



## **2021-2022 Family Medicine Clerkship Guidebook for Clinical Teachers**

### **Table of Contents**

<b>Page #</b>	<b>Content</b>
<b>2</b>	<b>Expectations of Clinical Teachers</b>
<b>2</b>	<b>The 5 Microskills of Clinical Teaching</b>
<b>3</b>	<b>Clerkship Learning Objectives for Students</b>
<b>3</b>	<b>Overview of the 6-week Clerkship Experience</b>
<b>3</b>	<b>Student Assignments That Require Preceptor Involvement</b>
<b>4-5</b>	<b>Clinical Evaluations</b>
<b>5</b>	<b>Contact Info – Med Student Education Administrative Team</b>

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

# 2020-2021 Family Medicine Clerkship Guidebook for Clinical Teachers

## Expectations of Clinical Teachers

1. **Orient the student** to the clinic and to your expectations on the first day you work with them.
2. **Be a positive role model** – share and show students your joy for family medicine.
3. **Actively involve the student in patient care.**
  - **Assign 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, formulating an assessment/plan, presenting, and writing a note, this will take time.
  - **Minimize shadowing.** Students get much more from active involvement (being assigned a patient to evaluate) than from passive shadowing (following you around). Exception: 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. But, please do not feel you need to have the student follow you around for every patient to keep them entertained; there are plenty of valuable tasks that the student can engage in while you see patients, such as: studying, reading up on assigned patients/conditions, learning from interprofessional team members, etc.
  - **Have students write at least 1 note minimum per half-day session.** Note writing is a requirement. And remember, student documentation is billable!
4. **Explain patient context and clinical reasoning that differs from “evidence-based” norms** – Students early in their training get confused when they don't understand patient context and see a provider recommend a treatment that may be different than what they were taught or learned in their pre-clinical coursework or read in a textbook, so explaining management decisions that may deviate from the usual are helpful. It lets the student know you know the medical evidence, but more than that, you understand the patient and what has been tried and what has worked.
5. **Provide feedback** to the student on performance at the end of each session focusing on one thing they are doing well and one thing they should continue to work on (be as specific as possible).
6. **Ask for feedback** from the student on your teaching and their clinical experience in an effort to promote continuous improve.
7. **If a student repeatedly does not meet your expectations, please contact the clerkship director, Dr. Andry, at the time the concerns arise** so an individualized learning plan can be developed to remediate the concerns (please do not wait until the end of the clerkship to voice student performance concerns because there is no time for student remediation at that point).

## The 5 Microskills of Clinical Teaching

You can use this mental framework when the learner is presenting a patient to you.

1. **Get a commitment** – “What do you think is going on with...”
2. **Probe for supporting evidence** – “Why do you say this is X rather than Y...”
3. **Teach a general rule** – “One thing I've found really important is...”
4. **Reinforce what was done right** – “I really like the way you...”
5. **Correct mistakes** – “One thing you may consider in the future is...”

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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## **Clerkship Learning Objectives for Students**

1. Demonstrate the ability to gather relevant patient data (including family and psychosocial history) and perform an appropriate physical examination.
2. Deliver an organized and concise oral presentation of a clinical encounter.
3. Effectively document a clinical encounter in the patient record.
4. Provide, under supervision, individualized patient-centered care in the context of one's family and community as a member of an interprofessional team.
5. 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.
6. Formulate differential diagnoses, interpret common diagnostic tests, and develop management plans for undifferentiated and complex patients.
7. Optimize and prioritize management of common chronic conditions by addressing social determinants of health and using evidence-based, cost-effective protocols.
8. Demonstrate professional behavior in the clinic and classroom as outlined in the Clerkship Professionalism Expectations.

## **Overview of the 6-week Clerkship Experience**

- 1 full day of orientation at beginning of clerkship
- 5 half-days in clinic per week
- 1 half-day per week for clerkship didactics (Wednesday afternoons beginning at 1 pm)
- 1 half-day per week for self-directed learning
- Longitudinal Health Disparities project spanning 6 sessions (one session per week)
- Online learning modules/activities on course Canvas site
- Mid-clerkship individual student meeting with clerkship director (Friday of the second week)
- Mid-clerkship practice exam (Friday of the second week)
- End-of-clerkship National Board of Medical Examiners (NBME) family medicine subject exam

## **Student Assignments That Require Preceptor Involvement**

- **Directly observed history:** You will observe a component of a history and provide feedback.
- **Directly observed physical:** You will observe a component of a physical and provide feedback.
- **SOAP note checklist:** You will review a student's note and provide feedback.
- **Mid-clerkship formative feedback evaluation:** Completion of this form is an LCME requirement
- **Required clinical encounters:** Students must actively participate in encounters involving these diagnoses by the end of the clerkship:
  - 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 clerkship rotation.
- Preceptors and students who work together at least **2 half-days** are eligible to complete evaluations on one another's performance.
- Evaluations are distributed and completed electronically through one45 – you will receive an automated email notification from one45 to complete a student evaluation.
- Faculty (or residents) who have provided healthcare to the student (regardless of when the care was rendered), are NOT eligible to formally evaluate the student. There is an attestation statement at the top of each clinic evaluation that the preceptor attests to stating they have not provided care to the student (see below).

\* indicates a mandatory response

## Clerkship Clinical Competency Evaluation of a Student

**\*To ensure that health professionals who provide healthcare services to a medical student have no involvement in the academic assessment or promotion of the medical student receiving those services, please attest to the following statement:**

- ☐ The individuals providing input on this evaluation form certify that, to their knowledge, they have not provided healthcare services to this student.

## Evaluation of student performance

- Faculty and residents evaluate students on a 5-point Likert scale (1-Poor, 2-Fair, 3-Average, 4-Good, 5-Excellent) in the following clinical domains: 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
- Faculty and residents also evaluate students' professionalism and professional development.
- All clinical evaluations received from faculty and residents are weighted equally and averaged to determine the student's clinical evaluation score.
- The student's clinical evaluation score comprises an important portion of their clerkship grade so it's important for you to complete the evaluations you are sent in a timely manner.
- You will receive automated email reminders each week from one45 to complete any pending evaluations.
- The deadline to complete clinical evaluations is 3 weeks after the end of each clerkship rotation.
- **A 90% evaluation completion rate is our department standard.**
- 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) also known as the Dean's Letter. **Please consider writing descriptive narratives and specific comments regarding student qualities that stood out during the student's clinical time with you.**

## Evaluation of faculty/resident teaching

- Students evaluate your performance as a clinical teacher on a 4-point Likert scale (1-Poor, 2-Fair, 3-Good, 4-Excellent) in the following domains: General Teaching Skills; Bedside Teaching Skills; Clinical Decision Making; Student Participation; Feedback; Relationship with Health Care Team; Relationship with Patients and Family
- **A mean rating of 3.5 or higher in all domains is our department standard.**
- Students also evaluate faculty and resident professionalism and comment on whether or not they were mistreated.
  - Mistreatment allegations must be reported to the Associate Dean for Student Affairs to further investigate the situation.
- Teaching evaluation results will be sent to you in bulk later in the academic year to protect student confidentiality.

## 2020-2021 Family Medicine Clerkship Guidebook for Clinical Teachers

- Clerkship leadership will visit all clinical sites at least once annually to meet with clinical teachers to discuss teaching needs and review teaching performance data.
- Individual meetings for clinical teachers whose evaluation ratings are below expectations (<3.5 on 4-point Likert scale) will occur quarterly, or more frequently should substantiated concerns arise, or should the clinical teacher request a meeting. The focus of these meetings will be to discuss teaching gaps, address challenges, and identify strategies to provide ongoing support.

### **Contact Info - Medical Student Education Administrative Team**



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