endocrine System 5%–10%
- Multisystem Processes & Disorders 1%–5%
- Biostatistics, Epidemiology/Population Health, & Interpretation of the Medical Lit. 1%–5%
- Social Sciences 5%–10%
 - Communication and interpersonal skills
 - Medical ethics and jurisprudence
 - Systems-based practice and patient safety

Physician Task

- Health Maintenance, Prevention & Surveillance 20%–25%
- Diagnosis, including Foundational Science Concepts 40%–50%
- Pharmacotherapy, Intervention & Management 25%–30%

Site of Care

- Ambulatory 100%

Patient Age

- Birth to 17: 15%–20%
- 18 to 65: 55%–65%
- 66 and older: 15%–20%

FINAL EXAM STUDY MATERIALS

Readings

- **Step-Up to Family Medicine:** Outline format, easy to get through in 4 weeks, written specifically to do well on the FM Clerkship and shelf exam.
- **Review articles on AAFP.org** (the readings for the required clinical encounters almost all are in this category)
- **Case Files for FM:** Good if you are a case based learner and can get through in a 6-week clerkship
- **Essentials of FM:** Very good book, but very long, maybe difficult to get through in 6 weeks.



*Dylan LeBlanc, MS1
Bozeman, MT*

FINAL EXAM STUDY MATERIALS

Questions:

- **AAFP board review questions**
 - Become a student member for free and you will have **free** access to these questions. Past students have found these very helpful.
 - It takes a few days to activate your account, so sign up early in the rotation.
 - Well over a 1000 questions. On average the question stems may be a little shorter than the ones on the shelf.
- **NBME Practice Tests**
 - Available for purchase on the NBME website
- **Pretest FM**
 - If you like Pretest for other clerkships you will probably like it for this clerkship as well. It does cost money.



Tacoma FMR

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

4-6 Times DURING the Rotation

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



Pocatello, ID

Evaluation Process

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



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



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

Feedback & Evaluation Form

[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.	- Never demonstrates an understanding of basic principles. - Never applies knowledge to specific patient conditions	- Inconsistently demonstrates understanding of basic principles. - Inconsistently applies knowledge to specific patient conditions.	- Generally, demonstrates understanding of basic principles. - Generally applies knowledge to specific patient conditions.	- Often demonstrates understanding of basic and some complex principles. - Often applies knowledge to specific patient conditions.	- 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.	Never obtains basic history and physical	Inconsistently obtains basic history and physical.	Generally obtains basic history and physical.	- Often obtains basic history and physical. - Obtains some elements of more advanced history and physical	- 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.	- 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.	- Inconsistently communicates medical histories and physical exams in an organized or complete manner - Inconsistently demonstrates good motor skills and - Inconsistently demonstrates good motor skills.	- Generally communicates medical histories and physical exams in an organized or complete manner. - Generally demonstrates good motor skills and generally demonstrates good motor skills.	- Often communicates medical histories and physical exams in an organized or complete manner. - Often demonstrates good motor skills and often demonstrates good motor skills.	- 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

[Link to Syllabus](#)

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

QUESTIONS?

YOU CAN ALWAYS CONTACT US AT:

fmclerk@uw.edu

206-616-7890

