OHIO UNIVERSITY

CORE CENTERS FOR OSTEOPATHIC RESEARCH AND EDUCATION

Ohio University

College of Osteopathic Medicine

Centers for Osteopathic Research and Education

CORE Clinical Rotation: *Osteopathic Family Medicine Clerkship Parts 1 and 2*

Course Title:	**OCOM 819 Osteopathic Family MedicineClerkship**
Credit Hours:	**18 Credit Hours (3 credit hours per week)**
Rotation Length:	**6 weeks (Part 1: 4 weeks; Part 2: 2 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.**

Syllabus Components:

1. Clerkship Description and Purpose
2. Clerkship Goals and Objectives
3. Clerkship Orientation and Logistics
4. Required Learning Activities and Didactics
5. Student Performance Evaluation and Remediation Procedures
6. Recommended Resources
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1. **Clerkship Description and Purpose**

The Osteopathic Family Medicine Clerkship (FMC) is a six-week clerkship designed to provide experiences in an Osteopathic Family Medicine setting. The overall goal is for you to understand the unique role of the Osteopathic Family Physician and the principles and practice of Family Medicine. The clerkship consists of 2 parts:

Part 1: four weeks assigned to one Family Medicine preceptor in an ambulatory setting.
Part 2: two weeks assigned to an Osteopathic Family Medicine Residency Clinic.

2. **Clerkship Goals and Objectives**

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
- enhance history and physical exam, diagnostic, procedural, OMT, interpersonal communication, psychosocial, and practice management skills to improve patient care
- develop greater confidence in providing traditional quality medical care in ambulatory settings

Objectives

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

- demonstrate appropriate history and physical exam skills
- 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
- recognize and respond appropriately to patients' concerns about issues commonly encountered in family practice:

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- utilize evidence-based medicine research strategies to access information to help develop an effective treatment plan
- employ patient safety measures in patient management
- demonstrate appropriate interpersonal communication skills that build rapport with patients and their families and facilitate a positive physician-patient relationship.

3. Clerkship Orientation and Logistics

Orientation to the Preceptor's Office

On the first day of each segment of the clerkship (Parts 1 and 2), you should request a meeting with your primary preceptor. In order to make sure you have a positive orientation session with your preceptor, please review Appendix C: Effective Orientation to the Preceptor's Office. You must complete the Student Learning Profile to bring to your preceptor. (This form is found in Appendix F of this clerkship syllabus.)

Part 2: Your orientation should include specific discussion regarding the learning objectives for that 2-week segment of the clerkship. At this time you should complete Form LA-5.

Logistics

Dates

Part 1: begins Monday, September 8, 2008 and ends Friday, October 3, 2008.

Part 2: two weeks scheduled by your CORE office in the Osteopathic Family Medicine Residency Clinic at your assigned CORE hospital must be completed by June 5, 2009.

Schedule

You are ***required*** to spend five days per week (Monday-Sunday) in course-related activities throughout the six weeks of the clerkship (Parts 1 and 2). The majority of your time will be spent under the supervision of your preceptor.

Part 1: You will spend the equivalent of 4 days under the supervision of your preceptor.

In addition to your time in the clinical setting during Part 1, you will spend the equivalent of one full day per week (Monday through Friday) in didactic activities at the CORE hospital. .

Part 2: You will spend a minimum of the equivalent of 4.5 days per week in the Osteopathic Medicine Residency Clinic at your assigned CORE hospital. You will spend the equivalent of one-half day per week in scheduled didactic activities at your CORE hospital.

Hours

The ***maximum*** number of hours that you should spend 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 spend in such a clinical setting is four per day and 32 per week. It is your responsibility to negotiate an agreement with your preceptors regarding weekend learning experiences.

4. Required Learning Activities and Didactics

Required Learning Activities

Part 1: Students will complete the following learning activities.

- Complete two focused History & Physical exams with corresponding SOAP notes (evaluated by the preceptor)
- During the weekly FMC Part 1 weekly seminar sessions you will
  - Present information on one prescribed drug of choice
  - Conduct one instructional/demonstration session on a common procedure
  - Present one relevant topic
  - Participate in weekly group discussions

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Part 2: Students will complete a clarification of learning objectives and two focused History & Physical exams with corresponding SOAP notes (evaluated by the preceptor).

All required learning activities are described in detail in Appendix G.

Didactics

The didactic portion of the FMC is described in detail in Appendix D. Participation in all assigned didactic activities is **mandatory**. Absences will be reported to the CORE assistant dean and/or CORE administrator. All missed didactic activities (whether excused or unexcused) must be completed under the direction of the CORE Assistant Dean.

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5. Student Performance Evaluation and Remediation Procedures

Clerkship Exams

These exams are self-scheduled and can be taken on any computer that meets the requirements for using BlackBoard. The exams cannot be taken over a dial-up connection. Once you start any 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.

Part 1: Pre-clerkship Exam

During the first week of Part 1 of the Clerkship, you must complete an online (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.

No specific grade is expected or required on this exam. You may only attempt to take this exam once.

Part 1: Post-Part 1 Exam

Sometime between October 1 and October 17, 2008, you must successfully complete (with a score at least 60 percent) 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.

Failure to achieve a 60 percent on the examination will result in a second opportunity to take the exam. You may retake this exam no sooner than 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.

Honor Code The OU-COM Honor Code guides your behavior related to these exams. At the end of the exam, you are required to enter New Innovations to complete and submit your Honor Code form. You will not receive a passing grade for the clerkship unless this form is documented on New Innovations.

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 one minute of receiving the one-minute warning. **Your exam score will be reduced by two 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.

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

Part 2: Assessment of Established Objectives

At the end of the FMC Part 2, you must write and submit a one-to-two page summary describing how you met the established objectives. This evaluation activity serves as an alternative to the standard post-rotation exam.

Preceptor's Written Evaluation

Part 1: In addition to verbal feedback on a regular basis, your 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

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preceptor will also rate your general performance in the clinical setting at the ***end*** of the clerkship. (See the evaluation forms in Appendix F.)

Part 2: Your preceptor for Part 2 will also rate your general performance in the clinical setting at the end of Part 2 of the clerkship. (See the evaluation forms in Appendix F.)

Part 1: 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 Clerkship Seminar Facilitator (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 F.)

NOTE: *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 14, 2008 for Part 1 and one week following completion of Part 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 preceptors (one for Part 1 and one for Part 2)
- completion of all assignments
- ratings from the Clerkship Seminar Facilitator (CSF) regarding contributions to small group during the weekly seminars
- attendance at didactic activities assigned by the CORE assistant dean

Part 1: All students completing the course requirements will receive a grade of progress (PR). All students who then complete Part 2 course requirements by June 5, 2009 will receive a passing grade of CR.

Any student failing to complete successfully all Part 1 course requirements by October 3, 2008 or Part 2 course requirements by June 5, 2009 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.

Remediation Guidelines

If the student earns a grade of Marginal, then a remediation plan will be developed by the CORE Assistant Dean in consultation with the preceptor, and submitted to the Associate Dean for Predoctoral Education for approval. Students earning a grade of "F" may be required to repeat one part or all of the *Osteopathic Family Medicine Clerkship*. The earliest this clinical course will be offered again is fall quarter 2010.

Student Evaluation of the Clerkship

During week 4 of Part 1 and week 2 of Part 2 of the clerkship, you **must** complete and submit an online evaluation through New Innovations.

Procedure Logs

During both Parts 1 and 2 of this clerkship you must complete your procedure logs on New Innovations. See Appendix B for the list of skills and procedures recommended for you to log by the end

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of each part of the clerkship. At the end of Parts 1 and 2 of your clerkship, you must print out your procedure log, ask your preceptor to sign it, and turn it into the CORE administrative assistant.

6. Recommended Resources

Required Reading

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

Required:

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

American Heart Association Advanced Cardiovascular Life Support Provider Manual

Ward, R. (2003). *Foundations for osteopathic medicine* (2nd ed.). Philadelphia: Lippincott Williams & Wilkins. Chapters 7, 31, 34, 52, and 71

Reference for additional information:

Rakel, R. (2007). *Textbook of family practice* (7th ed.). Philadelphia: W.B. Saunders.

Recommended Reading

Additional recommended resources for ALL rotations are included in the Book List for the Class of 2010.

7. Standards of Professional Conduct

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

"As a member of the medical profession, I will maintain the highest standards of academic and personal behavior. As a medical student I will not cheat or plagiarize or tolerate that behavior in others." OU-COM Honor Code

Students are encouraged to study together and to share their knowledge freely with one another during the learning process. During examinations, however, no assistance from other students or from outside sources is allowed, unless explicitly permitted by the CORE office. Books, notes, and other materials must be left at the periphery of the testing area during examinations.

Professional standards required of a member of the Osteopathic profession are a requirement for passing this rotation, as is compliance with the professional standards of the hospital and outpatient offices of the student's preceptor. Students are expected to maintain high professional standards of behavior. They should exhibit such personal characteristics as honesty and integrity, as well as to maintain patient confidentiality at all times. Unprofessional behavior may result in a failing grade in this rotation, regardless of other academic performance on this rotation, and could subject the student to dismissal from the hospital in which they are based. Professional conduct shall be evaluated by the CORE Assistant Dean through observation of and interaction with the student, his/her preceptor, other hospital attending physicians and staff.

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8. 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

NOTE: *If you have questions, contact your CORE administrator, CORE assistant dean or the Clerkship Coordinator, Judith Edinger at 740.593.0157 or edinger@ohio.edu*

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Appendix A

Most common diseases/conditions/ management problems in Family Medicine:

- head/eye/ear/nose/throat (HEENT) problems (i.e. otitis, pharyngitis)
- COPD/asthma
- bronchitis/pneumonia
- hypertension
- diabetes
- hyperlipidemia
- obesity/dietary management
- depression/anxiety
- low back pain
- pain management
- GERD/dyspepsia
- abdominal pain (i.e. IBD)
- UTI
- vaginal problems (i.e. PID, trich, BV)
- dermatological conditions
- minor trauma (i.e. sprains, strains, burns, insect bites)
- headache
- somatic dysfunction

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Appendix B

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

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

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Appendix C

The more information you have at the beginning of any learning experience, the better the learning and the experience.

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

1. Be professional and show an interest in 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. Clarify for the preceptor the times you are required to participate in didactic programs at your assigned CORE hospital.
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

Part 1: Weekly Clerkship Seminar

You are ***required*** to attend a Weekly Clerkship Seminar with your assigned group for four 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.

Parts 1 and 2: On-line Modules

You are required to complete these on-line learning modules by then end of your FMC Part 2.

To access these modules on-line, go to the "OCOM_CORE_2010" course website on Blackboard. Click on the Modules button that appears in the left hand course menu.

Cultural Competency Year 3 Module

Completion includes doing the tutorial as well as taking and submitting the pre- and 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

Patient Safety Year 3 Module

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:

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- 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

Evidence-Based Medicine (EBM) Module

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).

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Appendix E

Student Responsibilities and Protocols

General

You are responsible to your preceptor, small group facilitator (during Part 1), CORE assistant dean, and CORE administrator during clinical duty hours throughout this clerkship.

Conflicts

If you experience any conflicts during the FMC, you are encouraged to discuss difficulties as they arrive with the following individuals as appropriate:

Your preceptor
Your small group facilitator
Your CORE Administrator
Your CORE Assistant Dean
Judith Edinger, FMC Course Coordinator
Peter Dane, DO, Instructor of Record

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 during the FMC Part 1. You must participate in regularly scheduled didactics during the FMC Part 2. 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

You are responsible for obtaining specific documentation 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.

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Personal Health Insurance Coverage

You are required by Ohio University to have medical insurance to cover personal expenses due to unexpected accidents or illness.

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 u .*** 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. 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.***

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 photo I.D. badge issued by Academic Affairs in July 2008 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 F

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Learning Activity and Evaluation Checklist – Staff Version

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Appendix G

Guidelines for Completing Required Learning Activities

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 F.)

It is your responsibility to personally give each feedback form (which may be printed from Appendix F of the course syllabus) to your preceptor or Clerkship Seminar Facilitator (CSF) to complete at the appropriate time throughout the clerkship.

It is your responsibility 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.

A *Forms and Deadlines Checklist* is provided in Appendix F 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.

Learning Activity: Student Learning Profile

Complete this form prior to the first day of Part 1 and Part 2 of your FMC. Share the form with your preceptors and clerkship seminar facilitator (CSF) so that they will know how to help you make this a valuable learning experience.

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
- arthritis
- asthma
- chronic pain
- depression
- diabetes
- hypertension
- 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

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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.

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.

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.

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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. 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.

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

Four times during the clerkship (twice in Part 1 and twice in Part 2), 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. 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.

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)*. Please provide your preceptor with this form.

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);

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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 the 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 each of these signed forms (Forms LA-3 and LA-4) to the CORE administrative assistant by the stated deadline on your Forms and Deadlines Checklist.

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

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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 leukorrheal 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.

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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. Plosis 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, papillaratrophy, tremors. Teeth - pyorrhea, caries, lead line. Throat - appearance of tonsils and mucosa.

I. Neck. Scars. Thyroid, other masses, venous engorgement, abnormal pulsation, tracheal lug, position of trachea. Resistance to flexion.

J. Lymph Nodes. Enlargement, consistency and tenderness of cervical, axillary epitrochlear, and linguinal 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, retromanubrial 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.

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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.

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