

Cover Sheet: Request 14792

Medicine Curriculum Modification

Info

Process	Major Curriculum Modify Ugrad/Pro
Status	Pending at PV - University Curriculum Committee (UCC)
Submitter	Kathy Green kathygreen@ufl.edu
Created	3/4/2020 6:12:23 PM
Updated	4/6/2020 2:39:49 PM
Description of request	<p>The College of Medicine reviewed the curriculum in conjunction with national trends and data, and began a multi-step curricular process beginning in June 2019.</p> <ol style="list-style-type: none"> 1. Family Medicine/Ambulatory Care Clerkship (MDC 7124) and Neurology Clerkship (MDC 7800) were coupled together for a 12-week total clerkship. In preparation for #2 & #3, the following course changes were made. <ol style="list-style-type: none"> a. Neurology Clerkship (MDC 7800) – changed credits from 3 to 4 (#13970) b. Family Medicine/Ambulatory Care Clerkship (MDC 7124) – changed credits from 9 to 8 (#13969) 2. Switch Neurology (MDC 7800) from 3rd year to 4th year curriculum. <ol style="list-style-type: none"> a. Uncoupled with Family Medicine/Ambulatory Care Clerkship beginning May 2020 b. Required 4th year course beginning May 2021 (students in graduating class of 2021 should have already taken) 3. Switch Geriatrics (MDC 7140) from 4th year to 3rd year curriculum, and embedded in Family Medicine Clerkship <ol style="list-style-type: none"> a. Family Medicine and Geriatrics Clerkship (MDC 7124) – changed name and credits from 8 to 12 (#14618) b. Family Medicine and Geriatrics Clerkship (MDC 7124) – required 3rd year course beginning May 2020 <p>In summary, Neurology (MDC 7800) will move to 4th year, and Geriatrics curriculum was moved to 3rd year and embedded in the Family Medicine Clerkship (MDC 7124).</p> <ol style="list-style-type: none"> 4. Both Geriatrics (MDC 7140) and Neurology (MDC 7800) will be offered as 4 credit courses for students who are off-cycle as both remain requirements for graduation <ol style="list-style-type: none"> a. Students will either take Family Medicine/Ambulatory Care Clerkship (MDC 7124), Neurology Clerkship (MDC 7800) & Geriatrics (MDC 7140) = 16 credits b. Or students will take Family Medicine and Geriatrics Clerkship (MDC 7124) and Neurology Clerkship (MDC 7800) = 16 credits

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	MED - General Medicine 312901000	Maureen Novak		3/5/2020
Medical Education Program Curriculum Overview.docx					3/4/2020
College	Approved	MED - College of Medicine	Joseph Fantone		3/5/2020
No document changes					
Associate Provost for Undergraduate Affairs	Approved	PV - Associate Provost for Undergraduate Affairs	Casey Griffith		3/20/2020
No document changes					
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			3/20/2020
No document changes					
Office of the Registrar					
No document changes					

Step	Status	Group	User	Comment	Updated
Student Academic Support System					
No document changes					
Catalog					
No document changes					
Academic Assessment Committee Notified					
No document changes					
College Notified					
No document changes					

Major|Modify_Curriculum for request 14792

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 - b. Family Medicine/Ambulatory Care Clerkship (MDC 7124) – changed credits from 9 to 8 (#13969)
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Submitter: Kathy Green kathygreen@ufl.edu

Created: 4/6/2020 2:45:59 PM

Form version: 2

Responses

Major Name

Enter the name of the major. Example: "Mathematical Modeling"

Response:
Medicine

Major Code

Enter the two-letter or three-letter major code.

Response:
MED

Degree Program Name

Enter the name of the degree program in which the major is offered.

Response:
Medicine

Undergraduate Innovation Academy Program

Is this an undergraduate program in the Innovation Academy?

Response:

No

Effective Term

Enter the term (semester and year) that the curriculum change would be effective.

Response:

Summer

Effective Year

Response:

2020

Current Curriculum for Major

Response:

The curricular change is occurring in the 3rd and 4th years of the medical student curriculum. The current curriculum for those years are below.

Year 3

Family Medicine/Ambulatory Care Clerkship (MDC 7124) is coupled with Neurology Clerkship (MDC 7800) = 12 credits

Medicine Clerkship (MDC 7200) = 8 credits

Obstetrics and Gynecology Clerkship (MDC 7180) = 6 credits

Pediatrics Clerkship (MDC 7400) = 8 credits

Psychiatry Clerkship (MDC 7830) = 6 credits

Surgery Clerkship (MDC 7600) = 8 credits

Year 4

Anesthesiology Clerkship (MDC 7700) = 4 credits

Emergency Medicine Clerkship (MDC 7710) = 4 credits

Geriatrics and Rehabilitative Medicine Clerkship (MDC 7140) = 4 credits

Sub-Internship (select 1: Community Health (MDC 7123), Medicine (MDC 7203), Pediatrics (MDC 7401), Surgery (MDC 7602) = 4 credits

Internship 101 = 4 credits

Elective courses/clerkships = 20 credits

Proposed Curriculum Changes

Describe the proposed changes to the curriculum. If the change is to offer the program through UF Online, please explain and attach a letter of support from the Director of UF Online.

Response:

The curricular change is occurring in the 3rd and 4th years of the medical student curriculum. The proposed curriculum for those years are below.

Year 3

Family Medicine and Geriatrics Clerkship (MDC 7124) = 12 credits

Medicine Clerkship (MDC 7200) = 8 credits
Obstetrics and Gynecology Clerkship (MDC 7180) = 6 credits
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Sub-Internship (select 1: Community Health (MDC 7123), Medicine (MDC 7203), Pediatrics (MDC 7401), Surgery (MDC 7602) = 4 credits
Internship 101 = 4 credits
Elective courses/clerkships = 20 credits

*Geriatrics will be required for all 4th year students in 2020-2021, and only offered to off-cycle students in 2021-2022 as will be part of the the 3rd year curriculum.

**Neurology will only be offered to off-cycle students who may not have had the course. The course will officially be a 4th year required course in 2021-2022.

UF Online Curriculum Change

Will this curriculum change be applied to a UF online program as well?

Response:

No

Pedagogical Rationale/Justification

Describe the rationale for the proposed changes to the curriculum.

Response:

The College of Medicine reviewed the curriculum in conjunction with national trends, and data and began the following multi-step curricular process beginning in June 2019.

1. Family Medicine/Ambulatory Care Clerkship (MDC 7124) and Neurology Clerkship (MDC 7800) were coupled together for a 12-week total clerkship. In preparation for #2 & #3, the following course changes were made.

- a. Neurology Clerkship (MDC 7800) – changed credits from 3 to 4 (#13970)
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- a. Uncoupled with Family Medicine/Ambulatory Care Clerkship beginning May 2020
- b. Required 4th year course beginning May 2021 (students in graduating class of 2021 should have already taken)

3. Switch Geriatrics (MDC 7140) from 4th year to 3rd year curriculum, and embedded in Family Medicine Clerkship

- a. Family Medicine and Geriatrics Clerkship (MDC 7124) – changed name and credits from 8 to 12 (#14618)
- b. Family Medicine and Geriatrics Clerkship (MDC 7124) – required 3rd year course beginning May 2020

4. Both Geriatrics (MDC 7140) and Neurology (MDC 7800) will be offered as 4 credit courses for students who are off-cycle as both remain requirements for graduation

- a. Students will either take Family Medicine/Ambulatory Care Clerkship (MDC 7124), Neurology Clerkship (MDC 7800) & Geriatrics (MDC 7140) = 16 credits
- b. Or students will take Family Medicine and Geriatrics Clerkship (MDC 7124) and Neurology Clerkship (MDC 7800) = 16 credits

5. Total credits required for graduation remains the same

Impact on Enrollment, Retention, Graduation

Describe any potential impact of the curriculum changes on students who are currently in the major.

Response:

There will be no impact on students who are currently in the major. Both Geriatrics (MDC 7140) and Neurology (MDC 7800) will be offered as 4 credit courses for students who are off-cycle during the 4th year of study. Students will either take Family Medicine/Ambulatory Care Clerkship (MDC 7124), Neurology Clerkship (MDC 7800) and Geriatrics (MDC 7140) for a total of 16 credits, or they will take Family Medicine and Geriatrics Clerkship (MDC 7124) and Neurology Clerkship (MDC 7800) for a total of 16 credits. There are no anticipated difficulties in transitioning students into the new curriculum. Upon monitoring the revised Family Medicine and Geriatrics clerkship through the approval system (#14618), it appears it will be completed and ready for summer 2020 term. The current clerkship director for Geriatrics (Dr. Bensadon) was added as co-clerkship director for the Family Medicine and Geriatrics clerkship, see syllabus attached. Dr. Bensadon will also continue as clerkship director for the phase 3 Geriatrics clerkship. should any student be off-cycle, the Neurology clerkship will still be offered every semester.

Assessment Data Review

Describe the Student Learning Outcome and/or program goal data that was reviewed to support the proposed changes.

Response:

The program goals and student learning outcomes were reviewed prior to making the proposed change. As the same courses will still be offered, neither the program goals nor the student learning outcomes will be changed as a result of the proposed curricular change.

Academic Learning Compact and Academic Assessment Plan

Describe the modifications to the Academic Learning Compact (for undergraduate programs) and Academic Assessment Plan that result from the proposed change.

Response:

Likewise, there are no proposed modifications needed to the Academic Assessment Plan for the Medicine (MD) career.

Catalog Copy

Submitter agrees to prepare and upload document showing the catalog copy with the current and proposed curricula edited using the "track changes" feature in Word.

Response:

Yes



**UNIVERSITY OF FLORIDA COLLEGE OF
MEDICINE**

MEDICAL EDUCATION PROGRAM

CURRICULUM OVERVIEW

Updated 12/10/2019 11/2020

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Vision Statement

The University of Florida College of Medicine medical education program will be a model for the development of physicians, scientists, and scholars of the highest quality to improve the health of the people of Florida, the nation and the world.

Mission Statement

Our goal is to educate future physicians, scientists, and scholars to provide the highest quality patient care and service to society. We will develop innovative and compassionate leaders in clinical care, research, education, and healthcare policy who reflect the diversity of the state of Florida. Our educational programs will be based on adult learning principles and outcomes based assessments to ensure achievement of educational goals. We embrace a patient-centered, integrative approach to the learning of the sciences essential for providing high quality healthcare within a humanistic, collaborative and intellectually stimulating culture. Our graduates will champion the highest professional standards, continue to learn in a reflective and self-directed manner, and serve the needs of their patients within the local and wider community.

Educational Program Values

UFCOM embraces the values established by UF Health in its strategic plan: **Excellence, Trust, Accountability, Innovation, Teamwork, Integrity and Diversity**. We also affirm the critical importance of these additional values: **Compassion, Humanism and Empathy**.

Principles of the UFCOM Medical Education Program

What do UF-COM graduates look like?

UFCOM graduates are prepared to become leaders and scholars who are committed to clinical excellence and humanistic patient-centered care and who adhere to the highest professional standards.

Principle 1: General professional education is the foundation of the curriculum.

- The core curriculum focuses on development of the knowledge, skills, attitudes and behaviors essential to the practice of medicine and prepares graduates to pursue careers in any of the medical disciplines.

Principle 2: The curriculum fosters development of leadership skills, the highest standards of professionalism and a humanistic approach to patient care.

Principle 3: The curriculum is focused on the care and wellness of the patient.

- The curriculum emphasizes a patient-centered approach to care.

Principle 4: Effective healthcare delivery is provided in the context of the family, community and healthcare systems.

- The influence of culture, social context and economic status on an individual's health is integrated throughout the curriculum.
- The curriculum fosters appreciation of diversity among patients and communities and the importance of diversity among students, faculty and staff.

Principle 5: The educational program and assessments are based on defined learning outcomes within core competency domains.

- Students will be accountable for their learning.
- Outcomes-based assessments ensure achievement of educational goals and learning outcomes.
- Formative and summative assessments including self-reflection combined with self-assessment are essential components of the curriculum.
- Competency domains:
 - Professionalism, Clinical Ethics, and Law
 - Interpersonal and Communication Skills
 - Patient care
 - Medical knowledge
 - Practice-based Learning and Improvement
 - Systems-based Practice

Principle 6: The curriculum is based on adult learning principles and development of lifelong learning habits.

Principle 7: The curriculum utilizes an integrative approach to learning of the sciences essential for providing high quality healthcare.

- Biomedical, clinical and psychosocial sciences will be integrated with clinical skills, clinical experiences and professionalism throughout the curriculum.
- Core material is taught within a clinical and public health context.

Principle 8: The curriculum is responsive to emerging and dynamic needs of society including local and global health disparities.

Principle 9: The curriculum emphasizes acquisition of new knowledge, discovery and scholarship.

Principle 10: The curriculum emphasizes evidence-based practice.

- In curriculum development
- In patient care

Principle 11: The curriculum emphasizes a collaborative and inter-professional team approach to healthcare delivery with a commitment to quality and patient safety.

Principle 12: The curriculum incorporates flexibility.

- To accommodate differences in students' learning styles.
- To promote development of professional and scholarly interests.

Principle 13: Faculty, pedagogical methods and learning environments are selected to maximize learning.

- Faculty development is an essential component of effective teaching.
- Effective mentorship is essential for students' personal and professional development.

Principle 14: 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.

Competency-based Curriculum

The University of Florida College of Medicine's curriculum is competency-based. Prior to graduation, a student must demonstrate competence in six areas of training to satisfy all education requirements. Student performance in courses and clerkships is formatively assessed and summatively evaluated by level of mastery in the assigned competencies. Competency is the currency of the education program. The College of Medicine's primary goal is to graduate practicing physicians who can be responsible for the health and well-being of their patients. This responsibility carries with it special requirements regarding the character, abilities, and knowledge of our graduates.

Graduation Learning Outcomes: Institutional Learning Objectives

Professionalism

Graduates must adhere to ethical standards, maintain professional relationships, and strive for excellence in all endeavors (personal and professional) which focus on professional identity formation, i.e., the development of professional values, actions, and aspirations

Graduates will be able to:

- Discuss and apply ethical standards of practice
- Demonstrate humanistic and patient-centered care including respect, empathy, and compassion in their role as the patient's advocate
- Demonstrate strength of character and integrity including honesty, altruism, accountability, humility, and moral courage
- Employ measures to balance clinical responsibilities with personal societal responsibilities
- Strive for excellence in all professional endeavors
- Consistently demonstrate the attitudes, values, and behaviors expected of one who thinks, acts, and will be a physician

Interpersonal and Communication Skills

Graduates must be able to communicate effectively, respectfully, in a culturally sensitive manner with patients, their families, and with other members of the healthcare team

Graduates will be able to:

- Demonstrate an understanding of how cultural issues impact response to illness and interactions with the healthcare system
- Apply doctor-patient communication strategies appropriate for clinical situations
- Recognize how personal beliefs and biases impact communication
- Present patient information clearly and effectively to all members of an inter-professional healthcare team
- Use communication technology effectively
- Disclose a medical error
- Deliver bad news compassionately

Patient Care

Graduates must have essential skills needed for patient care

Graduates will be able to:

- Demonstrate the ability to perform an appropriate focused and comprehensive medical history and physical exam
- Critically evaluate clinical findings and initial diagnostic test results to develop appropriate management plans with consideration of patient preferences, ethical principles, and cost effectiveness
- Synthesize new information to refine and reprioritize differential diagnoses, adhering to clinical reasoning best practices
- Critically examine previous management plans when patients were dissatisfied or the desired outcome was not achieved
- Perform common procedures safely

Medical Knowledge

Graduates must be able to acquire and apply medical knowledge, using scientific reasoning in patient care

Graduates will be able to:

- Demonstrate an understanding of the scientific basis for health and disease including foundational and emerging sciences
- Apply and integrate established and evolving biomedical knowledge and concepts with principles of clinical science to provide optimal clinical care

Practice-based Learning and Improvement

Graduates must be able to assimilate evidence from resources available while endeavoring to reflect on self-improvement

Graduates will be able to:

- Identify clinical questions, search evidence-based databases, critically appraise scientific literature, and apply to patient care keeping with the patients' values and preferences
- Apply principles of deliberate practice to self-improvement and professional practice

Systems-based Practice

Graduates will understand the larger context of the healthcare structure, resources, and system improvement measures

Graduates will be able to:

- Identify and describe components of healthcare systems
- Demonstrate a patient-centered approach to diagnosis and treatment that promotes the delivery of safe, high value, and high quality patient care
- Participate in and, where appropriate, lead teams including other healthcare professionals to deliver comprehensive healthcare that includes facilitating continuity and coordination of ongoing care needs
- Understand and apply patient safety and quality improvement initiatives within healthcare systems
- Compare and contrast healthcare policies, financing, and delivery systems, both as they affect populations as well as to assist patients in navigating these systems

Curriculum Organization

The curriculum is separated into three phases with longitudinal Collaborative Learning Groups (CLGs) that span across all three phases (4 years). CLG leaders meet weekly for faculty development, curriculum integration, and coaching/mentoring of students. CLG leaders do not assign grades.

Phase 1: Foundations of Medical Practice

August through April: 68 weeks over 2 years

- 2 week winter break and 1 week spring break (total 6 weeks)
- 10 week break (MSRP/vacation)
- 6 weeks USMLE Step 1/vacation

Phase 2: Principles of Medical Practice

May through April: 48 weeks

Core Clerkships: Family Medicine and ~~Ambulatory Care~~Geriatrics, Medicine, ~~Neurology~~, Obstetrics and Gynecology, Pediatrics, Psychiatry, Surgery

- 2 week winter break
- 2 week elective or vacation

Phase 3: Advanced Medical Practice **(AY 2020-2021)**

May through April: 40 weeks

Required Courses: Anesthesiology-Operative and Perioperative/Critical Care, Emergency Medicine, Geriatrics and Rehabilitative Medicine, ~~Sub-Internship~~, Internship 101

Electives or Advanced Clerkships/Experiences

- 8 weeks USMLE Step 2/vacation
- Graduation in May

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Phase 3: Advanced Medical Practice **(AY 2021-2022)**

May through April: 40 weeks

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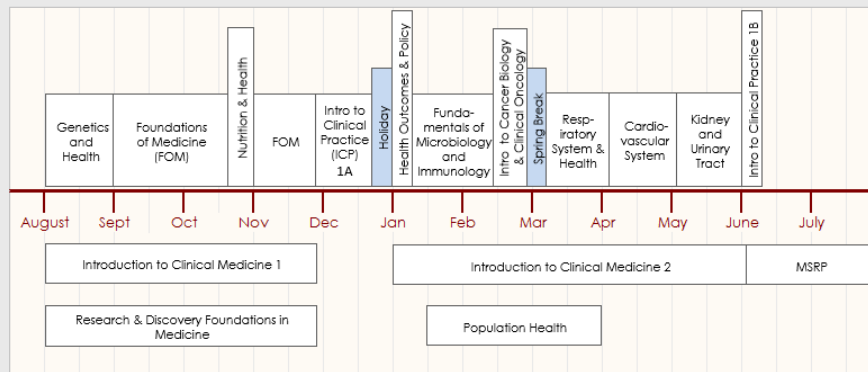
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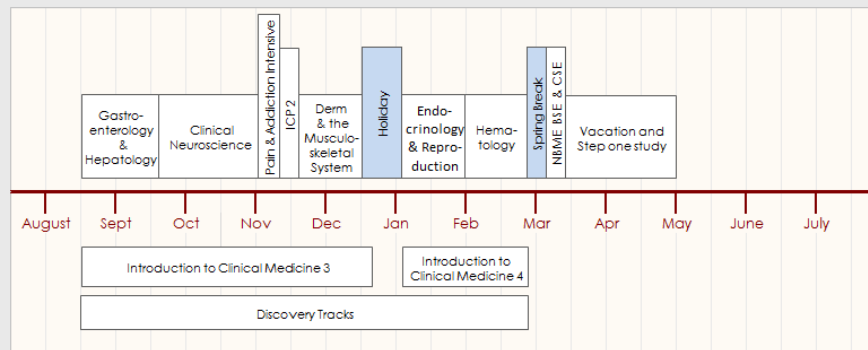
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Timeline Schematic

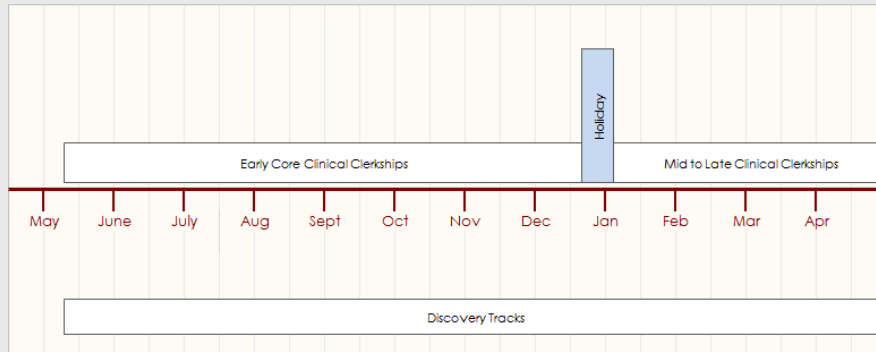
Foundations of Medical Practice: Phase 1



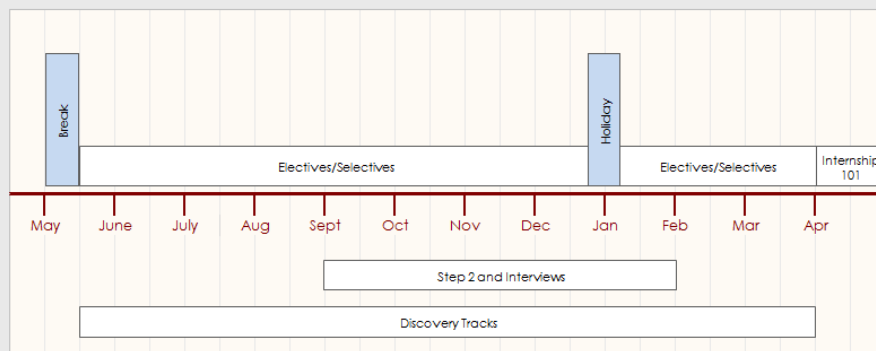
Foundations of Medical Practice: Phase 1



Principles of Medical Practice: Phase 2



Advanced Medical Practice: Phase 3



Required Courses and Clerkships

Foundations of Medical Practice: Phase 1 (Integrated organ-system module courses)

Year 1

- Introduction to Clinical Medicine 1
- Genetics and Health
- Research and Discovery
- Foundations of Medicine
- Nutrition Intensive
- Introduction to Clinical Practice 1A
- Health Outcomes and Policy
- Introduction to Clinical Medicine 2
- Fundamentals of Microbiology and Immunology
- Population Health
- Introduction to Cancer Biology and Clinical Oncology
- Respiratory Systems
- Cardiovascular Systems
- Introduction to Clinical Practice 1B
- The Kidney and Urinary Tract

Year 2

- Introduction to Clinical Medicine 3
- Gastroenterology and Hematology
- Clinical Neuroscience
- Pain and Addiction Intensive
- Introduction to Clinical Practice 2
- Dermatology and Musculoskeletal System
- Introduction to Clinical Medicine 4
- Endocrinology and Reproduction
- Hematology
- USMLE Step 1

Principles of Medical Practice: Phase 2 (Clerkships)

- Family Medicine and ~~Ambulatory Care~~ ~~Geriatrics~~: ~~128 weeks total~~
 - Longitudinal clinic: half day per week for 12 weeks
(Family Medicine and Neurology)
- Medicine: 8 weeks
- ~~Neurology: 4 weeks~~
 - ~~Longitudinal clinic: half day per week for 12 weeks~~
(Family Medicine and Neurology)
- Obstetrics and Gynecology: 6 weeks
- Pediatrics: 8 weeks
- Psychiatry: 6 weeks
- Surgery: 8 weeks

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(AY 2020-2021)

Advanced Medical Practice: Phase 3

(Clerkships and Course)

- Anesthesiology-Operative and Perioperative/Critical Care: 4 weeks
- Emergency Medicine: 4 weeks
- Geriatrics and Rehabilitative Medicine: ~~4~~ 4 weeks

~~Geriatrics~~

~~Palliative care~~

~~Rehabilitation medicine~~

- Sub-Internship: 4 weeks (select one)
 - Community Health and Family Medicine
 - Medicine
 - Pediatrics
 - Surgery

- Internship 101: 4 weeks
 - Residency preparation

• Elective credits: 20 weeks

- ~~USMLE Step 2 CK/CS~~

* Neurology: 4 weeks (offered as needed for off-cycle students)

Elective credits: 20 weeks

(AY 2021-2022)

Advanced Medical Practice: Phase 3

(Clerkships and Course)

- Anesthesiology-Operative and Perioperative/Critical Care: 4 weeks
- Emergency Medicine: 4 weeks
- Neurology: 4 weeks
- Sub-Internship: 4 weeks (select one)

- Community Health and Family Medicine
- Medicine
- Pediatrics
- Surgery

• Internship 101: 4 weeks

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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 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.

Gainesville Faculty and Staff

- **Peter J. Carek, M.D., M.S.**

Professor and Chair
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Suite N1-07, Shands North Tower
(352) 273-5159

- **Robert L. Hatch, M.D., MPH**

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Room 145 HMEB
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(352) 542-1806 Old Town Clinic
(352) 335-1325 Residence

Jessica Highland

Coordinator
jhighland@ufl.edu
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(352) 273-5161

- **Paige Barker, M.D.**

Co-Clerkship Director – Family / Ambulatory Medicine
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(352) 273-5322

Kathy Pipkins

Coordinator
kathy.pipkins@medicine.ufl.edu
(352) 265-0230

- **Daniel A. Rubin, M.D.**

Co-Clerkship Director – Family / Ambulatory Medicine
rubind@ufl.edu
(352) 265-0944

- **Benjamin A. Bensadon, Ed.M., Ph.D.**

Co-Clerkship Director – Family / Ambulatory Medicine
bensadon@ufl.edu
(352) 294-5815

Jacksonville Faculty and Staff

- **Linda Wilson, M.D.**
Clerkship Director – Family Medicine

Becky Carns
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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 patients Advanced Directive discussion
7. Participate in care of a patients Osteoporosis screening or treatment
8. Participate in care of a patients (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.

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

3rd 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:

- 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:

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.

3. NBME Shelf 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.

- 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
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October 28th 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