



2019-2020 Family Medicine Clerkship Guidebook for Clinical Teachers

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Please contact the Clerkship Director, Nehman Andry, MD, at ANDRY@uthscsa.edu, office # (210) 567-7049, if you have any questions about information contained in this guidebook.



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Clerkship objectives

1. Improve clinical history taking (including family and psychosocial), physical examination, oral presentation, and documentation skills in the ambulatory setting.
2. Provide, under supervision, individualized patient-centered care in the context of one's family and community as a member of an interprofessional team.
3. Apply current US Preventive Services Task Force (USPSTF) guidelines and Centers for Disease Control (CDC) immunization schedule recommendations to create health promotion plans for patients of all ages.
4. Formulate differential diagnoses, interpret common diagnostic tests, and develop management plans for undifferentiated and complex patients.
5. Optimize and prioritize management of common chronic conditions by addressing social determinants of health and using evidence-based, cost-effective protocols.
6. Demonstrate professional behavior in the clinic and classroom as outlined in the Clerkship Professionalism Expectations.

Overview of student experience

- 6 week clerkship
- 8 rotations per academic year
- 26-28 learners per rotation assigned to various clinical sites throughout the San Antonio area
- 100% ambulatory experience
 - 8 half-days per week in clinic
 - 1 half-day per week for clerkship didactics
 - 1 half-day per week for self-directed learning
 - Weekends free of clinical duty
 - 2 nursing home shifts per rotation
 - 1 half-day per month for longitudinal curriculum (Team Care) or clinical skills (C3SE)
 - Mid-clerkship individual student meeting with clerkship director
 - Mid-clerkship practice exam

5 Microskills of clinical teaching

1. Get a commitment
2. Probe for supporting evidence
3. Teach a general rule
4. Reinforce what was done right
5. Correct mistakes

Ref: Neher JO, et al. A five-step "microskills" model of clinical teaching. J Am Board Fam Pract 1992; 5:419-24.

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Clinical expectations

1. **Students should work directly with their assigned faculty or resident preceptor.** If there are changes to student schedules, the student must contact the clerkship coordinator and director to communicate the change. This will ensure that clinical evaluations are distributed and collected from the correct individuals at the end of the clerkship.
2. **Assign the student to see 2-3 patients maximum per half day session.** If the student is being fully integrated into the evaluation and care of the assigned patients, including performing a history and physical, thinking through an assessment/plan, presenting, and writing a note, this will take time. Remember back to your internship how long it would take you to evaluate patients. Interns in our residency program are scheduled to see 3-4 patients per half day session. Medical students should not be assigned more than 2-3 patients per half day session based on their level of training.
3. **Minimize shadowing.** Students in their clinical years of training get much more from active involvement (being assigned a patient to see/evaluate) than from 'shadowing'. However, if you are seeing a patient with an interesting finding or performing a procedure/counseling you feel would enhance the student's education if s/he observed, then by all means let the student observe you perform this important activity. But, do not simply have students follow you around because you feel you need to keep them involved; there are plenty of valuable tasks that can keep the student busy as you see your assigned patients.
4. **Have students write at least 1 note minimum per half day session.** Note writing is a requirement.

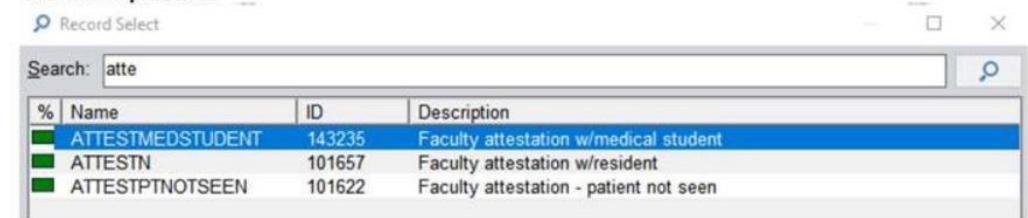
At University Health System (UHS) sites: Students must document in a note separate from their preceptors. The designated medical student note at UHS sites utilizing Sunrise is: **MEDSTU Clinic Note (SD)**

At UT Health sites using EPIC: Students may document in the same note as the provider, and under the new CMS policy, the provider can attest to the student's documentation (without having to re-document) including the student's documented physical examination and medical decision making, only IF the teaching physician is physically present with the student and also performs/confirms the examination and medical decision making.

The following is an example of the required attestation:

"I was present with a medical student who participated in the documentation of this note. I saw and evaluated the patient, and discussed the case with the medical student. I have reviewed the note and agree with the content and plan as written and have verified all sections documented by the medical student as noted above."

EPIC smartphrases:



Record Select

Search: atte

%	Name	ID	Description
■	ATTESTMEDSTUDENT	143235	Faculty attestation w/medical student
■	ATTESTN	101657	Faculty attestation w/resident
■	ATTESTPTNOTSEEN	101622	Faculty attestation - patient not seen

At private practices: Students should follow site-specific documentation instructions. Students who do not have access to document in the electronic health record at private sites, should still practice and receive feedback regarding clinical documentation which may occur in a Word document.



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Feedback

Please take a few minutes to provide students performance feedback as frequently as you can. Students are interested to hear what you feel they are doing well, and just as importantly, how you feel they can improve. Please try to provide performance-specific feedback at a minimum of weekly, preferably daily. Clinical teachers who develop an open-dialogue with the clinical team enrich the learning environment and get the most out of their students.

Professionalism

Students and clinical teachers are expected to behave professionally at all times. The 'Clinical Curriculum Professionalism Policy' for students is defined in the course syllabus. Student professionalism concerns must be reported to the clerkship director and clerkship coordinator when they occur. The clerkship director will determine an appropriate course of action based on shared-decision making with the Vice Dean of Student Affairs and in some situations the School of Medicine Promotions Committee.

Do not wait to report problematic behavior, regardless of how minor you feel the issue is, because the behavior may be part of a larger issue requiring intervention.

Do not wait until the end of the clerkship to share concerns; by that point it is too late.

Clerkship director contact information:

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Clerkship coordinator contact information:

Marisa Martinez
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Clerkship didactics

Clerkship didactic sessions are held on **Wednesdays**. Please release students from morning clinic **by 11:30 AM** when didactics occur on Wednesday afternoons. Students must be present at 1:00 PM for the start of didactics and remain in didactics until they are released for the day. San Antonio students attend didactics at the Academic Learning and Teaching Center (ALTC) at the UT Health School of Medicine.



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Student assignments

1. Faces of Family Medicine (See Syllabus page 12 for details)

- Reflective project focused on learning about individual patient values and stories of both patients and non-physician interdisciplinary team members. Students obtain photo consent and take a portrait-style photo of the individual and write a 100-word or less narrative in the 1st person voice about that person. Dedicated didactics time is given during the final week of the clerkship for students to present their photo and story, and briefly share their reason for choosing their subject for the project.

2. Formative Feedback (Mid-Clerkship) Evaluation Form (See Syllabus page 16 for details)

- This form must be completed by a clinical teacher in a face-to-face meeting with the student by the specified mid-clerkship deadline. Ratings on this form do not factor into the student's grade. The purpose of this assignment is to nurture an open dialogue between student and preceptor to identify strengths and areas for improvement to allow ample time for remediation prior to formal evaluation at the end of the clerkship.

3. Directly Observed History and Physical Exam (See Syllabus page 13 for details)

- Students must be directly observed performing components of a history exam and physical exam at least once during the clerkship. The purpose of these activities are to help students improve history taking and physical exam skills by receiving formative feedback from their clinical preceptors.

4. SOAP Note Checklist (See Syllabus page 14 for details)

- Students choose 1 clinical note for their preceptor to review while completing the checklist. The student's grade for the assignment is completion only, not of how well-written the note is. The purpose is to ensure each student is getting feedback on their note writing from their preceptors.

5. One-45 Patient Logs/Required Patient Encounters (See Syllabus page 13 for details)

- To fulfill the accreditation requirements of the Liaison Committee on Medical Education (LCME), students must participate in the following clinical encounters during the clerkship and log the encounters in one45.

Required Encounters:

1. Preventive Health Visit (Vaccinations, Screening, Behavioral Counseling, or Chemoprevention)
2. Abdominal Pain, Dyspepsia, or GERD
3. Obstructive Lung Disease (Asthma or COPD)
4. Back Pain (Acute or Chronic)
5. Chronic Pain
6. Depression
7. Diabetes
8. Fatigue
9. Headache
10. Hyperlipidemia
11. Hypertension
12. Hypothyroidism
13. Menopause, Menstrual Disorders, or Vaginitis
14. Otitis Media, Pharyngitis, Allergic Rhinitis, or Rhinosinusitis
15. Risky Health Behavior (Tobacco Use, Hazardous Drinking, Illicit Drug Use, High Risk Sexual Behavior, Sedentary Lifestyle, or Obesity)



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Clinical evaluations

- Faculty, residents, and students all complete evaluations at the end of each 6-week clerkship.
- Preceptors and students must work together a **minimum of 3 half-days** during the clerkship to be eligible to complete evaluations on one another's performance.
- Evaluations are distributed and completed electronically through one45.
- Faculty evaluate students in the following clinical domains on a 5-point Likert scale:
 - History-taking
 - Physical Exam
 - Basic Technical/Procedural Skills
 - Clinical Reasoning/Diagnostic and Therapeutic Management
 - Independent Learning
 - Oral Presentations
 - Written Notes
 - Relationship with Patient and Families
 - Relationship with Interprofessional Health Care Team
 - Professionalism
- Faculty also evaluate students' professionalism / personal and professional development.
- Each student will have at least 2 clinical evaluations completed on their behalf for the clerkship.
- All clinical evaluations received are weighted equally and averaged to determine the student's clinical evaluation score.
- The student's clinical evaluation score is weighted at 40% of the final clerkship grade.
- The narrative comments you provide on the clinical evaluation are valuable and contribute to the family medicine clerkship narrative for the student's Medical School Performance Evaluation (MSPE) commonly known as the Dean's Letter.
- The deadline to complete clinical evaluations is 3 weeks after the end of each clerkship rotation. You will receive automated email reminders each week from one45 to complete any pending evaluations.
- Evaluations received/completed after the deadline are not included in the student's clerkship grade.
- Students will also evaluate your performance as a clinical teacher in the following domains:
 - Teaching Skills
 - Clinical Teaching Bedside Skills
 - Clinical Decision Making
 - Student Participation
 - Feedback
 - Relationship with Health Care Team
 - Relationship with Patients and Family
 - Professionalism



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Common reasons for 'low -performance' teaching ratings

1. Student not feeling included in team/not actively involved

How to avoid being "flagged" in this area:

- Orient the student to the practice and define your expectations/style on day #1
- Establish/review learning goals at the beginning of each session
- Minimize 'shadowing'

The following are ways students can be actively involved:

- Interview and examine patients (assign student 2-3 patients per session)
- Formulate assessments and plans
- Give oral presentations
- Counsel patients/ explain the plan of care to patients (under your supervision)
- Write clinic notes (at least 1 per half day session)
- Learn about roles/briefly observing other members of the interdisciplinary team (e.g. dietician, behavioral health consultant, social worker)
- Call patients they saw previously to follow up on a specific item/result
- Research best evidence/recommendations for a selected condition and then present the findings to you

2. Providing limited, low quality, or no feedback to the student

How to avoid being "flagged" in this area:

- Give feedback frequently
- Say the word "FEEDBACK" so it is recognized by the student:
 - *"I would like to give you some FEEDBACK..."*
- Ask for feedback also:
 - *"What could I have done differently to enhance your learning today?"*

Faculty and resident development/setting up individual meetings

You will receive a compilation of your clinical teaching evaluations annually. Individual meetings will occur with any faculty or resident who need directed feedback to improve clinical teaching ratings based on evaluation data.

Faculty and resident development sessions on clinical teaching will occur periodically throughout the year at your clinical site.

Our Division of Medical Student Education team is interested and available to meet with any clinical teacher seeking guidance or looking to enhance their teaching strategy. If you would like to set up a meeting, please contact Academic Programs Manager, Regina Martinez, MartinezR28@uthscsa.edu