

**BCC-7176** 

# Advanced Family Medicine Clerkship

2010-2011

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# **Instructors**

# **Education Director**

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# **Clerkship Directors**

Campus	Director
Fort Pierce	Dr. Nancy Baker
Daytona	Dr. George Bernardo
Orlando	Dr. Douglas Meuser
Pensacola	Dr. Dennis Mayeaux
Sarasota	Dr. Nicole Bentze
Tallahassee	Dr. Suzanne Harrison (interim)
Thomasville	Dr. Rudy Hehn (coordinator)
Marianna	Dr. Stephen Spence (coordinator)

### **Course Overview**

### Description

The Advanced Family Medicine Clerkship ("the Clerkship") is a four-week structured family medicine "sub-internship" that exposes students to patients in both the in-patient and out-patient settings. The Clerkship occurs at an affiliated family medicine residency program or an approved rural site. Students assigned to residency programs are supervised by residency faculty and resident physicians; students assigned to rural sites are supervised by family physician clerkship faculty.

Clerkship students spend a minimum of 5 days/week in patient care activities and participate in night and weekend call based on the clerkship faculty's call schedule and/or customary call requirements for students rotating at the family medicine residency program. Students also attend educational conferences available at or near the Clerkship site and complete 2 required Clerkship projects.

The educational success of the Clerkship requires students to assume an expanded level of clinical responsibility for evaluation and management of patients. The Continuity Across Transitions Project highlights the challenges for patients moving from the inpatient to out-patient setting. Clerkship students also participate in the common procedures performed by family physicians and complete the Procedure Note Project based on that participation. There are no assigned readings for the Clerkship, but students are expected to identify and review readings that assist the student to evaluate and manage the patients being cared for by him/her.

#### Hours/Call

The student will work at least 5 full days per week and take assigned night and weekend call. 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.

The Clerkship is four weeks in duration. Educational activities include participation in the care of in-patients and out-patients, attendance at lectures and conferences (where available) and student-identified readings appropriate for the patients being seen.

Similar to other required clerkships, extended absences (beyond 2 working days) from the clerkship are not permitted. Any absence from the clerkship must be pre-approved by the appropriate regional campus dean prior to the beginning of the clerkship. Unapproved absences during the clerkship may result in a grade of "fail" for the clerkship.

### **Format**

The clinical experiences on the Advanced Family Medicine Clerkship provide students with exposure to the broad scope of clinical practice possible in Family Medicine. Students are also expected to assume increasingly more responsibility for patient care decisions, consistent with their status are fourth year students.

## Option A: Family Medicine Residency Rotation

This option is available at FSU COM affiliated Family Medicine Residency Programs, and includes care of patients in both outpatient and inpatient settings. Under the supervision of residency faculty and residents, students are exposed to the variety of problems encountered in a family medicine residency patient population. This rotation provides the opportunity to compare the medical problems of patients cared for in a residency practice (largely, an urban underserved population) with the problems of patients seen during the community-based third-year family medicine clerkship. Students see patients in the residency practice, but also see patients on the residency inpatient service, in the nursing home and/or other locations, when appropriate. The expanded scope of health-care services provided by the family physician in these settings is highlighted. Opportunities for increasing learner independence are encouraged, with a special emphasis on patient management. procedural skills and coordination of care experiences.

# Option B: Family Medicine Rural Medicine Rotation

This option may be completed at approved family medicine practices situated in rural communities, and includes care of patients in outpatient and inpatient settings. Under the supervision of community clerkship faculty, students are exposed to the variety of problems encountered in a rural family medicine patient population. This rotation provides the opportunity to compare the medical problems of patients cared for in a rural practice with the problems of patients seen during the community-based third-year family medicine clerkship. Students see patients in the clerkship faculty's office, but also participate in patient care in the hospital, in the nursing home and/or other locations, where appropriate. The expanded scope of services provided by the family physician in rural settings is highlighted. Opportunities for increasing learner independence are

encouraged, with a special emphasis on patient management, procedural skills and coordination of care experiences.

### Documentation via CDCS:

CDCS data on specific diseases/conditions is collected, monitored and analyzed, but student exposure to a specific list of diseases/conditions is not mandated.

By the end of the Clerkship, students must have documented their participation in the care of at least 16 in-patients and 40 outpatients.

Consistent with the goal of "assum(ing) an expanded level of responsibility for the evaluation and management of patients in both the in-patient and out-patient settings," students are expected to provide a "moderate" or "full" level of care in at least 80% of all Clerkship patient encounters.

Consistent with the goal of "increasing learner independence....with a special emphasis on procedural skills," students are also expected to seek out and participate in those office and hospital procedures routinely performed by family physicians. One required project, the Procedure Note project is based on these activities.

### Instructional Methods

This clerkship is a structured sub-internship in family medicine completed in facilities where exposure to patients is guaranteed. The rotation emphasizes an apprenticeship-style learning experience under the supervision of clerkship faculty and/or residency faculty supervisors.

Students work with physicians who provide patient care in both out-patient and in-patient settings. Students perform clinical assessments and create diagnostic and therapeutic plans for patients seen.

Students on the Advanced Family Medicine Clerkship are expected to participate in the care of <u>at least 16 family</u> <u>medicine inpatients during the four-week clerkship.</u>

Management expectations include: a) performing an admission history and physical examination; b) formulating an initial problem list, treatment plans, and writing admission orders; c) making daily rounds, monitoring the patient's progress, writing progress notes and ordering additional tests and/or treatments; and, d) performing the discharge assessment and paperwork.

Students are also expected to participate in the care of <u>at least</u> <u>40 family medicine outpatients during the four-week</u> <u>clerkship.</u> Management expectations include: a) gathering an appropriate history and performing the appropriate physical examination; b) formulating preliminary diagnostic impressions; c) creating a diagnostic and therapeutic plan; and, d) writing/documenting progress notes.

These numbers are minimum numbers, and it is expected that most students will encounter and care for many more patients than these minimums. Exposure to the expected number of patients and the distribution of patients by location is assured by monitoring of student data by the Clerkship Director from the student's home campus, regardless of the site where the student is completing the Clerkship.

Didactic teaching sessions are available during rotations with an affiliated Family Medicine Residency Program. These may include: morning report, grand rounds, inpatient service discussions and/or a topical noon lecture series. The presence and timing of these sessions vary from site to site. These didactic sessions are considered supplementary to the clinical learning objectives of the Clerkship. Evaluation of student's recording of progress notes and discharge summaries is done by the clerkship faculty member and/or residency faculty during the course of patient care activities.

# **Competencies-Objectives-Assessment**

	Clerkship Objectives: Residency or Rural Option.	Assessment Strategy
	<u>Updated for AY 2010-2011</u>	
1.	Demonstrate patient-centered interaction skills during all patient encounters.	End-of-clerkship evaluation by Clerkship Faculty
2.	Demonstrate cultural competency in interactions with patients from all mission related populations and from all SES groups. Recognize and address personal bias/prejudice when interacting with patients of the opposite gender.	End-of-clerkship evaluation by Clerkship Faculty
3.	Perform accurate clinical assessments, formulate reasonable preliminary diagnoses, create appropriate diagnostic and treatment plans for both in-patients and out-patients.	End-of-clerkship evaluation by Clerkship Faculty; NBME subject exam
4.	Document patient interactions with accuracy and completeness in both the ambulatory and inpatient settings.	End-of-clerkship evaluation by Clerkship Faculty
5.	Discuss the indications, risks and benefits of the most common procedures performed by family physicians and create a procedure note documenting a procedure the student observed/performed.	Procedure Note Project
6.	Discuss the challenges of providing continuous and uninterrupted patient care as patients transition between locations—particularly the transition from inpatient to out-patient care.	Continuity Across Transitions Project

Students and clerkship faculty access these objectives via the Clerkship Blackboard site.

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### **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 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

Medical Science Research Building G146

Phone: (850) 645-8256Fax: (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, found at <a href="http://www.fsu.edu/~dof/honorpolicy.htm">http://www.fsu.edu/~dof/honorpolicy.htm</a>.

# Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. **See pages 27-29** of <u>FSUCOM Student Handbook</u> for details of attendance policy, notice of absences and remediation.

### **Library Policy**

The <u>COM Maguire Medical Library</u> 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 Materials**

### Resource Needs

All of the physical resources necessary for this course are either in place or currently being recruited. Affiliation agreements with each of the participating hospitals and residency programs are in place, and new affiliations are occurring all the time. Rural sites are also being identified and recruited. Student learning areas complete with computers, textbooks and internet access are available at each regional campus site and at the Family Medicine Residency Programs.

Taken together, these resources—people, equipment, materials, services—seem adequate to provide an excellent educational experience for students.

## Required Readings

There is no required textbook for this clerkship. Reading of the medical literature and/or medical textbooks is strongly encouraged. What the student reads should be dictated by his/her personal education needs and the care needs of patients with whom the student is involved.

# **Grading**

Grading policies for all Clerkships are standardized and can be found in the **Academic Policies** section of the *FSUCOM Student Handbook* -page 31.