Family Medicine Clerkship

Department of Family Medicine
Med MS-315
2018-2019

Clerkship Director: Molly Cohen-Osher, MD, MMedEd
Associate Clerkship Director: Leda Wlasiuk, MD, MPH
Clerkship Coordinator: Florence Laforest, MEd
# Family Medicine Syllabus

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### INSTITUTIONAL LEARNING OBJECTIVE

<table>
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<tr>
<th>B - Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Interpersonal and Professionalism)</th>
<th>B.1 - Apply principles of social-behavioral sciences to provision of patient care; including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care. (2.5)</th>
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<tbody>
<tr>
<td>B.2 - Demonstrate insight and understanding about emotions that allow one to develop and manage interpersonal interactions. (4.7)</td>
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<tr>
<td>B.3 - Demonstrate compassion, integrity, and respect for others. (5.1)</td>
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<td>B.4 - Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation. (5.5)</td>
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<tr>
<th>U - Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide and appropriate level of care. (Medical Knowledge and Patient Care)</th>
<th>U.1 - Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice. (1.1)</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.2 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2p)</td>
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<tr>
<td>U.3 - Interpret laboratory data, imaging studies, and other tests required for the area of practice. (1.4)</td>
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<td>U.4 - Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence and clinical judgement. (1.5)</td>
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<td>U.5 - Develop and carry out patient management plans. (1.6)</td>
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<tr>
<td>U.6 - Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health. (1.9)</td>
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<td>U.7 - Demonstrate an investigatory and analytic approach to clinical situations. (2.1)</td>
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<tr>
<td>U.8 - Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations. (2.2)</td>
<td></td>
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<tr>
<td>U.9 - Apply established and emerging principles of clinical sciences to health care for patients and populations. (2.3)</td>
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<tr>
<td>U.10 Recognizes that ambiguity is a part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty. (8.8)</td>
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<tr>
<th>C - Communicates with colleagues and patients to ensure effective interdisciplinary medical care (Interpersonal and Communication Skills; Patient Care)</th>
<th>C.1 - Gather essential and accurate information about patients and their conditions through history-taking, physical examination, and the use of laboratory data, imaging and other tests. (1.2h)</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.2 - Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making. (1.7)</td>
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<tr>
<td>C.3 - Participate in the education of patients, families, students, trainees, peers and other health professionals. (3.8)</td>
<td></td>
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<tr>
<td>C.4 - Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds. (4.1)</td>
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<tr>
<td>C.5 - Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies (4.2, see also 7.3)</td>
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<tr>
<td>C.6 - Maintain comprehensive, timely, and legible medical records. (4.5)</td>
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<tr>
<td>C.7 - Demonstrate sensitivity, honesty, and compassion in difficult conversations, including those about death, end of life, adverse events, bad news, disclosure of errors, and other sensitive topics. (4.6)</td>
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<tr>
<td>C.8 - Communicate with other health professionals in a responsive and responsible manner that supports the maintenance of health and the treatment of disease in individual patients and populations. (7.3)</td>
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<tr>
<td>INSTITUTIONAL LEARNING OBJECTIVE</td>
<td>MEDICAL EDUCATION PROGRAM OBJECTIVE</td>
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<td><strong>A - Acts in accordance with highest ethical standards of medical practice (Professionalism)</strong></td>
<td><strong>A.1 - Demonstrate responsiveness to patient needs that supersedes self-interest. (5.2)</strong>&lt;br&gt;<strong>A.2 - Demonstrate respect for patient privacy and autonomy. (5.3)</strong>&lt;br&gt;<strong>A.3 - Demonstrate accountability to patients, society, and the profession. (5.4)</strong>&lt;br&gt;<strong>A.4 - Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations. (5.6)</strong>&lt;br&gt;<strong>A.5 - Work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust. (7.1)</strong>&lt;br&gt;<strong>A.6 - Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients. (8.5)</strong></td>
</tr>
<tr>
<td><strong>R - Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine. (Practice-Based Learning and Improvement and Medical Knowledge)</strong></td>
<td><strong>R.1 - Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations. (2.4)</strong>&lt;br&gt;<strong>R.2 - Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (3.6)</strong>&lt;br&gt;<strong>R.3 - Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes. (3.10)</strong></td>
</tr>
<tr>
<td><strong>E - Exhibits commitment and aptitude for life-long learning and continuing improvement (Practice-based Learning)</strong></td>
<td><strong>E.1 - Identify strengths, deficiencies, and limits in one's knowledge and expertise. (3.1)</strong>&lt;br&gt;<strong>E.2 - Set learning and improvement goals. (3.2)</strong>&lt;br&gt;<strong>E.3 - Identify and perform learning activities that address one's gaps in knowledge, skills, and/or attitudes. (3.3)</strong>&lt;br&gt;<strong>E.4 - Incorporate feedback into daily practice. (3.5)</strong>&lt;br&gt;<strong>E.5 - Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care. (3.9)</strong>&lt;br&gt;<strong>E.6 - Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors. (8.1)</strong>&lt;br&gt;<strong>E.7 - Manage conflict between personal and professional responsibilities. (8.3)</strong></td>
</tr>
<tr>
<td><strong>S - Supports optimal patient care through identifying and using resources of the health care system. (Systems-Based Practice and Patient Care)</strong></td>
<td><strong>S.1 - Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes. (1.8)</strong>&lt;br&gt;<strong>S.2 - Systematically analyze practice using quality-improvement methods and implement changes with the goal of practice improvement. (3.4)</strong>&lt;br&gt;<strong>S.3 - Use information technology to optimize learning. (3.7)</strong>&lt;br&gt;<strong>S.4 - Work effectively with others as a member or leader of a health care team or other professional group. (4.3, see also 7.4)</strong>&lt;br&gt;<strong>S.5 - Work effectively in various health care delivery settings and systems relevant to one's clinical specialty. (6.1)</strong>&lt;br&gt;<strong>S.6 - Coordinate patient care within the health care system relevant to one's clinical specialty. (6.2)</strong>&lt;br&gt;<strong>S.7 - Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care. (6.3)</strong>&lt;br&gt;<strong>S.8 - Advocate for quality patient care and optimal patient care systems. (6.4)</strong>&lt;br&gt;<strong>S.9 - Use the knowledge of one’s own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served. (7.2)</strong>&lt;br&gt;<strong>S.10 - Participate in different team roles to establish, develop, and continuously enhance interprofessional teams to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable. (7.4)</strong></td>
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**Third Year Learning Objectives**

During the third-year clerkships, students will

- Demonstrate use of patient-centered interviewing and communication techniques (U.2)
- Take a clinical history that demonstrates both organization and clinical reasoning (U.7)
- Perform accurate and relevant physical exam techniques (U.2)
- Demonstrate an ability to synthesize clinical information and generate a differential diagnosis, assessment and plan (U.3, R2, U.5)
- Demonstrate a compassionate and patient-sensitive approach to history taking and physical examinations (B.3)
- Communicate well organized, accurate and synthesized oral presentations (C.1)
- Counsel and educate patients and families (C.3)
- Demonstrate timely, comprehensive and organized documentation (C.6)
- Demonstrate a fund of knowledge in the clinical discipline and apply this to patient care (U.4)
- Demonstrate an awareness of one’s own learning needs and work to address these gaps (E.1, E.3)
- Show respect and empathy for others (B.3)
- Demonstrate accountability to the responsibilities of the student’s role and expectations of a clinical clerk (S.4)
- Communicates effectively with the interprofessional team (C.5, C.8, S.9)

**Family Medicine Clerkship Learning Objectives**

At the end of the family medicine clerkship, each student should be able to:

- Discuss the principles of family medicine care including comprehensive and contextual care, continuity of care, coordination/complexity of care, and the biopsychosocial approach to care (B.1, B.2, B.3, B.4, U.6, S.1, S.5, S.6, S.7, S.8, S.9)
- Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations in family medicine (U.2, U.3, U.4, U.5, U.6, C.1)
- Manage follow-up visits with patients having one or more common chronic diseases (U.2, U.3, U.4, U.5)
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender (B.4, U.6)
- Discuss the impact of psychosocial and cultural influences on health, disease, care-seeking, care compliance, and barriers to and attitudes toward care (B.1, B.2, B.3, B.4)
- Utilize advanced, patient-centered communication techniques to discuss unanticipated or “bad” news, assist patients in making health behavior changes, provide patient-centered education and counseling, and to effectively use a medical interpreter (C.2, C.3, C.4, C.7)
- Discuss the critical role of family physicians within any health care system (S.1, S.5, S.6, S.7, S.8, S.9)
- Discuss the concepts of Information Mastery and utilize point-of-care resources to find and integrate the best available evidence into clinical decision making (R.1, R.2, R.3, E.2, E.3, S.3)
- Consistently demonstrate professional behavior consistent with the values of the medical profession (A.1, A.2, A.3, A.4, A.5, A.6, E.7).
- Display skills of lifelong learning including generating clinical questions or identifying one’s own learning needs, using appropriate resources to answer questions or close learning gaps, engaging in self-assessment and goal setting and demonstrating growth in response to feedback (E.1, E.2, E.3, E.4, E.6)
Contact Information

Clerkship Director

Molly Cohen-Osher MD, MMedEd
Family Medicine Clerkship Director and Director of Medical Student Education
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Please email for an appointment

Assistant Clerkship Director

Leda Wlasiuk, MD, MPH
Associate Clerkship Director
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Please email for an appointment

Clerkship Coordinator

Florence Laforest, Med
Family Medicine Clerkship Coordinator and Director of Medical Student Relations
Telephone: 617) 414-6237
Fax: (617) 414-3345
Email: Florence.Laforest@bmc.org
Office: Dowling 5 South – Room 5414
• Faculty
  Your faculty in the core curriculum and all sessions at BUSM are faculty in the Department of Family Medicine at BUSM. Generally, you can reach them via email at firstname.lastname@bmc.org or through the BMC paging system at 617-638-8000. Please contact the clerkship coordinator if you are having difficulty reaching a specific faculty member.

• Family Medicine website
  http://www.bu.edu/familymed/medical-student-ed/
Clerkship Description

Focus of clerkship

Family Medicine Clerkship Goals
The purpose of the third year clerkship in Family Medicine is to provide instruction in the knowledge, attitudes and skills of Family Medicine. This foundation in the basic tenets of Family Medicine will prepare the student for his/her future role as a physician, in any specialty the student pursues. The clerkship will demonstrate the importance of the family physician in providing continuous, comprehensive care to the patient, and will teach the importance of the doctor-patient relationship, interviewing skills, appropriate physical exam, and clinical problem-solving in caring for patients. Additionally, the clerkship will provide exposure to Family Medicine as a specialty choice for third year students, and support those students considering Family Medicine as a career.

You are entering the field of medicine - where the body of information is growing and changing every minute. Regardless of specialty, you will need to be continually asking questions, learning, finding new information, and incorporating that into your patient care. For this reason developing skills of lifelong learning are critical to your training, and is a focus of this clerkship.

You will see elements of this throughout the Family Medicine Clerkship. After completing a self-assessment, you will be asked to create personal learning goals for yourself – which you will use in addition to the clerkship’s learning objectives. Creating learning goals will help you identify what you want to learn and how you plan to learn it. Accurately self-assessing your level of skill and your knowledge gaps are critical to your growth and development, and will inform your learning trajectory. During your didactic days, you will have the opportunity to discuss and debrief your interactions with standardized and simulated patients. You will be encouraged to reflect, and provide your own self-assessment, and then you will receive feedback from your peers and faculty.

Finally, there is a major emphasis on Information Mastery (and not just EBM) in this clerkship, which underscores the importance of, and provides you with tools and skills for lifelong learning.

Introduction to Family Medicine

What is Family Medicine?
Family Medicine is the primary care medical specialty concerned with the total health care of the individual and the family. It is a generalist specialty that integrates the biological, clinical and behavioral sciences. In Family Medicine you will take care of all patients – regardless of their age, sex, organ system, or disease. You will learn to care for complex patients, manage chronic diseases and acute presentations, as well as provide evidence based health care maintenance to all types of patients. The doctor-patient relationship is at the core of effective medical care, and you will see and learn its importance during this rotation.

When was Family Medicine created? What is a General Practitioner (GP)?
While Family Medicine follows the general practice tradition, it has major differences from general practice. In the late 1960’s, Family Medicine residencies were developed in response to a need felt by the American public, the medical profession, and the government for well-trained generalists. In addition to receiving broad hospital training, Family Medicine residents receive extensive training in comprehensive and continuous outpatient medicine for persons of all ages. As a specialty, Family Medicine has stringent requirements for continuing medical education, board certification and board recertification every seven years. Family Medicine was the first medical specialty to require recertification.
What is the scope of Family Medicine?
Family physicians may choose to focus the scope of their practice or to provide the full breadth of Family Medicine care, which ranges from obstetric/nursery care to nursing home care and everything in between. The scope of Family Medicine covers a wide spectrum. At one end are family physicians who may be the only local source of health care for their community. They have an office practice, perform surgery, care for ICU patients, handle major trauma cases, stabilize patients for transport, staff a hospital, and deliver babies, including performing cesarean sections. These types of family physicians are common in rural areas. At the other end of the spectrum are family physicians who have an office practice and coordinate comprehensive care for their patients in a multi-specialty group.

Most family physicians have a type of practice that fits somewhere between these two models. For example, providing low-risk obstetric care and assisting with cesarean sections, caring for their hospitalized patients, and performing numerous office procedures. These family physicians are found in all locations. In one day, a family physician can deliver hospital care, home care, office care, emergency room care, and deliver a baby. Many family physicians develop an area of special expertise or focus, such as sports medicine, geriatrics, preventive care, international health, women’s health, adolescent health or research. Fellowships after residency are available to assist with the development of such expertise, but are not required.

What to Expect During the Family Medicine Clerkship
You will work in high volume ambulatory practices of family physicians and residency programs. In the course of the clerkship you will learn:

- To understand and promote a patient-centered model of care;
- To understand Family Medicine approaches to seeing patients and families with undifferentiated problems, and the clinical reasoning which guides the definition and diagnosis of these problems;
- Skill in the evidence-based diagnosis and management of frequently occurring acute and chronic ambulatory problems;
- To understand the patient as part of a family and community;
- To understand and use a comprehensive and continuous approach to care;
- To understand and use techniques of evidence based preventive medicine and health promotion

Strategies for success

- Immerse yourself in your practice
- Consider yourself part of the clinical team (you are!)
- Read about the diagnoses your patients have IN REAL TIME (use the syllabus’ references)
- Do practice questions throughout the clerkship
- Fully participate in the core curriculum
- Be professional
Tips for writing patient notes and patient presentations

Your visits on Family Medicine should be focused around patient concerns, health care maintenance, and chronic diseases. You will take a focused history, including pertinent positives and negatives, pertinent family and social history, review of systems, etc. Your physical exam will also be focused to the pertinent exam maneuvers relevant to the patient’s visit. The approach to use in order to do this effectively is to think about your differential diagnosis for the patient’s presenting symptom. Ask questions and perform the relevant physical exam components to help you rule in or out what could be going on with your patient. The history and physical exam portions of your notes and patient presentations will reflect this focused type of visit.

On Family Medicine your assessment and plans will be organized in a problem-based fashion. You will begin with a “one-liner,” which will summarize the important information about your patient for this visit. This will be followed by a prioritized problem-based assessment and plan for that visit. Healthcare maintenance should usually be on every A/P. The A/P is always concluded with a follow up plan that includes warning signs to look out for before the next visit.

During your Family Medicine Clerkship you will be encouraged to come up with differential diagnoses, assessments and plans. As the rotation proceeds, you will work on developing specific plans (including specific medications and dosages) and discussing plans with your patients. You will also be expected to provide patient education.

Pre-requisite knowledge and skills

Students must have completed their second year curriculum, attended the 3rd year orientation, and have taken the Step-I exam prior to taking this clerkship.
Site Information

Description of Clerkship Sites

Our sites are divided into the ten categories listed below. During the registrar's lottery, you will have ranked the ten categories. Certain categories have multiple possible sites. You will receive broad Family Medicine clinical training at all sites. Some sites may have a sub-focus in addition, such as sports medicine, women’s health, geriatrics, etc. Patient population and practice structure will vary between sites. You will discuss and learn from that in the core curriculum.

1. Community Health Centers/Undeserved
2. Greater Boston Private/Group Practice
3. Rehoboth/Seekonk Medical Center
4. Great Barrington (Berkshires)
5. Goodwin Community Health Center, NH
6. Manchester VA Medical Center, Manchester, NH
7. Valley Medical Group, Greenfield, MA
8. Cape Cod Family Medicine Centers
9. Rumford/Central Maine Medical Center, Maine
10. Central Maine Medical Center – Family Medicine Residency Program
11. Kaiser Permanente, San Jose, CA

Site Director and Clerkship site contact information

Your site director (primary preceptor)’s name and contact information, as well as other important information about your site will be forwarded to you 4-6 weeks before the start of the clerkship via email. If you did not receive this important site placement email, please contact the Clerkship Coordinator as soon as possible.

For more information about each site please see our website:

Community Health Centers/Underserved:  
Greater Boston Private/Group Practice:  
https://www.bu.edu/familymed/greater-boston-private-practice/
Family Medicine Away Sites:  
https://www.bu.edu/familymed/fm-clerkship-away-sites/
Clerkship Schedules

Block Schedule
Block schedule dates for all clerkships can be located on the Office of Academic Affairs website: http://www.bumc.bu.edu/bsm/education/academic-affairs/academic-calendars/

Didactic Schedule
During the clerkship the student will spend five days at BUSM: 4 didactic days and one final exam day. Generally the didactic days are 1st and 2nd working days of week one, the 1st and 2nd working day of four, and the final exam day is the last day of week six. On final exam day, students will have an OSCE and will take the Family Medicine Shelf exam. Please expect to be at the medical school for full days on all didactic days and final exam day. If possible, we finish earlier than 5, but plan to be here until 5 each of those days.

Orientation/Session 1
8:30 - 10:30  Orientation
10:30-11:30  Overview of Family Medicine
11:30 - 12:30  Information Mastery Workshop
1:30 – 3:00  Acute Respiratory Infections Workshop
3:00-5:00  Procedure Workshop

Session 2
8:30 - 11:30  Small group case discussion of McQ and Rivera family member
12:00 – 1:00  Grand Rounds (lunch provided)
1:15 – 5:15  Interview of McQ and Rivera family members (standardized patients)
Advanced Clinical Skills Workshops
Physician Wellness

Session 3
8:30 - 11:30  Small group case discussion of McQ and Rivera family members
12:30 - 1:00  Site Review with clerkship directors
1:15 – 4:15  Interview of McQ and Rivera family members (standardized patients)
Advanced Clinical Skills Workshops
Mid-Clerkship individual meetings with clerkship directors
4:15- 4:45  Family Medicine Interest Tea/Snacks with CD’s (optional)

Session 4
8:30 – 11:30  Small group case discussion of McQ and Rivera family members
12:30 – 1:20  Healthcare Maintenance Jeopardy
1:30 - 5:00  Interview of McQ and Rivera family members (standardized patients)
Acute Presentations Workshop

Final Exam Day
8-12  OSCE and OSCE write-up
1-5  Shelf exam

Holidays
Thanksgiving: Wed, Nov 21, 2018 at 12PM – Sun, Nov 25, 2018
Intercession: Fri, Dec 21, 2018 at 5PM – Tue, Jan 1, 2019
Other holidays that occur during specific blocks will be communicated by the clerkship director.
## Assessment and Grading
### Clerkship Grading Policy


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<th>HOW MUCH EACH PART OF YOUR GRADE IS WORTH:</th>
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<tr>
<td>Clinical Grade Percentage</td>
<td>52%</td>
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<tr>
<td>Shelf/Exam Percentage</td>
<td>30%</td>
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<tr>
<td>“Other” Components Percentage</td>
<td>18%</td>
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<tr>
<th>HOW YOUR FINAL WORD GRADE IS CALCULATED:</th>
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<tr>
<td>Honors</td>
<td>86-100</td>
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<tr>
<td>High Pass</td>
<td>78-85.9</td>
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<tr>
<td>Pass</td>
<td>60-77.9</td>
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<tr>
<td>Fail</td>
<td>&lt; 60 OR &lt;50% Clinical grade OR &lt;5%tile shelf</td>
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<tr>
<th>SHELF/EXAM GRADING</th>
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<tr>
<td>Exam minimum passing (percentile/2 digit score)</td>
<td>5%tile (first quartile stats)/60</td>
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What is “Other” and what percentage is it worth?

| Information Mastery Assignment | 4% |
| Home Visit Report | 5% |
| OSCE Interview | 5% |
| OCSE Progress Note | 4% |

**Other components that need to be completed in order to pass the clerkship**

- Patient log
- FOCUS forms
- Duty Hour Logs
- Demonstrate competency in the advanced clinical skills taught and assessed during the clerkship
- Submit all required documentation, quizzes and paperwork

**Standard Clerkship Clinical Grade Procedures/Policies**

- Preceptors will provide clinical evaluations that contain the “raw data” on the student’s clinical performance. Preceptors DO NOT determine the final “word” grade. You are encouraged to regularly ask for specific behaviorally-based feedback on your clinical skills from your preceptors. However, do not ask them what word grade you will get, as that is a multifactorial process of which the clinical evaluation is one component.

- The CSEF form will be used to numerically calculate your clinical grade: 1 to 4 points (depending on which box is checked) for each of the 13 items for a total of 52 possible points. Each CSEF will be weighted based on how long the student worked with each evaluator.

- Primary preceptors at sites with multiple preceptors will collect evaluation data from the other clinicians with whom the student works. The primary preceptor will collate this data, and submit the final clinical evaluation.
Clerkship-Specific Clinical Grading Procedures
N/A

BUSM Professionalism Statement
Evaluation of a medical student's performance while on a clinical clerkship includes all expectations outlined in the syllabus and clerkship orientation as well as the student's professional conduct, ethical behavior, academic integrity, and interpersonal relationships with medical colleagues, department administrators, patients, and patients' families. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points regardless of performance in other areas of the clerkship. Any professionalism lapses resulting in a loss of clerkship points will require narrative comments by the clerkship director in the professionalism comment section of the final evaluation and a discussion with the student.

Clerkship Failure and Remediation Policies/Procedures
- A score of 1-1.9 (averaged score across evaluators) in any CSEF domain, may result in failure of the clerkship
- Students who fail the shelf examination can re-take it. Students who fail the re-examination must repeat the entire Family Medicine Clerkship
- For more information please see BUSM Policy on Evaluation, Grading and Promotion of Students http://www.bumc.bu.edu/busm/faculty/faculty-handbook-and-school-bylaws/evaluation-grading-and-promotion-of-students/

Formative Assessments
The purpose of formative assessment is to improve student learning by providing feedback on how well they are learning skills and content during the clerkship. Formative assessments are not included in the calculations of students’ final grades. Each clerkship has required FOCUS (Feedback and Observation of Clinical (UME) Student) forms which must be completed by the mid/end of the clerkship. These forms will provide formative assessment through direct observation of CSEF behaviors.

On the family medicine clerkship, students are required to complete the following FOCUS forms by the end of the clerkship:
- Interviewing and Data Collection
- Physical Exam
- Patient Education
- Documentation

Two of the four FOCUS forms should be completed before the mid-clerkship meeting.

Formative Assessment and Feedback Policy
Boston University School of Medicine (BUSM) ensures that each medical student is provided with formative assessment early enough during each required course or clerkship to allow sufficient time for remediation. Formative assessment occurs at least at the midpoint of each required course or clerkship four or more weeks in length.

Mid-Clerkship Review
You and your clerkship director, site director or primary preceptor will complete the BUSM Mid-clerkship Evaluation form at the mid clerkship point.

The purpose of this evaluation is to give the student a chance to understand both their strengths as well as opportunities to improve. The feedback received at the mid-clerkship review is intended to allow the student to improve their clinical skills in real time.

Before the meeting, you should review your patient encounter, procedure and duty hour logs, and identify any deficiencies. You should also review your FOCUS forms, learning goals and reflect on your progress. Some tips to help you prepare for this meeting can be found in the syllabus binder or on blackboard in the Mid-Clerkship section. You should print out a copy of your patient log summary to bring to this meeting and you should work with your preceptor to make a plan for remediating any missing patient encounter or procedures. Your preceptor will provide you with formative feedback regarding your performance, and together you will make a learning plan for the second half of the rotation. **You should BOTH sign the form, and you should bring the Mid-Clerkship Review form and completed Mid-Clerkship CSEF to your meeting with the clerkship director on didactic day #3. You will review it with the clerkship director and it will be handed in at that time.**

Each student will meet with the clerkship director during didactic day 3. In addition to other topics, the mid-clerkship review meeting, forms, and plan will be reviewed and discussed at that time.

Students will also be observed and will receive feedback from faculty and peers during the mid-clerkship didactic days, during the standardized patient encounters. These sessions are not graded, and are a valuable opportunity for students to get observation, feedback, and discussion on their clinical skills.

Final Summative Assessments
The final summative assessment will be based on the clerkship grading policy and include a clinical performance grade with the CSEF (Clinical Student Evaluation Form), a NBME performance grade, and other assessments depending on the clerkship.

The CSEF will be completed by the preceptor at the end of the clerkship. You should review your preceptor’s assessment of you during your final evaluation meeting with him or her if possible. Please see the Mid-Clerkship Review tab in the syllabus binder or blackboard for a copy of the Boston University Clinical Student Evaluation Form (CSEF). A CSEF will be completed at the Mid-Clerkship Review meeting as well. We do not ask you to schedule final evaluations with your preceptors in E*Value as we will schedule them for you.

At sites where you work with more than one preceptor, the primary preceptor will collect feedback and evaluation data from the other preceptors with whom you work. The primary preceptor will collate this data into your final clinical evaluation.

All students will receive and will be required to read and sign the Family Medicine Clerkship Evaluation and Grading Policy form shown above.

Home Visit Report
During the clerkship you will complete a home visit and will fill out a home visit report. This will be worth 5% of your final grade. Towards the end of the clerkship, you should present your report to the site faculty and staff. Your complete report includes a genogram of your patient, regardless of the patient’s age. The final report is due on final exam day. **Please make sure there is no patient identifying information on the report you submit to be graded by a core faculty member.** For every week it is late 5 points will be deducted from
your final case report grade, up to a maximum of 20 points. Please see the student responsibilities section below as well as Home Visit tab in the syllabus binder and blackboard for full instructions.

**Information Mastery Assignment**
During the clerkship you will complete and information mastery assignment. This will be worth 4% of your final grade. Students will complete and submit the assignment as outlined in the Information Mastery section of the Syllabus Binder. Please review the grading rubric for this assignment in the Information Mastery section of the syllabus binder. For every day it is late 1/2 point will be deducted from your final grade, up to a maximum of 5 points. No credit will be received for information mastery assignments that are submitted after the last day of the clerkship unless previous arrangements have been made and approved by the clerkship director. Please see the student responsibilities section below as well as the information mastery tab in the syllabus binder for full instructions.

**OSCE**
The OSCE will take place on the final Friday morning of the clerkship. The OSCE interview is worth 5% or your final grade, and the OSCE progress note is worth 4% of your final grade. The patient encounter and progress note written based on this encounter will be graded by faculty.

**OSCE Exam Instructions and Preparation**
Please read and review these materials prior to the OSCE exam:
- The OSCE exam will be held at the Clinical Skills and Simulation Center in the basement of the Evans Building.
- Your OSCE exam will be with a McQ or Rivera family member.
- You will have 15 minutes to conduct an interview and discuss your management and follow-up plan with the patient.
- Due to time constraints, no physical examination of the patient will be performed. You should ask the standardized patient for the physical exam (e.g. say “I would like to examine you now”), and you will be given the physical examination findings.

**Interview format:** see “OSCE Format,” on the following page
- The interview will be observed via video camera by a faculty member and graded in real time.

**Progress Note**
- After your 15 minute encounter with the standardized patient you will have 10 minutes to hand-write a SOAP note account of the session on a paper provided to you.
- See below for the progress note format.
- After completing the progress note you will re-enter the exam room to receive 5 minutes of feedback from the faculty observer and standardized patient.
OSCE Format

Resources available:
Students will have a copy of the McQ or Rivera patient chart during the interview and progress note times. They cannot have any other resources, electronic or otherwise, during the interview or progress note time.

Interview:
Total time allowed: 15 minutes

1 Minute: Student reviews vital signs and chief complaint on OSCE opening scenario card outside exam room.

10 Minutes Max: Initial History:
Rating Criteria:
• elicitation of detail for chief complaint
• identification of pertinent negatives
• identification of patient’s concern(s)
• elicitation of relevant family, lifestyle, occupational issues
• review of previous medical problems and/or issues relevant to this patient and encounter

5 Minutes Max: Discussion of Assessment/Plan With Patient:
Rating Criteria:
• choice of working diagnosis
• investigations (may or may not be indicated)
• treatment
• counseling and lifestyle change
• patient education re: diagnosis, management plan/follow-up instructions
• addressing chief concern
• specifying follow-up
• addressing (briefly) past medical problems

Progress Note Format
Total time allowed: 10 minutes
The student will hand-write a SOAP note progress note based on the OSCE encounter which addresses the following items:

History Rating Criteria:
Rating Criteria:
• description of presenting problems
• identification of pertinent positives and negatives
• identification of patient’s concern(s)
• elicitation of relevant family, lifestyle, occupational issues
• review of previous medical problems and/or issues relevant to this patient and encounter

Assessment:
Rating Criteria:
• One-Liner
• Leading diagnosis and differential diagnosis of presenting problem and rationale
Plan:
Rating Criteria:
Investigations: may or may not be indicated, justify your investigative plan, even if no tests are ordered

Treatment:
- If indicated: appropriate medication
- If indicated: relevant lifestyle change/counseling (see below), justify your treatment plan

Patient Education: relevant counseling/lifestyle change

Follow-up: provide relevant follow-up instructions, define appropriate follow-up plan

Overall Rating Criteria:
- Organization
- Completeness
- Legibility

Physical Exam:
Since this has been provided to you, you do not need to re-write it.

**NBME Subject Examination**
Students will take the Family Medicine NBME Subject Examination on the last Friday of the clerkship (unless otherwise communicated by the Office of Academic Affairs). Students are given a reading day the day before the exam. Students do not report to their clerkship site on the reading day or the day of the exam. Students will be given 2 hours and 45 minutes to complete this exam.

**Shelf Exam Laptop Certification Process**
Students must certify their laptops one week before the NBME Subject Exam and again on the day before the exam. Instructions are provided on the Alumni Medical Library website at: [http://medlib.bu.edu/computing/nbmelaptopcertification.php](http://medlib.bu.edu/computing/nbmelaptopcertification.php)

**Exam Policies**
[http://www.bumc.bu.edu/bsm/education/academic-affairs/policies/exam-policies-for-medical-students/](http://www.bumc.bu.edu/bsm/education/academic-affairs/policies/exam-policies-for-medical-students/)

**Testing Center Policies**

**Make-Up Exams**
Students needing to make up the exam or remediate only the exam portion of the clerkship must contact the Clerkship Coordinator to arrange for a make-up/remediation date. **Students may not take a make-up or remediation exam during any block they currently have a scheduled rotation.** Make-ups and remediation exams will typically be scheduled at the end of the third year blocks between mid-May and early June.

**Student Grade Inquiries**
Students can see their folders, but only under supervision of Dr. Cohen-Osher, Dr. Wlasiuk, Ms. Laforest, or other designated FM faculty or staff. No folder is to be removed from the Department or copied in any way by a student. Students who have specific questions that are not answered from reviewing their file, can contact Dr. Cohen-Osher and/or Wlasiuk with their specific questions. They will determine whether there is need for a meeting or other further action.
A student who has questions about the preceptor’s grading of performance or narrative evaluation should discuss this first with the preceptor during their exit meeting at the end of the clerkship. If a student has questions about their clinical evaluation after their grade has been submitted to the registrar, he or she should contact Drs. Cohen-Osher or Wlasiuk FIRST with their specific concerns. Students should not contact preceptors directly about grade complaints or reviews before talking with Dr. Cohen-Osher or Dr. Wlasiuk.

Please note that preceptors are not asked to provide a final or “word” grade for their students. Rather they are asked to provide the “raw data” on the student’s clinical skills. We do not accept revised preceptor grades without discussion between the preceptor and Dr. Cohen-Osher/Wlasiuk.

A student who has questions about the grading of the Home Visit Report, the OSCE or the OSCE Progress Note can discuss these with Dr. Cohen-Osher or Wlasiuk. The OSCE interview is not a reviewable component of the grade, as it is graded in real-time by faculty.

Requests to revise grades will only be considered for 15 business days after the grade is posted by the registrar, consistent with BUSM policy. If, as a result of a student challenge, the grade is re-calculated and determined to be different from that originally awarded, the Clerkship Coordinator will send a new grade cover sheet to the Registrar.
Roles and Responsibilities

Clerkship Director
- Oversee the design, implementation, and administration of the curriculum for the clerkship
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Ensure student and faculty access to appropriate resources for medical student education
- Orient students to the clerkship, including defining the levels of student responsibility necessary for required diagnoses and procedures
- Oversee teaching methods (e.g. lectures, small groups, workshops, clinical skills sessions, and distance learning)
- Develop faculty involved in the clerkship
- Evaluate and grade students
  - Develop and monitor assessment materials
  - Use required methods for evaluation and grading
  - Assure mid-clerkship meetings and discussion with students
  - Ensure students are provided with feedback on their performance
  - Submit final evaluations for students via E*Value
- Evaluate faculty and programs via peer review and reports from the Office of Medical Education and national reports
- Support each student’s academic success and professional growth and development, including working with students experiencing difficulties
- Participate in the BUSM clerkship peer review process
- Ensure LCME accreditation preparation and adherence
- Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Clerkship Coordinator
- Support the clerkship director in the responsibilities provided above
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Maintain student rosters and clinical schedules
- Coordinate orientations and didactic sessions
- Liaise with site directors and administrators to coordinate student experiences across all sites
- Verify completion of clerkship midpoint and final evaluations for each student
- Monitor students’ reported work hours and report any work hours violations to the clerkship director
- Coordinate and proctor clerkship exams

Site Directors
- Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
- Orients students to the clinical site
- Sets student expectations for clinical encounters and discusses student role and responsibilities
- Supervises students by observing history taking, physical exam skills and clerkship specific required observations.
- Ensures formative feedback in an appropriate and timely fashion
- Delegates increasing levels of responsibility
- Meets with the student for the Mid-clerkship review
• Meets with the student for the final exit meeting
• Recognize students who have academic or professional difficulties and communicate this to clerkship leadership
• Collects feedback and evaluation data from all physicians who work with the student
• Evaluates students fairly, objectively and consistently following medical school and department rubrics and guidelines
• Ensure student and faculty access to appropriate resources for medical student education
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Primary Clinical Faculty/Preceptors/Trainees
• Set and clearly communicate expectations to students
• Supervise students by observing history taking and physical exam skills, and document it on the FOCUS form
• Delegate increasing levels of responsibility to the student within clerkship expectations
• Maintain appropriate levels of supervision for students at site.
• Create and maintain an appropriate learning environment, modeling respectful and professional behaviors for and toward students
• Recognize student learning or professional difficulties and communicate to clerkship director directly in real time in person or via email or phone
• Give students appropriate and timely formative feedback
• Assess students objectively using the CSEF form
• Adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations

Supervision
Initially, the primary clinical faculty members should designate time to observe you performing: **history taking, focused physical exam, clinical problem-solving and interaction with patients and patient education.** Once the supervisor establishes the student’s level of confidence and competency, the student should be delegated increasing levels of responsibility in patient care, as appropriate. Although students may initiate a particular patient encounter on their own and without direct supervision, the faculty must at some point review the encounter with the student and inform the patient in-person that the student’s assessment and management plan has been reviewed and approved by the faculty. The faculty is ultimately responsible for the evaluation, treatment, management, and documentation of patient care. If students have concerns regarding their clinical supervision, the site director and clerkship director should be immediately notified.

Supervision and Delegating Increasing Levels of Responsibility
It is expected that the level of student responsibility and supervision will be commensurate with student’s competency and level of confidence. When the student arrives to a new setting, a faculty may wish to observe you for the first session. Thereafter, you should begin to see patients on your own. In the outpatient setting, the student should initially perform 4-5 focused visits per day in the first week, increasing to 6-12 thereafter. In the inpatient setting, the student should initially follow 1-2 patients and increased to 3-4 thereafter. When a student feels that he or she is being asked to perform beyond his or her level of confidence or competency, it is the responsibility of the student to promptly inform the preceptor. It is then the preceptor’s responsibility to constructively address the student’s concerns and appropriately restructure the teaching encounter to address the student’s learning needs.
Under no circumstances should the following occur:

- Patient leaves the office/hospital with never having had a direct face-to-face encounter with clinical faculty/supervising resident.
- Primary faculty gives “prior approval” for student to perform intervention (order labs, prescribe meds) without satisfactory review.
- Patient leaves office/hospital without being informed that assessment/management plan has been directly reviewed and approved by the faculty.
- Learning in which a student is expected to perform an intervention or encounter without the prerequisite training and/or adequate supervision.
- Student note provides the only record of the visit. Although all faculty see all patients, faculty must document that they were actually the person responsible for seeing and examining the patient.

Third Year Student

Professional Comportment
Students are expected to adhere to the AAMC-developed guidelines regarding Teacher-Learner Expectations, located on the Policies page, under “Academic Policies and Information” ([http://www.bumc.bu.edu/bsm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf](http://www.bumc.bu.edu/bsm/files/2015/05/AAMC-Teacher-Learner-Expectations.pdf))

Students are expected to be aware of and follow the site expectations on professional comportment, including, but not limited to, dress code and the use of phones, pagers, and laptops. Students must arrive on time at their site and for any scheduled sessions. Any missed sessions and absences must adhere to the Clinical Student Time Off Policy.

Further, below are expectations for student professionalism in the core clerkship curriculum. These include, but are not limited to:

- Treating the clerkship team in a professional and respectful manner
- Engaging in the core curriculum and participating respectfully at all times
- Arriving at clerkship didactic sessions on time
- Requesting faculty and resident evaluations in a timely manner
- Reviewing and responding to e-mail requests in a timely manner.
- Returning borrowed clerkship materials on time
- Handing in all assignments on time
- Completing all logs and FOCUS forms by the clerkship specific deadline
- Inform clerkship leadership and supervising faculty/residents of absences

Feedback on professionalism will be given to students during the mid-clerkship meeting so students will be made aware of any concerns noted by the clerkship directors, clerkship coordinator, faculty or residents.

Positive and constructive comments on professionalism will be included in the narrative of the final clerkship evaluation for each student. Any lapses in professionalism may result in a loss of up to 3% of the total possible clerkship points.
Ethical Behavior for Examinations and Mandatory Sessions

- Refrain from any conversation with your peers during exams and as you leave the L-11 testing space, including within the vending room and elevator waiting area, until you are on the elevator.
- Don’t seek or receive copies of the examinations
- Signing in classmates, or signing in yourself and not staying, for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
- If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Clerkship Director

Student Evaluation of the Clerkship

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum. Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via E*Value (www.e-value.net) for each of the courses/modules and their instructors. All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

Your honest feedback about your sites, preceptors, and faculty is very important to us, and is a critical part of how we improve the clerkship. There is no risk that you could be negatively affected in any way by completing these evaluations honestly and completely.

The data from these evaluations is distributed to the preceptors and faculty in cumulative form (batched with data from multiple students) as their “report card” at the end of the year, after you have been graded.

In addition to the OME Clerkship Evaluation, we ask that you complete an evaluation of the Family Medicine Core Curriculum (didactics, faculty, etc) which can be found on blackboard.

We will also provide you with paper evaluation at the end of each didactic day so you can evaluate each session. You will place these in a collection envelop without any faculty seeing, so your feedback will be anonymous.

Blackboard

Students will have access to a Blackboard site for the clerkship. The site is listed under “My Courses” as Family Medicine Clerkship 18-19 on your Blackboard landing page. [https://learn.bu.edu/](https://learn.bu.edu/)

In the blackboard site you will see content related to:
- Advanced Patient Communication
- EBM/Information Mastery
- Musculoskeletal Examinations
- Dermatology

Each week there will be short videos or articles to watch and/or read. Be sure to watch/read these materials by the deadline for the week they are assigned, as you will need to be familiar with that content during the didactic days.

You will submit your Information Mastery Assignment to the EBM/Information Mastery Discussion board during weeks 2 and 4. See the outline of the Information Mastery Curriculum below.
## Family Medicine Blackboard Site Overview:

<table>
<thead>
<tr>
<th>Week</th>
<th>Advanced Patient Communication</th>
<th>EBM/Information Mastery</th>
<th>Musculoskeletal</th>
<th>Dermatology</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Watch MI videos</td>
<td>Look for a patient with a clinical question Start using POC resources in your patient care</td>
<td>-</td>
<td>Watch videos of knee</td>
</tr>
<tr>
<td>2</td>
<td>-</td>
<td>Submit Information Mastery worksheet sections 1 and 2 (questions)</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>3</td>
<td>-</td>
<td>-</td>
<td>Watch videos of shoulder, and back exams.</td>
<td>Complete Dermatology Modules</td>
</tr>
<tr>
<td>4</td>
<td>Read Kleinman Questions</td>
<td>Submit Information Mastery Assignment</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Complete Dermatology quiz</td>
</tr>
<tr>
<td>6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

*Students who have questions about the Blackboard site or find that they do not have access to the site should contact the Clerkship Coordinator for assistance.

## Assignments

### EBM/ INFORMATION MASTERY CURRICULUM AND ASSIGNMENT

- After the Information Mastery Workshop, review the Information Mastery Assignment Instructions and Worksheet.
- Find a clinical scenario at your site that generates a clinical question.
- Complete sections 1 and 2 Information Mastery Assignment Worksheet and submit to the EBM/Information Mastery discussion board during week 2
  - Post sections 1 and 2 in the body of a discussion board message.
  - You will receive feedback on your clinical question from Family Medicine faculty or the medical librarians.
  - Make any recommended changes and complete your search and critique.
- Submit your ENTIRE (sections 1-4) Information Mastery Assignment Worksheet to the EBM/Information Mastery discussion board during week 4.
  - Reply to your original post with a one-liner summarizing the answer to your question and YOUR strength of recommendation.
  - Attach your complete Information Mastery Assignment Worksheet to the reply.
  - You will receive your assignment score and feedback individually from a Medical Librarian.
- Make any recommended changes, and review your final Information Mastery Assignment with your preceptor who will complete their section and sign it.
If you want to revise and re-submit your assignment based on the feedback from the Medical Librarian, you may do so by the last day of the clerkship. Please submit this to the clerkship coordinator.

Hand in signed worksheet by the end of the clerkship.

Point of Care Resources can be found in our Finding Information Framework (FIF) at http://medlib.bu.edu/bsm/fif/

Please see the Information Mastery tab in your Syllabus Binder for the complete and detailed grading rubric for this assignment.

HOME VISIT and REPORT

Your preceptor will help you pick out an appropriate home visit patient. Ideally it will be a patient that you have seen in the office. **For your safety, you must be accompanied by another student or clinician (nurse, resident, doc, etc) when you go on your home visit.** You will visit the patient in their home and talk with them about their illness and its impact on them and their family. You will then complete the Chronic Medical Condition Home Visit Report discussing what you learned. While there is much value in performing a home visit on many different types of patients, we are prioritizing visits to patients with a chronic medical condition. In the course of your home visit you will be required to assess patient concerns, briefly describe the patient’s past medical history, give a review of medications, perform an assessment of the patient, describe the home environment and assess the social support and emotional state of the patient.

Complete guidelines for arranging the visit and writing the case report are in the Home Visit tab in the syllabus binder and on blackboard.

As part of your Home Visit Report, you will create a genogram for the patient whom you visit. For this, you will need to read the article by Ian Waters, et.al, which describes the utility of genograms and how to create them. The genogram should include important medical and social elements, but does not need to be all-inclusive.

You will present your report orally to faculty at your site. You will turn in the written report to your preceptor as well as to the Clerkship Coordinator at the end of the clerkship. **Please do not include any patient identifying information on the report you submit to the Clerkship Coordinator.**

Please see the Home Visit section of the syllabus binder and on Blackboard for the complete and detailed grading rubric for this assignment.

HOME VISIT SAFETY

Student safety is a priority of the Family Medicine Clerkship and the Department of Family Medicine. **For your safety students must go in pairs or be accompanied by a clinician when you go on your home visit.** At no time should a student participate in an experience where they are in danger or do not feel comfortable. Please read the attached Home Visit Safety Policy and General Safety Guidelines, located in the Home Visit tab in the syllabus binder and on Blackboard. Contact the Clerkship Director if you have questions or concerns at any point.
Patient Encounters/Procedure Logs
Across the third year there are required patient encounters and procedures that must be logged whenever they are seen. To log the patient encounter, students must have participated in the history, physical exam, assessment and plan development of the patient.

Required Patient Encounters
http://www.bumc.bu.edu/busm/education/academic-affairs/faculty-resources/

The required patient encounters for family medicine are as follows:

1. Fatigue
2. High BP
3. The ambulatory patient with chest pain
4. Cough
5. Back Pain
6. The ambulatory patient with abdominal/pelvic pain
7. Sexual dysfunction
8. Skin lumps/lesions/rashes
9. The well adult
10. The well child
11. The patient with obesity
12. The patient with diabetes
13. The patient with chronic pain
14. The patient with a substance use disorder

The required procedures for family medicine are as follows:

1. Venipuncture (sim)
2. Vaccine administration (sim)

These two procedures are only required to be done as a simulation, which will happen during our procedure workshop, but hopefully you will get an opportunity to perform both of these procedures during your clerkship on real patients and when you do you should log them.

You are required to log all patients you see with any of the 55 BUSM core diagnoses that you have provided comprehensive care for (e.g. taken a history, done a physical exam and come up with a management plan/written a note) during your clerkship year, but the above 14 patient types must be logged by the end of the family medicine clerkship.

Alternative Patient Encounters
If a student has not been able to experience all patient encounters required for the clerkship, students must address any gaps in their patient encounters through an alternative experience. In family medicine, our standardized families (the McQs and the Riveras) who we care for in our core clerkship small group cases and SP sessions can be logged as the alternative experience.

Patient Encounter Log
Students are expected to log their patient encounters in E*Value (www.e-value.net). Patient logs help the clerkship ensure that each student is seeing a diagnostically diverse patient population, an adequate number of patients, and performing a sufficient number of required procedures and diagnoses. The directions on how to log patient encounters can be found on the E value help page http://www.bumc.bu.edu/evalue/students/.
Students must bring a printed copy of their patient encounter and procedure log to their mid rotation feedback meeting.

Policies and Procedures for Evaluation, Grading and Promotion of Boston University School of Medicine MD Students

Collaborative Student Assessment System
http://www.bumc.bu.edu/busm/files/2016/03/OAA_Collaborative_Student_Assessment_System.pdf

Student Disciplinary Code of Academic and Professional Conduct

Attendance Policies
On-site hours must be limited to 80 hours per week, averaged over a two-week period. Violations should be reported directly to the clerkship director or to an Associate Dean (Academic Affairs or Student Affairs). Time off requests must comply with the Attendance & Time Off Policy.

  - Time Off Request Form: www.bumc.bu.edu/busm/files/2015/06/Time-off-Request-Form.doc
- Work Hours: http://www.bumc.bu.edu/busm/education/academic-affairs/policies/work-hours/

Personal Day Policies
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/personal-days-policy/

Clerkship Specific Blackout Dates
The clerkship specific blackout dates for family medicine are our four didactic days.

Scrubs Policy
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/scrubs-policy/

BUSM Policies
In addition to the expectations listed above, all students are expected to adhere to BUSM and Boston University policies.
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/
BU Policies and Student Support Services

Appropriate Treatment in Medicine
Boston University School of Medicine (BUSM) is committed to providing a work and educational environment that is conducive to teaching and learning, research, the practice of medicine and patient care. This includes a shared commitment among all members of the BUSM community to respect each person’s worth and dignity, and to contribute to a positive learning environment where medical students are enabled and encouraged to excel.

BUSM has a ZERO tolerance policy for medical student mistreatment.

Students who have experienced or witnessed mistreatment are encouraged to report it using one of the following methods:

- Contact the chair of the Appropriate Treatment in Medicine Committee (ATM), Dr. Robert Vinci, MD, directly by email (bob.vinci@bmc.org)
- Submit an online Incident Report Form through the online reporting system

These reports are sent to the ATM chair directly. Complaints will be kept confidential and addressed quickly. ATM Website:http://www.bumc.bu.edu/busm/student-life/student-life/atm/

Needle Sticks and Exposure Procedure

Boston University Sexual Misconduct/Title IX Policy

Boston University Social Media Guidelines
http://www.bu.edu/policies/information-security-home/social-media-guidelines/

Recent Changes to the Clerkship
Based on feedback from last year we added/modified the following:

- To provide more exam preparation, we added a health care maintenance jeopardy session and some MCQ during our procedure workshop escape the room session
- The procedure workshop is in an escape the room format to make it more engaging
- We added male sexual dysfunction to our case-based session as this was not explicitly covered anywhere else in the clerkship curriculum
- Our required patient encounters and procedures were integrated with the other core clerkships
- We modified our physician wellness session to give more time and support for students
Learning Strategies and Tools

Recommended Texts
- The American Academy of Family Physicians (AAFP) review articles on the thumb drive handed out during orientation

We strongly recommend that you read about the diagnoses you see in clinic in real time – pick 1 or 2 topics that you saw in the office during the day to read about that same night.

Recommended readings are listed below by case patient/session

Shelf Exam Preparation

The suggested shelf preparation resources are:
- American Academy of Family Physicians (AAFP) Online board review question bank – you must join the AAFP to access this, but membership is free for medical students. Questions can be taken in 10 question mini quizzes. You can do 10 questions per day or every other day so as to pace yourself through the clerkship. [http://www.aafp.org/online/en/home/eme/boardrev/questions.html](http://www.aafp.org/online/en/home/eme/boardrev/questions.html)
  - To join the AAFP (free for students) go to [http://www.aafp.org/online/en/home/membership/becomeamember/membercategories/studentmember.html](http://www.aafp.org/online/en/home/membership/becomeamember/membercategories/studentmember.html)
  - Many of these questions can also be found on the American Board of Family Medicine (ABFM) app which is free
- PreTest
- Other, less recommended resources are: Case Files, Qbank, NMS, Smith Essentials of Family Medicine online question bank

E*Value Student Resources
[http://www.bumc.bu.edu/evaluate/students/](http://www.bumc.bu.edu/evaluate/students/)

Echo360/Technology

Echo360 may only be used for streaming captured lecture videos; the videos may not be downloaded. Taking smartphone or digital pictures or videos of any part of the lecture in class, or at home, is similar to downloading and is not allowed. There are a number of reasons for this, including that students and/or the University may be liable for violations of federal copyright and privacy laws as a result of the use of copied material.

If you experience any technical problems, please report the issue in one of the following ways to generate an IT ticket:

- **Echo360 Related Issues**: Create a ticket on the Ed Media site ([http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/](http://www.bumc.bu.edu/bumc-emc/instructional-services/echo360/)): sign in and provide pertinent information that will enable an effective response. Have a link to the problematic video ready to copy/paste into this form.

- **Educational Technology Related Issues**: For assistance with technology supported by BUMC's Educational Media (e.g. ExamSoft), tickets can be created via their website at: [http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/](http://www.bumc.bu.edu/bumc-emc/instructional-services/report-an-educational-technology-issue/)
Other Technology Related Issues: For assistance with BU-wide technology, such as Blackboard, email an example (e.g. picture or very brief phone video) to ithelp@bu.edu with a descriptive subject line and give as many details as possible on the what, where, how you are using the service and what type of computer, browser, etc. along with type of student (i.e. BUSM III). Always include link(s) to or screen shots of where the issue is occurring.


Tutoring
Peer tutors may be requested via the Office of Academic Enhancement’s Peer Tutoring Program at: [https://www.bumc.bu.edu/busm/student-life/professional-development/academic-enhancement/peer-tutoring-program/](https://www.bumc.bu.edu/busm/student-life/professional-development/academic-enhancement/peer-tutoring-program/)

Office of Disability Services
Boston University is committed to providing equal and integrated access for individuals with disabilities. The Office of Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University. [http://www.bu.edu/disability/policies-procedures/academic-accommodations/](http://www.bu.edu/disability/policies-procedures/academic-accommodations/)
Session Learning Objectives and Notes

The family medicine clerkship core curriculum is centered around two standardized families – the Riveras and the McQs. These families will be represented by cases that contain patient records, with history and physical exam data, lab results etc. (on blackboard) which focus on the common, core topics encountered in family medicine. Using a modified problem-based learning format and standardized patient encounters, students will address the needs of two standardized family members. Below are the members of the two families with the suggested readings and learning objectives linked to each visit.
MARY MCQ
55 year old female

Readings:
1. Chapter 7 - Overview of prevention and screening
2. Chapter 15 - Women's health

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Identify and describe the appropriate screening tests and preventative interventions for adult women
2. Discuss cardiovascular risk stratification
3. Discuss common menopause symptoms and evidence based treatments for these symptoms
4. Summarize the issues involved in work clearance

Visit 2:
1. Specify the risks and benefits of screening mammography:
   b. Explain the concepts of sensitivity, specificity, and predictive value as they relate to this patient.
2. Describe strategies to deliver “bad” test results to patients in a patient centered manner.
3. Describe the different types of breast biopsies and their indications

Visit 3: Standardized Patient Session

1. Practice techniques to deliver bad news to patients in a compassionate way
MIKE MCQ
55 year old male

Readings:
2. Chapter 7- Overview of prevention and screening
4. ACC/AHA guideline for the treatment of cholesterol to reduce ASCV risk
5. Chapter 23 – Substance Use Disorder
7. Chapter 18- Sexuality and Relationship Issues

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Identify the current recommendations for routine screening in an adult male
2. Diagnose hypertension using criteria established by the eighth report of the Joint National Committee on
detection, evaluation and treatment of high blood pressure
3. Describe lifestyle/environmental/nutritional factors involved in the non-pharmacologic treatment of
hypertension
4. Differentiate the major classes of anti-hypertensive drugs and their appropriate use in the ambulatory
management of hypertension
5. Recommend the initial work-up of the patient with the new diagnosis of hypertension, including the
rationale behind any recommended testing
6. Describe and apply the ACC/AHA cardiovascular risk screening and cholesterol treatment guidelines

Visit 2: Motivational Interviewing Workshop
1. Describe the usefulness of motivational interviewing in changing patient behavior
2. Explain the principles of motivational interviewing
3. Practice specific techniques to facilitate effective motivational interviewing
4. Incorporate motivational interviewing into routine patient interviews

Visit 3:
1. Describe an approach to sexual dysfunction in a male patient
2. Generate a differential diagnosis for erectile dysfunction
3. Discuss a work-up and treatment approach for erectile dysfunction
4. Describe smoking cessation management options
MARTA RIVERA
17 year old female

Readings:
1. Chapter 8 Prenatal Care
2. Chapter 14 Contraception
3. Adolescent Health Screening and Counseling Am Fam Physician 2012
   https://www.aafp.org/afp/2012/1215/p1109.html
   http://www.aafp.org/afp/2008/0715/p225.html

Learning Objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Deliver the diagnosis of pregnancy and practice patient-centered options counseling
2. Describe the principles of diagnosis and management of a urinary tract infection

Visit 1 follow-up phone call:
1. List the components and rationale of the history, physical exam, testing and patient education done in the first prenatal visit

Visit 2:
1. Identify and describe the routine screening tests and preventative interventions performed in the second trimester.
2. Discuss psychosocial screening as it relates to the care of pregnant patients (for example, housing, violence, etc.).

Visit 3:
1. Discuss the components of the postpartum visit and identify the medical issues commonly encountered in the post-partum
2. Describe options for contraception, and identify resources to assist with choosing the safest contraceptive options for specific patient populations (e.g. post-partum, breast feeding, etc)
3. Describe the benefits of breastfeeding for both the mother and child
4. Assess the adequacy of breastfeeding, identify a proper latch, and identify resources for breastfeeding support
TERESA RIVERA
45 year old female

Readings:
1. Chapter 12 Approach to Common Chronic Problems
2. Chapter 15 Weight Management and Nutrition
3. "Lending a Hand" to Patients with Type 2 Diabetes: A Simple Way to Communicate Treatment Goals
   [http://care.diabetesjournals.org/content/38/Supplement_1/S41.full.pdf+html](http://care.diabetesjournals.org/content/38/Supplement_1/S41.full.pdf+html)
5. Chapter 21- Family Violence
6. Chapter 22- Common Psychosocial Problems
7. Diabetes Self-Management: Facilitating Lifestyle Change

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**Learning objectives**

By the end of the clerkship, the student will be able to:

**Visit 1:**
1. Identify the diabetes screening guidelines and diagnostic criteria
2. Discuss the work-up and initial treatment options for a patient newly diagnosed with diabetes
3. Identify the surveillance and treatment recommendations for the prevention of both co-morbidities and mortality for patients with type 2 DM
4. Describe how to counsel a patient about lifestyle modifications including nutrition and exercise counseling

**Visit 2: Standardized Patient Interview**
1. Demonstrate the correct use of an interpreter while interviewing a patient
2. Demonstrate a differential diagnosis-driven interview to evaluate a patient with fatigue
3. Screen for psychosocial factors that can affect health

**Visit 3:**
1. Discuss indications for starting insulin and how to discuss this with a patient
2. Identify and describe the challenges associated with caring for patients with chronic diseases
3. Discuss the role of mental health in the care of those with chronic disease
John McQ  
35 year old male

Readings:
1. Chapter 17 - Musculoskeletal Problems
4. Chapter 16 - Men's Health Care

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Create a differential diagnosis for acute low back pain
2. Identify red flags for potentially serious conditions in the differential of low back pain
3. Describe the management of acute, uncomplicated low back pain
4. Discuss screening recommendations for sexually transmitted infections
ROBERTO RIVERA
2 ½ year old male

Readings:
   http://pediatrics.aappublications.org/content/pediatrics/139/3/e20162546.full.pdf
4. Chapter 9 The Pediatric Well Child Check
5. 2017 Recommendations for Preventative Pediatric Healthcare – Bright Futures/AAP 
6. Speech and Language Delay and Disorders Screening in children < 5yo: 
   http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryDraft/speech-and-
   Screening for Autism Spectrum Disorder in Young Children:
   http://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryDraft/autism-spectrum-
   disorder-in-young-children-screening?ds=1&s=developmental

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1: 
1. Identify and discuss differential diagnosis, classification, and diagnosis of wheezing and cough in a child
2. Discuss and outline the diagnosis and management of asthma in children, including medication, monitoring, 
   and prevention
3. Assess growth in young children
4. Identify and discuss disparities in asthma care and outcomes.

Visit 2: 
1. Identify and describe the components of a well-child check
2. Discuss the utility of screening tools for developmental delay and autism spectrum disorders and appropriate 
   follow up if the screen is positive
3. Discuss the importance of anticipatory guidance and tools to use to help facilitate this conversation
4. Identify and describe the appropriate screening tests and preventative interventions for a 30 month old child
CASIMIRA RIVERA
65 year old female

Readings:
1. Chapter 10- Care for the Aging Patient

Learning objectives:
By the end of the clerkship, the student will be able to:

Visit 1:
1. Discuss the utility, benefits, and challenges of geriatric assessment in the home and office settings
2. Create and discuss the differential diagnosis of functional decline in the geriatric patient
3. Discuss the effects of medical illness on function in the elderly patient
4. Discuss use of herbal supplements and identify evidence based resources to evaluate safety, efficacy and interactions
5. Discuss approaches to and strategies for the encounter with patients with multiple medical issues, including prioritization and patient education
6. Discuss the experience of completing an advanced directive

CHRIS MCQ
58-year-old male

Readings:
1. Chapter 20- Chronic Pain
2. Chapter 23 – Substance Use Disorder

Learning objectives:
By the end of the clerkship, the student will be able to:

1. List factors that would increase a person’s risk for opioid misuse
2. Demonstrate how to determine the appropriateness of the continuation of opioid medication for pain management including risk factor assessment, controlled substance contracts, and goals of care discussion
3. Discuss how to monitor patients taking opioids for chronic pain management including controlled substance contracts, urine drug screening, pill counts, goals of care
4. Screen for substance abuse in patients using opioids for chronic pain
5. Describe and demonstrate strategies for addressing aberrant behavior while undergoing treatment with opioid medications
Clerkship didactic sessions/workshops

Overview of Family Medicine

Learning objectives:
By the end of the clerkship, the student will be able to:

1. Describe the key characteristics of Family Medicine and the key attributes of a Family Physician
2. Describe the state of US healthcare in terms of overall quality, cost and health outcomes, and how the US compares to other industrialized nations.
3. Discuss the importance of primary care to the healthcare system in terms of improving health outcomes, lowering cost, and improving equity in health
4. Describe where most medical care is taking place in the US and which specialties are providing primary care
5. Discuss the current training model and fellowship opportunities for Family Medicine
6. Discuss the typical practice settings and roles for Family Doctors nationally and in the Boston University Department of Family Medicine
7. Discuss the characteristics of the new model of Family Medicine and the future of Family Medicine

Advanced Information Mastery Workshop

Readings:
1. Chapter 3 – Information Mastery

Learning objectives:
By the end of the clerkship, the student will be able to:

1. Name 5 different EBM resources and identify when each is most useful
2. Perform a quick and effective search to answer clinical foreground questions using point-of-care resources
3. Categorize quality of an answer using the Usefulness Equation

Acute Respiratory Infections Workshop

Learning objectives:
By the end of the clerkship, the student will be able to:

1. Identify the signs and symptoms typically present in strep pharyngitis, mononucleosis, upper respiratory tract infections, acute bronchitis, community acquired pneumonia, influenza, acute otitis media, and sinusitis.
2. Discuss diagnosis and work up for strep pharyngitis, mononucleosis, upper respiratory tract infections, acute bronchitis, community acquired pneumonia, influenza, acute otitis media, and sinusitis.
3. Identify evidence based treatments (pharmacologic, CAM, and other) using point-of-care resources for strep pharyngitis, mononucleosis, upper respiratory tract infections, acute bronchitis, community acquired pneumonia, influenza, acute otitis media, and sinusitis.
Procedure Workshop

Learning objectives:
By the end of the clerkship, the student will be able to:

1. Recognize the broad range of procedures performed by family physicians in an outpatient setting
2. Describe indications for shave biopsy, punch biopsy, cryotherapy and excisional biopsy and which skin lesions are most appropriate for which of these procedures.
3. Discuss pre and post procedure patient instructions for joint injections and skin biopsies.
4. Identify anatomic landmarks for venipuncture, knee injection and deltoid immunization injection
5. Perform knee joint injection, shave biopsy, punch biopsy, venipuncture and IM injection

Musculoskeletal Workshops

Learning objectives:
By the end of the clerkship, the student will be able to demonstrate the ability to:

1. Examine the shoulder appropriately including inspection, palpation, and range of motion, strength, and special testing.
2. Conduct an appropriate knee examination including inspection, palpation, and range of motion, strength, and special testing.
3. Perform an appropriate back examination including inspection, palpation, and range of motion, strength, and special testing.

Acute Presentations Workshop

Learning objectives:
By the end of the clerkship, the student will be able to demonstrate the ability to:

1. Identify patients who are presenting with symptoms of distress in an outpatient office and describe initial management options
2. Describe the role that family doctors play in the management of acutely ill patients in an outpatient setting

Physician Wellness

Learning objectives:
By the end of the clerkship, the student will be able to:

1. Identify the role of personal values in life choices.
2. Describe the prevalence and risks of burnout and mental health disorders in physicians and medical trainees.
Dermatology Module (on blackboard)

Readings:
  1. Chapter 19- Skin Problems

Learning objectives:
By the end of the clerkship, the student will be able to:

1. Describe skin lesions using appropriate terminology.
2. Identify 17 dermatologic conditions commonly seen in family medicine.
3. Explain basic treatment approaches for common dermatologic conditions.
4. Apply knowledge of common dermatologic conditions in the family medicine office setting.