



Ohio University
College of Osteopathic Medicine
Centers for Osteopathic Research and Education
Year III Clerkship Curriculum
CORE Clinical Rotation: Family Medicine 1



Course Title: OCOM 819 Osteopathic Family Medicine 1
Credit Hours: 18 Credit Hours (3 credit hours per week)
Rotation Length: 6 weeks
Prerequisites: Successful completion of all course work for Year 1, 2 and summer quarter of Year 3
Instructor of Record: Peter Dane, D.O.
Clerkship Coordinator: Judith Edinger, M.S.Ed.

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1. Clerkship Description, Purpose, and Philosophy

Osteopathic Family Medicine I is a six-week ambulatory clerkship designed to provide you with experiences in an Osteopathic Family Medicine setting. The American College of Osteopathic Family Physicians (ACOFPP) defines an Osteopathic Family Physician as “a physician whose training and experience qualify one to practice in the fields of medicine and surgery and who is able to accept the total continuing responsibility of the patient and/or the family as a whole as their physician and medical advisor. Osteopathic Family Physicians assume the responsibility of the patient’s comprehensive and continued health care and act as coordinators of their patients’ health services.”

The overall goal of *Osteopathic Family Medicine I* is for you to understand the unique role of the Osteopathic Family Physician and the principles and practice of Family Medicine. You will participate in structured learning activities based on a defined set of explicit learning objectives. These objectives represent the basic knowledge, skills, and attitudes necessary for patient management relative to access, continuity, and coordination of health care for the family unit and individual patients of all ages. You will accomplish these objectives primarily through clinical experiences supervised by a physician preceptor in a medical clinic or private practice office setting. You will build upon basic clinical skills learned during early clinical contact, simulated patient experiences, and clinical practicum labs.

Some of these experiences will be provided in those rural Southeastern Ohio Counties that comprise the primary area served by the Ohio University Area Health Education Center (AHEC) program. AHEC is a national and state health professions education program which bridges health training resources with community needs. The Ohio Statewide AHEC program, initiated through federal funding in 1978, is a uniquely designed program that merges the resources and cooperative efforts of medical and osteopathic schools and the Ohio Board of Regents. This clinical course is a way for OU-COM to meet one of its statewide AHEC goals of promoting and supporting clinical training opportunities for health professions students in community-based sites.

2. Clerkship Goals and Objectives

2.1 Goals

Upon completion of this clerkship you will:

- gain an appreciation of the primary care practitioner’s role as the physician of first contact who delivers holistic, family-oriented, comprehensive, and continuous medical care to those patients entering the health care system
- develop greater confidence in providing traditional quality medical care in ambulatory settings
- recognize the significance of complementary and alternative medicine in the overall plan of treatment/care and medical management of the patient
- recognize the importance of the cultural competence of physicians in the treatment of patients
- appreciate the importance of patient safety practices

- enhance skills to acquire evidence-based medicine information
- explore community resources for utilization in case management, disease prevention, health maintenance, and patient education
- understand family systems concepts, the impact that family functioning and psychosocial factors have on health and illness, and the importance of involving the family in the treatment of the patient in order to provide effective overall health care
- enhance history and physical exam, diagnostic, procedural, OMT, interpersonal communication, psychosocial, and practice management skills to improve patient care
- increase knowledge about the etiology, appropriate intervention and treatment, and possible complications of diseases and conditions with which patients and their family commonly present in the primary care setting
- gain a better understanding of the moral, ethical, political, legal, economic, and cultural issues affecting the practice of family medicine

2.2 Objectives

These objectives are intended to guide your learning activities and to serve as a baseline for assessment of your knowledge, skills, and professional behavior. While you are expected to further expand your knowledge base and to care for all assigned patient cases, you are also expected to avail yourself of the educational materials provided and to work toward mastery of the following objectives.

Upon completion of this clerkship, you will be able to:

- complete a thorough osteopathic assessment of a patient, determine the need for manipulative medicine, and demonstrate basic osteopathic manipulative techniques
- discuss the indications, contraindications, interactions, pharmacokinetics, side effects, and special instruction to patients for drugs commonly prescribed for patients seen in family practice
- discuss the diagnosis, treatment, and prevention and develop a differential diagnosis for the conditions and diseases listed in Appendix A of this document
- demonstrate the ability to perform common clinical procedures, tests and skills listed in Appendix B of this document
- discuss with patients the appropriate use of Complementary and Alternative Medicine (CAM) using a strategy that highlights the need for a formal discussion of patients' preferences, expectations, and values.
- recognize and respond appropriately to patients' concerns about the following issues commonly encountered in family practice:
 - alcohol and drug abuse
 - cigarette smoking/tobacco use
 - contraception
 - family planning
 - immunizations (children/adult)
 - marriage/family problems
 - medical/surgical aftercare
 - pre- and postnatal care
 - routine gynecology/breast exam
 - well child care
- evaluate and develop a differential diagnosis for patients presenting with the following:

▪ abdominal pain	▪ angina	▪ depression
▪ abnormal uterine bleeding	▪ anxiety	▪ dizziness
▪ allergies	▪ back pain	▪ dysuria
▪ amenorrhea	▪ chest pain	▪ edema
▪ anemia	▪ constipation	▪ epistaxis
	▪ diarrhea	▪ fatigue

- fever
- headache
- hematuria
- high blood pressure
- hyperlipidemia
- joint pain
- rhinorrhea
- shortness of breath
- somatic dysfunction
- sore throat
- syncope
- vaginal discharge
- varicosities
- vertigo
- vomiting
- discuss the ethical, moral, and social challenges that may confront the patient, family, or physician when dealing with health care issues
- utilize evidence-based medicine research strategies to access information to help develop an effective treatment plan
- employ patient safety measures in patient management
- describe the role of family dynamics in the delivery of health care
- demonstrate the following interpersonal communication skills that build rapport with patients and their families and facilitate a positive physician-patient relationship:
 - proper greetings and introductions
 - active listening
 - appropriate eye contact
 - attentiveness and concern
 - empathy and sensitivity
 - proper closure of interaction
 - respect and support
 - self-confidence
- demonstrate appropriate history and physical exam skills

3. Clerkship Orientation and Logistics

3.1 Orientation to the Preceptor's Office

On the first day of the clerkship (September 10, 2007), you should request a 30-minute meeting with your primary preceptor. You should be prepared to answer questions about your educational background, previous clinical experience, acquired technical skills, and *most importantly* personal learning goals for this clerkship. You should complete the Student Learning Profile to bring to your preceptor. (This form is found in Appendix G of this clerkship syllabus.)

This meeting will give you and your preceptor a chance to discuss each other's clerkship responsibilities and expectations. It is also an opportunity for you to express any special interests or concerns, and begin to develop a mentoring relationship with your preceptor that will benefit you throughout your osteopathic medical education. In addition, at this meeting your schedule for a "typical week" is to be planned based on office hours and how many days per week (3 or 4) the student will be in the preceptor's office.

In order to make sure you have a positive orientation session with your preceptor, please review Appendix C "Components of an Effective Orientation to the Preceptor's Office."

To set up a good foundation for the clerkship you will also want to:

- request a tour of the office
- introduce yourself to the office staff
- clarify with your preceptor the protocol that you should follow before you start seeing patients
- clarify with your preceptor which days of the week, as well as mornings and afternoons, that you will be in the preceptor's office, at your base hospital, and/or placed with another health care professional at the preceptor's discretion

3.2 Logistics

3.2.1 Dates

The six-week clerkship begins Monday, September 10, 2007 and ends Friday, October 19, 2007.

NOTE: *Year 3 Family Medicine Clerkship requirements must be successfully completed before beginning Assigned Services on Monday, October 22, 2007.*

3.2.2 Schedule

You are **required** to spend five days per week (Monday-Sunday) in course-related activities throughout the six-week clerkship.

- A minimum of three days will be spent in your preceptor's office.
- One day will be spent in didactic activities (FMC Seminar, radiology, and ethics).
- The fifth day will be spent either in your preceptor's office or pursuing other learning activities as approved by your preceptor, CORE administrator, and CORE assistant dean.

In addition to the four days per week in the clinical setting, you will spend the equivalent of one full day per week (Monday through Friday) in didactic activities at the CORE hospital. These didactic activities include:

- a Weekly Clerkship Seminar
- 12 contact hours with a physician in an appropriate medical discipline (e.g., radiologist, orthopedic surgeon, etc.) to discuss radiology concepts
- 12 contact hours as a group meeting with a facilitator to discuss medical ethics if offered at your CORE site during fall quarter
- Students may use the remaining time to read, prepare for small groups seminars, complete assigned on-line modules, and participate in other activities at their base CORE hospital.

3.2.3 Hours

- The *maximum* number of hours that you should be in a preceptor's office or other clinical training site is 12 per day and 48 per week.
- The *minimum* number of hours that you should be in such a clinical setting is four per day and 32 per week.
- It is expected that you should be given some weekends off if the preceptor's schedule warrants working Saturdays and Sundays. However, it is your responsibility to negotiate an agreement with your preceptor for days and weekends to be scheduled off.

4. Required Learning Activities and Didactics

4.1 Required Learning Activities

The required learning activities for *Osteopathic Family Medicine I* support the course goals and objectives. The responsibility for accomplishing the course objectives rests with you. The role of the primary preceptor as a teacher and supervisor is to facilitate your involvement in patient-care activities in the office and other clinical settings as well as to assign readings that augment your patient-care experiences. The role of the Clerkship Seminar Facilitator (CSF) is to direct and guide you during small group sessions and to serve as a resource person for completing required learning activities.

You are not expected to complete the required learning activities solely by working in the preceptor's office, attending clerkship seminars or participating in activities at your base hospital. You should plan to spend time working on several required learning activities independently during some evening and weekend hours throughout the clerkship.

Most of the learning activities will be discussed, presented, or shared at the Weekly Clerkship Seminars with feedback given to you by the CSF. Your CORE administrator will provide you with a clerkship seminar schedule for your particular group and guidelines for completing all required learning activities.

NOTE: *All learning activities must be completed as assigned. Failure to meet specific deadlines for all required learning activities may result in additional assignment(s) to be made by the CORE assistant dean in conjunction with the Instructor of Record. A checklist, available in Appendix G of this manual, is designed to help students keep track of when they have submitted assignment sheets and feedback forms for learning activities to the CORE administrative assistant.*

The learning activities preceded by an asterisk (*) necessitate individual preparation by you to be ready to present as scheduled at the weekly clerkship seminars. You must actively participate in all other learning activities.

During this clerkship, you will complete the following learning activities:

4.1.1 History & Physical: Record a focused medical history (including chief complaint, appropriate family history, social history, sexual history, and review of systems). Perform an appropriately focused physical examination. You will do this twice.

4.1.2 *Prescribed Drug of Choice: Present the relevant basic science principles and describe the clinical application of a classification of drugs used to treat one of the conditions listed in Appendix A; compare the well-known drugs included in the classification; and discuss why the drug prescribed is the drug of choice as part of the plan of treatment for one patient seen in the preceptor's office.

4.1.3 *Procedure Instruction/Demonstration: Provide "hands-on" instruction to peers and have them demonstrate one procedure performed on a patient in the preceptor's office, including indications as well as contraindications, precautions to take, and appropriate intervention for complications that may occur.

4.1.4 *Student-led Case Discussion: Lead a case discussion, encouraging group participation, about a current patient in the preceptor's practice that emphasizes biomedical, psychosocial, osteopathic, ethical, cultural, and/or family system aspects of health care delivery.

4.1.5 * Topic Presentation: Prepare and deliver a formal presentation (using an outline with learning objectives, handouts and audio-visual aids) on one of the following topics: anxiety, arthritis, asthma, chronic pain, depression, diabetes, hypertension, or urinary tract infections addressing the hierarchy of medical knowledge (i.e., environmental, person, organ, tissue, cellular, molecular); conduct an evidence-based medicine search.

4.1.6 Group Discussions:

- Each week describe a significant, personal learning experience that took place in the preceptor's office or other clinical setting.
- Identify cultural competency issues confronting patients, their family members, or attending physician that are encountered in the clinical setting or discussed with the preceptor.
- Explore the use of Complementary and Alternative Medicine (CAM) by patients seen in the preceptor's office or other clinical setting.
- Identify patient safety issues that impact the effectiveness of treatment plans.

4.2 Didactics

4.2.1 Radiology

Students are **required** to attend radiology sessions as scheduled during the same period of time as the six-week clerkship at their base CORE hospital. These sessions are led by a radiologist or other physician in another appropriate medical discipline designated by the CORE assistant dean. All students based at a particular teaching hospital are to attend each session as a group. A total of 12 hours will be scheduled, preferably in two-hour blocks, at the discretion of the CORE assistant dean to discuss radiology cases, view and analyze films, and clarify radiographic signs of disease or pathology.

4.2.2 Medical Ethics

The Medical Ethics component is intended to address the essential concepts of biomedical ethics so that you can take an informed approach to decision-making. This component is intended to facilitate the development of your awareness of ethical positions by presenting content and cases that assist you with:

- recognizing critical thinking processes regarding the application of a personal ethical position
- applying contextual variables from society, culture, the natural environment and the health care setting
- identifying similarities and differences (e.g. boundaries) between medical ethics and medical jurisprudence

4.2.3 Weekly Clerkship Seminar

You are **required** to attend a Weekly Clerkship Seminar with your assigned group for six consecutive weeks at your base CORE hospital. These small groups of four to seven participants will meet for approximately two hours weekly as scheduled to complete required learning activities. A Clerkship Seminar Facilitator (CSF) provides direction for and assessment of these activities.

All absences (excused or unexcused) from the Weekly Clerkship Seminars will be reported to the CORE assistant dean and/or CORE administrator. All missed clerkship seminar activities – whether excused or unexcused – must be completed.

4.2.4 Weekly Half-Day Educational Program

At the discretion of the CORE assistant dean, you may be **required** to attend the weekly half-day education program offered at your CORE hospital along with fourth-year student physicians.

If you are required to attend, all absences (excused or unexcused) from the weekly education days will be reported to the CORE assistant dean and/or CORE administrator. All missed educational day activities (whether excused or unexcused) must be completed.

5. Student Performance Evaluation and Remediation Procedures

5.1 Evaluation

5.1.1 Clerkship Exams

5.1.1.1 Pre-clerkship Exam

During the first week of the Clerkship you must complete an on-line (BlackBoard) 20-item pre-clerkship test in 20 minutes. The purpose of this pre-test is to introduce you to the types of questions that will make up the post-clerkship exam and help focus your reading during the clerkship.

The exam is self-scheduled and can be taken on any computer that meets the requirements for using Blackboard. The exam cannot be taken over a dial-up connection.

No specific grade is expected or required on this exam.

You may only attempt to take this exam once. Once you start the exam, you must complete it in one sitting. It cannot be saved to resume at a later time.

Upon submitting the exam, you will receive your score along with the correct answers and information on the chapter of the required text on which the question is based.

Honor Code The OU-COM Honor Code guides your behavior related to this exam. Form HC (posted on-line and in Appendix G of this syllabus) must be signed and submitted to your CORE Administrator after submitting your exam. You will not receive a passing grade for the clerkship unless this form is on file in the CORE office.

Time Penalty Blackboard will alert you when one minute remains to complete the exam. Blackboard does **not** automatically stop the test when you reach the time limit. You must manually submit the exam within 1 minute of receiving the 1-minute warning. **Your exam score will be reduced by 2 points for every minute that you exceed the time limit.** If you exceed the time limit, you will be notified via e-mail that your score has been reduced.

5.1.1.2 Post-Clerkship Exam

During the last few days of the clerkship (or no later than two weeks after the clerkship ends), you must successfully complete (with a score at least 60 percent) on an online, 50-item, 50-minute post-clerkship exam that will cover the diagnosis, treatment, and prevention of diseases and conditions listed in Appendix A of the syllabus. The answers to all of these questions are referenced to the text listed as required reading for this rotation.

The exam is self-scheduled and can be taken on any computer that meets the requirements for using Blackboard. The exam cannot be taken over a dial-up connection.

Once you start the exam, you must complete it in one sitting. It cannot be saved to resume at a later time.

Upon submitting the exam, you will receive your score along with the correct answers and information on the chapter of the required text on which the question is based.

Honor Code The OU-COM Honor Code guides your behavior related to this exam. Form HC (posted on-line and found in Appendix G) must be signed and submitted to your CORE Administrator after submitting your exam. You will not receive a passing grade for the clerkship unless this form is on file in the CORE office.

Time Penalty Blackboard will alert you when one minute remains to complete the exam. Blackboard does **not** automatically stop the test when you reach the time limit. You must manually submit the exam within 1 minute of receiving the 1-minute warning. **Your exam score will be reduced by 2 points for every minute that you exceed the time limit.** If you exceed the time limit, you will be notified via e-mail that your score has been reduced.

Failure to achieve a 60 percent on the examination will result in a second opportunity to take the exam. You may retake this exam 48 hours after completion of the first post-clerkship exam. In the event of a second failure to achieve a score of 60 percent, you will meet with the CORE assistant dean to discuss areas of knowledge deficiency and to construct a plan for remediation.

If you have any questions regarding your exam, please contact your CORE Administrator.

5.1.2 Preceptor's Written Evaluation

In addition to verbal feedback on a regular basis, each preceptor will rate your progress in the clinical setting *midway* through the clerkship. At this time the preceptor will identify your strengths and weaknesses, and provide an education plan for the remainder of the clerkship. The preceptor will also rate your general performance in the clinical setting at the *end* of the clerkship. (See the evaluation forms in Appendix G.)

5.1.3 Facilitator's Written Evaluation

In addition to giving you verbal feedback on a regular basis and completion of a feedback form for your required learning activities, each CSF will complete an overall evaluation form. S/he will evaluate your appearance, attendance, preparation for and participation in the Weekly Clerkship Seminars, and satisfactory completion of all required learning activities. (See the evaluation forms in Appendix G.)

NOTE: *Each student performance evaluation is weighted the same. All feedback and evaluation forms included in the "Year 3 Family Medicine Clerkship Student Manual" are to be given to the preceptor or CSF by the student. It is your responsibility to submit signed feedback and evaluation forms to the CORE administrative assistant at your CORE hospital by the end of the clerkship. All completed teaching feedback and student evaluation forms must be forwarded by the CORE administrative assistant to the office of Pre-Doctoral Education in Academic Affairs on main campus no later than Friday, November 16, 2007.*

5.2 Grading

This course is graded Credit /Fail (CR/F). Your final grade will be determined by the Instructor of Record based on:

- clinical performance ratings from the preceptor
- ratings from the Clerkship Seminar Facilitator (CSF) regarding contributions to small group during the weekly seminars
- ratings from the physician resource regarding participation in the radiology component
- attendance at academic programming/education days from the CORE assistant dean
- participation in the medical ethics component (if offered fall quarter)

Any student failing to complete successfully all course requirements by October 19, 2007 will be given a grade of F (Failure), unless deficiencies warrant the assignment of a grade of Progress (PR). Please refer to OU-COM's Committee on Student Progress (CSP) guidelines found at http://www.oucom.ohiou.edu/saffairs/survival_manual/policies_spp.htm for definitions of F and PR grades.

5.3 Remediation Guidelines

Pending recommendations from OU-COM's Committee on Student Progress (CSP), **students receiving a grade of F may be required to repeat the *Osteopathic Family Medicine 1* course. The earliest this clinical course will be offered again is fall quarter 2007.** Students who receive an

incomplete (I) may not be permitted to start Assigned Services (hospital rotations) on Monday, October 22, 2007 unless all coursework is satisfactorily completed.

6. Other Requirements

6.1 On-line Modules

6.1.1 On-line Cultural Competency Year 3 Module

You are required to complete this on-line learning module by the end of the clerkship.

Completion includes doing the tutorial as well as taking and submitting the post-quiz and your “JournalNotes” file. This module is designed to provide the student with an opportunity to explore an Hispanic cultural issue that presents itself within a clinical case format to help construct a balanced response to the patient that addresses both the clinical pathology and the cultural issue of the patient. The Cultural Competency Year 3 Module objectives will enable the student to:

- identify the patient’s healing traditions and beliefs
- identify questions to learn about the patient’s lifestyle
- identify issues of physician stereotyping that might affect treatment
- describe the socio-cultural factors that affect the health of Hispanic women
- describe the physician approach to treating a physical disorder within the cultural context of the patient
- evaluate the efficacy of a medical approach to treatment without consideration of the patient’s cultural context

To access this module on-line, go to the “OCOM_CORE_2009” course website on Blackboard. Click on the Modules button that appears in the left hand course menu.

6.1.2 On-line Patient Safety Year 3 Module

You are required to complete this on-line learning module by the end of the clerkship.

Completion includes doing the tutorial as well as taking and submitting the post-quiz and your “JournalNotes” file. The Patient Safety Year 3 Module objectives will enable the student to:

- define and correctly use "quality of care/safety" terminology
- list and explain basic methods for quality assessment in health care
- identify and explain the purpose and use of quality/safety assessment tools
- identify and explain the purpose and use of quality/safety problem solving tools
- identify, assess and develop a solution to a safety/quality problem using appropriate quality/safety assessment and problem solving tools

To access this module on-line, go to the “OCOM_CORE_2009” course website on Blackboard. Click on the Modules button that appears in the left hand course menu.

6.1.3 On-line Evidence-Based Medicine (EBM) Module

You are required to complete the EBM on-line learning module by the end of the clerkship. This module was developed by Douglas Mann, Ph.D. (mannd@ohio.edu) and Gillian Ice, Ph.D. based on a case written by Steven Clay, D.O. The module is a case-based exercise in applying the five steps of EBM. The objectives of the EBM module, based on the five steps of EBM, are to:

- Convert the need for information into answerable questions. For a treatment/therapy question, use the PICO (Patient-Intervention-Comparison-Outcomes) format.
- Track down the best evidence with which to answer the questions. For this case, this may involve using PubMed and/or one of the online tools licensed by OU-COM (InfoRetriever, the Cochrane Library, and Clinical Evidence).

- Critically appraise the evidence.
- Integrate the critical appraisal with your clinical expertise and the patient's unique biology, values and circumstances. Summarize your treatment recommendations.
- Evaluate your effectiveness and efficiency in executing steps 1-4 and seek ways to improve.

The OU-COM EBM website is a resource for this module (<http://www.oucom.ohiou.edu/ebm>, or use the EBM link under "Current Students" on the OU-COM home page).

To access this module on-line, go to the "OCOM_CORE_2009" course website on Blackboard. Click on the Modules button that appears in the left hand course menu.

6.2 Student Evaluation of the Clerkship

During week six of the clerkship, you **must** complete and submit an on-line evaluation of this clerkship through New Innovations.

6.3 Procedure Logs

During this clerkship you must complete your procedures log on New Innovations. See Appendix B for the list of skills and procedures recommended for you to log by the end of the clerkship.

At the end of your clerkship, you must print out your procedure log, ask your preceptor to sign it, and turn it into the CORE office.

7. Recommended Resources

7.1 Required Reading

NOTE: All questions on the post-rotation exam will be referenced to the required text.

Required Text:

Sloane, P. (2007). *Essentials of family medicine* (5th ed.). Philadelphia: Lippincott Williams & Wilkins.

Reference for additional information:

Rakel, R. (2002). *Textbook of family practice* (6th ed.). Philadelphia: W.B. Saunders.

7.2 Recommended Reading

The following resources have been identified for ALL rotations by CORE preceptors.

Ward, R. (2003). *Foundations for osteopathic medicine* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins.

CORE OMM Curriculum for Students and Interns. Materials available through CORE Administrators

Tierney, L. (2005). *2005 Current medical diagnosis and treatment*. New York: McGraw-Hill.

Medical Dictionary (Dorland or Taber)

Green, G. (2004). *The Washington manual of medical therapeutics*. (31st Ed.). Philadelphia: Lippincott Williams & Wilkins.

Evidence-Based Medicine Resources available on OU-COM home page:
Cochrane Library

InfoPOEMs

MD Consult (Available for \$25 fee through Office of Academic Affairs/Pre-Doctoral Education)

PubMed (www.pubmed.gov) or Medline available through OhioLINK
(<http://rave.ohiolink.edu/databases/login/medl>)

National Guideline Clearinghouse available on the web at: <http://www.guideline.gov/>

NOTE: *Textbooks needed to complete certain required learning activities may be obtained through the CORE administrative assistant or hospital library for use throughout the clerkship. Each student who checks out a textbook will be personally responsible for returning it at the end of the clerkship. An academic hold will be placed on the student's record for failure to return and/or reimburse the college for the replacement cost of a lost textbook. All penalties associated with Ohio University's Hold Policy apply.*

8. Academic Honesty and Standards of Professional Conduct

The OU-COM Honor Code applies to all activities in the CORE as well as on the Athens campus.

8.1 Examinations

The OU-COM Honor Code applies to all activities in the CORE as well as on the Athens campus.

8.2 Professional Behavior

Professional standards required of a member of the Osteopathic profession are a requirement for passing this course, as is compliance with the professional standards of the hospital and outpatient office of your preceptor. You are expected to maintain high professional standards of behavior. You should exhibit such personal characteristics as honesty and integrity, as well as maintain patient confidentiality at all times.

Violation of the college's CSP Guideline pertaining to conduct may result in a failing grade for this course, regardless of other academic and/or clinical performance. You should be familiar with the section of the college's CSP Guidelines pertaining to student conduct and dress. Copies of the most recent guidelines are available on the internet at

http://www.oucom.ohiou.edu/saffairs/survival_manual/policies_spp.htm Your professional conduct will be evaluated by:

- the preceptor through observation of and interaction with you in the clinical setting
- the Instructor of Record from meeting with you in a group or individually as needed
- the assigned CSF from contact with you during the weekly clerkship seminars
- the radiologist(s) from contact with you during the weekly radiology sessions
- the facilitator for medical ethics (if offered fall quarter); and
- the Instructor of Record, your CAD, and your CORE administrator who will consider input from other individuals involved in teaching or guiding you throughout the entire clerkship

9. Tips for Successfully Completing the Clerkship

Success on this rotation requires you to be proactive. Taking an interest in the specialty and becoming an active team member of the service is critical to learning in a clinical setting. Remember, the clinical learning environment differs from the classroom. You will be thinking on your feet and learning as you go. To capitalize on *the learning moment*, seek out opportunities to ask questions and speak up appropriately.

In addition, be sure to:

- review the syllabus to ensure that you understand all requirements
- discuss with your preceptor your previous clinical experiences and personal goals and objectives for this rotation
- clarify your preceptor's expectations of your activities early on in the clerkship
- come prepared to take advantage of the opportunities this rotation has to offer

You are responsible for:

- ensuring that your primary preceptor evaluates your clinical performance and psychosocial skills halfway through and at the end of the clerkship
- asking your primary preceptor to discuss all evaluations and sign the forms before you submit them to the CORE administrative assistant at your CORE hospital
- ensuring that the CSF rates each required learning activity, evaluates your seminar performance, and signs the form before you submit it to the CORE administrative assistant at your CORE hospital
- completing an on-line evaluation of your preceptor's teaching skills and CSF's facilitation of weekly seminars
- scheduling a time with the CORE administrator to take the post-clerkship exam
- completing the assigned on-line modules
- providing feedback about your clinical experience and overall clerkship

To receive a passing grade for the course you must:

- perform satisfactorily in the clinical setting
- attend and participate in all required meetings and seminars
- complete all didactic components including on-line modules
- complete satisfactory work for all required learning activities
- meet the specified deadlines for each required learning activity in accordance with your individualized weekly clerkship seminar schedule
- pass the post-rotation exam in the allotted time frame
- complete and submit all required evaluation/feedback forms

NOTE: *If you have questions, contact your CORE administrator, CORE assistant dean or the Clerkship Coordinator, Judith Edinger.*

Ohio University College of Osteopathic Medicine (OU-COM)
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Appendix A

Most common diseases/conditions seen by preceptors in family medicine:

- sinusitis/rhinitis/URI
- otitis media
- hypertension
- diabetes
- low back pain
- UTI
- bronchitis/pneumonia
- hyperlipidemia
- headache (including migraine and other types)
- obesity/dietary management
- depression and anxiety
- GERD/dyspepsia
- pain management
- COPD/asthma
- minor trauma (sprains/strains)
- abdominal pain (IBD/peptic ulcer)
- dermatological conditions
- pelvic inflammatory disease/pelvic infections
- somatic dysfunction

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Appendix B

Skills and procedures you may expect to observe, assist or conduct during your clerkship. You must log all procedures using New Innovations.

ABG interpretation	Fetal monitor Placement (external)	Newborn resuscitation
Administration of blood and blood products	Fetal monitoring interpretation	NG tube placement
Airway management/intubation	Fine needle aspiration	Ophthalmoscopic exam
Apgar score	Foreign body removal ear	Osteopathic Exam
Arterial Catheter Insertion	Foreign body removal eye	Pap smear
Arterial puncture	Foreign body removal nose	Patient education
Arthrocentesis	Foreign body removal skin	Pelvic examination
Audiometry	Foreign body removal throat	PFT interpretation
Biopsy procedures (skin and organ)	Fracture reduction	PPD interpretation
Bladder catheter insertion (Foley)	Functional assessment of elderly	Prenatal Exam
Breast Examination	Glucose by fingerstick	Prescription writing
Cast application	Hemoccult	Rectal exam
Cast removal	Imaging CT	Sigmoidoscopy (flexible)
Cerumen removal	Imaging MRI	Sigmoidoscopy (rigid)
Circumcision	Imaging x-ray	Slit lamp exam
CPR	Immunizations	SOAP notes
Comprehensive HX (new admit/new patient)	Incision and drainage of abscess	Splint application
Comprehensive PE (new admit/new patient)	Incision closure	Splint removal
Cryosurgery	Induction of labor	Staple removal
Culture, blood	Injection, Intradermal	Steri-strip application
Culture, sputum	Injection, intramuscular	Suture removal
Culture, stool	Injection, intravenous	Taping procedure for sprains etc.
Culture, throat	Injection, joint	Tonometry
Culture, urine	Injection, subcutaneous	Transfusion, blood and blood products
Culture, vagina	Insertion of peripheral IV	Trichomonas prep
Culture, wound	Intravenous Catheter Insertion – Central	Tuberculosis Testing
Debridement	Intravenous Catheter Insertion – Peripheral	Tympanometry
Diaphragm fitting	KOH/Wet mount	Ultrasound
Direct ophthalmoscopic exam	Labor and delivery	Urinalysis (dipstick and microscopic)
Ear lavage	Laceration/wound stapling	Vasectomy
EGD	Laceration/wound suturing	Venipuncture (for blood sampling)
EKG	Lumbar puncture	Visual acuity/visual field testing
EKG interpretation	Mini-Mental Status Exam	Wart Removal
Electromyogram (EMG)	Nasal packing	
Episiotomy	Nerve conduction studies	
Excision, skin lesion	OMT 1-2 regions	
Excisional biopsy	OMT 3-4 regions	
Fetal heart auscultation during labor	OMT 5-6 regions	
	OMT 7-8 regions	
	Newborn evaluation	

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Appendix C

Components of an effective orientation in a preceptor's office or clinic

When a student obtains introductory instruction and information concerning a new clinical situation at the beginning of the clerkship, it increases the efficacy of the teaching experience of the preceptor and the learning experience for the student.

1. Be professional and show an interest in the how the office or clinic operates. Ask if there is a designated space in the office for your use during the clerkship.
2. Ask your preceptor to spend approximately 30 minutes with you to provide sufficient time to discuss expectations.
3. Tell the preceptor about your educational background, past clinical experience, special interests, and professional goals.
4. Share and discuss your Learning Profile with the preceptor.
5. Clarify the goals, objectives and structure of the clerkship.
6. Ask the preceptor about his/her teaching style/methods.
7. Discuss the evaluation forms found in Appendix G.
8. Establish a weekly schedule with the preceptor so that you know his/her office hours as well as when, where, and to whom to report each day.
9. Ask your preceptor about his/her expectations regarding appropriate attire, decorum with patients, writing in patient charts, and dictation.
10. Ask for a tour of the office, as well as an explanation of appointment scheduling, policies, protocol and procedures.
11. Introduce yourself to the office staff and ask about each person's duties and responsibilities.
12. Ask about in-office reference materials.

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Appendix D

Didactics

Radiology

Students are **required** to attend radiology sessions as scheduled during the same period of time as the six-week clerkship at their base CORE hospital. These sessions are led by a radiologist or other physician in another appropriate medical discipline designated by the CORE assistant dean. All students based at a particular teaching hospital are to attend each session as a group. A total of twelve (12) hours will be scheduled, preferably in two-hour blocks, at the discretion of the CORE assistant dean to discuss radiology cases, view and analyze films, and clarify radiographic signs of disease or pathology. Suggested topics to be covered include, but are not limited to:

- Introduction and basic physics of x-rays
- Evaluation of chest x-rays: heart, mediastinum, lung parenchyma
- Evaluation of skeletal x-rays for disease and trauma
- Abdominal Radiology and Nuclear Imaging
- Computed Tomography/Ultrasound
- Magnetic Resonance Imaging (MRI)
- Mammography

The format of presentations will be at the discretion of the radiologist or other resource physician based on what is most appropriate for the subject matter being covered. You are expected to complete all assigned readings. A list of recommended readings for each topic will be provided. A “Basics of Radiology” handbook prepared by an OU-COM faculty member, Jeffrey Benseler, D.O., will be provided by the college. It is intended to serve as a guide for third-year students starting to focus on clinical medicine and not to be an in-depth review of radiology.

Your CORE administrator will provide you with the schedule of radiology sessions based at each hospital. Tardiness or unexcused absences from scheduled sessions will be reported to the CORE assistant dean.

All missed work - excused or unexcused - must be completed according to standards established by the radiologist(s).

Medical Ethics

The Medical Ethics Component is intended to address the essential concepts of biomedical ethics so that you can take an informed approach to decision making. This component is intended to facilitate the development of your awareness of ethical positions by presenting content and cases that assist you with:

- 1) recognizing critical thinking processes regarding the application of a personal ethical position
- 2) applying contextual variables from society, culture, the natural environment and the health care setting
- 3) identifying similarities and differences (e.g. boundaries) between medical ethics and medical jurisprudence

The Medical Ethics objectives will enable you to:

- list the essential concepts involved in medical ethics
- distinguish between medical, ethical, legal, and psychosocial issues in a case

- describe professional obligations to patients in general and explain why physicians are held to a higher ethical standard because of their work with a vulnerable population
- identify a course of treatment based on ethical considerations

You will use cases from your own clinical experiences when possible but prepared cases also will be available as a basis for discussion. An appropriate facilitator will guide students through these case discussions. The facilitator's role is to help you

- 1) recognize the important moral issues in a given clinical case; and
- 2) formulate an ethically justifiable course of action.

This didactic component will continue throughout years 3 and 4. Content will focus on significant or newsworthy social issues that pertain to medical ethics. At that time you will be expected to:

- describe personal association's and hospital's stance on medical ethics
- identify and defend own opinion on a selected medical ethics issue through an essay
- identify and defend own opinion of an ethical question through development of a case presentation

Your CORE administrator will provide you with the schedule of Medical Ethics sessions at your CORE hospital. Tardiness or unexcused absences from scheduled sessions will be reported to the CORE assistant dean and/or CORE administrator.

All missed work - excused or unexcused - must be completed according to established standards at the discretion of the facilitator(s).

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Appendix E

FACULTY, STAFF, AND SMALL GROUPS

CORE Faculty:

Preceptors

The method of making primary preceptor assignments is at the discretion of each CORE assistant dean. However, the preceptors to whom students are assigned are reviewed by the instructor of record, who reserves the right to recommend changes in preceptor assignments. Students are ***required*** to work with a physician who practices in the region of the state where their base CORE hospital is located. This clerkship may not be completed out of state unless the preceptor is on active medical staff at an affiliated teaching hospital in the CORE System, the preceptor's practice is located in close proximity to the student's base hospital, and the preceptor is approved by the CORE assistant dean. If a physician is unable to meet his/her Year 3 Family Medicine Clerkship teaching commitment, the CORE assistant dean will assign the student to a different preceptor.

All preceptors are provided with:

- 1) a notice in writing regarding the particular student who has been assigned to him/her;
- 2) a recent 4 x 5 digital color photograph of the student suitable for posting in his/her office reception area;
- 3) a course syllabus; and
- 4) other pertinent course materials by the college

During the one-week orientation (OCOM 860 Introduction to Clinical Medicine) at their base CORE Hospital, you are to complete and submit a "Student Learning Profile" (found in Appendix G) to share with your preceptors.

The names and contact information for preceptors are maintained in each CORE office and are available upon request through the respective CORE administrator.

Radiologists

Radiologists and/or other physicians on staff at OU-COM affiliated teaching hospitals are recruited to meet as arranged throughout the clerkship with all students based at a specific hospital in the CORE. The method of selecting a radiologist or another physician in an appropriate medical discipline to be a resource for this curricular component and the time to offer this portion of the curriculum is at the discretion of each CORE assistant dean. If a physician is unable to meet his/her teaching commitment, the CORE assistant dean will designate a different individual to serve as a resource person for the radiology component.

The names and contact information for radiologists are maintained in each CORE office and are available upon request through the respective CORE administrator.

All radiologists (or other physician resources) are provided with:

- 1) the list of six recommended topics to cover with the students
- 2) the “Basic Radiology Handbook” specifically prepared for the radiology component
- 3) other pertinent materials to be distributed to students (e.g., handouts, articles, slides, etc.).

Facilitators

Each student is assigned to a clerkship seminar facilitator (CSF) and small group at his/her base hospital by the CORE assistant dean and the CORE administrator. The method of selecting physicians to be facilitators and making small group assignments is at the discretion of each CORE assistant dean. However, the names of the facilitators to whom groups are assigned are reviewed by the instructor of record, who reserves the right to recommend changes in facilitator assignments. A clerkship seminar facilitator is a Family Medicine or Primary Care physician who facilitates interaction, case discussions, and completion of required learning activities. If a physician is unable to meet his/her Year 3 Weekly Clerkship Seminar teaching commitment, the CORE assistant dean will designate a different individual to facilitate the clerkship seminar for a particular small group.

The names and contact information for facilitators are maintained in each CORE office and are available upon request through the CORE administrator.

All facilitators are provided with:

- 1) a picture card of students assigned to his/her small group for the Weekly Clerkship Seminar
- 2) a Facilitator version of the “Year 3 Family Medicine Clerkship Manual” written from the facilitator’s perspective
- 3) other pertinent materials by the CORE administrator (e.g., Presenting to Attendings, etc.).

CORE Staff:

An administrative network has been established by OU-COM to ensure effective clinical training for students at affiliated hospitals and optimal communication between students and the college during the Year 3 Family Medicine Clerkship. Key personnel on main campus in Athens and CORE assistant deans, CORE administrators and CORE administrative assistants at the Centers for Osteopathic Research and Education (CORE) provide leadership, oversee the students’ educational programs, clarify policies and procedures for students, and enforce the college’s regulations.

Names and contact information for CORE assistant deans, CORE administrators, and CORE administrative assistants are maintained in each CORE office and are available upon request through the CORE administrator.

Small Groups:

Students are scheduled to meet in small groups with a physician facilitator each week for six weeks at their base CORE hospital for the Weekly Clerkship Seminar. Groups are comprised of OU-COM and participating affiliate college of osteopathic medicine students. These small group sessions are usually conducted in an available conference room or classroom at the students’ base

CORE hospital. Students are to follow the “Weekly Clerkship Seminar Schedule” for their assigned small group. It will specify the clerkship seminar facilitator, the day of the week the seminar will be held, and the date and time the seminar is scheduled. *A sample template is provided at the end of this Appendix for your review. Designation of small groups having more than seven student participants must have instructor of record approval.*

Actual schedules will be provided to students during orientation (OCOM 860) at their base CORE hospital. *Students are to be prepared to complete the Required Learning Activities on a weekly basis as assigned.* Students will want to note the specific dates that they are expected to present required learning activities in their assigned small group to ensure that they do not have a conflict.

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Appendix F

STUDENT RESPONSIBILITIES AND PROTOCOLS

General

You are responsible to your preceptor, CSF, CORE assistant dean, and CORE administrator during clinical duty hours throughout this clerkship. Compliance with the general rules and regulations established by the preceptor, assigned CORE hospital, and any other individuals or facilities associated with your clinical training is expected of you.

You are to direct questions regarding radiology, preceptor, facilitator, and small group assignments to the CORE administrator at your assigned CORE hospital. ***You must be under the direct supervision of a preceptor or his/her designee while in the clinical setting and a facilitator during Weekly Clerkship Seminars. The instructor of record has the final authority for all curricular and clinical aspects of this course.***

Conflicts

You are expected to notify the CORE administrator at your assigned CORE hospital of any problems or concerns you may have during the clerkship. You are encouraged to discuss difficulties as they arise with your preceptors and/or facilitators to prevent a more complicated situation from developing later. If a major conflict occurs between you and your preceptor or facilitator, you should immediately notify your CORE assistant dean and/or CORE administrator to resolve the conflict. If the conflict cannot be resolved satisfactorily, the CORE assistant dean and the instructor of record will decide what further action, if any, needs to be taken. If a matter requires immediate attention and your CORE assistant dean and CORE administrator are not available, you are to contact Judith Edinger, director of pre-doctoral education and coordinator for this clerkship, at the college on main campus, by calling (740) 593-0157 or 1-800-841-6626 or e-mailing her at edinger@ohio.edu.

Histories and Physicals

Besides the required learning activity for the clerkship, your preceptor and/or CORE assistant dean may assign you to do additional histories and physicals at the base CORE hospital with fourth-year students, interns, or residents.

The college promotes the concept that histories and physicals done by students should be based on educational objectives, rather than service. The preceptor, house officer, or attending physician must review all histories and physicals completed by the student for appropriate comment and signature. You should request and receive feedback about your history-taking and physical-examination skills to maximize the learning potential of this activity.

Other Didactic Experiences

You may choose or may be required by your CORE assistant dean to attend other didactic functions at your assigned CORE hospital. Such didactic functions may include the Clinical Years 3 and 4 clinical case conferences (CCC), intern lecture series, guest speaker presentations, tumor board, clinical skills labs, or other activities scheduled on the same day as your Weekly Clerkship Seminars or another designated day of the week. The CORE staff is encouraged by the instructor of record to provide such additional learning experiences for the students, especially clinical skills labs in Osteopathic Manipulative Medicine.

You must have approval of your CORE assistant dean and/or CORE administrator before participating in any didactic activities of personal interest that are not course requirements or planned by the CORE staff.

Medical Records/Charting

Clinical sites differ in the responsibilities given to students for medical records. Some sites allow students to write their full progress note and orders directly on the patient chart. These are then immediately co-signed by the supervising physician. Other sites have students make their chart entries on a separate page set aside for "Student Progress Notes." Most notes are written in SOAP (S-Subjective, O-Objective, A-Assessment, P-Plan) format. Dictation of progress notes by students is allowed by some sites with subsequent review and approval of the notes by the attending physician.

You are responsible for obtaining specific charting instructions from your preceptor. You should be aware of proper procedure and should date and sign everything entered on a medical record with both name and educational status (e.g., John Doe, OMS3).

Professional Liability (Malpractice) Insurance Coverage

Students are covered by professional liability (malpractice) insurance through the college while on this clerkship.

Please note that your coverage only applies to activities assigned by or discussed in advance with your CORE office. You are not covered for any clinical activities which are unknown to your CORE office. If you choose to carry out additional clinical activities, contact the CORE office in advance to receive permission.

Under no circumstances should you discuss any case or correspond with any plaintiff or any plaintiff's attorney. If you are contacted by an attorney or other individual concerning pending litigation for a patient in whose care you participated, the student should immediately notify:

Judith Edinger, M.S.Ed.
OU-COM, 222 Grosvenor Hall
Athens, Ohio 45701
Phone: (740) 593-0157, Fax: (740) 593-9557
E-mail: edinger@ohio.edu

Personal Health Insurance Coverage

You are required by Ohio University to have medical insurance to cover personal expenses due to unexpected accidents or illness. The Ohio University Student Health Insurance plan is mandatory for eligible students unless they have filed a written application of exemption from coverage (Refer to the Ohio University Graduate Catalog section on "Medical Requirements").

Absence Due To Illness

If you are unable to meet your clerkship obligations due to illness, you must **personally** notify your preceptor, CSF and CORE administrator. ***You do not have the benefit of "sick time."*** ***Absences due to illness must be made up .*** Therefore, a student who has been ill must make arrangements with the:

1. preceptor to make up missed clinical days
2. facilitator to make up learning activities not completed during seminars
3. physician(s) teaching the radiology component to make up missed cases
4. facilitator to make-up missed medical ethics sessions (if offered fall quarter)
5. CORE administrator to make up didactic activities and complete curricular requirements before the end of the clerkship

Temporary Absence

“Temporary absence” means ***short periods*** away from clerkship activities that a student must take to attend to ***important*** personal business that cannot be handled before or after scheduled clinical duty hours. You must request permission from your preceptor for the exact amount of time needed off. If it is a seminar day, permission must also be obtained from the CSF. If a didactic session is scheduled, then permission must be obtained from the CORE assistant dean as well. ***It is essential that you confer with the CORE administrator to make up the missed hours throughout the course of the clerkship.*** Although there are no restrictions concerning temporary absence, you and the respective CORE Clinical Faculty should use good judgment regarding this matter.

Withdrawal or Leave Of Absence

If you choose to withdraw from this clinical course or need an ***extended period*** away from educational activities due to ***prolonged*** illness or very important personal matters, you must contact OU-COM’s associate dean for pre-doctoral education, who is also the instructor of record of OCOM 819. You will be expected to follow the pertinent section of the college’s Committee on Student Progress (CSP) Guidelines.

The Family Medicine Clerkship is only offered once each fall quarter. This course is a prerequisite to all other clinical rotations. If you withdraw or request a leave of absence, the next time this course will be offered is the fall of 2008.

Vacation

No vacation time may be taken or scheduled during the Family Medicine Clerkship.

Dress

You are to wear clean, white clinical jackets over appropriate attire in the clinical setting. The OU-COM color-coded (maroon) photo I.D. badge issued by Academic Affairs in June 2007 must be visibly worn when in the hospital, preceptor’s office and other clinical settings, to ensure your identification as a “third-year student physician.”

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Appendix G

Checklists

[Learning Activity and Evaluation Checklist – Student Version](#)

[Learning Activity and Evaluation Checklist – Staff Version](#)

Learning Activity Forms

[Student Learning Profile \(LA-1\)](#)

[Facilitator Feedback for Student Required Learning Activities \(LA-2\)](#)

[Preceptor Checklist of Student Focused H & P \(LA-3\)](#)

[Preceptor Scoring Sheet of Student Focused H & P SOAP Notes \(LA-4\)](#)

Student Procedure Logs/Log Report (www.new-innov.com)

Clerkship Evaluation Forms

[Preceptor Evaluation of Student Performance Mid Clerkship \(E-1\)](#)

[Preceptor Evaluation of Student Performance End of Clerkship \(E-2\)](#)

[Facilitator Evaluation of Student Seminar Performance \(E-3\)](#)

Student Evaluation of Preceptor and Rotation (www.new-innov.com)

Appendix H

GUIDELINES FOR COMPLETING REQUIRED LEARNING ACTIVITIES

The following guidelines are to help you satisfactorily accomplish the required learning activities for the Year 3 Family Medicine Clerkship. The learning activities are designed to be completed by either selecting one patient case in your preceptor's practice to provide the clinical material needed to do most of the activities or choosing different patient cases in your preceptor's practice to meet the individual criteria for completing each activity.

For instance, if you are able to identify an interesting patient case early in the clerkship, you could plan to do your first focused H & P, topic presentation, and the case discussion from your clinical experiences with one patient.

Or, you may identify several interesting patient cases that you feel would be suitable for different learning activities.

Either approach is acceptable; it is simply a matter of preference. How you select patients to meet the required learning activities should be decided between you and your preceptor with facilitator input as needed.

Learning Activity Assignment and Feedback Forms

Feedback forms and checklists needed for Required Learning Activities are explained in this section. (All forms can be found in Appendix G of the course syllabus.) They include:

- 1) a "Facilitator Feedback for Student Learning Activities" form (see Appendix G in the course syllabus) that the clerkship seminar facilitator (CSF) will be using to evaluate your presentations of the four major learning activities - prescribed drug of choice, procedure demonstration, student-led case discussion, and topic presentation - at the weekly small group sessions.
- 2) the Preceptor Checklist of Focused H&P (see Appendix G in the course syllabus) that the preceptor or designated supervising physician will be using to evaluate the focused H&P's that you perform and the SOAP note you write.

In preparation for your small group presentations or focused H&Ps, refer to the specific assignment criteria indicated on the related segment of the feedback form or the appropriate checklist for each required learning activity. CORE Clinical Faculty (preceptors and facilitators) receive sample feedback forms in their versions of the Year 3 Family Medicine Clerkship Manual. It is your responsibility to personally give each feedback form (which may be printed from Appendix G of the course syllabus) to your preceptor to complete at the appropriate time throughout the clerkship.

Instructions for completing the checklists and segment of the feedback form for each learning activity are specified in this section. For clarification of instructions regarding any learning activity, contact your CORE administrator. ***The proper route for submission of paperwork for all learning activities is to the CORE administrative assistant at your base CORE hospital.*** It is important for you to submit all written work and signed forms as completed to your CORE administrative assistant so that credit can be given for satisfactory completion of the course.

An *Evaluation Forms & Learning Activity Checklist* is provided here and in Appendix G to help you monitor which learning activities you have completed and for which you have submitted all required forms. Use of the checklist is recommended, but is not mandatory.



**Evaluation Forms & Learning Activity Checklist
 OCOM 819 Osteopathic Family Medicine 1
 Year 3 Family Medicine Clerkship
 Fall Quarter 2007**



To the Student: *This checklist has been provided to help you keep track of evaluation forms and learning activities. Please note when each form has been completed and submitted to the CORE administrative assistant (if appropriate). Evaluation forms and assignments are due the week specified. This checklist does not need to be submitted.*

**Date submitted
 to CORE Office
 or completed on
 New Innovation**

EVALUATION FORMS

- _____ 1. Preceptor Evaluation of Student Performance
 - A. Mid-Clerkship (Preceptor completes during week three of the clerkship) (E-1)
 - _____ B. End of Clerkship (Preceptor completes during week six of the clerkship) (E-2)*
 (Log-on to www.new-innov.com to complete this form or use the standard “blue form”)
- _____ 2. Facilitator Evaluation of Student Seminar Performance (E-3)
 (Facilitator completes during week six of the clerkship)
- _____ 3. Student Evaluation of Preceptor and Rotation (E-4)*
 (Student completes during week five or six of the clerkship)
 (Log-on to www.new-innov.com to complete this form)

LEARNING ACTIVITIES

- _____ 1. Student Learning Profile (LA-1)
 (Student completes prior to day one of the Clerkship, and shares with Preceptor and Facilitator)
- _____ 2. Facilitator Feedback for Student Required Learning Activities (LA-2)
 (Clerkship Seminar Facilitator completes as appropriate, during student presentations)
- _____ 3. Preceptor Checklist of Student Focused H&P (LA-3)
 - A. Mid-Clerkship (Preceptor completes during week three of the Clerkship)
 - _____ B. End of Clerkship (Preceptor completes the same form during week six of the Clerkship)
- _____ 4. Student Focused H&P SOAP Note Write-up
 - A. Mid-Clerkship (Student completes during week three of the Clerkship)
 - _____ B. End of Clerkship (Student completes by week five of the Clerkship)
- _____ 5. Preceptor Scoring Sheet of Student Focused H&P SOAP Note (LA-4)
 - A. Mid-Clerkship (Preceptor completes during week three of the Clerkship)
 - _____ B. End of Clerkship (Preceptor completes the same form by week six of the Clerkship)
- _____ 6. Student Procedure Logs/Log Report*
 (Student completes by end of the Rotation, student must have the report signed by their Preceptor)

NOTE: Students are responsible for the submission of all evaluation and learning activity forms as they are completed. Please make certain that your preceptor and clerkship seminar facilitator complete the appropriate forms by the specified week of the clerkship. All forms can be found in Appendix G of the course syllabus.

* *Affiliate COM Students are expected to do all OUCOM evaluation forms except for E-2 and E-4 and are expected to do all Learning Activities, but may complete their logs and final evaluation through their school's system.*

Learning Activity: Focused History and Physical (H&P) and SOAP Note

During the third week of the clerkship, ask your preceptor to help you select a patient in his/her office with whom you can comfortably conduct a focused history and physical (an appropriate history and physical based on the patient's chief complaint). You will also write a SOAP note documenting this focused H&P. Your preceptor is expected to observe you; he or she is aware that it will take you longer than it would him or her to conduct this focused H & P. Your preceptor realizes that this is an important part of clinical teaching and recognizes the necessity of giving you feedback. Using the *Preceptor Checklist of Student Focused H&P (Form LA-3)* provided in Appendix G of the course syllabus, ask your preceptor to immediately provide you with written comments after observing you conduct the focused H & P. Please provide your preceptor with this form.

Ask your preceptor about what his or her expectations are for SOAP notes, then write a SOAP note for this focused H&P. When you are finished with the SOAP note, ask for feedback from your preceptor via the *Preceptor Scoring Sheet of Student Focused H&P SOAP Note (Form LA-4)*.

During the sixth week of the clerkship, repeat this process using the same forms as described in the previous two paragraphs.

An *Outline for the Medical History and Physical Examination* is included in this section as a reference for you. When completing this learning activity you are to:

1. record your history and physical findings in a concise, legible format using a black pen (black ink copies best);
2. document your findings on the appropriate form used by the preceptor in his/her office; and
3. discuss your findings and impressions with the supervising physician and formulate a differential diagnosis.

After completing two focused H&P's and the appropriate SOAP notes, and receiving feedback from your preceptor or designated supervising physician on the appropriate forms, ask the physician to sign the forms. After reviewing your feedback, you should sign the forms as well.

Submit two of each of these signed forms (Forms LA-3 and LA-4) to the CORE administrative assistant no later than Friday, October 19, 2007.

Rationale: Conducting a focused H & P and SOAP note, and receiving constructive feedback from your preceptor will give you the opportunity to practice the interviewing and examination skills that you learned during the first two years on main campus with simulated patients during your clinical skills courses and with real patients during your Clinical and Community Experiences (CCE). You now have the opportunity to continue building and perfecting your H & P skills daily in the clinical setting. Obtaining feedback on the H & P and SOAP notes at this very critical point in your clinical education will help you become more proficient and experienced in interviewing and examination techniques as you continue to perfect your H & P and SOAP note skills daily.

Outline for Medical History and Physical Examination

Order of examination and type of information desired is indicated. Further details may be necessary in individual cases.

I. History

- A. Date
- B. Name
- C. Status of Examiner, e.g., John Doe, MS III or third year medical student.

II. Chief Complaint

- A. This is a simple statement in answer to the question, "What symptoms brought you to the hospital?"
- B. Give verbatim (in patient's own words).

III. History of Chief Complaint

- A. Include age, sex, race, and occupation in initial statement.
- B. Give details of all symptoms and events concerned in the illness with qualitative and quantitative appraisal. Give location, character, severity, duration, intermittency, and radiation of pain. Describe factors making pain worse or better.
- C. Description of events must be in chronological order. The appearance of each symptom or event during the course of the present illness should be related to the time of the present admission.
- D. Type of onset insidious or sudden?
- E. It is essential to give all negative as well as positive information in relating the symptoms and circumstance of a patient's disease.
- F. If a patient has had one or more previous admissions to this Medical Service, the present illness should start with a detailed summary of each admission. This is followed by an interval note, describing the subsequent events leading to admission.
- G. Never use abbreviations in writing a history (or physical examination). Put patient's name and hospital number on each sheet.
- H. Make clear why patient seeks aid at this particular time.
- I. List all medications patient has taken for this illness and response to them.
- J. Same or similar symptoms before? Treatment and results?

IV. Past History

- A. General Health
 1. General Quality. Average weight, recent loss or gain.
 2. Operations or Injuries.
 3. Hospitalizations.
- B. Birth and Development - "Blue baby," known difficult delivery. Healthy in infancy and childhood.
- C. Infectious Disease. State presence or absence of typhoid, acute rheumatic fever, chorea, poliomyelitis, meningitis, malaria, scarlet fever, diphtheria, hepatitis, gonorrhea or syphilis, undiagnosed fever, measles, mumps, pertussis, rubella, chicken pox. Previous immunizations, chemotherapy.
- D. Allergies. Asthma, hay fever, hives, drug or food reactions.

V. Personal and Social History

- A. Place of birth and residence.
- B. Marital. Duration, health of partner, children, giving age and health.
- C. Habits. Sleeping, tea, coffee, tobacco, alcohol, medicines, habits of eating and exercise. Adequacy of diet in protein, fat, and carbohydrate.
- D. Occupation. Past and present work, conditions of work, emotional and physical reaction of work. Exposure to occupational disease and chemicals.
- E. Environmental Factors. Presence of epidemics, exposure to contagious disease, or infected animals, especially rats, rabbits and parakeets. Water and milk supply. adequacy of housing and sewerage. Residence in tropical or endemic disease areas.
- F. Name and address of patient's physician.
- G. Data on service in the armed forces.

VI. Family History

- A. State health or cause of death of parents, brothers or sisters, with ages of death.
- B. State presence or absence of rheumatic disease, gout, allergy, tuberculosis (giving patient's association therewith), renal disease, diabetes, cancer, mental and neurological disorders, epilepsy, migraine, hypertension, blood diseases, and obesity.
- C. Report details and family tree if any hereditary disease is discovered such as sickle cell anemia, muscular dystrophy, etc.

VII. Review of Systems

- A. Skin. Eruptions, itching, changes in pigmentation and texture.
- B. Head. Headaches, dizziness, vertigo.
- C. Eyes. Vision, diplopia pain, lacrimation, scotomata, jaundice.
- D. Ears. Hearing, earache, discharge, tinnitus, bleeding.
- E. Nose. Epistaxis, colds, obstruction, discharge, bleeding, smell.
- F. Mouth and Throat. Dental difficulties, how long since last visit with dentist, sore throat, hoarseness, dysphagia, bleeding.
- G. Neck. Stiffness, pain, tenderness, masses in thyroid or other areas.
- H. Lymph nodes. Local or general glandular enlargement or tenderness.
- I. Breasts. Lumps, tenderness, swelling, nipple discharge, bleeding.
- J. Respiratory. Pain, shortness of breath, wheezing, chronic cough, sputum (amount and description), hemoptysis, pneumonia, tuberculosis or exposure, fever or night sweats, AM cough, productive? Blood?
- K. Cardiovascular. Precordial pain or distress, palpitation, dyspnea or exertion, orthopnea, nocturnal paroxysmal dyspnea, edema, cyanosis, hypertension, heart murmurs, varicosities, phlebitis, claudication.
- L. Gastrointestinal. Appetite and digestion, abdominal pain, eructation, nausea, vomiting, hematemesis, jaundice, diarrhea, abnormal stools (clay colored, tarry, bloody), steatorrhea, hemorrhoids, recent change in bowel habits, food dyscrasias.
- M. Genitourinary and Menstrual. Urgency, frequency, dysuria, pain, nocturia, hematuria, polyuria, facial edema, oliguria, unusual color of urine, stones, known kidney or bladder inflammations, nephritis. Difficulty in starting stream, size of stream, acute retention or incontinence. Libido, genital sores, discharge, sexually transmitted diseases, sexual orientation, symptoms of sexual dysfunction (e.g. dyspareunia, impotency, vaginismus, etc. Menses: age at onset, regularity, last period, dysmenorrhea, menorrhagia or metrorrhagia leukorrhoea or post-menopausal bleeding. Number and results of pregnancies. Complications of pregnancy, including toxemia.
- N. Musculoskeletal. Pain, swelling, redness or heat of muscles or joints. Limitation of motion, muscular weakness, atrophy, cramps.
- O. Metabolic. Polydipsia, polyuria, asthenia, hormone therapy, intolerance to heat or cold, alopecia.
- P. Hematological. Anemia, bleeding tendency, previous transfusions and reactions, Rh incompatibility.
- Q. Neuropsychiatric. Convulsions, paralysis, tremor, incoordination, syncope, paresthesias. Difficulties with memory, speech, special senses, and gait. Nervous or emotional difficulties, anxiety, depression, previous psychiatric care.

VIII. Physical Examination

- A. Temperature, pulse, respiratory rates, blood pressure, height, weight
- B. General Appearance and Mental Status. Sex, body type, apparent period of life, apparent state of health, nutrition and development, gross deformities, gait, posture, clubbing of fingers, dyspnea, orthopnea, edema, facies, mental condition, sensorium, personality.
- C. Skin. Texture, turgor, color, moisture, eruption, pigmentations, pallor, spiders and abnormalities of nails and hair.
- D. Head. Deformity, scars, tenderness, bruit.
- E. Eyes. Conjunctive and sclera, injection, petechiae, jaundice, pallor. Pupils- size, shape, reaction, equality. Eyeballs - prominence, motion tension. Iris lesions, corneal or lenticular opacities. Plois of lids, vision, visual fields, and confrontation. Fundi.
- F. Ears. Hearing, air and bone conduction, discharge, tophi, mastoid tenderness, canals and tympanic membranes.
- G. Nose. Septal deviation or perforation, obstruction, sinus tenderness, appearance of mucosa.
- H. Mouth and Throat. Breath, fissures. Mucosal lesion and color. Tongue - coat moisture, coloration, papillatrophy, tremors. Teeth - pyorrhea, caries, lead line. Throat - appearance of tonsils and mucosa.

- I. Neck. Scars. Thyroid, other masses, venous engorgement, abnormal pulsation, tracheal tug, position of trachea. Resistance to flexion.
- J. Lymph Nodes. Enlargement, consistency and tenderness of cervical, axillary epitrochlear, and lymph nodes.
- K. Musculoskeletal. The narration should include position in which the patient was examined, body type, gait, posture, kyphosis, lordosis, scoliosis, areas of hyperalgesia, tenderness or pain on motion or palpation, tissue change, joint hypermobility or restriction, osteopathic lesions (somatic dysfunction), vasomotor or trophic changes of skin, muscles, etc., contracture. Figures may be used to supplement the narrative by labeling areas of importance.
- L. Thorax and Breasts. Configuration, symmetry, mobility, scars, abnormal pulsations or retractions, dilated veins, retromammary dullness.
- M. Lungs. Type of respiration, cough, symmetry of respiratory movements. Fremitus. Resonance, lung borders and their mobility. Breath sounds, voice and whisper, rales, rhonchi, and rubs.
- N. Heart. Apical impulse, thrills, heart border. Heart sounds, character and rhythm, murmurs, friction rub. Unless contraindicated, listen to heart in erect and recumbent posture. Cover all valve areas, neck and back.
- O. Abdomen. Scars, contour, dilated veins, fluid waves, spasm, tenderness (direct, indirect, and rebound). Hernia, costovertebral angle tenderness. Location, size, shape consistency, mobility, tenderness of mass including liver, spleen, kidneys, bladder. Distention, shifting dullness, areas of hepatic, splenic and bladder dullness, bowel sounds.
- P. Extremities. Character of peripheral arteries and veins. Presence of varicosities. Color, temperature, deformities, limitation of motion.
- Q. Genitalia.
 - 1. Male: discharge, scars, scrotal masses.
 - 2. Female: perineum and external genitalia, vagina, cervix, fundus, adnexae. tenderness, discharge, bleeding, ulcerations, masses.
- R. Neurological.
 - 1. Sensory, including Romberg test.
 - 2. Motor, muscle strength, atrophy, tremors, fasciculations spasticity, clonus. Reflexes Superficial - abdominal, cremasteric. Deep biceps, patellar. Achilles. Abnormal reflexes - Babinski, Hoffman.
- S. Rectal. Hemorrhoids, fissures, fistulas. Digital-sphincter tone, tenderness, masses, prostrate, blood on examining finger. Test for occult blood.

IX. Summarizations of Each Problem as Follows:

- A. Subjective supporting data (History)- Briefly - details in H.C.C.
- B. Objective supporting data (Physical and Lab) - Briefly - details in H.C.C. and physical
- C. Assessment (discussion of provisional diagnosis, including differential diagnosis, i.e., hypotheses)
- D. Plan
 - 1. Diagnostic (methods of ruling in or ruling out)
 - 2. Therapeutic
 - 3. Patient Education
- E. SOAP each problem and assign it a number
- F. Signature
- G. Note concerning name and address of informants if other than patient and apparent reliability.

Learning Activity: Prescribed Drug of Choice

For this assignment you are to select a patient who is being treated for one of the following common conditions/diseases:

- . anxiety
- . depression
- . arthritis
- . diabetes
- . asthma
- . hypertension
- . chronic pain
- . urinary tract infections

Include in your presentation:

1. the classification of drugs commonly used to treat the patient's disease or condition
2. a comparison of several drugs within the classification
3. identification of the specific drug prescribed for the patient
4. the cost, generic and trade name of the prescribed drug
5. dosage information and pharmacokinetics of the prescribed drug
6. indications, contraindications, and adverse reactions of the prescribed drug
7. an explanation of why the drug prescribed is indicated for the condition or disease under discussion rather than other available medication
8. an explanation of why the preceptor chose this particular drug (i.e., drug of choice) over other drugs that may have accomplished the same therapeutic effect
9. OMM as a possible alternative to drug therapy
10. complementary or alternative treatments to drug therapy
11. patient compliance issues.

This activity should be based on a patient case seen in your preceptor's practice, not just relaying what information is stated in a reference textbook. If possible, locate a relevant journal article on the classification of drugs and/or prescribed drug. Use information from the article in your presentation.

This section includes a suggested list of medications that you can refer to when completing this assignment along with supporting drug information resources. You do not have to adhere to this list or to the references if the preceptor has prescribed a relatively *new* drug on the market for a patient or if you have an interest in focusing on a classification of drugs not listed.

Preparation: When preparing for this assignment, refer to Segment A "Prescribed Drug of Choice" of the Facilitator Feedback for Student Learning Activities form (LA-2) that your clerkship seminar facilitator (CSF) will be using to evaluate your presentation.

Evaluation: After completing that segment of the form, your CSF will sign it. After reviewing your ratings, sign and date directly under the appropriate segment of the form. The feedback form is to be submitted to the CORE administrative assistant once all segments of the form are completed by the CSF.

Rationale: Medical students in the clinical setting must develop a way of thinking about pharmacology which shifts from learning just the generic names for drugs to learning the various trade names for any given drug. You must begin applying technical knowledge regarding pharmacokinetics to the more complex responsibilities of prescribing drug therapy for patients. You need to recognize signs and symptoms of potential adverse reactions and be able to intervene based upon a sound knowledge of any drug being prescribed.

Sample Listing of Drugs for Prescribed Drug of Choice Activity

Drug Classification

Generic Drug Names (Trade name)

ACE Inhibitor

Catopril (Capoten), Enalapril (Vasotec), Catopril HCL (Capozide)
Ramipril(Altace)

Alpha Blockers	Terazosin (Hytrin), Doxazosin(Cardura), Clonidine
Angiotensin II Receptor Blockers (ARB's)	Losartan Potassium (Cozaar), Losartan Potassium HCL (Hyzaar) Olmesartan (Benicar), Valsartan (Diovan)
Antianxiety/Anxiolytic	Buspirone (Buspar), Alprazolom (Xanax), Lorazepam (Ativan), Diazepam (Valium)
Antibacterial	Sulfamethoxazole (Bactrim), Norfloxacin (Noroxin), Nitrofurantoin (Macrobid), Amoxicillin (Amoxil), amoxicillin/clavulonic acid (Augmentin), Pen V-K. Erythromycin, Clarithromycin (Biaxin), Telithromycin (Ketek), Doxycycline (Adox), Vancomycin, Levofloxin (levaquin), Cephalexin (Keflex), Cefdinar (Omnicef).
Antidepressant	Fluoxetine HCL (Prozac), Sertraline (Zoloft), Amitriptyline (Elavil), Trazadone (Desyrel), Trimipramine Maleate (Surmontil), Doxepin (Adapin, Sinequan), Amoxapine (Ascendin), Nortriptyline (Pamelor, Aventyl), Maprotiline (Ludiomil), Imipramine (Tofranil)
Beta Blocker	Class U General, Atenolol (Tenormin), Nadolol (Corgard) Propranolol HCL (Inderal), Acebutolol HCL (Sectral), Metoprolol Tartrate (Lopressor) Carvedilol (Coreg)
Bronchodilators	Albuterol (Proventil, Ventolin, Volmax), Bitolterol Mesylate (Tornalate), Aminophylline (Phyllocontin), Theophylline (Quibron), Triamcinolone Acetoride (Azmacort)
Calcium Channel Blocker	Diltiazem (Cardizem), Amlodipine Besylate (Norvasc), Verapamil Hydrochloride(Calan), Nifedipine (Procardia)
Combination Drugs	Verapami/trandolipril (Tarka), Amlodipine/benazepril (Lotrel) Vytorin (ezetimibe and simvistatin), Caduet (amlodipine and Atovastatin)
Hyperlipidemics	Simvastatin (Zocor), Ezetimibe (Zetia), Fenofibrate (Tricor), atorvastatin calcium (Lipitor), rosuvastatin (Crestor), Pioglitazone (Actos), insulin Glargine (Lantus)
Hypoglycemic Agent	Metformin (Glucophage), Humulin N Insulin, Humulin R Insulin, Humalog Insulin, Lente Insulin
Hypoglycemic-Oral	Acarbose (Precose), Glipizide (Glucotrol), Metformin (Glucophage), Glyburide (Micronase, Diabeta), Chlorpropamide (Diabinese), Acetohexamide (Dymelor), Tolbutamide (Orinase), Tolazamide, rosiglitazone (Avandia),
NSAIDs	Ketorolac Tromethamine (Toradol), Nabumetone (Relafen), Diclofenac (Voltaren), Naproxen (Anaprox, Naprosyn), Ibuprofen (Motrin), Ketoprofen (Orudis), Sulindac (Clinoril), Celecoxib (Celebrex) Arthrotec (Diclofenec and misoprostil)
Non narcotic Analgesics	Aspirin, Actaminophen, Cymbalta (Duloxetine), Lyrica (pregabalin)
Narcotic Analgesics	Ultram (tramadol), Morphine (Kadian, MSIR, Avinza), Oxycodone, Hydrocodone, Propoxyphene, Fentanyl

Learning Activity: **Procedure Instruction/Demonstration**

At a weekly clerkship seminar as scheduled, you are to teach your peers how to complete a simple procedure and have them demonstrate what they have learned. This should be a procedure that you observed, assisted with, or performed with supervision in your preceptor's office. Select a procedure that can be easily demonstrated (e.g., venipuncture/phlebotomy, skin staple placement or removal, electrode placement for ECG, tuberculin intradermal skin test, punch biopsy of the skin, injections).

Inform the clerkship seminar facilitator (CSF) of the procedure you plan to demonstrate at least one week in advance so s/he can determine if it is appropriate based on available resources and the number of students in your small group. Ask your preceptor if s/he has any patient education materials, articles, or videotapes that pertain to the procedure you have chosen and can be used to augment your instruction. Make certain that you bring sufficient supplies so that students in your group are able to participate and practice the procedure.

During your explanation, you should include aspects such as

- 1) equipment needed to do the procedure
- 2) patient education regarding procedure
- 3) physical preparation of the patient for the procedure
- 4) indications and contraindications for doing the procedure
- 5) proper sequence of steps in performing the procedure and rationale
- 6) what to do if something negative or unexpected happens while the procedure is in progress
- 7) action to take in an emergency;
- 8) other pertinent information

Preparation: When preparing for this activity, refer to Segment B "Procedure/Demonstration" of the Facilitator Feedback for Student Learning Activity form (L-2A) that your CSF will be using to evaluate your presentation. After completing that segment of the form, your CSF will sign it.

Evaluation: After completing that segment of the form, your CSF will sign it. After reviewing your ratings, sign and date directly under the appropriate segment of the form. The feedback form is to be submitted to the CORE administrative assistant once all segments of the form are completed by the CSF.

Rationale: This activity is intended to inform you about different procedures that can be done in an outpatient setting and to make you aware of the procedures being done by physicians other than your assigned preceptor(s). You may see how the same procedure can be performed differently, yet correctly, using various techniques and equipment. You will understand the details and principles of performing a procedure more thoroughly by explaining and teaching it to others.

Learning Activity: Student-Led Case Discussion

Ask your preceptor to help you select an appropriate patient case for this assignment. The case should include psychosocial and family systems aspects in addition to the biomedical and important osteopathic components. If ethical, cultural, or complementary medicine issues are relevant in the case that you select, be sure to address these during your case discussion. Explore as many aspects of the patient case as you can using the progressive disclosure method and SOAP format.

Organize the case so that pertinent information is disclosed as needed to progress through the following elements:

- 1) chief complaint
- 2) history of present illness
- 3) differential diagnosis
- 4) results of physical exam (including structural exam)
- 5) laboratory and diagnostic test results
- 6) diagnosis and treatment plan (including OMM)

Discussion questions should focus on the hierarchy of medical knowledge (i.e., environmental level, person level, organ level, tissue level, cellular level, molecular level). NOTE: This assignment is not intended to be a presentation, but an interactive discussion with other members of your small group about a patient case promoting problem-solving.

Your preceptor could contribute details and/or answer questions about the patient case you have selected for your case discussion. Thus, you may wish to make arrangements with your preceptor to have him/her attend the clerkship seminar on the day you are scheduled to lead a case discussion. If your preceptor agrees to be in attendance during your case discussion, you need to let your CSF know so an exact time can be set for this activity.

Preparation: When preparing for your case discussion, refer to Segment C “Student-Led Case Discussion” of the Facilitator Feedback for Student Learning Activity form (L-2A) that your CSF will be using to evaluate your presentation.

Evaluation: After completing that segment of the form, your CSF will sign it. After reviewing your ratings, sign and date directly under the appropriate segment of the form. The feedback form is to be submitted to the CORE administrative assistant once all segments of the form are completed by the CSF.

Rationale: Leading a case discussion will enable you to learn about a patient case in depth. Additionally, it will give you the opportunity to teach your peers and become more adept at using case studies as a teaching/learning tool. Research indicates that in the small group environment the use of the case discussion method has several advantages over lecturing. These advantages include:

- 1) **students retain information longer**
- 2) **students learn from each other**
- 3) **the affective domain of learning receives attention**
- 4) **problem solving is encouraged**
- 5) **higher quality solutions result from group problem solving**

Learning Activity: Topic Presentation

You will prepare and deliver a 15-20 minute presentation on one of the following topics: anxiety, arthritis, asthma, chronic pain, depression, diabetes, hypertension, or urinary tract infection. Mold the topic to fit your interests. For example, if you select the topic of diabetes mellitus, the title of your presentation might be "Managing NIDDM in Elderly Patients with Circulation Problems." *Narrow the topic to something that is manageable in the amount of time allotted. Allow time (approximately five minutes) to answer questions from members of the group.* Inform the clerkship seminar facilitator (CSF) of your topic at least one week in advance so s/he can help you narrow your focus and suggest written and/or audiovisual materials that may augment your presentation.

During your presentation, address the different levels in the hierarchy of medical knowledge (i.e., environmental level, person level, organ level, tissue level, cellular level, molecular level) as appropriate. Support your presentation with references, including textbooks and journal articles. Provide your audience with a copy of the journal article(s) or at least the abstract(s). Please check with the CORE administrator to be sure financial resources are available for photocopying costs if you need to make extensive copies for distribution.

Obtain references by doing an on-line literature search. You may access the medical literature from the National Library of Medicine at <http://www.nlm.nih.gov>. Contact either the hospital librarian or Bobbi Conliffe, the Learning Resources Coordinator in the college's Learning Resource Center (LRC) on main campus, if you have questions or problems conducting a literature search. The information gathered from literature searches can be used by practicing physicians to help make patient care decisions, for writing articles, and for preparing presentations.

Use evidence-based medicine (EBM) strategies to access additional information on your topic.

Preparation: When preparing for this presentation, refer to Segment C "Topic Presentation" of the Facilitator Feedback for Student Learning Activity form (L-2A) that your CSF will be using to evaluate your presentation.

Evaluation: After completing that segment of the form, your CSF will sign it. After reviewing your ratings, sign and date directly under the appropriate segment of the form. The feedback form is to be submitted to the CORE administrative assistant once all segments of the form are completed by the CSF.

Rationale: This learning activity allows you to practice a valuable teaching skill that can be used throughout the continuum of your osteopathic medical education. Mini-lectures on various topics presented by your peers are intended to provide you with current information about a subject that you may want to research, read more about, and/or apply to a patient care situation. Knowing how to search the literature will enable you to communicate your information needs to a librarian and become a more sophisticated user of the literature searching computer technology. Computer access to current medical literature is an essential tool for the modern practicing physician, both for keeping up with trends in areas of interest and for finding specific information pertinent to the care of patients.

Learning Activity: Sharing a Significant Learning Experience

Every effort should be made to conduct this learning activity for approximately 30 to 40 minutes (depending on the size of the group), at the beginning of each weekly clerkship seminar. Each student is to briefly share (five minutes) the most significant thing learned from an actual experience in his/her preceptor's office or other clinical setting since the last weekly conference.

Do not just relate the events of an entire day. Information shared can be about a new situation or particular patient case. For example, you may have seen a patient that presented a unique challenge or did not conform to what you would describe as the "ideal" doctor-patient relationship. You may want to share with your peers:

- 1) how these patients gain access and use the health care system
- 2) factors that contribute to their choices in seeking health care
- 3) what made these patients particularly difficult to manage
- 4) what emotions you felt during such a patient encounter
- 5) what coping strategies you used to deal with these patients
- 6) how you might approach this type of patient differently.

This is designed to be an informal activity, but it is still important for you to make a succinct presentation in a standard format.

Rationale: This activity makes it possible for you to hear about the variety of available educational opportunities and patient cases being seen by physicians in medical practices other than that of your assigned preceptor(s). Throughout the remainder of your osteopathic medical education you will be called upon to present to attendings and inform colleagues of details about patients' conditions and their courses of treatment with very little, if any, preparation time. Therefore, this activity also gives you a chance to develop your impromptu verbal presentation skills.

Learning Activity: Identifying Minority Health and/or Cultural Issue

This learning activity will be conducted weekly as the need arises and time permits. This is designed to be an informal activity and should not take more than 30 minutes during a weekly seminar for the discussion of one to two issues identified by any given student.

You are to examine the health care problems of a given patient in a social/cultural context and to identify a minority health and/or cultural issue confronting a patient, a patient's family, or physician that they have either encountered in the clinical setting or discussed with their respective preceptor. If you or other students in your group find it difficult to determine such issues as they occur during your actual clinical experiences, you may want to ask your preceptor to point out such issues when seeing patients based on his/her clinical experience and expertise. You are expected to briefly discuss any conflicts/challenges implicit in a particular situation and offer suggestions for dealing with those problems.

Rationale: As osteopathic medical students and future practicing physicians, you will grapple daily with a maze of uncertainties and quandaries associated with the delivery of health care. This activity serves to raise your awareness of cultural diversity and minority health issues that frequently arise in the practice of medicine and that are used as a basis for establishing health policies and procedures. As a future practicing physician you need to be able to think through these types of issues for yourself and deal directly with proposals and arguments incompatible with your own views and values.

Learning Activity: Discussing Complementary/Alternative Medicine Issues

This learning activity will be conducted weekly as the need arises and time permits. This is designed to be an informal activity and should not take more than 30 minutes during a weekly seminar for the discussion of one to two issues identified by any given student.

You are to discuss complementary and alternative medicine (CAM) issues confronting a patient, a patient's family, or physician that they have encountered in the clinical setting or discussed with their respective preceptor. Issues may arise when completing the CAM module that you want to address. You should be prepared to discuss the current evidence that supports or refutes the use of CAM and apply this to specific CAM being used or avoided by actual patients seen in their respective preceptor's office.

Focus on Alternative and Complementary Therapies (FACT) is an evidenced-based journal that summarizes the most important, factual papers from all journals followed by expert commentary that may be a helpful resource as you explore complementary and alternative medicine. To learn more about this publication, go to <http://www.ex.ac.uk/FACT/> or consult your hospital librarian.

Rationale: The use of complementary and alternative medicine (CAM) is increasing and being recognized by physicians in practice. It is important that CAMs are assessed by the same rigorous standards as traditional or orthodox medicine. This activity will allow you to explore the importance of knowing the impact of CAM on a patient's plan of treatment.