



THE UNIVERSITY OF
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FAMILY MEDICINE HANDBOOK

TWENTY SEVENTH EDITION

2022-2023

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INTRODUCTION

The faculty, fellows, residents, and staff of the Department of Family Medicine, its affiliated residency programs and AHEC sites welcome you to the new third-year Family Medicine Clerkship. This clerkship will serve as an introduction to the clinical specialty of Family Medicine. Family Medicine is the specialty of breadth, and you will be taught on a broad array of topics, but we will especially focus on the ENT, integumentary, and musculoskeletal systems as part of the larger third-year curriculum. We look forward to working with you during the next six weeks.

CLERKSHIP GOALS

The Family Medicine clerkship is designed as a competency-based, community-centered learning experience. The goals of the clerkship are:

1. To provide opportunities that will help students develop knowledge of practices, skills, attitudes, and principals that are essential to the family physician.
2. To provide a representative sample of the range of common problems and their presentations encountered in family practice.
3. To use community-centered clinical experiences as authentic contexts for students' mastery of the competencies of Family Medicine.
4. To provide integration of primary care content in the M3 curriculum.

Family physicians provide comprehensive and continuing health care to every member of the family, regardless of age, sex, or the nature or presentation of the problems encountered. You will have daily opportunities to apply your clinical knowledge and skills to a wide and diverse range of patient problems and presentations. These will incorporate medical, psychosocial and preventive aspects. Discussions with family medicine preceptors and residents will allow you to assess the accuracy of your knowledge and to develop it further. Patient encounters will provide opportunities for you to practice and improve your skills. Didactic lectures, projects, virtual patient cases, and other online materials will supplement the clinical component of this clerkship.

EDUCATIONAL COURSE OBJECTIVES

The current Family Medicine Clerkship at UT-COM (University of Toledo/College of Medicine) is competency based. This means that it is based on the premise that there are fundamental skills and knowledge that should be mastered by everyone learning about family medicine.

Consequently, the curriculum includes specific expectations and requirements. These relate back to the broader Educational Program Objectives (http://www.utoledo.edu/policies/academic/college_of_medicine/pdfs/Educational_Program_Objectives.pdf) as indicated parenthetically.

By the end of the clerkship you will be expected to:

1. Elicit historical data including pertinent history of present illness, past medical history, family history, and social history for patients presenting with common problems in the family medicine setting (PC-1,3).
2. Demonstrate proficiency in interpersonal communication skills and interviewing techniques (IPC-1).
3. Perform the appropriate physical examination for patients presenting with common problems in the family medicine setting (PC-2,3).
4. Demonstrate appropriate clinical skills regarding examination of the ENT, integumentary, and musculoskeletal systems (MK-1,3; PC-2).
5. Order and interpret appropriate laboratory and diagnostic tests to aid in the differential diagnosis of common problems seen in the family medicine setting (PC-7).
6. List and discuss the principles, elements and sequencing of appropriate treatment modalities for common problems in the family medicine setting (MK-6,8; PC-8).
7. Present information gathered in an organized way and to come to a reasoned differential diagnosis (MK3,4,5; PC-8; IPC-2).
8. Formulate critical differentiating history questions, physical examinations and/or diagnostic tests that will be successful in differentiating disease (MK-2,4,5; PC-3).
9. Identify and discuss the continuity issues relevant to the successful management of patients in a family medicine setting (SBP-1).
10. Identify and discuss pertinent “systems” issues which would need to be addressed for optimal management of the patient’s condition (SBP-1,2,3).
11. List and discuss the monitoring and screening activities important for control of disease and prevention of complications (MK-15).

12. Identify and discuss the important “physician coordination” issues that would need to be addressed for optimal management of the patient’s condition (MKC-16, IPC-1,2,3; SBP-1,2,3).
13. Identify, list and discuss the important economic issues which would need to be addressed to optimize the management of the patient’s condition (SBP-2,3).
14. Describe the role of the family physician related to women’s health issues (SBP-3).
15. Identify and discuss ethical issues encountered in family medicine (MK-9).
16. Identify important patient concerns when caring for geriatric patients in ambulatory and extended care facility settings (MK-6,10).
17. Explain an approach to eliciting a history, performing a physical exam and communicating for diverse, at-risk populations, including mentally retarded/developmentally delayed (MR/DD) patients (MK-9,11, 13; PC-1,2,3; PB-4,5,7, IPC-3,4, SBP-2).
18. Students will be able to evaluate common injuries seen in a Family Medicine setting. (MK-1,4,5).
19. Describe strategies involved in educating patients for behavior changes (MK-12; IPC-1; PBL-6).
20. Explain the impact of psychosocial factors on health and illness (MK-12).
21. Describe resources and be able to produce articles/books/journals that support evidence-based practice (MK-7; PBL-4,5; PC-10).
22. Meet or exceed the institutional standards for professional behaviors as described in the Clerkship Manual (MK-14, PB-1,2,3,4,5,6,7,8).

CLERKSHIP SCHEDULE

Each clinical site will provide a schedule designating your clinical activities for your rotation. In addition, there are additional sessions required of all students during the Family Medicine Clerkship. **These sessions are required unless otherwise stated.** Please note that these sessions take precedence over any scheduled activities at all clerkship sites. Also, note that the day of the week is subject to change depending on university holidays.

1. Clerkship orientation/lectures (location: blackboard collaborate ultra)
 - a. First day of the rotation

2. Classroom sessions (location: UTMC CCC, 3333 Glendale Ave. or St. Luke's FMR, 7045 Lighthouse Way – see schedule)
 - a. Fourth Thursday of the rotation (see schedule)
 - b. Fourth Friday of the rotation (see schedule)
3. OSCE (location: Hillebrand Clinical Skills Center)
 - a. Fourth Thursday of the rotation (see schedule)
4. Debriefing with UT Family Medicine Clerkship Director, Dowling Hall suite 2200, room 2222
 - a. Last week of the rotation (see schedule for specific date/time)
5. NBME Exam
 - a. Last day of the clerkship (additional information sent by Testing Center)

CLERKSHIP STRUCTURE

The settings for this clerkship experience are ambulatory and predominantly community-centered. The settings include the University of Toledo/College of Medicine - Department of Family Medicine, Mercy Family Medicine Center, Bryan area family physicians, Lima area family physicians, Sandusky area family physicians, St. Luke's Family Medicine Residency in Perrysburg, Riverside Methodist Hospital in Columbus, Akron General Family Medicine Residency in Akron, and selected community family physician offices in the metro Toledo area.

Students with assigned Family Medicine AHEC rotations will complete the entire six-week experience in the practices of volunteer faculty based in small communities throughout Northwest Ohio. Likewise, students rotating at Riverside Methodist Hospital, St. Mary Mercy, Akron, or St. Luke's will be at that location for the full duration of the clerkship. All other students will spend six weeks in the Toledo area, either spending three weeks in community-based practices of family physicians in the Greater Toledo area and three weeks at one of the local family medicine residency sites, or all six weeks at one assigned site.

The community practice experiences will be predominately office-based with ambulatory patients. However, preceptors are strongly encouraged to include students in hospital rounds, extended care facility rounds, appropriate professional meetings, and other activities to provide as complete an experience as possible to reflect the full scope of the family physician's clinical responsibilities, professional involvement, and lifestyle.

Should the assigned preceptor not be available for a specified period of time during a designated community practice experience, and alternative relevant clinical experiences are not arranged by

the assigned preceptor, the student should contact the designated Clerkship Director as soon as possible. Failure to do so will result in a Professionalism Behavior Report.

The residency site experience is designed to augment the community practice experience by providing opportunities to experience clinical performance skills that may not be available at the community practice site. It provides the opportunity to complete the mastery of the competencies with the guidance of teachers of Family Medicine.

In addition to clinical experience, the clerkship **involves organized didactic sessions**. Students will gather at one of the family medicine residencies associated with UT/COM for didactic sessions, seminars, group discussions, and skill workshops.

REQUIRED CLERKSHIP EXPERIENCE

To help learners achieve the Educational Course Objectives, requirements for both patient type (diagnostic category) and students' level of involvement have been established. Students are expected to log both patient type and level of involvement for their patient encounters.

Required Clinical Experiences

During the Family Medicine Clerkship, students are required to evaluate patients in the following diagnostic categories representing the common problems seen in a family practice setting. This provides the core of the family medicine experience. Most patients will be seen in ambulatory settings. Students are required to keep their logs up to date and the logs will be monitored daily to ensure adequate experience. If multiple problems are addressed with one patient at a given encounter, then up to four appropriate diagnostic categories can be entered for that patient. Students will use the 5 Levels of Involvement checklist in RocketMed to determine if a patient encounter meets the minimum level of involvement to count towards this requirement.

It is the student's responsibility to see and log the required amount of cases in each diagnostic category; please contact the Clerkship Director if you are having difficulty finding patients in certain categories.

Family Medicine Clerkship			Levels of Involvement					
			Independently Gathered History Information	Independently Performed Physical/MS E	Presented Patient Case	Opportunity to Offer and Discuss ddx	Opportunity to Offer and Discuss Management Options	
Clinical Experience	Well Woman Annual Exam (18-64)	Required # 1	x	x	x	x	x	
	Well Male Annual Exam (18-64)	1	x	x	x	x	x	
	Hypertension	2	x	x	x	x	x	
	Heart Failure	2	x	x	x	x	x	
	Type 2 Diabetes	2	x	x	x	x	x	
	Hyperlipidemia	2	x	x	x	x	x	
	COPD/Asthma	2	x	x	x	x	x	
	Chronic Arthritis/Joint Pain	2	x	x	x	x	x	
	Obesity	2	x	x	x	x	x	
	GERD	2	x	x	x	x	x	
	Depression	2	x	x	x	x	x	
	Anxiety	2	x	x	x	x	x	
	Cough	2	x	x	x	x	x	
	Dysuria	2	x	x	x	x	x	
	Rash	2	x	x	x	x	x	
	Headache	2	x	x	x	x	x	
	Acute MSK Pain/Acute injury	2	x	x	x	x	x	
Back Pain	2	x	x	x	x	x		

Student Levels of Involvement:

Students' participation in the patient encounters involves:

- independently gathering patient history information
- performing physical exam under direct preceptor supervision
- presenting your findings to the supervising preceptor
- offering a differential diagnosis to the supervising preceptor

- suggesting treatment options and/or diagnostic tests to the supervising preceptor
- providing patient education under the supervision of the preceptor

Students are required to use the electronic, web-based database to keep a log of patient work ups documenting the types of patients seen and the level of responsibility. Procedures may also be logged. Students are expected initially to log in to the RocketMed portal, <https://rocketmed.utoledo.edu>, for each patient they encounter, and up to four diagnoses can be entered for each patient. Once the required cases have been entered (i.e. two per diagnostic category), students are expected to enter two patient encounters per day. Students are encouraged to log cases that are particularly interesting or educational. One can still enter them on a weekly basis, i.e.: all ten cases for the week can be entered on Sunday. The expectation is that by Monday morning of each week the cases will be updated.

Failure to comply with these requirements will result in a loss of one point in the Departmental Program grade. If after 10 days requirements are still not satisfied, a meeting will be arranged with the Clerkship Director for a Professionalism Behavior Report.

If you are unsure of the appropriate category for a given diagnosis, you can discuss it with your preceptor or with the Clerkship Director.

In addition to your required clinical experiences (patient type and level of involvement), successful completion of the clerkship requires student participation in a variety of additional experiences. These experiences are coordinated through the Department of Family Medicine and include lecture/discussions, completion of online modules, and written projects.

CLERKSHIP ASSIGNMENTS

Mastery of several skills will be demonstrated by the completion of the following assignments. These assignments are designed to relate to at least one of the competencies of Family Medicine and to reflect knowledge that is relevant to the treatment of one or more of the common problems identified for this clerkship. They are designed to provide evidence of your understanding of several concepts and the ability to apply your understanding to patient situations. Students are required to complete the following:

1. Aquifer Cases (10 points) - Students are required to complete the chosen 20 Family Medicine cases by **8 am** on Wednesday, the week of the NBME. Each case completed is worth 0.5 points. The required cases are 1, 2, 4, 5, 6, 8, 9, 10, 11, 14, 16, 18, 21, 25, 26, 27, 28, 29, 31, and 33.

Aquifer Cases & Quiz

We are utilizing Aquifer, a set of virtual patient cases designed by the Society of Teachers in Family Medicine to both teach the Family Medicine core curriculum and enhance your preparation for the NBME Subject Exam. Each case is an interactive case that simulates a patient encounter, provides learning materials, and has multiple choice questions. The quiz is based off of 8 cases: 1, 2, 6, 10, 11, 16, 25, and 29. You can access Aquifer by logging on to www.Aquifer.org. There will be a multiple-choice quiz through Blackboard covering the material in these cases, worth a total of five points. **The quiz is ONLY available on the Monday prior to Debriefings/NBME (see schedule) from 5:00 p.m. to 10:00 p.m.** The required 20 Aquifer Cases are 1, 2, 4, 5, 6, 8, 9, 10, 11, 14, 16, 18, 21, 25, 26, 27, 28, 29, 31, and 33

DIDACTICS

Another key component of the Family Medicine Clerkship Curriculum is the didactic sessions. One challenge of our specialty is the tremendous breadth of material covered in Family Medicine. We could not hope to cover every topic within our lecture series, and if we somehow could, there would be significant overlap with the didactic material of every other clerkship. Therefore, we have aligned our lectures with material that is not covered in other clerkship didactics, including the Musculoskeletal, ENT, and Skin systems. A few high yield topics that do overlap are covered as well, primarily in preparation for the NBME Subject Examination. Nonetheless, proper preparation for the Subject Examination is expected to require significant individual study and time.

Below is a list of the objectives for each of the didactic sessions:

Knee Anatomy Refresher

- Identify the underlying anatomy based on visual observation and surface palpation
- Review the underlying gross anatomy of the knee- osteology, desmology, myology, and vasculature
- Apply orthopedic testing through clinical scenarios:
 - Identify the anatomical structures being provoked with orthopedic tests
 - Compare positive and negative findings of the orthopedic tests for specific conditions

Geriatrics

- Identify medical issues specific to geriatric patients
- Discuss clinical testing used for geriatric patients
- Identify common side effects of medications, including the risks of polypharmacy

Asthma

- Review diagnosis and classification of asthma

- Identify stepwise treatment for asthma
- Discuss use and application of asthma action plans

Dermatology

- Describe skin lesions using medical terminology (anatomy of skin)
- ABCD's of common skin cancers, (basal, squamous actinic, malignant melanoma)
- How to choose a topical steroid; topical preparations (covered by our pharmacist)
- Common skin infections with treatments (which we will do in light of cases) and we will apply #1 during this exercise
 - Acne
 - Tinea pedis, onychomycosis (fungal infections)
 - Bacterial infections: cellulites, folliculitis
 - Viral infections: viral warts
 - Dermatitis: seborrhea, urticaria
 - Scaling disorders
 - Infestations: scabies
 - If I have time: HIV infections

Low Back Pain

- Discuss the differential diagnosis of acute low back pain in adults
- Review evidenced-based evaluation of acute low back pain, including history, physical exam, and imaging
- Discuss evidence-based treatment of acute low back pain

Family Medicine: Nutrition in Practice

- Learn basic recommendations for weight loss, diabetes, hypertension, and dyslipidemia
- Learn motivating strategies to encourage behavior change
- Learn how to write a nutrition prescription setting 1-3 measurable and realistic goals

Exercise as Medicine

- Learn basic recommendations for physical activity for health promotion and maintenance
- Learn roles of exercise in treating various medical conditions
- Learn how to clear a patient for participation in an exercise program
- Learn how to write an exercise prescription

BLACKBOARD

This Clerkship utilizes the Blackboard platform to augment the clinical educational experience. A number of resources are available on the site, including electronic copies of the handbook and schedule, links to articles on common problems and videos of exam skills, and links to the *Aquifer* virtual patient cases. Videos of lectures will be placed online, but attendance is still mandatory. Students who miss a lecture may be required to review the online video. Students may be directed to materials on the site as they come online, including possible new required materials.

MID ROTATION FEEDBACK

During the 3rd week of the rotation, you will be given formative feedback by your preceptor. They will complete Mid-Clerkship Formative Feedback Form (see Appendix A) that will be reviewed with you and turned in to the clerkship. It is the student's responsibility to ensure they receive feedback from their preceptors. The Clerkship Director will review this form, case log entry, and other relevant materials. If necessary, a meeting will be scheduled with the Clerkship Director to address any concerns that come to light based on performance to date.

OBSERVATION CLINIC

During the rotation, all students will be observed for a patient encounter by a faculty physician. The student will interview and perform an appropriate physical exam, depending on the patient, with the attending in the room. The attending will verify the exam and determine assessment and plan of care with the student. This is done on an actual patient from your practice site coming in for a real appointment, not a standardized patient. The student will also write up the encounter in SOAP note format and submit to the attending (please do not use patient's name). The attending will give both verbal and written formative feedback to the student regarding their performance and write-up. This is meant as a formative experience and is not graded. Both the HIPPA-compliant SOAP and feedback form must be turned in to the coordinator. Those rotating at UTMC will have an observation clinic slot blocked off in their schedule. Students at non-UTMC sites will need to make arrangements with their faculty preceptor. The observation clinic and SOAP note forms must be submitted by week 4/prior to OSCE (see schedule).

DEBRIEFING

During the last week of the clerkship, you will meet with the Clerkship Director or designated faculty member here at UT/COM for your debriefing. You should be prepared to discuss the essentials of Family Medicine as they relate to the common problems identified for this course. For example, you may be given a verbal case of a common problem and you will be expected to verbally walk through the case, indicating what portions of the history and physical exam you

would perform, any lab work, formulate a differential diagnosis, and put forth an assessment and plan. You may be asked to defend or clarify the assessment and plan as well.

The Clerkship Director or faculty member will also review the following at this time:

1. Case Logs
2. Case Quiz
3. OSCE

At your debriefing, you will also be reminded to complete the feedback forms on RocketMed based on your experience.

This is very important to continually improve our clerkship.

ATTENDANCE POLICY

You are expected to attend and participate in all scheduled activities of this clerkship. This includes attendance at all scheduled clinical sessions, all didactics, the OSCE, the debriefing, and the NBME examination. Failure to be present for scheduled activities will have a negative impact on your final grade (See Student Performance Evaluation) and may result in a professionalism report.

EXCUSED ABSENCE

The Clerkship recognizes conflicts with the clerkship schedules. Students may request time away from the clerkship by completing an excused absence form (see Appendix B) and turning it into the Clerkship Coordinator. These will be reviewed/approved by the Clerkship Director, not the rotation site. Requests placed well in advance of expected time away will be looked at favorably. Additional documentation may be requested prior to determination of granting the request. Last minute requests for non-urgent/emergent issues will typically not be granted, so please plan ahead. Unexcused absences will carry significant consequences (see Appendix C).

In the event of sudden illness or other significant extenuating circumstances, all students must notify the Clerkship Coordinator, Lindsey Brillhart @ 419-383-5557 or Clerkship Director as soon as possible. You will be required to complete an excused absence request form at an appropriate time.

Any time away may require make up time or assignments to successfully complete the clerkship, and all unexcused time away will have to be made up.

Please see the Excused Absence Policy included in Appendix C for additional information.

PROFESSIONALISM

Students on the Family Medicine Clerkship are always required to conduct themselves along the highest standards of professionalism. This includes maintaining a proper professional appearance, punctuality, completing assignments on time, following directives from faculty appropriately, maintaining honesty and integrity, and being respectful to patients, their families, other physicians and health care workers at all times. Please review the University Professionalism Policy (Appendix D) for additional information. Failure to comply with these standards will result in verbal correction. Continued incidents or incidents that are of sufficient severity will result in a meeting with the Clerkship Director and having a Professionalism Behavior Report completed (see Appendix E). For those of you rotating at sites away from UTMC, remember, you are there as a representative of UT.

Students are expected to meet or exceed the institutional standards for professional behaviors as evidence by:

- adhering to the dress code consistent with clerkship standards. **Please do not wear perfumes/colognes, as they may trigger an allergic reaction to those sensitive to them**
- being punctual for all educational experiences (i.e. exams, clinics, rounds, small group sessions, appointments at the clinical skills center).
- fulfilling all educational assignments and responsibilities on time.
- displaying honesty in all interactions and situations.
- contributing to an atmosphere conducive to learning and is committed to advance scientific knowledge.
- establishing and maintaining appropriate boundaries in all learning situations.
- using professional language being mindful of the environment.
- establishing effective rapport.
- being respectful at all times of all parties involved.
- resolving conflict in a manner that respects the dignity of every person involved.
- respecting the diversity of race, gender, religion, sexual orientation, age, disability and socioeconomic status.
- exhibiting humanism in all interactions.
- protecting patient confidentiality.
- being aware of and adapting to differences in individual patients including those related to culture and medical literacy.
- recognizing personal limitations and seeking appropriate help.
- accepting constructive feedback and making changes accordingly.
- exhibiting independent and self-directed learning.

NBME SUBJECT EXAMINATION

The NBME Family Medicine Exam is 100 multiple choice questions, including 2 ten question modules, one is on management of chronic diseases and the other is on musculoskeletal issues. (The NBME may include additional questions as part of research for content for inclusion on future exams). The exam is composed of single best answer multiple choice questions covering the full breadth of Family Medicine Topics. As such, it can be a challenge to fully prepare for the test in the six weeks. Certainly, there is a large overlap in subject matter with every other clerkship and NBME Subject Exam. The NBME website contains a content outline and a few sample questions which we encourage you to review (http://www.nbme.org/PDF/SubjectExams/SE_ContentOutlineandSampleItems.pdf). We recommend considering use of a high yield USMLE Step 2 resource as part of the preparation for the test along with case-based preparatory material. If you have any questions, please contact the Clerkship Director.

The Family Medicine examination predominantly comprises patient encounters in an ambulatory setting.

Systems

General Principles, Including Normal Age-Related Findings and Care of the Well Patient	5%–10%
Immune System	1%–5%
Blood & Lymphoreticular System	1%–5%
Behavioral Health	5%–10%
Nervous System & Special Senses	1%–5%
Skin & Subcutaneous Tissue	3%–7%
Musculoskeletal System (% increases with the addition of the Musculoskeletal module)	5%–10%
Cardiovascular System	5%–10%
Respiratory System	5%–10%
Gastrointestinal System	5%–10%
Renal & Urinary System	1%–5%
Pregnancy, Childbirth, & the Puerperium	1%–5%
Female Reproductive System & Breast	1%–5%
Male Reproductive System	1%–5%
Endocrine System	5%–10%
Multisystem Processes & Disorders	1%–5%
Biostatistics, Epidemiology/Population Health, & Interpretation of the Medical Lit.	1%–5%
Social Sciences	5%–10%
Communication and interpersonal skills	
Medical ethics and jurisprudence	
Systems-based practice and patient safety	

<u>Physician Task</u>	
Health Maintenance, Prevention & Surveillance	20%–25%
Diagnosis, including Foundational Science Concepts	40%–50%
Pharmacotherapy, Intervention & Management	25%–30%
<u>Site of Care</u>	
Ambulatory	100%
<u>Patient Age</u>	
Birth to 17	15%–20%
18 to 65	55%–65%
66 and older	15%–20%

OSCE

You will have a musculoskeletal OSCE focused on a knee complaint. You will be expected to gather a focused history, perform an appropriate physical examination, and document your findings in SOAP format. Each station will request some portion of expected tasks, forming a checklist for proper completion of the station. Credit is based on communication skills, physical exam, and documentation. You receive credit for each expected task you do at each station and this goes towards your raw OSCE score. NOTE: these “credits” are used to determine your raw OSCE score and are not the same as the points used in calculation of your grade for the clerkship. The raw OSCE score is then converted to a scaled score of 0-5. Note that relatively more points will be allotted to the assessment than to basic interviewing skills, as reflects your status as third year clinical clerks.

Minimum passing score for the OSCE is 1 point.

If you wish to further review your OSCE, please contact the Clerkship Coordinator to schedule an appointment with the Clerkship Director.

GRADING POLICY

Your clerkship grade will consist of 3 components:

Overall Grade	1. CCE profile	2. NBME (PERCENTILE based on National NBME average from the previous year)	3. Departmental Education Program %
Fail	Fail PC**	< 5%	< 60
Defer	Pass/High Pass/Honors	≥5 th	<60
	Pass/High Pass/Honors	<5 th	≥ 60
	Pass/High Pass/Honors	<5 th	<60
	Fail (PROF*) OR (PBLI or IPCS)***	≥5 th	>60
Pass	Pass	≥5 th	≥ 60
High Pass	Pass	≥ 55 th	≥ 75
	High Pass	≥5 th	≥ 60
	Honors****	≥5 th	≥ 60
Honors	Honors	≥ 55 th	≥ 75

PROF = Professionalism; PC = Patient care; PBLI = Practice Based Learning and Improvement; IPCS = Interpersonal Communication Skills

* Remediation through OSA/conduct and ethics committee

** Repeat clerkship

*** Remediation determined by Clerkship Director

**** **High Pass (with Clinical Excellence)**– will be distinguished on the MSPE on the end of clerkship narrative

PLEASE READ FOLLOWING SECTIONS FOR ADDITIONAL INFORMATION!

1. Clinical Competency Evaluation (CCE) performance

- a. Weighting of preceptor evaluations – the weight of each preceptor evaluation will be determined by the amount time (direct contact hours) a student has with each preceptor:

Direct Contact Hours	Weight
Extensive (>40 hours)	X16
Substantial (11 to 40 hours)	X8
Moderate (5 to 10 hours)	X4
Limited (1 to 4 hours)	X2
No Contact (<1 hour)	0

- b. Your CCE grade will be based on your performance in each of the 5 competencies.
- To qualify for CCE honors a student must have HONORS IN PROFESSIONALISM.
 - If the professionalism grade is HP or Pass, the highest CCE grade that can be assigned is HP.

Competency Grades for Patient Care, Interpersonal Communication Skills, Systems Based Practice, and Practice Based Learning and Improvement	PROFESSIONALISM		
	HONORS	HIGH PASS	PASS
4H	H	HP	HP
3H+1HP+0P	H	HP	HP
3H+0HP+1P	H	HP	HP
2H+2HP+0P	H	HP	HP
2H+1HP+1P	H	HP	HP
2H+0HP+2P	HP	HP	HP
1H+3HP+0P	HP	HP	HP
1H+2HP+1P	HP	HP	HP

1H+1HP+2P	HP	HP	P
1H+0HP+3P	HP	HP	P
0H+4HP+0P	HP	HP	HP
0H+3HP+1P	HP	HP	HP
0H+2HP+2P	HP	HP	P
0H+1HP+3P	HP	HP	P
0H+0HP+4P	P	P	P

c. Example: if the following grades are assigned for each competency:

- i. Professionalism = HONORS
- ii. Interpersonal Communication Skills = HONORS
- iii. Patient care = PASS
- iv. Systems Based Practice = PASS
- v. Practice Based Learning & Improvement = PASS



CCE GRADE = HIGH PASS
Professionalism = HONORS
1H + 3P

CLINICAL COMPETENCY EVALUATION

Student Name



This report provides an overall assessment of the student performance during clerkship. The overall level of performance is indicated by the number of stars and is reflective of the specific combination of performance levels across 5 competencies. For each competency, strengths and areas needing attention are explained.

Competency: Professionalism

- Exceptional performance being on-time, prepared for assigned responsibilities, receptive to feedback and displaying integrity, honesty and ethical values in all interactions
- Very good performance in the area of cultural competence

Competency: Interpersonal & Communication Skills

- Exceptional performance communicating information to patients
- Very good performance with your listening skills, including verbal and non-verbal facilitation and using open-ended questions

Competency: Patient Care

- Exceptional performance including pertinent positive and negatives in HPI and giving a comprehensive patient presentation
- Good performance in the area of differential diagnosis for clinical encounter and development of appropriate diagnostic plans
- Pay more attention to organizing patient presentation and providing comprehensive documentation

Competency: Practice-Based Learning & Improvements

- Very good performance in identifying clinical questions, taking initiative and applying information to patient care

Competency: Systems-Based Practice

- Good performance in suggesting ancillary resources and identification of errors

Total evaluations: 2

Evaluations based on the amount of contact:

Extensive (>10 hours): 2

- Honors
- High Pass
- Pass
- Fail

- d. **High Pass with Clinical Excellence** – Students who receive a CCE grade of HONORS but do not meet requirements for an overall clerkship grade of honors, a special designation will be noted in the final MSPE narrative that will highlight the student’s clinical performance:

“Student X’s overall grade for the XX clerkship is High Pass. Of note, this student performed at the honors level in his/her clinical performance .”

- e. Fail in one competency for assessment of clinical performance will result in the following
- i. If a student fails Professionalism, Practice Based Learning and Improvement, or Interpersonal and Communication Skills, a grade of DEFER will be assigned and REMEDIATION will be required. Once the remediation is successfully completed, the student’s transcript grade will be changed to a PASS.
 - ii. If a student fails Patient Care, a grade of FAIL will be assigned, and the clerkship must be REPEATED in its entirety.
 - iii. The lowest grade possible for the systems-based practice competency is a pass.

2. **NBME subject exam**

- a. Honors: \geq 55 %tile
- b. HP/P: 5-54 %tile
- c. Fail < 5%tile*

* Students must achieve the 5th percentile on the NBME subject examination to successfully complete the clerkship. Failure to achieve the 5th percentile will require the student to retake the subject examination and a grade of DEFER will be assigned. A second attempt on the NBME subject examination must be completed within one year from the first attempt. If the student achieves the 5th percentile or higher on the second attempt a grade of PASS will be assigned. PASS is the highest grade that can be achieved after a DEFER grade. If a student fails the NBME exam on a second attempt, then the final grade is FAIL and the clerkship must be repeated.

3. **Departmental educational program (20 points total) — distribution unique to each clerkship**

- a. Honors: \geq 75% (\geq 15 points)
- b. HP/P: 60-74% (12-14 points)

c. Fail < 60% (<12 points)

A minimum of 60% (12 total points) must be achieved in the Departmental Education Program. If a student does not meet the minimum threshold a grade of DEFER will be assigned until remediation is completed. PASS is the highest grade that can be achieved after a DEFER grade.

The Departmental Educational Program is composed of the various projects described earlier in the handbook. Points are awarded for successful completion of the following:

Aquifer (20) Cases	- 10 points
Aquifer Quiz	- 5 points
OSCE	- 5 points

In addition, you will lose points for not completing projects on time or any unexcused absence:

- 1 – Each un-excused absence from clinic or lecture
- 1 – Case logs not updated weekly
- 1 – Each assignment not completed and turned in by due date

Recommended Online Readings/Resources

There are a number of quality online resources on a variety of clinical aspects of the common problems seen by family physicians. The American Academy of Family Physicians maintains an excellent website (www.aafp.org) with links to review articles from the journal American Family Physician on many relevant topics. Reviewing these articles will enhance your understanding of these problems and your ability to apply the essential competencies of family medicine to them. Students are able to register on the site for free; unregistered visitors do not have access to the article from the past year. Registering on the site also allows students access to multiple-choice board review questions which, although not designed for preparing for the NMBE Family Medicine Subject Exam, are successfully used by students across the country to help prepare for the exam.

Appendix A
Mid-Clerkship Formative Feedback Form

Family Medicine Clerkship

Student's name – _____

Block # – _____

Professionalism	Please check one	YES	NO	N/A
	Ethical, reliable, and responsible (including attendance at all clinical venues)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Honest, displays integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Professional dress, grooming and speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respect for patient, protects their privacy and dignity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Respect for other health care professionals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Skills	Please check one	Satisfactory	Needs to Improve	N/A
	Ability to obtain a history			
	Ability to perform an exam			
	Presentation skills			
	Note writing			
	Documentation skills			
	Diagnostic reasoning			
Comments	I have enough concerns about this student's progress during this clerkship that a meeting with the Clerkship Director is necessary.	<input type="checkbox"/> Yes, a meeting is needed	<input type="checkbox"/> No	
	Please comment on the overall performance of the student. 			

This **formative feedback** is information provided to you to help you identify your strengths and weaknesses at the mid-point of your clerkship. The feedback is provided to enhance your successful completion of this clerkship.

SIGNATURES:

Preceptor filling out form:	Date
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Student:	Date
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ABSENCE REQUEST FORM

Please print, complete all sections and return this form to the appropriate clerkship office for approval.

Name: _____ Class Year: _____

Email Address: _____ Phone #: () _____

REQUEST 1	<p>Request from: Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Date: _____ Time: _____ <input type="checkbox"/> ALL DAY</p> <p>Returning on: Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Date: _____ Time: _____ <i>To be completed by the Clerkship Director:</i> <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>
REQUEST 2	<p>Request from: Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Date: _____ Time: _____ <input type="checkbox"/> ALL DAY</p> <p>Returning on: Day: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday Date: _____ Time: _____ <i>To be completed by the Clerkship Director:</i> <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove</p>

What other days have you requested off or plan to request off from this elective/clerkship? _____

Clinical Site (*list actual service where line permits*): UTMC: _____
 AHEC: _____
 Other Site: _____

Scheduled activities that will be / have been missed: _____

Reason for absence: _____

Verification attached (doctor's note, boarding pass, interview invitation, etc.): Yes No


I have/had notified the following attendings and/or residents on the service I am assigned to of this absence: _____

I understand that I am responsible for all clerkship/curriculum content during my absence. It is MY responsibility to contact the clerkship coordinator no later than the first day of my return to find out what the requirements are to make-up my time missed.

Student Signature _____ Date _____

<input type="checkbox"/> Make-up time required	Notes: _____
Approval Signature: _____ <i>Clerkship Director</i>	Date _____

Appendix C: Excused Absence Policy

Name of Policy: <u>College of Medicine and Life Sciences: Excused Absences from Required Academic Activities in the MD Program</u>		 Revision date: February 24, 2020 Original effective date: 8/21/17	
Policy Number: 3364-81-17			
Approving Officer: Dean, College of Medicine and Life Sciences			
Responsible Agent: Associate Dean for Student Affairs			
Scope: Medical students in the preclinical and clinical years, University of Toledo College of Medicine and Life Sciences			
<input type="checkbox"/>	New policy proposal	<input type="checkbox"/>	Minor/technical revision of existing policy
<input checked="" type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

As part of the professionalism component of the UTCOMLS Educational Program Objectives students are expected to conduct themselves responsibly, reliably and dependably in all aspects of their professional lives. Attendance at all scheduled instructional periods, as well as timely and appropriate requests for excused absence when attendance is not possible, is considered to be a key aspect of this objective. Attendance is mandatory for all examinations and summative and formative assessments. Attendance is also mandatory for specified classes and academic activities in the foundational science curriculum of the MD program at the discretion of the thread/course directors, when participation by students is deemed essential to the proper acquisition of knowledge, skills, and behaviors. Failure to attend for any reason, whether excused or unexcused, does not relieve a student from responsibility for curriculum content during an absence. Excused absences do not include designated University holidays, winter break, spring break.

In recognition that the religious diversity of our students may result in time conflicts between students' religious beliefs/practices and certain educational activities, UTCOMLS will attempt to make accommodations that do not unduly burden faculty and staff, disproportionately affect the general student population involved in the affected educational activity, and honor the primacy of our commitment to patient care, while ensuring that the requirements of the prescribed curriculum are upheld. Students who believe they have a need for religious accommodation during any thread, clerkship or other required educational activity must notify the relevant authority as soon as possible after an impending conflict becomes apparent —prior to the beginning of the course, clerkship or other activity. If it is established that there is a legitimate basis for excusing or accommodating a student, reasonable accommodations will be provided where possible, including the opportunity to make up the activity in conflict if this is indicated and consistent with curricular policies. Absences excused for religious holidays or observances do not relieve a student from responsibility for curriculum content during an absence. This policy is intended to allow students under limited circumstances to exercise their religious beliefs while still continuing to meet their academic requirements. This policy is not intended to allow students to be granted excessive

absences from the curriculum or to be granted significant alterations of the prescribed curriculum, regardless of one's religious beliefs.

Attendance is mandatory for all required sessions in foundational science and clinical clerkships; however, the faculty and administration realize that illnesses and significant extenuating circumstances may render a student incapable of attending required sessions. Excused absences will be granted for documented medical and mental health appointments. Students must request to be excused for time away, in writing, from the clerkship/thread director, as soon in advance as possible. Requests for excused absences must be approved by the clerkship/thread director or his/her designee, with input from an Associate Dean when necessary. For unanticipated absences that preclude seeking permission in advance, the student is responsible for notifying the appropriate parties prior to the time that they are required to be present for their educational responsibilities.

(B) Purpose of policy

Since attendance is expected and part of professional growth of students, this policy outlines the rationale, procedure and implication of excused and unexcused absences.

Attendance is mandatory for all examinations and summative and formative assessments, as well as for specified classes and academic activities in all of the curricular years. Thus, policies and procedures for the timely notification of all appropriate parties in the event of an absence, as well as for requesting a formal excuse for the absence, have been developed, implemented, and enforced.

(C) Scope

This policy applies to Medical students at the UT College of Medicine and Life Sciences.

(D) Procedure

- (1) In the event that illness, appointment, or other significant extenuating circumstances preclude attending an examination/assessment, clinical assignment, or class/session with required attendance, all students must request, in writing that the absence be excused. Excused Absence Request Forms are available at on the UTCOM website.
- (2) Coordinators will review and forward to thread or clerkship director to be considered for approval. The final determination will be made by the thread or clerkship director with the option for consultation and input from the appropriate Associate Dean. Serious breaches of this policy, as well as patterns of unexcused absences may result in review by the Academic Progress Committee and a Professionalism Behavior Report. Knowingly submitting false information on an excused absence request or submitting fraudulent documentation may also result in a Professionalism Behavior Report or more serious consequences. Any student who reschedules examinations in three examination periods during one academic year will be required to have a mandatory advising session with the Associate Dean of Student Affairs that may be followed by a referral to the Medical Student Promotions Committee for a review of progress.

- (3) Activities/circumstances for which an excused absence can be requested but may not automatically be granted are listed below. Please Note: Documentation will be required. **All requests for an excused absence in all 4 years must be made 60 days prior to the scheduled event ***
- (a) *Illness or hospitalization.
 - (b) *Medical or mental health appointment
 - (c) *Authorized presentation or service at an academic conference or other professional meeting. (Refer to the travel policy 3364-81-04-015)
 - (d) Significant family ceremony or family event that requires student participation.
 - (e) *Family emergency or crisis (including funeral) that requires student attendance.
 - (f) Religious holiday or observance.
 - (g) Military service obligations.
 - (h) Taking USMLE step 2 CK and step 2CS.
 - (i) *Interviewing for residency positions.
 - (j) *Other extenuating circumstances as approved by the thread or clerkship director, with input from the associate or assistant deans for medical education, as necessary.

***The 60 day window may be waived.**

- (4) Students needing time off for routine or urgent health care will be provided reasonable accommodations by all threads and clerkships. Students requiring regular or multiple scheduled visits during a thread or clerkship should seek assistance from disability/accommodation office and/or Office of Student Affairs. In some cases, requests for an excused absence may need to include written documentation of said illness or extenuating circumstance. Documentation of illness must be provided by Student Health Services or the student's personal health care provider. An excused absence for significant extenuating circumstances may also require written documentation if requested. Submission of documentation does not guarantee that a requested absence will be excused.
- (5) Decisions about whether an absence will be excused cannot be made until written documentation is provided and validated, and thus notifications of excused absences will often follow the date/time of the absence. The thread or clerkship director, through the coordinator, will notify a student as to whether a student has been granted an excused absence from the required examination or instructional activity.
- (6) The faculty and administration realize that illnesses and significant extenuating circumstances may render a student incapable of sitting for an examination or attending required sessions. If the prescribed procedures for requesting an excused absence are followed, every effort will be made to offer the student an opportunity to make-up the examination or required activity. Even if an absence is excused, a thread/course may not offer the student a make-up opportunity; laboratory sessions and quizzes are two examples. In other situations, an alternative make-up activity may be required to receive credit for the required activity or examination. In all

cases, it is the student's responsibility to verify the status of their excused absence request, and to contact the thread/course/clerkship director about their make-up policies for excused absences.

- (7) Failure to follow these procedures will result in an unexcused absence. In the event of an unexcused absence, students will be given a grade of zero on any missed examinations or quizzes, and may be given a grade of zero on any assignments, or in-class learning experiences, which may result in failure of the thread/clerkship. At the discretion of the appropriate director, students may still be required to complete the scheduled learning activity or alternate activity without receiving a grade if deemed necessary in order to proceed through the remainder of the course. Any student with an unexcused absence for the academic year may be ineligible to be excused for travel. In addition, unexcused absences may result in the filing of a Professional Behavior Report, which could lead to disciplinary action, up to and including suspension or dismissal (see policy 3364-81-04-017-02).
- (8) In addition to attendance, students are expected to be on time at all examinations, summative and formative assessments, as well as for specified classes and academic activities in the foundational science years. Excused absence requests should not, however, be used for situations when students are tardy. Instead, advance requests for late attendance or notification of unexpected late attendance should be handled in accordance with thread/clerkship syllabi.
- (9) If the number of absences exceeds the number allotted for each medical school year, this behavior will result in a Professionalism Behavior Report. The student will have a mandatory meeting with the Associate Dean for Student Affairs.
- (10) Specific attendance policies for the Clinical curriculum
 - (a) Religious accommodations: an excused absence must be made in writing to the Clerkship Director and Coordinator prior to the beginning of the clerkship or activity.
 - (b) Requests for excused absences or accommodations must be approved by the Clerkship Director or his/her designee, with input from the Associate Deans for Clinical Undergraduate Medical Education or Student Affairs when necessary. The Clerkship Director may request additional information or documentation prior to rendering a final decision.
 - (c) Once an absence or accommodation has been approved, the Clerkship Director or Coordinator will notify the involved parties, including the faculty and/or residents with whom the student is rotating, and the clerkship/educational coordinator at the assigned clinical site. Students must also notify the relevant parties of their scheduled absence from any clinical responsibilities.
 - (d) Time away: students may take up to 2 days for a 2 week clinical rotation and up to 3 days for all other rotations. The clerkship director will decide if

a make-up experience or assignment is required, even when an absence is excused. If the clerkship director decides that a make-up experience is required, the make-up may involve additional clinical hours or an alternative assignment.

- (11) Foundational sciences: When an excused absence has been granted from a written or practical examination, it is the responsibility of the Course Director, in conjunction with the system faculty, the Academic Test Center or the Clinical Skills Center, where indicated, to decide when the make-up examination will be administered. Such accommodations must not unduly burden faculty and staff or disproportionately affect the general student population involved in the affected educational activity.
- (12) When an excused absence has been granted from other required educational activities, an opportunity to make up the activity in conflict will be provided when possible if this is indicated and consistent with block/clerkship policy. It is the responsibility of the Thread or Clerkship Director to decide if an opportunity for a make-up experience or assignment will be provided and whether or not a make-up experience or assignment is required (see 7 above).
- (13) In case of student presentation at a national or regional meeting and/or conference related to academic or scholarly activity, permission may be granted after prior approval by the appropriate Associate Dean and the clerkship/thread director.
- (14) The Academic Progress Committee will periodically review total number of excused absences for students. If the total number of absences exceeds five (5) in any academic year, an automatic review will be undertaken.
- (15) If the number of days of absence is deemed excessive, the following actions may be undertaken: a.) Student may be required to drop the any given course for which allowed absence was exceeded, and/ or given no credit for the course; 2) Student may be required to undertake academic counselling, or 3) other steps deemed appropriate.
- (16) All clerkship and thread coordinators will submit a log of absences (excused and unexcused) at the end of each course.

<p>Approved by:</p> <p><u>/s/</u> Christopher Cooper, M.D., Executive Vice President for Clinical Affairs and Dean, College of Medicine and Life Sciences</p> <p><u>February 24, 2020</u> Date</p> <p><i>Review/Revision Completed by:</i></p> <p><i>Assistant/Associate Deans for Medical Education, Office of Student Affairs SLT</i></p>	<p>Policies Superseded by This Policy: 3364-81-04-032-00 3364-81-04-014-03 3364-81-04-014-04 3364-81-04-014-05</p> <p>Initial effective date: 8/21/17</p> <p>Review/Revision Date:</p> <ul style="list-style-type: none">• 01/03/2020 review• 02/24/2020 revision <p>Next review date: 02/24/2023</p>
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Appendix D: University Professionalism Policy

(A) Policy statement

All students are responsible for understanding and complying with the Standards of Conduct defined by University of Toledo Health Science Campus (UT HSC) Policy No. 3364-25-01 and University of Toledo College of Medicine (UT COM) Policy No. 3364-81-04-007-01. In addition, as physicians-in-training, medical students are held to the highest standards of professionalism and have a number of professional responsibilities that they are obligated to uphold. A failure to comply may result in disciplinary action, as described below. Students subject to adverse disciplinary actions are entitled to due process and appellate rights as outlined below.

Professional Behavior

Medical students are physicians-in-training, and thus are held to the highest standards of professionalism. Students must be thoughtful and professional in verbal, written, and electronic communications. When interacting with patients and their families, faculty, staff, and colleagues, the medical student must deal with professional, staff and peer members of the health team in a cooperative and considerate manner. Fatigue, stress, and personal problems do not justify unprofessional behavior.

It is unethical and unprofessional for a student to disparage without good evidence the professional competence, knowledge, qualifications, or services of a faculty member, resident, staff member, or colleague. It is also unethical to imply by word, gesture, or deed that a patient has been poorly managed or mistreated by a faculty member, resident, or colleague without tangible evidence.

Professional relations among all members of the medical community should be marked with civility. Thus, scholarly contributions should be acknowledged, slanderous comments and acts should be avoided, and each person should recognize and facilitate the contributions of others to the community.

Students may be subject to disciplinary action if their conduct, in the opinion of faculty, staff, or other students, is inconsistent with the accepted standards of the medical profession, if they refuse to comply with directions of College officials, academic or administrative, acting in performance of duties, if they inflict intentional or negligent damage to property belonging to the College or to members of the college or campus visitors, and if their actions constitute violations of law on or off college premises, especially if such adversely affect the College's pursuit of its educational activities.

Standards for Professional Behavior in the Educational Environment

The following standards for professional behavior are in alignment with the Educational Program Objectives for the College of Medicine and are meant to supplement the Standards of Conduct, detailed in Policy No. 3364-25-01 and 3364-81-04-017-01.

The standards of professional behavior in the educational setting are related to three domains: 1) Individual Performance; 2) Relationships with students, faculty, staff, patients and community others; and 3) Support of the ethical principles of the medical profession, as expanded below for students in the College of Medicine:

Individual performance

1. Demonstrates independent and self-directed learning.
2. Recognizes personal limitations and seeks appropriate help.

3. Accepts constructive feedback and makes changes accordingly
4. Fulfills all educational assignments and responsibilities on time
5. Is punctual for all educational experiences (i.e., exams, clinics, rounds, small group sessions, appointments at the clinical skills center.
6. Adheres to dress code consistent with institutional standards.

Relationships with students, faculty, staff, patients and community

1. Establishes effective rapport.
2. Establishes and maintains appropriate boundaries in all learning situations.
3. Respectful at all times of all parties involved.
4. Demonstrates humanism in all interactions.
5. Respects the diversity of race, gender, religion, sexual orientation, age, disability and socioeconomic status.
6. Resolves conflict in a manner that respects the dignity of every person involved.
7. Uses professional language being mindful of the environment.
8. Maintains awareness and adapts to differences in individual patients including those related to culture and medical literacy.

Support of ethical principles of the medical profession

1. Maintains honesty.
2. Contributes to an atmosphere conducive to learning and is committed to advance scientific knowledge.
3. Protects patient confidentiality.

Professional Dress

Students should at all times maintain a neat and clean appearance, and dress in attire that is appropriate. When students are functioning as medical professionals, either with clinical patients or simulated patients, dress must be appropriate and professional. A professional image increases credibility, patient trust, respect, and confidence. In addition, because medical students utilize facilities on campus where patients and the public are present, professional dress and appearance are also expected even when students are not engaged in patient care. The medical student Dress Code Policy is addressed in full in Policy No. HSC-COM-04-023-00. In addition, most of our clinical facilities have specific dress code policies that must also be followed. Furthermore, Photo I.D. badges are to be worn at all times.

Violation of the dress code can have detrimental consequences for patient care and could damage the reputation of the institution. Flagrant and repeated violations of the dress code may be deemed to signify a lack of insight or maturity on the part of the individual student and call for counseling and discipline. The immediate supervisor may choose to discuss initial violations of the dress code directly with the student. Serious or repeated violations may be subject to disciplinary action.

Accurate Representation A student should accurately represent herself or himself to patients and others on the medical team. Students should never introduce themselves as “Doctor” as this is clearly a misrepresentation of the student’s position, knowledge and authority.

Evaluation Students should seek feedback and actively participate in the process of evaluating their teachers (faculty as well as house staff). Students are expected to respond to constructive criticism by

appropriate modification of their behavior. When evaluating faculty performance, students are obliged to provide prompt, constructive comments. Evaluations may not include disparaging remarks, offensive language, or personal attacks, and should maintain the same considerate, professional tone expected of faculty when they evaluate student performance. Teaching It is incumbent upon those entering the medical profession to teach what they know of the science, art, and ethics of medicine. This responsibility includes communicating clearly with and sharing knowledge with patients so that they are properly prepared to participate in their own care and in the maintenance of their health. Medical students also have a responsibility to share knowledge and information with colleagues. Equipment Usage Students assume full responsibility at all times for the loss of or damage to MUO equipment. Such loss or damage shall result in the assessment of the replacement cost as established by the Treasurer of the institution.

(B) Purpose of policy

To codify the standards for professional behavior and related standards of conduct for students in the College of Medicine, as well as the policy and procedures for due process and appeals in the event of breaches of the aforementioned standards.

(D) Procedure

Professional Behavior Report

- 1) Following the observation of unprofessional behavior by any member of the faculty or staff, the behavior or incident will be brought to the attention of the block/clerkship director and/or an Associate Dean in the College of Medicine, as appropriate.
- 2) The Professional Behavior Form should be completed and a narrative summary of the event(s) attached to the form.
- 3) A date and time is established for a meeting with the student regarding the matter.
- 4) During the meeting, the block/clerkship director should discuss the issues related to the unprofessional behavior observed with the student and a plan for remediation.
- 5) At the completion of the meeting, the form is signed by both the student and the block/clerkship director.
- 6) A copy of the form is returned to the Associate Dean of Undergraduate Medical Education in the Medical Education Office and placed in the student's "professionalism" file.
- 7) On the accumulation of the third form in the student's "professionalism" file, the student will meet with the appropriate Associate Dean of UME and receive a formal VERBAL warning.
- 8) On the filing of the fourth unprofessional behavior form the student will receive a WRITTEN warning.
- 9) On the filling of the fifth unprofessional behavior form the student's file will be forwarded to the Student Promotions Committee for review. Possible actions of this committee include suspension or dismissal from the College of Medicine.

Disciplinary Action and Due Process

Students are subject to disciplinary action for violation of the institutional standards of conduct, including breach of their responsibilities, as detailed above. The types of disciplinary action are:

Verbal warning. The violation is brought to the student's attention. A warning is verbally given which clearly defines the formal disciplinary measures possible if further, similar actions occur.

Written warning. The student is informed, in writing, of the violation. A copy of this warning is placed in the student's file in Student Affairs. The warning must state that any future incidents of misconduct may result in suspension or dismissal.

Suspension. The student is notified in writing that he/she cannot attend classes/clerkships for a prescribed period of time. The suspension may carry requirements for specific activities (i.e., counseling, therapy, professional evaluations) prior to being allowed to resume student status. (In this case, an extension of the prescribed period for completing all academic requirements may be considered.)

• Dismissal. The student is notified in writing that he/she is no longer affiliated with the College of Medicine.

Other requirements as specified by the Medical Student Conduct and Ethics Committee, the Dean, or the President. These may include counseling, psychological or psychiatric evaluation, writing a paper on a related topic, sensitivity training, required mentoring, etc.

Due Process

Due process will be provided to a student accused of violating institutional standards of conduct that is beyond a verbal warning or where the action is punitive in nature, or for violations of professionalism or ethics. The committee chair will do the following:

- 1) Notify in writing the Student of the charge(s), the date, time, and location of the due process hearing, as well as the composition of the hearing committee. If the charge(s) could result in a recommendation of dismissal from UT COM, then the notice will inform the Student of that possibility. Notice of the hearing must be delivered at least ten (10) days before the hearing date. The Student will be given the opportunity and is urged to appear before the committee to fully present his/her position on the allegations. The Student may waive the right to such appearance in his/her sole discretion.
- 2) The Student will be provided (by way of a statement or other summary) any relevant information or evidence that a complainant plans to bring or that will be considered by the committee relating to the allegations before the committee. The complainant may present affidavits of persons unavailable to come before the committee, exhibits, witnesses and any other similar information for the committee. All written materials must be provided to the student least three (3) business days prior to the hearing.
- 3) Notify in writing the Student of the specific protocols to be followed in the investigation/hearing and to provide a copy of this policy to the Student
- 4) Invite the complainant(s) to the hearing.
- 5) Preside at the hearing, for which minutes will be kept, and at the committee chair's request, which may be recorded or transcribed.

6) The chair will notify the Student in writing of the date, time and location of the committee meeting, as well as the composition of the committee. Notice of the hearing must be delivered at least ten (10) days before the hearing date. The chair will also preside over the hearing for which minutes will be kept.

7) In any instance where the Student is facing criminal charges arising out of the same or related conduct that is the subject of the hearing and/or where dismissal from UT COM is a possibility and after notice of that fact has been provided to the Student, then the Student may, upon five (5) days written notice to the chair of the committee, have an attorney present to provide counsel to the Student. If the Student elects in such circumstances to have counsel appear at the hearing, UT COM may, in that instance, similarly have counsel present at the hearing to assist the committee. In all other cases, the Student may, in his/her discretion, have a faculty member or fellow student attend the hearing as his/her advisor.

8) The hearing is not, and should not be construed to be a legal trial. Both the complainant(s) and the Student will be permitted to make any statement relevant to the issue(s) being addressed. The Student, the complainant as well as any other witness will be permitted to answer any questions posed by any member of the committee. If counsel for the Student is permitted to attend as set forth herein, he/she will, in the Student's sole discretion, be permitted to make such statements to the committee as are deemed appropriate. Neither the complainant(s), the Student, nor his/her counsel (if applicable) is permitted to ask questions of any witness; provided, however, if the Student calls a third party witness to speak before the committee on his/her behalf, he/she may ask questions of that witness(es).

9) The Student will have a full opportunity to present (by way of a statement made by him/herself or, if applicable, by his/her counsel) any relevant information to the committee relating to the allegations before the committee. The Student or his/her counsel (if applicable) may present affidavits of persons unavailable to come before the committee, exhibits, witnesses and any other similar information for the committee to consider in issuing its findings and recommendations. If the Student desires to distribute written materials to the committee members, he/she must present them at least three (3) business days prior to the meeting for copying, or must prepare adequate numbers of copies him/herself.

10) The student is expected to cooperate in the investigation/hearing. The complainant is expected to cooperate in the investigation/hearing and cannot be guaranteed anonymity.

11) Any recommendation for student discipline up to and including dismissal from UT COM will be based exclusively on the information (evidence) received at the hearing. Upon completion of the hearing, the committee will, by majority vote, agree to findings and determinations concerning disciplinary actions for violation of institutional standards of conduct, if any. The findings and conclusions shall be reduced to a written statement of findings and actions signed by the chair of the committee and delivered to the Student and to the Dean of the College of Medicine within ten (10) business days after the hearing.

Appeal

1) The Student may appeal the committee's decision to the Dean of the College of Medicine in a writing requesting a review relating to the following that apply: (1) the failure of process or for an additional review of the evidence presented at the hearing; or (2) a review of the evidence concerning the charges for disciplinary action.

- a. Written request for appeal must be received within fifteen (15) days following the issuance of the written recommendation, or any further right to appeal is waived.
- b. The Dean of the College of Medicine may review all of the evidence presented in the hearing (including minutes and any available transcripts and exhibits), the applicable process matters raised by the student (if any), the specific concerns concerning the charges and evidence in considering the grounds for appeal raised by the student.
- c. After completing such review, the Dean of the College of Medicine may ask for a meeting with the Student called for that purpose.
- d. Upon completion of the review of the appeal, the Dean of the College of Medicine may choose to uphold, reverse, or return the findings and decisions to the

2) The Dean of the College of Medicine may also appoint an *ad hoc* committee to hear the Student's appeal.

- a. The members of any *ad hoc* committee appointed to review any appeal will consist of individuals from inside and/or outside of the college or institution who have had no involvement in any way with the initial committee or its issuance of any findings and decisions.
- b. The *ad hoc* committee will meet to consider the appeal within fourteen (14) days after they are appointed, and only after the Student is provided with at least five (5) days notice of the date, time and place of the hearing, as well as the identities of the *ad hoc* committee members.
- c. The *ad hoc* committee, if appointed, will render its decision and submit its recommendation in a writing signed by all of the members of the committee to the Dean of the College of Medicine within ten (10) days following the meeting of the *ad hoc* committee.
- d. Upon receipt of the *ad hoc* committee's written recommendation, the Dean of the College of Medicine may consider the recommendations of that panel, and may choose to uphold, reverse, or return the findings and recommendations to the original due process committee for reconsideration of some or all of their findings or recommendations. 3364-81-04-017-02 Professionalism Policy 8

3) The Dean of the College of Medicine will provide any decision to uphold findings and recommendations of discipline to the Student within no later than 45 days from the date in which the appeal was first filed by the student.

Final Appeal

1) The Student may appeal the decision of the Dean of the College of Medicine to the UT HSC Council of Deans

a. A written request for appeal must be received by the Office of the Provost for Health Affairs, within thirty (30) days following the issuance of the written recommendation, or any further right to appeal is waived.

b. The written request must state the basis for the Student's relating to any of the following that apply: (1) the failure of process or for an additional review of the evidence presented at the hearing; or (2) a review of the evidence concerning the charges for disciplinary action.

c. The Provost for Health Affairs will forward the Student's request for appeal to the UT HSC Council of Deans, who will review all findings and decisions of the committee, any *ad hoc* committee appointed by the Dean, or by the Dean. The Council of Deans may choose to interview the Student or any applicable witnesses or evidence. After considering the evidence presented, the Council of Deans may uphold the findings and resulting discipline, reverse all or part of the recommended findings and discipline and impose less or no discipline, or return the findings and recommendations to the Dean or the committee for reconsideration of some or all of their findings and/or recommendations.

2) The UT HSC Council of Deans decision is final. The UT HSC Council of Deans will notify the Student in writing of the final decision within no later than 30 days from the date in which the appeal was submitted to the Provost's office.

Pendency of Action

Generally, implementation of disciplinary action will be suspended until all appeals made by the student have been exhausted. However, the Dean of the College of Medicine may, in his/her discretion, impose interim suspensions and/or restrictions on the Student if the Dean of the College of Medicine believes that the alleged conduct in any way concerns patient and/or public (including faculty and other student) safety, or when dismissal from UT COM is a possible sanction.



Appendix E: Professionalism Behavior Report **PROFESSIONAL BEHAVIOR REPORT**

Student name (*type or print legibly*)

Block/Clerkship (*Name & Block no.*)

Faculty submitting report (*print and sign*)

Date

The above student has demonstrated unprofessional behavior that is inconsistent with the following professionalism standards. (Circle all that apply)

Individual

1. Adheres to dress code consistent with institutional standards.
2. Is punctual for all educational experiences (i.e. exams, clinics, rounds, small group sessions, appointments at the clinical skills center).
3. Fulfills all educational assignments and responsibilities on time.
4. Accepts constructive feedback and makes changes accordingly.
5. Recognizes personal limitations and seeks appropriate help.
6. Demonstrates independent and self-directed learning.

Relationships with students, faculty, staff, patients and community

1. Establishes effective rapport.
2. Establishes and maintains appropriate boundaries in all learning situations.
3. Respectful at all times of all parties involved.
4. Demonstrates humanism in all interactions.
5. Respects the diversity of race, gender, religion, sexual orientation, age, disability and socioeconomic status.
6. Resolves conflict in a manner that respects the dignity of every person involved.
7. Uses professional language being mindful of the environment.
8. Maintains awareness and adapts to differences in individual patients including those related to culture and medical literacy.

Support of ethical principles of the Medical Profession

1. Maintains honesty.
2. Contributes to an atmosphere conducive to learning and is committed to advance scientific knowledge.
3. Protects patient confidentiality.

A signed narrative of a description of the observed behavior and circumstances is attached.

- Check this box if you feel that the unprofessional behavior requires immediate action by the Associate Deans of Undergraduate Medical Education.***

I have met with the student and discussed the following suggestions for change:

Block/Clerkship Director (*Signature*)

Date

This section is to be completed by the student.

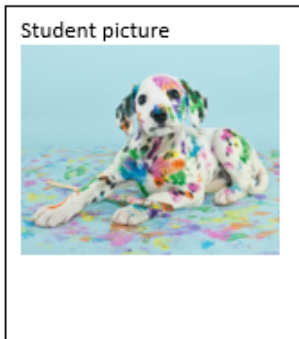
I have read this evaluation and discussed it with the Block/Clerkship Director.

Student signature

Date

**Appendix F: Final Clinical Competency Evaluation Form
Family Medicine Clerkship
Final Clinical Competency Evaluation**

Student's Name (First Name Last Name)



Clerkship: _____ Evaluator: _____
 Start Date: _____ End Date: _____
 Rotation Number: _____ Site: _____

- Hours assigned to student:
- Extensive (>40 hours)
 - Substantial (>11 to 40 hours)
 - Moderate (5 to 10 Hours)
 - Limited (1 to 4 Hours)
 - No Contact (< than 1 Hour)

To view the medical school educational program objectives, click [here](#). To view the clerkship objectives, [click here](#). To view the competency expectations across the four-year medical school program, [click here](#). Evaluations may be negatively influenced by implicit biases. These biases include our subconscious attitudes, perceptions, and stereotypes that influence our understanding, actions, and behavior while interacting with various identities. Implicit bias can influence perceptions of race, gender, sexual orientation, gender identity, ability, religion/spirituality, nationality, and socioeconomic status. Systematically, this may result in lower evaluations, even when there are no differences in performance. We ask that all evaluators recognize the potential impact of bias and resist stereotypes to ensure balanced evaluations. - Adapted from Georgetown University School of Medicine

For each of the following statements, rate your perception of the student's performance during the clerkship. Please be as objective as possible and keep in mind that the student is NOT expected to perform at the highest level on each of these to receive a passing or even an honors score. Our scoring system is set up such that your ratings will not be just added up into a total score. Our scoring algorithm reflects realistic expectations of performance and for some of the statements, this may even be the lowest rating. Your objective reflections will also be very valuable to the student and help us identify areas of continuous improvement and ultimately secure better patient care.

PROFESSIONALISM					
Displays honesty, integrity, and ethical values in all team interactions	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
On time to duties (punctuality)	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Prepared for assigned responsibilities	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Receptive to feedback	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Demonstrates knowledge of structural/social factors (e.g., ethnicity, gender, economic) affecting patient care and uses proper terminology	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies social determinants of health.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Demonstrates sensitivity to diversity (e.g., culture, religion, gender identification).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	

INTERPERSONAL AND COMMUNICATION SKILLS—					
Uses language that is appropriate for patient understanding	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Listens in an engaged and empathic manner, with verbal and nonverbal facilitation, including open-ended questions	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	
Interacts respectfully with the healthcare team	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Collaborates with the healthcare team through active participation	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
PATIENT CARE					
HPI is organized.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
HPI includes pertinent positives and negatives.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Relevant other history is complete (e.g., includes medical, past surgical, family, social history, ROS).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Uses proper technique when performing a physical (or mental status) exam.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies pertinent positives and negatives from the exam.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Accurately interprets tests (e.g., labs, imaging, surveys, screening studies).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies the most important (e.g., most likely, critical, life-threatening) diagnoses.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies less likely but relevant diagnoses.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Patient plan of care is appropriate for the diagnosis.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Patient plan of care integrates evidence-based practice.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Patient presentation is organized (e.g., utilizes SOAP).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Patient presentation is accurate, relevant, and complete.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Documentation (e.g., progress note) is accurate, relevant, and complete.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Demonstrates application of basic/foundational concepts in clinical care (e.g., pathophysiology, differential diagnosis, lab interpretation, plan of care).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Explains all steps of procedure(s)	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed/not applicable
PRACTICE-BASED LEARNING AND IMPROVEMENT					

Identifies gaps in knowledge (e.g., communication, presentation, professionalism).	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies clinical questions, takes initiative to address the question, and applies this information to patient care.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
SYSTEMS-BASED PRACTICE					
Suggests ancillary resources to optimize patient care.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed
Identifies errors in patient care and/or articulates system failure.	<input type="radio"/> Always	<input type="radio"/> Nearly always	<input type="radio"/> Often	<input type="radio"/> Rarely	<input type="radio"/> Not observed

MSPE Comments: *Medical Student Performance Evaluation (MSPE) previously Dean's Letter* -- comments are required (130 character minimum).

Summary Comments: ("Not for MSPE") Narrative comments. Please also include specific comments if you feel a student did exceptionally well or exceptionally poorly, including examples where such behavior was demonstrated.

By submitting this evaluation, I hereby attest that I do not have a conflict of interest with this student, including but not limited to a consensual relationship, familial relationship, physician-patient (health care) relationship, and/or financial relationship. If I feel there is a COI, it is my responsibility to contact the coordinator and have myself removed from evaluating the student. To view the policy, please click [here](#).

I also certify that the information I have provided is correct to the best of my knowledge. I understand that this constitutes an electronic signature and take responsibility for the content herein. I am aware of the Family Education Rights and Privacy Act that states that this information may not be released to anyone other than the Registrar's office. Therefore, I will have anyone who requests this information contact the Registrar's office.

Evaluator Name:

Signature:

Date: