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FAMILY MEDICINE CLERKSHIP GOALS AND OBJECTIVES

I. ASSESS AND CARE FOR THE PATIENT IN THE AMBULATORY SETTING
   a. Demonstrate effective verbal, non-verbal, and written communication with the patient and family in the outpatient setting.
   b. Demonstrate the ability to obtain a complete history, including past medical, psychosocial, family history, and complete review of systems in an outpatient setting.
   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 a concise problem-focused presentation of the patient that reflects critical thinking in clinical decision making.

II. ASSESS AND CARE FOR THE PATIENT IN THE HOSPITAL SETTING
   a. Demonstrate effective verbal, non-verbal, and written communication with the patient and family in the inpatient setting.
   b. Demonstrate the ability to obtain a complete history, including past medical, psychosocial, family history, and complete review of systems in an inpatient setting.
   c. Demonstrate the ability to perform a complete physical examination.
   d. Demonstrate the ability to communicate effectively with other members of the health care team.
   e. Describe the interaction between family medicine and the health care system (consultants, nursing, allied health professionals, social services, administrative staff, etc.).
f. Demonstrate the ability to provide patient care on a daily basis in the hospital setting that is safe, efficient, ethical and patient-centered.
g. Demonstrate the ability to deliver a concise and pertinent verbal presentation of the patient’s daily care.

III. CARE FOR THE PATIENT ACROSS THE CONTINUUM OF THE LIFE CYCLE
   a. Demonstrate the ability to educate the patient about disease prevention.
   b. Identify appropriate health maintenance recommendations by age, sex, and risk.
   c. Describe 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 ethical principles and respect for all cultures, genders, and ethnicities.

IV. IDENTIFY COMMON DISEASES SEEN BY FAMILY 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.

V. DESCRIBE THE ROLE OF THE FAMILY PHYSICIAN IN CARING FOR PATIENTS WITHIN THE COMMUNITY
   a. Describe social, cultural, community, and economic factors that affect patient care.
   b. Describe community based interventions and resources to modify or eliminate identified risks for disease or injury.
   c. Demonstrate skills in information seeking and in independent and life-long learning.
Compact Between Teachers and Learners

TTUHSC School of Medicine
Approved by the Educational Policy Committee on June 10, 2013

Preparation for a career in medicine demands the acquisition of special skills in diagnosis, clinical procedure, and communication. In addition, medical education should provide the skills necessary to update one’s practice as new knowledge accrues. It also demands developing those virtues that undergird the doctor/patient relationship and that sustain the profession of medicine as an ethical and honorable enterprise. This Compact codifies the principles necessary for teachers and learners to achieve a self-sustaining system of knowledge, practice, and life-long professional growth.

GUIDING PRINCIPLES

KNOWLEDGE AND VALUES: Medical educators have a duty, not only to convey the knowledge and skills required for delivering high-quality care, but also to teach the values and attitudes required for preserving the medical profession’s social contract. Students have a comparable duty to recognize that medical education is an amalgam of learning and practice, and that patient care may take precedence over purely educational considerations.

INTEGRITY AND EXCELLENCE: In order to convey professional values, learning environments should be based on integrity. Teachers serve as role models by honest communication and attention to the needs of patients and learners. Teachers should also be committed to high standards of educational quality. Learners should embody integrity in their interactions with patients and with each other. Learners should strive for excellence in preparation and in attention to detail.

RESPECT AND RESPONSIBILITY: Fundamental to the ethic of medicine is respect for every individual. This is best learned when novice professionals are afforded the same respect that will be expected in the physician/patient relationship. Both learners and teachers must be guided by respect for patients and members of the health care team and by accountability for their actions.

COMMITMENTS OF TEACHERS

• We pledge our utmost effort to ensure that the components of the educational program for students and residents are of high quality. Learning experiences should be designed to foster student achievement and to provide a role model for professionalism. We will provide timely and appropriate feedback to assess the learner’s achievement of these goals.
• In order to maintain high professional standards in all of our interactions, we will show respect for all students, staff, residents, and patients as individuals, without regard to gender, race, national origin, religion, or sexual orientation.
• We will provide progressive responsibility in a variety of settings under appropriate supervision, so that students can learn in an atmosphere respectful of patient safety.
• We will assist any student or resident who experiences mistreatment or who witnesses unprofessional behavior confidentially to report the facts for appropriate adjudication.

COMMITMENTS OF LEARNERS

• We seek to acquire the knowledge, skills, attitudes, and behaviors required for life-long competency and growth.
• We pledge to commit the time and energy necessary to attain the goals and objectives of the curriculum. We welcome and seek out feedback in achieving these goals.
• We value the professional virtues of honesty, empathy, reliability, and respect. We pledge to demonstrate respect for others as unique and valuable individuals in our words and deeds.
• We appreciate the fact that we learn from our patients. We value patient welfare and safety and will seek guidance and feedback when confronted by high-risk situations or by clinical decisions that exceed our skill to handle alone.
• In fulfilling our own obligations as professionals, we pledge to assist our fellow students and residents in meeting their professional obligations as well.

TEACHING ACTIVITIES

• Lectures
• Workshops: sports medicine, dermatology, nutrition
• Case presentations: by third year clerkship students
• fmCASES
• SBIRT Orientation and SBIRT Standardized Patient Encounter

EDUCATIONAL RESOURCES

• Texts:
  o Signs and Symptoms in Family Medicine, 1st Edition
  o Primer of Palliative Care, 4th Edition
• Online Tools:
  o Nutrition in Medicine – On Line Cases
  o Family Medicine Computer-Assisted Simulations for Educating Students (fmCASES) http://www.med-u.org/fmcases

1. From the MedU home page (www.med-u.org), select the red "Sign In" button at the top.
2. Select the gray "Register" button.
3. You will be prompted to select "student" or "instructor." Select “student”.
4. Enter the information requested (you must use your institutional email address).
5. That's it! You will shortly receive a confirmation email containing further instructions.
6. After completing the registration process, you may then access MedU cases at any time.


- NBME Prep:
  - *PreTest: Family Medicine*, 3rd Edition
  - *Case Files for Family Medicine*, 3rd Edition

- Practice NBME:
  - *fmCASES based*
CLINICAL SITES

<table>
<thead>
<tr>
<th>Site</th>
<th>Duration</th>
<th>Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Medicine Clinic</td>
<td>2 weeks</td>
<td>8:00AM to 12:00 noon</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1:00PM to 5:00PM</td>
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<tr>
<td>Community Preceptorship</td>
<td>2 weeks</td>
<td>8:00AM to 5:00PM (or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>typical practice hours)</td>
</tr>
<tr>
<td>Family Medicine Hospital Service</td>
<td>2 weeks</td>
<td>7:00AM to 5:30PM</td>
</tr>
<tr>
<td>Palliative Medicine</td>
<td>1 week</td>
<td>8:00AM to 5:00 PM</td>
</tr>
</tbody>
</table>

**Family Medicine Clinic**
- You are expected to interview and examine patients and present your findings to the physician that you are working with.
- You will be encouraged to voice your assessment and plan.
- You are expected to document your findings in the electronic medical record.

**Community Preceptor**
- We have asked the community preceptors to provide you opportunities to work on your history-taking, physical examination, and clinical assessment skills.

**Family Medicine Hospital Service**
- You are expected to be a member of the family medicine hospital service team during these weeks.
- The hospital service team meets in the Family Medicine Residents’ Room in the Medical Pavilion, 1st floor at 7:00AM.
- At 7:00AM you will participate in morning report with the resident physicians and you will be assigned to see a maximum of three patients with the residents and to write notes in the hospital chart.
- 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 **assigned** to take 3 calls: two during the week (Mon.-Thurs.) and one during the weekend (Fri.-Sun.). **Call is in-house. Call starts at evening checkout and ends after morning checkout.** You are expected to work on both Saturday and Sunday on the weekend that you take call.
  
  o Example:
  
  ▪ If you are on call Friday night, you would leave on Saturday morning after morning checkout and you are expected to return on Sunday to work from 7:00AM until rounds are completed.
  
  ▪ If you are on call Sunday night, you will report at 7:00AM Saturday morning and complete rounds. You will then return at 7:00AM Sunday and work until Monday morning report is done.

• Post-call – you will be expected to go home after morning checkout.

• You are responsible for any material related to missed lectures/workshops

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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.

**These following items are things I would like you to briefly address in each note**

1. Is the patient on oxygen supplementation? How much? What is his SaO2? Does the patient still need oxygen supplementation and why?

2. Has the patient had an elevation in his temperature over the previous 24 hours? Note all elevated temperatures.

3. Has the patient had any abnormal blood pressures in the last 24 hours? Note them.

4. Has the patient had any tachycardia or bradycardia in the last 24 hours? Note those.

5. Does the patient have any tubes or drains in place? (i.e. nasogastric tube, urinary catheter, rectal tube, surgical drains all
types) Note what they are, how much they drained in the past 24 hours and if this represents a significant change.

6. What is the IVF type and rate?
7. What are the IV medications? Do we know they are being given?
8. If recorded what are the” I’s and O’s” for the last 24 hours? Is emesis listed?
9. What are the blood sugar levels for the last 24 hours on diabetic patients?
10. When was the last bowel movement reported by the patient and verified by the nurse?
11. Is the patient able to get out of bed and ambulate? How much? If not, why not?
12. What lab/test results are we waiting for? Are we sure that the lab/test has been done?
13. Is social services consulted? Should they be?

FAMILY MEDICINE SERVICE EXPECTATIONS

CHECKOUT
You are required to attend checkout every weekday and assigned weekend at 7:00AM and 5:30PM. You will be expected to check out any new patient you have seen to the entire team following the formal H&P format. This is the time to learn important status updates from the off-going team about your patients.

ROUNDS
• You will each round on 2-3 patients minimum every day. It is a good idea to talk with the resident who is also seeing your patient in order to discuss the plan and any questions you may have.
• You are expected to know all details and history about your patient including the patient’s status and the plan of care.
• You will present your patients to the attending on rounds. The resident will be there to back you up.
AFTER ROUNDS
- You will help your team with any floor work and discharges.
- When a new consult is paged, you will be the first to evaluate the patient and write a complete history and physical and develop diagnosis and plan of care. Depending on your resident, this will be done on EMR or paper.
- If all work is done and there are no pending consults, you may study in the resident conference room. Please be available at all times.
- If there is a topic you would like a resident teaching session on, please let us know.
- If you have an appointment, meeting, or lecture, let a resident know where you are.

CALL
- Call is 24 hours
- Call lasts until after checkout the next morning.
- You may wear scrubs the entire day you are on call.
- You will each be required to give one on call presentation. This will be a 5 minute presentation on an interesting topic of your choice related to a patient you have seen on service. No PowerPoint or handout necessary. You will present to the call team who will give you feedback.

WEEKEND ROUNDS
You will attend checkout and rounds for the entire weekend that you are assigned to be on call.

CALL ROOMS
Please get with your Resident when you are on hospital service and have them show you where the call rooms are. There are separate call rooms for male and female medical students. Card readers will be installed soon for entry into the call room area.
Palliative Medicine

- A more detailed list of objectives for this week are posted on Sakai
- This is your opportunity to learn about palliative symptom management and advanced communication skills in the palliative care setting
- You will be assigned a topic to present to your classmates about various aspects of palliative care and hospice prior to your clinical experience
- During your week, we hope for you to be involved with the following:
  - Family meetings
  - Management of specific symptoms
  - Management of the dying patient
  - Death pronouncement
- See your palliative schedule for more details
# EVALUATION

## OVERALL

<table>
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<tr>
<th>COMPONENT</th>
<th>Honors</th>
<th>High Pass</th>
<th>Pass</th>
<th>Fail</th>
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<tbody>
<tr>
<td>Clinical Skills</td>
<td>≥ 3.5 avg</td>
<td>2.5-3.4 avg</td>
<td>≤2.5 avg</td>
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<tr>
<td>NBME Family Medicine</td>
<td>≥ 80&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>≥70 – 79&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>&gt;5 - 69&lt;sup&gt;th&lt;/sup&gt; percentile</td>
<td>≤5&lt;sup&gt;th&lt;/sup&gt; percentile</td>
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<tr>
<td>OSCE</td>
<td>Honors ≥ 90%</td>
<td>Pass ≥ 60% - 89%</td>
<td>Fail &lt; 59%</td>
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### Other Components:

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<tr>
<td>Professionalism</td>
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<td>Dimensions of commendation &lt; dimensions of concern</td>
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<td>Observed H&amp;P</td>
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<td>Not completed</td>
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<tr>
<td>Case Presentation</td>
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<tr>
<td>Practice NBME</td>
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<tr>
<td>SBIRT Orientation materials</td>
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</tr>
<tr>
<td>SBIRT Standardized Patient Encounter</td>
<td>Completed</td>
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Final Clerkship Grades are assigned according to SOMOP 30.01: *Grading Policy*.

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<th>NBME</th>
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Note that final grades listed in red are different from 2012-2013.

In cases where a Failing grade is obtained in a single component

<table>
<thead>
<tr>
<th>NBME</th>
<th>Clinical Evaluation</th>
<th>OSCE</th>
<th>Final</th>
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<tbody>
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<td>HO/PA</td>
<td>HO/PA</td>
<td>PR</td>
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<tr>
<td>HO/HP/PA</td>
<td>HO/PA</td>
<td>FA</td>
<td>PR</td>
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*SOMOP 30.01: Grading Policy, June 10, 2013, page 7*
OSCE (Objective Structured Clinical Examination)

- The Family Medicine OSCE is NOT a diagnostic challenge. You will be seeing a patient for medication refill and follow up of diabetes. You will be given everything you need to know to honor this OSCE. We want to model for you a good chronic medical problem Family Medicine patient visit.
- One 25 minute station with time allotted as follows:

  0-15 minutes  Patient Encounter
  15-25 minutes  Note writing

- Obtain a focused history and perform a focused physical examination
- Tell the patient what you think is going on and answer any further questions prior to leaving the room
  - **TIPS:**
    - Remember to address ALL 7 attributes of a symptom as per the Bates’ textbook (Guide to Physical Examination and History Taking);
    - Include relevant review of systems
    - Include medical, social, or family history only if it appears to be relevant
- Progress note will be written as per USMLE Clinical Skills Examination format.
Case Conference

- Each student will be expected to do a case presentation over the course of the series of case conferences during the clerkship;

- Case Presentation Details:
  1. Select one patient that you have seen during the course of the clerkship and obtain a complete history to include the following items:
     - chief complaint
     - history of present illness
     - medical, family, and social history
     - review of systems
     - medications/allergies
     - physical exam (doesn't have to be as complete)
  2. Select one diagnosis or symptom complex related to that patient then select one aspect of that condition, such as clinical presentation to help make a better diagnosis, diagnostic workup, or treatment. Locate an evidence-based medicine article (NOT "Up To Date") to use as the basis of your talk.
  3. The presentation is no longer than 10 minutes; Power Point is NOT required
  4. Please bring one copy of the evidence-based medicine article with you to give to Drs. Babb and Linton
  5. You cannot use articles from Up-To-Date
GENERAL

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 or e-mail from 5:00 PM to 8:00 AM. If the HSC or community physician preceptor that you are assigned to is absent, then please contact Clerkship Coordinator Len Hovey immediately to make alternate arrangements. Failure to notify us immediately will result in an unexcused absence.

Chronic tardiness at lectures/workshops and clinical activities may be considered to be an unexcused absence at the discretion of the Clerkship Director.
See the Student Handbook for remaining details

Student Mistreatment
Please see OP 40.05:
https://www.ttuhsc.edu/som/dean/som_policies.aspx

ADDITIONAL ITEMS

Observed H&P forms
• The purpose of these forms is to give you more immediate feedback on your clinical skills.
• We expect you get the Clerkship Encounter form completed during your Master Clinical Educator Clinics (MCEC)
• Clearly write the date(s) of your observed H&P and your first and last name on each form
SBIRT

- SBIRT screening, observed intervention, and SBIRT Standardized Patient Encounter
- SBIRT Video: You will be asked to review the SBIRT video and screen your hospital and ambulatory patients for substance misuse then offer a brief intervention and referral for treatment to at least one patient to be observed by a SBIRT trained faculty or resident

Clinic Administrative Duties

- Patients cannot leave without being physically seen by the resident or faculty physician that you are working with.
- You cannot perform procedures or invasive exams without a resident or faculty physician present.
- 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.

Lectures

- Your ATTENDANCE is TOP PRIORITY and is expected for all lectures.
- Absence will be considered to be unexcused unless previously discussed with the clerkship director or clerkship coordinator.
- Lecture materials are available on Sakai.
- NBME questions for each week’s Friday afternoon conference are available on Sakai.

Patient Log – New Innovations

- We expect you to enter each patient encounter into Case Logger located in New Innovations: http://www.ttuhsce.edu/it/shims/newinnovations/
- 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 online case remediation system (fmCASES) to make sure you get the exposure you need to be comfortable with the subject matter.

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 casting workshop.
• When you greet a patient, always identify yourself as a “Student Doctor”.
• Remember patient confidentiality
• 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.

Schedules
• Your schedule for your family medicine clinic week will be emailed to you the week prior.
• Please check your TTUHSC e-mail account regularly for any updates.

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.
  1. Case Files: Family Medicine, 3rd Ed.
  2. PreTest: Family Medicine, 3rd Ed.
  3. Signs & Symptoms in Family Medicine, 1st Ed.
  4. Primer of Palliative Care, 5th Ed.
Workshops

- ATTENDANCE is TOP PRIORITY and is expected for all workshops
- The dermatology, nutrition, and sports medicine workshops have required reading assignments posted on Sakai.
- Scrubs are required for the workshops. Please bring a change of clothes if you need professional attire for the remainder of the day.

Dermatology Workshop:


Nutrition/Diabetes Workshops:

Prior to 1st workshop please,

1) Complete a fasting blood draw at UMC lab (1st floor of HSC – just inside the AB doors on your left)

Sports Medicine Workshop: