

The University of Chicago



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

FAMILY MEDICINE CLERKSHIP HANDBOOK

**2017/2018
M3**

(Revised 06/2017)

Clerkship Snapshot

	Monday	Tuesday-Thursday	Friday	Assignments Due This Week
Week 1	<ul style="list-style-type: none"> - Orientation - Lectures 	<ul style="list-style-type: none"> - Clinic - Discuss goals with preceptors - Community Site 	<ul style="list-style-type: none"> - Clinic - Community Site 	<ul style="list-style-type: none"> - Join and sync Fitbit - Join Coursesites - Reflection 1 (office) - (email to swackman@bsd.uchicago.edu) - Confirm Week 1 schedule (emailed to swackman@bsd.uchicago.edu)
Week 2	<ul style="list-style-type: none"> - Lectures - OSCE 	<ul style="list-style-type: none"> - Clinic - Community Site 	<ul style="list-style-type: none"> - Clinic - Community Site 	<ul style="list-style-type: none"> - Sync Fitbit - Reflection 2 (office/self) - (email to swackman@bsd.uchicago.edu) - Confirm Week 2 schedule (email to swackman@bsd.uchicago.edu) - 5 fmCases due by Monday - Midrotation Feedback - Self-Evaluation
Week 3	<ul style="list-style-type: none"> - Midrotation Feedback 	<ul style="list-style-type: none"> - Clinic - Community Site 	<ul style="list-style-type: none"> - Clinic - Community Site 	<ul style="list-style-type: none"> - Sync Fitbit - Confirm Week 3 schedule (email to swackman@bsd.uchicago.edu) - Reflection 3 (Advance Care) (email to swackman@bsd.uchicago.edu)
Week 4	<ul style="list-style-type: none"> - Reflection Session - Lectures 	<ul style="list-style-type: none"> - Clinic - Community Site - Thurs: Reading Day 	<ul style="list-style-type: none"> - Final Exam - Turn in Fitbit - Turn in CaseFiles 	<ul style="list-style-type: none"> - Reflection 4 (Community Selective) (email to swackman@bsd.uchicago.edu) - Confirm Week 4 schedule (email to swackman@bsd.uchicago.edu) - 20 PxDx complete - 10 Fmcases complete - All MedHub evaluations complete

+ 1 Saturday or evening clinic during the rotation

Assignment Snapshot

Assignment	Where to find instructions	How to turn in	Due Date
Week 1 Reflection	Clerkship Handbook p 22	Email to swackman@bsd.uchicago.edu	Week 1 by Sunday 11:59 PM
Confirm Week 1 Schedule	Email from Shewanna	Email to swackman@bsd.uchicago.edu	Week 1 by Sunday 11:59 PM
Join and sync Fitbit	Email from Shewanna	Email from Shewanna	Week 1 by Sunday 11:59 PM
Join Coursesites	Email from Shewanna	Email from Shewanna	Week 1 by Sunday 11:59 PM
Prep for Midrotation Feedback	Clerkship Handbook p 24	Complete and bring in self evaluation.	Week 2 by Sunday 11:59 PM
Week 2 Reflection	Clerkship Handbook p 22	Email to swackman@bsd.uchicago.edu	Week 2 by Sunday 11:59 PM
Confirm Week 2 Schedule	Email from Shewanna	Email to swackman@bsd.uchicago.edu	Week 2 by Sunday 11:59 PM
Sync Fitbit		https://www.fitbit.com/	Week 2 by Sunday 11:59 PM
5 fmCASES	Clerkship Handbook p 24	http://www.med-u.org/fmcases	Week 2 by Sunday 11:59 PM
Confirm Week 3 Schedule	Email from Shewanna	Email to swackman@bsd.uchicago.edu	Week 3 by Sunday 11:59 PM
Sync Fitbit		https://www.fitbit.com/	Week 3 by Sunday 11:59 PM
Advance Care Reflection	Clerkship Handbook p 18	Email to swackman@bsd.uchicago.edu	Week 3 by Sunday 11:59 PM
Community Selective Reflection	Clerkship Handbook p 11	Email to swackman@bsd.uchicago.edu	Week 4 by Sunday 11:59 PM
Confirm Week 4 Schedule	Email from Shewanna	Email to swackman@bsd.uchicago.edu	Week 4 by Sunday 11:59 PM
20 PxDx Complete	Clerkship Handbook pp 28	MedHub → Procedures → New Procedure/Case Log	Week 4 by Sunday 11:59 PM
10 (total) fmCASES	Clerkship Handbook p 24	http://www.med-u.org/fmcases	Week 4 by Sunday 11:59 PM
All MedHub evaluations complete	Found on MedHub under Incomplete Evaluations	https://uchicago.medhub.com	Week 4 by Sunday 11:59 PM

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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 exposure to 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

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, social 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. Our specialty believes in the importance of creating and managing partnerships with patients. The family medicine model of health care is a Patient Centered medical home model that provides patients with a personal and medical home base through which they receive a full range of services. Creating this family medicine model of care relies on the idea of using a team-based 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. Even more recent research has shown that increasing the number of family physicians is associated with significant reductions in hospital readmissions and substantial cost savings.¹ 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. We are therefore at the front line of population health and health promotion. While we care for individuals, families, communities and our population at large, a fundamental starting point is learning how to care for ourselves and identify the many ways one builds joy in our practices as we take on these important tasks.

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 complete 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 the types of research that emphasize practice-based, primary care delivery that can improve health care and can benefit 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 by 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 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

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.

Even before your 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 (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 for small group discussions and didactics. The day before your final clerkship exam is a designated reading day. You have no clinical responsibilities this day. You will 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, rounds on patients in the hospital or will deliver a baby...do not hesitate to ask whether you can participate! You will have a much better idea of what it means to be full scope family medicine physician by being open to all of the ways we transform into the doctor a patient and community needs in the moment.

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 assigning you to one of the community sites you ranked for a ½ day per week. These agencies were chosen because they represent innovation, creativity and altruism in the truest sense.

Each agency has specific needs, programs and projects that you will assist in developing, creating or supporting. The intention is to learn the many resources and challenges our social service organizations can offer and manage during these complex social and political times. You will probably learn about a resource you can share with one of the many patients you will see with your preceptor!

Community Agencies:

Apna Ghar
Be Well Lake County Diabetes Program Community Garden
Better Boys Foundation
Catholic Charities
Family Rescue
Howard Brown Health Center
Instituto Health Sciences Career Academy
Maria Shelter
Project Brotherhood
SkyArt
YWCA

In addition: If you have volunteered with an agency during your preclinical years and wish to resume your service at that particular site, we are more than happy to help you reconnect, depending on accessibility and the prerequisites of the agency.

Reflection - 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 your experience.

Here are some guiding questions:

1. What was your community site and your service role?
 2. Was there moment during your community service assignment that you found especially inspiring, thought-provoking or challenging?
-

3. What will you take away from this community service experience for your present and future patient-care interactions?
4. Can you think of anything you (or your community partner) could do to further enrich the services being rendered and improve 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 on the Family Medicine clerkship are for lectures, cases discussions and interactive, trans-disciplinary workshops. For most sessions, we will be at the University of Chicago on Mondays and the schedule typically starts at 7am and ends by 7pm. A schedule will be provided to you at the clerkship orientation and any changes to the schedule will be sent to you as soon as possible. Please do not schedule any other activities on Mondays as participation at these sessions are mandatory. The lectures and case discussions will cover important Family Medicine topics such as:

- Acute Care
- Advance Care Directives
- Diabetes
- Domestic Violence
- Exercise is Medicine
- Family Planning
- Global Health
- Routine Health Care Maintenance
- Hypertension/Hyperlipidemia
- Integrative Approach to 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 all of these readings are suggested and are excellent prep sources for participating during didactics and your clinical work. We expect you to become familiar with these topics through your clinical experiences and didactics. To access the 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 MedHub and the Family Medicine website at:

<https://uchicago.medhub.com/>
<http://familymedicine.uchicago.edu>

VII. Shared Decision Making/Evidence-Based Medicine Curriculum

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.

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.

Objectives:

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

1. Define Shared Decision Making (SDM)
2. Explain the importance of SDM
3. List 2 different methods of practicing SDM
4. Demonstrate use of Decision Aids
5. Role play SDM

Summary of Learning Activities And Assignments:

1. Participate in shared decision making role play. In Week #1 you will participate in a diabetes management scenario. In Week #3, you will participate in a breast cancer screening role play using an online decision aid.
2. Participate in a shared decision making OSCE in Week #2. You will receive feedback on the OSCE during Week #3.
3. You will engage in a shared decision making discussion with at least one of your patients at your clinical site. You are encouraged to talk with your preceptor about incorporating

shared decision making into patient care. Your preceptor can help you identify one or more patients where a shared decision making discussion is appropriate.

Due Date For Assignments

3rd Monday, Participate in a shared decision making discussion with at least one patient

- Be prepared to discuss your experiences during Week #3

Shared Decision Making 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/>

Electronic Knowledge Resources

You will need to be able to access up to date evidence based information to inform your shared decision making discussions with patients. An essential element of shared decision making is helping your patient explore and compare treatment or screening options. Here is a list of resources that you can use to access evidence based information.

Cochrane Database of Systematic Reviews: <http://www.cochrane.org/reviews/index.htm> U.S. Preventive Services Task Force (USPSTF): <http://www.ahrq.gov/clinic/uspstfix.htm>

DynaMed: <http://www.ebscohost.com/dynamed/>

Trip Database: <http://www.tripdatabase.com>

Healthlinks: <http://hsl.uw.edu/toolkits/care-provider>

UpToDate: <http://www.uptodate.com>

PEPID PCP: <http://www.pepidonline.com>

login/password information in handbook

PubMed/MEDLINE: <http://www.ncbi.nlm.nih.gov/sites/entrez>

Off campus: <http://www.ncbi.nlm.nih.gov.proxy.uchicago.edu/sites/entrez?otool=uchicagolib>

National Guideline Clearinghouse: <http://www.ngc.gov>

Centre for Health Evidence Users' Guide: <http://www.cche.net/usersguides/main.asp>

SORT taxonomy: Ebell MH, Siwek J, Weiss BD, et al. Strength of recommendation taxonomy (SORT): a patient-centered approach to grading evidence in the medical literature. Am Fam Physician. 2004;69(3):548-556. <http://www.aafp.org/afp/2004/0201/p548.html>

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/>

VIII. Advanced Care Planning Assignment

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

During your Family Medicine Clerkship, you will be holding a discussion about advance care planning (end of life care) with an older adult. 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 or living independently in the neighborhood. These volunteers have been trained to participate in these interviews and will provide you with feedback on your interviewing skills. Many of the “trained patients” have already completed advance directives with their doctors or the chaplain at Montgomery Place but will either role play being a patient who has never thought of this topic and/or will share their thought process behind making these often challenging and sensitive decisions. They are enthusiastic about the opportunity to aid in your medical education. Of note, 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 having 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. The goal is to practice asking questions about this topic, become more comfortable discussing end-of-life decisions with an elder while appreciating the beliefs, values and preferences that lead to these ever-evolving decisions for end-of-life care. Lastly, the curriculum will introduce end-of-life and palliative care terms, forms and 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. Attend the Advanced Care Planning lecture given by one of the Family Medicine Faculty
2. Watch a 10-minute video demonstration of an interview about advance care planning available (Link in Advance Care folder in MedHub for link to UC Box)

3. You will receive an email with the date, time, and the name of the trained patient whom you will be interviewing. We ask that you please contact your “trained patient” prior to the interview to introduce yourself and confirm the appointment. 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. Typically, in groups of two, facilitate a discussion on advance care planning with a “trained patient” in his/her home at Montgomery Place or in the community. **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 MedHub; 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 Health Care Power of Attorney (HCPOA). 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. You may also ask the patient if he or she has filled out the Illinois POLST form since its revision in January 2016 and you should take a blank copy with you <http://www.polstil.org>. See this website and all the pdf forms links- on the left sided menu at <http://www.dph.illinois.gov/topics-services/health-care-regulation/nursing-homes/advance-directives>

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. **(Please do not wear your labcoat as it can make the trained patients feel uncomfortable.)**
- 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 that you have brought along with you. (This will be given to you during the ACP lecture.) This form is also available on MedHub.

After the interview:

1. Complete a post-experience survey on MedHub.
2. Reflection 4 - Please write a 250 word essay reflecting on your interview experience. Please do not include the trained patient's name. Email essay to Shewanna Wackman at swackman@bsd.uchicago.edu.

Suggested topics:

How did you feel prior to, during, and after the interview? Did anything about the interview surprise you? What did you learn? What went well? What do you think you need to work on?

Survey and essay should be completed by the Thursday before the end of your Family Medicine clerkship.

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. MS3 Resiliency Curriculum

It has become increasingly apparent that providing excellent, high-quality care to our patients is deeply interconnected with our own ability to care for ourselves. Not only are our patients less satisfied but also comply less with their medications and action plans when being treated by a provider who is emotionally exhausted, depersonalized and feels ineffective, the main symptoms of burnout. We also know that at least 50% of current US medical students are exhibiting at least one of these symptoms. It is important to note that the conversation about burnout has historically been focused on individual behaviors and risk but ultimately, burnout is the final expression of a **mismatch** between the individual and the work environment. We must therefore attend to both in order to create true, sustainable changes to increase joy, meaning and purpose.

While the clinical environment changes (integration of team-based patient care, purposeful attention to the environment and creating more civility), during your 3rd year of medical school, the primary care clerkships, namely, Internal Medicine and Family Medicine hope to engage you in a pilot program called the Longitudinal MS3 Resiliency Curriculum. As many wellness programs may focus on burnout, we're excited to concentrate our efforts to enhance your joy and resiliency...the ability to bounce back after a physical and emotional challenge, hardship or adversity.

Education Goal of the Curriculum: To support and enhance your personal and professional development throughout these exciting but often challenging clinical years.

We have created interactive workshops with discussion/reflection that will address the issues your colleagues have noted to be among the most difficult as a 3rd year student:

1. Setting realistic goals/managing expectations
2. Finding meaning in Medicine
3. Coping with difficult team interactions
4. Dealing with Disappointments and Setbacks
5. Self-Care/Wellness

Objectives of the Dealing with Disappointments and Self-Care/Wellness Workshops:

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

1. Incorporate mindfulness and stress-relieving techniques (breathwork/trigger point release) into your day
2. List various success and challenges of incorporating regular exercise and the use of technology, eg. Fitbits to track progress
3. Apply basic, health-promoting nutrition tips to your own diet while learning how to provide practical counseling tips to your patients
4. Practice greater self compassion through the practice of thought journaling, reflection and compassionate listening

Integrated into your Monday didactics, we will be addressing Dealing with Disappointments and Setbacks/Self Care-Wellness through a series of interactive, multidisciplinary sessions that will focus on: Mind-Body Medicine, Exercise as Medicine, Nutrition and Reflection. The workshops will provide various tools and approaches that have been shown to improve resiliency, self-efficacy, empathy and compassion.

Mind Body Medicine (MBM), practices that help reconnect the mind and body while stimulating the “relaxation response” have been studied and found to be helpful in Hypertension, Depression, Stress Management, Chronic Pain and even Epigenetics. Examples of MBM include Breathwork, Meditation, Guided Imagery, Hypnosis and Yoga. Giving you an opportunity to rest and practice these techniques can be especially helpful since “medical student stress”, in particular, is often higher in intensity with few opportunities to rest. **Activity:** In this class, our campus movement specialist will guide you in a series of breathwork, yoga poses and trigger point release exercises that we hope you will be able to incorporate into your workday and your personal lives.

Exercise as Medicine-There are hundreds of studies that have shown the preventative and therapeutic benefits of physical activity when it comes to everything from Depression, Heart Disease, Hypertension, Stress and Cancer, to name a few. This is called Exercise as Medicine and in many cases, is the 1st line therapy for many of the chronic diseases that plague our communities. Essentially, humans were not designed to sit for 8 to 12 hours per day and this can often lead to chronic issues like obesity and chronic back pain. **Activities:** In this class, our Family Sports Medicine team will introduce you to popular personal tracking devices, eg. Fitbits, hold a brief discussion about the groups’ physical activity during the past 4 weeks and take a walk together on the last Monday of the rotation. We will be sending you an email inviting you to join the UC Exercise as Medicine Fitbit group. These devices are designed to increase your self-awareness and motivation when it comes to physical activity. You are not required to necessarily start or increase your current physical activity but **you are required to wear your devices during the clerkship.**

Nutrition via Culinary Medicine-“Let Food be thy Medicine and Medicine be Thy Food.” Hippocrates, the father of medicine shared this with the world thousands of years ago and it continues to hold true. While many of the patients you will be seeing on Family Medicine have conditions that are in advanced stages necessitating a medication, a patient’s diet will always play a role in their wellbeing. As Family Physicians, we are often on the frontlines of preventing chronic diseases so therefore knowing how to provide practical dietary counseling that encourages patients to practice healthy eating habits is a crucial clinical skill. In this multidisciplinary nutrition class, you will learn about Culinary Medicine, the art of cooking combined with nutrition science. **Activity:** This 3hour class, co-taught by Integrative Family Medicine physicians and Chef RDs is an interactive, hands-on cooking experience paired with nutritional analysis discussions that ends with sharing a meal together.

Dealing with Disappointments & Setbacks Session- Negative thinking has been historically viewed as “bad” and positive thinking “good” but this is not entirely true. All thoughts can teach us something different about who we are and how we navigate our lives. Learning how to view our thoughts in a compassionate manner can be an incredibly helpful tool as we work in

challenging systems, with a difficult patient or encounter disappointments and setbacks. The focus of these activities and group discussion will be on the art of self awareness and compassion.

Activities:

-
1. You will be given a journal to practice “thought journaling” where you can write down your thoughts, as you are able, throughout the day
 2. Write two reflections about any professional or personal interaction that was challenging with the focus on the following:

 - “What did this moment teach me?”
 - “What do I know now about myself that I didn’t prior to this setback?”
 - “What was the most challenging part of this moment?”
 - “How can it inform my work as a future physician and or member of this community?”
 - “How could I view this challenge in a different way?”
 - Please send your weekly reflection to Shewanna Wackman at swackman@ubsd.uchicago.edu.

 3. On the last day of the clerkship, you will work in pairs/teams to discuss one of your reflections (please choose the one you feel most comfortable sharing) and we will then use the above questions to discuss the themes of self-awareness and compassion as a group.
-

We hope you will enjoy these interactive activities!

X. Requirements

ATTENDANCE AND ABSENCE POLICY

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 (eg. illness) should be reported to the Clerkship Director and Coordinators 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. See MedHub for Absence Request forms. All scheduled absences including weekends must be submitted 30 days prior to the rotation.**

You are allowed one unexcused absence for illness and if you are ill, we encourage you to please stay home. Remember, the best way to care for your patients, is to care for yourself. Any absences beyond 1 day will need to be made up either by attending your clinic session in the evening or weekends. **Any pre-planned absences (meetings, conferences, planned doctor's appointments, meeting with advisors) that will occur during the clerkship must be requested in advance or as soon as you are aware by filling out an absence request form which can be found on the MedHub 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. Examples of poor educational attitude are: interrupting faculty and classmates, poor preparation for OSCE, Advance Care Planning Interview, and Community Selective.

COMPLETION OF STUDENT ENCOUNTER LOG (PXDx)

You are also required to complete the Student Encounter Log, which is done through MedHub (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 fmCASE on 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.

Two of the PxDx requirements are an Observed History and an Observed Physical by one of your preceptors. We encourage you to cue your preceptor(s) and use the Observed H and P form which is formative and is not included into your final grade. You may be observed separately for history vs physical.

MIDROTATION FEEDBACK

Your group will meet for 30 minutes with the Clerkship Director and Vice-Chair of Education on the 3rd Monday of the rotation. Afterwards, students will individually meet with one of the mentioned faculty to review how everything is going so far on the rotation and review the preceptor feedback. Therefore in order to prepare for this meeting, please solicit mid-rotation feedback from each of your preceptors at end of your second week of the rotation.

Here is a list of requirements due by mid-rotation:

- An up-to-date PxDx log
- 2 reflections (about the community, clinic or Advanced Care experience)
- 5 fmCases
- An up-to-date confirmed clinic schedule
- Completed feedback review with your preceptor

OSCE

There will be an OSCE during the second week 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 the SDM and MI faculty will be providing feedback via email. Your educational attitude during this 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 receiving faculty feedback.

fmCASES

These MedU online learning modules 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 in your clinics. The first 34 cases listed were created specifically for family medicine CLIPP modules offered on Pediatrics cannot serve as substitutes.

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 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
- Case 24: 4 week old female with fussiness

Additional Required Cases:

You may choose any of the other cases created for family medicine (case 1-34) for the remaining three 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. The CLIPP cases are not acceptable substitutes.

XI. Evaluation

GRADING SCALE GUIDE

Your grade for the Clerkship consists of:

Clinical Performance- 60%
Professionalism/Educational Attitude- 20%
Shelf Examination- 20%

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 elements as a guide.

You will not be eligible for an Honors if you do not pass the Shelf Exam.

Please remember that points will be deducted for late assignments.

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. Pritzker 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 11th 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.

Extra Shelf Exam Prep Tips:

1. In past years, students have wished they had studied more: dermatology, pediatrics (acute care and anticipatory guidance), ob/gyn, common musculoskeletal issues, HIV, renal issues/urogenital issues/chronic kidney failure, CHF, headaches, pharmacology: antibiotics (you don't need to know dosing or brand names of meds), contraception, imaging, histology.
2. Students also have stated that using just one study tactic is not enough. Study options students have noted to be helpful include: Family Medicine Pretest, AAFP practice questions, Case Files, the algorithm's and reading in the course textbook (The Essentials of Family Medicine), Swanson's Family Medicine Review, Step up to medicine, reading about cases in clinic on a daily basis.
3. It is vital that you read about the broad subject of family medicine as the shelf covers all of FM but hopefully the 1st tip provides better guidance on what not to miss as you're studying.
4. Students have also found the AAFP's practice questions helpful at: www.aafp.org You must

register for this as a med student. It is free. It will **take 1 to 2 days to receive your log on. Students usually complete anywhere from five to six hundred questions to do very well on the exam.**

5. There will be 110 questions on the final exam.

6. Here's the 3rd edition of Pretest:

<http://www.medschoolwinning.com/medlibrary/FAMILY/D.%20Knutson%20%20Family%20Medicine%20PreTest%20Self-Assessment%20And%20Rvw%20%202012.pdf>

Here's a site that goes over much of what we already discussed but summarized nicely:
<http://www.fmstudent.com/2015/09/04/how-do-i-study-for-the-family-med-shelf/>

STUDENT EVALUATION FORMS

Included on the following pages are clinical rating forms that your preceptor(s) 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 MedHub, which will be available for you to view once you have completed your course evaluation.

SUMMARY OF COURSE EVALUATION FORMS AND ASSIGNMENTS

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. You will need to complete:

- (1) Lecturers/lectures
- (2) Clerkship evaluation (including OSCE, Shared Decision)
- (3) Mistreatment evaluation
- (4) Preceptor evaluation
- (5) The encounter log (Px Dx)
- (6) Advance care directives
- (7) Shared Decision Making
- (8) Community Medicine Selective
- (9) NS Supplemental Survey (if placed at NS Medical Group site)

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 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.

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

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

DAILY FEEDBACK FORM

Student name: _____

Completed by: _____

Date: _____

Main preceptor: _____

Use this form to facilitate timely, specific, and constructive feedback. Return to Shewanna Wackman in M162 on Mondays.

	Something to focus on	Doing Well	Particular strength	Constructive Feedback
History & Physical				
Clinical Decision-Making				
Knowledge				
Compassion/Humanism				
Professionalism				

What was done particularly well? _____

—

What would you suggest the student do differently? _____

—

DAILY FEEDBACK FORM

Student name: _____

Completed by: _____

Date: _____

Main preceptor: _____

Use this form to facilitate timely, specific, and constructive feedback. Return to Shewanna Wackman in M162 on Mondays.

	Something to focus on	Doing Well	Particular strength	Constructive Feedback
History & Physical				
Clinical Decision-Making				
Knowledge				
Compassion/Humanism				
Professionalism				

What was done particularly well? _____

—

What would you suggest the student do differently? _____

AREAS FOR FEEDBACK

Medical Knowledge- fund of knowledge of disease & pathophysiology, applies to common and complex cases, and applies to specific patients.	History taking – obtains and organized history relevant to CC and a relevant ROS, missing no important information.	Physical exam – uses correct technique, performs thorough exam without irrelevant maneuvers, does not miss abnormal findings.
Diagnosis – generates a complete and accurate ddx, and verbalizes clinical reasoning.	Treatment – consistently generates own treatment plans that are excellent, including follow-up, patient education, and prevention.	Psychosocial & family issues – consistently considers psychosocial and family issues and impact on patient care, tx, disease mgt.
HP-DP – consistently includes age appropriate preventive services in the treatment plan, risk stratifying by patient high risk behavior, and offers counseling.	Intellectual curiosity – consistently reviews the primary and review literature. Actively searches appropriate databases and applies to patient case at the point of care. Reads on patient problems and other topics daily.	Oral and written presentation skills – organized and thorough, accurate and focused, without extraneous material. Attending can rely on presentation and written record.
Reliability, Professional responsibility- consistently on time and prepared. Follows through with assigned and volunteer tasks. Assumes responsibility for patient care.	Educational attitude – seeks feedback and responds appropriately. Consistently actively engaged in learning. Seeks additional opportunities.	Relationships with patients & families and health care team - shows empathy, respect and compassion. Solicits patient’s perspective. Recognizes and respects roles of all team members. Collaborates well with the team.

AREAS FOR FEEDBACK

Medical Knowledge- fund of knowledge of disease & pathophysiology, applies to common and complex cases, and applies to specific patients.	History taking – obtains and organized history relevant to CC and a relevant ROS, missing no important information.	Physical exam – uses correct technique, performs thorough exam without irrelevant maneuvers, does not miss abnormal findings.
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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

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.

* Shared Decision-Making: approach in which clinicians and patients communicate together using the best available evidence when faced with the task of making decisions.

Knowledge for Practice			<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:			
Data-Gathering Skills			<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:			

Clinical Reasoning			<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)
<p>Clinical Reasoning comments:</p>			

Communication of Clinical Data				<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:				
Interpersonal Communication Skills				<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"> -listens without interrupting -avoids talking at, instead dialogues with patients -listens with empathy and compassion <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:				

Professionalism				<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:				
Practice-Based Learning and Improvement				<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:				
Health Promotion & Prevention				<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:				
Potential as a resident in this discipline				<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

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.

History-Taking Skills	Unacceptable Superior				
1. Establishing and maintaining rapport.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Taking focused history of present illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Obtaining relevant past medical history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Obtaining appropriate social and family history.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Making use of good verbal and non-verbal communications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Controlling the flow of the interview.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments to explain scores:					

Physical Examination Skills	Unacceptable Superior				
7. Performing maneuvers appropriate to patient problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Sequencing maneuvers logically.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Using proper technique.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Eliciting abnormal findings.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments to explain scores:					

The University of Chicago Pritzker School of Medicine

Guiding Principles of Professionalism

Professional Responsibilities

As a medical student and 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, to my patients, 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.