

Cover Sheet: Request 14618

MDC 7124 Family Medicine and Geriatrics Clerkship

Info

Process	Course Modify Ugrad/Pro
Status	Pending at PV - University Curriculum Committee (UCC)
Submitter	Kathy Green kathygreen@ufl.edu
Created	1/15/2020 3:41:27 PM
Updated	1/16/2020 2:33:20 PM
Description of request	The proposal is to change the name of MDC 7124 from Family Medicine/Ambulatory Care Clerkship to Family Medicine and Geriatrics Clerkship. MDC 7124 expanded the clerkship to include educational (both knowledge and clinical skills) experience in geriatric medicine. See syllabus attached. In order to enhance the content, the clerkship was expanded from 8 to 12 weeks, thus a proposal includes a change in course credits to 12 to align with other Medicine degree clerkship courses. The change in credits will not increase the number of credits needed for graduation as students completing the required Family Medicine and Geriatrics Clerkship will not be required to take the existing MDC 7140 Geriatrics Clerkship (4 credits/weeks). Additionally, as the official transcript name "Family Med/Geriatrics" includes the proposed clerkship (course) name, no change in transcript title is needed.

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	MED - Community Health and Family Medicine 312916000	Maureen Novak		1/16/2020
Syllabus FM-Geriatrics.docx					1/15/2020
College	Approved	MED - College of Medicine	Joseph Fantone		1/16/2020
No document changes					
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			1/16/2020
No document changes					
Statewide Course Numbering System					
No document changes					
Office of the Registrar					
No document changes					
Student Academic Support System					
No document changes					
Catalog					
No document changes					
College Notified					
No document changes					

Course|Modify for request 14618

Info

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Submitter: Kathy Green kathygreen@ufl.edu

Created: 1/15/2020 1:10:29 PM

Form version: 1

Responses

Current Prefix MDC

Course Level 7

Number 124

Lab Code None

Course Title Family Medicine/Ambulatory Care Clerkship

Effective Term Summer

Effective Year 2020

Requested Action Other (selecting this option opens additional form fields below)

Change Course Prefix? No

Change Course Level? No

Change Course Number? No

Change Lab Code? No

Change Course Title? Yes

Current Course Title Family Medicine/Ambulatory Care Clerkship

Proposed Course Title Family Medicine and Geriatrics Clerkship

Change Transcript Title? No

Change Credit Hours? Yes

Current Credit Hours 8

Proposed Credit Hours 12

Change Variable Credit? No

Change S/U Only? No

Change Contact Type? No

Change Rotating Topic Designation? No

Change Repeatable Credit? No

Maximum Repeatable Credits 36

Change Course Description? No

Change Prerequisites? No

Change Co-requisites? No

Rationale A request was made earlier in the year (# 13969) to adjust the credit hours for MDC 7124 from 9 to 8 to correct an error in credits reported on transcripts, and to allow for the curricular switch of the longitudinal MDC 7800 (Neurology Clerkship) and MDC 7140 (Geriatrics Clerkship). The syllabus and clinical curricular work for MDC 7124 was revised to include 4-weeks of Geriatrics, thus increasing the clinical time from 8 weeks to 12 weeks. For congruency with other clinical clerkships within the College of Medicine MD degree, we propose changing the credits to equal the number of weeks for a total of 12 credits for the Family Medicine and Geriatrics Clerkship. Eventually, we expect to discontinue the required Geriatrics Clerkship (MDC 7140) as the material will be covered within MDC 7124; however, the request to close will not occur until all current students have taken Geriatrics, which will be approximately 2-3 years from now due to off-cycle students.

SYLLABUS

Family Medicine and Geriatrics Clerkship

**Department of
Community Health and Family Medicine
and
Department of Medicine**

**University of Florida
College of Medicine**

INTRODUCTION

Welcome to the Family Medicine and Geriatrics Clerkship!

This 12-credit clerkship is sponsored jointly by the Department of Community Health and Family Medicine and the Department of Medicine. The assumption underlying this course is that there exist many themes of primary care that are common to all primary care physicians regardless of specialty. In an interdisciplinary model these themes can be addressed conjointly and thus more efficiently. The juxtaposition of each discipline also allows students to better appreciate the differences in style, emphasis, and content that characterizes each of these disciplines.

Students will gain experience dealing with ambulatory diagnosis and management of common acute and chronic medical problems in a primary care setting. Continuity of preceptor and patient population will be a feature of this course. Didactic content will focus on preparing students to address clinical presentations commonly encountered

Original file: Syllabus FM-Geriatrics.docx

in the primary care setting. This content will be presented in a case-based discussion format on each Friday of the course. Students will also participate in a series of Friday workshops on other key topics pertinent to primary care.

The 12-week Family Medicine Clerkship includes a 4-week Geriatrics educational experience to form a 12-week block.

↑

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Relation of Family Medicine and Geriatrics Clerkship To the College's 14 Principles of Education

There are 14 principles that guide the college's educational program. One can better appreciate the goals and objectives of the Family Medicine and Geriatrics Clerkship, as well as its role in the overall curriculum, by examining how some of these principles are manifested in this clerkship.

General professional education is the foundation of the curriculum.

The disciplines of Family Medicine, General Internal Medicine and Geriatrics include content, skills and attitudes that epitomize most aspects of general professional education. For example, the majority of visits involve patients who have one of the problems included on the master list of clinical presentations that all students are expected to master as part of their general professional education. The faculty place a premium on effective interpersonal skills, an integrated approach that addresses behavioral as well as physiological aspects, understanding the patient in the context of their social and economic environment and adjusting treatment in accordance with this context.

The curriculum is based on adult learning principles and development of lifelong learning habits.

Despite devoting 50+ hours to Core Topic and Workshop sessions, we cover less than half of the conditions students will encounter on this rotation. Furthermore, a student may see a patient with diabetes, for instance, weeks before the session on diabetes. In order to optimize the learning experience and perform well on

the rotation, regular independent reading is essential. We strongly recommend that students read each night about one condition they saw that day.

The curriculum fosters development of leadership skills, the highest standards of professionalism and a humanistic approach to patient care.

Several Workshops (e.g., End of Life Issues) help students develop skills and attitudes that are time honored characteristics of outstanding physicians. Students will also be exposed to many faculty and residents who are excellent role models of humane, compassionate physicians who focus on treating the patient as a physical, mental, social, emotional and spiritual individual.

Effective healthcare delivery is provided in the context of the family, community and healthcare systems.

This theme will resurface repeatedly throughout the clerkship. Numerous Core Topic and Workshop sessions address these issues. Faculty and residents will repeatedly model an approach to patients that solicits information relative to family and community, and consider this information as they develop the assessment and plan.

The curriculum is responsive to emerging and dynamic needs of society including local and global health disparities.

The Friday Workshop format and the broad generalist interest of the faculty allow this clerkship to take the lead in addressing multiple emerging needs of society, including End of Life Issues, Cross Cultural Issues, Rehabilitation, Managed Care and Geriatrics. These issues receive little systematic attention elsewhere in the curriculum.

↑

Learning and professional development are most effective in a humane environment – one that fosters respect, personal integrity, service orientation and personal well-being among all members of the community.

We believe that students and physicians can provide the best clinical care only when they are in an environment that emphasizes respect, caring and nurturing of personal well-being and growth. We strive to create an atmosphere that provides ample stimulation and learning opportunities without inducing undue stress. The FMACC clerkship is widely recognized among previous students as a rotation that allows adequate time for clinical experience, study and a reasonably balanced life.

General Clerkship Goals:

- Provide a high volume ambulatory experience, which allows students to see 4-8 patients per day.
- Involve students as much as possible in delivering health care to the patients they encounter.
- Students will usually have first contact with the patient (before a resident or attending has seen the patient), independently perform a focused evaluation, formulate an assessment, and for straight-forward cases, be ready to propose a treatment strategy when they present the patient to the attending.
- Foster an appreciation for other health care professions and the ability to effectively collaborate with them.
- Foster an environment that encourages and rewards self-directed learning.
- Provide workshops and clinical experiences that give students insight into and knowledge about society's emerging medical needs.
- Teach procedural skills pertinent to outpatient primary care and allow students to assist faculty and residents in these procedures, if the opportunity arises.
- Highlight the value of viewing patients in their family and community context, and encourage students to value this perspective and apply it in their future patient interactions.
- Integrate basic science into clinical teaching.
- Incorporate a basic working knowledge of aging physiology to evaluate and manage syndromes or diseases unique to or more common in older persons.

Core Competencies—Specific Goals and Objectives

1. Goal:

Teach the knowledge and skills students need to address common outpatient clinical presentations.

Objective:

↑Students will demonstrate the ability to address a set of common clinical presentations in the ambulatory setting. These are listed in Table 1. For each presentation, students will be able to perform an appropriate focused history and focused physical exam. Students will also understand the differential diagnosis for each presentation and the management of common conditions from the differential.

Activities:

↑Attendance at the case based discussions and workshops. Mastery of the material contained on handouts from above sessions. Practice in the clinical setting. Feedback from faculty, including structured mid-cycle feedback.

Evaluation:

- a) Demonstrating ability to perform a focused history and physical: The final exam includes 9 OSCE stations, which require students to objectively demonstrate the ability to perform a focused history and physical appropriate for a given chief complaint. The cases used on each administration of the exam vary, but typically 5 to 7 cases involve one of the presentations listed in Table 1.

Each student's ability to perform a focused history and physical will also be assessed by faculty in the clinical setting. By listening to each student's patient presentations and asking questions related to the history and physical, faculty will assess each student's performance in History Taking, and Physical Exam.

- b) Demonstrating an understanding of the differential diagnosis and management of common conditions from the differential: by listening to students' patient presentations and asking questions related to the differential diagnosis and management, faculty will directly assess this competency. Students' understanding of the differential diagnosis and management of common conditions from the differential will also be assessed by the final exam, which includes 9 computer-based inter-stations that require students to answer multiple choice questions regarding diagnosing and managing conditions pertinent to the presentations listed in Table 1.

Table 1:

Clinical Presentations from College List that Are Covered in Family Medicine and Geriatrics Clerkship:

Abdominal pain
 Acute joint pain (knee, shoulder and ankle) and chronic joint pain (knee, shoulder and ankle)
 Asthma, outpatient management
 Chest pain
 Depression (including suicidal thoughts)
 Diabetes management
 Dysuria (UTI lecture)

↑EKG / ECG review
 Health promotion / disease prevention
 Adolescent
 Adult
 Elderly

↑Hypertension
 Low back pain
 Rhinorrhea (URI lecture)
 Skin rash in adults
 Trauma, minor—sprains and overuse injuries of knee, shoulder and ankle

2. Goal:

Teach the knowledge and skills students need to address common geriatric conditions.

Objective:

↑Students will demonstrate the ability to address a set of common geriatric presentations in the ambulatory setting. These are listed in Table 2. For each presentation, students will be able to perform an appropriate focused history and focused physical exam. They also will understand the differential diagnosis and the management of common conditions from that differential.

Activities:

↑Attendance at the case based discussions and workshops. Mastery of the material contained on handouts from above sessions.

Have an attending initial on a document you create that you have done 3 of the following. You chose based on your clinical interest and learning opportunities:

1. Perform one Mini-Cog Or Montreal Cognitive Assessment (MoCA) or The MiniMental State Exam (MMSE)
2. Document ADL/IADL on one patient
3. Perform one Beers polypharmacy assessment
4. Participate in safe driving assessment/ discussion

5. Timed get up and go Gait impairment/Fall risk eval (https://www.cdc.gov/steady/pdf/TUG_Test-print.pdf)
6. Participate in the care of a patient's Advanced Directive discussion
7. Participate in care of a patient's Osteoporosis screening or treatment
8. Participate in care of a patient's (In)Continence eval and/or treatment
9. Sensory deficits including hearing loss, visual

Evaluation:

- a) Demonstrating ability to perform a focused history and physical: One to 2 of the 9 OSCE stations will require students to objectively demonstrate the ability to perform focused histories and physicals on patients with chief complaints selected from Table 2.
- b) Demonstrating an understanding of the differential diagnosis and management of common conditions from the differential: One to 2 of the 9 computer-based inter-stations on the final exam include multiple choice questions regarding diagnosing and managing conditions pertinent to the presentations listed in Table 2.

↑

Table 2:

Geriatric Presentations Covered in Family Medicine and Geriatrics Clerkship

- Geriatric pharmacology, including polypharmacy
- Osteoporosis
- Anxiety, depression, Psychosocial isolation
- dementia,
- delirium,
- falls
- incontinence
- Osteoporosis
- pressure ulcers
- pain.
- sensory deficits including hearing loss, visual
- gait impairment, immobility, fear of falling
- failure to thrive
- osteoarthritis
- Functional capacity
- Life purpose & Quality of life
- Caregiver burden
- Multimorbidity/chronic disease self-management

3. Goal:

Provide workshops and clinical experiences that give students insights into and knowledge

↑ about society's emerging medical needs.

Objective:

↑ Students will participate in discussions and small group activities that deal with

↑ emerging needs of society. The topics covered are listed in Table 3.

Activities:

↑ Attendance at pertinent workshops. Mastery of the material contained in handouts from above sessions. When these issues arise in clinical settings, students will consider them and address them in their presentations and, where appropriate, address them in their management plan. Feedback from faculty, including structured mid-cycle feedback.

Evaluation:

↑ Attendance at all Friday sessions is required, with sign-in sheets used to document attendance. Since Fridays are devoted exclusively to these sessions, clinical responsibilities cannot prevent students from attending.

Table 3:

Emerging Needs and Miscellaneous Topics

Cross Cultural Issues in Medical Care

Empathy

End of Life Issues
Ethical Issues in Primary Care
Health Policy
Herbal Medicine
LGBT Health
Obesity
Outpatient Management of HIV
Patient Safety
Pregnancy Counseling
Professionalism
Radiologic Assessment of Common Outpatient Problems
Health literacy
Ageism (clinical relevance)
Social/financial determinants of health
Delivering bad news
Managing prognostic uncertainty
Substance use (motivational interviewing techniques)

4. Goal:

Integrate basic science into clinical teaching.

Objective:

↑Students will demonstrate knowledge of pertinent basic science related to selected presentations from Tables 1, 2 and 3. In particular, students will be expected to demonstrate a relatively detailed knowledge of basic science related to diabetes and hypertension.

Activities:

↑Attendance at the case based discussions and workshops. Mastery of the material contained on handouts from above sessions.

Evaluation:

↑Final exam inter-stations cover basic science underlying the clinical approach to certain presentations from Tables 1 and 2.

5. Goal:

Teach procedural skills pertinent to outpatient primary care and allow students to assist faculty and residents in these procedures if the opportunity arises.

↑**Objective:**

↑Students will participate in Workshops that teach the skills needed to perform joint injection and ECG interpretation. Students will demonstrate the ability to correctly interpret straightforward ECGs and will demonstrate knowledge of key information related to joint injection.

Activities:

↑Attendance at pertinent workshops. Mastery of the material contained in handouts from above sessions. Should the opportunity arise, students will perform or assist in performing these procedures. Students will also observe and participate in other outpatient procedures that may be performed at certain sites (e.g., flexible sigmoidoscopy, nasolaryngoscopy, and circumcision).

Evaluation:

↑Attendance at all Friday sessions is required, with sign-in sheets used to document attendance. Since Fridays are devoted exclusively to these sessions, clinical responsibilities cannot prevent students from attending. Because some students will not have the opportunity to perform these procedures on this rotation, their clinical evaluations will not assess their competence in procedures. Multiple choice questions on the final exam will assess students' ability to correctly interpret straightforward ECGs and their knowledge of key information related to joint injection.

↑
College-wide Competencies—Specific Goals and Objectives

Each of the following Competencies is assessed using the Family Medicine and Geriatrics Clerkship Feedback Form, shown at the back of this syllabus.

1. Professional Behavior

Objective:

↑Students will demonstrate respect for patients, families, and members of the health care team; be truthful and honest with colleagues; communicate an attitude of empathy and compassion; demonstrate a good work ethic; be sensitive to cultural issues; show ability to resolve conflicts between personal moral convictions and patient's choices; preserve patient confidentiality; and show appropriate self-assessment, openness to feedback and willingness to admit mistakes. **Students will be present for ALL assigned activities and will arrive on time. Students will complete all assigned tasks in a timely manner.**

Activities:

↑Ethics Case Conference, Practice in the clinical setting and Feedback from faculty, including structured mid-cycle feedback.

Evaluation:

↑Faculty will assess each student's professional behavior by directly observing their behavior during any and all clerkship activities. Where appropriate, faculty will solicit input from other observers (e.g., other clinic staff, secretaries) and consider this information in the evaluation.

2. Patient Care

↑ a. **History Taking** - goals, objectives, activities and evaluation described above.

↑ b. **Physical Exam** - goals, objectives, activities and evaluation described above.

c. Problem Solving

Objective:

Each Student will demonstrate the ability to analyze the patient data base, relate it

↑to basic scientific and clinical fund of knowledge, generate a ranked differential

↑diagnosis, draw logical conclusions about the salient problems, and propose cogent

↑diagnostic and therapeutic approaches.

Activities:

Attendance at the case based discussions and workshops.

↑Mastery of the material contained on handouts from above sessions.

↑Mastery of Web-based materials.

↑Practice in the clinical setting.

↑Feedback from faculty, including structured mid-cycle feedback.

Evaluation:

Faculty will directly assess each student's competency in this area by listening to their patient presentations and asking questions that require students to analyze the data, address any apparent contradictions in the data, relate it to relevant basic science or clinical considerations, generate a ranked differential and propose cogent diagnostic and therapeutic approaches.

d. Health Maintenance

Objective:

Students will demonstrate awareness of health maintenance and preventive care. **Activities:**

Attendance at Health Promotion and Tobacco Cessation Workshops.

Practice in the clinical setting.

Feedback from faculty, including structured mid-cycle feedback.

Evaluation:

Faculty will assess each student's competency in this area by observing a) how

↑often students address these issues in their presentations and proposed management

↑plans, and b) how appropriately these issues are addressed given the unique circumstances of each visit.

3. **Medical Knowledge** - goals, objectives, activities and evaluation described above.

↑

4. **Interpersonal Communication Skills**

a. **With patients and family**

Objective:

Students will effectively engage the patient and/or family in verbal communication.

Activities:

Attendance at End of Life, Family, and Culture and Medicine Workshops. Mastery of the material contained in handouts from above sessions. Practice in the clinical setting. Feedback from faculty, including structured mid-cycle feedback.

Evaluation:

By listening to students' patient presentations and observing student interactions with patients and families, faculty will directly assess each student's competency in this area (Human).

b. Oral presentations

Objective:

Each student will demonstrate adequate oral case presentation skills, mastery of traditional organization of medical data, and adequate medical record keeping.

Activities:

Practice in the clinical setting. Students will receive regular feedback on their performance in this competency, including the mid-cycle feedback form.

Evaluation:

Faculty will assess each student's competency in this area by directly observing
↑ their oral presentations and reviewing written progress notes.

↑
↑ Patient Logs

The LCME is requiring all medical schools to have students keep track of their interactions / visits with patients. Because students on our rotation see so many patients, it would be too burdensome to require students to log every patient seen. *Therefore, you will be required to log patients only during the following weeks: **Example***

Week 2: November 4th

– November 6th

2019

Week 8: December 16th

– December 18th

2019

These dates are the 2nd

and 8th

weeks of the 12-week rotation.

During these weeks you should log all your FM/Geriatrics patients. You do not have to log any patients during the other weeks.

-
You will be provided with paper log sheets to use for recording patient information while you are in clinic. You do not have to turn in the paper log.

1. Use the paper log for keeping track of the patients you see and will enter online.
2. Enter each visit into the online patient log. This must be done **within 7 days of each visit**.

Log in to *New Innovations* to complete this task. Instructions are posted in Canvas.

This is a REQUIREMENT of the College of Medicine.

We appreciate your cooperation with this task. 100% compliance is expected.

If this is not done, your Overall Grade Evaluation will be affected.

1st

time inadequate submissions: Your Professionalism Category (worth 5% of the final clerkship grade) will go down 1 level.

2
nd
time inadequate submissions: Your Professionalism Category will go down 2 levels.

3
rd
Time inadequate submissions: Your Professionalism Category will go down 3 levels.

Your entries will be checked throughout the Clerkship, so take the time to enter the data. Your conscientious cooperation is absolutely necessary to obtain valid information.

Thank you for your cooperation!

Learning Activities

Students will spend Monday through Thursday at assigned clinics. On Fridays, **all** students will return to Gainesville to participate in workshops and clinical presentation discussions/classes at the Health Science Center.

1. CLINIC ASSIGNMENTS

FMACC is divided into three weeks blocks and a 12-week continuity clinic (1/2 day per week). Students will leave their regular site (and their Geriatrics learning activity) each week to participate in the continuity clinic.

Students will spend 8 weeks at Family Medicine clinics and 4 weeks dedicated to geriatrics. For the first three weeks dedicated to Geriatrics, students will rotate each week Monday through Wednesday at one of the following.

1. Clinical geriatrics -inpatient consults and outpatient geriatrics clinics. (UF, VA, Oak Hammock) 2. Rehabilitation week

3. Palliative care week

After the students have rotated through the above 3 weeks all 12 students will come together for Community Geriatrics week

4. Community Geriatrics-simulation/standardized patient, Al's Place, virtual dementia training, death café, aging panel

2. CORE TOPIC CASE BASED DISCUSSIONS

A set of clinical presentations, which are common in primary care and Geriatrics, presented to the entire group of students by faculty members. Students will have access to the lecture slides online. For some lectures there will be additional articles and/or videos posted online for review. The lectures will be scheduled in the Health Science Center, Gainesville. Check the lecture schedule online for the topic and room number in which each lecture will be held. Students will be responsible for mastering the material in preparation for examinations.

3. WORKSHOPS AND CASE CONFERENCES

Workshops will cover a variety of topics of particular interest in primary care. **Preparation or assignments due prior to the workshops are posted in Canvas. Students are responsible for accessing and reading these documents and submitting assignments.**

Students are expected to attend all Friday Core Topic and Workshop sessions unless excused. You must sign in for each session. ***The final evaluation of any student who has unexcused absences for more than one Workshop or more than two half-day sessions total (core topic and/or workshop) will be subject to lowering in the Professional Behavior Competency (worth 5% of final grade). Signing for classmates or signing in and leaving before the session begins is considered unprofessional behavior, which is viewed seriously by the Academic Status Committee. Leaving a session early without prior permission will be counted as an unexcused absence.***

4. INTERPROFESSIONAL EXPERIENCES

Healthcare is evolving toward a greater emphasis on teamwork and inter-professional collaboration. Doctors who appreciate and value the skills of other health professionals are better prepared to be effective members of health care teams. To help students understand and value the skills/contributions of other health professionals, inter-professional experiences are included in this clerkship. During these sessions, students spend a half day with experienced practitioners in these fields. Experiences are available with athletic trainers, pharmacists, physical therapists, podiatrists, oral surgeons, and other specialists (Psychologists, chaplains, social workers, ethicists, case managers, attorneys).

5. INTERNATIONAL ROTATIONS

The University of Florida has established a campus-wide goal of enhancing the university's involvement in international activities. The practice of international medicine necessitates cost-efficiency, practicality, the ability to handle a wide range of clinical presentations and cross-cultural expertise. This is an excellent match with the discipline of family medicine, which places great value on these attributes. Students will therefore be allowed to participate in and receive credit for an international health experience during the Family Medicine and Geriatrics Clerkship. The following requirements must be met:

- a) Time away cannot exceed three weeks. In most cases, one to two weeks will be preferred.
- b) Must occur during the 8 weeks the student is scheduled to be on Family Medicine or outpatient Internal Medicine (i.e., NOT during Geriatrics)
- c) The student must be directly supervised by a UF faculty member during the international experience (i.e. a UF faculty member must go on the same trip, must understand our learning objectives, and be willing to supervise and evaluate the student)
- d) The student must register with the Study Abroad Coordinator at the UF International Center in Criser Hall on campus, and pay a required fee of approximately \$50.

The easiest way to arrange such an international rotation would be to participate in an established, ongoing international activity involving UF College of Medicine faculty. A number of such trips occur each year, including trips to Haiti, the Dominican Republic, Nicaragua, and Ecuador. Activities in Jamaica and the Yucatan area of Mexico also exist. While these would be the simplest options, other possibilities could be considered as well. Students who are interested in an international rotation are encouraged to contact Dr. Hatch as early as possible, preferably 3 months before beginning their Family Medicine and Geriatrics Clerkship.

Medical Student Charting

In recent years Medicare has dramatically changed their guidelines for chart documentation. This initiated a cascade of events that changed the way faculty and students document medical care. In order to bill for a patient visit, the faculty or resident must perform and record most portions of the visit THEMSELVES. Please help us by making sure that each chart gets back to the resident/faculty member for appropriate documentation. This will protect both you and the person supervising you.

Student Safety

Clinical experiences by their nature involve students in a variety of setting, locations and communities, as well as with a variety of patients / clients. Students are expected to exercise judgment and reasonable caution in insuring their own safety during clinical experiences (e.g., lock car doors, travel with classmates when possible, be aware of security services, etc.). Patient care areas may have the potential for exposure to hazardous substances such as radioactive materials. Students who require protection beyond those of all staff are to notify faculty prior to any clinical assignments. If at any time students believe the clinical setting is unsafe, students should take appropriate steps to protect themselves and their patients, including leaving the setting if necessary. Contact the course instructor or any college administrator immediately so that appropriate arrangements can be made.

ADA accommodations for Medical Students

The University of Florida is committed to providing academic accommodations for students with disabilities. Students requesting accommodations must first register with the Disability Resource Center (DRC) (352-392-8565, www.dso.ufl.edu/drc/) by providing appropriate documentation. Once registered, students should present their accommodation letter to the College of Medicine's ADA Representative, Mr. Jim Gorske (jgorske@ufl.edu), who will distribute the accommodation letter to appropriate course and/or clerkship directors, as needed, as well as the testing center. The University encourages students to register with the DRC as soon as they begin medical school or upon the verification of a disability.

Textbooks

No textbooks are required or recommended for this course.

Absences

Planned

College of Medicine policy: In the case of planned absences to attend meetings or “family” events such as weddings, etc., the student should contact the Clerkship Administrator as far in advance as possible to discuss the request and to obtain the permission of the Clerkship Director to be absent from assigned responsibilities. Once permission is obtained for the planned absence, the student must notify the Office of Medical Education of the approved dates for the absence. The Clerkship Director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, exams, etc. The timing of make-up work is at the discretion of the Clerkship Director and may fall during vacation periods. Missed days which can’t be completed before the clerkship end date will result in a grade of “Incomplete.”

Unplanned

College of Medicine policy: In the case of an unexpected, single day absence due to illness or family emergency, the student **MUST BY VOICE CONTACT** notify the senior resident or faculty on their service **AND** the Clerkship Administrator or Director. If the student is unable to contact the Clerkship Administrator, he or she should notify the staff in the Office of Medical Education. If the absence is of greater duration than a single day, the staff in the Office of Medical Education (352-273-8575) **MUST** be notified in addition to the Clerkship Director or Clerkship Administrator. This means that an email does not suffice. If the absence occurs while in Jacksonville on a clinical rotation, the Office of Educational Affairs (904-244-5128) in Jacksonville **MUST** be notified, in addition to the Office of Medical Education in Gainesville, and the Clerkship Administrator or Director at both sites. The Clerkship Director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, exams, etc. The timing of make-up work is at the discretion of the Clerkship Director and may fall during vacation periods. Missed days which can’t be completed before the clerkship end date will result in a grade of “Incomplete.”

The COM policy handbook (including work hour policies, absence policies, etc.) can be accessed at

<http://osa.med.ufl.edu/policies>



University of Florida Student Honor and Conduct Codes

The University has established a Student Honor Code, a Student Conduct Code and a student conduct system that promote individual and social responsibility. These documents may be accessed at

<https://sccr.dso.ufl.edu/students/student-conduct-code/>

Student Evaluation System

Formative Feedback



On each clerkship, students must master the basic core content of the specialty while developing the clinical and interpersonal skills necessary for good medical practice. This poses a particular challenge on the Family Medicine and Geriatrics Clerkship. Each day you will evaluate 4 to 6 patients. They will range widely in socioeconomic status and age (early childhood to very old), and they will have a very wide range of medical problems. You will be asked to address medical, social, psychological and behavioral issues, as well as health maintenance, managed care and cost effectiveness issues. In short, you will be called upon to develop and display a very wide range of knowledge and skills. This can make it very difficult for you to accurately gauge your progress and recognize which areas have the most room for improvement.



¶ If you are given appropriate formative feedback, it becomes much easier for you to gauge your progress and identify areas for improvement. Formative feedback is feedback that is provided early enough in the clerkship to allow you to respond by improving your performance before the clerkship ends. The College of Medicine is taking steps to improve the formative feedback provided to students. Every clerkship has been asked to provide formal mid-clerkship formative feedback to each student. During the Family Medicine and Geriatrics Clerkship, you will receive written formative feedback. The process and your responsibilities are described below under Formal Mid-clerkship Formative Feedback.

You can also obtain formative feedback in other ways. These are described below under Other Ways to Get Useful Formative Feedback. Before looking at these sections, it is helpful to understand some of the characteristics of effective feedback. Armed with this knowledge, you will better recognize effective feedback when you are receiving it. If you aren't receiving adequate feedback, this knowledge will help know what to ask for.

¶ **Some Characteristics of Effective Feedback:**

To be most effective, feedback should to be:

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- 1) Specific rather than general. For example, "Your progress note on Mr. Jones left out several important aspects of the Past Medical History, such as his diabetes and renal insufficiency" would be much more helpful than "You need to write longer notes."
- 2) Timely. Feedback should be given right after the patient was seen or at the end of a clinic session; the longer the delay, the less valuable the feedback.
- 3) Frequent. Ideally, feedback should be offered several times during a clinic session, or else summarized at the end of the session.

Formal Mid-Clerkship Formative Feedback:

↑During the FMAC clerkship, written formative feedback will be made available during the **Family Medicine portion of the rotation**.

****There are two types of forms for the faculty to choose from. Make sure that they choose one, go over it with you, and return it to Jessica Highland for your file****

A Formative Feedback form has been developed to facilitate this process. It includes the same competencies as the Evaluation Form, in a parallel format.

↑The Formative Feedback forms can be found online in Canvas. **Form should be completed during your second or third week at each Family Medicine site. If you work at 2 different Family Medicine sites, you will receive feedback at both sites. You will also receive written feedback from your continuity clinic Preceptor on or about Week 5.** We hope the feedback you receive will help you formulate educational priorities for the remainder of your Family Medicine rotation.

The system will only work if each student does his/her part. The student's responsibilities are:

1. The first time you meet with this attending, remind them that they are to complete this form and discuss it with you. Agree on a date and time to do so.
2. Bring this feedback form to your feedback meeting. Be sure your attending completes the form and gives you a copy that you give to Jessica Highland who will add it to your file.

History and Physical Feedback (H&P):

Each student's ability to perform a focused history and physical will be assessed by faculty in the clinical setting, both in continuity clinic and at a clinic assigned by the Clerkship Director. Students will receive written feedback after each observation, and H&P forms should be completed/returned to Mrs. Jessica Highland by the designated due date. A total of two H&P's should be completed at the end of the 12 week rotation.

Assigned H&P : Students can find their assigned clinic by checking the "**Clinic Schedule**". On the clinic schedule there is a section listed as H&P. The clinic listed under this section is where the student should go to collect his/her completed H&P form.

Please log into Canvas for the following:

- Clinic Schedule
- H&P feedback form
- Checklist (The due dates for the H&P's can be found on the Checklist)

Other Ways to Get Useful Formative Feedback

Formal mid-clerkship feedback will give you the big picture of how you are doing. As such, it is very valuable. However, because it is a summary of how you have done over 2-3 weeks, much of the feedback it provides will be sub-optimal in terms of timeliness and specifics. Here are some ways you can get timely, specific feedback. **The more active you are in asking for feedback, the more you will know about how you can improve.** While you should not be afraid to ask for feedback, please be thoughtful and considerate about how and when you ask, and be considerate of your attending's time.

1. If the Feedback You Get is Too General, Ask for More Specifics:

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¶For example, in response to "Your progress notes should be longer." you could ask if any particular section is most in need of expansion, or ask your attending/resident to review a couple notes with you and point out other information that should have been included.

¶2. If a clinic is ending and you have not yet received any feedback, ask for some:

¶You are most likely to get useful feedback if your request is specific. In a response to a question like "How am I doing?" you are likely to get a bland, general response like "Just fine." If instead, you ask which area you should pay the most attention to improving, you are much more likely to get useful feedback. You could also ask for feedback on how you are doing in one particular area, such as obtaining the history of the present illness, etc.

3. Recognize the Informal Feedback You Receive:

¶Informal feedback is given continuously in all settings. It is your instructor's verbal comments about such things as your behavior, answers to questions, history obtained, progress notes, etc. It will rarely be labeled as feedback but should be recognized as such and you should use it to improve your performance. If you are not sure what a comment means, then you should ask for clarification.

¶4. Take Advantage of the Feedback that is Offered:

¶Be receptive and make an effort to apply the suggestions you receive. During future clinic sessions, ask how you are progressing in the areas you discussed.

¶5. Do Not Be Misled by Illusionary Feedback:

¶It is important to distinguish true verbal formative feedback from illusionary feedback. This is the warm, fuzzy feeling you get because everyone smiles and seems to be responding positively to you. While the opposite feeling is usually a good sign that your performance is unsatisfactory, this positive feeling may have no correlation with your actual evaluation. It is NOT valid feedback. Do not rely on this as an indicator of how well you are doing.

Summative Evaluation and Grade Determination

1. Clinical Performance - 70% of Final Grade (4-Week Site #1: 25%; 4-Week Site #2: 25%; Continuity Site: 20%)

Students will be evaluated by faculty based on progress towards the achievement of graduation competencies in the categories listed on the evaluation forms included in this packet. Typically, one faculty member at each site is responsible for completing the form based on a compilation of their assessment and the assessment of others who worked with the student (primarily other faculty and residents, although input from clinic staff, patients and peers will be considered when pertinent).

2. In-house Final Examination - 15% of Final Grade

The in- house final examination is a combination of multiple-choice questions and performance-based standardized patient encounters. The exam consists of 9 patient stations, each of which is followed by a computer station with multiple-choice questions. It focuses almost exclusively on the clinical presentations shown in Tables 1 and 2 (pages 6 and 7) and requires students to:

- a) Demonstrate the ability to perform a focused history and physical and/or counsel patients. The exam provides objective evidence of each student's capability in the Data Gathering: History, and Data Gathering: Physical Exam Competencies. The standardized patient portion is worth ½ of the final exam points.
- b) Demonstrate an understanding of the differential diagnosis and management of common conditions from that differential. The computer stations include multiple choice questions that test each student's understanding of the differential diagnosis of presentations in Tables 1 and 2 and management of common conditions from that differential. Some questions also test problem solving ability and knowledge of basic science related to the presentations. As such, this portion of the exam assesses mastery of the following competencies: Core Discipline (Knowledge Base), Basic Science Foundation and Problem Solving. The multiple choice portion of the exam is worth ½ of the final exam points.

J. NBME Step Exam - 15% of Final Grade

There is not a minimum exam pass score for the clerkship. However, students who score below the 5th

percentile nationally need to meet with the clerkship director to discuss whether a test taking remediation plan should be developed to promote improved performance on subsequent NBME exams including Step 2 CK. The overwhelming majority of items on this test cover the topics listed in Tables 1 and 2 (pages 6 and 7).

4. Determination of Final Grade

In the vast majority of cases, the final grade is derived directly from the components described above. However, the Clerkship Director reserves the right to adjust a student's final grade in such a way that it best reflects the student's actual performance and their achievement of the clerkship competencies.

Remediation Policy

Students must satisfactorily complete all required components of each clerkship. Students who do not do so will receive an incomplete grade (H) for the clerkship until all components are satisfactorily completed. Students with an unsatisfactory performance in any area should discuss the process and timing of remediation with the Clerkship Director. In general, failure on an exam is remediated by retaking the exam and achieving a passing score. Failure to satisfy a clinical or professionalism component is remediated by the satisfactory completion of an individualized plan of remediation. This remediation should be proposed by the Clerkship Director and approved by the Academic Status Committee.

FMACC Weekly Structure

The following is a generic weekly schedule, which will give you an idea of how the course runs.

†Remember, Fridays are for scheduled core topics and workshops only, which necessitates

†ALL STUDENTS returning to the Health Science Center in Gainesville.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Clinical Assignment	Clinical Assignment	Clinical Assignment	Continuity / Inter-professional Assignments	DIDACTIC DAY ALL STUDENTS IN GAINESVILLE Lectures – AM †Lectures – PM

UNIVERSITY OF FLORIDA COLLEGE OF MEDICINE POLICY ON STUDENT EVALUATIONS OF COURSES, CLERKSHIPS, AND FACULTY

One of the essential professional attributes of a physician is a commitment to life-long learning and improvement of systems that enhance patient care and the health of the population. The UF COM medical education program recognizes that learning occurs through both individual and collaborative study, thoughtful reflection and self-assessment, patient interactions, and formal and informal interactions with faculty, house staff and other members of the health care team.

Effective learning occurs with a bidirectional flow of information, such that learners become teachers and performance of both the learner and the teacher improves. Thus, there is a professional expectation that students will provide feedback for each educational experience (e.g., course, clerkship) in order to improve the quality of our teaching and curriculum.

The Office for Educational Affairs in the College of Medicine continually and systematically collects, uses, and responds to students' feedback through online questionnaires and small group debriefings. Numeric results and students' written comments are carefully reviewed by faculty, department chairs, and the Evaluation committee to reward faculty efforts and promote positive curricular change. The College of Medicine is committed to ensuring that our evaluation tools show evidence of validity, are of reasonable length, and are useful for individual faculty and for COM medical education quality improvement.

The Evaluation committee, with the approval of the Curriculum Committee, has established the following guidelines in order to elicit the meaningful participation of every student in the evaluation process.

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- Every required course/clerkship will be evaluated by students. Students will have a minimum expectation of responses based on the needs of each course or clerkship as defined in the syllabus. Each student must complete at least 75% of all assigned faculty, resident, and small group leader evaluation forms associated with a course/clerkship in each year of enrollment. **There is an expectation of 100% completion on overall course and clerkship evaluations.**
- Every student is expected to respond in a professional manner to each item which she/he feels qualified to answer.
- Strict confidentiality of responses is assured. Evaluation data (numerical ratings and student comments) is de-identified. However, the completion of evaluations will be tracked.

Failure to complete course/clerkship evaluations within the established timeframe will be noted as a professional concern in a student's professionalism competency evaluation and may impact the overall grade in the course/clerkship. Repeated failure to respond in a timely and reasonable fashion or failure to achieve the required completion rate will be brought to the attention of the Academic Status Committee.

The evaluation forms have been placed on the clerkship page on *New Innovations* . **Please evaluate each clinician as you finish working with her/him.** This will allow you to provide us with the most accurate feedback and will also prevent you from having to spend a substantial amount of time on this task at the end of the rotation. **Your OVERALL COURSE EVALUATION should be completed by the day of the Course Debriefing.**

Your critique of the course is very important to us and is used routinely to make improvements and to evaluate faculty for raises and promotion. Please take the evaluation process seriously!

If you encounter any problems accessing / completing the evaluation form, please contact the clerkship coordinator: Jessica Highland jhighland@ufl.edu 352-273-5161.

↑

[College of Medicine](#)

PO Box 100222
Department of Community Health and Family Medicine

Gainesville, FL 32610-0222
Family Medicine Geriatrics Clerkship

352-273-5161

352-392-7349 Fax

October 28
th
2019

TO:

FMACC Students

Class of 2020, Groups DEF

FROM: Robert L. Hatch, M.D., MPH

Clerkship Director

RE:

Dress Code

It has been requested that all students dress in suitable / proper attire when attending clinics. Proper clothing for the clinical setting is required. ***Please do not wear shorts or other attire that would be considered questionable.***

For Friday lectures, casual / comfortable clothing is appropriate. Use your judgment, as you are still representing the University of Florida College of Medicine.

If you have questions about any aspect of the Clerkship, contact me or Jessica Highland in the clerkship office (G1-018) at 352-273-5161. Thank you.

↑
RLH/jrh