

Family Medicine Clerkship

Preceptor Guide

Thank you for making a commitment to the medical education of a Wright State Boonshoft School of Medicine Medical Student. We commend your efforts and want to stress the important role you play in the development of future physicians.

As a preceptor, you assume a critical role in the development of the student. You help the student transition from knowledge of basic sciences to clinical problem-solving skills. Just as importantly you teach them how to be a physician in the clinic, hospital and community.

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EDUCATION OBJECTIVES OF THE CLERKSHIP

The unique aspects of Family Medicine include:

Biopsychosocial Model (Patient-Centered): Family Medicine is based on a biopsychosocial model that is patient-centered and teaches students to approach patients with sensitivity and responsiveness to culture, age, gender, and disabilities and develops their ability to collect and incorporate appropriate psychosocial, cultural, and family data into patient-centered management plans.

Comprehensive Care (Whole Person Care): Family Medicine emphasizes the importance of caring for the whole person by providing opportunities for students to participate in longitudinal, integrated, preventive services and treatment of common acute and chronic medical problems for patients and families in all phases of the life cycle.

Continuity of Care (Continuous Healing Relationships): Family Medicine values and promotes continuous healing relationships by providing a personal medical home for patients and their families and maintaining ongoing responsibility for the health care of patients and families and facilitating transitions between the primary care provider, referral agencies, and consultants.

Context of Care (Evidence-Based): Family Medicine emphasizes the development of patient-centered and family-centered treatment plans that are evidence-based, safe, and designed to produce high-quality outcomes that enhance functional outcome and quality of life in a culturally responsive manner.

Coordination/Complexity of Care (Integration): The family physician functions as the integrator of complex care and collaborates as a health care team member in disease management, health promotion, and patient education.

The 3 main goals for students during the Family Medicine Clerkship are as follows:

1. To participate in the practice of clinical medicine within the Family Medicine model emphasizing patient-centered, continuing, coordinated, contextual and comprehensive care to all patients.
2. To demonstrate knowledge of ambulatory Family Medicine topics utilizing clinical decision making skills.
3. To develop clinical skills through hands-on patient care experience emphasizing communication with patients, families, staff and colleagues.

The learning objectives for the clerkship are as follows:

Knowledge and Lifelong Learning

By the conclusion of the Family Medicine clerkship the student will:

Demonstrate knowledge in the clinical sciences appropriate to the discipline of Family Medicine, integrating the basic sciences as indicated.

1. Demonstrate knowledge of the fundamental principles of diagnosis and management of common outpatient problems which present to the family physician.
2. Develop diagnostic assessments and management plans for common ambulatory illnesses utilizing clinical problem-solving techniques.

3. Develop the capacity for self-directed learning as evidenced by:
 - a) Exploring the medical literature regarding cases seen in the preceptor sites.
 - b) Read pertinent articles/text about outpatient topics seen in the office or discussed in didactic sessions.

Develop knowledge of the socioeconomic and cultural influences on health and healthcare delivery to all patient populations.

4. Participate in patient care of a continuing nature, including follow-up of cases and preventive health techniques, by spending four days per week in a Family Medicine setting.
5. Attend to hospitalized and nursing home patients with their preceptor when appropriate.
6. Advocate for quality patient care and assist patients in dealing with system complexities, recognizing the barriers to coordination of health care and recommending improvements.

Identify psychosocial, cultural, familial, spiritual, economic, legal, and political factors affecting healthcare and respond by advocating for appropriate action needed for individuals and communities.

7. Demonstrate sensitivity and responsiveness to patients' culture, ethnicity, age, gender, and disabilities when providing care.
8. Participate in the practice of clinical medicine within the Family Medicine model, emphasizing first contact, continuing, coordinated, and comprehensive care for all patients.
9. Participate in Family Medicine activities of personal interest (i.e. sports medicine, chemical dependency, rural Family Practice, etc.) as desired.

Interpersonal and Communication

By the conclusion of the Family Medicine clerkship the student will:

Establish professional relationships with patients, gather medical family and social histories, and conduct physical examinations as indicated in order to construct a differential diagnosis and recommend treatment consistent with standards of care.

10. Develop hands-on experience in patient care by seeing patients independently and performing necessary history-taking and physical examination.
11. Participate in discussion and impromptu teaching sessions with the preceptors in order to gain exposure to approaches in management of common ambulatory illnesses.

Demonstrate clear, professional, and effective communication (written and oral) with patients, family members, colleagues, and other health care professionals.

12. Document history and physical findings, assessments, and management plans in the medical record.
13. Develop and refine the skills of teaching and communicating with professionals and patients by:
 - a) Preparing and delivering student presentations to classmates.
 - b) Presenting cases to the preceptors.
 - c) Interacting with patients in the capacity of teaching and counseling.

Deliver and accept constructive feedback.

14. Demonstrate the capacity to respond appropriately to constructive feedback given throughout the rotation and specifically at mid-rotation evaluations and in the observed focused visit.
15. Complete weekly evaluation forms for student and faculty presentations.

Professionalism, Advocacy, and Personal Growth

By the conclusion of the Family Medicine clerkship the student will:

Identify personal strengths and weaknesses in patient care and within the healthcare team and work to facilitate collaborative relationships.

16. Interact with other health care professionals to comprehend the role of the Family Physician as the coordinator of total health care of the patient.
17. Demonstrate respect for patients and families.
18. Recognize limits of personal knowledge.
19. Assess one's own strengths, weaknesses, and health (physical and emotional) and be willing to seek and accept supervision and constructive feedback.

Demonstrate responsible behaviors, consistent with the highest ethical standards of the profession of Family Medicine.

20. Be punctual and attend all required events.
21. Demonstrate integrity, responsibility, and accountability in the care of all patients.
22. Document and present medical data accurately and truthfully.
23. Recognize the importance of maintaining continuing professional responsibility for the patients' and families' health care.
24. Demonstrate respect for patient confidentiality and privacy regulations.
25. Avoid imposing personal values by using non-directive counseling when appropriate.
26. Demonstrate respect for patients whose lifestyles and values may be different from your own.

Demonstrate commitment to leadership and the advancement of knowledge.

27. Demonstrate scholarship in the form of contributing to a positive learning environment, collaborating with colleagues, and performing self-assessment and self-directed learning.
28. Perform concise, problem-focused presentation of the patient that reflects critical thinking in clinical decision making.

RESPONSIBILITIES OF THE PRECEPTOR/STUDENT:

Preceptor Responsibilities:

1. To provide a "hands-on" clinical experience for a third-year student for the Clerkship.
2. To review the student's educational objectives, strengths and weaknesses.
3. To introduce the student to staff, including descriptions of the duties of each staff member.

4. To discuss the preceptor's relationships with other physicians and health care providers (including referral mechanisms, professional organizations, hospitals, nursing homes, health maintenance organizations, etc.)
5. To review cases with the student on a regular basis, including impromptu clinical teaching sessions.
6. To evaluate the student performance and complete mid-term and final evaluation forms.
7. To submit any additional suggestions or recommendations to the Course Directors.

Student Responsibilities:

1. To participate in the care of patients in the clinical setting under the guidance of the preceptor.
2. To take an active role in the educational process, including case management and self-directed learning; i.e. independent reading about clinical scenarios encountered in the office.
3. To review with the preceptor all responsibilities outlined in section (A.) above.
4. To submit and discuss with the preceptor the skills assessment checklist.
5. To submit patient logs and SOAP notes to be reviewed by the Course Directors.
6. To notify Medical Student Coordinator if your preceptor is unavailable on your scheduled patient care day.

The Preceptor's Role

A good teacher-student relationship is essential for effective teaching and learning:

- Observe, critique, and help develop the student's skills at taking patient histories, performing physical exams and clinical procedures, and keeping clear and accurate records.
- Take time to instruct, supervise, answer questions, and provide feedback to the student. To protect this time, you may find it necessary to reduce your patient load or develop a student schedule. (i.e. Student does not need to see every patient, select two to four each ½ day for the student to see. The number may depend on the complexity of the patient.)
- Demonstrate diagnostic and procedural skills appropriate to primary care physicians, and allow the student ample opportunity to perform these under your supervision. Help build confidence so he/she will be able to do procedures and develop skills commensurate with their level of training.
- Help the student develop continuity of care with patients by observing treatment outcomes and participating in ongoing care of individual patients and their families. You, however, are ultimately responsible for all of the student's actions and need to closely supervise what he/she is doing. (i.e. encourage the student to see patients several times over the course of his/her rotation with you as appropriate.)
- While students should not be expected to see as many patients as you see during the day, they do need to learn how to care for patients in a timely fashion in the office. (This becomes more of a priority for students during the latter part of the third year.)
- Meet with students on a weekly basis to discuss cases the student has seen and to review the primary care topics. Take time for feedback. Hallway discussions and off-hand feedback are not as powerful as sitting down and having an unhurried dialogue with the student. Give the student an opportunity to talk about

particular patients and present one or more cases to you for critique. (It is fine to ask the student to do reading on a particular case or management situation and report back to you. i.e. Please review the guideline related to hypertensive medications in an African American patient.)

- Review the student's professional progress (charts, records the student checklists and activity log) and discuss any personal problems they may have. Encourage the student to give you feedback about your teaching as well. There will be forms to help guide the conversation of meeting expectations.
- Help students develop a differential diagnosis and treatment plan. Preceptor questioning, support, and reasoning will help here most if given after students make a diagnostic decision. Challenge the students, help them to think about how and why a diagnosis was made, and what they need to do to confirm or reject it, as well as elements of treatment. When you don't know the answer to a student's question, be honest, look it up together, and then discuss it. The emphasis during the third year of medical school is on refining the history & physical and differential diagnosis problem solving, not treatment. They need to be aware of general aspects of treatment, but the particulars of treatment are the focus of residency training.
- Formal evaluations are needed at the end of six weeks. The Clerkship Coordinator will send you a reminder to complete the evaluation through an online E-value system used for medical school clerkships. Please complete the online form and discuss it with the student. The form provides the format for your verbal discussion with your student. You have a wonderful opportunity to observe your student over an extended period of time, and provide feedback that can then be reviewed at the next evaluation. The written comments are particularly important as they form the basis for their performance letter for residency application.

The Student's Role

Clerkship students are first and foremost students. They will have basic competency in history taking and physical exam, as well as creating a differential diagnosis. It is critical that students get enough independent patient care experience during this rotation where they are encouraged to complete the interview/history taking, most of the physical exam, and then present the patient to you including differential diagnosis and plan. They should also be able to interact and review the chart and practice SOAP note documentation. It is important to remember that the student will always require supervision.

Throughout the clerkship, a student should learn how to evaluate and care for a broad mixture of medical problems that are seen in primary care settings. The goal for the student is to gain clinical confidence and develop *Competent or Proficient level* of medical history and physical examination skills. They also will develop *Advanced Beginner level to early Proficient level* competency of clinical diagnostic tests and treatment modalities of a wide range of medical problems.

A definition of the various levels of learners is as follows:

Novice: Fundamental knowledge, willing to learn

Beginner: Able to apply knowledge to assessment and plan, motivated to improve

Competent: Able to assess and improve self-skills

Proficient: Able to handle change, multiple problems, discern issues clearly.

Master: Leader and innovator of medical care.

The student should learn about and experience an **interprofessional team approach** to health care. We encourage students to meet all persons contributing to the care of your patients which can include nursing personnel, office staff, social workers, pharmacists, clinic administrators, and mental health professionals. The student should learn about the roles they play in the care of the patients in your community. Through this activity they will develop a context for how health care is provided in your community through various settings and they will understand how to utilize these professionals to provide better care for your patients.

Students are required to read textbooks, journals, and complete on-line curriculum during this clerkship. They may need protected time for completion of the curriculum, including required readings, projects, preparation of cases for formal presentations, and online work. In addition, they will need time for independent study to read background on the clinical cases they are involved in with you. An excellent way to assess the student’s readings and ongoing learning is to discuss the topics read with the preceptor briefly. This will further solidify the learning and it also has the potential for the student to teach something to the preceptor!!

Family Medicine Clerkship Didactic Material

<u>TBL</u>	<u>Workshops</u>	<u>Shelf Reviews</u>
<ul style="list-style-type: none"> ○ Behavior Change ○ CV Disease Risk ○ Dermatology ○ Geriatrics ○ Pain Management ○ Women’s Health 	<ul style="list-style-type: none"> ○ Dermatology ○ Information Mastery ○ Multiple Medical Problems ○ Musculoskeletal ○ Office Visits in FM ○ Preventative Services ○ QI Project ○ Rash 	<ul style="list-style-type: none"> ○ HA, Dizziness, URI, Part 1 ○ HA, Dizziness, URI, Part 2 ○ CAD, CHF, CP ○ Asthma, Allergies, COPD, Cough ○ Anxiety, Depression, Dyspepsia, LBP ○ Vaginitis, AUB, Dysuria, Male Urinary Sx

Other requirements

- Geriatric Home Visit
- Midterm Evaluation Forms – Preceptor and Student
- Patients Log
- QI Presentation
- 4 SOAP Notes
- Shelf Exam

Quality Improvement (QI) Project

One of the cutting edge areas of medicine in general, but particularly Family Medicine, is the Patient Centered Medical Home. As a part of the PCMH model, and as a requirement from the State of Ohio, we are asking our students to be a part of a quality improvement project in the clinical sites in which they are involved.

We have asked each student to be involved in a Plan, Do, Study, Act cycle of quality improvement. As we have explained to the students, any improvement project should involve the physician preceptors to help determine what the needs are in the local practice. The students have been given some areas of general suggestions, but it may be on any area of clinical practice that you feel needs improving. They should be meeting with you to discuss developing a simple plan for quality improvement over the six weeks of the clerkship. They will, in concert with you and your practice, help to implement the change that is decided. At the end of the clerkship, they will then study what the effects of the change were able to accomplish. They will then recommend any future acts that might help the practice to accomplish its goals.

In addition to presenting this information to you, they will also be presenting the information to other students in their clerkship rotation. For those of you that are working towards PCMH certification, this meets requirements of a Quality improvement project. It also may meet requirements of Part IV Maintenance of Certification requirements for ABFM certification.

Please let us know if you have any specific questions about this process. I would be glad to discuss the project with you and offer any assistance you might need.

Student Orientation in your office

- Take some time to show your student around the hospital and clinic. Introduce your student to other health professionals and staff and help your student get established.
- Talk with him/her about your (and their) expectations for the 6 weeks. Give your student an overview of the way medicine is practiced by the doctors in your clinic and your community. Note variations from the norm and highlight local issues that affect health care delivery.
- Explain established and effective practice routines within the clinic, hospital, emergency room, nursing home, etc.
- Explain the effective use and role of clinical health personnel to the student. Introduce him/her to each health care professional and explain the student's role in interacting with patients, staff and other health care professionals.

Student Evaluations

Approximately every six weeks you (or another physician precepting the student) must complete a performance evaluation on the student. Please include comments where appropriate within the evaluation and summary comments at the end. This evaluation is a majority of the clerkship grade. The comments given are very important and are used for preparation of the dean's letter and for residency application. Inform your student of the ratings and discuss the evaluation with him/her. A sample form is included in this guidebook. This is a critical opportunity for you to provide vital verbal feedback to the student on areas where they need focus, and where they excel. You will receive the evaluation via e-mail notification and must fill it out through the E-value system used by all courses in the medical school.

Please be aware that delays in completing the evaluation may compromise your student's grade and financial aid due to an incomplete record.

Grading

The grading for the clerkship components will be as follows:

Clinical Experience	50%
Final Examination	22.5%
IRAT	5%
GRAT	5%
Application	5%
SOAP Notes	5%
Information Mastery Presentation.....	2.5%
QI Project	2.5%
Geriatric Presentation.....	2.5%

Students should be with you at your clinic location Mondays, Tuesdays, Thursdays, Fridays. Wednesdays are didactic days with faculty at WSU campus. There will be 1-2 other days during the clerkship that students may be assigned off site experiences like Geriatrics Home visit and Inpatient team rounding. Please notify the Clerkship Coordinator and Director if a student is absent from your site more than expected.

KEYS TO A SUCCESSFUL EVALUATION PROCESS

- Be honest with the student on a day-to-day, week to week basis, and then a formal evaluation will come as no surprise to either of you. Try to give some feedback at the end of each day if possible.
- Evaluations should comment on progress and improvement when it occurs.
- Don't over-rate or inflate the grade of the student. Being an average student is no failure!
- Provide constructive criticism. IF NECESSARY, give critical evaluation. This can be very difficult, but it needs to be done. It is your responsibility as a preceptor. Please contact the clerkship director's office if you feel the student needs to be given this type of evaluation. Students need to know where there is a need for improvement.
- It is best to be honest with the student and NOT do the "sandwich" technique where negative feedback is given between two "layers" of positive feedback.

Preceptor as a Role Model AND MENTOR

You have the opportunity to be a tremendous influence on the future professional life of the student. Welcome her or him into your professional life in the clinic, hospital and community. Include the student in your professional duties beyond clinical care – administrative meetings, hospital committees, quality improvement projects. Students are also interested in your personal lifestyle and involvement in the community. What you say and do is extremely important in your student's professional education. If you are enthusiastic, honest and carry a positive attitude, the student will feel comfortable, confident, and inspired by your presence and guidance.

PRECEPTOR BENEFITS

Voluntary Faculty/Preceptor

The Office of Faculty and Clinical Affairs provides authorization forms to obtain a Wright 1 Card that grants unlimited use of the libraries and discounts for on campus activities and products. Tangible benefits for voluntary faculty/preceptor include:

- ✚ A certificate, suitable for framing, announcing affiliation with the School of Medicine
- ✚ Unlimited use of the Wright State University Libraries
- ✚ Set up of a university E-mail account
- ✚ Announcements for upcoming CME and other educational programs
- ✚ Automatic subscription to School of Medicine publication, Vital Signs, and other informational items
- ✚ Discounts at Wright State University Bookstore
- ✚ Up to 20 hours of CME credit
- ✚ Joy of knowing that you are training the next generation of family physicians

WORKING WITH MEDICAL STUDENTS USING ELECTRONIC HEALTH RECORDS (EHR)

--Society of Teachers of Family Medicine (STFM): Guidelines and Best Practices for Clinical Preceptors, June 2013

Medical students need to learn effective use of electronic health records (EHRs) to prepare them for their work as residents and practicing physicians.¹ This document reviews core medical student documentation issues and highlights core EHR concepts, functions, and skills that we believe all medical students should have exposure to and should begin developing competence in. As clinical preceptors we believe that actively considering these concepts and exposing your students to these concepts will enhance student learning and their ability to contribute meaningfully to the patient care experience.

The Center for Medicare and Medicaid Services (CMS) has established guidelines for documentation by students. While these guidelines apply only to the care of Medicare patients they are often adopted by other insurers. These guidelines are quoted here:

“Any contribution and participation of a student to the performance of a billable service (other than the review of systems and/or past family/social history which are not separately billable, but are taken as part of an E/M service) must be performed in the physical presence of a teaching physician or physical presence of a resident in a service meeting the requirements set forth in this section for teaching physician billing.

Students may document services in the medical record. However, the documentation of an E/M service by a student that may be referred to by the teaching physician is limited to documentation related to the review of systems and/or past family/social history. The teaching physician may not refer to a student’s documentation of physical exam findings or medical decision making in his or her personal note. If the medical student documents E/M services, the teaching physician must verify and redocument the history of present illness as well as perform and redocument the physical exam and medical decision making activities of the service.”

<http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R2303CP.pdf> (Accessed 4.22.2013)

While these guidelines do not restrict student participation in care, the narrow interpretation by some compliance officers does often impact the role of students in patient care. Many larger health care organizations have compliance officers whose interpretation of these guidelines restricts student documentation in the clinical environment. While each physician needs to be responsive to the CMS guidelines and local compliance issues, they should also consider advocating for appropriate student use of EHRs.

STFM has created two documents to help preceptors and other educators. The attached guidelines will help preceptors work effectively with students when using EHRs. STFM also encourages preceptors and other educators to engage compliance officers or organizations in discussions about the need for medical students to work meaningfully with electronic medical records. The accompanying STFM position on student use of EHR can be used in these discussions.

Best Practices for Clinicians Working with Medical Students while using EHRs

Medical students can play an integral role in your practice. In addition to the skills and time they can devote to your patients, as they gain skills in the use of EHRs, they can also assist in tracking and completing health screening and prevention recommendations and quality metrics, including Meaningful Use. But, students first should learn the core EHR concepts, functions and skills they need to be effective clinicians. Some of these core concepts, functions, and skills are listed as 'Best Practices' below.

Requirements: Medical students MUST...:

- Have their own unique login and password (not use their preceptor's login and password) to chart on behalf of the preceptor.
- Contribute meaningful data to the EHR with the inclusion of a student note or, at least, the student's review/update of the past, family/social history and ROS.
 - Enter needed data into the EHR and the rationale for entering clinical information in structured data fields versus the challenges of entering free text
 - Search for data within the HER
 - Review patient care protocols
 - Find and use disease specific templates, reminders and decision support
- Enter data into the appropriate fields in the HER.
- Have all notes reviewed, edited, and signed by the supervising physician, with appropriate instructive feedback given

Aspirational Goals: Ideally students SHOULD also:

- Have, at a minimum, one note per day routed to their preceptor for feedback
- Review screening and prevention recommendations for a given patient, bringing these to the attention of the supervising physician if needed
- Become familiar with:
 - Selection of diagnoses, CPT/ICD-10 codes, and how these are linked to billing
 - Order entry, including linking diagnoses to tests
 - E-prescribing, participating in this where possible
 - Patient Centered Medical Home metrics, to which they may contribute
 - Meaningful Use metrics, to which they may contribute
 - Query functions that practices use for population management, if available

Reference:

1. Hammoud MM, Dalrymple JL, Christner JG, et al. Medical Student Documentation in Electronic Health Records: A Collaborative Statement From the Alliance for Clinical Education. *Teaching and Learning in Medicine*, 2012. 24(3): 257-266.

CLERKSHIP CONTACTS

The core clerkship faculty includes Dr. Kate Conway (clerkship director), Dr. Donald Clark, Dr. John Donnelly, and Dr. F. Stuart Leeds. We are delighted to provide any assistance you may desire in responding to questions about the clerkship and precepting. Specific roles of the faculty include:

- serving as a liaison between the students and their preceptors;
- reviewing student performance and providing feedback;
- evaluating the student presentations;
- designing and evaluating the overall clerkship experience.

During the first week of the clerkship core faculty meet with students on an individual basis. The purpose of this meeting is for the students to get to know at least one of us on a closer basis, to ask any individual questions which they may have, to encourage early intervention in potential problems, and to allow us to discuss their personal goals for the clerkship.

We encourage students to investigate their interests in areas of Family Medicine in addition to their preceptor experiences. Areas such as Sports Medicine, Rural Family Practice, Chemical Dependency, Adolescent Medicine, Occupational Health, and other areas germane to Family Medicine may be included in the Clerkship experience if desired. We ask students to let us know of these interests ahead of time but they may also bring up these interests to you. Please feel free to discuss arrangements for these experiences with the Clerkship Director or Clerkship faculty.