

# ACE Clinical Clerkship Syllabus 2023-2024

## Clerkship Information

Director	Phone	Office	Campus
Tessa Rohrberg, MD	316-293-2607	Family and Community Medicine	KUSM-Wichita
Assistant Director	Phone	Office	Campus
Lynn Fisher, MD	316-293-2607	Family and Community Medicine	KUSM-Wichita
Assistant Director	Phone	Office	Campus
Rick Kellerman, MD	316-293-2607	Family and Community Medicine	KUSM-Wichita
Clerkship Administrator	Phone	Office	Campus
Mary Hursey	316-293-2607	Family and Community Medicine	KUSM-Wichita

## Overview of Clerkship

Material	Software	URLs
Clerkship calendar	Black Board	<a href="https://bb.kumc.edu/">https://bb.kumc.edu/</a>
Clerkship content, textbooks, and other curriculum materials	Black Board	<a href="https://bb.kumc.edu/">https://bb.kumc.edu/</a>
Pre-lecture reading/work	Black Board	<a href="https://bb.kumc.edu/">https://bb.kumc.edu/</a>
Quizzes	N/A	
Student performance	OASIS	<a href="https://kumc.oasisscheduling.com/">https://kumc.oasisscheduling.com/</a>
Clerkship & faculty evaluations	OASIS	<a href="https://kumc.oasisscheduling.com/">https://kumc.oasisscheduling.com/</a>
On-The-Fly evaluations	N/A	
Student Mistreatment Reporting		<a href="#">KUMC Concerning Behavior Reporting Tool</a>
Office of Student Affairs		<a href="#">Student Affairs Homepage</a>
Level 1 (Core) Syllabus		<a href="#">2023 2024 Phase II Syllabus Homepage 2023-2024.aspx</a>
Level 2 (Tricampus) Syllabus		<a href="#">Family Medicine Tri-Campus 2023-2024.aspx</a>

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Section 1: Family Medicine Clerkship Learning Objectives

<b>Clerkship Code</b>	<b>Learning Objective</b>	<b>KU Graduation Competency</b>
FAMD-20	Apply to a patient experience the core principles of family medicine care, including the <u>biopsychosocial approach</u> , <u>comprehensive care</u> , <u>continuity of care</u> , <u>coordinated care</u> (interprofessional and interdisciplinary), and care for the patient in the <u>context of family, community, and systems</u> .	SBP1. // SBP2.
FAMD-01	Set a <u>collaborative agenda</u> with a patient during an ambulatory visit.	ICS1. // P3.
FAMD-02	Elicit a <u>focused history</u> that includes information about adherence to the treatment plan, self-management, and barriers to care.	PC2. // P4. // SBP4
FAMD-21	Conduct a <u>focused physical examination</u> pertinent to the medical condition.	PC3.
FAMD-03	Perform an examination of any of the following <u>joints</u> : shoulder, elbow, wrist, hip, spine/back, knee, and ankle.	PC3.
FAMD-05	Perform a <u>functional assessment</u> for a patient of geriatric age.	PC2. // PC3. // KP1.
FAMD-06	Develop a systematic approach to the evaluation and management of an <u>undifferentiated problem</u> that demonstrates an understanding of urgency	KP1. // SBP3.
FAMD-07	Interpret information from a patient's history and physical exam to develop a <u>differential diagnosis</u> and identify the most likely diagnosis.	PC2. // PC3. // PC4. // PC5. // KP1.
FAMD-08	Conduct a patient visit that <u>includes the patient</u> in the development of screening and treatment plans	ICS1. // P3.
FAMD-09	Apply <u>current clinical guidelines</u> to a patient with a chronic illness.	PC6. // KP2. // PBLI6.
FAMD-10	Develop an <u>evidence-based health promotion and disease prevention plan</u> in collaboration with a patient.	PC6. // KP2. // P4.
FAMD-16	Answer clinical questions important to patient management using appropriate <u>evidence-based resources</u>	PC6. // KP1. // KP2. // PBLI6.
FAMD-11	Communicate with a patient using <u>patient-centered terminology</u> .	ICS1.
FAMD-12	<u>Communicate effectively</u> with patients and families from racial, geographic, religious, economic, or other backgrounds different from the student's own.	ICS1. // P4.
FAMD-13	<u>Orally present</u> an organized summary of a patient encounter, including a discussion of differential diagnoses and recommendations for care	ICS2.

FAMD-14	<u>Document</u> an ambulatory patient encounter in the electronic medical record.	ICS2. // ICS3.
FAMD-15	Elicit a patient's <u>motivation for change</u> and counsel that patient on lifestyle changes that support wellness and reduce harm.	PC2. // KP2. // ICS1. // P4.
FAMD-17	Create a set of <u>personal learning goals</u> that address areas for professional improvement and growth.	PBLI2. // PBLI3.
FAMD-18	Work effectively in <u>interprofessional teams</u>	ICS2. // IPC1.
FAMD-19	Illustrate how <u>social and structural determinants of health and disease</u> affect a patient's health.	SBP4.

## Section 2: Clerkship Assessment

The grading scale for each clerkship is Fail, Pass, and Pass with Distinction. The grading criteria are provided below and are specific to the clerkship. Please note that the pass with distinction designation will be decided by the tricampus grading committee for the clerkship.

### **Family Medicine Clerkship Grading Tabulations**

<b>Parameter</b>	<b>Fail</b>	<b>Pass</b>	<b>Pass with Distinction</b>
Professionalism*			
Clinical Performance Assessments (CPAs), includes narratives			
Observed History & Physical			
Mid-clerkship Feedback Meeting			
Required Patient Experiences (JayLogs)			
A Patient's Story Assignment			
Family Medicine Clerkship Objective Structured Clinical Exam (OSCE)	Failure to pass one or more stations	Must pass all three stations Mr. Bruno: 11.8/25** Ms. Carter: 13.5/25** Mx Ochoa: 19.7/25**	To Be Determined
NBME Clerkship Subject Exam in Family Medicine	<5th percentile rank	>5th to <70th percentile rank	>70th percentile rank

\*\* Includes "critical competency items", which are defined as items that, if missed, would result in inadequately assessing and managing the patient's situation.

### **1. Professionalism**

**\*Anything less than distinguished-level professionalism may interfere with the ability to acquire the pass with distinction designation.**

Professional behavior competencies include: consistent demonstration of respect; compassion; integrity and honesty; seeking and readily responding to feedback; modeling responsible behavior; consistently arriving on time for clinical activities; consistently available for clinical responsibilities; meeting deadlines in a timely manner; consistently considering the needs of patients, families and colleagues above own needs; maintaining patient confidentiality; working effectively in team-oriented patient care; willingly acknowledging errors. For example, a student who is being considered for pass with distinction may exemplify their professionalism by logging their duty hours and diagnosis and procedures on time and without prompting.

### **2. Clinical Performance Assessments (CPAs)**

The Clinical Performance Assessment (CPA) is the universal evaluation used by all supervising physicians at the School when assessing students' skills during third-year clinical courses. Pass designation in the CPA category will be decided by the tricampus grading committee for the clerkship.

### 3. Observed History and Physical

All students are required to complete an observed H&P.

### 4. Mid-Clerkship Feedback

At the midway point of the clerkship (4th or 5th week), students will meet individually with the clerkship director at an assigned time. Student patient logs will be reviewed, as will the student's goals for the clerkship. The student is required to submit the supplemental activity assignments (Section 11) and a copy of their week-by-week checklist (Section 8). The student will also be advised on their current progress on the rotation, any concerns held by the student or supervisors, and growth-oriented suggestions for improvement.

### 5. Required Patient Experiences (Jaylogs)

Please reference section Section 7 for information regarding Required Patient Experiences (Jaylogs) in the Family Medicine Clerkship. Students will receive an incomplete grade in the clerkship until all required diagnoses/procedure targets are met.

6. **A Patient's Story Assignment** See Appendix A for complete instructions regarding the required A Patient's Story Assignment.

### 7. Family Medicine OSCE

The Family Medicine OSCE is comprised of three stations. **A student must pass all three stations to pass the OSCE.** The student must achieve the passing score for each station to pass the station. The passing score includes \*\* "critical competency items", which are defined as items that, if missed, would result in inadequately assessing and managing the patient's situation.

#### 1. Mr. Bruno

- a. You will have 20 minutes in the room to take a comprehensive history, perform a *focused* physical examination, and communicate your assessment and plan to the patient.
- b. You will then have 15 minutes to write a post-encounter note about your encounter.
- c. *Each checklist item is weighted for a total of 25 points possible. The passing score for this station is 11.8 points out of 25, which includes critical competency items.*

#### 2. Ms. Carter

- a. You will have 20 minutes in the room to take a comprehensive history, perform a *focused* physical examination, and communicate your assessment and plan to the patient.
- b. You will then have 10 minutes to formally present the case to an attending physician
- c. You will then have 5 minutes to answer questions about the case.
- d. *Each checklist item is weighted for a total of 25 points possible. The passing score for this station is 13.5 points out of 25, which includes critical competency items.*

#### 3. Mx. Ochoa

- a. You will be given a brief handoff from an attending physician about the patient you are about to see.
- b. You will then have 10 minutes in the room to briefly interview the patient and perform a *complete* examination.
- c. *You will then have 5 minutes to answer questions about the case.*

*d. Each checklist item is weighted for a total of 25 points possible. The passing score for this station is 19.7 points out of 25, which includes critical competency items.*

**OSCE Remediation:** Again, a student must pass all three stations to pass the OSCE. If the student does not achieve a Pass on any one station, then the student must retake the station(s) that was (were) not passed at the next available remediation time for the FM OSCE.

## **8. NBME Subject Exam Policy**

All students are required to sit for the NBME Family Medicine Modular Core + Chronic + Musculoskeletal Examination in Week 8 of the clerkship. The student will receive a percentile rank based on prior academic year national norms, which will be used to determine their grade.

University of Kansas School of Medicine Students are required to take their NBME Subject Examination on the last Friday of the clerkship as scheduled. Extenuating circumstances sometimes occur. Contact the Academic and Student Affairs Office and the Clerkship Director in writing of extenuating circumstances a minimum of 4 weeks in advance of the exam when possible.

**NBME Subject Exam Remediation:** Students who fail the subject exam will be required to retake the shelf exam. The remediation exam will be administered during the second week of the following clerkship at a time specified by Academic and Student Affairs. Students who pass the subject exam on the second attempt will be assigned a grade based on the departmental policy. Students who fail a subject exam on a second attempt may be required to repeat the entire clerkship.

## **Request for Grade Review**

Grades are personal and confidential information that will only be discussed with the student (and other persons with the student's written permission and in the student's presence) in a clerkship director's office. Students wishing to contest a grade or an evaluation must submit a request in writing to a course/clerkship director. All requests for consideration must be submitted within 30 days of the posting of the grade by the Registrar.

[Process for Grade or Evaluation Review Policy](#)

Section 3: The Clinical Performance Assessment Form

**KU School of Medicine – Third-Year Clinical Performance Assessment  
(Assessment of students’ knowledge, skills, behaviors, and attitudes)**

Student: \_\_\_\_\_ Evaluator: \_\_\_\_\_

Clerkship: Fam. Med. Int. Med. Neurology Ob/Gyn Pediatrics Psychiatry Surgery

Amount of contact: ½ day Full day Partial week Full week Multiple weeks  
This assessment is an aggregate of multiple faculty over the evaluation period.

Dates of encounter (if evaluation is aggregate of multiple faculty over evaluation period, can leave start and end date blank)

Start Date \_\_\_\_\_ End Date \_\_\_\_\_

**DIRECTIONS: Please evaluate student based on your direct observation of their ability.**

<b>Professional activity</b>	<b>Below Expectations</b> Demonstrates some difficulty/deficit with the knowledge, skills, behaviors, and/or attitudes needed to adequately perform the professional activity.	<b>Meets Expectations</b> Demonstrates sufficient knowledge, skills, behaviors, and attitude to adequately perform the professional activity.	<b>Unable to Rate</b>
1) Behave Professionally: Consistently demonstrates respect, compassion, integrity and honesty; seeks and readily responds to feedback; consistently arrives on time for educational/clinical activities; meets deadlines in a timely manner; consistently considers the needs of patients, families and colleagues above own needs; maintains patient confidentiality; willingly acknowledges errors.			
2) Gathers an accurate history in a prioritized, organized manner, and with respect for the patient. The history should be tailored to the clinical situation and specific patient encounter.			
3) Performs an accurate mental status/physical exam in a prioritized, organized manner, and with respect for the patient. The mental status/physical examination should be tailored to the clinical situation and specific patient encounter.			
4) Prioritize a differential diagnosis following a clinical encounter: Integrates patient data to formulate an assessment, develops a list of potential diagnoses that can be prioritized, leading to selection of a working diagnosis.			
5) Recommend and interpret common diagnostic and screening tests: Selects and interprets common diagnostic and screening tests using evidence-based and cost-effective principles.			
6) Document a clinical encounter in the patient record: Provides accurate, focused and context specific			



documentation of a clinical encounter in either written or electronic formats.			
7) Provide an oral presentation of a clinical encounter: Concisely presents a summary of a patient encounter to achieve a shared understanding of the patient's current condition.			
8) Form clinical questions and retrieve evidence to advance patient care: Identifies key clinical questions in caring for patients, identifies information resources, and retrieves information and evidence that will be used to address those questions.			
9) Collaborate as a member of an interprofessional team: Actively participates in team decision-making, supportive of the roles and contributions of other professions, works effectively in team-oriented patient care.			

**Narrative comments (required for grading committee and may be used on the Dean's letter)**

<p><b>Please comment on at least one patient encounter the student had that stands out to you in a positive way (Be as descriptive as possible).</b></p>	<p><b>Describe at least one Skill, Behavior or Attitude that this student can improve (Be specific &amp; provide examples; Any Below Expectation rating must be explained).</b></p>
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#### Section 4: Community Faculty Preceptor

The family medicine clerkship emphasizes learning through participation in patient care. You have been assigned to a community volunteer faculty member (i.e., “preceptor”). You will spend most of your time with your community faculty preceptor who will involve you in all facets of their practice which may include office, hospital, emergency, community, and maternity care. This may be your first opportunity to work closely with a community physician “in the real world,” **so ask questions**, read about patients, and learn about the business aspects of the practice such as medical records, coding, and billing, and practice management. Most of the teaching practices are group practices, so you will be able to work with different physicians as directed by your assigned community faculty preceptor.

You must do more than observe or "shadow" the community faculty preceptor. Please inform the clerkship administrator if you are only “shadowing” so that we can ensure you have an active hands-on learning experience. Use your initiative to get a full picture of the life of a family physician. Please respect the time and goodwill of the volunteer physicians, office staff and patients who are willing to contribute to your education.

We try to make accommodating matches between students and community faculty preceptors. Notify us as soon as possible if problems are emerging in your community faculty preceptor’s office.

#### Communicating with your Community Faculty Preceptor:

Your community faculty preceptor has received a copy of your personal goals and objectives for the course and other clerkship materials such as the clerkship schedule, inpatient hospital experience schedule and Clinical Performance Assessment Form (Section 3) as well as electronic access to the syllabus and CMS documentation guidelines. On the first day in your community faculty preceptor’s office, review these with him/her, clarify your responsibilities in the office, and check your clerkship and preceptor schedules. Encourage your community faculty preceptor to give you immediate and continuous feedback on your knowledge base and clinical skills.

### OPTIONAL Rural Family Medicine Clerkship Opportunity

You may elect to do your family medicine clerkship with a rural family physician. If you do your clerkship in a rural community, you do need to be in Wichita for the scheduled didactic presentations. If you elect to do your clerkship in a rural community, you may not be required to participate in the residency inpatient hospital experience or the JayDoc Community Clinic activities.

### OPTIONAL Continuity Maternity Care Experience

This experience is optional. The Continuity Maternity Care Experience is designed to broaden your understanding of maternity care in family medicine. The Continuity Maternity Care Experience is time intensive, but you develop a relationship with your pregnant patient and are likely to be actively involved in the delivery. If you would like to do this, please notify the clerkship administrator either before the clerkship begins or during the first week of the clerkship.

You will be assigned to a patient who you will follow with one of the Via Christi residents at the residency program office on the St. Joseph campus or the St. Francis campus. You will be informed of the time and location of the patient's first OB visit during the clerkship. Thereafter, you will be responsible for ascertaining when future appointments will be. Ideally you should determine the date of the next visit at the end of each appointment you attend, as the patient often schedules their next appointment before leaving the office that day. You may also call the clinic to inquire about subsequent appointments. You are expected to attend the appointment with the patient and will be excused from your preceptor's office for the visit. You will be contacted when the patient presents in labor at the St. Joseph campus and should take an active role in her labor management and delivery. Depending on the delivery date, you may also participate in the care of the newborn at the initial well child checks.

You will receive an e-mail from the clerkship administrator that provides more details about your Continuity Maternity Care Experience. This e-mail will have information on the names of the patient and resident with whom you have been paired, who to contact, and where to report for visits.

The resident with whom you share this patient will submit a Clinical Performance Assessment Form (Section 3) that evaluates your participation during the course of the experience.

## Section 5: Inpatient Hospital Experience

To ensure that you work with family physicians providing hospital and emergency care during the clerkship, you may be scheduled for four day-shifts of inpatient hospital experiences with family medicine faculty and resident inpatient teams at either the Via Christi or Wesley Family Medicine Residency Program. Alternatively, you may elect to spend four days with the Smoky Hill Inpatient Team in Salina.

Please emphasize to your assigned faculty and residents that you would like to participate in all aspects of their care of hospitalized inpatients. It is best practice to review faculty and resident expectations the first day of your experience. Additionally, you are encouraged to share your goals for the week and seek out feedback accordingly.

The following explains the instructions for the inpatient hospital experience at each site.

- **Via Christi Family Medicine Residency Inpatient Team**

You will work four-day shifts with the Via Christi Family Medicine Residency inpatient team. You will help with adult inpatient medicine admissions and make rounds on inpatients. This experience is from 5:45 AM until 5:00 PM Tuesday through Friday. You will meet with the residents on inpatient medicine at Via Christi St. Joseph hospital in the medicine conference room across from the doctors' lounge (far East end of the first floor). You can also call the resident at 777-7277 to help find the room if you need. You will either be given 2-3 patients to round on or you may see a new admission if there is one pending. You will join the team for lecture at 8 am in the medicine conference room and make rounds with the family medicine faculty. After rounds, the medicine team will help connect you with the faculty on call who will help direct your patient care activities the remainder of the day. You will not have responsibilities in your preceptor's office during the week.

- **Wesley Family Medicine Residency Inpatient Team**

You will work four day-shifts with the Wesley Family Medicine Residency inpatient care team. You will help with adult and pediatric admissions and make rounds on hospitalized patients. This experience is from 6:30 AM until 5:00 PM Monday through Thursday. On Monday morning when you arrive at Wesley, please contact the Wesley operator (316-962-2000) and ask to have the "senior resident for Wesley Family Medicine" paged. You will agree on a location to meet in the hospital. You will not have responsibilities in your preceptor's office during the week.

- **Smoky Hill – Salina Family Medicine Residency Inpatient Team**

If you notify us before the rotation, we can arrange for you to spend four days with the Smoky Hill Family Medicine Residency Inpatient Team. If you notify us before or during the first week of the clerkship, we will try, but cannot assure, that we can schedule the week with Smoky Hill. Housing is provided in Salina.

Assessment: Each resident and faculty you work with will submit a Clinical Performance Assessment (Section 3) of your participation during the experience.

## Section 6: JayDoc Community Clinic Experience

You will be assigned to work at the student-run JayDoc Community Clinic twice during the clerkship. Students assigned to a rural preceptor may be exempt from this experience. The JayDoc Community Clinic is held at the Guadalupe Clinic at 940 S. St. Francis on Saturday mornings and 2825 South Hillside on Monday evenings.

The JayDoc Community Clinic operates from 9:00 AM to approximately 1:00 PM on Saturdays. You are expected to arrive and sign in by 8:40 AM for a pre-clinic meeting led by the JayDoc board member in charge for that day and stay until all patients have been seen and all work has been completed. On Monday evenings, the JayDoc Clinic doors open for staff at about 5:00 PM. Please arrive by 5:15 PM for orientation. The team will start seeing patients at 5:30 PM. You are expected to stay until all work is completed and your notes have been signed. Please check out with the director of the clinic before leaving for the day. You will be assigned a combination of Saturday mornings and/or Monday evenings.

When you arrive at JayDoc Community Clinic, the JayDoc Board of Directors requests you follow the following check-in procedure. The board uses this information to apply for grants that help fund clinic operations.

- Locate and introduce yourself to the JayDoc Board of Directors member who is in charge for the day.
- Sign in and out for each session. Write in capital letters so that your name can be easily read.
- Specify that you are an MS3 or MS4 student at KUSM-Wichita.
- Indicate your time of arrival and departure to the nearest five minutes.
- Wear your KUSM-Wichita identification badge. If you forget your badge, use one that is provided by Guadalupe Clinic. The Guadalupe Clinic badges are located on the wall beside the sign-in board.
- You may wear scrubs or business attire for clinic.

The patient flow process is the following:

- Patients will be roomed by a premedical student volunteer.
- Vital signs are taken by an MS1 or MS2 depending on availability. You may need to take the vital signs for your own patient.
- Patients ready to be seen will have their charts returned to the JayDoc clinic director who will let the M3/M4 students know a patient is ready to be seen. If medical students are all seeing patients, the chart will be returned to the front desk and the patient will wait in the lobby.
- The medical students will perform the history and physical exam. The pre-medical students may observe if they are not busy with other duties.
- The medical student will present the case to the attending physician.
- The attending physician will evaluate the patient. The attending physician must see the patient during the visit.
- A diagnosis and treatment plan will be formulated.
- The medical students will assist in arranging necessary lab tests, medications, and referrals.

- Once all patient questions have been answered, follow-up appointments will be set up, if necessary.
- Documentation will take place in AltasMD. The JayDoc clinic director will help you navigate this system and answer any questions you have. The faculty physician supervisor will review your documentation and provide you with feedback. The attending physician must sign the note.

If you have a question or need some help with something, there will always be a JayDoc executive board member present who can provide help.

Lab: All outpatient lab work is done via AMS. You will need to give the patient the top order sheet with the requested lab filled out in full. Keep the carbon copy in the chart.

Point-of-care labs include HbA1c, glucose, and urinalysis, among others.

Imaging studies: A limited number of imaging studies are obtained through the Guadalupe Clinic. The JayDoc executive board member will help you find the appropriate form for imaging referrals. Please note that there is often a long waitlist.

Forms: When in doubt, copy all forms before giving them to the patient and file the copies in the patient's chart. Please double-check the patient's name and DOB prior to giving them prescription medications or any other forms.

Medications: Some sample medications are available. Give samples first, then prescriptions for generic drugs, followed by prescriptions for brand name drugs as the patients can afford. Guadalupe staff and JayDoc director for the day will assist you with the medication process.

**Switching Your Assigned Shifts:** It is important that you keep your two assigned shifts for the JayDoc Community Clinic experience. Patients, your classmates, and the operation of the JayDoc Community Clinic depend on you.

You can switch your assigned shifts if you find a classmate willing to switch, you notify the clerkship administrator and you notify the JayDoc Director of Student Volunteers as well as the JayDoc clinic director for the day you are scheduled to volunteer. If you must make a change and cannot find a classmate to switch with you, please ask the clerkship administrator to help you.

If you have a competing commitment that might overlap with the end of your JayDoc Community Clinic shift, please switch your shift with a classmate.

You may volunteer for extra shifts at the JayDoc Community Clinic if you receive permission from the JayDoc Director of Student Volunteers.

Assessment: You will need to provide the faculty physician supervisor with the Clinical Performance Assessment form at the end of your shift. The faculty physician supervisor will complete this and return it to the clerkship administrator. This is the ONLY evaluation YOU need to distribute during the clerkship. You will find a copy of the Clinical Performance Assessment on Blackboard (Section 3).

## Section 7: Family Medicine Clerkship JayLog Logging Targets

Please review the following diagnosis and procedure targets for the Family Medicine Clerkship. During Week One, students should align the targets with their clinical assignments to ensure that all logging targets are met.

Students should continuously maintain and update their log of patient encounters. JayLog will be checked at the mid-clerkship to review how many and what types of patient encounters students have experienced and logged. Where there are gaps, mitigation strategies may include changes in clinical schedules.

Fundamental to a patient encounter is an interaction with a live (real) patient. After adding a patient encounter, students will log the patient's **age**, the **setting** (inpatient, outpatient, or either), and the **diagnoses** and/or **procedures** associated with that patient.

For each diagnosis or procedure, students will select one or more "qualifying actions" that demonstrate the student's level of responsibility in that patient encounter. At this point, students may also suggest new diagnoses, procedures, or "keywords" to better improve search results.

While students are encouraged to log all patient encounters, clerkships have defined a set of **required clinical experiences** or "**targets**." These targets are the core diagnoses and core procedures that faculty have identified as essential experiences for each specialty. Targets are defined by the diagnosis that should be seen or the procedure that should be conducted and by the minimal level of responsibility students are to perform ("direct" or "indirect" care) while involved in the patient's care. All diagnoses are direct care. Procedures are a combination of direct and indirect care. If a student logs a diagnosis or procedure, and indicates they did not perform the required level of responsibility through the qualifying actions selected, it will not satisfy the target. The JayLog dashboard will outline to students the specific targets in their current clerkship and detail their progress towards meeting those targets.

Students must have all required patient encounter targets, both diagnoses and procedures, logged by the end of the last day of the clerkship, Sunday at 11:59pm. After that date and time, students must submit alternate documentation of required patient encounter target completion to the clerkship administrator. Timely completion of JayLog is an expected professional behavior on clerkships.

Students will receive an incomplete grade in the clerkship until all required diagnoses/procedure targets are met and professionalism issue on the final grading tabulation.

## Required Clerkship Patient Experiences

Family Medicine Clerkship

Academic Year 2023-2024

Group	Diagnosis	Number Required	Student Role	Setting	Alternative Experience
Blood/immune disease	(any)	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 07: 53-year-old male with leg swelling
Circulatory (CV)	(any)	2	Direct clinical experience	Inpatient or ambulatory	<i>Choose from among the following. One case satisfies 1 required patient encounter alternative.</i>  Aquifer Family Medicine 09: 50-year-old female with palpitations  Aquifer Internal Medicine 02: 60-year-old female with chest pain
Circulatory (CV)	Hypertension	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 08: 54-year-old male with elevated blood pressure
Digestive (GI)	(any)	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 19: 39-year-old male with epigastric pain
Ear/mastoid	(any)	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 33: 28-year-old female with dizziness
Endocrine/nutritional/metabolic	(any)	1	Direct clinical experience	Inpatient or ambulatory	<i>Choose 1 from the following. Cannot be a duplicate case selected to satisfy an alternative experience in the same category.</i>  Aquifer Family Medicine 06: 57-year-old female diabetes care visit  Aquifer Internal Medicine 16: 45-year-old male who is overweight  Aquifer Family Medicine 21: 12-year-old female



					with fever
Endocrine/nutritional/metabolic	Diabetes mellitus	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 06: 57-year-old female diabetes care visit
Endocrine/nutritional/metabolic	Hyperlipidemia	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Internal Medicine 16: 45-year-old male who is overweight
Endocrine/nutritional/metabolic	Obesity	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 21: 12-year-old female with fever
Genitourinary (GU)	(any)	1	Direct clinical experience	Inpatient or ambulatory	<p><i>Choose 1 from the following.</i></p> <p>Aquifer Family Medicine 32: 33-year-old female with painful periods</p> <p>Aquifer Family Medicine 27: 17-year-old male with groin pain</p> <p>Aquifer Family Medicine 17: 55-year-old postmenopausal female with vaginal bleeding</p>
Mental/behavioral disorder	(any)	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 15: 42-year-old male with right upper quadrant pain
Mental/behavioral disorder	Mood disorder	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 03: 65-year-old female with insomnia
Musculoskeletal	(any)	4	Direct clinical experience	Inpatient or ambulatory	<p><i>Choose from among the following. One case satisfies 1 required patient encounter alternative.</i></p> <p>Aquifer Family Medicine 04: 19-year-old female with sports injury</p> <p>Aquifer Family Medicine 25: 38-year-old male with shoulder pain</p> <p>Aquifer Family Medicine 11: 74-year-old female with knee pain</p>

					Aquifer Family Medicine 10: 45-year-old male with low back pain
Nervous system	(any)	1	Direct clinical experience	Inpatient or ambulatory	<p><i>Choose 1 from the following.</i></p> <p>Aquifer Family Medicine 22: 70-year-old male with new-onset unilateral weakness</p> <p>Aquifer Family Medicine 18: 24-year-old female with headaches</p> <p>Aquifer Family Medicine 29: 72-year-old male with dementia</p>
Respiratory (Pulm)	(any)	3	Direct clinical experience	Inpatient or ambulatory	<p><i>Choose from among the following. One case satisfies 1 required patient encounter alternative.</i></p> <p>Aquifer Family Medicine 28: 58-year-old male with shortness of breath</p> <p>Aquifer Pediatrics 13: 6-year-old female with chronic cough</p> <p>Aquifer Family Medicine 13: 40-year-old male with a persistent cough</p>
Skin (Derm)	(any)	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 16: 68-year-old male with skin lesion
Special factors/well care	(any)	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Pediatrics 03: 3-year-old male well-child visit
Special factors/well care	Psychosocial complication	1	Direct clinical experience	Inpatient or ambulatory	Aquifer Family Medicine 20: 28-year-old female with abdominal pain
Special factors/well care	Well adolescent/adult	1	Direct clinical experience	Inpatient or ambulatory	<p><i>Choose 1 from the following.</i></p> <p>Aquifer Family Medicine 01: 45-year-old female</p>

					wellness visit Aquifer Family Medicine 02: 55-year-old male wellness visit
Symptoms and signs, not elsewhere classified	Chronic pain	1	Direct clinical experience	Inpatient or ambulatory	KU Family Medicine Case: Chronic Pain Management
<b>Group</b>	<b>Procedure (Skill)</b>	<b>Number Required</b>	<b>Student Role</b>	<b>Setting</b>	<b>Alternative Experience</b>
Symptoms and signs, not elsewhere classified	Functional Status / Timed Up and Go test, TUG	1	Direct clinical experience	Inpatient or ambulatory	Standardized patient meeting with Clerkship Director or Assistant Director

## Section 8: Mid-Term Summary: Week-by-Week Clinical Milestones Checklist

*Initial and date when each task is completed. The nature of some of these tasks make them patient and preceptor/practice dependent. You are not required to complete all tasks. Try your best, though, to find opportunities to attempt these skills. You can ask a patient if you can conduct a focused physical examination on them even if they do not have a complaint pertinent to that examination. For example, with consent, you could practice a knee exam on a willing patient who does not have a knee problem. **Please send this checklist to the clerkship administrator for the mid-clerkship feedback meeting with the clerkship director. Send a final checklist to the clerkship administrator during the last week of the clerkship.** You may work ahead and perform clinical experiences described in later weeks during an earlier time frame.*

### **Weeks 1-2**

- \_\_\_ 1. Discuss preceptor's expectations (e.g. arrival time, dress, patient care duties, EMR documentation, etc.).
- \_\_\_ 2. Perform at least **one observed** history and **one observed** physical and get feedback on your performance. The history and physical can be on the same or different patients. **Have your preceptor initial here. Observed History: \_\_\_\_\_ Date: \_\_\_\_\_ Observed Physical: \_\_\_\_\_ Date: \_\_\_\_\_**
- \_\_\_ 3. See some patients on your own each day. Provide your differential diagnosis and diagnostic and/or management strategy to your preceptor. If you are still only shadowing at the end of the second week, please let the clerkship administrator know.
- \_\_\_ 4. Document at least 2 SOAP notes. If you have access to the EMR, document at least 2 patient encounter notes as directed by your preceptor. If you do not have access to the EMR, write at least 2 patient encounter (i.e. SOAP) notes on paper or in Word and ask your preceptor to review and offer feedback.
- \_\_\_ 5. Read up on common clinical scenarios (diabetes management, cancer screening guidelines, acute otitis media treatment, back pain differential diagnosis, etc.) encountered in the office each day.
- \_\_\_ 6. Take the blood pressure in both arms of a patient. How does your technique compare to the Ausmed demonstration at <https://www.youtube.com/watch?v=hpd5lhMTZew?>
- \_\_\_ 7. Make sure you are recording your patient logs and duty hours.

### **Weeks 1-4**

- \_\_\_ 1. Perform **additional observed** histories and **additional observed** physical exams and get feedback on your performance. Ask yourself: "Am I progressing in my history taking and physical examination skills?"
- \_\_\_ 2. Perform an oral presentation following a thorough H&P format.
- \_\_\_ 3. Demonstrate proper otoscope technique.
- \_\_\_ 4. Demonstrate proper ophthalmoscope technique.
- \_\_\_ 5. Perform the following joint examinations. Initial and date when performed.  
\_\_\_ Hand and wrist \_\_\_ Elbow \_\_\_ Shoulder \_\_\_ Foot and ankle
- \_\_\_ 6. Perform a single alcohol survey question (SASQ) on a patient: "How many times in the past year have you had four (women)/five (men) or more drinks in a day?"
- \_\_\_ 7. Conduct a HITS and/or SAFE screen for intimate partner violence.
- \_\_\_ 8. Use the "Teach Back" technique to assess the patient's understanding of the plan.
- \_\_\_ 9. Continue to document in the EMR or on paper/Word and ask for feedback.
- \_\_\_ 10. Develop an answerable clinical question from a patient encounter, research it, and discuss your findings with your preceptor.
- \_\_\_ 11. Select a patient for "A Patient Story" project, discuss with your preceptor and begin work.
- \_\_\_ 12. Update your patient logs and duty hours in preparation for the mid-clerkship review.

- \_\_\_ 13. Participate in a mid-clerkship review with your preceptor.
- \_\_\_ 14. **Have your preceptor initial this form here. Bring it to the mid-clerkship review with the Clerkship Director.** You are NOT required to have all checked; the form is a guide.
- \_\_\_ 15. Send photos of you with your preceptor/staff to the clerkship administrator.

**Weeks 1-7**

- \_\_\_ 1. Perform **additional *observed*** histories and **additional *observed*** physical exams and get feedback on your performance.
- \_\_\_ 2. Continue to document in the EMR or on paper/Word and ask for feedback.
- \_\_\_ 3. Continue to read up on common clinical scenarios encountered in the office – ideally at least once a day. This will help prepare you for the end-of-clerkship exams.
- \_\_\_ 4. Demonstrate pre-visit planning for at least one patient each week. Look up the status of the patient’s preventive measures before their visit. If it is a follow-up appointment, look up the plan from the last visit to be aware of the goals for this visit.
- \_\_\_ 5. Demonstrate proper otoscope technique on a child under age 3 years.
- \_\_\_ 6. Perform the following joint examinations. Initial and date when performed.  
     \_\_\_ Knee                      \_\_\_ Hip                      \_\_\_ Back
- \_\_\_ 7. Attempt a joint injection (knee, shoulder, hip, etc.).
- \_\_\_ 8. Describe a skin lesion to your preceptor.
- \_\_\_ 9. Repair a skin laceration and/or perform a skin biopsy.
- \_\_\_ 10. Perform a diabetic foot exam and provide diabetic counseling.
- \_\_\_ 11. Provide obesity/weight loss counseling for at least one patient.
- \_\_\_ 12. Perform a cardiovascular risk assessment and provide counseling for at least one patient.
- \_\_\_ 13. Perform a breast examination under supervision of your preceptor.
- \_\_\_ 14. Perform a pelvic exam (including speculum use) under supervision of your preceptor.
- \_\_\_ 15. Perform a rectal/prostate exam on a male patient under supervision of your preceptor.
- \_\_\_ 16. Interpret at least one EKG.
- \_\_\_ 17. Perform a “Get Up and Go” test on a patient older than age 65 years.
- \_\_\_ 18. Perform a mini-cog test on a patient aged 65 years or older.
- \_\_\_ 19. Perform an ADL and IADL scale assessment on a patient older than age 65 years.
- \_\_\_ 20. Perform a PHQ-9 depression scale on a patient older than age 18 years.
- \_\_\_ 21. Use a motivation scale to practice motivational interviewing.

**Week 7-8**

- \_\_\_ 1. Share your “A Patient Story” paper with your preceptor.
- \_\_\_ 2. Make sure your patient logs are completed and you have met all of your targets. Patient logs should be uploaded for review by the clerkship administrator on Friday of Week 7.
- \_\_\_ 3. Duty hours are to be completed by the last Friday of the clerkship.
- \_\_\_ 4. Ask your preceptor for feedback about your performance during the rotation.
- \_\_\_ 5. Send a copy of this checklist to the clerkship administrator by the end of Week 7.
- \_\_\_ 6. Be sure to thank your preceptor for volunteering their time to expand your education.

## Section 9: Didactic Learning Activities

The Family Medicine Clerkship Didactic Curriculum has two components: the **FM Tricampus Required Reading** list (activities shared across all three campuses) and campus-specific didactics.

Notably, the Family Medicine Clerkship is responsible for teaching the musculoskeletal examination during the third year of the curriculum. See Appendix for the clerkship's **Tricampus Joint Examination Checklist**, which represents *exactly* which musculoskeletal physical exam skills students are expected know and be able to demonstrate upon completing the clerkship. Additionally, all students on all campuses must complete the following *required* reading as preparation for the summative exams in the Family Medicine Clerkship.

### FM Tricampus Required Reading

Musculoskeletal Topics and Joint Examination Skills	<ul style="list-style-type: none"> <li>• Tricampus Joint Examination Checklist (Appendix)</li> <li>• Aquifer Family Medicine 04: 19-year-old female with sports injury</li> <li>• Aquifer Family Medicine 10: 45-year-old male with low back pain</li> <li>• Aquifer Family Medicine 11: 74-year-old female with knee pain</li> <li>• Aquifer Family Medicine 25: 38-year-old male with shoulder pain</li> </ul>
Hypertension Evaluation and Management	<ul style="list-style-type: none"> <li>• Aquifer Family Medicine 08: 54-year-old male with elevated blood pressure</li> <li>• Buelt A, Richards A, Jones AL. Hypertension: New guidelines from the international society of hypertension. American Family Physician. 2021 Jun 15;103(12):763-5. <a href="https://www.aafp.org/pubs/afp/issues/2021/0615/p763.html">https://www.aafp.org/pubs/afp/issues/2021/0615/p763.html</a></li> </ul>
Hyperlipidemia Evaluation and Management	<ul style="list-style-type: none"> <li>• Maganti K. Key Points From the 2019 ACC/AHA Guidelines on the Primary Prevention of Cardiovascular Disease. American College of Cardiology. 2019 Apr 29. <a href="https://www.acc.org/latest-in-cardiology/articles/2019/04/29/07/42/key-points-from-the-2019-acc-aha-guidelines-on-the-primary-prevention-of-cvd">https://www.acc.org/latest-in-cardiology/articles/2019/04/29/07/42/key-points-from-the-2019-acc-aha-guidelines-on-the-primary-prevention-of-cvd</a></li> </ul>
Diabetes Mellitus, Screening	<ul style="list-style-type: none"> <li>• Diabetes Screenings, Adults; Clinical Preventive Services Recommendation. Am Academy Fam Physicians. 2022. <a href="https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/diabetes-screening-adults.html">https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/diabetes-screening-adults.html</a></li> </ul>
Behavior Change	<ul style="list-style-type: none"> <li>• Hooker SA, Punjabi A, Justesen K, Boyle L, Sherman MD. Encouraging health behavior change: eight evidence-based strategies. Family Practice Management. 2018 Mar;25(2):31-6. <a href="https://www.aafp.org/pubs/fpm/issues/2018/0300/p31.html">https://www.aafp.org/pubs/fpm/issues/2018/0300/p31.html</a></li> </ul>
The Well Child Check	<ul style="list-style-type: none"> <li>• Aquifer Pediatrics 03: 3-year-old male well-child visit</li> </ul>
Evidence-Based Adult Preventive Care	<ul style="list-style-type: none"> <li>• Aquifer Family Medicine 01: 45-year-old female wellness visit</li> <li>• Aquifer Family Medicine 02: 55-year-old male wellness visit</li> </ul>
Optimal Oral Presentation Skills	<ul style="list-style-type: none"> <li>• Ambulatory Workshop (KC)/Communication Skills (W) live didactic session (please check your clerkship schedule)</li> </ul>
Optimal Chart Note Writing Skills	<ul style="list-style-type: none"> <li>• Prabhu F. Quality Medical Note Module. Society of Teachers of Family Medicine. <a href="http://studentonboarding.stfm.org/qualitymedicalnote/">http://studentonboarding.stfm.org/qualitymedicalnote/</a></li> </ul>

Section 10: Seminars and Workshops

Seminar/ Workshop	Required Pre-Work Assignments	Supplemental Resources (Deep Dive)
Addiction Medicine	<p>Heather N, Best D, Kawalek A, Field M, Lewis M, Rotgers F, Wiers RW &amp; Heim ChD. Challenging the brain disease model of addiction: European launch of the addiction theory network. <i>Addiction Research &amp; Theory</i>. 2018;26(4):249-255.  <a href="https://www.tandfonline.com/doi/full/10.1080/16066359.2017.1399659">https://www.tandfonline.com/doi/full/10.1080/16066359.2017.1399659</a></p> <p>Volkow ND, Koob GF, McLellan AT. Neurobiologic advances from the brain disease model of addiction. [Review article] <i>N Engl J Med</i>. 2016;374(4):363-371.  <a href="https://www.nejm.org/doi/10.1056/NEJMra1511480">https://www.nejm.org/doi/10.1056/NEJMra1511480</a></p>	
Care of Adolescent	No prior readings required.	
Children’s MSK	No prior readings required.	
Cardiovascular Disease Management	No prior readings required.	<p>fmCases 7: 53-year-old male with leg swelling            fmCases 31: 66-year-old female with shortness of breath</p> <p>Maganti K. Key Points From the 2019 ACC/AHA Guidelines on the Primary Prevention of Cardiovascular Disease. <i>American College of Cardiology</i>. 2019 Apr 29.  <a href="https://www.acc.org/latest-in-cardiology/articles/2019/04/29/07/42/key-points-from-the-2019-acc-aha-guidelines-on-the-primary-prevention-of-cvd">https://www.acc.org/latest-in-cardiology/articles/2019/04/29/07/42/key-points-from-the-2019-acc-aha-guidelines-on-the-primary-prevention-of-cvd</a></p> <p>Buelt A, Richards A, Jones AL. Hypertension: New guidelines from the international society of hypertension. <i>American Family Physician</i>. 2021 Jun 15;103(12):763-5.  <a href="https://www.aafp.org/pubs/afp/issues/2021/0615/p763.html">https://www.aafp.org/pubs/afp/issues/2021/0615/p763.html</a></p>

<p>Chronic Disease Management</p>	<p>Assignment to be completed prior to seminar</p> <p>During class, we will study a patient with diabetes and several other chronic diseases. You will evaluate online resources for management of the patient’s conditions. Prior to class, please review the American Diabetes Association “Standards of Medical Care in Diabetes—2021 Abridged for Primary Care Providers” available at this link:  <a href="https://care.diabetesjournals.org/content/44/Supplement_1">https://care.diabetesjournals.org/content/44/Supplement_1</a>. Please focus on the sections that relate to adult patients with Type 2 diabetes.</p> <p>In class, we will practice applying these guidelines and other on-line resources to a patient with multiple chronic conditions.</p>	<p>For a deep dive, you can explore the entire “Standards” documents at:  <a href="https://care.diabetesjournals.org/content/43/Supplement_1">https://care.diabetesjournals.org/content/43/Supplement_1</a></p> <p>fmCases Case 8: 54-year-old male with elevated blood pressure</p> <p>fmCases Case 6: 57-year-old female diabetes care visit</p>
<p>Contraception</p>	<p>Lesnewski R. Initiating Hormonal Contraception. <i>Am Fam Physician</i> 2021;103(5):291-300.  <a href="https://www.aafp.org/afp/2021/0301/p291.html">https://www.aafp.org/afp/2021/0301/p291.html</a></p> <p>Beyond the pill. University of California San Francisco.  <a href="https://beyondthepill.ucsf.edu/educational-materials">https://beyondthepill.ucsf.edu/educational-materials</a></p> <p>How well does birth control work? University of California San Francisco.  <a href="https://beyondthepill.ucsf.edu/sites/beyondthepill.ucsf.edu/files/English-Effectiveness-Chart-102618.pdf">https://beyondthepill.ucsf.edu/sites/beyondthepill.ucsf.edu/files/English-Effectiveness-Chart-102618.pdf</a></p>	<p>fmCases Case 12: 16-year-old female with vaginal bleeding and UCG</p> <p>fmCases Case 32: 33-year-old with painful cycles</p> <p>Klein DA, Arnold JJ, Reese ES. Provision of contraception: Key recommendations from the CDC. <i>Am Fam Physician</i>. 2015;91(9):625-633.  <a href="https://www.aafp.org/afp/2015/0501/p625.html">https://www.aafp.org/afp/2015/0501/p625.html</a></p> <p>Hardeman J, Weiss BD. Intrauterine devices: An update. <i>Am Fam Physician</i>. 2014;89(6):445-450.  <a href="https://www.aafp.org/afp/2014/0315/P445.html">https://www.aafp.org/afp/2014/0315/P445.html</a></p> <p>Bosworth M, Olusola PL, Low SB. An update on emergency contraception. <i>Am Fam Physician</i>. 2014;89(7):545:550.  <a href="https://www.aafp.org/afp/2014/0401/p545.html">https://www.aafp.org/afp/2014/0401/p545.html</a></p> <p>CDC updates eligibility criteria for contraceptive use. <i>Am Fam</i></p>



		<p><i>Physician</i>. 2016;94(11):942-944.  <a href="https://www.aafp.org/afp/2016/1201/p942.pdf">https://www.aafp.org/afp/2016/1201/p942.pdf</a></p>
Dermatology	No prior readings required.	<p>DermNet NZ  <a href="https://dermnetnz.org/">https://dermnetnz.org/</a></p> <p>LearnDerm, Visual DX.  <a href="https://www.visualdx.com/learn/derm/">https://www.visualdx.com/learn/derm/</a></p> <p>Erlandson M, Wertz MC, Rosenfeld E. Common Skin Conditions During Pregnancy. <i>Am Fam Physician</i>. 2023 Feb;107(2):152-158. PMID: 36791447.  <a href="https://www.aafp.org/pubs/afp/issues/2023/0200/skin-conditions-during-pregnancy.html">https://www.aafp.org/pubs/afp/issues/2023/0200/skin-conditions-during-pregnancy.html</a></p> <p>Frazier WT, Proddatur S, Swope K. Common Dermatologic Conditions in Skin of Color. <i>Am Fam Physician</i>. 2023 Jan;107(1):26-34. PMID: 36689965.  <a href="https://www.aafp.org/pubs/afp/issues/2023/0100/dermatologic-conditions-skin-of-color.html">https://www.aafp.org/pubs/afp/issues/2023/0100/dermatologic-conditions-skin-of-color.html</a></p> <p>USPSTF Recommendation on Screening for Skin Cancer, <a href="https://www.uspreventiveservices.org/uspstf/recommendation/skin-cancer-screening">https://www.uspreventiveservices.org/uspstf/recommendation/skin-cancer-screening</a></p> <p>fmCases Case 16: 68-year-old male with skin lesion</p>
Dermatology Procedures	No prior readings required.	<p>Forsch RT, Little SH, Williams C. Laceration Repair: A Practical Approach. <i>Am Fam Physician</i> 2017;95(10):628-636.  <a href="https://www.aafp.org/afp/2017/0515/p628.html">https://www.aafp.org/afp/2017/0515/p628.html</a></p> <p>Picket P, O'Callaghan M. Shave and Punch Biopsy for Skin Lesions. <i>Am Fam Physician</i> 2011;84(9):995-1002.</p>

		<p><a href="https://www.aafp.org/afp/2011/1101/p995.html">https://www.aafp.org/afp/2011/1101/p995.html</a></p> <p>Zuber TJ. The mattress sutures: vertical, horizontal, and corner stitch. <i>Am Fam Physician</i>. 2002;66(12): 2231-6. <a href="https://www.aafp.org/afp/2002/1215/p2231.html">https://www.aafp.org/afp/2002/1215/p2231.html</a></p> <p>Learn How to Suture – Best Suture Techniques and Training (Duke Suture Skills Course) <a href="https://www.youtube.com/watch?v=TFwFMav_cpE">https://www.youtube.com/watch?v=TFwFMav_cpE</a></p>
Dizziness	<p>Rogers T, Noel MA, Garcia B. Dizziness: Evaluation and Management. <i>Am Fam Physician</i>, 2023;107(5):514-523. <a href="https://www.aafp.org/pubs/afp/issues/2023/0500/dizziness.html">https://www.aafp.org/pubs/afp/issues/2023/0500/dizziness.html</a></p>	<p>fmCases 33: 28-year-old female with dizziness</p>
ENT	<p>Gaddey HL, Wright MT, Nelson TN. Otitis media: Rapid evidence review. <i>Am Fam Physician</i>. 2019;100(6):350-356. <a href="https://www.aafp.org/afp/2019/0915/p350.html">https://www.aafp.org/afp/2019/0915/p350.html</a></p> <p>Kalra MG, Higgins KE, Perez ED. Common questions about streptococcal pharyngitis <i>Am Fam Physician</i>. 2016;94(1):24-31. <a href="http://www.aafp.org/afp/2016/0701/p24.html">http://www.aafp.org/afp/2016/0701/p24.html</a></p> <p>Otosopes/ophthalmoscopes are available for check out from the clerkship administrator so you can practice at home.</p>	<p>Sur DKC, Plesa ML. Treatment of allergic rhinitis. <i>Am Fam Physician</i>. 2015;92(11):985-992. <a href="http://www.aafp.org/afp/2015/1201/p985.html">http://www.aafp.org/afp/2015/1201/p985.html</a></p> <p>fmCases 13: 40-year-old male with a persistent cough</p> <p>fmCases 23: 5-year-old female with sore throat</p>
Eye Workshop	<p>Ozdalga E. Approach to the Retinal Exam (Ophthalmoscopy/Fundoscopy) YouTube Video. <i>Stanford Medicine</i>. 2016 <a href="https://www.youtube.com/watch?v=NhzBjmlxA_nk">https://www.youtube.com/watch?v=NhzBjmlxA_nk</a></p> <p>Otosopes/ophthalmoscopes are available for check out from the clerkship administrator so you can practice at home.</p>	
Geriatric Functional Assessment	<p>Tatum PE, Talebreza S, Ross JS. Geriatric Assessment: An Office Based Approach. <i>Am Fam Physician</i>. 2018;97(12):776-784. <a href="https://www.aafp.org/afp/2018/0615/p776.html">https://www.aafp.org/afp/2018/0615/p776.html</a></p>	<p>fmCases 29: 72-year-old male with dementia</p> <p>Geriatric Functional Assessment video <a href="https://pogoe.org/node/9950">https://pogoe.org/node/9950</a></p>

Joint Injection and Ultrasound	No prior readings required.	<p>Hitzeman N, Kim J. Cochrane for Clinicians. Putting Evidence Into Practice. Ultrasound-Guided Steroid Injections for Shoulder Pain. <i>Am Fam Physician</i> 2013;88(7):433-434.  <a href="https://www.aafp.org/pubs/afp/issues/2013/1001/p433.html">https://www.aafp.org/pubs/afp/issues/2013/1001/p433.html</a></p> <p>Zuber, TJ. Knee Joint Aspiration and Injection. <i>Am Fam Physician</i>. 2002;66(8):1497-1501.  <a href="https://www.aafp.org/pubs/afp/issues/2002/1015/p1497.html">https://www.aafp.org/pubs/afp/issues/2002/1015/p1497.html</a></p> <p>Tallia AF, Cardone DA. Diagnostic and Therapeutic Injection of the Shoulder Region. <i>Am Fam Physician</i>. 2003;67(6):1271-1278.  <a href="https://www.aafp.org/pubs/afp/issues/2003/0315/p1271.html">https://www.aafp.org/pubs/afp/issues/2003/0315/p1271.html</a></p> <p>Gruson KI, Ruchelsman DE, Zuckerman JD. Subacromial Corticosteroid Injections. <i>Journal of Shoulder and Elbow Surgery</i>. 2008 Jan 01;17(1): S118-S130.  <a href="https://www.sciencedirect.com/science/article/pii/S1058274607005708?via%3Dihub">https://www.sciencedirect.com/science/article/pii/S1058274607005708?via%3Dihub</a></p> <p>The POCUS Packet. Topic: Skin and Soft Tissue.  <a href="https://sites.google.com/view/the-pocuspacket/home">https://sites.google.com/view/the-pocuspacket/home</a></p>
Motivational Interviewing	Motivational Scale: <a href="http://www.sbirtoregon.org/wp-content/uploads/Pocket-card-Adults-English-pdf.pdf">http://www.sbirtoregon.org/wp-content/uploads/Pocket-card-Adults-English-pdf.pdf</a>	
Musculoskeletal MSK 1: Shoulder Elbow Hand/Wrist Foot/Ankle	Musculoskeletal examination YouTube videos. <i>Ascension Via Christi Family Medicine Sport Medicine</i> . 2016.  Examination techniques for knee conditions <a href="https://youtu.be/2Gg9e7DtSyc">https://youtu.be/2Gg9e7DtSyc</a> Examination techniques for hip conditions	fmCases 4: 19-year-old female with sports injury  fmCases 10: 45-year-old male with low back pain  fmCases 11: 74-year-old female

MSK 2: Knee Lumbosacral Spine Hip	<a href="https://youtu.be/NQ9khSFAUS0">https://youtu.be/NQ9khSFAUS0</a> Examination techniques for shoulder conditions <a href="https://youtu.be/7k93XS5zDDo">https://youtu.be/7k93XS5zDDo</a> Exercises and joint mobilization techniques and other therapy recommendations for large joint conditions <a href="https://youtu.be/jaARNf-uXnE">https://youtu.be/jaARNf-uXnE</a>	with knee pain  fmCases 25: 38-year-old male with shoulder pain  Musculoskeletal YouTube videos. <i>American Family Physician</i> . <a href="https://www.youtube.com/@AFPJournal">https://www.youtube.com/@AFPJournal</a>
Office Urology	No prior readings required.	Michels TC, Sands JE. Dysuria: Evaluation and Differential Diagnosis in Adults. <i>Am Fam Physician</i> 2015;92(9):778-788. <a href="https://www.aafp.org/afp/2015/1101/p778.html">https://www.aafp.org/afp/2015/1101/p778.html</a>
Preventive Medicine	No prior readings required.	U.S. Preventive Services Recommendations <a href="https://www.uspreventiveservices.org/Page/Name/recommendations">https://www.uspreventiveservices.org/Page/Name/recommendations</a>  fmCases 1: 45-year-old female wellness visit  fmCases 2: 55-year-old male wellness visit
Pulmonary Function	No prior readings required.	fmCases 28: 58-year-old male with shortness of breath
Social Determinants of Health	No prior readings required.	

## Section 11: Supplemental Self-Study Activities

There are seven (4) supplemental self-study activities that students will perform on their own time that are due on the Monday of the 5<sup>th</sup> week at 8:00 a.m.

### 1. Choosing Wisely Recommendation Review

Students will review the Choosing Wisely mission page <https://www.choosingwisely.org/our-mission/>, the recommendations of the American Academy of Family Physicians [https://www.choosingwisely.org/clinician-lists/#parentSociety=American\\_Academy\\_of\\_Family\\_Physicians](https://www.choosingwisely.org/clinician-lists/#parentSociety=American_Academy_of_Family_Physicians) and the recommendations of one other specialty <https://www.choosingwisely.org/clinician-lists/>. After your review, please write two paragraphs on the two most surprising clinical “Do not . . . .” recommendations you reviewed and send to the clerkship administrator by the deadline.

### 2. *American Family Physician* Article Review.

Students will pick an article of their choice from the last 12 months of *American Family Physician* at <https://www.aafp.org/journals/afp/content.html>. After reading the article, write a short paragraph about a clinical “practice changing” pearl you learned from the article and send to the clerkship administrator by the deadline.

### 3. Watch the video tutorial on Sensitivity, Specificity, PPV and NPV

<https://www.youtube.com/watch?v=mDwdlSdwCic>.

### 4. Please take a picture of you and your preceptor and/or office staff and/or hospital staff and/or office/hospital facilities. If applicable, also take a picture during your residency inpatient hospital assignment. Do not include identifiable patients.

## Instructions and Expectations

Each patient has a story.

A Patient's Story, including the description, reflection, and slide with image (described below)—all must be submitted to the Clerkship Administrator **by 8 am on Friday of Week 7 of the Clerkship**. To receive credit, your story must meet all criteria and be written using appropriate grammar, spelling, and punctuation.

You may be asked to present your story and reflection as part of a class exercise.

### *STEPS TO TAKE*

**Select a patient to interview.** Consider a patient you want to understand better or get to know better. Choose someone who faces challenges associated with a **Social Determinant** known to affect health, including, but not limited to:

- Financial problems that affect having enough to eat; getting medical care or medication; stable housing; utilities; transportation to work, school; getting childcare.
- Feeling unsafe in home, community, school, or workplace.
- Current or past experience of trauma significantly affecting their life.
- Mental health conditions making it more difficult for the person to function.
- A disability of any kind making it more difficult for the person to function.
- Social isolation, lack of social or emotional support.
- Someone who has experienced stigma, negative stereotypes, discrimination, or violence based on religion, race, ethnicity, gender, sexual orientation, age, body size, physical or systemic powerlessness, medical or mental health problems.

**Obtain consent.** Your supervising faculty or resident may be helpful as you select your patient to interview; please seek their advice and consent to interview the patient. Interviews often take place after the visit or patient encounter, often by telephone. Students sometimes feel awkward broaching these topics; they worry about revisiting painful experiences or making the patient uncomfortable. *Invite the patient to participate in an interview with you – tell them the purpose is to get to know a patient better and understand them as a whole person.* Describe this as an important part of your medical education. Give clear permission for the patient to decline or stop at any time. You may share the assignment description with them by reading it. When approached with real interest, patients feel listened to and validated, rather than exposed.

**Interview the patient you have selected.**

### *WHAT TO TURN IN*

#### 1. **Compose a description of the person in first-person voice (~200 words)**

Use a false name for your patient and always use the first-person voice (always say “I”):

- Begin the story “***I am (false name)***”
- Consider the person's medical condition(s), the reason they sought care the day you saw them, any challenges/barriers the patient faces, and how they might be seen by others. These will be described at least partly by saying “***I am more than . . .***”
- Describe the person in the context of their family and/or community, using quotations or anecdotes
- Describe what the person values and/or enjoys most in their life and work (paid or not)

2. **Write a personal reflection (an organized paragraph, ~200-400 words)**

- Clearly describe something you did intentionally to communicate well with this patient, in spite of differences that may have existed between you.
- Briefly share the most valuable things you gained from learning more about the person you chose for this project. How might this experience influence your future feelings, thoughts, or practice?

3. **Create a power point slide with a meaningful visual image**

- Include: “I am (false name)” by (your name)”. See examples below.
- Choose an appropriate visual that you associate with the person’s story. (*No pictures of patients or their homes. Choose a work of art, a symbol, a sports team, a building, or any image that enriches the story and enhances its memorability or emotional impact.*)
- Paste your patient’s description and your reflection in the “NOTES” section of the slide.

A Patient’s Story, including the description, reflection, and slide with image (described below)—all must be submitted to the Clerkship Administrator **by 8 am on Friday of Week 7 of the Clerkship**. To receive credit, your story must meet all criteria and be written using appropriate grammar, spelling, and punctuation.

You may be asked to present your story and reflection as part of a class exercise.

**Example Stories (this does not include the reflection you will write in addition)**

*I am Sharice*

I am more than a Black, single mother of 3 with 3 jobs; more than Monoclonal gammopathy of undetermined significance (MGUS); more than herpes; more than depression. The most important thing for me is my kids and having a home of my own. “I can’t stand to watch how my father treats my mother, or how she takes it. I want to raise my children in a home with no yelling.” “My oldest is 18, same age I was when I had him. I have worked and gone to school my whole life. I would finish my degree right now, if I had time, but if I don’t pay on my student loans, they take it out of my check.” “I work at the hospital full time and part-time shop for people who get groceries online. I used to work at Amazon at night, but it got too much. I went back to cleaning at night, because it is easier on my body.” “My youngest is 12 and she is beautiful, my joy. I just want to make sure no one hurts her.”

*I am Nashua*

I am 62 years old, a native of Oklahoma, but I have lived in this area since the early 80s. I am more than a childless old man. I am more than a terminal diagnosis of esophageal cancer. I am an artist, and my paintings, sculptures, and photographs are on display throughout the city. Teaching painting classes at my church brings me joy because I challenge my students to be better painters and better people. I challenge them to pay attention and see the world around them. I am in love with a woman I plan to marry. “I think I’ve got it right this time.” I hope to be remembered for my art and good will.

**Example Image slides**



*This project was adapted from “Faces of Family Medicine” developed by Nehman Andry, MD at UT Health, San Antonio*

### Section 13: Diversity, Equity and Inclusion in the Family Medicine Clerkship

Diversity and inclusiveness are fundamental to medical education and practice. The specialty of Family Medicine includes the tenets of advocacy and health equity. This includes caring for communities to help them achieve optimal health. Students are encouraged to have an open mind and respect differences of all kinds. The faculty share responsibility with the students for creating a learning climate that is hospitable to all perspectives and cultures. Together, we are expected to be honest, non-judgmental, reliable, respectful, responsible, accountable and ethical. Unprofessional, abusive, rude, or neglectful behavior toward patients, families, other health care professionals, students, faculty or staff will not be tolerated.

This is a clerkship that includes reflection, practice, and applied skills. It requires a commitment to trying new approaches and engaging fully in each session. Students should support one another and the larger team. Everyone enters with individual strengths and weaknesses and with a range of experiences from which we may collectively learn. Neither faculty nor students hold all the right answers about identities and lived experiences that differ from their own; all contributions are welcome.

Please reference the Diversity, Equity and Inclusion Toolkit for more information (<https://www.kumc.edu/diversity/resources/diversity-equity-and-inclusion-toolkit.html>).



## MSK WORKSHOP I

### **Shoulder, Elbow, Hand/Wrist, Foot/Ankle**

#### **Shoulder:**

**Inspection:** coloration, deformity, scars, swelling, effusion

**Palpation:** sternoclavicular joint, clavicle, acromioclavicular joint, biceps groove, coracoid process, acromion, musculature, medial border of scapula

**Range of motion:** active and passive (touchdown sign); flexion, extension, abduction, adduction, internal and external rotation

**Special tests/Neurovascular:**

Drop arm

Empty can

O'Brien's test

Neer's

Internal lag

Hawkins

External lag

Apprehension test

Scarf test

Speed's test

Consider cervical spine involvement (Spurling's maneuver, C5-T1 strength/sensation/DTRs)

#### **Elbow:**

**Inspection:** coloration, deformity, scars, swelling, effusion

**Palpation:** olecranon, medial and lateral epicondyles, radial head

**Range of motion:** active and passive; extension, flexion, supination, pronation

**Special tests/Neurovascular:** Tinel's ulnar nerve

#### **Hand/Wrist:**

**Inspection:** coloration, deformity, scars, swelling, effusion

**Palpation:** radial and ulnar styloids, anatomical snuffbox

**Range of motion:** active and passive; extension/flexion of hand and fingers, ulnar deviation, radial deviation, supination, pronation, opposition of thumb

**Special tests:** Tinel's of median nerve

Phalen's test

Thenar muscle strength

Ulnar collateral ligament test of the thumb

Finkelstein's Test

#### **Foot/Ankle:**

**Inspection:** coloration, deformity, scars, swelling, effusion

**Palpation:** medial and lateral malleoli and malleolar zones, deltoid ligament, anterior talofibular ligament, calcaneofibular ligament, posterior talofibular ligament, base of 5<sup>th</sup> metatarsal, navicular

**Range of motion of ankle:** plantar flexion, dorsiflexion, inversion, eversion

**Special tests/Neurovascular:** Anterior drawer of ankle

Inversion test (Talar tilt test)

Ottawa Ankle Rules

# MSK WORKSHOP II

## **Back, Knee, Hip**

### **Knee:**

**Inspection:** coloration, deformity, scars, swelling, effusion

**Palpation:** quadriceps tendon, patella, tibial tuberosity, medial and lateral joint lines, proximal fibula, pes anserine bursa

**Range of motion:** active/passive; flexion, extension

**Special tests/Neurovascular:**

Lachman's	McMurray's
Anterior drawer of knee	Posterior drawer
Varus/Valgus stress	Thessaly test
Patellar subluxation apprehension test	Patellar grind (Clarks sign)

### **Lumbosacral spine:**

**Inspection:** coloration, deformity, scars, swelling, effusion, curvature

**Palpation:** iliac crests, L4-5 joint space, sacroiliac joints, sciatic notch

**Range of motion:** flexion, extension, lateral flexion, rotation

**Special tests/Neurovascular:**

<b><u>Nerve root</u></b>	<b><u>Strength test</u></b>	<b><u>Sensation test</u></b>	<b><u>DTR</u></b>
L4	Heel walk/tibialis ant	Medial dorsal foot	Patellar
L5	Great toe dorsiflexion/ext hallucis longus	Lateral dorsal foot	
S1	Toe walk/peroneals	Lateral and plantar foot	Achilles

Patellar and Achilles reflexes	Straight leg raise
Stork test	FABER test
Slump test	

### **Hip:**


**Inspection:** coloration, deformity, scars, swelling, effusion, inguinal bulge


**Palpation:** Supine – anterior superior iliac spine, anterior inferior iliac spine, pubis symphysis; Lateral – greater trochanter, IT band, Prone – SI joint, ischial tuberosity, piriformis muscle


**Range of motion:** flexion (with knee bent/extended), extension, abduction, adduction, internal rotation, external rotation


**Special tests/Neurovascular:** FADIR test                      Iliotibial band stress test (Ober test)  
Modified Thomas test      Trendelenburg sign


## Appendix B: Frequently Used Clinical Apps


 Epocrates This app provides a reliable, comprehensive, and easily navigable service for looking up information about medications: uses, dosing, contraindications, reactions, interactions, pregnancy, pharmacology, and more.


 MDCalc This app provides more than 500 practical and evidence-based calculators, risk scores, algorithms, diagnostic criteria, formulas and other clinical tools.


 USPSTF Prevention Task Force This app helps clinicians identify United States Preventive Service Task Force (USPSTF) recommendations for screening, counseling, and preventive medicine services.

 Choosing Wisely This app provides 500-plus specialty society “Do Not . . . Recommendations” and more than 100 resources for patient education.

 Shots Immunizations This app from the American Academy of Family Physicians and the Society of Teachers of Family Medicine offers vaccine recommendation schedules for children, teens and adults with special instructions for patients with various medical conditions.

 PneumoRecs The *PneumoRecs VaxAdvisor* mobile app helps vaccination providers quickly and easily determine which pneumococcal vaccines a patient needs and when.

 CDC Vaccine Schedules This app shows child, adolescent, and adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and visually mimics the printed schedules.

 CDC Contraception This app from the CDC allows the clinician to search for birth control options based on the patient’s medical conditions and risk factors. The app assigns a medical eligibility criteria from 1 (no restriction for use of a contraceptive method) to 4 (unacceptable health risk for a specified contraceptive method) for each option.



ASCVD Plus This app from the American College of Cardiology uses a patient's age, sex, race, cholesterol numbers, smoking status, diabetes status and blood pressure to estimate the risk of developing arteriosclerotic cardiovascular disease (ASCVD) within the next 10 years. The app allows the clinician to determine the patient's potential need for a statin drug for primary prevention of ASCVD. The app is not designed to be used for someone with known CAD or CVD.



CV Risk Estimation This app presents clinicians with three valuable 10-year cardiovascular event risk calculators to serve clinicians and learners in primary prevention of cardiovascular disease. The calculators are Framingham 2008, ASCVD 2013, and the revised pooled cohort equations ASCVD of 2018.



CDC Opioid Guideline This app is a quick reference guide for prescribing opioids for chronic pain in the clinical setting. Provides information to inform clinical decision-making related to initiation, titration, and dosage safety when prescribing opioids. Also has a morphine equivalent calculator.



Geri-Kit This app was created by NYU Grossman School of Medicine. It provides quick reference and point-of-care tools for geriatric care, including cognition screening, depression screening, functional assessment (ADLs and IADLs), strength assessment (Get Up and Go test), falls, nutrition, polypharmacy screening and access to the Beers list.



American Diabetes Association Standards of Medical Care This app includes the latest in standards for diagnosing and treating diabetes, nutrition recommendations and principles, and valuable guidelines on managing diabetes and its complications in various settings. The app is updated as new guidelines are released throughout the year and users can customize their settings to automatically access new updates when they access the app.

## Appendix C: Resources.

1. The department offers you access to Aquifer Family Medicine (fmcases). This is an on-line case-based learning platform developed by the Society of Teachers of Family Medicine. You can access fmcases at <https://www.aquifer.org/courses/aquifer-family-medicine/>. Research has shown that completion of Aquifer cases correlates with passing the family medicine NBME examination.
2. *The American Family Physician*, published by the American Academy of Family Physicians ([www.aafp.org](http://www.aafp.org)), is the most-read medical journal in the United States and provides apposite clinical information in an easy-to-access format. *The American Family Physician* is available on-line. You must have a no-cost membership to the AAFP to access it at <https://www.aafp.org/journals/afp.html>. Talk to the clerkship administrator if you want an AAFP membership.
3. The Farha Library (<http://wichita.kumc.edu/farha-library.html>) has many resources that students frequently access for clinical information. Two favorites are Up-To-Date and Elsevier's Clinical Key.
4. A.R. Dykes Library Key Family Medicine Resources (<https://guides.library.kumc.edu/SOMclerkships/family-medicine>) provides a centralized location for popular databases, key textbooks, key journals, and patient education.
5. Because prevention is a key component of family medicine, we place a lot of emphasis on the United States Preventive Services Task Force recommendations that can be accessed at <https://www.uspreventiveservicestaskforce.org/BrowseRec/Index>.
6. Many students enjoy learning using a question-and-answer format. The AAFP allows medical students to access American Board of Family Medicine board review questions at <https://www.aafp.org/cme/cme-topic/all/bd-review-questions.html>. These questions tend to be case-based and are applicable to medical students studying for tests. You must have a no-cost membership to the AAFP to access the questions. Talk to the clerkship administrator if you want an AAFP membership.
7. Upon request, the department will loan you the textbook *Essentials of Family Medicine* (7th edition) by Smith, Schrager and WinklerPrins. This is an excellent get-to-the-point text that will cover many topics pertinent to family medicine. The text does not go into great depth, but will provide you with a sound overview, especially if your time is limited.
8. There is no one way to study and different medical students learn through different methods. In the end, find a study method that works for you and use it consistently.

## Policy 1: Phase II Secure Storage/Lockers, Call Rooms, Study and Relaxation Space and Scrubs

Secure storage for students is available at the Ascension Via Christi St. Joseph campus. Lockers are located on the main level (first floor) in the common area of the student and resident call rooms. This is the room labeled “Medical Education” at the end of the hallway outside the Medical Staff Lounge and the Family Medicine Residents' workroom for the Adult Medicine team. The door to this hallway is labeled 2350 and is located just inside the east entry doors.

Secure storage for students is available at the Ascension Via Christi St. Francis campus. Lockers are located near the surgery waiting area on the third floor.

Secure storage for students is available at Wesley Medical Center. Storage lockers are located near the sleep rooms on the first floor of Building 1, across from the cafeteria. Storage lockers for students are also available on the fourth floor of Building 1 in Room 424.

Secure storage for students is available at the Salina Regional Health Center in the key-pad secure resident room in the hospital basement near the laboratory. There are sleep rooms in the physician lounge that are available to students.

Students are required to provide their own padlock.

Students are not assigned to overnight call on the family medicine clerkship, but may have rare occasions when they elect to stay after-hours for patient care and/or educational opportunities. Sleep rooms are readily available for students at Ascension Via Christi Hospitals, Wesley Medical Center and Salina Regional Health Center. Students have ready access to scrubs in these facilities.

When a student elects to do their family medicine clerkship in a rural community, nearby housing is arranged. All community and rural preceptor sites are aware that secure storage must be available for students. Please inquire with your assigned preceptor about these accommodations. Scrubs are provided when appropriate for the clinical setting.

If a student finds that secure storage, overnight accommodations, scrubs or housing are not available or adequate, they should contact the clerkship administrator.