

# The University of Chicago



**Biological Sciences Division  
& Pritzker School of Medicine  
Department of Family Medicine**

## **FAMILY MEDICINE CLERKSHIP HANDBOOK**

**2017/2018  
MS4**

(Revised 7/2017)

## Clerkship Snapshot

	<b>Monday</b>	<b>Tuesday/Wednesday/ Thursday</b>	<b>Friday-Saturday-Sunday</b>
<b>Week 1</b>	- Orientation* (at Pritzker) (Actual first day may vary – do not forget to check!)	- Practice Site(s)**	- Practice Site(s)** - Email reflection 1 to Shewanna @ <a href="mailto:swackman@bsd.uchicago.edu">swackman@bsd.uchicago.edu</a>
<b>Week 2</b>	- Practice Site(s) **	- Practice Site(s)**	- Practice Site(s)** - Email MI reflection to Shewanna @ <a href="mailto:swackman@bsd.uchicago.edu">swackman@bsd.uchicago.edu</a>
<b>Week 3</b>	- Mid-rotation Feedback* (at Pritzker U of C-Dept FM) - 9 fmCases due	- Practice Site(s)**	- Practice Site(s)** - Email reflection 2 to Shewanna @ <a href="mailto:swackman@bsd.uchicago.edu">swackman@bsd.uchicago.edu</a>
<b>Week 4/5*</b>	- Practice Site(s)**	- Thurs: Reading Day	- Final Exam - PxDx due - fmCases due - Email reflection 3 to Shewanna @ <a href="mailto:swackman@bsd.uchicago.edu">swackman@bsd.uchicago.edu</a>

Note your requirement for practice office sites is 28 half day sessions where half day is 4-5 working hours long. This may enable you to work on more weekends and evenings so as to give you the flexibility needed for your M4 year of interviews.

\*Note that since M4s are on the calendar month, your month long rotation is likely to last over more than the four weeks-The exact dates for your Orientation, Mid-rotation feedback and your Final exam will be announced in your clerkship schedules.

\*\* 2017-18 we are piloting a revised M4 curriculum that will include increased opportunities, up to one day a week, in a special clinical arena of Urgent Care, Sports Medicine, Integrative Medicine, or Reproductive Health.

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# I. Introduction

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The University of Chicago, Department of Family Medicine welcomes you to the M4 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.

For further information or questions about the Family Medicine Clerkship, or the specialty of family medicine contact:

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## II. The Specialty of Family Medicine

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### 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. And Family Medicine is the second largest specialty in the U.S.!

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.<sup>1</sup> 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.

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, Clinical Informatics, 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.

### **III. The Objectives of the Family Medicine Clerkship**

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

#### **Clinical Encounter Skills**

- 1) Obtain a focused history and physical examination appropriate to the patient's presenting complaint while considering common outpatient clinical problems confronted by family physicians
- 2) Generate differential diagnoses for patient's problems, with special consideration of the common and complex disorders that present in a family medicine setting
- 3) Present diagnoses and treatment plans using best evidence and understanding of pathophysiology while taking psychosocial factors into consideration
- 4) Write an accurate and concise note conveying only the most relevant points of the patient's medical history, presenting complaint, physical exam, assessment and plan.
- 5) Recognize and apply health promotion and prevention counseling services at every possible clinical opportunity
- 6) Communicate appropriately with and listen to patients with compassion and empathy while applying the concepts of motivational interviewing and shared decision making when appropriate and confirming patient understanding
- 7) Triage acute care visits in the family medicine ambulatory care setting to outpatient follow up vs. emergency/urgent care or 911 while taking into consideration health care system resources

#### **Professionalism**

- 8) Conduct professional relationships with patients, staff and colleague with the highest moral and ethical standards and understand the role of each member of the healthcare team
- 9) Actively seek feedback about your clinical performance and practice while taking into account any professional limitations

#### **FM Role in Health Care System and Wellness**

- 10) Describe and experience the roles of family physicians in the office and community. Describe the central role of primary care in the health of the public.
- 11) Recognize the value of self-care, resilience and the joy in medicine.

## IV. Clinical Sites

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The MS4 Family Medicine Clerkship understands that being a 4<sup>th</sup> year student can be quite challenging when it comes to schedules. From one moment to the next, you might receive that exciting interview and having the ability to schedule it promptly can be extremely helpful. With this in mind, we have created an innovative flexible schedule that allows you to fulfill your clinical responsibilities in the best way possible.

To start, the clinical sites for fourth year students are primarily affiliated with the NorthShore University Health System. There, you will be assigned to either one or two sites during the rotation. If you are assigned to one site, you will split your time between the preceptors at that practice. On the other hand, some of you will be assigned to two separate practices. Whether you are assigned to one practice or two, **you are required to complete a total of 28 clinical sessions during the 4 week rotation and a clinical session ranges from 3.5-5 hours long.**

We expect you to be engaged in clinical activities as predetermined by you, your preceptors and the practice's medical education coordinator. You may complete your sessions during the day, evening and weekend depending on your clinic site's availability.

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 URGE you to call your preceptor(s)'s offices prior to your first session to confirm the start time for that day.

Make sure to seek out and be open to many types of experiences outside of the ambulatory clinic if time allows.

In other words, 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 to participate! You will have a much better idea of what it means to be full scope Family Medicine Physician and how to one day partner with us within your own chosen specialty!

**We have a SPECIAL FOCUS option during this clerkship. These special interest options may be available to you for one-half to one full day per week, depending on availability of the preceptor, the site and the interest of other students. Note, some of these options are NOT available for every clerkship month. We will do our best to accommodate your special interests as they are mirrored in the scope of Family Medicine practice.** If you choose any of these special interest sessions, we will have to pre-arrange them and therefore attendance will become mandatory.

**These special interest areas are:**

**Urgent Care**

**Primary Care Sports Medicine,**

**Integrative Medicine,**

**Reproductive Health**

## **V. Requirements**

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### **ATTENDANCE**

Students are expected to attend all clerkship meetings and other events 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 (eg. illness) should be reported to the Clerkship Director and Coordinator as soon as possible. Either type of absence may need to be remediated. Excessive absences will result in an incomplete. If you are late or do not participate in required meetings or other activities, your grade will be affected negatively

### **ABSENCE POLICY**

You are allowed one unexcused absence due to illness that does not need to be made up. We encourage you to please stay home when you are ill as this is the best way to care for your patients. Since the clerkship length is so short and your clinical experiences relatively few, any absence beyond a day does need to be made up. If you have any pre-planned absences for interviews, conferences, meetings with advisors, etc, we ask that you fill out an absence request form and send this to our medical education coordinator, Damaris Chaparro at [DChaparro@northshore.org](mailto:DChaparro@northshore.org). The form can be found on the chalk website.

### **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.

### **MOTIVATIONAL INTERVIEWING SELF PACED LEARNING ACTIVITY (SEE PAGE 12-13)**

You will be asked about the completion of this assignment by midrotation feedback session.

### **COMPLETION OF STUDENT ENCOUNTER LOG**

You are also required to complete the Student Encounter Log, which is done through MedHub (Px Dx). 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 fmCASE on the topic. A completed Px Dx log is due on the last day of the rotation. Incomplete or late Px Dx logs will affect your clerkship grade.

### **MIDROTATION FEEDBACK**

You will meet with one of the Clerkship Directors or Medical Education Practice Site Coordinator on the 3<sup>rd</sup> Monday of the rotation. Prior to this meeting, you should solicit mid-rotation feedback from your main preceptor (ie, during the second week of the rotation). We will review this form with you, as well as the rotation in general.

### **fmCASES**

These online learning modules are very similar to the CLIPP you have or will do on Pediatrics. These replace a textbook and the didactic portion of the M4 curriculum. 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 33 cases listed were created specifically for family medicine.

During this assignment, you are required to complete 18 of the family medicine cases (among the first 33). YOU MUST COMPLETE AT LEAST 9 FM Cases by the mid-rotation feedback date. The Pediatric (CLIPP) and

Internal Medicine (SIMPLE) cases will not count toward the total. The modules are case-based learning and reviewing these cases will help you prepare for the NBME shelf exam. Fourteen of the fmCases are required and are listed below:

**Required Cases:**

Cases 1, 2, 3, 4, 6, 8, 9, 10, 11, 13, 14, 16, 18, and case 25.

**Examples of Required fmCASES:**

Case 1: 45-year-old female annual exam

Case 2: 55-year-old man annual exam

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

**Additional Required Cases:**

You may choose among the other family medicine cases (case 1-33) for the remaining four 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.

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

To sign up, go to [http://www.med-u.org/support/logging\\_in](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.

**REFLECTION**

**(3 are REQUIRED)**

To support your development as a “Reflective Practitioner” we have developed the following exercises for you to consider. This is a creative moment, so take a few moments for the meaning of this  
Focus on a situation in which you contributed to a positive outcome, or had a positive influence on the process.

- \* What made it a memorable experience?
- \* What was it about you-unique qualities or capacities that you have-that enable you to do as you did?
- \* What exactly did you do that contributed to its success?
- \* What made this a high point experience?
- \* What lessons can you take from this experience?

**E-mail** these reflections by the end of the calendar week each week to Shewanna Wackman at [swackman@bsd.uchicago.edu](mailto:swackman@bsd.uchicago.edu)

1. By the end of week one, write and submit your first office case reflection
2. By the end of week two, before mid-rotation feedback, complete following Self-guided learning plan on Motivational interviewing and write and submit one reflective writing piece on your use of M.I. strategies with one patient that you have seen in your office practice
3. By the end of week three, submit a final office case reflection

## **SELF-GUIDED LEARNING PLAN ON MOTIVATIONAL INTERVIEWING.**

Welcome! I am excited to bring you this self-guided learning plan on Motivational interviewing.

You should complete by your mid-rotation feedback date

Please give us feedback too, on this new self-learning plan. The M3s use these skills in the OSCE.

Dr. Lauren Oshman, Department of Family Medicine. [loshman@northshore.org](mailto:loshman@northshore.org)

**Task #1: Spirit of MI.** Motivational interviewing is a way of counseling patients about behavior change. In motivational interviewing, you and your patient are **partners**. Instead of providing answers, your job is to **evoke** reasons, ideas and solutions from your patient, to support your patient's **autonomy** to make positive changes, and to be **compassionate** and **accepting** of your patient wherever they are in their stage of change. **Watch** this 5 minute cartoon to learn more about the spirit of MI. <http://bit.ly/1XPyGmv>

**Task #2: Using MI in primary care.** **Watch** this **one hour** module from **BMJ Learning** explaining what motivational interviewing is, its uses, and explanations. <http://bit.ly/1swezNZ>

**Task #3: Review basic OARS concepts – open ended questions, affirmations, reflections, summaries.**

**Open Ended Questions:** acts to allow patient to control the agenda; there is no right answer – any answer is ok; and lets you know about your patient's stage of change. Open-ended questions set up a safe and trusting environment. They let you explore and gain an understanding of your patient's life experience. They let you gather information – the client does much of the talking.

Examples:

- Questions that start with “how” or “what?”
- What's a typical day like for you with this behavior? (typical day scenario)
- What do you like about this behavior? (positives of the negative behavior)
- Long form open ended question: “Some people feel very strongly that everyone must receive a vaccine to protect the public health. Others feel that it's not the right choice for their family. How do you feel?”

**Affirmations** are positive, true and specific statements about the patient's behavior. They can build rapport, express empathy, affirm or find past healthy decisions, and build the patient's self-efficacy.

- Patient: “I'm disappointed that I drank three times this week.” Doctor: “You clearly care about reducing your drinking. I'm proud you were sober four times this week.” (finding the positive in the negative, re-framing)
- Patient: “I've been thinking about doing the exercise we discussed last time, but I didn't make it to the gym.” Doctor: “It's important enough to you to stick to it that you came in today even though you didn't meet your own goals.” (persistence)

**Reflections** are statements, not questions. They require that you listen very carefully so that you can shine a light for your patient on statements they are already making about changing behavior. Reflections are:

- A tool to express empathy (active listening and understanding)
- A tool to help the patient hear their own words or behaviors out loud
- A tool to find deeper meaning (thoughts, feelings, behaviors)

- A tool for hypothesis testing
- A tool to guide change talk

**Types of Simple Reflections**

- Repetition
- Rephrase
- Paraphrase
- Reflection of feeling
- Reflection of behavior

**Types of Complex Reflections**

- Amplified (exaggeration)
- Double-sided (On the one hand...)
- Affective (highlight the emotion)
- Shifting focus (change the direction)
- Rolling with resistance (accept the patient’s perspective)
- Reframing (think in a new way)

**Summaries:**

- Reflections that pull together the story
- Can evoke more change talk
- Can highlight strengths
- Can transition into planning

**Confidence and Importance Rulers** can be used to “manufacture” change talk and to transition the conversation from information gathering (evoking information) to planning.

“How important (or confident) is it to you to make a change in this behavior?”

- Why are you a 5 and not a 2? *The answers are change talk.*
- What would it take to get you to be a 9? *The answers are barriers to address.*
- What number would you need to be for you to be ready to make a change? What would need to happen for you to get there? *The answers are strategies, next steps.*

**Task #4: Compare and contrast two interviews on smoking cessation.** Follow the links to review these two contrasting 5-minute videos of physicians counseling on smoking cessation. Use the table below to mark the numbers of times you hear the doctor use each of the OARS tools. What do you notice about the differences in how the patient responds? Which has more of the spirit of MI?

<b><u>Behavior Counts</u></b> <i>Count # of times you notice this behavior.</i>	<b><u>Ineffective Physician</u></b> <a href="http://bit.ly/1JQ76Lw">http://bit.ly/1JQ76Lw</a>	<b><u>Effective Physician</u></b> <a href="http://bit.ly/1CLWhg6">http://bit.ly/1CLWhg6</a>
<b>Open Ended Questions</b>		
<b>Closed Ended Questions</b>		
<b>Affirmations</b>		
<b>Reflections</b>		
<b>Summaries</b>		
<b>Giving Information</b> <i>(uses ask-tell-ask, affirms, supports)</i>		
<b>Non-MI Behaviors</b> <i>(advises, confronts, directs)</i>		

**Task 5: Practice Motivational Interviewing in a few steps.** Now that you've got all the tools, practice! You can practice with a patient in your preceptor's office, a friend, family member, or a fellow classmate. I like to pick one patient in my day and ask "What's one health goal you have for the upcoming year that you haven't yet accomplished?" This is a fun and easy way to open the door with a patient to a MI discussion when your preceptor might be busy with other patients. Make some mental notes so you can complete the reflection in Task 7.

1. **Ask permission to have a discussion (ENGAGE).**
2. **Agree with your patient on a specific topic (FOCUS).**
3. **Ask open ended questions (EVOKE):**

Examples:

- a. Why might you want to make a change in this part of your life?
- b. What are the most important reasons for you to \_\_\_\_\_?
- c. What is at stake if you don't change?
- d. How important is it to make this change?
- e. How confident are you that you can make this change?
- f. If you did decide to change, how would you do it?
- g. Use the confidence and importance ruler.

4. **Summarize "change talk"**
5. **Find out what they want to do next (PLANNING).**
6. **Make an affirmation.**

**Task 6: Reflections on Motivational Interviewing.** Write down a brief reflection using these guide questions. Email to the clerkship director before the end of the rotation.

1. Describe the person and the particular behavior change/disease modification you explored.
2. What open-ended questions and reflections did you use to evoke change talk?
3. How did the change talk you heard help you understand how the person was thinking about the particular change/disease modification?
4. How will this exercise inform your future work counseling patients?

**EXTRA CREDIT:** Well, there isn't any extra "credit", but if you'd like a chance to do some more practice, here are two fun interactive exercises in pediatrics and addiction medicine for you to try!

American Academy of Pediatrics. CHANGE TALK: Childhood Obesity. <http://bit.ly/1OTukZG>

Practice talking with a mother and child about obesity and behavior change.

Simmersion. "Tony Frazier." <http://bit.ly/1Xt3xF4>. Cocaine use.

This is a free online MI module. Look for the "Tony Frazier" module. The training has you, the physician, complete at least 3 interactions with him, and then rates you on various aspects of MI with ongoing coaching. You complete the module once you achieve a certain score.

**THANK YOU! Please give us your feedback on this self-learning experience!**

Dr Lauren Oshman, Department of Family Medicine. [loshman@northshore.org](mailto:loshman@northshore.org)

## VI. Optional

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### MS3 LECTURES are OPEN to YOU TOO!

You are ALSO WELCOME to attend and participate in any of the MS3 lectures; however, a complete lecture series may not occur over the month due to the different MS3 calendar. A copy of the current month's MS3 lecture schedule is included in your packet. If you are interested in attending any of the other topics in other months, please contact us for more information. Handouts from each lecture are on chalk. Topics covered during the MS3 lecture schedule include:

- Acute Care
- Action Planning
- Advanced Care Planning/Living Wills
- Culinary Medicine special workshop
- Diabetes
- Domestic Violence
- Family Planning
- Health Care Maintenance
- Hypertension/Hyperlipidemia
- MS3 Resilience Curriculum (Exercise is Medicine, Mind Body Medicine)
- Motivational Interviewing
- Prenatal Care
- Shared Decision Making
- Sports Medicine workshops
- Treatment for Anxiety/Chronic Pain

There is no required text for this clerkship. We have collected articles that you can use to prepare for the didactics and clinic. 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 or the Crerar site. Readings are available at:

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

Textbooks available through Access Medicine on Crerar Library website:

Understanding Value-Based Healthcare

<http://accessmedicine.mhmedical.com.proxy.uchicago.edu/content.aspx?bookid=1371&sectionid=77693814>

Current Diagnosis and Treatment in Family Medicine:

<http://accessmedicine.mhmedical.com.proxy.uchicago.edu/book.aspx?bookid=1415>

Current Practice Guidelines in Primary Care:

<http://accessmedicine.mhmedical.com.proxy.uchicago.edu/book.aspx?bookid=1326>

Differential Diagnosis in Primary Care:

[http://ovidsp.tx.ovid.com.proxy.uchicago.edu/sp-3.16.0a/ovidweb.cgi?&S=CINMFPEJEDDKGMDNCKKPFIBAMCDAA00&FTS+Content=S.sh.23973\\_1435875890\\_24.23973\\_1435875890\\_36.23973\\_1435875890\\_44%7c7%7c%2fbookdb%2f01279700%2f4th\\_Edition%2f3%2fPG%280%29&ReturnToBrowseBooks=Browse+Content%3dS.sh.23973\\_1435875890\\_24.23973\\_1435875890\\_36%7c0%7c7](http://ovidsp.tx.ovid.com.proxy.uchicago.edu/sp-3.16.0a/ovidweb.cgi?&S=CINMFPEJEDDKGMDNCKKPFIBAMCDAA00&FTS+Content=S.sh.23973_1435875890_24.23973_1435875890_36.23973_1435875890_44%7c7%7c%2fbookdb%2f01279700%2f4th_Edition%2f3%2fPG%280%29&ReturnToBrowseBooks=Browse+Content%3dS.sh.23973_1435875890_24.23973_1435875890_36%7c0%7c7)

AAFP Conditions A-Z:

<http://online.statref.com.proxy.uchicago.edu/Document.aspx?docAddress=3bhZ-fbkeSqOY5YzEAXc8A%3d%3d&SessionId=206B76ENIKNTYGHA&Scroll=8&goBestMatch=true&Index=0&searchContext=family+medicine|c0||10|1|0|0|0|0||c0#H&3&ChaptersTab&MRUDkUjq7aD9XtPVMOuhjw%3d%3d&&99>

Clerkship information, course documents, and handbooks are also available on MedHub

## VI. Evaluation

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### GRADING

Your grade for the clerkship will be determined **GENERALLY** by:

Clinical Performance.....	60%
Shelf Examination.....	30%
Professionalism And Educational Attitude .....	10%

Your final clerkship grade will take these elements into account, but will be determined by the Medical Education Team.

Your Clinical Preceptors will each complete the Final Student Evaluation form, which is the basis of your grade in the clinical area. The grading scale for the Family Medicine Clerkship is ***honors, high pass, pass, and fail.***

### SHELF EXAMINATION

The shelf exam, which is given on the last day of the clerkship, assesses family medicine subject material with questions developed by 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<sup>th</sup> percentile or higher to pass the exam. If you fail the final exam, you cannot receive an Honors in the clerkship. 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.

Sources of information: Books

Current Diagnosis and Treatment in Family Medicine:

<http://accessmedicine.mhmedical.com.proxy.uchicago.edu/book.aspx?bookid=1415>

### COURSE EVALUATION FORMS

Included on following pages are clinical rating forms that must be completed by your preceptor(s) during your month in Family Medicine.

At the end of Week Two: Mid-Rotation Student Evaluation form. At the end of the first two weeks, you should ask your preceptor(s) 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. Generally you will be meeting with the Northshore Medical Student Education Coordinator, Dr Nadim Ilbawi at his Lincolnwood office or by phone at this midrotation date to review your midrotation evaluation from your preceptor and your self assessment and final goals for the last two weeks.

End of rotation: Final Student Evaluation form. Your preceptors will complete the Final Student Evaluation on MedHub, which will be available for you to view once you have completed your course evaluation.

Note:

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 MedHub site (<https://uchicago.medhub.com/>) to complete the evaluation forms for the Family Medicine Clerkship.

- (1) Lecturers/lectures
- (2) Preceptor evaluation
- (3) the encounter log (PxDx)
- (4) NS Supplemental Survey (if placed at NS Medical Group site)

You will need to complete:

- (1) fmCASES
- (2) Reflective exercises (3 total including that with #8 Motivational Interviewing activity)
- (3) Motivational Interviewing Self Paced Activity

**Student Encounter PxDx Log**  
**Family Medicine Clerkship**  
**Pritzker School of Medicine**

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

This form should be completed on MedHub. 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 21 bolded Subject Areas.** The second column lists 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 a corresponding 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.

<b>SUBJECT AREA</b>	<b>CONDITION</b>	<b>CHECK IF SEEN</b>
<b>Abdominal Pain</b>	Appendicitis	
	Cholecystitis	
	Diverticulitis	
	Dyspepsia	
	Ectopic Pregnancy	
	Gastroenteritis	
	GERD	
	Irritable Bowel Syndrome	
	Peptic Ulcer disease	
	Urinary Tract infection	
<b>Adult Male Check-Up</b>		
<b>Advance Communication Skills</b>	Advance Care Planning	
	Behavioral Change Counseling	
	Motivational Interviewing	
<b>Asthma</b>		
<b>Common Skin Lesions/Rashes</b>	Actinic Keratosis	
	Atopic Dermatitis	
	Basal cell carcinoma	
	Melanoma	
	Scabies	
	Seborrheic dermatitis	
	Squamous cell carcinoma	
	Warts	
<b>Contraception</b>	DepoProvera	
	Implanon	
	Intrauterine Device	
	Oral Contraceptive pills	
	Pregnancy Options Counseling	
<b>Diabetes Mellitus (Type 2)</b>		
<b>Headache</b>	Brain tumor	
	Meningitis	
	Migraine	
	Sinus	
	Subarachnoid hemorrhage	
	Tension	

<b>Hyperlipidemia</b>		
<b>Hypertension</b>		
<b>Joint Pain and Injury</b>	Ankle sprain	
	Knee pain	
	Shoulder injury	
<b>Low Back Pain</b>	Compression fracture	
	Herniated disc	
	Lumbosacral strain	
	Malignant neoplasm	
	Spondylolisthesis	
<b>Mental Health</b>	Anxiety	
	Depression	
<b>Observed History</b>		
<b>Observed Physical Exam</b>		
<b>Pregnancy</b>	Pregnancy options counseling	
	Prenatal care	
	Spontaneous/threatened abortion	
<b>Substance use disorder</b>	Alcohol	
	Illicit drugs	
	Prescription pain medication	
	Tobacco	
<b>Upper Respiratory Infections</b>	Acute Rhinosinusitis	
	Common cold	
	Otitis Media	
	Pharyngitis	
<b>Vaginal discharge</b>	Atropic vaginosis	
	Bacterial Vaginosis	
	Chlamydia	
	Gonorrhea	
	Normal physiological changes	
	<b>Trichomoniasis</b>	
	Yeast	
<b>Well Child Exam</b>		
<b>Well Woman Exam</b>		

# Midrotation Feedback Report

**Student Name:** \_\_\_\_\_ **Clerkship Name:** \_\_\_\_\_

**Clerkship Period:** \_\_\_\_\_

This form should be used to facilitate feedback to students:

	<b>Something to focus on</b>	<b>Doing Well</b>	<b>A particular strength</b>
<b>History &amp; Physical Exams</b>			
<b>Clinical Decision-Making</b>			
<b>Knowledge</b>			
<b>Compassion/ Humanism</b>			
<b>Professionalism</b>			

**What was done particularly well?**

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

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**Feedback to Student:**

**Date Done:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Evaluator Signature:** \_\_\_\_\_

## Family Medicine Student Evaluation

Dear University of Chicago Family Medicine Preceptor,

Thank you very much for taking the time to complete this evaluation. The constructive feedback you are about to provide will help guide the student on how well they performed during the clerkship and how to improve their clinical skills that can better prepare them for the next clerkship.

When completing the evaluation, please keep the following three issues in mind:

1. Please compile and consider all feedback you have received from the residents and preceptors who have worked with this student
2. The terms “consistently” means > 90% of the time; “usually” means 70-90% of the time; sometimes means 50-70% of the time
3. Please consider the student’s current level of training

Should you have any questions at all, please do not hesitate to contact any member of the Medical Education team or Sonia Oyola at [soyola@bsd.uchicago.edu](mailto:soyola@bsd.uchicago.edu)

This evaluation is based upon the following (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> review of patient write-ups              | <input type="checkbox"/> observation of student doing history/physical     |
| <input type="checkbox"/> observation of student case presentation | <input type="checkbox"/> observation of student with patient and/or family |
| <input type="checkbox"/> observation during attending rounds      | <input type="checkbox"/> input gained from other’s about performance       |

\*Motivational interviewing: the ability to ask open-ended questions, the ability to provide affirmations, the capacity for [reflective listening](#), and the ability to periodically provide summary statements to the client with the goal of helping patients find their own intrinsic motivations to change a behavior.

<b>Knowledge for Practice</b>			<input type="checkbox"/> did not observe
Limited or fragmented knowledge base	Knowledge base just adequate for passing	Knowledge base appropriate to level	Advanced knowledge base in both breadth and depth
Has consistent difficulty relating basic science principles and clinical information to patients' problems	Generally able to synthesize basic science and clinical information to identify major problems, but has some gaps in knowledge of basic pathophysiology and disease processes	Solid understanding of pathophysiology and disease mechanisms enables student to make direct use of basic science knowledge and to identify the relationships among patients' problems	Consistently describes relationship between principles and practices and understanding of pathophysiology to clinical context, even in difficult cases
Insufficiently motivated to acquire knowledge	Often seems to lack self-motivation and frequently requires direction	Often applies knowledge to specific patient conditions	Consistently applies knowledge to specific patient conditions
		Self-motivated to acquire knowledge	Highly self-motivated to acquire knowledge
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable (F)	Adequate (P)	Excellent (HP)	Outstanding (H)
Medical Knowledge Comments:			
<b>Data-Gathering Skills</b>			<input type="checkbox"/> did not observe
History: Significant deficiency in ability to obtain or perform an appropriately detailed or accurate information	History: Organized; able to obtain basic history but points often missed including pertinent negative and positive ROS or extraneous information often included	History: Usually gathers accurate and appropriately detailed historical data Performs problem-focused assessment, when appropriate	History: Consistently and efficiently gathers accurate and appropriately detailed historical data
			Is able to consistently identify key negative and positive historical findings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)
Physical: Omits critical parts of the exam and/or has deficient exam skills	Physical: Generally complete but often misses significant abnormal findings	Physical: Usually performs accurate and appropriately focused exam	Physical: Consistently performs accurate and appropriately focused exam
		Identifies significant changes in patients' symptoms and findings	Is able to consistently identify key negative and positive physical exam findings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)
Data-Gathering Skills Comments:			

<b>Clinical Reasoning</b>			<input type="checkbox"/> did not observe
<p>Significantly limited ability to synthesize clinical data, identify major patient problems or provide rationales</p> <p>Differential is often incomplete or incorrect, leading to inappropriate testing/procedures or inadequate treatment plans.</p> <p>Demonstrates insufficient ability to generate treatment plan appropriate to patient's illness</p>	<p>Adequate ability to synthesize clinical data to arrive at a logical differential diagnosis</p> <p>Assessments and rationales superficially explored</p> <p>Sometimes needs assistance in formulating diagnostic or treatment plan</p>	<p>Usually identifies and interprets pertinent clinical findings</p> <p>Usually formulates rational differential diagnoses for basic and often times more complex cases</p> <p>Usually supports and refutes hypotheses using evidence</p> <p>Usually describes rationale for comprehensive care plan</p> <p>Usually appropriately triages acute care patients to outpatient follow up vs emergency/urgent care services while considering health care system resources</p> <p>Usually considers how psychosocial factors affect health and disease when creating plans with patients and families</p>	<p>Consistently identifies and interprets pertinent clinical findings</p> <p>Formulates rational differential diagnoses for basic and complex cases</p> <p>Supports and refutes hypotheses using evidence</p> <p>Describes rationale for comprehensive care plan</p> <p>Appropriately triages acute care patients to outpatient follow up vs emergency/urgent care services while considering health care system resources</p> <p>Consistently considers how psychosocial factors affect health and disease when creating plans with patients and families</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)
Clinical Reasoning comments:			

<b>Communication of Clinical Data</b>			<input type="checkbox"/> did not observe
<p>Cannot organize data and/or focus on central issues</p> <p>Written and/or verbal presentations frequently lack clarity, organization or thoroughness</p>	<p>Written and/or verbal presentations are occasionally unclear, disorganized or incomplete</p>	<p>Written and/or verbal presentations are most often concise and well organized.</p> <p>Usually conveys thought processes behind clinical decisions, and tailors presentations to setting</p>	<p>Written and verbal presentations are consistently cogent, efficient and advanced while focusing on the most salient history and physical exam findings.</p> <p>Synthesizes and imparts complex information, and conveys thought processes behind clinical decisions with great clarity and depth.</p> <p>Adept at tailoring presentations to setting</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)
Communication of Clinical Data comments:			
<b>Interpersonal Communication Skills</b>			<input type="checkbox"/> did not observe
<p>Consistently shows difficulty establishing rapport, relating empathically, and communicating effectively with patients, family members and/or members of the health care team.</p> <p>Lack of skills significantly inhibits ability to deliver proper care</p>	<p>Shows occasional lack of ability to establish rapport and relate empathically.</p> <p>Inadequate or disorganized communication occasionally interferes with patient care</p>	<p>Usually demonstrates empathy, builds trust, and is able to communicate effectively.</p> <p>Usually able to take into account clinical status and different levels of comprehension</p>	<p>Models superior communication skills, and easily engenders trust by consistently doing the following:</p> <ul style="list-style-type: none"> <li>-listens without interrupting</li> <li>-avoids talking at, instead dialogues with patients</li> <li>-listens with empathy and compassion</li> </ul> <p>Consistently converts medical terms into language that is easy to understand and confirms understanding</p> <p>When appropriate, integrates shared decision making and motivational interviewing concepts into patient counseling*</p>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)
Interpersonal & communication skills comments:			

<b>Professionalism</b>				<input type="checkbox"/> did not observe
Acts in ways that raise significant concerns about integrity, reliability and responsibility, and/or collegiality and ability to work with others	Acts in ways that raise some concern about integrity, reliability and responsibility, and/or collegiality and ability to work with others	Usually dependable and accepts responsibility Reliable and collegial  Usually follows through with assigned tasks Punctual and usually prepared	Behavior models the highest standards of integrity, reliability, and collegiality  Readily assumes responsibilities  Consistently seeks out and accepts responsibility	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)	
Professionalism comments:				
<b>Practice-Based Learning and Improvement</b>				<input type="checkbox"/> did not observe
No insight into weaknesses; rejects feedback; no behavior change	Defensive response but does lead to change	Mature response to feedback; strives for improvement  Regularly seeks feedback and ways to improve	Mature response  Regularly seeks feedback and incorporates into future practice  Recognizes limitations and seeks help	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)	
Practice-Based Learning and Improvement comments:				
<b>Health Promotion &amp; Prevention</b>				<input type="checkbox"/> did not observe
	Sometimes includes preventive services, does not appreciate the effect of patient's behaviors on risk of disease and treatment	Usually will identify and include age specific preventive services	Consistently includes prevention, identifies patient's high risk behaviors and offers counseling	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)	
Health Promotion & Prevention comments:				
<b>Potential as a resident in this discipline</b>				<input type="checkbox"/> did not observe
Unlikely to perform at a satisfactory level in this discipline	Likely to be a satisfactory performer in all domains of performance without major deficits	Likely to perform well in all domains of performance and a high likelihood of performing among the top third of his/her peers	Likely to excel in all domains of performance and a high likelihood of becoming a leader among his/her peers by understanding, valuing and modeling the role and essential characteristics of a Family Physician	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unacceptable (F)	Good (P)	Excellent (HP)	Outstanding (H)	

The area below is **REQUIRED**.

Please add one or two anecdotes, patient feedback or exemplary case/s that highlight this student's strengths.

Please add one or two anecdotes that highlight this student's are/s of improvement.

Was formal feedback provided to the student about the issues raised in this evaluation?

yes  no

Overall Clinical Performance:  Fail  Pass  High Pass  Honors

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# 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.

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# 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.