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Instructors

Education Director

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Clerkship Directors

<table>
<thead>
<tr>
<th>Campus</th>
<th>Director</th>
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</thead>
<tbody>
<tr>
<td>Fort Pierce</td>
<td>Nancy Baker, M.D.</td>
</tr>
<tr>
<td>Daytona</td>
<td>George Bernardo, M.D.</td>
</tr>
<tr>
<td>Orlando</td>
<td>Douglas Meuser, M.D.</td>
</tr>
<tr>
<td>Pensacola</td>
<td>Dennis Mayeaux, M.D.</td>
</tr>
<tr>
<td>Sarasota</td>
<td>Nicole Bentze, D.O.</td>
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<tr>
<td>Tallahassee</td>
<td>Chris Dunlap, M.D.</td>
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</tbody>
</table>
Course Overview

Description

The Family Medicine Clerkship is a six-week community-based experience. Students spend at least 8 patient care sessions each week providing clinical care to patients under the direct supervision of a practicing family physician designated as clerkship faculty.

Educational Goals

The educational goals of the Family Medicine Clerkship include:

1. To familiarize each student with the medical content and principles that define the discipline of family medicine.
2. To provide opportunities for each student to apply this content knowledge and these principles in a supervised family medicine clinical experience.
3. To expose each student to an experienced and competent family physician role model.

The educational content of the Family Medicine Clerkship’s clinical experience emphasizes improving the student’s ability to recognize, evaluate and manage ambulatory patients with common clinical problems/conditions.

Patient Log

Students document their patient care experiences in a log. For this academic year, the students will utilize the CDCS system for documenting patient encounters, procedures and health care screenings.

Projects

Students will complete three required projects during the 6-week Family Medicine Clerkship.

The first project was designed to create a framework for the student to develop and advance his/her own skills and medical knowledge. As a result of this project the student will develop a plan to address his/her own learning needs and then write a summative report on his/her progress during the clerkship. This is done under the guidance of the Clerkship Director and will be reviewed by the Clerkship Director at mid-Clerkship and at the end of the clinical rotation.

The second project was designed to enhance communication skills in the patient care setting. The student may choose a project from two options with the guidance of Clerkship Faculty and Clerkship Director.

The third project is related to delivering patient care within our current health care system. The student may choose a project from two options with the guidance of Clerkship Faculty and Clerkship Director.
### Patient Care

**Competency Domains:**

- **Patient Care**

**Competencies Covered in the Course**

- **Clerkship Learning Objectives & (Education Program Objectives)**
  - Demonstrate the ability to obtain accurate and complete information via the patient interview and conduct an appropriate physical examination in the following clinical situations:
    - a) a patient visit to diagnose/treat/manage an acute medical problem;
    - b) a patient visit to diagnose/treat/manage a chronic medical problem; and,
    - c) a patient visit to diagnose/treat/manage a patient presenting with multiple problems.

- Demonstrate the ability to apply principles of clinical epidemiology and probabilistic reasoning to develop preliminary assessments/diagnoses and treatment plans.

- Demonstrate the ability to identify and implement the following evidence-based health screenings that are specific to the patient’s health condition, age and gender:
  1. Breast Cancer
  2. Colon Cancer
  3. Cervical Cancer

**Methods of Assessment**

- Clerkship Faculty via end-of-clerkship student assessment
- Clerkship Director via direct observation of student
- Clerkship Director via CDCS monitoring
- Clerkship Director via weekly clerkship meetings and questioning at debriefing
4. Osteoporosis  
5. Hyperlipidemia  
6. Hypertension  
7. Diabetes Mellitus  
8. Alcohol Misuse  
9. Tobacco Use  
10. Immunizations  
11. Fall risk  
12. Depression

Demonstrate exposure to the common procedures performed by Family Physicians, including indications, appropriate techniques, and complications.

(Domain 1: Education program objectives A-O)

<table>
<thead>
<tr>
<th>Medical Knowledge</th>
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</table>

Demonstrate familiarity with the common clinical presentations, physical exam findings, appropriate diagnostic tools and evidence-based treatments for each of the following patient problems seen by family physicians.

1. Abdominal Pain  
2. Acute Lower Respiratory Infection  
3. Acute Upper Respiratory Infection  
4. Anxiety Disorder  
5. Asthma  
6. Chronic Obstructive Pulmonary Disease  
7. Coronary Artery Disease  
8. Degenerative Joint Disease (any type)  
9. Dementia  
10. Diabetes Mellitus  
11. Domestic Violence, any type  
12. Gastroesophageal Reflux Disease  
13. Headache  
14. Hyperlipidemia  
15. Hypertension  
16. Low Back Pain  
17. Mood Disorder  
18. Musculoskeletal Pain

Clerkship Director via CDCS monitoring  
Clerkship Faculty via end of clerkship student assessment  
NBME subject exam  
Clerkship Director via direct observation of student  
Clerkship Director via weekly clerkship meetings  
Clerkship Director via questioning at debriefing
### 19. Obesity
20. Rhinitis
21. Skin Lesion
22. Skin Rash or Infection
23. Substance Use Disorder
24. Thyroid Disorder
25. Urinary Tract Infection

Demonstrate familiarity with the common clinical presentations including symptoms and physical exam findings, appropriate diagnostic tools and evidence-based treatments for common mental health problems and emotional illnesses seen by family physicians.

*(Domain 2: Education program objectives A-I)*

| Practice-based Learning | Demonstrate the ability to access and apply clinical information from evidence-based electronic resources during a patient encounter. | Clerkship Faculty via end of clerkship student assessment
Clerkship Director via direct observation of student
Clerkship Director via weekly clerkship meetings and questioning at debriefing |
| --- | --- | --- |
| X | Structure and complete a patient visit using the current recommendations from the United States Preventive Services Task Force (USPSTF). | Clerkship Faculty via end of clerkship student assessment
Clerkship Director via direct observation of student
Clerkship Director via weekly clerkship meetings and questioning at debriefing |
| Communication Skills | Demonstrate the ability to assess the patient’s current understanding of his/her illness/condition, identify the patient’s most pressing educational needs and implement a “patient education plan” to increase the patient’s knowledge or skills required to manage the illness condition. Using the medical record system available in the clerkship faculty’s office, create progress notes that document at least one example of each of the visit | Clerkship Faculty via end of clerkship student assessment
Clerkship Director via direct observation of student
Clerkship Director via weekly clerkship meetings and questioning at debriefing
Clerkship Director via direct observation of student |
<table>
<thead>
<tr>
<th>Types:</th>
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<td>1. Acute medical problem visit.</td>
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<tr>
<td>2. Chronic medical problem management encounter.</td>
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<td>3. Encounter with a patient with multiple medical problems.</td>
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<td>4. Preventative services visit.</td>
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(Domain 4: Education program objectives A-J)

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<thead>
<tr>
<th>Professionalism</th>
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<tr>
<td>Articulate those methods and activities utilized by the clerkship faculty to:</td>
<td></td>
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<tr>
<td>1. Identify his/her professional educational needs;</td>
<td></td>
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<td>2. Update his/her professional knowledge and skills;</td>
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<tr>
<td>3. Integrate that new knowledge or skill into clinical practice.</td>
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Design a personal education plan to expand his/her general medical knowledge and skills based on both a self-assessment and on the feedback and evaluation of the Clerkship Faculty.

(Domain 5: Education program objectives A-F)

<table>
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<tr>
<th>System-based Practice</th>
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<td>Demonstrate awareness of the impact of culture, ethnicity, socioeconomic status, advancing age and gender on the patient's expression of illness and response to treatment, and demonstrate the ability to incorporate that awareness into patient interactions.</td>
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Articulate the theoretical and actual benefits of health care that is continuous, comprehensive, coordinated and is provided within the context of family and community.

Integrate the process of therapeutic review into each
patient encounter, regardless of whether the primary reason for visit is an acute medical condition(s), a chronic medical condition(s) or provision of preventive services.

Demonstrate knowledge of the health care system, the role of the physicians involved in delivering care, the other healthcare providers collaborating in patient care and the system complexities and costs associated with health care.

(Project Demonstrate knowledge of the health care system, the role of the physicians involved in delivering care, the other healthcare providers collaborating in patient care and the system complexities and costs associated with health care. (Domain 1: Education program objectives A-F))
Teaching and Learning Methods

Overview

To insure comparable learning experiences for Family Medicine Clerkship students, a standardized curriculum is employed at all clerkship sites and student experiences are monitored via the CDCS system reports.

Orientation

The Family Medicine Clerkship begins with an orientation to the Clerkship conducted by the regional campus Clerkship Director. At this time The Clerkship Director reviews Clerkship requirements, expectations and outlines the weekly educational meetings.

Clerkship Meetings

Weekly educational meetings are conducted by the Clerkship Director. Student participation is required. In addition to the educational content, the Clerkship Director reviews patient log data and discusses clinical experiences to insure that clerkship objectives are being met. If needed, the Clerkship Director will work with the student and clerkship faculty to identify an appropriate alternative educational activity to satisfy the requirements.

Students will develop personal educational goals with the assistance of their Clerkship Director. These personal goals may be in the areas of knowledge, skills, attitudes and behaviors. These will be monitored weekly at Clerkship meetings. Students are encouraged to share these personal goals with Clerkship Faculty and seek guidance as skills are developed and knowledge expanded.

Patient Interaction

The Clerkship Director observes the student interacting with patients. The purpose of this direct observation is to evaluate the student’s patient interaction, communication skills, medical interviewing skills, physical exam skills, verbal presentation skills, clinical reasoning skills and clinical informatics skills. Formative feedback is provided to the student following these observations. Each Clerkship student is observed at least once by the Clerkship Director during the Clerkship. When concerns about student performance are noted either by the Clerkship Director or the Clerkship Faculty, additional student observations are completed.

Structured Clinical Apprenticeship

Student learning occurs primarily via a “structured clinical apprenticeship” (supervised experiential learning). Students learn by actively participating in patient care activities. This “active learning” is a key component of the Clerkship, and the
student's self-reported “level of care” is routinely monitored by both the Clerkship Director and Education Director.

The Clerkship Faculty provides informal, point-of-care teaching with students. This teaching emphasizes appropriate clerkship content and often requires the student to locate and read relevant information. Emphasis is placed on helping the student develop these “life-long learning” skills. In the context of the Family Medicine Clerkship, as students become aware of a personal learning need, they are encouraged to identify, evaluate and utilize learning resources to meet that need.

**Patient Log**

Students must record a minimum of 100 patient visits during the Clerkship. Students are expected to have at least 80% of patient encounters at the “moderate” or “full” level of care. In addition, students are required to satisfy the requirements for patient conditions as outlined in the objectives, recording patient encounters to document these experiences.

Each student is required to enter patient encounters for the first 5 weeks of the Clerkship. If the student achieves all of the patient care objectives as outline in the syllabus (patient visits, conditions, screening, procedures), they may elect to discontinue using the patient log during the sixth and final week of the Clerkship.

**Projects**

Students must complete three written projects during the Family Medicine Clerkship. These must be submitted to the Family Medicine Education Director by the end of the Clerkship via the Blackboard site. Students are encouraged to review projects and with the regional campus Clerkship Director and required to send a copy of each project to the Clerkship Director by the due date.

Explanations for all projects are explained on the Family Medicine Clerkship Blackboard site, and all necessary forms and project questions are provided. Completed projects may be discussed at the terminal debriefing session, and are reviewed by the Education Director.

**Debriefing**

Students meet with the regional campus Clerkship Director for a terminal debriefing session near the end of the Family Medicine Clerkship. At this session, the Clerkship Director will facilitate a discussion with the students that focuses on their own educational goals and experiences.

**On Call**

There are no student requirements for after-hours, on-call participation; nonetheless, students are encouraged to participate in being on call with their Clerkship Faculty.
Students will adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.

**Policies**

**Americans with Disabilities Act**

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine’s [Director of Student Counseling Services](mailto:director@fsu.edu) and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

[The Office of Student Counseling Services](mailto:office@fsu.edu)
Medical Science Research Building
G146
Phone: (850) 645-8256 Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center
97 Woodward Avenue, South
Florida State University
Tallahassee, FL 32306-4167
Voice: (850) 644-9566
TDD: (850) 644-8504
sdrc@admin.fsu.edu
http://www.fsu.edu/~staffair/dean/StudentDisability

**Academic Honor Code**

The Florida State University Academic Honor Policy outlines the University’s expectations for the integrity of students’ academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. (Florida State University [Academic Honor Policy](http://www.fsu.edu/~staffair/dean/AcademicHonorPolicy))

**Attendance Policy**

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course...
Library Policy

The COM Maguire Medical Library is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under "Course Pages" on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Required and Recommended Materials

**Required journal articles** may be accessed through the Blackboard Site. These are targeted to the specific objectives as outlined in the syllabus. In addition, student reading should be dictated by his/her personal educational needs and the care needs of patients with whom the student is involved.

**Recommended Textbook** may be accessed through the library website:

Fundamentals of Family Medicine: The Family Medicine Clerkship Textbook

Grading

The standardized clerkship policy can be found on the Office of Medical Education website and in the Student Handbook (2012-2013 edition available soon).