



- **Family Medicine Clerkship**
- **2017-18 Community Faculty Precepting Manual**



INDIANA UNIVERSITY
SCHOOL OF MEDICINE

To our Community Faculty Physicians

Thank you for serving as a community faculty physician in the required Family Medicine Clerkship for Indiana University School of Medicine. Without your commitment to student education, the Family Medicine Clerkship could not exist.

Student comments clearly indicate that time spent with an enthusiastic, competent family physician fosters student interest in family medicine! I am confident that through your contribution to the intellectual, technical and personal growth of IU medical students, student interest in family medicine will increase and you will derive intellectual inspiration and personal satisfaction.

We are each given special gifts and talents. It is both our privilege and our duty to make the most of them. Nowhere have I seen this better demonstrated than in the lives of those working tirelessly to make their community a better place. My heartfelt thanks to each of you for going out of your way to make it possible for our medical students to spend time working with and learning from the best Indiana has to offer. You are the reason for the success of this ambitious statewide, four-week Family Medicine Clerkship

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INDIANA UNIVERSITY

SCHOOL OF MEDICINE
Department of Family Medicine

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Expectations for Community Faculty Preceptors

As the Family Medicine Clerkship provides learning opportunities for medical students away from the academic campus setting, certain expectations must be in place to assure quality teaching and equity for all learners. Basic expectations for community faculty preceptors are:

- Active status of professional licensure and board certification
- No pending disciplinary action
- Practice at least 80% time. Students must work in the clinic at least 8 half- days/week and spend time spend at least 60% of their time with the same community faculty preceptor during the Clerkship.
- Provide a variety of patients and services for students to meet course objectives.
- Physical facilities of the agency support the students' educational needs. (e.g., use of examination / consultation room, space for student/preceptor to meet)
- Agree to precept at least 2 students per year

Responsibilities of Community Faculty Preceptors

As a community faculty preceptor, you will be responsible for:

- Facilitating student learning in accordance with course objectives;
- Providing clinical supervision during the designated clinical clerkship experience;
- Conducting and submitting on-time the Mid-clerkship Evaluation and Final Evaluation;
- Ensuring student access to EMR system 2-weeks prior to rotation start date;
- Providing guidance for the Family & Community Project; and
- Verifying student proficiency in core clinical skills.

Communication

FMCLERK@iupui.edu is the e-mail address for all correspondence regarding the Family Medicine Clerkship. Official announcements will be sent using this e-mail address.

Course Description

The Family Medicine Clerkship is:

- A required four-week clinical rotation for medical students;
- Designed and administered by the Department of Family Medicine at Indiana University School of Medicine;
- The first extensive exposure to ambulatory community-based medicine for students;
- An opportunity for students to begin developing the knowledge, skills and attitudes required to approach a problem in the primary care setting;
- Often much different from the traditional in-patient model that currently characterizes the majority of medical education.

The Clerkship introduces students to the principles and practice of Family Medicine. Students will:

- Observe how family physicians provide for the ongoing medical needs of their patients within the context of the family and community setting;
- Learn how to focus on discrete portions of a patient’s medical history and physical concerns within the confines of the patient’s total health;
- Meet patients who present with acute medical problems, chronic illness, in need of preventive health education, and seeking the support of their physician to cope with the trials and stresses of everyday life;
- See patients interacting with their “personal” physician and witness firsthand the therapeutic power of the doctor-patient relationship.

Objectives for Required Family Medicine Clerkship

MEDICAL KNOWLEDGE

- Integrate biopsychosocial information into patient care in a manner which will improve patient outcomes.
- Identify and discuss the family, support system, community, cultural, ethnic, religious, occupational and economic factors influencing patient management and outcomes

PATIENT CARE

- Perform and interpret relevant, problem-focused histories and physical examinations in patients with undifferentiated and common chronic medical conditions.
- Formulate and justify prioritized problem lists and differential diagnoses for both undifferentiated and common chronic medical problems.
- Formulate and justify plausible plans of patient care for both undifferentiated and common medical problems.
- Incorporate health promotion and disease prevention strategies into all patient visits based on health risk factors.

SYSTEMS BASED PRACTICE

- Describe the barriers faced by patients when accessing and utilizing health care that are rooted in health care policies and regulatory issues.
- Describe methods of monitoring compliance with preventive services guidelines including concepts of population health.
- Engage with other health care team members to develop strategies to meet specific patient care needs and health care barriers.

PRACTICE BASED LEARNING AND IMPROVEMENT

- Respond to clinical questions by independently seeking, analyzing, and synthesizing evidence-based answers to advance clinical decision-making.
- Seek, accept, and apply feedback to clinical practice.

INTERPERSONAL SKILLS AND COMMUNICATION

- Communicate effectively with members of the health care team by clearly presenting clinical questions and data from the patient encounter.
- Communicate effectively with patients and their families by listening attentively, allowing opportunities for questions, and maintaining appropriate eye contact.
- Modify communication style based upon patients’ reactions and ability to understand.
- Construct oral presentations or written documents representing an organized, focused, account of the student-patient interaction.
- Apply the basic principles of motivational interviewing during a patient encounter.

PROFESSIONALISM

- Demonstrate responsiveness to the whole patient by advocating for the patients' and teams' needs over their own and treating patients in a fair, unbiased, nonjudgmental manner.
- Demonstrate responsibility for one's own learning through daily preparation, full participation in learning activities, initiative in patient care, and timely completion of clerkship requirements.
- Act in a professional manner by demonstrating compassion, respect, honesty, integrity, and punctuality.
- Adhere to ethical and legal principles in all interactions

Clerkship Requirements for Students

ATTENDANCE

Student attendance is mandatory for the entire four-week Clerkship. One day each week students will be out of the office participating in Professional Development activities. As a community faculty preceptor you can require that students make-up any missed time away from the Clerkship through additional evening and/or weekend clinical activities.

ADVERSE WEATHER PROCEDURES

Students will NOT report for clinical duties if the affiliated regional IUSM medical campus is closed due to adverse weather conditions. You or your staff should inform the student if the office will be closed due to adverse weather conditions.

CORE CLINICAL SKILLS PROFICIENCY

As community faculty preceptor, you are required to verify that the student demonstrates skill proficiency in each of the 6 sets of musculoskeletal examinations listed below. Please ensure that all skill elements are completed satisfactorily. If proficiency is not demonstrated, please provide feedback and instruction on proper technique to student. Completion of these skills will be acknowledged by your final evaluation sign off.

Skill proficiency must be demonstrated by student and verified by the precepting community faculty member for each of the following examinations:

1. Foot & Ankle Exam
 - Inspection (swelling, deformity, toenails)
 - Range of motion (active/passive, dorsi-/plantar-flexion, inversion/eversion)
 - Palpation (Achilles tendon, malleoli, navicular, base of 5th MT, ankle ligaments)
 - Special tests (anterior drawer, talar tilt)
2. Knee Exam
 - Inspection (swelling, deformity, varus/valgus)
 - Range of motion (active/passive, flexion/extension)
 - Palpation (patella, patellar tendon, fibular head, MCL, LCL, joint line)
 - Special tests (drawer tests, Lachman's, patellar apprehension, ballottement of patella)
3. Back, Pelvis & Hip Exams
 - Inspection (gait, stance for ASIS in horizontal plane, lateral side for slight lordosis, alignment, parallel height of shoulders and iliac crests, skin creases below buttocks)
 - Palpation (ASIS, iliac crest, greater trochanter, PSIS, ischial tuberosity, sacroiliac joint, spinous processes, paravertebral muscles, costovertebral angles)
 - Range of motion (flexion/extension, abduction/adduction, internal/external rotation, forward

4. Shoulder Exam
 - Inspection (swelling, deformity, posture)
 - Range of motion (active/passive, flexion/extension, internal/external rotation, abduction/adduction, Appley Scratch test)
 - Palpation (clavicle, AC joint, humeral head, scapular spine)
 - Special tests (rotator cuff evaluation, biceps)
5. Head, Neck & Eye
 - Inspection (hair, scalp, neck, face, skin, eyes, pupil response, extraocular movements)
 - Palpation (carotid pulse, trachea, salivary glands, lymph nodes, thyroid)
 - Auscultation (carotid bruits, carotid radiation of murmurs)
 - Range of motion (flexion, extension, rotation)
 - Special tests (visual acuity, visual fields, ophthalmoscopy)
6. Hand, Wrist & Forearm Exam
 - Inspection (swelling, deformity)
 - Range of motion (active/passive, flexion/extension, ulnar/radial deviation, supination/pronation)
 - Palpation (medial/lateral epicondyle, scaphoid, wrist, fingers)
 - Special Tests (Phalen's, Tinnel's, Finkelstein's)

FAMILY AND COMMUNITY PROJECT

The Family and Community Project serves as a capstone event to bring together what the student has learned during their clerkship while also emphasizing the mission and values of family medicine. To successfully complete this project, students will need to identify and meet with a patient or population that faces barriers to health or health care; interview a practicing health care professional who works with that patient or community; and collaboratively find resources that might help the patient or people group address one or more of those barriers. The goals of the Family and Community Project are for the student to:

- Acquire a more comprehensive understanding about the impact of health and illness on a patient's life and family/support systems;
- Use a biopsychosocial approach to consider biological, psychological, and social factors and their complex interactions to better understand health, illness, and health care delivery to improve clinical patient care;
- Describe how the integration of community agencies, organizations, and other health care providers into patient care can positively impact health care outcomes; and
- Develop strategies to use a team approach to develop a plan to improve health or health care outcomes.

Role of the Community Faculty Preceptor on the Family and Community Project

Your role as the precepting community faculty in the project is to:

- provide student guidance in identifying a patient or population facing barriers to health or health care;
- answer student questions regarding confidential information received from patient/population
- answer student questions about diseases/medical treatments related to identified patient/population;
- attend student presentation of the Family and Community Project and provide informal feedback. As community faculty preceptor, you are NOT responsible for formally evaluating the project; formal evaluation will be done by Department of Family Medicine faculty.

Mid-Clerkship Feedback

Mid-Clerkship is an opportunity for you to provide the student with feedback and identify areas in which they need to make progress during the next two weeks.

The Mid-Clerkship Evaluation is an online form to be completed with the student during the latter part of Week 2 or the early part of Week 3 of the Clerkship.

You will receive the link to the Mid-Clerkship Evaluation in the informational e-mail received prior to the student's rotation start date and again in an e-mail at the beginning of Week 2. Both e-mails will come from FMCLERK@iupui.edu.

Additionally, the Mid-Clerkship feedback process presents an opportunity to have the student provide feedback to you. Prior to reviewing the Mid-Clerkship Evaluation form with the student, you may want to ask the student for feedback on how things are going and what could be done to improve the teaching and learning experience.

Finally, Mid-Clerkship feedback allows you and the student an opportunity to review the final evaluation form. This will remind the student about how he/she will be evaluated at the end of the Clerkship.

Evaluation of Student Performance

The Evaluation of Student Performance is an online form to be completed with the student during Week 4 of the Clerkship. Please schedule a closing conversation with the student during Week 4 to reflect and discuss the comments that will be submitted as part of the Evaluation of Student Performance.

The Evaluation of Student Performance is an objective, competency-based evaluation designed to measure students' specific knowledge, skills and attitudes. Students are expected to complete assignments on time and respond promptly to communications from you and/or your staff. You will evaluate the student's failure in any of these areas and it should be noted in the comments section of the Evaluation of Student Performance.

You will receive the link to the Evaluation of Student Performance in the informational e-mail received prior to the student's rotation start date and again in an e-mail at the beginning of Week 4. Both e-mails will come from FMCLERK@iupui.edu. Please note that as the community faculty preceptor, you do **not** assign the student's final grade.

Evaluation Comments: Comments are required. Excerpts from your comments will be transferred to the IU School of Medical Student Performance Evaluation form. Comments may be used when creating the student's Dean's Letter. All evaluation data will be made available to student upon their request.

Student Evaluation of Clerkship and Precepting Experience

At the end of the clerkship rotation, each student is asked to evaluate both the overall clerkship as well as their preceptor experience.

Appendix 1. Checklist for a Good Beginnings

- ✓ Review Student Profile prior to the student's arrival.
- ✓ Review the Four-Week Teaching-Learning Guide (Appendix 2).
- ✓ Review plan for student evaluation on the first day (link provided via email). Be sure to discuss what will occur as part of the Mid-Clerkship feedback and the final Evaluation of Student performance at the end of the rotation.
- ✓ Ensure student is oriented to your office.
- ✓ Provide guidance on the Family and Community Project.
- ✓ Display prominently the certificate provided by the School of Medicine indicating that a student is currently completing their required Family Medicine Clerkship with you.
- ✓ It is possible that a good community faculty and a good student simply may not work well together. If this is the case, bring the situation to Site Director's attention immediately.

Appendix 2. Four-Week Teaching-Learning Guide

Week 1, Day 1: Setting Expectations & Office Orientation

1. Review "Good Beginnings" checklist (Appendix 1)
2. Give overview of expectations and office policies pertinent to the student, *e.g.*, dress code, attendance, etc.
3. Show student the secured space for their personal belongings.
4. Introduce student to your staff and other providers; make him/her feel welcome
5. Share your special interests and skills.
6. Merge student interests with your plan for him/her. Discuss patient population characteristics
7. Discuss office lab and in-office procedures; Electronic Medical Records (EMR), charting, documentation
8. Review additional clinical sites where you and student may provide care, *e.g.*, hospital rounds, obstetrical units, nursing homes and school sporting activities. Students are encouraged but not required to take advantage of these opportunities.

Week 1, Days 1-2: Getting Started/Patient Communication

1. Student should watch you as you see selected patients.
2. Allow student to see 1-4 patients each day (depending on student's level) that you select (pick a patient with a simple problem).
 - a. After student sees the patient, have student present the patient to you.
 - b. Student accompanies you as you see the patient. Act as if student had not seen the patient.
 - c. Ask student what behaviors they observed in you, different than their own, in this patient encounter.
3. Get feedback from the nurses, front-office personnel and other staff regarding the patient's perception of student's communication skills.
4. Look for specific behaviors regarding student's communication skills.
 - a. Putting the patient at ease
 - b. Communicating clearly
 - c. Listening attentively
 - d. Responding to patient's issues
5. Assist student in identifying a patient for the Family and Community Project

Week 2: Organizing Data and Clinical Skills

1. Student evaluates 2-6 selected patients each day, then review history and exam findings with you. Evaluate student ability to collect and organize the patient encounter.
2. Student should continue to observe you with select patients (there should be an average of 3-4 "first contacts" per day during this week).
3. Student should accompany you in seeing the patient. Have student demonstrate their clinical skills (history, physical, procedures) – observe student.
4. Teach procedural skills by:
 - a. Explaining the procedure
 - b. Demonstrating the procedure
 - c. Providing supervised practice
5. Conduct the Mid-Clerkship Feedback. Provide student feedback on how he/she is doing. Be honest in this review. Help student develop a plan for continued improvement. Ask student to give you feedback about your teaching. Mid-Clerkship evaluation link is provided via email.
6. Help student to clarify why patients/problems in the outpatient setting are not the same as what would be seen on other (inpatient) services.

Week 3: Charting/Clinical Problem-Solving

1. Student averages 4-6 "first contacts" per day during this week.
2. Have student write the subjective and objective components of the SOAP note (if student is advanced, have him/her write the assessment and plan as well).
3. Develop problem-solving skills by asking student to independently:
 - a. Think aloud; reflect on their own ideas
 - b. Analyze their own ideas
 - c. Ask for examples, summaries
4. Ask for inconsistencies, assumptions, and alternative ways to classify data to support ideas.
 - a. Gather data and formulate hypotheses
 - b. Interpret data
 - c. Make judgments and specify the criteria for those judgments
 - d. Apply principles to new situations (using what-if modes of questioning)
 - e. Make predictions and formulate ways to test predictions and hypotheses
 - f. Formulate a differential diagnosis, listing three or four of the most common conditions in order of probability.
 - g. List diagnostic tests appropriate at this time. Remind student that a deliberate decision not to order tests may be appropriate.
5. Consider involving student in other related activities.
 - a. Assist at surgery
 - b. See a baby delivered from a "family" perspective
 - c. Review and discuss the patients seen. Give a "family perspective" for each.
 - d. Consider how you could allow student to observe your lifestyle (invite them to dinner with your family, bring them to a medical meeting that you attend).
6. Set date and time for the student to present the Family and Community Project to you and staff during Week 4.

Week 4: Summary and Closure

1. Student continues to see “first contact” 4-6 patients per day.
2. Allow time for other activities that assist student in meeting their goals.
3. Student presents the Family and Community Project to you and staff members.
4. Set the date and time for the end of rotation review and final evaluation session. Have student review you as well.
5. Complete the Evaluation of Student Performance before student’s final day (link provided via email; print copy for your records prior to submitting).
 - a. Review completed Evaluation of Student Performance with student on the final day.
 - b. Comments are required. Excerpts from Community Faculty comments will be transferred to the IU School of Medical Student Performance Evaluation form. All evaluation data will be made available to student upon their request.
6. Final Evaluation of Student Performance due no later than one week after the end of the rotation.

Final Thoughts

1. Select patients based on student goals and patient problems not yet encountered by the student.
2. At no time should student be given direct patient care responsibility without you as the precepting physician being immediately accessible.
3. Provide student with feedback at the end of each office session.
4. Help student choose a small, obtainable learning objective EACH DAY (such as taking a complete review of systems, performing an observed knee exam, drawing blood, performing a fundoscopic exam, etc.)