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What is Family Medicine?

The specialty of Family Medicine is centered on lasting, caring relationships with patients and their families. Family physicians integrate the biological, clinical and behavioral sciences to provide continuing and comprehensive health care. The scope of practice encompasses all ages, both genders, each organ system and every disease entity.

The specialty is three-dimensional, combining knowledge and skill with a unique process. The patient-physician relationship is central to this process. Knowledge and skills vary among family physicians according to their patients’ needs and the ability to incorporate new information into their practices. Above all, the scope of family practice is dynamic, expanding, and evolutionary.

What exactly do you do as a family physician?

Integrated inpatient and outpatient care

Inpatient Medicine
Care for hospitalized patients, both adults and children
Provide critical care in conjunction with appropriate specialty consultation
Provide maternity care
Provide emergency care

Outpatient Medicine
Treat urgent care diseases
Manage chronic diseases
Perform maternity care
Perform well child - prevention/screening
Perform well adult care – prevention/screening
Perform minor surgical procedures

Community medicine
Promote healthcare to the community as a whole

Lecture/Workshop Required Readings:

You are required to read the following articles prior to each workshop/lecture.

Due to copyright law and HSC OP 57.02 you are required to access these articles through the HSC library. Instructions for accessing articles are listed on the course content page of the Lubbock FM Clerkship WebCT site.

Derm Workshop:


2. Zuber T. Punch Biopsy of the Skin. American Family Physician. 2002;65(6);1161-2,1164.

Diabetes Management Lecture:

1. Insulin the First Treatment Choice for Newly Diagnosed Type 2’s. Diabetes In Control Newsletter. 2009;482. www. DiabetesIncontrol.com

Ortho Workshop:

You can logout in the middle of a case and pick back up at the same spot the next time you login.

CLERKSHIP GOALS AND OBJECTIVES


I. ASSESS THE PATIENT IN THE AMBULATORY SETTING
   a. Demonstrate effective verbal, non-verbal, and written communication with the patient and family.
   b. Elicit a pertinent history.
   c. Demonstrate the ability to perform a pertinent physical exam.
   d. Demonstrate the ability to communicate effectively with other members of the health care team.
   e. Demonstrate the ability to generate a problem list and appropriate assessment of the problem.
   f. Counsel and educate patients and families about acute illness, chronic illness, harmful personal behaviors/habits, and health maintenance strategies
   g. Apply screening protocols based on guidelines and recommendations to identify risks for disease or injury and opportunities to promote wellness across the continuum of the life cycle.
   h. Perform concise problem-focused presentation of the patient that reflects critical thinking in clinical decision making.

II. ASSESS THE PATIENT IN THE HOSPITAL SETTING
   a. Demonstrate the ability to obtain a complete history, including past medical, psychosocial, family history, and complete review of systems.
   b. Demonstrate the ability to perform a complete physical examination.
   c. Demonstrate the ability to communicate effectively with other members of the health care team.
   d. Appreciate the interaction between family medicine and the health care system (consultants, nursing, allied health professionals, social services, administrative staff, etc.).
   e. Demonstrate the ability to take care of the patient on a daily basis in the hospital setting.
   f. Demonstrate the ability to deliver a concise and pertinent verbal presentation of the patient’s daily care.
III. APPRECIATE THE CARE OF THE PATIENT ACROSS THE CONTINUUM OF THE LIFE CYCLE
a. Demonstrate the ability to educate the patient about disease prevention.
b. Understand appropriate health maintenance recommendations by age, sex, and risk.
c. Develop an awareness of psycho-social factors that have an impact on wellness and illness of both the patient and their family and incorporate into a management plan.
d. Demonstrate respect for all cultures, genders, and ethnicities.

IV. UNDERSTAND COMMON DISEASES SEEN BY FAMILY MEDICINE PHYSICIANS
a. Correctly diagnose diseases commonly seen in the family medicine setting.
b. Develop a logical management plan for patient care, based on evidence-based medicine.
c. Participate in a chronic disease management plan in partnership with the patient, patient’s family, and other health care professionals that enhance functional outcome and quality of life.

a. Describe social, community, and economic factors that affect patient care
b. Describe community based interventions to modify or eliminate identified risks for disease or injury

Design A Case Instructions

Design A Case is an online application for using case studies. You will be assigned Design-A-Case in the event that you do not meet the minimum requirements of numbers of patient medical problems seen on the clerkship. Below are the instructions for accessing your web case assignment in Design A Case. If you have any problems logging in, please email support@designacase.org for help.

1. Retrieve Your Password
   - In a web browser, go to http://www.designacase.org
   - On the right hand side of the page, under the Logon button, click "Forgot password?"
   - Type your full school email address (username@ttuhsc.edu) into the box and click Submit
   - Your password will be emailed to your school email address. Check your email account to retrieve the password. You will use this password to login to Design-A-Case from now on.

2. Login to Design A Case and Begin Assignment
   - In a web browser, go to http://www.designacase.org
   - On the right hand side of the page, type in your full school email address (username@ttuhsc.edu) and password
   - Check the box for “I agree to the Terms and Conditions”
   - Click the “Logon” button.

   - Once logged in, click the course title you are enrolled in.
   - The list of web cases will be shown.
   - Click on the title of a case to start a case.
   - Within the case, click the Continue, Submit, and Faculty Response buttons to move forward.
   - All questions must be answered on a page before clicking the Submit button.
   - Once a page is submitted, your answers are saved and cannot be changed.
4. Load episodes onto an MP3 player or listen to them on a computer with speakers

To access the series through the TTUHSC Family Medicine website:
1. Go to www.ttuhsc.edu/fammed. Select “Reynolds Geriatrics series” from the podcast series list at right.
2. The podcasts can also be accessed directly through the following link:
   http://www.ttuhsc.edu/som/fammed/ttmedcast/gerseries/default.aspx

Geriatrics Podcast Testing and Evaluation

Family Medicine clerkships: You will receive an e-mail around Week 6 of your clerkship rotation, prompting you to complete the on-line instrument. Doing so will add extra credit points to your clerkship quiz grade.

Questions about Geriatrics Podcasts: Contact Dr. Betsy Jones, FM-LBK betsy.jones@ttuhsc.edu or 806-743-1100 x233

INSTITUTIONAL EDUCATIONAL VISION, GOALS, AND OBJECTIVES

Vision: Graduates of the TTUHSC-SOM will be knowledgeable, competent, and compassionate health professionals who work diligently to improve the health of the public.

Goal: The Texas Tech University Health Sciences Center School of Medicine will graduate physicians who deliver patient-centered care as members of an interdisciplinary team, emphasizing evidence-based practice, quality improvement approaches, and informatics.

Objectives: To accomplish our goal, the Texas Tech University Health Sciences Center School of Medicine has identified key objectives for our program that address the knowledge, skills, behaviors, and attitudes needed for students to acquire the degree of Doctor of Medicine. These objectives are designed to ensure that students acquire the six core competencies described by the Accreditation Council for Graduate Medical Education: patient care, medical knowledge, practice-based learning and improvement, interpersonal and communication skills, professionalism, and systems-based practice. Each block, clerkship and rotation sets forth specific learning objectives and their outcome measurements based on these key educational objectives. The School of Medicine will continue to review these objectives and revise as needed to ensure that the vision and goals are met. Upon completion of all required courses and clinical educational experiences the student will be able to:

C. Patient Care: (That is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health)

1. Participate in competent and humane medical care of individuals, families and the larger society based on the scientific and clinical principles of health and its promotion, disease and its prevention and management, and psychosocial factors influencing the well-being of patients. C-1

2. Assess the clinical status of patients to include obtaining a patient’s history, performing a comprehensive physical examination, and assessing and describing treatment plans to address the medical and emotional needs of the patient. C-2
3. Evaluate the clinical status of patients through proficiency in clinical reasoning, including identification of clinical problems using scientific methods, data collection, hypothesis formulation, and the retrieval, management, and appropriate use of biomedical information for decision-making. C-3

K. Medical Knowledge: (Of established and evolving biomedical, clinical, and behavioral sciences and their application to patient care)

1. Describe the application of the scientific method for solving problems in the basic and clinical sciences. K-1
2. Complete both comprehensive and problem-specific physical examinations appropriate to the concerns, symptoms, and history of the patient. K-2
4. Integrate the patient interview and physical examination findings with medical knowledge to identify the clinical problems of patients, formulate differential diagnoses, apply the scientific method and develop plans for diagnostic investigation, treatment, and management. K-3
5. Describe the application of laboratory tests and diagnostic procedures and interpret their results. K-4
6. Analyze clinical problems and formulate differential diagnoses, diagnostic investigations and clinical treatment and management plans by applying data from the clinical interview and clinical examination. K-5
7. Participate in the selection and performance of basic diagnostic and therapeutic procedures. K-6

Texas Tech MedCast Geriatrics Podcast Curriculum
MSIII Students, Family Medicine & Internal Medicine Clerkships

Overview
As you may know, TTUHSC publishes several podcast series in the Texas Tech MedCast, one of which—the Reynolds Geriatrics Series—is designed to supplement the teaching of geriatrics for medical students and residents. During your Family Medicine and Internal Medicine clerkship rotations, you will be expected to listen to eight podcast episodes, four in each semester, and to complete a testing and evaluation instrument.

For the 2010-11 year, these podcasts include:

<table>
<thead>
<tr>
<th>Fall Series (FM or IM Rotation)</th>
<th>Spring Series (FM or IM Rotation)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assessing the Older Adult: Approach to the Patient</td>
<td>• Geriatric Polypharmacy</td>
</tr>
<tr>
<td>• Nursing Home Visits: A How-To Guide</td>
<td>• Evaluation of Falls in the Elderly</td>
</tr>
<tr>
<td>• Geriatric Functional Assessment</td>
<td>• Assessing Mental Status</td>
</tr>
<tr>
<td>• Preventive Screening for the Elderly</td>
<td>• Delirium in the Elderly Patient</td>
</tr>
</tbody>
</table>

How to Access the Texas Tech MedCast Reynolds Geriatrics Series
The Texas Tech MedCast can be accessed via three methods, through the iTunes Music Store, the TTU iTunesU site or the TTUHSC Department of Family Medicine website:

To access the series through iTunes or iTunesU:
1. Download iTunes from www.apple.com & install it on your computer (Mac or PC)
2. Find the MedCast by searching the Music Store with search terms texas tech medcast. Look for the Red Raider Doc logo above.
3. Click “Subscribe” to the Texas Tech MedCast to get future episodes or “Get” to get previous episodes
3. Look for the Courses box on the top, left-hand side. You should see **0306 Palliative Care** listed. Click on that course name.

4. The next screen is the Course Home. Note the tabs at the top. Click on Modules.

5. Click on MS-PCE for Texas Tech.

6. Follow the online instructions. Be sure to complete the Begin Here module, which is a knowledge and attitude assessment. During your 1-week experience, you’ll be expected to complete the following modules:

1. **Dying in America:** The Role of Palliative Care
2. **Symptom Management in the Last Days of Life**
3. **Pain Assessment**
4. **Dyspnea and Delirium**
5. **Addiction Assessment in Palliative Care**
6. **Delivering Bad News**
7. **Symptom Management in the Last Days of Life**
8. **Pain Assessment**
9. **Nausea: diagnosis and management**
10. **Dyspnea and Delirium**
11. **Addiction Assessment in Palliative Care**
12. **Delivering Bad News**
13. **Discussing DNR Orders**
14. **Discussing DNR Orders**
15. **Discussing DNR Orders**
16. **Discussing DNR Orders**
17. **Discussing DNR Orders**
18. **Discussing DNR Orders**

**FAST FACTS (by MCW):** [www.eperc.mcw.edu](http://www.eperc.mcw.edu)

**L. Practice-Based Learning and Improvement:** *(The investigation and evaluation of patient care practices, appraisal and assimilation of scientific evidence, and improvement of patient care practices)*

1. Apply evidence-based care to patients and use skilled clinical reasoning and the current state of medical art and science. L-1
2. Use analytical tools for data collection, quantitative analysis, critical reading and investigation, and apply these data to the clinical care of patients. L-2
3. Use self-directed learning and information technology to acquire information from the basic and clinical sciences needed for patient care. L-3
4. Demonstrate commitment to life-long learning, including self-directed study of basic and clinical science, critical assessment of the medical literature, and the use of evidence-based medicine. L-4

**I. Interpersonal and Communication Skills:** *(The ability to effectively exchange information and collaborate with patients, their families, and other health professionals)*

1. Communicate effectively, both verbally and non-verbally, with patients and their families, colleagues, and other health care professionals about clinical assessments and findings, diagnostic testing, therapeutic interventions, prognosis, and disease processes. I-1
2. Demonstrate an understanding of the social nature of health care and the need for respect for patients, other health care professionals, and administrative members of the health care systems. I-2

**P. Professionalism:** *(The behaviors of a competent, compassionate, and ethical physician)*
1. Demonstrate professional integrity and exemplary behavior, including compassion, truthfulness, ethical reasoning, and altruism. P-1

2. Demonstrate sensitivity to the diverse biopsychosocial, cultural, and spiritual needs of patients and communicate clearly, respectfully, and compassionately with patients, their families and other health care professionals. P-2

3. Participate in patient care that is compassionate and empathic, including pain management, substance abuse, mental health disorders, or terminal illness. P-3

4. Demonstrate dedication to the highest ethical standards governing physician-patient relationships, including privacy, confidentiality, and the fiduciary role of the physician and health care systems. P-6

S. System-Based Practice: (The larger context and system of healthcare that includes effective use of resources in the system to provide optimum health care)

1. Describe the organization of the health care delivery system and the professional, economic, legal, and ethical expectations of physicians. S-1

2. Demonstrate the application of the principles of behavioral and social sciences as applied to family systems and their effect on patient health. S-2

3. Employ health care within an interdisciplinary team that is safe, effective, patient-centered, timely, efficient, and equitable. (Added from IOM)

TEACHING ACTIVITIES

Didactics
- Lectures

3. What have I learned about the symptom care of patients at end-of-life? What value do I think these skills will have on my future practice?

4. What spiritual, emotional and social aspects have I seen that impact the care of the patient and family? How will I address these needs in my future practice?

5. Where do I need the most development in my skills for palliative medicine? How do I plan to accomplish this development?

How to Access the Medical College of Wisconsin (MCW) Palliative Care Models (ANGEL):

1. Go to https://campus.mcw.edu/frames.aspx (You might want to bookmark the link.)

2. Log in with your user name and password that will be mailed to you from MCW; you may be asked to change your password to something that you can remember. Your user name is your e-mail address
**Standard Schedule:**

<table>
<thead>
<tr>
<th>Monday 8:15am</th>
<th>Tuesday 8:30am</th>
<th>Wednesday 8:30am</th>
<th>Thursday 8:30am</th>
<th>Friday 8:15am</th>
</tr>
</thead>
<tbody>
<tr>
<td>VistaCare “Tommie Talk”</td>
<td>CMC* In-patient service Oblender (Nurses &amp; Team)</td>
<td>One-on-one experience with Chaplain/ non-MD team members</td>
<td>CMC In-patient service Oblender (Nurses &amp; Team)</td>
<td>VistaCare home &amp; in-patient visits Farrell (Nurses)</td>
</tr>
<tr>
<td>VistaCare, 1717 Norfolk 4th Floor</td>
<td>CMC West3 room 323</td>
<td>Hospice of Lubbock 13th &amp; Slide</td>
<td>CMC West3 323</td>
<td>VistaCare</td>
</tr>
<tr>
<td>Self-Study</td>
<td>Self-Study</td>
<td>Self-Study</td>
<td>Self-Study</td>
<td>Self-Study</td>
</tr>
<tr>
<td>[1:30pm] CMC In-patient service + family meetings</td>
<td>Continuity Clinic</td>
<td>TTUHSC LECTURES or Self-Study</td>
<td>Palliative Medicine Block De-Brief &amp; Evaluation Farrell (Ragain)</td>
<td></td>
</tr>
</tbody>
</table>

**Palliative Care / Hospice Experience Reflection Questions:**

Address at least 3 of the following as you reflect on your activities during this experience. The time and length you spend on this assignment is primarily based upon your needs as this is for your benefit. At a minimum we would expect you to write at least half a page on each question you choose.

1. What is my personal comfort with death and how has it changed? What experiences caused these changes?

2. What have been the most difficult issues I have observed or felt during this experience?
Clinical Learning Objectives
Sloane refers to Sloane’s Essentials of Family Medicine, 5th Edition

Abdominal Pain
1. Obtain a focused history and perform an effective physical exam for a patient with acute abdominal pain.
2. List the differential diagnosis for acute abdominal pain syndromes by location of pain.
3. Order appropriate lab and imaging studies to assist in the diagnosis of abdominal pain.
4. Describe treatments for various causes of acute abdominal pain.
5. Demonstrate appropriate referral of patients with abdominal pain as indicated.
Sloane: Chapter 22

Ankle Pain
1. Describe the anatomy of the ankle
2. Recognize symptoms and signs of common ankle injuries
3. Demonstrate a proper ankle exam that efficiently locates damaged structures
4. Describe general treatment guidelines, including proper rehab, for common ankle injuries
5. Appropriately apply the Ottawa Ankle Rules for assessment of ankle injuries
Sloane: Chapter 35

Asthma / Allergic Rhinitis
1. List elements in the history and physical that are indicative of asthma and allergic rhinitis.
2. List the classification of asthma and asthma exacerbations.
3. List asthma drugs and their applications.
4. Explain the role of pulmonary function tests in the diagnosis and management of asthma.
5. Describe the correct use of a peak flow meter and MDI.
6. Describe treatments for allergic rhinitis.
7. Differentiate allergic rhinitis from URI.
8. Name allergy triggers and ways to modify them.
Sloane: Chapter 49

• Identify the differences and similarities between palliative care and hospice.
• Describe state law(s) concerning advance directives, DNR orders, and futility policies.

PALLIATIVE MEDICINE BLOCK HIGHLIGHTS
• Conducted during weeks 2-7 of each 8-week rotation
• 2 or 3 students for each block
• Two half-days of inpatient clinical experience
• One full day of hospice

Orientation to be conducted once for all students at the beginning of each rotation:
Introduction to Palliative Medicine (Ragain or Farrell)
• Pre-test review
• Student needs assessment
• Philosophy of hospice/ palliative medicine
• Philosophy of pain

Clinical Experiences:
• Family meetings, with debrief opportunities
• Patient experience
  o Symptom Case
  o Management Case
  o Imminent Death/ Last few days of life
  o Death pronouncement
• Patient write-up- 4 domains

Didactic Experiences:
• Medical College of Wisconsin’s Angel Self-study Modules (available from https://campus.mcw.edu/frames.aspx (see instructions below)
  Modules: 1, 8, 9, 11, 12, 13, 16, 18
• Journal/ blogging as preparation for debrief
• Non-MD Patient Encounters
• Describe pharmacological properties of morphine (dose-time efficacy curves for IV and oral morphine and common toxicities).
• Describe a systematic approach for deciding upon and then adjusting baseline doses and breakthrough doses of oral morphine.
• Demonstrate equianalgesic oral/parenteral morphine calculations using a reference guide.
• Know first-line treatment for opioid-induced constipation and nausea.
• Define tolerance, physical dependence, psychological dependence, addiction and pseudo-addiction.
• Recognize and manage symptoms in the last days of life.
• Differentiate sadness from clinical depression from anticipatory grief.

Interpersonal and Communication Skills (V, C)
• Demonstrate a step-wise approach to Giving Bad News.
• Elicit patient understanding of illness and prognosis as part of an initial palliative care encounter.
• Demonstrate empathy and compassion by acknowledging, legitimating, and exploring patient emotions; able to use silence effectively.
• Demonstrate how to determine medical decision-making capacity.
• Demonstrate how to conduct a DNR discussion.

Practice-based Learning and Improvement (II, C, D)
• Find evidence-based resources and guidelines for pain and symptom management relevant to patient encounters.
• Demonstrate how to use best available evidence to facilitate patient care encounter.
• Actively seek and utilize feedback to improve performance.

Systems Based Practice (VI, C)
• Demonstrate ability to work as a member of an interdisciplinary team.
• Identify the eligibility requirements, covered services, reimbursement mechanism and physician’s role, as described by the Medicare Hospice Benefit.

Supplemental Reading (not required):
http://www.nhlbi.nih.gov/guidelines/asthma/index.htm

Chest Pain
1. Obtain the history and perform a physical exam for a patient presenting with chest pain.
2. Given patient characteristics, estimate the likelihood of coronary artery disease.
3. List the differential diagnosis for acute chest pain.
4. List the EKG findings of acute coronary ischemia.
5. Order and correctly interpret the lab findings in a patient with chest pain.
6. List drugs used for treatment of coronary artery disease, including contraindications and interactions.
7. Explain the role of cardiac tests in the diagnosis and management of chest pain.

Sloane: Chapter 9, 10

COPD
1. Describe the pathophysiology of COPD.
2. Distinguish between COPD and reactive airway disease.
3. Describe appropriate history, physical exam findings, and spirometry results expected in COPD
4. Describe appropriate treatment for and monitoring of COPD.
5. COPD/GOLD Guidelines

Sloane: Chapter 51
Supplemental Reading (not required): http://www.goldcopd.com

Depression
1. Discuss clinical clues that indicate the need to evaluate the patient for anxiety or depression.
2. Describe key findings of depression and dysthymia.
3. Discuss the differential diagnosis of depressed mood.
4. Discuss selection of antidepressant medication. Include advantages and important adverse effects or contraindications of commonly used medications.
5. Describe appropriate considerations for follow-up visits.
Dermatology

1. Accurately describe skin lesions and rashes
2. Define terms that describe the morphology, shape, and pattern of skin lesions.
3. Recognize the most common lesions and rashes in adults and children.
4. Demonstrate the ability to use pattern recognition for quick diagnosis of common skin problems.
5. Understand rationale for the use of common topical and oral dermatological medications.
6. Become familiar with acne medications and antibiotics, antifungals, and antiviral medications for the skin.
7. Discuss the choice of topical steroids by potency and vehicle based on the patient's condition.
8. Describe common biopsy procedures including shave biopsy, punch biopsy, and elliptical excision.
9. Provide patient education verbally along with appropriate handouts on skin problems.
10. Discuss the role of stress and other exacerbating factors in various skin diseases

Diabetes Mellitus

1. Define Type 1 and Type 2 diabetes mellitus.
2. Identify components of a diabetic focused visit for both initial diagnosis and follow-up.
3. Select appropriate laboratory tests to monitor diabetes and screen for complications.
4. Outline aggressive treatment strategies to control diabetes and prevent complications.
5. State the goals for optimal control of glucose, blood pressure and cholesterol.
6. Assess a patient’s understanding in order to educate, motivate, and establish goals for glycemic control.
7. List indications, contraindications, and potential adverse reactions to pharmacotherapies for treatment of diabetes.

Medical School Palliative Care Education Project

The Association of American Medical Colleges (AAMC) recommends that all graduating medical students must be able to assess and provide pain management, identify patients’ psychological, social, and spiritual needs, and discuss palliative care as a positive option for very ill patients. Thus, during your Family Medicine Clerkship, you will complete a 1-week Palliative Medicine experience that will allow you a special opportunity to gain those recommended skills.

ONE-WEEK PALLIATIVE CARE/HOSPICE EXPERIENCE LEARNING OBJECTIVES

Domains Addressed:
- Symptoms management
- Decision management

After completing the Palliative Care experience, Texas Tech students should be able to:

Professionalism (VI, C, D)
- Speak personally regarding the impact of helping patients and their families in the setting of life-threatening illness.
- Describe how personal values and past personal and professional experiences impact their values toward the care of seriously ill patients.
- Articulate the impact of caring for seriously ill and dying patients on one’s professional development as a physician.

Patient Care/Medical Knowledge (I, III, A, B)
- Demonstrate a whole patient palliative care assessment.
- Identify common family concerns at the time of death.
- Demonstrate competence with use of pain medications.
- Speak personally regarding the meaning of pain and pain management.
- Demonstrate a systematic pain assessment using a standardized assessment schema (e.g. PQRST).
LABORATORY:
Hemoglobin 11.1 (11.5-15.5 g/dL), hematocrit 35.8 (35.0-46.1%), MCV 101 (80.8-98.0 fl), platelet count 212,000 (140,000-400,000/UL). Electrolytes within normal limits. GGT 178 (15-45 IU/L), alkaline phosphatase 264 (35-129 IU/L), AST 97 (0-37 IU/L), ALT 29 (0-41 IU/L). EKG shows left ventricular hypertrophy. Chest x-ray shows mild cardiomegaly, no infiltrates. TSH 0.19 (0.27-4.20).

Dysuria
1. List the differential diagnosis for dysuria.
2. List red flags for a complicated urinary tract infection.
3. List criteria for outpatient vs. inpatient management.
4. Describe the management of UTI/dysuria, including the appropriate antibiotics and length of treatment for both uncomplicated and complicated UTIs.

End of Life — Hospice Objectives
1. Describe the meaning of the term hospice.
2. Describe the members and functions of the hospice care team.
3. Describe common patient/family reactions to the concept of hospice care.
4. Demonstrate communication skills in discussing hospice care with a patient/family.
5. Make a pain assessment and use the WHO analgesic ladder to treat pain.

Sloane: Chapter 28
Primer of Palliative Care, 4th Edition, Quill et al

Evidence Based Medicine — Interpreting and Using Diagnostic Tests
1. Define the practice of evidence based medicine
2. Describe the “usefulness of information” equation.
3. Define and calculate sensitivity and specificity
4. Define and calculate positive and negative predictive value and likelihood ratios

Sloane: Chapter 3

Fatigue
1. Understand the prevalence and significance of the complaint of fatigue
2. Perform an appropriate H&P in regards to complaint of fatigue
3. Understand the diagnostic plan and diagnostic criteria
4. Communicate in an empathetic and sympathetic manner with fatigue patients by explaining the mental and physical aspects of the disease
5. Know the physiology, pathology, and psychological mechanisms contributing to the disease
6. Know the principles of disease management and improve the patient’s quality of life
Sloane: Chapter 44

Geriatrics
1. Perform a comprehensive history and physical exam on a frail elderly patient
2. Perform at least 2 commonly used tests to evaluate the functional status of a geriatric patient, e.g. The “get up and go” test; and the mini-mental status examination
3. Conduct a nursing home visit on a frail elderly patient
4. Identify gaps in their own knowledge and frame appropriate clinical questions in regard to care of the elderly patient
   http://www.aafp.org/afp/20000215/1089.html

Headache
1. Identify common causes of headache in the primary care setting.
2. Identify symptoms of headache that require urgent evaluation.
3. Discuss indications for CT and MRI.
4. Outline management for common causes of headache.
Sloane: Chapter 45

Health Maintenance
1. Discuss the key issues for well adult care.
2. Describe the RISE mnemonic as a tool for providing preventive care.
3. Discuss use of the RISE tool for major age/gender groups including children and early/middle/late adult life.
4. Access and utilize the USPSTF recommendations for screening Sloane Chapters: 5, 6

PERSONAL/SOCIAL HISTORY:

REVIEW OF SYSTEMS:
Unremarkable except for increased urinary flow with nocturia x 5 at night on average. 15 pound weight loss in the last year.

PHYSICAL EXAMINATION:
Appearance: Underweight older male with kyphosis; well groomed; appears angry.
Vital signs: Blood pressure: 146/60, Heart rate: 100 and regular. Respirations 16
Skin: Several telangiectasias over the chest and abdomen.
HEENT: Pupils constrict 3mm to 2mm; ERRLA, Cataract in right eye: left disc flat, without H/E. EOMI; cerumen in canals bilaterally. Pharynx without exudates. Neck: supple, thyroid not palpable. No lymphadenopathy
Lungs: Resonant, a few crackles in the bases.
CV: JVP 6 cm above RA. Carotid upstrokes brisk, no bruits. Good S1, S2. Grade I/VI systolic murmur at LLSB.
Abdomen: Soft, non-tender, no organomegaly, no masses.
GU: Uncircumcised, with testicular atrophy.
Rectal: Prostate 3+ enlarged, no palpable nodules; stool brown, guaiac negative, vault without masses.
Extremities: Trace edema bilaterally. Pulses 2+ bilaterally
Neuro: Mental status: irritable but alert; oriented to person, place and time. Affect flat. Cranial nerves: II-XII intact. Motor: Strength 5/5 throughout bulk generally decreased. RAMs, F→N with dysmetria. Gait and balance: able to get up from chair without assistance on second attempt; shuffling steps prominent on turns, reaches for wall once. Sensory: decreased pinprick in lower extremities. Reflexes: 2+ and symmetrical. Toes down-going.
Mr. Johnson is an 81-year-old retired engineer, who was widowed one year ago. He lives alone and has been referred to you by his daughter who is a patient of yours. She notes that the patient has been increasingly confused, having occasional falls and bruises. She is concerned that several weeks ago he fell and broke his wrist but refused medical treatment and did not go to the Emergency Center or seek care from a physician. The patient comes in with his daughter for a first visit to your office with a brown bag full of all of the medications he has been taking. It is clear during the initial interview that the patient is not there on his own accord and has been brought in by his daughter, as he is somewhat defensive and claims, “There’s nothing wrong – I want to go home.” He denies other recent falls except one at a grandson’s wedding reception. He is not sure why he fell.

Medications: Inderal 80 mg bid; Synthroid 0.1 mg p.o. daily; Antivert 25 mg p.o. tid; Benadryl 25 mg p.o. TID for allergy, Lasix, 80 mg p.o. every morning; Potassium Chloride 20mEq p.o. daily; Digoxin 0.25 mg p.o. daily

Allergies: None known
Smoking: Quit smoking 20 years ago with 40 pack-year history
EtOH: Drinks cognac to go to sleep each evening.

PAST MEDICAL HISTORY:
Childhood: Unremarkable
Medical: Hypertension x 10 years; hypothyroidism; osteoarthritis – shoulders and hips; dizziness requiring medication; decreased hearing
Surgical: Left total hip replacement, 2005
Psychiatric: No history of treatment for depression

FAMILY HISTORY:
Mother died of MI at age 81; father died of a car accident at age 40; has one sister who died of breast cancer; one brother with coronary artery disease, and a second brother with history of liver disease.

Hyperlipidemia
1. Understand the role of lipid management in cardiac disease.
2. List modifiable risk factors for coronary artery disease.
3. Describe the goals for LDL cholesterol and HDL cholesterol per ATP III Guidelines.
4. Discuss management of hypercholesterolemia.

Supplemental Reading (not required):

Hypertension
1. Provide diagnostic criteria, including those for urgency and emergency, as well as special populations per JNCVII Guidelines.
2. List common secondary causes, including an understanding of Metabolic Syndrome.
3. Appreciate and detail the potential consequences of untreated hypertension.
4. Review pharmacologic and non-pharmacologic treatment options for hypertension, including:
   a. Drugs of choice based on patient’s concurrent medical conditions
   b. Contraindications and relative costs of medications.

Supplemental Reading (Not required):

Knee Pain
1. Describe the anatomy of the knee.
2. Recognize symptoms and signs, or patterns of common knee injuries.
3. Demonstrate a proper knee exam that efficiently locates damaged structures.
4. Know general treatment guidelines, including proper rehab, for common knee injuries
5. Appropriately apply the Ottawa Knee rules.

Low Back Pain
1. Demonstrate the appropriate physical examination to evaluate low back pain.
2. Recognize risk factors for and prevalence of acute low back pain.
3. Appreciate the economic impact of low back pain.
4. Describe the initial work-up of adults with acute low back pain, per AHCPR guidelines.
5. Differentiate between uncomplicated and complicated causes of acute low back pain.
6. Appropriately recommend therapy and reconditioning for acute low back pain.
7. Recommend appropriate referrals for routine or emergent care.
Sloane: Chapter 37

Nicotine Dependence
1. Discuss strategies for counseling patients who smoke cigarettes or use tobacco.
2. Describe pharmacotherapy for assisting with tobacco cessation.
Sloane: Chapter 46 - focus on the sections related to tobacco dependence

Nutrition
1. Calculate body mass index (BMI) and sort results into appropriate weight categories
2. Describe the risks associated with obesity
3. Describe methods of weight loss as recommended by the National Heart, Lung, and Blood Institute
4. Describe therapeutic lifestyle changes as discussed in the ATPIII Guidelines for treatment of hypercholesterolemia
5. Describe the DASH diet for hypertension
6. Describe the methods of 1) carbohydrate counting and 2) exchanges to educate patients about following a diabetic diet.
Sloane: Chapter 11 (pp. 171-172), 16 (p. 250), & 18, http://care.diabetesjournals.org/cgi/reprint/31/Supplement_1/S61

Shoulder Pain
1. Describe the anatomy of the shoulder

b. Review chart for additional relevant problems, lab, or x-ray data, including tests which have been completed but still need to be retrieved

c. Unclothed patient: chaperone required

V. Processing the Clinical Data
a. Continually revise the differential as you gather clinical data
b. Make sure you and the patient agree on the primary issues. Consider reviewing with the patient, your summary of the pertinent symptoms or issues

VI. Present the case to your supervisor

VII. Closing the Visit
a. Share the diagnosis and treatment plan with the patient once it has been discussed with the resident physician or attending physician
b. Ensure that the patient understands and agrees to:
   i. Tests or referrals planned
   ii. Medication regimen, including any changes
   iii. What you will do
   iv. What the patient will do
   v. The follow-up plans

c. Check with the patient about any concerns or questions
d. Make sure all paperwork (labs, referrals, etc.) is completed
e. Document the encounter, including pertinent historical items and exam findings in which you participated, even if they were obtained by the preceptor. Sign your note, identifying yourself as a medical student, and including your name in a legible format. Clearly indicate the faculty supervisor to the case.
Approach To Outpatient Problems

I. Before Going Into Room
   a. Read the chart – vital signs, chief complaint, last visit
   b. Form tentative differential diagnosis, but keep in mind that
      the chief complaint told to the nurse may not be the real
      chief complaint
   c. Identify any health maintenance or prevention issues

II. Opening the Interview
   a. Greet patient – give your name, use patient’s last name,
      shake hands
   b. Position yourself. Sit down at, or near eye level; be aware
      of personal space
   c. Assume an open posture; try not to allow physical barriers
      (e.g. desk, far distance) prevent you from establishing
      rapport with the patient.

III. The Interview
   a. Begin with open-ended questions – let patient tell story for
      at least a minute before you interrupt.
   b. Listen for shades of meaning and for feeling
   c. CODIER – Course, Onset, Duration, Intensity, Exacerbating
      and Relieving Factors
   d. Follow relevant leads to other important clinical issues
   e. Appropriate past medical, family, social history, and review
      of systems
   f. Allow “hidden agendas” to come out.

IV. Physical Exam and Other Information
   a. Directed physical: a good rule is to examine the region and
      the organ system relevant to the most important diagnostic
      and therapeutic considerations. DEFER EXAMINATIONS OF
      THE BREAST, ANUS/RECTUM AND GENITALS until you have
      discussed it with your preceptor.

   2. Recognize symptoms and signs, or patterns of common
      shoulder injuries
   3. Demonstrate a proper shoulder examination that efficiently
      locates damaged structures
   4. Describe general principles of management of shoulder injuries

Sloane: Chapter 39
Supplemental Video: http://www.fammed.wisc.edu/our-
department/media/623/shoulder-exam

Skin Wounds: Contusions, Abrasions, Lacerations, and Ulcers

   1. Obtain pertinent elements of the history, including mechanism
      of injury. Perform a focused physical examination.
   2. Recognize potential red flags for abuse, likelihood of infection,
      or deep structural injury.
   3. Review appropriate wound preparation, including cleansing,
      exploration, and anesthesia.
   4. Discuss appropriate suture selection (including Dermabond),
      suture techniques, and cosmetic considerations.
   5. Discuss appropriate wound aftercare, including time until suture
      removal.
   6. Recognize importance of reviewing tetanus immunization
      status.

Sloane: Chapter 41

Sore Throat

   1. Describe the common presentation of both uncomplicated and
      complicated upper respiratory infection (URI), sinusitis, and
      pharyngitis.
   2. Demonstrate proper examination of the external auditory canal,
      tympanic membrane, nasopharynx, and sinuses.
   3. Explain the appropriate use of antibiotics.
   4. Plan a treatment regimen complete with accurate dosage
      calculations as applicable.
   5. Differentiate URI from asthma and allergic rhinitis.

Sloane Chapters: 21, 50

Supplemental Reading (not required):
http://www.cdc.gov/getsmt/specifc-groups/healthcare-
providers.html
Learning Activities

Family Medicine Clinic (2 weeks)
- 8:15 AM to 12:00 noon
- 1:00 PM to 5:00 PM

Community Preceptorship (2 weeks)
- Rural and Metro offered at student’s request
- 8:00 AM to 5:00 PM (or typical practice week for the community preceptor)

Family Medicine Hospital Service - Inpatient setting (2 weeks)
- You are expected to be a member of the family medicine hospital service team during these weeks.
- The Sunday before you start the inpatient service, contact the resident on-call (pager number: 740-6346) at 7:30 PM to get a list of patients to see.
- The family medicine resident physician on-call will assign the patients and you are expected to have your notes written before the family medicine resident who is following the same patient.
  - You will see a maximum of three patients
- The hospital service team meets in the Family Medicine Residents’ Room in the Medical Pavilion, 1st floor at 8:30 AM with all notes written, ready to present to the faculty at morning report.
- Students are expected to take 3 calls: two during the week (Mon.-Thurs.) and one during the weekend (Fri.-Sat.). Call is in-house. You are expected to be at rounds for both Saturday and Sunday on the weekend that you are on call.
  - Post-call – you will be expected to go home at noon the day after call
  - If you have a quiz then make arrangements to take the quiz prior to leaving the building
  - You are expected to make up any work related to missed lecture/workshops
- After morning report, you will make rounds with the team. Rounds usually last until noon, or may go as late as 1:00 PM.

APPENDIX

A. Approach To Outpatient Problems
B. AAMC/Hartford Geriatrics Education
C. Medical School Palliative Care Education Project
D. Texas Tech MedCast Geriatrics Podcast Curriculum
E. Design A Case
F. Lecture/Workshop Required Readings
G. Offsite Location Addresses
• Quality of Evidence-based source for your subject (different subjects and questions lend themselves to different sources)
• Effectiveness of teaching skills (target audience is your fellow students)
• Knowledge of subject
• Level of preparation

**OSCE (Objective Structured Clinical Examination)**
- Two stations, each 30 minutes in duration.
- Timing for each station is as follows:
  - 15 minute Patient Encounter
  - 10 minute Note Writing
  - 5 minute SP Feedback
- Students will be expected to obtain a focused history and physical examination, and educate the patient at each station.
  - **TIPS:** Remember to address ALL 7 attributes of a symptom as per the Bates’ textbook; include relevant review of systems; do include medical, social, or family history if it appears to be relevant
- Students will be expected to write a progress note as per USMLE Clinical Skills Examination format.
- OSCE station topics are from the FM Clerkship Reading Objectives.

**Departmental Quizzes**
- Single best answer multiple choice
- Based on the clinical learning objectives
- Administered weekly from weeks 2 through 7 of the clerkship
- A list of reading objectives to be tested will be given to you during the clerkship
  - The Sloane textbook and the referenced readings will serve as the basis of the information for the test.
  - Where the information differs between the textbook and the referenced readings, the referenced readings take precedence as these are more up-to-date.

- In the afternoon, you are expected to stay with those team members who are taking admissions or to follow-up on patient care as assigned by the residents.

Students are expected to present 1 topic to the inpatient team, approximately 5 minute duration, about a medicine topic related to a patient that you are following; other presentations are at the discretion of the residents/attending physicians on the hospital service.

**Suggested Reading Topics for Inpatient Service (Sloane’s Essentials of Family Medicine, 5th Edition):**
- Abdominal Pain – differential diagnosis and workup
- Chest Pain – differential diagnosis and workup
- COPD – treatment of acute exacerbation
- Diabetes Mellitus – treatment of diabetic ketoacidosis
- Hypertension – treatment of hypertensive urgency
- Infections – treatment of pneumonia and cellulitis
- Anemia – differential diagnosis and workup

**Palliative Care (1 week)**

<table>
<thead>
<tr>
<th>Monday 8:15am</th>
<th>Tuesday 8:30am</th>
<th>Wednesday 8:30am</th>
<th>Thursday 8:30am</th>
<th>Friday 8:15am</th>
</tr>
</thead>
<tbody>
<tr>
<td>VistaCare “Tommie Talk”</td>
<td>CMC* In-patient service Oblender (Nurses &amp; Team)</td>
<td>CMC West3 room 323</td>
<td>Hospice of Lubbock 13th &amp; Slide</td>
<td>VistaCare home &amp; in-patient visits Farrell (Nurses)</td>
</tr>
<tr>
<td>VistaCare, 1919 Norfolk 4th Floor</td>
<td>CMC West3 Self-Study</td>
<td>One-on-one experience with Chaplain/ non-MD team members</td>
<td>CMC West3 323</td>
<td></td>
</tr>
<tr>
<td>VistaCare home &amp; In-patient visits Farrell (Nurses)</td>
<td>[1:30pm] CMC In-patient service + family meetings</td>
<td>Continuity Clinic</td>
<td>TTUHSC LECTURES or Self-Study</td>
<td>Palliative Medicine Block De-Brief &amp; Evaluation Farrell (Ragain)</td>
</tr>
</tbody>
</table>

Other
- Nursing Home Rounds, Carillon or Garrison (1 half-day)
- Nurse Clinic (1 clinic in Family Medicine)
- Reception Desk (2 hours – ¼ day)
- Grand Expectations

**Carillon House**
1717 Norfolk, Main Floor
Lubbock, TX 79416
806.281.6000

**Grand Expectations**
2602 Avenue Q
Lubbock, TX 79411
806.747.1780

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<table>
<thead>
<tr>
<th>Clinical Skills (continued)</th>
<th>1 Far below expectations</th>
<th>2 Somewhat below expectations</th>
<th>3 Consistent with expectations</th>
<th>4 Far exceeds expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interactions</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Listens effectively to patient</td>
<td>Rarely consistent with preceptor’s findings</td>
<td>Sometimes consistent with preceptor’s findings</td>
<td>Usually consistent with preceptor’s findings</td>
<td>Highly consistent with preceptor’s findings</td>
</tr>
<tr>
<td>Provides effective patient education</td>
<td>Rarely attempts to assist patient in understanding health needs</td>
<td>Sometimes attempts to assist patient in understanding health needs</td>
<td>Usually attempts to assist patient in understanding health needs</td>
<td>Highly consistent in attempt to assist patient in understanding health needs</td>
</tr>
<tr>
<td>Establishes appropriate rapport and demonstrates empathy</td>
<td>Indifferent to patient and cultural/psycho-social issues</td>
<td>Respectful of patient but often unaware of bio-psycho-social issues</td>
<td>Empathetic and respectful of patient; Aware of cultural and bio-psycho-social issues.</td>
<td>Goes beyond expected so that patient mentions strong communication skills/rapport</td>
</tr>
<tr>
<td>Communicates effectively with attending, resident, and/or staff</td>
<td>Rarely organized in presentation</td>
<td>Sometimes disorganized in presentation</td>
<td>Usually organized presentations</td>
<td>Highly consistent with organized presentations</td>
</tr>
</tbody>
</table>

**Geriatrics Case Conference (Week 4)**
These interactive sessions allow students to teach each other and allow for facilitators to provide some of the unique perspectives of patient care in the Family Medicine setting.

The conference will be based on the Hartford Geriatric Case. The case will be reviewed on orientation day then each student will select a specific question to answer. The student will look-up an evidence-based source to answer the question and will present the answer (and have the source available) during the conference. The presentation is meant to last 5 to 15 minutes and should be informal (e.g. no PowerPoint) while sitting around the table. The student will be evaluated on the following...
Absence Policy

There will be no unexcused absences. Absence for any reason must have immediate and personal notification by the student to the Clerkship Coordinator or the Clerkship Director. You are expected to leave a message on voice mail from 5:00 PM to 8:00 AM.

Scheduled absences must have advance personal notification to the clerkship director. Realize that a scheduled absence is not necessarily an excused absence and that your absence may count as part of your allowable sick days from your MSIII year.

If an absence for illness is for more than one day, documentation of the illness and/or a diagnosis from the student’s physician must be given to the Clerkship Director/Preceptor as well as the clerkship coordinator.

Absence due to death of a relative requires documentation of an obituary.

Unavoidable absences due to other reasons will be individually considered.

If there is a problem with your community preceptor’s schedule and they are not able to be there, then lack of immediate notification by you, the student, to us, the clerkship directors/coordinator, is also considered to be an unexcused absence.

Tardiness may be considered to be an absence at the discretion of the Clerkship Director.

Contacting the Clerkship Director(s)
1. E-mail: fiona.prabhu@ttuhsc.edu
2. Co-Clerkship Director E-mail: kitten.linton@ttuhsc.edu
3. Call Michelle Hernandez at 743-1100, ext. 232 OR e-mail: michelle.hernandez@ttuhsc.edu
Rules and Regulations for Family Medicine Clerks

Professionalism
- Students are expected to be professionally dressed at all times. This means that you wear your white jackets with your name tags clearly visible and dress in business casual attire. Scrubs are only acceptable on the days that you are on-call and post-call and on the half-day of the sports medicine workshop.
- When you greet a patient, always identify yourself as a “Student Doctor”.
- Remember patient confidentiality – “the walls have ears” is a commonly used phrase.
- Remember that you are a member of a team that includes reception staff, medical records staff, and nursing staff when you are in the outpatient setting. All of these people work hard to take the best possible care of the patient and to promote the clinic in which they work and as such, they should be accorded respect for their work.

Clerkship Administrative Items

Schedules
- Your schedules will change frequently throughout the course of the clerkship because your schedules are dependent on the faculty and resident clinical schedules.
- You will be expected to check your TTUHSC e-mail accounts on a daily basis for any scheduling updates.
- If you have a TBA (to be announced) half-day, always check at the beginning of that half-day, as we may have been able to find another clinical activity for you to participate in. We expect you to use your TBA half-day to study.

Lectures
- Your **ATTENDANCE is TOP PRIORITY** and is expected for all lectures, regardless of whether you are on the hospital service, at your community preceptor, at the palliative care experience, or with a resident or faculty clinic.
- Absence will be considered an unexcused absence unless previously discussed with the clerkship director or clerkship coordinator.

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### Clinical Skills Evaluation Criteria

<table>
<thead>
<tr>
<th>Component</th>
<th>1 Rarely consistent with expectations</th>
<th>2 Sometimes consistent with expectations</th>
<th>3 Usually consistent with expectations</th>
<th>4 Highly consistent with expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td>History and Interviewing Skills</td>
<td>Gathers a complete and accurate history</td>
<td>Sketchy history, not consistent w/ preceptors findings</td>
<td>Mentions 3-4 components of sx rarely asks pertinent ROS</td>
<td>Usually Mentions 5 of 7 components of sx and pertinent ROS</td>
</tr>
<tr>
<td></td>
<td>Identifies key information from patient requiring medical decision making</td>
<td>No prioritization of problems; patient’s agenda not addressed</td>
<td>Does fine with one problem but overwhelmed by multiple</td>
<td>Able to address patients problems; not always able to ID most clinically relevant</td>
</tr>
<tr>
<td></td>
<td>Makes appropriate documentation of findings</td>
<td>Notes are confusing/disorganized</td>
<td>Sometimes notes are difficult to follow</td>
<td>Notes are generally well organized</td>
</tr>
<tr>
<td>Examination Skills</td>
<td>Exam is appropriate in scope and technique</td>
<td>Disorganized physical exam; incorrect technique</td>
<td>Often requires assistance w/ performing PE with proper technique</td>
<td>Usually performs PE with proper technique</td>
</tr>
<tr>
<td></td>
<td>Identifies pertinent physical exam findings</td>
<td>Frequently misses pertinent PE findings</td>
<td>Often needs help ID’ing PE findings</td>
<td>Occasionally needs assistance in ID’ing PE findings</td>
</tr>
<tr>
<td></td>
<td>Exam linked to history</td>
<td>Student unsure of what to examine (too much/too little)</td>
<td>Often needs help linking history and PE</td>
<td>PE usually reflects priorities ID’d in note</td>
</tr>
</tbody>
</table>
The sports medicine workshop will have required reading assignments. It is your responsibility to obtain a copy of the assigned reading by one of the following:
- Link to electronic version via Lubbock FM Clerkship webct course (course content page).
- HSC library collections – bibliographical information will be provided and you will need to visit the HSC library to read and/or obtain a copy of the article.

Patient Log
- We expect you to enter each patient encounter in the Online Patient Log, housed at the TTUHSC Office of Curriculum website:
  o [http://www.ttuhsc.edu/som/curriculum/PatientLog/]
- The clerkship director or representative will review the log to-date at your mid-rotation evaluation and again at the end of Week 6 of the clerkship.
- We expect you to see a minimum number of patient experiences in a variety of categories; if this does not occur, we will use an on-line case remediation system to make sure you get the exposure that you need to be comfortable with the subject matter.
- Your user name and password will only be active for the duration of the rotation.

Clerkship Encounter Cards
- The purpose of these cards is to give you more immediate feedback on your clinical skills.
- We expect you to ask the Clerkship Encounter Card to be completed in the following situations:
  o Each time you are scheduled in MCEC (Master Clinical Educator Clinic
  o Hospital service
    ▪ One from the attending physician
    ▪ One senior resident physician (either PGYII or PGYIII)
- Clearly write the date(s) of your encounter and your first and last name on each card
- Identify the type of encounter by writing either “MCEC” or “FMS-Resident” or “FMS-Attending” on the top right hand corner.
Textbooks
- You are responsible for the textbooks received at orientation and any borrowed during your rotation. These must be turned in to the Clerkship office by 12:00pm on the last day of your rotation. If they are not received, then you are responsible for the cost of replacing the textbook.
- If the textbook is returned in poor condition and it occurred on your “watch”, you are responsible for replacing the book.

Clinic Administrative Duties
- Patients cannot leave without being physically seen by the resident or faculty physician that you are working with.
- You are expected to document a note in the medical record. This should be completed by the end of the half-day, preferably right after you see the patient. The resident is required to document a complete progress note and the faculty is also required to sign the medical record during the same half-day.
- Do not take charts out of the clinic.

Nurse Clinic ½ Day
- You are expected to participate in one clinic that is run by the nursing staff in the Family Medicine Clinic.
- Your level of participation will be noted by the nurses and be included in your clinical comments.

Reception Desk ¾ Day
- A series of articles will be given to you for background reading
- Do not wear your white coat for this experience
- Your level of participation will be noted by the front desk staff and be included in your clinical comments.

Miscellaneous
- Lunch is usually provided by the pharmaceutical representatives on Tuesdays. You are most welcome to partake of the food while you are on this rotation, but your ten closest friends are not. We have run out of food at times and late arriving residents and faculty have had to share or do without eating.
- Remember that the computers located on this site are expected to be used for patient care.