## Clerkship Snapshot

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I. Introduction

The University of Chicago, Department of Family Medicine welcomes you to the Family Medicine Clerkship! Our goal is to provide you with an exciting and growth-producing educational experience.

This Handbook is designed to help you make the most of this educational venture into the specialty of family medicine. The Handbook will explain what you can expect to learn, what is expected of you, and how you will be graded.

We invite your comments and suggestions now and throughout your clerkship. Our most important goal is to make the Family Medicine Clerkship a stellar educational experience for you and your classmates.

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II. The Specialty of Family Medicine

WHAT IS FAMILY MEDICINE?
DEFINING THE SPECIALITY

The American Academy of Family Practice defines the specialty of family medicine as centered on lasting, caring relationships with patients and their families. Family physicians integrate the biological, clinical and behavioral sciences to provide continuing and comprehensive health care. The scope of family medicine encompasses all ages, sexes, each organ system and every disease entity. Family physicians provide comprehensive care that includes prevention, acute intervention, chronic disease management, end-of-life care, and coordination of care. Family Medicine physicians also provide personal medical care to people of all socioeconomic strata and in all regions of the United States.

Family Physicians are experts in the complexity of care of patients who have acute and chronic problems and managing them over time with the inclusion of preventive care. Family Physicians believe in the importance of creating and managing partnerships with their patients. The family medicine model of health care is a Patient Centered medical home that provides patients with a personal medical home through which they receive a full range of services within the context of a continuing relationship with their family physician. Creating this family medicine model of care relies on the idea of using a team approach to care, timely access to care and using information systems to advance care. Family Medicine physicians rely increasingly on information systems and electronic medical records to provide assessments, checklists, protocols, and access to patient education and clinical support.

The Future of Family Medicine project has six aims that are crucial for health care. These aims are that health care be: “Safe-avoiding injuries to patients from the care that is intended to help them; Effective-providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit; Patient-centered- Providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions; Timely—Reducing waits and sometimes harmful delays for both those who receive and those who give care; Efficient—Avoiding waste, including waste of equipment, supplies, ideas and energy; Equitable—Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.”

Research shows that countries that emphasize primary care have better health outcomes at lower costs. Recent research has shown that increasing the number of family physicians is associated with significant reductions in hospital readmissions and substantial cost savings. Multiple researchers from various disciplines have found that when people have access to primary care, treatment occurs before more severe problems can develop, patients have fewer emergency room visits, improved detection of and reduction in mortality from several cancers, use fewer tests and spend less money. Access to primary care, especially for the poor, is associated with improved outcomes, better blood pressure control, more complete immunizations, improved dental health, reduced mortality and improved quality of life.
While cultivating a long-lasting and trusting relationship with a patient and their family is part of the healing and critical for effective care, there is a growing need to view the communities’ and population’s health. Family Medicine Physicians are at the front line of population health and health promotion. A fundamental starting point is leaning how to care for ourselves and identify the many ways one builds resiliency and joy in our practices as we take on this important task.

Of the primary care specialties (family medicine, general internal medicine and pediatrics), family physicians provide the most care - managing nearly one-fourth of all primary care visits and can provide more than 90 percent of the health care that patients need throughout their lives. Family physicians also deliver hospital care, perform surgical procedures, work in emergency rooms, provide obstetrical care and take care of newborns. Some family medicine physicians will also go on to do fellowships in Sports Medicine, Geriatrics, Palliative Care, Integrative Medicine, Addiction Medicine, Adolescent Medicine, Obstetrics, International Medicine, Rural Medicine, Preventive Medicine, Faculty Development and Research. Many family medicine physicians are involved in research that emphasizes practice-based primary care research that improves health care and benefits the health of patients, their families and communities.

COMMON MEDICAL PROBLEMS ENCOUNTERED BY FAMILY PHYSICIANS

1. Clinical Preventive Services and Special Assessments
   - Well Child Exams & Normal Pediatric Development
   - Immunizations
   - Psychosocial Risk Factor Assessment in Adolescents
   - Contraception
   - Routine Prenatal Care
   - Pap Smear/Well-Women Exams
   - Preventive Health Examinations
   - Smoking Cessation

2. Evaluation of Common Presenting Signs and Symptoms
   - Abdominal Pain
   - Abnormal Uterine Bleeding
   - Headache
   - Back Pain
   - Dysuria
   - Dizziness
   - Fatigue
   - Rash

3. Chronic Diseases
   - Chronic Allergic Rhinitis
   - Asthma
   - Hypertension


- Diabetes
- Coronary Artery Disease
- Osteoarthritis
- Chronic Pain Syndromes
- Depression and Anxiety

4. Acute Illnesses
   - Upper Respiratory Infections & Sinusitis
   - Otitis Media
   - Pharyngitis
   - Gastroenteritis
   - Common Sports Injuries: Ankle Sprains, Knee Pain, etc.

Regardless of your chosen specialty, these topics will be important to you, because they are important to your patients. They are common health concerns no matter what specialty you practice. In addition, if you are in a non-primary care specialty, it is important that you understand when to send patients to see their primary physician for management of a new or ongoing problem; or to follow up on a problem that you have already addressed. You will also learn how to provide useful consultation or management of specific problems as requested by primary care physicians. Also Step 3 of the NBME is based on the broad level of knowledge acquired at the end of a first year in a Family Medicine Residency.
III. Objectives of the Family Medicine Clerkship

By the end of this clerkship, we hope you are better able to…

**Clinical Objectives**

1. Obtain a focused or comprehensive history and physical examination appropriate to the constraints of the encounter and the patient’s presenting complaint.
2. Generate differential diagnoses for patient’s problems, with special consideration of the common disorders that present in a primary care setting.
3. Diagnose and treat common outpatient clinical problems confronted by family physicians, taking into account patient preferences, psychological state, cultural background, financial resources and other life circumstances.
4. Demonstrate an understanding of mental health issues in primary care.
5. Present and document patient visits accurately and effectively.
6. Motivate patients to consider adapting to positive lifestyle changes using Motivational Interviewing

**Communication, Professionalism and Self-Care Objectives**

7. Communicate effectively with patients and their families
8. Describe the role and essential characteristics of family physicians and the role of other health care providers in the team.
9. Recognize the importance of being mentors to members of your community.
10. Conduct professional relationships with patients, staff and colleagues.
11. Exhibit the highest moral and ethical standards in the care of patients and in their interactions with others.
12. Recognize the value of self-care and resiliency to become an effective and joyful primary care provider

**Research and Shared Decision Making Objectives**

13. Demonstrate an understanding of basic sciences and their application to the practice of medicine and to medical research.
14. Describe and research resources important in ensuring patient and community health.
16. Demonstrate the ability to apply best evidence (regardless of the level or strength of evidence) to individual patients, taking into account potential biological variability, personal financial issues, patient preferences, cultural issues and access to care considerations. Understand roles of members of health care team and appropriate use of resources.
17. Relay the importance of quality and safety as determinants of health care delivery, health promotion and population health
18. Summarize health care systems and their effect on health care delivery.
IV. Clinical Sites

You will be assigned to either one or two sites for the clinical portion of the rotation. The clinical sites include community health centers, private practices, and the NorthShore Family Practice Residency Program.

If you are assigned to one site you will probably split your time with two preceptors. Most students will be assigned to two separate practices, and spend two days a week working at each site as well as one Saturday during the rotation. When rotating at a residency program, you will work with both faculty and residents.

During orientation you will be given information on your site(s), including names of the preceptor(s), addresses and phone numbers, and directions to the office(s) from the University of Chicago. We suggest calling your preceptor(s’) offices prior to your first session to confirm the start time for that day.

You will be engaged in clinical activities three days per week throughout the rotation. You may also have an evening or Saturday clinic, depending on your clinic site. On Mondays, you will return to the University for Clerkship Didactics and small group discussions. The day before your exam is a designated as a reading day. You have no clinical responsibilities this day. You also have no clinical responsibilities the day of the exam.

Make sure to seek out and be open to many types of experiences outside of the ambulatory one you will spend most of your time in. If your preceptor invites you to a practice management meeting, shares their research or volunteer efforts, inpatient rounds or delivering a baby…do not hesitate and participate! You will have a much better idea of what is means to be full scope family medicine physician.
V. Community Selective

As a family physician, one of the many important roles we have is as a collaborator with our local, national and global community. It is this collaboration that teaches us how our positive influence need not be contained within the walls of the clinical office but actually extends well beyond and in powerful, meaningful ways. When our work extends outside of these walls, we often reconnect to our purpose and our calling. In addition, by working in the community we have a better understanding of the social and cultural influences on our patients’ health. With this intention the clerkship will be connecting you, one day per week, to one of many community agencies near your clinical site. These agencies were chosen because they represent innovation, creativity and altruism in the truest sense.

You will be devoting one ½ day per week to this endeavor. Each agency has specific needs, programs and projects that you will assist in developing, creating or supporting. The intention is to either create a sustainable project that each student thereafter and the agency can build upon throughout the 3rd year of medicine or enrich an existing agency program.

Community Agencies:

Better Boys Foundation  
Howard Brown Health Center  
Inspiration Café  
Instituto Health Sciences Career Academy  
Project Brotherhood  
Project Vida  
Salvation Army  
South Chicago Art Center  
Su Casa/Chicago HOPES  
YWCA

In addition: throughout the year, various Pritzker Medical Student Interest Groups will ask for volunteers as well and you may be able to work with these groups as well.

Community Medicine Reflection

One of the required assignments for this clerkship is to reflect and write about your community medicine selective.

In the reflective portion of the curriculum, you will be asked to reflect on and write about a moment during your community service assignment that you found especially inspiring, thought-provoking or challenging. What was your community site and your project? What were the circumstances of the encounter? Why did the encounter make a lasting impression on you? What will you take way from this community service experience for your future practice? Can you think of anything you (or your community partner) could do to further enrich the services being rendered and the health of the community?

In a session on the final Monday of the rotation, you will be asked to share your writing (it can be your entire piece, a portion or a summary) with others.
VI. Clerkship Didactics

Mondays in the Family Medicine clerkship are for lectures, cases discussions, point of care and clinical question presentations. We will be at the University of Chicago on Mondays and the schedule can go from 7am-6pm. Please plan on being present during these times every Monday. A schedule will be provided to you at the clerkship orientation but changes to the schedule can occur. Please do not schedule any other activities for Mondays. The lectures and case discussions will cover important Family Medicine topics such as:

- Advance Care Directives
- Diabetes
- Domestic Violence
- Exercise is Medicine
- Family Planning
- Global Health
- Health Care Maintenance
- Health Care Reform
- Hypertension/Hyperlipidemia
- Integrative Medicine (Nutrition, Mind-Body Medicine, Chronic Pain)
- Motivational Interviewing
- Prenatal Care
- Shared Decision Making
- Sports Medicine

There is no required text for this clerkship. We have collected articles that you can use to prepare for the didactics and clinic. Please note that some of these articles are required to be read before the corresponding didactic. Other articles are only suggested and are you to use to pursue further knowledge. While we do not expect you to read through all of these articles and electronic resources, you should become familiar with these topics through your clinic experience and didactics. To access some of the more recent articles, you will need to use your Intranet. Readings are available at:

http://familymedicine.uchicago.edu/MedicalStudents/M3FamilyMedicineClerkship/SuggestedReadingsResources

Clerkship information, course documents, and handbooks are also available on Chalk and the Family Medicine website at:

http://chalk.uchicago.edu
http://familymedicine.uchicago.edu
VII. Shared Decision Making/Evidence-Based Medicine Curriculum

Summary Of Learning Activities And Assignments
1. Option Grid. Complete the option grid decision aid to be used when considering initiation of a statin. You may use electronic knowledge resources to complete the option grid and are encouraged to review the option grid with your preceptors.

Due Date For Assignments
3rd Monday, Completed option grid due
- Email your completed statin option grid to Shewanna Wackman
- You will bring a copy of your completed statin option grid to the Shared Decision Making Didactic Session during Week #3

Educational Goals For The Shared Decision Making/Evidence-Based Medicine Curriculum
1. Develop your skills in accessing up-to-date data regarding evidence-based practices using electronic knowledge resources.
2. Learn an effective strategy for mastering content in the domain of expertise of family medicine.
3. Develop your skills in shared decision making through role play and patient interactions during your clerkship.

Detailed Description Of The Shared Decision Making/Evidence-Based Medicine Curriculum

Background
With the emergence of the Patient-Centered Medical Home, Shared Decision Making (SDM) is becoming an increasingly important tool for physicians to incorporate into their routine practice. With advances in technology and science, patients can obtain more medical information and physicians have more access to up-to-date evidence-based practices. With this increased accessibility to knowledge and information come increased challenges in decisions regarding treatment/screening recommendations and options. In order to prepare for these challenges, physicians must be able to effectively present evidence-based treatment/screening options and engage patients in the decision process by eliciting their preferences and values.

There are 5 steps to effective Shared Decision Making:
1. Seek your patient’s participation.
2. Help your patient explore and compare treatment options.
3. Assess your patient’s values and preferences.
4. Reach a decision with your patient.
5. Evaluate your patient’s decision.
Electronic Knowledge Resources
The easiest way to access many of these resources (e.g. DynaMed, UpToDate, PubMed) is through Crerar( with your cnet ID) or UCMC Intranet for Physicians page.
http://www.lib.uchicago.edu/e/crerar/index.html
https://webapps.uchicago.edu/

Other Resources
Mayo Clinic Shared Decision Making National Resource Center
http://shareddecisions.mayoclinic.org/
Ottawa Hospital Research Institute Patient Decision Aids http://decisionaid.ohri.ca/index.html
Dartmouth-Hitchcock Center for Shared Decision Making http://decisionaid.ohri.ca/index.html
Agency for Healthcare Research and Quality (AHRQ)
http://www.ahrq.gov/professionals/education/curriculum-tools/shareddecisionmaking/
VIII. Advanced Care Planning Assignment

Advance Care Planning Interviews with Older Adult Trained Patients
Instructions for third year medical students

Within your Family Medicine Clerkship, you will be taking part in a pilot curriculum on holding a discussion about advance care planning with an older adult “trained patient.” The curriculum will be centered around an interview with an older adult, designated a “trained patient,” who is part of a pool of volunteers from Montgomery Place Retirement Community trained to participate in these interviews and provide you with feedback on your interviewing skills. These volunteers have completed advance directives with their doctors or the chaplain at Montgomery Place and are enthusiastic about the opportunity to aid in your medical education. Many of these volunteers have also participated in the GATE MS-1 Curriculum on Geriatric Functional History-Taking.

We hope that this experience will help you to become more comfortable with holding a discussion regarding a patient’s end-of-life care preferences. These conversations can be difficult; remember that you are not expected to be proficient by the end of this experience. Nor should you feel the need to give advice about end-of-life care planning during the interviews. Your goal is to acquire experience and become more comfortable discussing end-of-life decisions with an elder, learn about the beliefs, values and preferences for end-of-life care from an older adult, and become more knowledgeable about end-of-life and palliative care options.

Learning Objectives:
By the end of the trained patient experience, you should be able to:
1. Define and differentiate among types of code status, health care proxies, and advance directives in Illinois
2. Utilize effective communication techniques in completing an advance directive discussion with a patient
3. Identify own biases and attitudes toward advance care planning

The tasks you will be asked to perform are as follows.

Before the interview:
1. Complete the University of North Carolina online module on advance care planning. The module should take about 30-45 minutes to complete.
   http://clipper.med.unc.edu/acp/welcome.htm
   a. PLEASE COMPLETE “Attitudes and Beliefs” and “Knowledge Assessment” and CLICK SUBMIT. Correct answers and explanations are provided.

2. Read supplementary materials available on Chalk on advance directives.
   ISMS “A Personal Decision” (mandatory)
   Emanuel “Advance care planning as a process: structuring the discussions in practice” (optional)
3. Watch a 10-minute video demonstration of an interview about advance care planning available on TIME/SPACE and on CHALK.

4. You will receive an email with the date, time, and the name of the trained patient whom you will be interviewing. Montgomery Place Retirement Community is located at 5550 S. South Shore Drive in Hyde Park. It is 1 block due north of the Museum of Science and Industry.

**During the interview:**

1. In groups of two, facilitate a discussion on advance care planning with a “trained patient” in his/her home at Montgomery Place. **Expect the interviews to last roughly one to 1.5 hours; however, you may find that you finish in less time.**

Interview logistics:
- The “trained patient” will provide you with an Advance Care Planning worksheet that will contain questions to help you to guide the discussion. This worksheet will also be available on CHALK; however, you do not need to bring your own copy to the interview.
- You will conclude the interview by asking the trained patient if he/she has completed a Durable Power of Attorney for Health Care. The trained patient will have this form with them, so you can “provide” it; however, you will not be reviewing or filling out the form during the interview.

Home visit recommendations for a smooth and successful interview:
- Be courteous and respectful.
- Be on time.
- Address the “patient” as Mr, Ms, or Mrs. (or Dr.), and ask how he/she prefers to be addressed.
- Dress professionally.
- Introduce yourself with your first and last name.
- Bring hand sanitizer/hand wipes if you intend to shake hands.
- Be sure to tell the “trained patient” the objective of the interview.

2. Following the interview, the “trained patient” will provide verbal feedback and will complete a written evaluation form. You can view this form on CHALK prior to the visit.

**After the interview:**

1. Complete a post-experience survey on e-value.

**Important:** You may take notes on the interview question worksheet provided if you feel you need to; however, please remember to maintain the volunteer’s privacy. These volunteers are graciously agreeing to share their personal experiences and wishes with you, and we want to maintain their confidentiality. **Do not include any identifying information in your reflections.**

Some of the volunteers may not feel comfortable with you taking notes on your conversation. Ask them at the start of the interview if you may take notes.
IX. Wellness and Resiliency Curriculum

An exciting new addition to your Family Medicine Clerkship is the Wellness and Resiliency Curriculum! The goal of the curriculum is to promote the awareness of issues such as burnout, resiliency and the importance of self-care during your early clinical training and beyond.

Integrated into your Monday didactics will be a series of interactive sessions where multidisciplinary faculty specializing in Mind-Body Medicine, Exercise as Medicine and Integrative Medicine will share various tools and approaches that have been shown to improve resiliency and also compassion, efficiency and accuracy when caring for ourselves and patients.

We hope you will enjoy and engage in these activities designed to be fun and creative opportunities to exercise, breathe, mediate and even cook!

Wellness Sessions will include:

Mind Body Medicine
Exercise as Medicine
Nutrition taught through Culinary Medicine
Integrative Medicine for Chronic Pain
X. Requirements

ATTENDANCE
Students are expected to attend all didactics and other events and activities scheduled by the Clerkship Director with active engagement in all of these activities. Any scheduled absences must be approved by the Clerkship Director. Any unforeseen absence (e.g., illness) should be reported to the Clerkship Director and Coordinator as soon as possible. Either type of absence may need to be remediated. You are expected to notify your preceptor of any sessions you will miss. Excessive absences will result in an incomplete. **If you are late or do not participate in required didactics or other activities, your grade will be affected negatively.**

EDUCATIONAL ATTITUDE AND PROFESSIONALISM
Students are expected to be actively engaged in the clerkship curriculum. Participation and intellectual curiosity are important elements in this clerkship. In addition, all University of Chicago professional standards apply. Since there can be varying definitions of unprofessional behavior, these are some examples: texting during didactics, interrupting your classmates or lecturer during discussions, repeated tardiness, inappropriate dress, incomplete assignments, reporting inaccurate work time (either in clinic or with assignment completion), inappropriate communication with patients and preceptors.

SHARED DECISION MAKING ASSIGNMENT
The Shared Decision Making assignment is required for completion of your Family Medicine Clerkship.

COMPLETION OF STUDENT ENCOUNTER LOG (PXDX)
You are also required to complete the Student Encounter Log, which is done through E*Value (PxDx). The Encounter Log helps you track the common diagnoses that we expect you to see on the rotation. You can fulfill a requirement EITHER by seeing a patient with the condition OR by doing an fmCASEon the topic. A completed PxDx log is due on the last Thursday of the rotation. Tardiness in completing your PxDx or the log being incomplete will impact your clerkship grade.

MIDROTATION FEEDBACK
The group will meet together for 30 minutes with the Clerkship Directors on the 3rd Monday of the rotation. Afterwards, students will individually meet with one of the Clerkship Directors to review their performance. Prior to this meeting, you should solicit midrotation feedback from each of your preceptors (i.e., during the second week of the rotation). The clerkship directors will review this form with you, as well as the rotation in general.

OSCE
There will be a formative OSCE the last Monday afternoon of the rotation. The purpose of this is to enhance your skills in Shared Decision Making (SDM) and Motivational Interviewing (MI) in an ambulatory setting. You can review your material through CPC B-line and will discuss it with the SDM and MI faculty during the final week of the rotation. Your educational attitude during this formative assignment will be reviewed and considered into your final grade. A positive and engaged attitude includes reviewing your SPs feedback and reviewing your videos prior to meeting with faculty to review your performance.
OBSERVED HISTORY and PHYSICAL
During the clerkship rotation we ask your preceptors to observe you performing a history and physical. Your preceptor will then fill out an Observed H and P form which is formative and is not included into your final grade.

fmCASES
These online learning modules are very similar to the CLIPP you have or will do on Pediatrics. The cases will provide you with background knowledge on common outpatient conditions and can be used to learn about topics that you may not have a chance to see during the rotation. The first 34 cases listed were created specifically for family medicine.

During this assignment, you are required to complete 10 of the family medicine cases. The modules are case-based learning and reviewing these cases will help you prepare for the NBME shelf exam. Seven of the fmCases are required and are listed below:

Required Cases:
Case 1: 45-year-old female annual exam
Case 2: 55-year-old man annual exam
Case 12: 16-year-old with vaginal bleeding and UCG negative
Case 13: 40-year-old male with a persistent cough
Case 14: 35-year-old female with missed period
Case 16: 68-year-old male with skin lesion
Case 21: 12-year-old female with fever

Additional Required Cases:
You may choose any of the other cases created for family medicine (case 1-34) for the remaining five cases. Completing a case in a subject area fulfills the requirement for your student encounter log, so please complete cases in any subject areas required in the encounter log that you have not seen in clinic. All cases need to be completed and checked off by the last day of the clerkship. Failure to complete all 10 cases will affect your clerkship grade.

The main page for fmCASES is http://www.med-u.org/

To sign up, go to http://www.med-u.org/support/logging_in

Start with Step 2: register for access using your uchicago email address. You will be able to complete the sign-up with an outside address, but will be removed from the system in a few days. Once you complete step 2, you should be able to immediately proceed to Step 3 to start the cases. If you have already signed up for CLIPP, you do not need to re-register.
XI. Evaluation

GRADING SCALE GUIDE
Your grade for the Clerkship consists of:

- Clinical Performance
- Shared Decision Making
- Advance Care
- Professionalism
- Educational Attitude (didactics, OSCE)
- Community Selective
- Community Medicine/ACP Reflection
- Shelf Examination

NBME SUBJECT EXAMINATION (THE SHELF EXAM)
The subject exam, which is given on the last day of the clerkship, will test material that comes from the NBME. The Medical Education Coordinator administers the exam on the last day of the rotation. The room and time for the examination is emailed to you prior to the start of the rotation.

You must score at the 11% percentile or higher to pass the exam. If you score below this percentile you will need to retake the exam. You will be contacted by the Medical Education Coordinator to reschedule the exam. If you fail the exam a second time, the entire clerkship must be repeated.

Your preceptors will each complete the Final Student Evaluation form, which is the basis of your grade for clinical performance.

The grading scale guide for the Family Medicine Clerkship is honors, high pass, pass, and fail. The final grade is created by the medical education team, using the above scale as a guide.

STUDENT EVALUATION FORMS
Included on the following pages are clinical rating forms that your preceptor will complete.

At the end of Week Two: Mid-Rotation Student Evaluation form. At the end of the first two weeks, you should ask your preceptors to complete the Mid-Rotation Student Evaluation form and then meet with you to discuss your progress to date. If you have two preceptors, either preceptor can complete this form, but having both of them complete a midterm evaluation is ideal.

End of rotation: Final Student Evaluation form. Your preceptors will complete the Final Student Evaluation on E*value, which will be available for you to view once you have completed your course evaluation.
COURSE EVALUATION FORMS
All of these must be complete before your final grade will be released to you; please complete these evaluations in a timely manner so your grade will not be delayed.

At the end of the course, please go to the E*Value site (www.e-value.net) to complete the evaluation forms for the Family Medicine Clerkship. You will need to complete:

(1) Lecturers/lectures
(2) Clerkship evaluation
(3) Mistreatment evaluation
(4) Preceptor evaluation
(5) the encounter log (PxDx)
(6) fmCases
(7) Advance care directives
(8) OSCE
(9) Shared Decision Making
(10) Community Medicine Selective
(11) NS Supplemental Survey (if placed at NS Medical Group site)
This form should be completed on E*value. These are the common conditions and preventive health issues you should be seeing while doing the Family Medicine clerkship. Please complete this form as you see patients during the clerkship. **You must see every one of the 20 diagnosis in the bolded subject area columns.** The second column is examples of some of the diagnosis that might count. If you are unable to see any of these while in clinic, you can complete them by doing the fmCASE on that topic.

At your midterm feedback session, please review this form with your preceptor(s), and make efforts to see patients with the conditions you have not yet encountered during the second half of the rotation.

<table>
<thead>
<tr>
<th>SUBJECT AREA</th>
<th>CONDITION</th>
<th>CHECK IF SEEN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abdominal Pain</td>
<td>Appendicitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cholecystitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Diverticulitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Dyspepsia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ectopic Pregnancy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Gastroenteritis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>GERD</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Irritable Bowel Syndrome</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peptic Ulcer disease</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Urinary Tract infection</td>
<td></td>
</tr>
<tr>
<td>Adult Male Check-Up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Common Skin Lesions/Rashes</td>
<td>Actinic Keratosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Atopic Dermatitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Basal cell carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Melanoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Scabies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Seborrheic dermatitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Squamous cell carcinoma</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Warts</td>
<td></td>
</tr>
<tr>
<td>Contraception</td>
<td>DepoProvera</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implanon</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Intrauterine Device</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Oral Contraceptive pills</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pregnancy Options Counseling</td>
<td></td>
</tr>
<tr>
<td>Diabetes Mellitus (Type 2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Headache</td>
<td>Brain tumor</td>
<td></td>
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<td>----------------------------------</td>
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<tr>
<td></td>
<td>Meningitis</td>
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<td></td>
<td>Migraine</td>
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<td></td>
<td>Sinus</td>
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<tr>
<td></td>
<td>Subarachnoid hemorrhage</td>
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<tr>
<td></td>
<td>Tension</td>
<td></td>
</tr>
<tr>
<td><strong>Hyperlipidemia</strong></td>
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<tr>
<td><strong>Hypertension</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>Joint Pain and Injury</strong></td>
<td>Ankle sprain</td>
<td></td>
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<tr>
<td></td>
<td>Knee pain</td>
<td></td>
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<tr>
<td></td>
<td>Shoulder injury</td>
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<tr>
<td><strong>Low Back Pain</strong></td>
<td>Compression fracture</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Herniated disc</td>
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</tr>
<tr>
<td></td>
<td>Lumbosacral strain</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Malignant neoplasm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spondylolisthesis</td>
<td></td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>Anxiety</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Depression</td>
<td></td>
</tr>
<tr>
<td><strong>Observed History</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Observed Physical Exam</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pregnancy</strong></td>
<td>Pregnancy options counseling</td>
<td></td>
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<tr>
<td></td>
<td>Prenatal care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Spontaneous/threatened abortion</td>
<td></td>
</tr>
<tr>
<td><strong>Substance use/ dependence/abuse</strong></td>
<td>Alcohol</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Illicit drugs</td>
<td></td>
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<tr>
<td></td>
<td>Prescription pain medication</td>
<td></td>
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<tr>
<td></td>
<td>Tobacco</td>
<td></td>
</tr>
<tr>
<td><strong>Upper Respiratory Infections</strong></td>
<td>Acute Rhinosinusitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Common cold</td>
<td></td>
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<td></td>
<td>Otitis Media</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pharyngitis</td>
<td></td>
</tr>
<tr>
<td><strong>Vaginal discharge</strong></td>
<td>Atropic vaginosis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bacterial Vaginosis</td>
<td></td>
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<tr>
<td></td>
<td>Chlamydia</td>
<td></td>
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<tr>
<td></td>
<td>Gonorrhea</td>
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</tr>
<tr>
<td></td>
<td>Normal physiological changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Trichomoniasis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yeast</td>
<td></td>
</tr>
<tr>
<td><strong>Well Child Exam</strong></td>
<td></td>
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<tr>
<td><strong>Well Woman Exam</strong></td>
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<td></td>
</tr>
</tbody>
</table>
Midrotation Feedback Report

Student Name: ___________________     Clerkship Name: ________________
Clerkship Period: ________________

This form should be used to facilitate feedback to students:

<table>
<thead>
<tr>
<th></th>
<th>Something to focus on</th>
<th>Doing Well</th>
<th>One thing to improve upon</th>
</tr>
</thead>
<tbody>
<tr>
<td>History &amp; Physical Exams</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Decision-Making</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Compassion/Humanism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What was done particularly well?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

What would you suggest the student do differently?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Feedback to Student:     Date Done: ________________________________
                          
Student Signature: ____________________________________________
Evaluator Signature: ___________________________________________
Family Medicine Student Evaluation

This is a summative evaluation of your Pritzker School of Medicine, University of Chicago Family Medicine student. When completing this form, please use as comparison, the other Pritzker Family Medicine students you have worked with at the same point in the medical school year.

1.) Medical Knowledge – *Students are expected to demonstrate knowledge of evolving clinical and biophysical science.*

| Exhibits knowledge and applies it to clinical cases. | □ Not observed | □ Sometimes demonstrates understanding of basic fund of knowledge of diseases and pathophysiology. Rarely applies knowledge to specific patient conditions. | □ Usually demonstrates understanding of basic fund of knowledge of diseases and pathophysiology. Often applies knowledge to specific patient conditions. | □ Consistently demonstrates understanding of basic fund of knowledge of diseases and complex cases as well. Consistently applies knowledge to specific patient conditions. |

Additional Comments:

2.) History – *Students are expected to conduct a focused history of the reason for visit (chief complaint or routine follow up).*

| Elicits focused and effective history. | □ Not observed | □ Sometimes obtains basic history, often misses important information. | □ Usually obtains basic history. Organized, usually complete, including pertinent ROS. Identifies most patient concerns. | □ Consistently obtains basic history, appropriate and relevant to the chief complaint. |

Additional Comments:

3.) Physical Exam – *Students are expected to perform an appropriately focused physical examination, with attention to presenting signs and symptoms.*

| | □ Not observed | □ Sometimes obtains basic focused physical. Frequently demonstrates incorrect physical exam technique. Often misses significant abnormal findings. | □ Usually obtains focused physical, demonstrates correct technique with organization. Complete and usually recognizes abnormal findings. | □ Consistently obtains a thorough and accurate physical exam. Focused on the problem and recognizes abnormal physical exam findings. |

Additional Comments:
### 4.) Diagnosis – Students are expected to use appropriate clinical decision making skills to develop an accurate diagnosis and differential of the presenting problems that are commonly encountered in Family Medicine.

<table>
<thead>
<tr>
<th>□ Not observed</th>
<th>□ Sometimes generates a complete differential diagnosis. Includes basic information but rarely analyzes new data.</th>
<th>□ Usually generates a complete differential diagnosis and accurate diagnosis.</th>
<th>□ Consistently generates a complete differential diagnosis and is able to demonstrate clinical reasoning.</th>
</tr>
</thead>
</table>

Additional Comments:

### 5.) Treatment – Students are expected to outline appropriate treatment plans for a wide range of complaints and illnesses, including primary and secondary prevention measures.

<table>
<thead>
<tr>
<th>□ Not observed</th>
<th>□ Sometimes contributes to treatment plan or management of patients. Plan often neglects important components including education and follow-up.</th>
<th>□ Usually gives treatment plans that are appropriate, complete, timely and contribute to the management of patients.</th>
<th>□ Consistently generates treatment plans that are excellent including follow-up, education and prevention.</th>
</tr>
</thead>
</table>

Additional Comments:

### 6.) Knowledge of psychosocial & family issues – Students are expected to integrate psychosocial factors (including primary and secondary prevention measures).

<table>
<thead>
<tr>
<th>□ Not observed</th>
<th>□ Sometimes addresses psychosocial and family issues in assessing and treating patients. Underestimates the impact of these issues on patient care.</th>
<th>□ Usually considers psychosocial and family issues in assessing and treating patients.</th>
<th>□ Consistently considers psychosocial and family issues and their impact on patient care, treatment and disease management.</th>
</tr>
</thead>
</table>

Additional Comments:

### 7.) Incorporates health promotion and disease prevention – Students are expected to incorporate prevention and health maintenance in all patient encounters.

<table>
<thead>
<tr>
<th>□ Not observed</th>
<th>□ Sometimes includes preventive services, does not appreciate the effect of patient’s behaviors on risk of disease and treatment.</th>
<th>□ Usually will identify and include age specific preventive services.</th>
<th>□ Consistently includes prevention, identifies patient’s high risk behaviors and offers counseling.</th>
</tr>
</thead>
</table>

Additional Comments:
8.) Intellectual Curiosity – *Students are expected to investigate patient care practices by assessment and evaluation of the medical literature and to demonstrate skills in evidence based medicine.*

| □ Not observed | □ Sometimes reads; reads only when asked or provided literature. Uses inappropriate sources. Inconsistently applies evidence to patient care. | □ Usually reads both primary and review literature. Often applies evidence to patient’s problems. Reads up on patient’s problems daily. | □ Consistently reads primary and review literature. Actively, searches appropriate databases and consistently applies it to patient’s problem. Reads and researches on topics other than the patient’s clinical problems. |

**Additional Comments:**

9.) Oral and Written Presentation Skills

| □ Not observed | □ Sometimes includes basic information. Poorly organized. Student often includes extraneous information. Has difficulty highlighting the pertinent positive and negatives. | □ Usually oral presentations and written record are organized and thorough. Information is accurate, focused and complete with little extraneous material and focusing on the chief complaint. | □ Consistently oral presentations and written record are organized and through. Information is accurate, focused and complete. Attending can rely on these presentations and/or written record to contain all relevant material necessary to determine plan of care. |

**Additional Comments:**

10.) Demonstrates Reliability and Professional Responsibility

| □ Not observed | □ Sometimes is able to get tasks completed on time. Has been late to clinic. Sometimes follows through with assigned tasks. | □ Usually follows through with assigned tasks. Student is on time and usually prepared. Usually dependable and accepts responsibility. | □ Consistently on time and prepared. Follows through with assigned tasks and often volunteers additional effort with patient care. Readily assumes responsibility. |

**Additional Comments:**
### 11.) Educational Attitude – Student’s responsiveness to feedback, adaptability, self-improvement and self-directed learning.

<table>
<thead>
<tr>
<th>Not observed</th>
<th>Sometimes responds appropriately to feedback but will take feedback too personally. Sometimes is engaged in active learning.</th>
<th>Usually open to feedback and constructive criticism. Willing and able to change. Usually is actively engaged in learning.</th>
<th>Consistently does what is required and often seeks additional learning opportunities beyond required levels. Consistently seeks feedback and responds appropriately. Consistently and actively engaged in learning.</th>
</tr>
</thead>
</table>

**Additional Comments:**

### 12.) Relationships with Patients and Families

<table>
<thead>
<tr>
<th>Not observed</th>
<th>Sometimes shows respect, empathy and compassion. Sometimes solicits the patient’s perspective. Uncomfortable in patient interactions.</th>
<th>Usually demonstrates empathy, respect and compassion. Usually solicits patient’s perspective. Interacts well with patients and families.</th>
<th>Consistently collaborates and/or establishes appropriate relationships with team. Consistently compassionate when interacting with team. Consistently respectful towards team.</th>
</tr>
</thead>
</table>

**Additional Comments:**

### 13.) Functions Effectively Within Healthcare Team

<table>
<thead>
<tr>
<th>Not observed</th>
<th>Sometimes collaborates and/or establishes appropriate relationships with team. Occasional misunderstanding of student in role of team. Does not consistently communicate effectively with team.</th>
<th>Usually collaborates and/or establishes appropriate relationships with team. Often recognizes and respects roles of all team members.</th>
<th>Consistently collaborates and/or establishes appropriate relationships with team. Consistently compassionate when interacting with team. Consistently respectful towards team.</th>
</tr>
</thead>
</table>

**Additional Comments:**

Please provide your overall evaluation of this student’s performance.

- Exceeds all expectations.
- Met most or exceeded all expectations.
- Good solid performance. Needs improvement in a few areas.
- Below acceptable level. Have concerns about Student’s performance.
Evaluation of Observed History and Physical Examination

Student:_______________________________________________________________________
Preceptor:_____________________________________________________________________

Instructions
Based upon your observation of the interview and physical exam performed by this student, please value the interview and physical examination skills using the following criteria. Please provide written comments to explain your scores.

<table>
<thead>
<tr>
<th>History-Taking Skills</th>
<th>Unacceptable</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Establishing and maintaining rapport.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>2. Taking focused history of present illness.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>3. Obtaining relevant past medical history.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>4. Obtaining appropriate social and family history.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>5. Making use of good verbal and non-verbal communications.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>6. Controlling the flow of the interview.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
</tbody>
</table>

Comments to explain scores:

<table>
<thead>
<tr>
<th>Physical Examination Skills</th>
<th>Unacceptable</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Performing maneuvers appropriate to patient problem.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>8. Sequencing maneuvers logically.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
<tr>
<td>10. Eliciting abnormal findings.</td>
<td>○</td>
<td>○ ○ ○ ○ ○</td>
</tr>
</tbody>
</table>

Comments to explain scores:
The University of Chicago Pritzker School of Medicine
Guiding Principles of Professionalism

Professional Responsibilities

As a medical student and a future physician, I have chosen to pursue a profession which requires personal integrity, compassion, and a constant awareness of the commitment I have made to myself, my parents, and to the other members of the teams with whom I work. Exhibiting personal behaviors consistent with a respect for my chosen profession and having pride in my work are central tenets of professionalism which I will strive to incorporate into my daily life. To demonstrate my commitment to these responsibilities while enrolled at the Pritzker School of Medicine, I will:

1. Seek and accept feedback and constructive instruction from teachers, peers, residents and faculty in order to continually improve my educational experience, knowledge and clinical skills.

2. Commit to the highest standards of competence both for myself and for those with whom I work.

3. Recognize the importance of life-long learning and commit to maintaining competence throughout my medical career.

4. Be mindful of my demeanor, language, and appearance in the classroom, in the presence of patients, and in all health care settings.

5. Be accountable to all members of the Pritzker community, including students, residents, faculty and support staff.

6. Admit to and assume responsibility for mistakes in a mature and honest manner and develop productive strategies for correcting them.

7. Refrain from using illicit substances. Refrain from using alcohol, non-prescription or prescription drugs in a manner that may compromise my judgment or my ability to contribute to safe and effective patient care.

8. Be considerate and respectful of others’ (teachers, peers, residents and faculty) time, rights, values, religious, ethnic and socioeconomic backgrounds, lifestyles, opinions and choices, even when they differ from my own.

9. Meet the expectations for participation and timeliness that are communicated to me by those who teach me.

10. Take an active role in caring for the diverse patient population served by The University of Chicago Medical Center.

11. Recognize my limitations and seek help when my expertise, knowledge, or level of experience is inadequate to handle a situation in the classroom, hospital or research setting.
The University of Chicago Pritzker School of Medicine
Guiding Principles of Professionalism

Professional Relationships

Establishing productive and respectful relationships with patients, faculty, residents, staff and colleagues is an essential component of providing the best possible health care. To strive for professionalism and kindness in all of my daily encounters, I will:

1. Maintain appropriate relationships with patients, teachers, peers, residents and faculty.

2. Treat all members of the UCMC and Pritzker community, patients, and their families with respect, compassion and dignity.

3. Be mindful to avoid intentionally embarrassing or deriding others.

4. Provide feedback to others (both colleagues and superiors) in a constructive manner, with the goal of helping them to improve.

5. Treat those who participate in my education (e.g. standardized patients) with dignity and respect.

6. Actively work to create an atmosphere in classrooms, clinical settings and in laboratories that is conducive to optimal, interactive learning.

7. Help and support my peers during difficult times in their academic, professional and personal lives.

8. Attend to my own physical and emotional well-being.
The University of Chicago Pritzker School of Medicine
Guiding Principles of Professionalism

Professional Ethic

Certain personal values and behaviors will be expected of me as a care-giver and as an
ambassador of the Pritzker School of Medicine. Through my behaviors, I will demonstrate a
commitment to honoring and upholding the expectations of the medical profession, and, in doing
so, I will contribute to maintaining society’s trust in it. In particular, I will:

1. Maintain the highest standard of academic and scholarly honesty throughout my medical
   education, by behaving in a trustworthy manner.

2. Recognize and function in a manner consistent with my role as a student on a team.

3. Maintain a commitment to patient confidentiality, recognizing that patients will trust me with
   sensitive information.

4. Place my patients’ interests and well-being at the center of my educational and professional
   behavior and goals.

5. Treat cadaveric and other scientific specimens with respect.

6. Adhere to the standards of the profession as put forth by the American Board of Internal
   Medicine Physician Charter (Appendix A) whose fundamental principles are social justice,
   patient autonomy, and the primacy of patient welfare.

7. Learn about and avoid conflicts of interest as I carry out my responsibilities.

8. Contribute to medical knowledge through active scholarship and discovery.