PRECEPTOR MANUAL

2019

Family Medicine Preceptorship – FAM:8301

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Carver College of Medicine
The University of Iowa
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INTRODUCTION

The contribution of the Iowa Family Medicine Preceptors to medical education in family medicine is immeasurable. This rotation is among the most highly rated courses in the College of Medicine curriculum. We are proud that the UI College of Medicine is one of the highest ranking in the nation for the percentage of students entering Family Medicine and has consistently been recognized by the AAFP for this success. We appreciate the energy and enthusiasm of the more than 100 dedicated family physician preceptors across the state of Iowa. Without you, this course would not be possible.

We believe that the strengths of this course are that:

- students are able to select a site which best meets their needs/interests from the 100+ available.
- it offers a one-to-one relationship between a medical student and a practicing family physician.
- the family physician preceptors who participate all volunteer because they love to have medical students in their offices and enjoy teaching.
- it presents an opportunity for the student to participate fully in the practice of family medicine outside the academic medical center.

The medical content of this rotation is defined by the fact students spend the majority of their rotation seeing patients with you in your office. The medical office is the place where most patients have their first contact with the medical system. As a consequence, you will teach students:

- management of common medical problems.
- management of age-appropriate preventive medical care.
- how family physicians decide which patients to refer.
- And finally, you will be able to demonstrate how family physicians balance their personal and professional lives. It is our hope that through this experience the students will gain a greater understanding of and appreciation for the work of a family physician.
EXPECTATIONS FOR PRECEPTORS

MAINTAIN QUALIFICATIONS/ELIGIBILITY FOR PRECEPTING:
- Board certification in Family Medicine
- No pending disciplinary action from the Iowa Board of Medicine
- Practice at least 80% time. (If not at least 80% time, then you may request approval to pair with another family physician in your office to give the student a full rotation experience. Both preceptors must attend the preceptor workshop. We ask that all students be working in the clinic for at least 4 ½ days each week they are with you (excluding the first Monday and last Friday).
- Agree to precept at least 2 students per year
- Attend a preceptor training workshop at least once every 3 years.

SUPERVISION AND TEACHING:
- Meet with the student the first day of the rotation and provide orientation to the clinic.
- Provide an office-oriented, ambulatory patient-care experience with emphasis on diagnosing common problems, delivering preventive health care, and providing continuity of care.
- Assess the student’s level of skill and knowledge. Attempt to match the student’s level of patient-care responsibility to the level of student’s abilities, allowing for progression.
- Review the upcoming day’s schedule to identify patients of educational benefit. Students can focus reading activities around those patients. It is not the responsibility of the preceptor to teach the student about every medical problem seen. Students should be expected to read and research topics and bring information back to preceptors for discussion.
- Provide on-site supervision of the student at all times. Medical students should never be involved in the actual or apparent practice of medicine without this on-site direction.
- Supervision by multiple preceptors - The majority of student time in this rotation should be spent with one (or possibly two, if pre-arranged) preceptors.
- Supervision by family members - Students may not complete their Core Family Medicine Preceptorship under the supervision of an immediate relative or in the same office with a relative, including a parent, grandparent, sibling, aunt or uncle, cousin or in-laws.
- Contact Jill Endres, course director, promptly if there are concerns about student performance or other issues of concern. Contact information is inside first page of manual.

STUDENT DOCUMENTATION
In 1996, the Health Care Financing Administration (HCFA) developed guidelines for teaching physicians’ medical record documentation of Medicare reimbursement patients. The University of Iowa Compliance Committee has studied the guidelines and recommended that the guidelines be applied to all patient visits, to avoid creating different standards of care and documentation between patients. Our current understanding of the guidelines is that:

- Medical student notes may not be used to support a billable service.
- The teaching physician may refer to the medical student note for: past medical, family, and social history, as well as the review of systems.
- The teaching physician responsible for the patient must document personal involvement in a personally dictated or hand-written note that includes all of the relevant key information necessary for billing.

This does not mean the student cannot write/dictate a note. However, it does mean that you also need to separately document the HPI, physical exam, assessment, and plan.

Medical student notes are a very important part of their training. Please ensure that students are writing notes and receiving feedback about them. Most EMR companies will give temporary authorization to medical students and should do so for no additional charge. Please don’t give students your EMR login.
ORIENTATION
Please ensure that each student has an appropriate orientation to the site and is introduced to staff. Try not to assume they know what they are doing.

Topics to cover during orientation:

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<th>Details</th>
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<td>Staff</td>
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<td>Goals and Objectives</td>
<td>Syllabus review</td>
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<td>Review of student specific goals</td>
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<td>Time Expectations</td>
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<td>Restroom/break room location</td>
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<td>Dress code</td>
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<td>Tour of facility</td>
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<td>Introduction to work area</td>
<td>Review of clinic layout and workflow</td>
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<td>Computer system and expectations</td>
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<td>Phone system and expectations</td>
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<td>Paper documentation system</td>
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<td>Legal and regulatory issues</td>
<td>Patient Confidentiality and HIPAA</td>
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<td></td>
<td>Patient documentation</td>
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TIME EXPECTATIONS
Students are expected to work when you work. If you are not in the clinic for at least 4 ½ days a week please arrange for the student to work with a partner. Students should also be included in the following professional activities;

- ER/OB/Hospitalist coverage
- House Calls
- Nursing home visits
- Professional meetings (if appropriate)

The rotation is 4 weeks long. Students are on campus the first Monday and last Friday of the block for an education day.

PATIENT INTRODUCTION
Past experience shows that most patients do not object to the properly introduced medical student. The student should be introduced as a “medical student.” Students have name tags with medical student beneath their name so there should be no confusion as to their level of training. When a patient objects to the presence of a medical student and no other clinical opportunities are available at that time, have the student read or work on course objectives.
SETTING EXPECTATIONS
Setting expectations at the beginning of the rotation can set the tone for the whole experience. Sitting down to review expectations and goals on the first day is ideal. Also continuing to revisit expectations with specific feedback on the student’s performance aids in their performance.

FEEDBACK
Providing feedback is a key responsibility of precepting.
- A mid-rotation review is a formal way to give the student feedback on his/her performance at the two week point. That form will be sent with each student.
- Students should be receiving specific and measurable feedback ideally in real time after patient encounters.
- Students should also receive feedback on at least one note per week, as well as constructive feedback on their end-of-rotation evaluation.

Effective Feedback: ASK-TELL-ASK
Ask
- Ask the trainee to assess his/her own performance
- What went well? What areas need improvement?

Tell
- Share your impression of positive behaviors and areas of concern
- Provide suggestions for problem solving

Ask
- Ask the trainee to develop a specific plan for improvement
- How can we improve?

Behavior Specific Descriptions
Describe the exact behaviors you see the learner engaging in and outcomes: Ex “You jumped back and forth between presenting the HPI, PMH and PE findings and it was difficult to follow.”

Avoid making general or categorical statements about behavior. Ex: “Great job with that patient.” Or “your presentation skills are bad.”

WHEN to give Feedback
Make feedback part of the routine
- Establish goals
- Let the individual know expectations
- That they will be receiving feedback
Give feedback in a timely manner
- As soon after the event as possible
- Allow time for discussion
Give feedback in an appropriate setting
- In a private and uninterrupted space
- Away from patients and staff
Follow-up on improvement resulting from feedback
- Recognize successful attempts
- Be supportive

HOW to give Feedback
Focus feedback on:
- specific behavior rather than the person or inference about the person
- description rather than judgment
- effectiveness of observed behaviors in relation to desired outcome
- balancing discussion of effective and ineffective behaviors
- limited amount of information the learner can use
- exploration of alternatives rather than answers or solutions
There are 4 components to the Family Medicine Preceptorship grade:

<table>
<thead>
<tr>
<th>Component</th>
<th>% of grade</th>
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<tr>
<td>Clinical score (assigned by the preceptor)</td>
<td>35%</td>
</tr>
<tr>
<td>Performance Based Assessment</td>
<td>15%</td>
</tr>
<tr>
<td>Exam score</td>
<td>30%</td>
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<tr>
<td>Task Completion/Professionalism</td>
<td>20%</td>
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There is also a reflective writing component, which is optional, but necessary if the student wishes to qualify for a grade of Honors or Near Honors. Assuming all other requirements are met, a cumulative score of 88% or above earns a grade of Honors, 86% Near Honors, and 65% or above is Passing. Approximately the top 40% ranking students receive Honors or Near Honors.

Clinical scores are assigned by the preceptor, with a standardized form, which is used in all required clinical rotations of the College of Medicine. You are asked to evaluate 10 aspects of the student’s clinical performance. Please discuss your evaluation with the student and give the student a copy.

Performance Bases Assessment (PBA) prepares students for USMLE exams. The PBA also provides another method of evaluating student clinical skills, in addition to the preceptor evaluation, and provides effective comparisons of students.

The Exam is given on-campus quarterly. The exam consists of multiple choice questions. The exam covers assigned chapters and readings.

GUIDELINES FOR CLINICAL EVALUATION

Clinical scores are assigned by the preceptor, using a standard form which is used in all required clinical rotations.

Because of the importance of these evaluations, fairness and consistency in ratings between preceptors is very important. Score inflation for some students may have negative effects on other comparably performing students. We ask you to keep the following in mind as you evaluate this student:

- **Clinical scores count for 35% of the total grade.** See below if you would like more details about grade calculation.

- **Evaluate 10 aspects of the student’s clinical performance compared to other M2/M3 students, using this scale:**
  
  Does not meet expectations = 1 ≤ (compared to other M2/M3 students) → 5 = Far exceeds expectations

- **Use the Outstanding (5) ratings judiciously,** reserving them for the truly superior performances. Please write comments to support any 5 ratings you give; certainly for an evaluation of mostly 5’s.

- **Please write as many and/or as detailed comments as you can,** or you may write a letter to Dr. Endres, with comments about student performance. Comments provide useful, specific information that is helpful to the students and are often used verbatim in the Dean’s Letter. (See the reverse of this page, “Tips for Writing Useful Comments”.)

- **Compare students only to other M2/M3 medical students** at the approximate same time in the year. If you have not had much experience with other students, use your best judgment. **Please do not compare M2/M3 students with 4th year students, residents, or practicing physicians.**

- **Discuss your evaluation with the student and give the student a copy** before they leave the preceptorship. They are eager for useful feedback about their performance, especially from their preceptors.

- **If a student earns a composite score below 30,** Dr. Endres will ask to meet with the student to discuss clinical performance.
Suggested clinical rating guidelines:

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<th>Total Clinical Score</th>
<th>Description</th>
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<tr>
<td>50</td>
<td>The best student I can remember – there is virtually nothing that can be improved. Performing far above the level of the top of all M2/M3 students at the same time of the year. A detailed written justification is appropriate. (all 5’s)</td>
</tr>
<tr>
<td>48-49</td>
<td>This is an excellent and nearly perfect student – there is almost nothing you can suggest to them to improve, mostly 5’s. Outstanding performance. (mostly 5’s)</td>
</tr>
<tr>
<td>46-47</td>
<td>This is a very good student. (more than half 5’s)</td>
</tr>
<tr>
<td>41-45</td>
<td>A good student. (mostly 4’s and 5’s)</td>
</tr>
<tr>
<td>30 - 40</td>
<td>A solid and competent student. (all 3’s to all 4’s)</td>
</tr>
<tr>
<td>Below 30</td>
<td>A deficient student – less than all 3’s. Write detailed comments about needed improvements and contact the course director.</td>
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TIPS FOR WRITING COMMENTS

<table>
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<th>TIP:</th>
<th>EXAMPLE OF COMMENT(S):</th>
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<td>Be as specific and detailed as possible.</td>
<td>“The three greatest strengths Mary had were her ability to help patients feel comfortable, her care in follow-up of patient recommendations and ...”</td>
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<td>Use actual observations in your comments.</td>
<td>“I was delighted to see how quickly Ahmad learned patients’ names and remembered them.”</td>
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<td>Link your comments to student goals</td>
<td>“Joe completely met his goal of becoming proficient at basic suturing techniques.”</td>
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<tr>
<td>Avoid non-specific glowing praise</td>
<td>“Pam was particularly mature. She consistently ...”</td>
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<tr>
<td>Use clear standards of comparison.</td>
<td>“Compared to other third year students I have worked with...” or “Better than most fourth year students...” or “This student compares favorably with...”</td>
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<td>Include specific feedback from other staff.</td>
<td>“Our nurses appreciated the way ...” or “Patients frequently commented that...”</td>
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<td>Constructive and helpful.</td>
<td>“Tracy’s suturing skills would improve if she made sure to keep the needle perpendicular to the skin.”</td>
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<td>Present comments in non-judgmental language.</td>
<td>Instead of “Jack was lazy.” Write “Jack would benefit from showing more enthusiasm when tasked with a job.”</td>
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<td>When your feedback is subjective, identify it as such.</td>
<td>“It is my opinion that...”; “I believe that ...”; “It appeared that...”</td>
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<td>Write comments to explain if you assign very high or very low numerical ratings.</td>
<td>“I rated Jack so low because...”; “The consistent fives I gave...”, “Fred was outstanding overall because of his...”</td>
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<td>Be careful with use of certain words.</td>
<td>Instead of: “I liked to see how aggressive Marl was in dealing with patients,” write: “I liked to see how assertive Mark was in dealing with patients.”</td>
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<td>Provide information that gives an indication of the student’s medical abilities and potential.</td>
<td>“Tony’s strong knowledge of the physiology of lung function will serve him well. And he quickly grasped complex issues related to interrelationships between ...”</td>
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<tr>
<td>Focus on characteristics that would be of interests to future residency programs.</td>
<td>“Kwan worked smoothly with the PA in our office and received many positive comments from the ER staff.”</td>
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STUDENT RESPONSIBILITIES

ADVANCE PREPARATION AND PLANNING
• Contact site before start date to arrange arrival, housing etc.
• Establish well-formulated and appropriate learning goals and communicate them to your preceptor.

TIME EXPECTATIONS AND RESPONSIBILITIES
• All students are expected to be on-site to begin the rotation by Tuesday mid-morning.
• Notify preceptor of arrival will be delayed due to weather or other circumstances.
• Notify preceptor if absent due to illness.
• Expected to actively participate at the preceptorship site for the entire four weeks, except for the 2 Education Days (first Monday, last Friday) on-campus.
• Participate fully in your preceptor’s professional life, including clinic hours, and also meetings, clinics, rounds, nursing home visits, house calls, emergencies, and staff functions as they arise. You should keep the hours that your preceptor keeps, including morning rounds, call times and all other professional duties.
• If the preceptor has the day off, it is expected that you will work with a partner or other healthcare professional in the practice.

PATIENT CARE
Provide patient care services under the direct supervision of the attending physician or designated house staff, in a fashion commensurate with his/her level of training.
• Take patient histories
• Perform complete and/or focused physical examinations
• Enter findings in the medical record of the patient (Students must clearly sign and label all entries).
  – write the patient's daily note
  – enter orders
  – coordinate care
• Review focused topics related to patients and report information back to the team to demonstrate self-directed, clinical learning and application of knowledge.

PROFESSIONAL ROLE AND DEMEANOR
• Do not accept or volunteer to engage in any activity that may be construed as the actual practice of medicine without the on-site presence and direction of the preceptor.
• Wear your medical student ID badge at all times.
• Conduct yourself at all times with the honesty and professionalism consistent with the dignity and reputation of the practice of medicine.
• Always observe patient confidentiality.
• You are expected to use good judgment by dressing in appropriate professional clothing similar to that of your preceptor and the clinic staff.
• Always treat all members of the health care team with friendliness, respect, courtesy and appreciation.
COURSE REQUIREMENTS

- **Mid-rotation review** – at the end of the 2\(^{nd}\) week, it is required the student and preceptor review the following items;
  1. Mid-rotation feedback – This provides an opportunity to get feedback about your performance from your preceptor. You and your preceptor may do this informally, or may use the mid-rotation form provided.
  2. PxDx Checklist – Determine which of the patient targets have not yet been met and make a plan to complete them.

- Complete 4 Direct Patient Observation forms: According to LCME, students must receive feedback about their clinical skills based on direct patient observation by faculty. Each student must document the observation of their clinical skills using the Direct Patient Observation Form. Students are required to complete at least 4 of these assessment forms during the Family Medicine Preceptorship. In each assessment, at least one of the aspects of clinical care (Medical interviewing skills, Physical examination skills, Clinical Judgment, and Counseling/Education skills) must be reviewed. Each of the areas should be assessed at least once.

- Complete and pass the Family Medicine written exam which is given at the end of each 4- week rotation.

- At the end of the rotation, complete (PxDx) requirements and the course evaluation forms, which are available online.

RECOMMENDED (*REQUIRED) READING

The following material is required for this course.

- *Essentials of Family Medicine*, Smith, Schrager, et al, eds., 7\(^{th}\) Edition, 2018, as listed below. The Essentials text is an introductory text widely used in family medicine courses across the country. It will be loaned to you for the block and must be returned at the final exam. The table below lists the chapters with relevant Aquifer fmCases, APM Education Day topics, and correlating CCOM exemplars for your reference.

- All readings assigned for APM Education Days.*

- fmCases Aquifer online cases (*5 required)

- 4 of the six available discussion cases assigned to Family Medicine Preceptorship students during the FM rotation.* Students will be responsible for discussing the material in these cases with their preceptors and documenting these in ICON. Cases are available in ICON. The cases are:

  (1) Headache
  (2) Dysuria
  (3) Acute Respiratory Infection
  (4) Chest Pain
  (5) Cough
  (6) Fatigue
<table>
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<tr>
<th>Ch</th>
<th>Title</th>
<th>Aquifer FM</th>
<th>Supported CCOM Exemplars (fmCases)</th>
<th>APM Education Days</th>
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<td>Patient Safety in Primary Care</td>
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<td>Tobacco Cessation</td>
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<td>7</td>
<td>Overview of Prevention and Screening</td>
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<td>Cancers</td>
<td>5- Cancer Screening</td>
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<td>8</td>
<td>Prenatal Care</td>
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<td>Pregnancy and Development</td>
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<td>The Pediatric Well-Child Check</td>
<td>Peds 1, 2,</td>
<td>3- Adolescent medicine</td>
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<td>1- Geriatrics/Function/Gait 1- Dementia and Parkinsons</td>
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<td>Abdominal Pain; Ischemia; Pneumonia</td>
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<td>Approach to Common Chronic Problems</td>
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<td>Bleeding and Thrombosis; Cancers</td>
<td>3- Gender-specific Health</td>
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<td>Skin Problems</td>
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<td>Chronic Pain</td>
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<td>Pain</td>
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<td>Family Violence</td>
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<tr>
<td>22</td>
<td>Common Psychosocial Problems</td>
<td>3</td>
<td></td>
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<tr>
<td>23</td>
<td>Substance Use Disorders</td>
<td></td>
<td>Substance Misuse</td>
<td>5- Tobacco Cessation</td>
</tr>
<tr>
<td>24</td>
<td>Community Engagement, Health Equity, and Advocacy</td>
<td></td>
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</tbody>
</table>
GOALS AND OBJECTIVES

Goal: Recognizing the key principles of Family Medicine, the Family Medicine Preceptorship will provide medical students with a positive experience in a community family medicine office, which will give them an opportunity to:

1. Experience continuity of patient care in a community setting.
2. Participate in care for families.
3. Strengthen their patient communication skills and interact positively with patients.
4. Participate in management, delivery and coordination of patient care with emphasis on problems commonly seen in the family medicine office.
5. Participate in promotion of healthy lifestyles and illness prevention through wellness, patient education and counseling of physical and mental health issues across the lifespan.
6. Participate in attending to the emotional as well as physical health needs of the patient and family.
7. Learn how to become an effective member of an interdisciplinary health care team.

COURSE OBJECTIVES and LEARNING ACTIVITIES/EXPERIENCES:

<table>
<thead>
<tr>
<th>KEY PRINCIPLES OF FAMILY MEDICINE:</th>
<th>OBJECTIVES: At the completion of the preceptorship in a community family medicine office*, the student will be able to:</th>
<th>LEARNING ACTIVITIES TO ACHIEVE OBJECTIVES:</th>
<th>Patient Target Goals:**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuity of life span patient care in a community setting</td>
<td>1. Continuity of life span patient care in a community setting:</td>
<td>• Describe the characteristics of continuing family medicine primary care and identify how it is different from patient care in a tertiary setting.</td>
<td>• Participate in continuing care of patients.</td>
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<tr>
<td></td>
<td></td>
<td>• Describe the integration of medical care by family physicians into the community setting.</td>
<td>• Participate in the community aspects of the preceptor’s professional and personal life.</td>
</tr>
<tr>
<td>Care for families</td>
<td>2. Care of families</td>
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<tr>
<td>Care for families:</td>
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<tr>
<td>♦ Identify the medical advantages in terms of communications and health care related to caring for a family</td>
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<tr>
<td>♦ Participate actively in health care of families.</td>
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<tr>
<td>Care for families:</td>
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<tr>
<td>☐ Care for at least two members of one family during the rotation OR</td>
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<tr>
<td>☐ Work with several members of the same family on the care of one patient.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Positive communications and interaction practices with patients and their families</th>
<th>3. Communications and interactions with patients and their families</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Greet patients in a warm and welcoming manner and introduce themselves</td>
<td></td>
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<tr>
<td>♦ Elicit patient concerns and complaints and relevant history.</td>
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<tr>
<td>♦ Demonstrate good listening skills.</td>
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<tr>
<td>♦ Practice appropriate patient confidentiality.</td>
<td></td>
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<tr>
<td>♦ Provide appropriate care which accommodates patient diversity.</td>
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<tr>
<td>With all patients:</td>
<td></td>
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<tr>
<td>♦ Practice greeting patient, introducing self, and eliciting complaints.</td>
<td></td>
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<tr>
<td>♦ Practice good listening skills.</td>
<td></td>
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<tr>
<td>♦ Practice patient confidentiality in all patient encounters.</td>
<td></td>
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<tr>
<td>♦ Provide care for patients which is appropriate to accommodate their cultural diversity.</td>
<td></td>
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<tr>
<td>Good communications:</td>
<td></td>
</tr>
<tr>
<td>No numerical patient goals – good patient communications procedures should be practiced with ALL patients seen.</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Management, delivery and coordination of patient care</th>
<th>4. Management, delivery and coordination of patient care with emphasis on problems commonly seen in the family medicine office:</th>
</tr>
</thead>
<tbody>
<tr>
<td>♦ Take a focused history,</td>
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<tr>
<td>♦ Perform a focused physical exam,</td>
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<tr>
<td>♦ Discuss history and physical exam findings with the preceptor, and come to a decision about management.</td>
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<tr>
<td>♦ Dictate SOAP notes,</td>
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<tr>
<td>♦ Plan appropriate follow up on patient care.</td>
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<tr>
<td>♦ Complete required readings addressing many common conditions.</td>
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<tr>
<td>♦ Practice history and exam skills on each patient seen.</td>
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<tr>
<td>♦ Discuss history and physical exam findings and management plan with preceptor.</td>
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</tr>
<tr>
<td>♦ Dictate notes for patient medical record in SOAP format.</td>
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<tr>
<td>♦ Conduct appropriate follow up activities.</td>
<td></td>
</tr>
<tr>
<td>Management, delivery and coordination of patient care:</td>
<td></td>
</tr>
<tr>
<td>No numerical patient goals – principles of management and coordination should be practiced with ALL patients seen.</td>
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</tr>
</tbody>
</table>
| • Describe common conditions most often seen in family physician office. | • Participate actively in care and management of patients presenting with common acute or chronic conditions | Management of common medical conditions: For the following chronic or acute conditions/reasons for visits/diagnoses, student actions would include diagnosis (where not already diagnosed), management, including: formulation or review of treatment plan, appropriate use of diagnostic or monitoring tests, schedule for follow-up, appropriate counseling and/or patient education, appropriate medication review and prescriptions... During the 4 weeks, see at least one patient in each category listed with ☐:
- Chronic conditions or diseases diagnosis or follow-up check:
  - hypertension
  - hyperlipidemia
  - low back pain
  - life stressors
  - diabetes
  - asthma or COPD
  - osteoarthritis
- Acute or chronic conditions or diseases – diagnosis or follow-up:
  - headache
  - dyspepsia/GE reflux/GI complaints
  - abdominal or pelvic pain
- Acute:
  - otitis media
  - musculoskeletal (back, knee, shoulder, ankle, neck, or other) complaint
  - dermatitis or rash
  - URI
  - UTI
  - bronchitis
  - sinusitis/sinus problems
  - pharyngitis |
| • Recognize common conditions when presented in office. | • Describe steps to be taken for patient care of common conditions frequently seen in family medicine. |  |
| • Describe steps to be taken for patient care of common conditions frequently seen in family medicine. |  |  |
| • Participate actively in care of patients of all ages for well patient check-ups. |  | Well patient visits: During the 4 weeks, see at least one patient for a well patient visit in each category listed with ☐:
- well child visit, 0 – 12 yrs
- well adolescent/young adult visit
- well adult visit, 40 or over |
| • Describe routine accepted process for well-patient check-ups |  | Common procedures: During the 4 weeks, see at least one patient in each category listed with ☐:
- pelvic/pap – may be part of a regular well adult exam
- breast exam – may be part of a regular well adult exam
- testicular exam – may be part of a regular well adult exam
- prostate exam – may be part of a regular well adult exam
- biopsy or laceration or wound repair |
| • Participate actively in care of patients of all ages for well patient check-ups. |  |  |
| • Describe or demonstrate skill in procedures commonly utilized in family medicine. | • Observe, learn and practice common family medicine procedures |  |
### Promotion of healthy lifestyles and illness prevention through wellness, patient education and counseling of physical and mental health.

- Complete required readings addressing health maintenance practices.
- Practice providing patients with health maintenance/health promotion information.
- Explore patient education system of preceptor’s office including any ‘library’ of handouts and access to computer information.
- Complete required readings addressing health maintenance and prevention.

| • Demonstrate appropriate counseling and patient education activities. | • Provide information to patients about common acute or chronic conditions. |
| | • Provide counseling or patient education for medication use. |
| | • Provide counseling or patient education for parents about normal childhood growth and development. |
| | • Discuss with patients recommendations for health prevention/maintenance in common areas of concern such as smoking cessation or obesity. |

#### Counseling and patient education:

- Counseling and/or patient education about a common acute or chronic condition – two times minimum

  - See at least one patient in each category:
    - Counseling and/or patient education about medication use and side effects
    - Counseling and/or patient education for parents about a child patient’s normal growth and development
    - Counseling and/or patient education about weight loss
    - Counseling and/or patient education about smoking cessation

### Attending to the emotional as well as physical health needs of the patient and family

- Describe the importance of patient mental as well as physical health.
- Describe the interrelation of physical and mental health issues.
- Describe how to locate and utilize community mental health and social service resources.
- Describe how to recognize signs of possible depression and refer appropriately.

| • Observe patient and family counseling by preceptor. | • Observe referral by family physician of patients to community mental health and social service resources. |
| | • Complete required readings addressing depression. |

#### Counseling and/or patient education:

| No numerical patient goals – observe relevant patients. |
### Participation in and respect for all members of the health care team:

**Roles of health care team members:**

- Participate in patient counseling and referral as deemed appropriate by preceptor.

**Patient mental health:**
- See at least one patient with:
  - Depression, anxiety, or other mental health diagnosis or life stressors

### 7. Participation in interdisciplinary health team:

**Referrals and consultations with other physicians:**

- Observe and discuss with the preceptor the process for determining when a referral or a consultation is appropriate.
- Observe the process of arranging referrals and consultations.
- Observe how family physicians obtain feedback after referrals and consultations for their patients.
- Observe how communication occurs between consulting/referring MD and specialist.

**Referral or consultations**

No numerical patient goals – participate in or observe situations of referral or consultation as the key contact with the other physician(s) or program(s) involved whenever feasible to do so.

### Office management:

- Observe and ask questions about office management in the preceptor’s office.

### Supplemental goals for this course - students will:

- Develop a relationship with a practicing family physician through working with one physician full-time for the entire rotation.
- Have an opportunity to explore their potential interest in a career in family medicine.
- See the professional and personal life of a family physician.
# REQUIRED CLINICAL ENCOUNTERS (PxDx)

- **FULL** participation: complete history and physical exam, clinical reasoning and formulation of diagnostic/management plan.
- **PART**ial participation: complete history and/or physical without participation in management plan.
- **OBServe:** observation without active participation in care.

## A. PATIENT CARE

### 1. Acute or chronic conditions/diseases diagnosis or follow-up *(minimum level: ASSISTED)*

- a. hypertension
- b. hyperlipidemia
- c. low back pain
- d. diabetes
- e. asthma or COPD
- f. osteoarthritis
- g. headache
- h. dyspepsia/GE reflux/GI complaints
  - i. abdominal or pelvic pain
- j. otitis media
- k. musculoskeletal (back, knee, shoulder, ankle, neck, or other) complaint
- l. dermatitis or rash
- m. upper respiratory illness (URI, bronchitis, sinusitis or other)
- n. UTI

### 2. Well patient visits: *(minimum level: PERFORMED)*

- a. well child visit, 0 – 12 yrs
- b. well adolescent / young adult visit
- c. well adult visit, 40 – or over

### 3. Common family medicine procedures: *(minimum level: PERFORMED)*

- a. breast exam
- b. Male genital-urinary exam
- c. biopsy or laceration or wound repair (specify in PxDx note field the procedure performed)

## B. PATIENT COUNSELING, EDUCATION AND HEALTH PROMOTION ACTIVITIES

Promotion of healthy lifestyles/illness prevention: patient education and counseling of physical and mental health. *(minimum level: ASSISTED)*

1. Counseling and/or patient education about common acute or chronic condition
2. Counseling/patient education for patient about medication use and side effects
3. Counseling/patient education for parents about a child patient’s normal growth and development
4. Counseling/patient education about weight loss
5. Counseling/patient education about smoking cessation
6. Counseling/patient education about depression, anxiety, or other mental health diagnosis or life stressors

## C. OTHER

1. Continuity of Care: Contact at least one patient more than one time. (follow-up visit, or follow-up phone call)
2. Care of Family: Care for at least 2 members of 1 family OR work w/ family members on care of a patient

Students are expected have an opportunity to provide care and management of at least one patient in each of the above categories. It is absolutely acceptable to count the same patient in more than one category above.

We ask you to assist students to meet these goals as requirement of the UI Carver College of Medicine and the LCME (the licensing agency for all US allopathic medical schools). The requirement is that any student who does not meet our target patient goals, based on course objectives, must perform remediation of those targets in order to pass the clerkship.
ASSIST STUDENTS WITH MEETING GOALS

• At the mid-point of the rotation the student and the preceptor will complete a checklist as part of the mid-rotation evaluation system already in place. The purpose is to help the student and preceptor to review which requirements have yet to be met.

• At the end of each rotation, the student will submit the checklist to the clerkship director.

• Students who report they did not complete any activity at least at the “Observe” level will be required to complete a remediation activity to pass the course.
MEDICAL STUDENT MISTREATMENT POLICIES

AAMC Definition: Mistreatment, either intentional or unintentional, occurs when behavior shows disrespect for the dignity of others and unreasonably interferes with the learning process.

CCOM Mistreatment Policy

On the behavioral level, mistreatment may be operationally defined as behavior by healthcare professionals and students which is exploitive or punishing. For the purposes of this policy, examples of mistreatment include:

- physical punishment, physical threats, or violence;
- sexual harassment or sexual assault;
- discrimination based on race, creed, color, national origin, age, sex, disability, sexual orientation, or gender identity;
- repeated episodes of psychological punishment of a student by a particular superior, such as public humiliation, threats, intimidation, or removal of privileges;
- grading used to punish a student rather than to evaluate objective performance;
- assigning tasks for punishment rather than educational purposes;
- requiring the performance of personal services;
- taking credit for another individual's work;
- intentional neglect or intentional lack of communication.

Reporting Mistreatment

Student mistreatment should be reported as follows:

- Crimes: Students who are the victims of misconduct that is also a crime are encouraged to contact the University’s Department of Public Safety (“DPS”) http://police.uiowa.edu/. Students should call 911 in an emergency. The Carver College of Medicine may refer allegations of mistreatment that may constitute criminal behavior to DPS.
- Violence: Students are encouraged to report incidents of violence to the College or to the University’s Department of Equal Opportunity and Diversity (“EOD”) https://diversity.uiowa.edu/office/equal-opportunity-and-diversity. The Carver College of Medicine may refer allegations of mistreatment that may constitute a violation of the University’s violence policy to EOD for investigation and resolution.
- Sexual Harassment/Assault: Students are encouraged to report criminal incidents of sexual harassment or sexual assault to DPS http://police.uiowa.edu/. Complaints may also be forwarded to the College, to the University’s Department of Equal Opportunity and Diversity (“EOD”) https://diversity.uiowa.edu/office/equal-opportunity-and-diversity, the Office of the Dean of Students http://dos.uiowa.edu/, or to the Sexual Misconduct Response Coordinator https://osmrc.uiowa.edu/.
- Other Mistreatment: All other types of mistreatment covered by this policy will be investigated and resolved by the Carver College of Medicine. These reports can be submitted in the following ways: Mistreatment can be reported to any CCOM faculty member, a course or clerkship director, a faculty learning community director, a collegiate dean, or the Medical Student Counseling Center.

More Information

More information about the CCOM’s policies and the reporting process can be found at the Medical Student Mistreatment page in the Educator’s Handbook https://medicine.uiowa.edu/md/supporting-students/administration/educators-handbook/medical-student-mistreatment and in the University Operations Manual https://opsmanual.uiowa.edu/.
Students are reminded that the College of Medicine protocol for reporting blood and body fluid exposure is in place even when they are on off-campus preceptorships, including their Family Medicine Preceptorship.

The CCOM is committed to the safety of its students in the clinical setting. Students should not undertake participation in a procedure involving sharps or needles without first completing prescribed training. In the event of a sharps or needle stick injury, the student or his/her supervisor should access this site and proceed as directed:

Exposed to Blood or Body Fluids-In your student role (not while working as a paid employee)

- Health Science Student (while participating in a health science rotation)
  - Wash/flush the exposed area
  - Inform your instructor/preceptor/attending physician
  - Identify the source of exposure, including name/hospital number/ID of individual if applicable (preceptor, RA or hospital staff can assist with this)

- College of Dentistry (COD)
  - The source patient testing is initiated at the COD and sample sent to UIHC
  - Report immediately to Student Health & Wellness for evaluation and treatment during business hours M-F

- Colleges of Medicine, Nursing, Physician Assistant and other programs not listed
  - Report immediately to Student Health & Wellness for evaluation and treatment during business hours M-F

- Iowa City Veterans Affairs Hospital (VA)
  - Report as directed to the VA Employee Health Clinic for evaluation and treatment during business hours
  - Report immediately to the University of Iowa Hospitals and Clinics (UIHC) Emergency Treatment Center (ETC) if during evenings, weekends, holidays

- Offsite (not VA hospital)
  - Instructor/preceptor will identify local evaluation and treatment center for initial workup of exposed student (may be SHW)
  - Instructor/preceptor will investigate source patient with primary MD and initiate testing as soon as possible
  - Instructor/preceptor will inform both Student Health & Wellness and local treatment center of source patient results

Follow up with Student Health & Wellness as needed

http://studenthealth.uiowa.edu/services/blood-and-body-fluid-exposure/

After washing/flushing the exposed area, a call should be placed immediately to the Student Health Hotline number 319-335-9704. If after hours, contact the UIHC integrated call center at 319-777-8442 (Fax: 319-335-7247).

Information the student will need to know to report:
- Student ID number
- Name and phone # of preceptor
- Nearest fax #
- Information about the incident
CONTACT WITH PHARMACEUTICAL REPRESENTATIVES

Policies and practices in individual preceptor’s offices vary greatly regarding contacts with pharmaceutical representatives. The UIHC has a strict policy about pharmaceutical industry-sponsored events. Student views on pharmaceutical personnel interactions and events also cover a wide range. It is possible that a student’s views and those of the preceptor/practice may differ significantly. Students should not ever feel, or be, compelled to interact with pharmaceutical personnel or participate in pharmaceutical industry-sponsored events. Students with concerns are encouraged to make those concerns known to their preceptors. If they do not feel comfortable doing so, or if their concerns are not adequately addressed, students should contact Course Director, Dr. Endres.

STUDENT DUTY HOURS

- 80 hours maximum any single week
- 65 hour maximum per week average
- Average of 1 day off in 7
- No more than 16 consecutive hours of clinical duties

HEALTHCARE PROVISION FOR STUDENTS

- Residents and faculty should not supervise or evaluate the academic performance of any student for whom they have provided health care, including mental health care.
- If a medical/PA student is a patient, other medical/PA students should not be involved in his/her care.

STUDENT HONOR CODE

Infractions of the Honor Code include but are not limited to: Cheating, plagiarism, fabrication, sexual harassment and/or discriminatory practices, violation of confidentiality, etc.

The Carver College of Medicine Honor Code is designed to protect students’ academic freedom and professional integrity. For this to happen, however, all those who agree to live and work under the Honor Code must support the code by fulfilling specific obligations:

Students must:
- Not condone cheating on the part of others
- Refuse to assist others in fraudulent acts
- Take steps to ensure that other students cannot cheat from one’s examination or paper
- Ask the professor for clarification if the student does not understand how the Honor Code pertains to any given assignment.
- Be willing to speak to fellow students about violations of the Honor Code, or to report suspected violations to the Honor Council.

Faculty and Administrators should:
- Explain completely how the Honor Code applies to coursework undertaken for each class
- Discuss how the Honor Code applies to coursework and behavior during the clinical years
- Include a statement about academic integrity in each course syllabus
- Contact the Honor Council regarding suspected infractions of the Honor Code
- The commitment to personal and professional integrity embodied in this Honor Code releases the faculty from the obligation to proctor exams

More information on the Honor Code can be found in the student handbook at the following link: https://medicine.uiowa.edu/md/student-support/student-handbook/honor-code
RESOURCES AVAILABLE TO PRECEPTORS

CLINICAL ADJUNCT APPOINTMENT
This faculty level medical college appointment is available for preceptors who qualify, based upon amount of teaching, and who agree to be continually active in the preceptorship program. Certain faculty privileges are accorded, including access to various on-line medical resources. If you are interested in an appointment, contact Laina Edwards for details about current qualifications and information on how to apply.

HARDIN LIBRARY RESOURCES
The Health Sciences Library at the University of Iowa has extensive holdings in the areas of medicine, nursing, dentistry and pharmacy. The library subscribes to over 2,700 journals in these fields, and others are available through Interlibrary loan. Reference librarians are on hand at the Health Sciences Library to assist in the use of these materials, to answer reference questions, and to help with search strategies (phone 319-335-9151). Computer searches of the medical literature (Medline) can be made by appointment. Material of relevance to Family Medicine, especially in the areas of behavioral science, psychology and sociology, is also found in other libraries in the university system, such as the Main Library and the Psychology Library.

CONTINUING EDUCATION RESOURCES
Instructors holding Clinical Assistant Professor appointments in the University of Iowa College of Medicine may be able to attend some CME courses offered by the College of Medicine at reduced or no charge for registration. The Office of Continuing Medical Education, 124 CMAB, (319) 335-8597, must be advised of your faculty status at the time of advance registration. You will be billed for meals and the cost of any course materials.

TEACHING CREDIT
The teaching of medical students qualifies for CME credit. Teaching as a preceptor is acceptable for personal interest (elective) credit from the American Academy of Family Physicians (AAFP). Check with the IAFP office for more information.
INFORMATION ABOUT THE AMBULATORY PRACTICE MODULE

The Educational Days will be held the first Monday and last Friday of each 4-week rotation in the 12-week block.

| 1st 4 Weeks | Monday/Day 1 | Geriatrics – Functional Assessment  
|             |              | Evidence Based Medicine (EBM) Introduction Lecture  
|             |              | Wound Management (Suturing)  
| Friday/Day 2 | Obesity  
|             | Nutrition  
|             | Food as Medicine Fair  
|             | Goals of Care  
|             | Critical Analysis-Diagnosis  
| 2nd 4 Weeks | Monday/Day 3 | Geriatrics – Functional Assessment; Geriatric Syndromes  
|             |              | Adolescent Medicine  
|             |              | Critical Analysis-Best Therapy  
|             |              | Gender-Specific Health Issues  
| Friday/Day 4 | Cancer Screening  
|             | Motivational Interviewing  
|             | Diabetes  
|             | Critical Analysis-Avoiding Harm  
| 3rd 4 Weeks | Monday/Day 5 | Professional Issues in Primary Care  
|             |              | Critical Analysis-Systematic Reviews  
|             |              | Public Health Issues – Agricultural Health, Lead, Immunization, Smoking Cessation  
| Friday/Day 6 | Final Exams in FM and IM  
|             | Performance Based Assessment |
MID-CLERKSHIP STUDENT SELF-ASSESSMENT
FAMILY MEDICINE
COMPLETE THIS SELF-ASSESSMENT PRIOR TO YOUR MID-CLERKSHIP FEEDBACK MEETING

Student name: ___________________________ Date: ___________________________

For each of the following domains, I am performing:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Below expected levels</th>
<th>At expected levels</th>
<th>Above expected levels</th>
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</thead>
<tbody>
<tr>
<td>1. Knowledge/Clinical Reasoning</td>
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<tr>
<td>a. Clerkship-specific medical knowledge</td>
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<td>b. Clinical reasoning</td>
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<tr>
<td>c. Differential diagnosis</td>
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<tr>
<td>2. Clinical evaluation skills</td>
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<tr>
<td>a. History taking</td>
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<tr>
<td>b. Communication with patients</td>
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<tr>
<td>c. Physical exam skills</td>
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<td>3. Data presentation skills</td>
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<tr>
<td>a. Oral presentations</td>
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<tr>
<td>b. Note writing</td>
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<td>4. Studying skills</td>
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<tr>
<td>a. Balancing clinical work and studying</td>
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<td>b. Reading about patients in a timely manner</td>
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<td>c. Keeping up with clerkship assignments</td>
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<td>5. Team work</td>
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<tr>
<td>a. Understanding my role on the team</td>
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<tr>
<td>b. Interacting with other team members</td>
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<tr>
<td>c. Functioning as part of the team</td>
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</tbody>
</table>

I am on target to meet end-of-rotation RCEs | Agree | Disagree | Not sure

Behaviors/skills I feel confident in and why (list up to 3)

Areas for improvement related to my performance/experience

Barriers/issues impeding my performance:

Areas that need improvement and my plan to improve them:
MID-CLERKSHIP FEEDBACK
FAMILY MEDICINE
COMPLETE THIS SECTION WITH YOUR FACULTY EVALUATOR OR CLERKSHIP DIRECTOR

Student name: ___________________  Evaluator name: ___________________  Date: __________

1. Is student on schedule to completing and documenting Required Clinical Experiences (RCEs)?
   Yes  No
   Comments: ________________________________________________________________

2. Has student been observed taking a history from a patient at least once?
   Yes  No
   Comments: ________________________________________________________________

3. Has student been observed performing a physical exam at least once?
   Yes  No
   Comments: ________________________________________________________________

4. Strategies for improving performance and continuing skill development

   ________________________________________________________________

5. Additional discussion items

   ________________________________________________________________

Evaluator signature

Student signature

05/01/19
UI College of Medicine – Family Medicine Clinical Evaluation Form

<table>
<thead>
<tr>
<th>Family Medicine Preceptorship</th>
<th>Course Number: FAM:8301</th>
<th>Class:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Name:</td>
<td>Date of Rotation:</td>
<td></td>
</tr>
<tr>
<td>Faculty/Resident Name:</td>
<td>Location:</td>
<td></td>
</tr>
</tbody>
</table>

For level of training

<table>
<thead>
<tr>
<th>Does not meet expectations</th>
<th>1</th>
<th>2</th>
<th>Meets expectations</th>
<th>3</th>
<th>4</th>
<th>Far exceed expectations</th>
</tr>
</thead>
</table>

Interpersonal Skills
1. Establishes rapport with patients.
2. Demonstrates respect for patients.
3. Works well with all members of the healthcare team.

Clinical Skills
4. Reports clinical data by obtaining and communicating the clinical facts in an organized manner.
5. Interprets clinical data by prioritizing problem list and selecting clinical findings and test results to support the most likely diagnoses.
6. Devises an appropriate and comprehensive management strategy.
7. Demonstrates a high level of knowledge/scholarship and can teach/educate others.

Professional Attributes
8. Shows initiative in addressing deficits in own knowledge/skills...
9. Follows through effectively on commitments and tasks.
10. Demonstrates sensitivity and competence in working with people from diverse backgrounds.

Overall Evaluation Score: ☐ ☐ ☐ ☐ ☐

11. Do you have any concerns about this student's professional behavior?
   (Reliability and punctuality, demonstrating respect for staff, verbal and electronic communication, composure in difficult and stressful times, maintaining confidentiality of patient information, accepting and incorporating feedback, acknowledging errors or omissions.) Yes ☐ No ☐ If yes, please explain:

Student's strengths: (Please provide specific examples)

Suggestions for improvement: (Please provide specific examples)

Mark five (5) of the following adjectives which most accurately describe this student.
- Compassionate ☐
- Efficient ☐
- Inquisitive ☐
- Professional ☐
- Self-directed ☐
- Confident ☐
- Enthusiastic ☐
- Mature ☐
- Quick learner ☐
- Sensitive ☐
- Conscientious ☐
- Hard working ☐
- Motivated ☐
- Reliable ☐
- Team player ☐
- Dependable ☐
- Independent ☐
- Observant ☐
- Respectful ☐
- Thorough ☐

Signature: ☐ Faculty ☐ Resident
(Select appropriate position)

Number of days spent with student: ☐ Yes ☐ No – I completed a mid-rotation feedback form and gave it to this student during the rotation.

Return completed form (ASAP) to: ☐ Email: fm-clerkship@uiowa.edu ☐ Fax: ☐ 319-384-7647 ☐ Mail: ☐

Medical Student Education Program
Department of Family Medicine
200 Hawkins Dr, 01293-G PFP
Iowa City, IA 52242

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Clerkship Direct Observation Form
Physical Exam Skills

Family Medicine

<table>
<thead>
<tr>
<th>PE skill</th>
<th>Unsatisfactory</th>
<th>Needs improvement</th>
<th>Satisfactory</th>
<th>Not observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates respect for patient privacy, comfort, and safety</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><em>e.g., explains physical exam maneuvers, tells patient what one is doing at each step, drapes patient appropriately</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs physical exam in a logical sequence</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><em>e.g., exam follows a certain order (such as by organ system or head to toe), limits repositioning of patient</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates appropriate physical exam technique</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td><em>e.g., takes correct position for the exam, uses exam tools correctly, uses exam maneuvers that provide an accurate evaluation of the organ assessed</em></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs a clinically relevant physical exam appropriate to the setting and purpose of the patient visit</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Modifies approach to physical exam to meet patient’s developmental and physical needs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Recognizes and correctly interprets abnormal exam findings</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Describe 1-2 effective skills that the student performed:

Suggest ways to help the student move 1-2 skills to the next level:

Evaluator Signature: ___________________________  Student Signature: ___________________________
### Clerkship Direct Observation Form
### History Taking and Communication Skills

**Family Medicine**

**Student name:** __________________________  **Date:** ____________________________

**Evaluator name:** __________________________  **Circle one:**  Faculty  Resident/Fellow  Other(specify)

<table>
<thead>
<tr>
<th>Skill</th>
<th>Unsatisfactory</th>
<th>Needs Improvement</th>
<th>Satisfactory</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluates reasons for visit in organized manner</td>
<td>○ many disjointed unorganized questions</td>
<td>○ most but not all questions followed logical order</td>
<td>○ questions followed clear logical order</td>
<td>○</td>
</tr>
<tr>
<td>Explores symptoms in sufficient detail to generate a logical DDx</td>
<td>○ level of detail insufficient to generate logical DDx</td>
<td>○ level of detail allows some but not fully developed DDx</td>
<td>○ Level of detail allows a logical well-developed DDx</td>
<td>○</td>
</tr>
<tr>
<td>Elicits PMH, FH and SH as applicable to the case</td>
<td>○ did not obtain any relevant PMH, SH or FH</td>
<td>○ addressed some but not all relevant domains</td>
<td>○ addressed all relevant domains</td>
<td>○</td>
</tr>
<tr>
<td>Elicits pertinent ROS (positive, negative)</td>
<td>○ did not obtain a ROS</td>
<td>○ obtained ROS, omitting some important details</td>
<td>○ obtained relevant ROS with all important details</td>
<td>○</td>
</tr>
<tr>
<td>Uses appropriate combination of open and closed questions</td>
<td>○ rare use of open questions; most questions were closed</td>
<td>○ open questions with some but not all major lines of inquiry; heavy use of closed questions</td>
<td>○ open questions with all major lines of inquiry, followed by appropriate number of closed questions</td>
<td>○</td>
</tr>
<tr>
<td>Demonstrates active listening</td>
<td>○ frequent interruption of patient; lack of facilitative skills to encourage patient to tell their story</td>
<td>○ occasional inappropriate interruption of patient; some but inconsistent use of facilitative and guiding skills</td>
<td>○ No inappropriate interruption of patient; consistent use of facilitative and guiding skills</td>
<td>○</td>
</tr>
<tr>
<td>Responds to patient’s concerns with appropriate verbal and non-verbal behavior</td>
<td>○ negative/closed body language; no eye contact; no expression of empathy</td>
<td>○ open body language; some but inconsistent eye contact and expression of empathy</td>
<td>○ open body language; effective eye contact and expression of empathy</td>
<td>○</td>
</tr>
</tbody>
</table>

**Describe 1-2 effective skills that the student performed:**

**Suggest ways to help student move 1-2 skills to the next level:**

**Evaluator Signature:** __________________________  **Student Signature:** ____________________________

05/01/19