



# **Family Medicine**

## **OM7114**

### **Clerkship Rotation Syllabus**

CLASS OF	<i>2025</i>
DATES	<i>2023-2024</i>
CREDIT HOURS	<i>8.0</i>
CONTACT HOURS	<i>320</i>
ASSESSMENT TOOLS	Clinical Performance-Preceptor Evaluation(s) Professionalism Cognitive (COMAT) Performance
TRANSCRIPT CATEGORIES	<i>Honors/Pass/Fail</i>
LOCATION	<i>Rotation Site</i>
CLERKSHIP DIRECTOR	<i>Karen Vaillant, MD</i>
COURSE COORDINATOR	<i>Whitney Cano</i>

### **Course Description**

The Family Medicine core clerkship is an eight (8) week experience served in an ambulatory setting. The entire clerkship may be served with one practice and provider or two different practices for four weeks each. This will be determined by the RAC site in which the experience is served. Students will have the opportunity to participate in the care of patients presenting with acute or chronic conditions commonly seen in a primary care practice. Experience will be gained in diagnosis and case management. Each practice may have a unique profile of patients that will offer greater insight into disease identification and management as well as cultural influences on wellness and disease prevention.

## Course Goals

1. Demonstrate the unequivocal value of primary care as an integral part of any health care system.
2. Acquire an approach to the evaluation and initial management of acute presentations commonly seen in the office setting.
3. Acquire an approach to the management of chronic illnesses that are commonly seen in the office setting.
4. Acquire an approach to conducting a wellness visit for a patient of any age or gender.
5. Model the principles of Osteopathic Family Medicine care.
6. Discuss the principles of Osteopathic Family Medicine care.
7. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations.
8. Manage follow-up visits with patients having one or more common chronic diseases.
9. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender.
10. Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.
11. Discuss the critical role of Osteopathic family physicians within any health care system. Achievement of basic knowledge of growth and development (physical, physiologic and psychosocial) and of its clinical application from birth through adolescence.

## Course Objectives

Objective	AOA Core Competencies	Programmatic Level Educational Objectives
1. Recognize the Osteopathic Philosophy is applicable to all patients	1	2
2. Identify those patients who would benefit from Osteopathic Manipulative Medicine	1	2
3. Appropriately Educate inquisitive patients and their family, naïve to osteopathic Philosophy.	1	2
4. Assess the type of level of care needed for the particular encounter.	1	1,4,5,6
5. Utilize appropriate health maintenance screening protocols.	1	1
6. Apply their knowledge in the basic and clinical sciences to the care of their patients.	1,2	1
7. Demonstrate the ability to assess a patient in differentiate the need for urgent versus non-urgent care.	1	1
8. Utilize knowledge and technical skills, when appropriate, to assist with the diagnosis and treatment of a patient.	1,2	1
9. Employ viable treatment plans within the	1,2	1,7

confines of clinical data available, and within the socioeconomic capability of the patient and/or family.		
10. Facilitate and support his/her own education by reading current journal publications and utilizing information technology	1	5
11. Use effective written, verbal and nonverbal language.	1,2	4
12. illustrate the attributes of a team player.	1,2	6
13. Utilize active listening skills.	1,2	4
14. Demonstrate respect, empathy, and integrity.	1,2	3
15. Demonstrate understanding of ethical principles of autonomy, beneficence, informed consent, and confidentiality.	1,2	3
16. Recognize the role of the Family Physician as a member and coordinator of the healthcare delivery team.	1,2	6,7
17. Recognize social and economic factors that affect patient care.	1,2	7
18. Practice quality cost-effective healthcare.	1,2	1,7
19. Identify and collaborate with the various people/facet's involved in the patient care process, such as: patient, family, staff, consultants (medical and non-medical), and insurance companies.	1,2	6
20. Realize the Family Physician's role in community and society.	1,2	6

## Required Resources and Equipment

### Readings:

Required reading may be assigned during the Family Medicine clerkship by your preceptor or by the Clerkship Director.

The suggested reading and resources are available in the library at Burrell College of Osteopathic Medicine or e-library.

1. The Color Atlas and Synopsis of Family Medicine, 3<sup>rd</sup> Edition by Richard P. Ustaine
2. Case Files: 1. Medical Ethics & Professionalism by Eugene C. Toy
3. Case Files: 2. Family Medicine 5<sup>th</sup> edition by Eugene C. Toy
4. Up to Date
5. Fitzpatrick's Color Atlas and Synopsis of Clinical Dermatology, 8<sup>th</sup> Ed. by Klaus Wolff, Richard Allen Johnson, Arturo P. Saavedra; Ellen K. Roh
6. The Harriet Lane Handbook, 22<sup>nd</sup> Ed. by Johns Hopkins Hospital
7. STFM: How to be Awesome in the Ambulatory Clinical Rotation
8. STFM: National Clerkship Curriculum (2018)
9. EM In 5 Video: Patient Presentation for the Medical Student
10. Current Medical Diagnosis and Treatment 2022 by Michael W. Rabow; Stephen J. McPhee;

**Student Responsibilities Regarding Patient Supervision:**

All medical activities involving medical students must be supervised by a licensed physician responsible for the care of the patient. The supervising physician has the responsibility for determining the level of supervision needed.

**Equipment:**

Students are required to bring their stethoscope to each rotation. Additional equipment will be recommended at the discretion of your site attending.

**Academic Participation**

Student responsibilities:

- **Aquifer:** The Family Medicine Clerkship is using Aquifer clerkship clinical modules for the key areas covered during your rotation. The medical student will receive an invitation through “Aquifer” to complete registration, and instructions for the course content. Please complete “Aquifer Family Medicine” (16 Case Modules; “Family Medicine 01: 45-year-old female wellness visit” and “Family Medicine 02: 55-year-old male wellness visit” are required, with an additional 14 of the student’s choice within this course).
  - Completion of case modules is required prior to end of the second Family Medicine rotation. **You must complete about 2 case modules per week, making a total of 16 by the end of second Family Medicine rotation. Each student must complete 100% of required clerkship clinical modules by 5pm, the last Wednesday of second rotation.**
  - These electronic programs are the basis of educational requirements during clinical rotations. Clinical Modules give structure to protected academic time and independent learning. For this purpose, Burrell College of Osteopathic Medicine makes available several web-based educational resources.
  - The course coordinator will monitor the student’s completion of each required module.
- Patient Encounter and Procedure Log:
  - Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations **by 5pm, the last Wednesday of the second Family Medicine Rotation.**
  - The list below is comprised of procedures commonly done in a Family Physician’s office. If you participate in any of the procedures be sure to document them in your procedure log. Note: these procedures are not required but are examples of procedures you may do by the end of your Family Medicine rotations, you should be able to demonstrate the steps and techniques used when performing these procedures.
  - **List of Procedure Logs:**
    - Arthrocentesis
    - Application of splint/cast
    - Quick strep, throat swab – technique & interpretation
    - Urine dipstick - technique & interpretation
    - Skin Biopsy

Pap Smear

EKG – recognize normal and abnormal patterns

CXR – recognize pneumonia, pneumothorax, COPD, Congestive heart failure, fractured ribs

Vaginal Swabs – Wet prep & KOH specimens

Use of various depression scales, questionnaires

Mini-mental status exam

SLUMS- St. Louis University mental status exam

Stool of occult blood – technique and interpretation

○ **List of Diagnoses Logs:**

Acute Respiratory Infection

Addiction and substance abuse

Arthritis

Asthma, COPD

Back pain – acute and chronic

Depression/anxiety

Diabetes type II

Dyslipidemia

Elder care – Medicare annual wellness visits

Fatigue

Genitourinary problems – UTI, STD's

Headache

Hypertension

Menopause and menstrual disorders/ osteoporosis

Pregnancy

Obesity

Skin problems/ rash

Stroke – Cerebrovascular Accident

Well Adult Care

Well Child Care

Cardiovascular Disease (Asymptomatic or symptomatic)

Thyroid/ parathyroid disease

Growth & Puberty presentations

Gastrointestinal Disorders – eg: GERD, rectal bleeding, abdominal pain, poisonings, small & large bowel disorders.

## Assessment and Grading

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### Elements of Core Clerkship Grading

Each core clerkship will have three elements contributing to the final grade and each element must be individually passed to Pass the clerkship:

- Clinical Performance-Preceptor Evaluation(s)
- Professionalism
- Cognitive (COMAT) Performance

**Clinical Performance-Preceptor Evaluation(s)** will be graded by the supervising preceptor. This assessment (see Student Assessment Forms in the Clerkship Manual) includes eight (8) questions designed to assess academic skills and core competency acquisition. Students are expected to achieve a score of 3, 4, or 5 for each domain. An average score of at least 2.85 on all observed skills and competencies must be obtained to pass this element.

**Professionalism** is a graded component in every clerkship evaluation. Students must receive a minimum score of three (3) on the preceptor's assessment of Professionalism (Question 5) to pass this element.

**Cognitive (COMAT) Performance** will be measured by the end-of-rotation COMAT exam. The NBOME provides a conversion table to obtain a percentile rank from the student's raw score. A minimum raw score of 85 is needed to pass this element.

### Eligibility to sit for COMAT

The students must complete the following pre-requisites to be eligible to sit for COMAT:

- a) The students must pass, with at least 70%, the COMBANK Quiz in TrueLearn. This test is timed. In case of failure the student will have a chance to retake the quiz. The student will not be penalized for failing the quiz for the first time. The passing grade for the quiz must be received **by 5:00 PM the last Wednesday of the rotation**. If a student fails the first attempt, one additional attempt will be granted before COMAT Friday.
- b) Completion of all case modules is required to sit for COMAT. The deadline to complete the cases is **5:00 PM the last Wednesday of the rotation**.
- c) Students must submit their completed Patient Encounter and Procedure Log electronically through New Innovations **by 5:00 PM, the last Wednesday of the rotation**.
- d) Students must submit the completed mid-point evaluation into the learning

management system by **5pm the second Sunday of the rotation**. This assessment includes eight (8) questions from the Clinical Performance evaluation, designed to assess academic skills and core competency acquisition. The purpose of this evaluation is for the student to receive feedback from the preceptor at the mid-point of the rotation, so they may improve over the course of the second half of the rotation. The student is responsible for obtaining this evaluation from their preceptor at the end of week two of all clinical rotations, and it must be uploaded into the learning management system (LEO) for the Clerkship Directors to review. A sample form is located at the end of the Student Clerkship Manual.

- e) The students must complete clerkship evaluation(s) in New Innovations. Students are required to complete evaluations in New Innovations regarding their rotation experience. Student feedback received from the evaluations will assist the Office of Clinical Education in the overall assessment and improvement of clinical rotations and the implementation of faculty development programs. An annual summary of student comments will be reported **anonymously** to preceptors and training sites to assist them in making improvements to the rotations that they provide. **The evaluations must be completed by 5:00 PM on the last Wednesday of each rotation.**

Failure to complete any of the pre-requisites for COMAT eligibility in a timely manner will result in disqualification from Honors and may result in a finding of non-professional conduct and may lead to a Professionalism Corrective Action.

#### **Failure of a Core Clerkship:**

Failure of two or more elements of rotation grading (Evaluation, COMAT, Professionalism) above will result in a failure of a clerkship and the student will be referred to Student Performance Committee (SPC) with recommendations from Clerkship Director.

Failure of the Professionalism element may result in a Professionalism Corrective Action, or Failure of a Clerkship, as determined by the Clerkship Director.

Students who fail a clerkship are ineligible for an Honors (H) designation in that specialty.

#### **Corrective Action**

Failure of one element of rotation grading generally does not constitute a failure of the entire clerkship. When a student does not meet expectations for a clerkship/course as defined in clerkship syllabi, the College may require a student to engage in corrective action to remedy the deficient academic grading requirements. The opportunity to engage in corrective action for the one element failed is at the discretion of the clerkship director of the specialty. This may occur at the end of a clerkship or in the middle of a clerkship/course.

If a student successfully completes the corrective action process, as determined by the Clerkship Director, the student will receive credit for the deficient academic grading requirement(s) and be eligible for a change in rotation grade (from I (Incomplete) to P). If all

assignments within the corrective action process are not completed successfully by the deadline the student will receive a failed grade (F) for the clerkship and will be referred to SPC for Failure of a Clerkship. Students who are provided a corrective action opportunity are ineligible for an Honors (H) designation in that specialty.

#### **Attainment of Honors**

Attainment of Honors (H) for each core rotation will be limited to the highest performing 10% of the class based on cumulative points earned for the rotation. Honors for all core rotations will be determined at the end of the academic year when all final assessments have been recorded. The Clerkship Directors will identify the top 10 % of students who will receive the honors designation.

***All Year 3 requirements must be successfully completed to advance to Year 4. The need to repeat any failed clinical rotation(s) may result in a delay in graduation.***



**After completing the Family Medicine Clerkship, the students should be able to:**

1. Describe the characteristic, historic, physical and biopsychosocial features of the following conditions commonly seen as acute presentations in family medicine clinics:

- a. Abdominal pain
- b. Back pain
- c. Chest pain
- d. Cough
- e. Depression
- f. Dizziness
- g. Diarrhea
- h. Ear pain
- i. Fatigue
- j. Fever
- k. Joint Pain
- l. Headache
- m. Memory loss
- n. New Skin Lesion
- o. Rash – common rashes and skin lesions
- p. Runny nose/ congestion
- q. Shortness of breath
- r. Sore throat
- s. Urinary problems – male and female
- t. Vaginal discharge, abnormal vaginal bleeding
- u. Wheezing

Common cancers: Breast, Lung, Colon, Cervical

2. Formulate and perform a clinical evaluation on these health issues. Include 8-10 most common differential diagnoses for each problem/disease, “red flags” and key components in the history, focused physical examination, diagnostic strategies, and appropriate therapeutic management.

Learning Topic List:

- Acute Respiratory Infection
- Addiction and substance abuse
- Arthritis
- Asthma, COPD
- Back pain – acute and chronic
- Depression/anxiety
- Diabetes type II
- Dyslipidemia
- Elder care – Medicare annual wellness visits
- Fatigue

- Genitourinary problems – UTI, STD's
  - Headache
  - Hypertension
  - Menopause and menstrual disorders/ osteoporosis
  - Pregnancy
  - Obesity
  - Skin problems/ rash
  - Stroke – Cerebrovascular Accident
  - Well Adult Care
  - Well Child Care
  - Cardiovascular Disease (Asymptomatic or symptomatic)
  - Thyroid/ parathyroid disease
  - Growth & Puberty presentations
  - Gastrointestinal Disorders – eg: GERD, rectal bleeding, abdominal pain, poisonings, small & large bowel disorders.
3. List the preventive health recommendations of the U.S preventive services task force – for any age or gender.
  4. Clinical Experience
    - a. Conduct a complete history and physical exam on a patient presenting with new or chronic problems or health care maintenance exam.
    - b. Present cases concisely; describing the patient's complaints, Hx history of present illness, past medical and surgical history, social and family history, description of physical findings, and list of problems, differential diagnoses and suggested plan.
    - c. Complete a comprehensive write-up of the patient encounter.
  5. Demonstrate the steps and the techniques used when performing the following procedures (which are commonly done in family physician's offices)
    - a. Arthrocentesis
    - b. Application of splint/cast
    - c. Quick strep, throat swab – technique & interpretation
    - d. Urine dipstick - technique & interpretation
    - e. Skin Biopsy
    - f. Pap Smear
    - g. EKG – recognize normal and abnormal patterns
    - h. CXR – recognize pneumonia, pneumothorax, COPD, Congestive heart failure, fractured ribs
    - i. Vaginal Swabs – Wet prep & KOH specimens
    - j. Use of various depression scales, questionnaires
    - k. Mini-mental status exam
    - l. SLUMS- St. Louis University mental status exam
    - m. Stool of occult blood – technique and interpretation

## Patient Procedure Encounter Worksheet

**\*all logs must be permanently entered into New Innovations by the last Wednesday of rotations; this is a guide since you might not have computer access.**

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

[illegible]

**\*Participation: Observation, Partial, Total**

**This case log must be entered into the New Innovations by 5pm, the last Wednesday of second rotation.**

## Course Communication

Students are expected to monitor their Burrell College of Osteopathic Medicine email and are responsible for all communications sent to their official email address. Students are also expected to monitor E-mail, LEO, New Innovations, and Aquifer.

### **Clerkship Director**

Karen Vaillant, MD

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### **Course Coordinator**

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## Policies and Procedures

Information regarding course grades, attendance (including excused absences), exam procedures, remediation, appeals, acceptable use of technology, honor code, professional attire, and related policies are stated in the current Student Handbook. Policies regarding non-discrimination, accommodations for disabilities, and Title IX are also referenced within the Student Handbook. All policies and procedures stated therein will apply during this course.

The [Student Handbook](#) may be accessed through the Burrell College of Osteopathic Medicine website.

For information regarding emergency or inclement weather, refer to the [Campus Safety and Security page](#) on the Burrell College of Osteopathic Medicine website.

For information regarding Clerkship Rotations, refer back to the [Student Clerkship Manual](#) on the Burrell College of Osteopathic Medicine Website.

## Statement Regarding Reservation of Power

The curriculum, assignments, schedule, syllabus, and any information contained within the course can be altered or changed at any time. In the event of any alterations during the course, students will be informed officially through their Burrell College of Osteopathic Medicine email. It is the student's responsibility to obtain the changes or notices even if absent from class.

## Appendix

### A. Programmatic Level Educational Objectives

*Graduates of the Burrell College of Osteopathic Medicine Doctor of Osteopathic Medicine degree program will be able to:*

1. Integrate knowledge and skills acquired from the biomedical, clinical, social, and behavioral sciences to provide patient care in a supervised setting.
2. Demonstrate competence in the skills of osteopathic manipulative treatment and the application of osteopathic philosophy in patient care.
3. Demonstrate professionalism, characterized by honesty, integrity, ethical behavior, empathy, and responsibility.
4. Communicate effectively with patients, families, faculty, peers, and other members of the healthcare team.
5. Critically appraise, evaluate, and apply scientific evidence to inform patient care and research.
6. Demonstrate awareness of the roles and interactions of professionals within the healthcare system and identify resources to optimize patient care at the individual and community levels.
7. Identify the specific healthcare needs of diverse populations and the ways in which the medical community responds.

### B. AOA Osteopathic Core Competencies

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice