Providing quality compassionate healthcare for the whole family

“A doctor’s mission should be not only to prevent death, but to improve the quality of life. You treat a disease, you win, and you lose. You treat a person, I guarantee you’ll win no matter what the outcome.” - Patch Adams, MD

Course Syllabus 2004 – 2005

www.smbs.buffalo.edu/fam-med/clerkship

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Family Medicine:
Make a Positive and Significant Difference in the Lives of Your Patients

“You, the patient are my first professional responsibility whether man, woman, or child, ill or well, are seeking care, healing or knowledge. You and your family deserve high quality, affordable health care including treatment, prevention and health promotion.”
–from the Family Physician’s Creed.

“If you care for those today who no one else wants to take care of, then tomorrow you’ll be able to take care of those who no one else can take care of.” –unknown

“Of all the forms of inequality, injustice in healthcare is the most shocking and inhumane.” – Rev. Martin Luther King, Jr.

“The greatest tragedy is not death but life without purpose.” – Rick Warren

“You are going to give your life for something, what will it be – a career, a sport, a hobby, love, wealth? None of these will have lasting significance. Service is the pathway to real significance.” – Rick Warren

“Never doubt that a small group of thoughtful citizens can change the world. Indeed, it is the only thing that ever has” – Margaret Mead

“Death is not the enemy. Indifference is. Transference is inevitable. Every human being has an impact on another.” – Patch Adams

“Don’t let them anesthetize you. Don’t let them numb you out of the miracle of life. Always live in awe of the glorious mechanism of the human body. Let that be the focus of your studies and not a quest for grades which will give you no idea of what kind of doctor you will become.” – Patch Adams

“Choose a job that you love and you’ll never have to work another day in your life.” – Confucious
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Dr. Thomas Dilamarter
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Dr. Myron Glick
Dr. Ellis Gomez
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Dr. Frederick Occhino
Dr. James Panzarella
Dr. David Pfalzer
Dr. Lawrence Plumb
Dr. Kristen Robillard
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Dr. Alex Selioutski
Dr. Gregory Snyder
Dr. William Stephen
Dr. David Thomas
Dr. Joshua Usen
Dr. James Wild
Dr. Michael Zionts
Clerkship Introduction

The faculty physicians of the Department of Family Medicine welcome you to the third year Family Medicine Clerkship. Family Medicine is the only generalist discipline whose scope of care includes all patients regardless of gender or age. As clinicians, our goal is to provide excellent care that is patient and family-centered, and characterized by continuity and comprehensiveness. We care for the vast majority of problems which patients bring to their doctors, managing most common problems whether they are acute or chronic, minor or major. At times, patients are managed together with consultants from various other specialties. A high priority in our practice is the integration of appropriate disease prevention and patient education protocols.

The primary goals are to help you improve your skills in: developing a comprehensive database with the ambulatory patient, performing a focused history and physical exam and formulating an accurate assessment and plan in the outpatient setting, while using disease prevention strategies. Lastly, we hope to expand your understanding of the doctor-patient relationship. Whether you eventually enter a primary care specialty or a sub-specialty field, you will need to understand the role of the primary care physician in the delivery of high quality health care. Colleagial respect is the key to good working relationships and ultimately, to better care for our patients.

While family practitioners can be found practicing in a variety of settings, on this clerkship, you will be assigned to a clinical preceptor in one of only a couple different milieus. These include full-time academic faculty practices, and solo or group private practices. This clinical preceptorship is the core of your experience in the clerkship. It is a unique opportunity to work closely with clinicians providing care to their patients in a continuity setting.

By learning in a “continuity” setting, we hope you will appreciate the challenges of medical problem solving (whether in the management of chronic medical problems or in the evaluation of undifferentiated patient complaints), and the immense rewards that longitudinal care and the development of meaningful relationships with patients can bring.
Core Curricular Competencies

- Provide primary medical care for individuals and families as the physician of first contact and continuing care in health as well as in illness.
- Assess and manage acute and chronic medical problems.
- Provide anticipatory health care using education, risk reduction, and health enhancement strategies.
- Provide continuous as well as episodic health care, not limited by a specific disease, patient characteristics, or setting of the patient encounter.
- Provide and coordinate comprehensive care of complex and severe problems using biomedical, social, personal, economic, and community resources, including consultation and referral.
- Establish effective physician-patient relationships by using appropriate interpersonal communication skills to provide quality health care.

Course Objectives

The learning objectives are stated in the course syllabus and are highlighted during the orientation session on the first day of the clerkship. By the completion of the third-year Family Medicine Clerkship, the medical student is expected to possess the knowledge, attitudes, and skills needed to:

- Demonstrate a high degree of integrity and excellence in professionalism.
- Demonstrate the ability to take an accurate, problem-focused patient history.
- Demonstrate the ability to perform a complete and accurate physical examination appropriate to the patient’s complaint.
- Demonstrate the ability to give a complete, accurate and organized case presentation of a patient encounter.
- Demonstrate the ability to write an accurate, well-organized problem-focused progress note and complete patient profile.
- Identify acute and chronic illnesses and formulate an adequate assessment and plan for each problem.
- Demonstrate the ability to perform office procedural skills, such as pap smears, blood draws, vital signs, delivery of immunizations, ECG’s, peak flows, finger sticks,
- Demonstrate adequate comprehension of basic pathophysiology and relate it to patients’ problems.
- Demonstrate adequate utilization of lab and other parameters.
- Use time in a fairly efficient manner.
- Identify and manage preventive medicine needs of patients.
- Demonstrate the ability to provide patients with health education in terms that can be easily understood.
- Demonstrate understanding of whole person health care using the bio-psycho-social-spiritual model.
- Develop good rapport with patients and demonstrate empathy toward them.
- Develop good rapport and work well with staff and providers.
- Demonstrate the use of appropriate interpersonal communication skills.
- Accomplish all work expected as outlined in the syllabus, by the preceptor, and by the small group facilitator.
- Demonstrate evidence of reading about the problems of patients seen in the office and researching answers to questions that arise in the office.
- Demonstrate legible handwriting.
- Attention to patient safety issues, including legible handwriting.
Strongly Recommended Textbooks:

  (The recommendations can be found on the Internet http://odphp.osphans.dhhs.gov/pubs/guidecps)
  Once on the website, under “Report of the US Preventive Services Task Force”, click on PDF

• Review books for Family Medicine and/or Step 2 USMLE Exam

Other Books

• **Textbook of Family Medicine. Defining and Examining the Discipline.** John W. Saultz, M.D., editor
  (Good reference book) *(This text can be purchased at a savings through: ecampus.com.)*

• **Field Guide to Urgent and Ambulatory Care Procedures** by David M. James, Lippincott, Williams & Wilkins
CLERKSHIP OVERVIEW
AND
GUIDELINES
Clinical Preceptorship

This activity is the core of this clerkship experience. You will be assigned to one of a select number of clinical sites that are the practices of either full-time academic faculty or community volunteer faculty.

Attendance:

- Attendance and **punctuality** are mandatory for all Monday morning instructional sessions, clinical precepting sessions, and for any other activities required by your preceptor such as rounds at the hospital.

- You are expected to be prompt. You must work **at least 9 half-day sessions per week** (except for weeks with defined school holidays). Your preceptor may require you to do more than 9 sessions/week, such as an additional weekend or evening sessions. **If you are unable to work at least 9 half day sessions per week for whatever reason, you must notify the Family Medicine office as soon as possible at 829-3800.** Whether you are ill or your preceptor has given you time off or there is some other reason – you must notify the Family Medicine office. **Failure to notify the office may result in a reduction of your final grade or course failure.**

- Excused absences can only be obtained from the Clerkship Director in the Office of Medical Student Education. In addition to the Clerkship Director you must also notify your preceptor if you will be absent.

- Your time in your preceptor’s office does not always have to be spent with your preceptor. It may also be spent with his/her partners, the nurse and the office staff. The time may also be spent participating in your community medicine experiences. If your preceptor doesn’t work one afternoon per week, it is up to you to work with your preceptor to arrange an alternate preceptor experience (ie. with a partner, nurse, etc.). You must also notify the Family Medicine office as to what your alternate preceptor experience will be.

- Your preceptor should identify other clinical experiences with him or her that you are expected to attend such as inpatient rounds, on-call responsibilities, obstetric deliveries, home or nursing home visits, etc. You are expected to attend all clinical experiences that are identified by the preceptor.

Requirements and Expectations:

- **You are expected to adhere to strict rules regarding confidentiality** in all patient matters. Your preceptor should address any particular areas of concern as regards to his/her office. You are encouraged to discuss patient cases with your colleagues to enhance your understanding. However, you **must at all times protect patient confidentiality.** Use careful judgment about when and where to discuss patient care issues.

- You are expected to participate in the full range of clinical activities available with your preceptor **in addition** to your eight half-day sessions per week in the office. This may include night call and inpatient rounding.

- **You are required to spend at least 1 half-day session with the nurse or nurse’s assistant doing nursing procedures**, (giving shots, drawing bloods, doing EKG’s etc.). It is up to you to talk to your preceptor about when to schedule the time with the nurse. Ideally you should schedule this in the beginning of your rotation as it helps you get to know the staff better.
• You are required to give at least one 5-minute presentation to your preceptor. The topic is to be determined by yourself and your preceptor. Your preceptor may require you to do more than one presentation.

• Discuss with your preceptor his or her expectations regarding dress code in their office. You should wear your UB name tag at all times.

• You should accompany the attending with morning rounds and should be present and involved with as many obstetrical deliveries and/or other procedures as possible.

• You are expected to carry a stethoscope with you at all times. Your preceptor may recommend other equipment.

• Your preceptor may request/require you to participate in an office improvement project, such as doing a medical chart review, creating a patient education brochure, putting together a patient education bulletin board display for the waiting room, etc.

Introducing Yourself To Patients and Staff:

• Preceptors are being provided with a "welcome" sign which they may display in their waiting rooms to announce the presence during the Clerkship.

• You should be introduced to office staff on the first day and know what each person's role in the office is. If no one introduces you, take the initiative and introduce yourself.

• You should be given a tour of the office with attention to where reference materials are located, where the charting or dictating area is, the lab and other equipment, a brief review of an exam room, the patient flow, and other pertinent areas of the office.

• You should be informed of the office hour’s schedule, and plan on being in the office whenever it is open, except for Monday mornings.

• You and your preceptor should discuss how you should introduce yourself to patients. One way is to say to the patient, “Hello. My name is __________. I’m a student doctor working with Dr. __________. He/she asked me to come and see you first and then he/she will be in to see you as well. Is that ok with you?” Most patients are willing to see students as long as they are assured that their physician will also be seeing them.

• Your preceptor should identify who will ask each patient for permission to be seen by a medical student.
Procedures:

You should take the opportunity to learn as many procedures as possible during the Family Medicine Clerkship. **You should spend at least one half-day session working only with the nurse or office assistant and do everything that he/she does.** For example, screen patients, take vital signs, draw blood, give vaccines/medications, do peak flows, audiometry, electrocardiograms, etc.

When working with your preceptor you should perform whatever procedure needs to be done on the patient you are seeing. For example, if you see a patient with diabetes, asthma, and a vaginal discharge and who is behind on her tetanus shots, you should perform the pelvic exam, cultures, and wet mount, give the tetanus shot, and do the finger stick glucose and peak flow (if indicated). All procedures should be done with supervision and only with the consent of the patient and preceptor.

Many times, you will need to take the initiative to ask your preceptor if it is OK to do the procedure(s). Don’t wait for him/her to ask if you want to do it, or else you’ll probably never do it. Preceptors generally like it when students ask to do things as it shows initiative and interest.

Below is a list of procedures that family care physicians and nurses perform. You will not get an opportunity to learn and perform all of them, but try to learn and do as many as you can.

### Procedure Checklist (Not Required)

<table>
<thead>
<tr>
<th>Physician Procedures</th>
<th>Nursing Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>GYN</td>
<td>Screen</td>
</tr>
<tr>
<td>Pap smear</td>
<td>BP &amp; Temperature</td>
</tr>
<tr>
<td>KOH/wet mount</td>
<td>Ped ht, wt, head circ.</td>
</tr>
<tr>
<td>Colposcopy</td>
<td>Lab</td>
</tr>
<tr>
<td>OB</td>
<td>Blood draws</td>
</tr>
<tr>
<td>Prenatal doppler</td>
<td>Finger stick, glucose</td>
</tr>
<tr>
<td>Obstetrical delivery</td>
<td>Finger stick, HGB</td>
</tr>
<tr>
<td>Derm</td>
<td>Urine dipstick</td>
</tr>
<tr>
<td>Wart removal</td>
<td></td>
</tr>
<tr>
<td>Punch biopsy</td>
<td>Urine pregnancy</td>
</tr>
<tr>
<td>Skin lesions excision</td>
<td>Rx</td>
</tr>
<tr>
<td>Suturing</td>
<td>IM vaccine/med</td>
</tr>
<tr>
<td>Ortho</td>
<td>IV insertion</td>
</tr>
<tr>
<td>Splinting/casting</td>
<td>Wound cleaning</td>
</tr>
<tr>
<td>GI</td>
<td>Dressing placement</td>
</tr>
<tr>
<td>Flex Sigmoidoscopy</td>
<td></td>
</tr>
<tr>
<td>Hemoccult testing</td>
<td>Nebulizer treatment</td>
</tr>
<tr>
<td>Pt. Teaching</td>
<td>Tests</td>
</tr>
<tr>
<td>Other</td>
<td>Audiometry</td>
</tr>
<tr>
<td></td>
<td>Electrocardiogram</td>
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<tr>
<td></td>
<td>PPD administration</td>
</tr>
<tr>
<td></td>
<td>PPD reading</td>
</tr>
<tr>
<td></td>
<td>Peak flow</td>
</tr>
<tr>
<td></td>
<td>Spirometry</td>
</tr>
<tr>
<td></td>
<td>Tympanometry</td>
</tr>
<tr>
<td></td>
<td>Vision screen</td>
</tr>
</tbody>
</table>
Expectations of Third Year Clerkship Students on the
UB Family Medicine Inpatient Service

1. Follow patients daily as supervised by a junior resident or ACR*.

2. Take call on three weekdays and one weekend day (4 days in total). If it is not busy, you may take call from home after 5:00 pm. The resident or attending should call you at home for admissions during the evening. Call ends at midnight.

3. Round on inpatients Tue - Fri each week plus one weekend day. Note: Monday afternoon (after small groups and lectures) you should report to the inpatient service.

4. Write at least 6 full H&P’s and give them to the attending. Attendings and/or residents should provide you with feedback orally and/or by writing comments on the H&P’s. The H&P’s should be returned to you and not be placed in the medical record. As per the discretion of the attending and/or ACR, you may be asked to write more than 6 H&P’s (up to a max. of 12). The more you do, the more you learn.

5. You should follow 3 – 4 patients at any one time.

6. Pre-round on all your patients, with legible progress notes written prior to rounds. It’s ok for progress notes to be in the medical record. However, the resident also needs to write a progress note. He or she cannot just co-sign your note.

7. Present patients and participate in discussions during rounds.

8. Keep general awareness of all patients on service.

9. Give at least one presentation, to the FMIS team, on a topic that is specific to inpatient medicine.

10. Perform in-house responsibilities as determined by the Attending and ACR (i.e. house coverage, admissions, etc.).

11. Participate in procedures and obstetrics as opportunities arise.

12. Exhibit honest and professional behavior.

13. Be present, and on time. Immediately notify the attending or ACR if sick or an emergency arises.

14. Give the attending and ACR the evaluation form (located in your syllabus) to complete. In order to pass the Clerkship, this form must be completed by the attending and ACR and returned to the Family Medicine office (197 Farber Hall)–fax #829-2933 by the attending and ACR or yourself.


*ACR = Acting Chief Resident = the Senior Resident in charge of the inpatient service
Guideline for Completing Inpatient History and Physicals

If using hospital H & P forms, use Progress Note paper for the Assessment & Plan section as there is not enough room on the hospital forms to do an adequate job in this section.

1. CC
2. HPI
3. PMH/PSH
4. Meds
5. Allergies
6. Family Hx (include genogram)
7. Psycho-social-spiritual Hx
8. Health Behaviors and Preventive Medicine
9. ROS
10. PE
11. Labs/Tests

12. **Assessment and Plan** This section should include the following:

   A) Problems:*  
   
   List problems in order of importance. Write a separate assessment and plan for each problem (as described in the Progress Note section of the syllabus). When appropriate, each plan should include diagnostic tests, treatment, and patient education.

   B) Health Care Maintenance:*  
   
   Identify the patient’s preventive medicine needs. Your preventive medicine recommendations should be evidence based.

   C) Other Issues:*  
   
   Identify other issues and discuss how they affect this patient’s health and well-being. Also discuss how these issues could be used and/or changed to improve this patient’s health and well-being. Examples of issues to discuss are:

   | ethical dilemmas                  | hobbies and interests |
---|----------------------------------|-----------------------|
| insurance/managed care            | doctor-patient        |
| socio-economic status             | communication         |
| family dynamics                   | patient education     |
| relationships                      | alternative medicine  |
| abuse                             | spiritual faith        |
| home and/or work environments     | stress                |
|                                  | other                 |

* Write these sections, not necessarily based on what your resident or attending did, but on what **you think** about the problems and issues and what **you think should be done or recommended** to the patient.
Weekly Goals in Preceptors Office:

- The primary goals of the Clerkship are for the student to develop their skills in outpatient Family Medicine and not to see a large number of patients. The following are suggested guidelines for how you should progress in the ambulatory clinical experience.

  ❖ **Day 1:** “Shadow” the preceptor to see how the office is organized and get to know the preceptor’s style and expectations.

  ❖ By the end of the first week you should be seeing two to four patients per session independently (at least for the history and appropriate parts of the physical exam). You should practice concise oral presentation skills so as to present as much as they have completed with the patient to the preceptor and complete the visit with the preceptor’s assistance. The format used in the preceptor’s office is the preceptor’s choice for progress note writing.

  ❖ You should increase the number of patients seen and the responsibility taken as your progress and your preceptor’s feedback allows. You should not be expected to see and write notes on more than six patients in a half-day session, and may see considerably fewer if working on a very comprehensive assessment.

Feedback and Evaluation:

- Several times throughout the Clerkship, you should take the initiative by asking your preceptor how you are doing and what you can do to improve your knowledge and skill.

- After spending two weeks at your preceptor’s office, you should ask your preceptor to complete the “Preceptor’s Mid Clerkship Assessment of Student”. (This is optional, but it is beneficial for feedback). You should schedule this in advance with your preceptor. The purpose of the Mid-Clerkship evaluation is to give you some formative feedback so that you can work to improve those skills that are identified.

- You should ask your preceptor to complete the “Preceptor’s Final Clerkship Evaluation” form by the end of your clerkship. Please note that you cannot receive a grade until all evaluation forms are completed and submitted to the Family Medicine office. **It is your responsibility to make sure that your preceptor turns in a grade no later than one week after the end of the Clerkship.** You will not receive a grade for the Clerkship until your preceptor turns in a grade.
Tips for Preceptors for Efficient Instruction

FYI. The following was given to your preceptor:

1. State clearly that your time is limited; set limits to encounters.

   For example, say to the student, "I can meet with you now for 10 minutes. You can have five minutes to ask me questions, and then I need to give you some feedback on the patient we saw together this afternoon."

2. Make assignments that are specific and time limited.

   "Go in, get as much history as you can in 10 minutes, and then come out and present it to me."

   "I have five minutes to discuss this case. Please limit your presentation to three minutes."

   "I'd like you to examine this gentleman's knee for 10 minutes, then I'll come in and we'll discuss your findings."

3. Suggest that students record their questions during the day.

   Follow up with them daily for 15 to 20 minutes.

4. Honor your appointments with students and make them brief.

   If you say you'll discuss patients with your student at the end of the day, be sure to do so.

5. Ask students to read about the problems of two patients they've seen during the day.

   Be specific about where they can locate this information (textbooks, journals, article files, etc.). Set the expectation that the next morning you will ask them to give you a 10-minute oral presentation about one of the problems they've prepared. (This approach assures that they will do a wide range of reading but does not involve you in listening to a long series of oral presentations. Be sure to follow up and check on one of the problems you've been assigned.)

6. Be realistic about how much you attempt to teach.

   You can't teach the whole discipline. Teach what you judge the student needs and what she or he has expressed interest in.

7. Expose students to your busy schedule.

   Take your student with you as you attend noon conferences, hospital committees, boards, civic activities.

8. Conduct discussion/tutorials as you commute with the student.

9. Use other staff in your office to teach the student.

   Group partner, nurse, business manager, and receptionist
Seizing Learning Opportunities
Advice from Preceptors to Students

1. Take the initiative. Don’t sit, waiting for the preceptor to tell you what to do. If the office is not busy and you’re not seeing patients, know what to do in that time period.
   - Ask your preceptor, “What can I do to help you?”
   - Ask if you might be able to make follow up phone calls, for example, regarding lab results.
   - Ask if you might be able to explain their prescriptions to patients.

2. Know what to do when a preceptor says, “Here is my exam room. My patients love seeing students. Go for it!” Use the opportunity to sharpen your skills.

3. Clarify expectations. If you’re not getting the direction you think you need, say something.

4. Be up front with telling your preceptor what your experience has been. Clarify for your preceptor what you’ve done and areas where you’re deficient – e.g., if you’ve seen pediatric patients, have they been mainly infants or adolescents?

5. Read up about cases seen in the office and talk about it with your preceptor. Speak up. Let your preceptor know that you’ve done some reading.

6. Be aware of time constraints on preceptors. Ask burning questions right away. Otherwise, write down questions throughout the session. After the session is over, ask your preceptor to answer questions and discuss what you’ve read.

7. Introduce yourself to the staff.
   - Understand their role in the office.
   - Let them know what experiences you’d like to have.
   - Ingratiate yourself to the staff. Staff “goes out looking” for learning opportunities for students whom they like.

8. Use the office staff as “teachers.”
   - Ask to observe how nurse practitioners approach patients.
   - Ask to participate in every nursing procedure available.
   - Watch nurses draw blood, give shots.
   - Note: Preceptors readily admit that in evaluating students, those who project an attitude that tasks such as those above are “beneath” them, negatively influence their assessment.

9. Be ready to screen patients for vital signs and incorporate the data into the physical exam.

10. Learn to appreciate what you can get out of repetitive tasks or exams. Use them to:
    - Sharpen basic skills
    - Listen to heart sounds
    - Look in the eyes (fundoscopic exam)
    - LISTEN to patients’ psychosocial issues – e.g. how long did it take to bring this patient to the doctor?

11. Recognize your learning experiences. At the end of each session, make a list of the things you learned that day.

12. Ask questions. When your preceptor says, “Do you have any questions?” ASK!!
13. Initiate requests for feedback – e.g., “What can I do better?” “Where do you think I need to do some more work?”

In general, preceptors **most** prefer to work with students who:
- Are interested in seeing patients.
- Are enthusiastic – “I feed off their energy.”
- Are interesting people, themselves – i.e. “Who tell me about their own life experiences. I learn from them.”
- Show interest in the preceptor as a person life – e.g., they ask, “How are you doing today?”
- Take the time to tell the preceptor what they learned from him or her – e.g., “They tell me they were tentative about the rotation at the beginning, but then let me know at the end that their attitude changed.”

Preceptors **least** prefers students who:
- Depend on the preceptor for direction.
- Are afraid of the “type of patients seen in our office.”
**Lectures and Workshops:**

- We have selected some key topics and procedural workshops to address in weekly sessions that will be presented by faculty from Family Medicine. While this hardly covers even a small part of the discipline of Family Medicine, it does seek to address some of the most important or commonly encountered clinical topics.

- Before each Monday session, read about the topics ahead of time. You will not be able to fully participate in the sessions unless you come to class prepared!

- Attendance is mandatory at these sessions. Unexcused absences could result in a failing grade for this Clerkship. You must sign the attendance sheet for each session. Excused absences can only be obtained by contacting the Clerkship Director in advance and requires written documentation for the reason of the absence.

- All assignments are to be completed according to the directions given and returned to the secretary in the Medical Student Education Office or to your small group facilitator.

- All students taking the Clerkship meet together for the Monday morning lectures/workshops at SUNY/Buffalo/School of Medicine, 244 Cary Hall unless otherwise stated on the schedule.

**Small Group Sessions:**

- You will be assigned to one of two or three problem-based small groups for the Monday morning sessions.

- Come prepared to present patients to your group that you have seen in your preceptor’s office that you find to be especially interesting or challenging. You are expected to read about the problems of the patients you present prior to the group discussion. You are expected to use the relevant medical reference texts and current medical literature in preparing your discussions.

- During Week #2 you will hand in a progress note for a patient you have seen in your preceptor’s office. The progress note should be legible, in SOAP format and photocopied with the patient’s name eliminated. Do not type the note.

- Attendance is mandatory and any unexcused absence could result in your failing the Clerkship. Participation in the group discussion and presentation skills is also considered when evaluating your performance in this portion of the Clerkship.

**Self-Directed Learning:**

During your time off (evenings and weekends) you will complete the written assignments given, complete required reading, search for additional medical literature to bring to your Discussion Groups, read about patients you see in your preceptor’s office, and prepare for your presentation(s) to your preceptor.

To prepare for small group discussion sessions the forms on the following pages should be completed prior to the week they are discussed. These forms are not graded, but will facilitate your learning.
Family Medicine – Psychiatry  
Monday Afternoon Combined Conferences

During one Monday afternoon of each block/group, students in Family Medicine and Psychiatry Clerkship will meet together and discuss patients that are difficult to deal with due to psychiatric or psychological conditions. During each session, 3 students will present patients that they have seen in the office or hospital. Drs. Pessar and Griswold will lead a discussion of these patients. One student from each small group in Family Medicine will be assigned to give the patient presentations. The other students in the small groups should assist the assigned student with preparing the presentations and determining what issues they would like the discussion to focus on.

Guidelines for the “Difficult/Complex Patient Presentations”:

1. Keep it brief (8-10 min.)
2. Focus on the problem that brought the patient to the doctor and the attitude or behavior that made treatment difficult, e.g., the patient was hostile, tangential, manipulative, “hysterical”, etc.
3. Describe how you handled the situation and how you felt during the encounter. It is assumed that you felt out of control, angry, or helpless, and you think you did a bad job. If not, you shouldn’t be presenting the case.
4. State 2-3 issues that you would like the discussion to focus on.
5. If you don’t have a patient that meets this description, then ask your preceptor or students in your small group for difficult patients that they may have had.

Please Note:

The student that is assigned to present the patients is ultimately responsible for this presentation, unless the Small Group Facilitator decides to make a change. If a change is made, the Small Group Facilitator must notify Diane in the Family Medicine office as soon as possible.
## Differential Dx of Chest Pain – To be completed prior to Small Group Session

<table>
<thead>
<tr>
<th>Causes of Chest Pain</th>
<th>Quality</th>
<th>Severity</th>
<th>Location</th>
<th>Radiation</th>
<th>Aggravating Factors</th>
<th>Alleviating Factors</th>
<th>Associated Signs &amp; Sx</th>
<th>Exam Findings</th>
<th>Diagnostic Tests</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>
**ANTIBIOTICS** - (Complete this prior to small group discussion on this topic)

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Microbials Involved</th>
<th>Class/Abx Treatment</th>
<th>Positives/Used For</th>
<th>Negatives/Side Effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sinusitis</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Otitis Media</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bronchitis</td>
<td></td>
<td></td>
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<tr>
<td>Pneumonia</td>
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<tr>
<td>UTI &amp; Pyelonephritis</td>
<td></td>
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<tr>
<td>Vaginitis</td>
<td></td>
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<tr>
<td>Skin Infections</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Diagnosis</td>
<td>Microbials Involved</td>
<td>Class / Abx Treatment</td>
<td>Positives / Used For</td>
<td>Negatives / Side Effects</td>
</tr>
<tr>
<td>-------------------</td>
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<tr>
<td>Impetigo</td>
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<tr>
<td>Tinea</td>
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<tr>
<td>Spider Bites</td>
<td></td>
<td></td>
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<tr>
<td>Tick Born Illnesses</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Diarrhea</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
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</tbody>
</table>
Diabetic Medications – To be completed prior to Small Group session on Diabetes

<table>
<thead>
<tr>
<th>Medication</th>
<th>Action</th>
<th>Positives/ Benefits</th>
<th>Negatives/ Problems</th>
<th>Cost per Month*</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

*Cost estimates may vary based on current insurance coverage and individual patient circumstances.
ASSIGNMENTS
PROGRESS NOTE

ASSIGNMENT: Progress Note  Due Date: Week 2

- **Progress Note:** You are required to write one complete progress note on a patient you have seen in your preceptor’s office or in the hospital. You will present this progress note in your Monday small group sessions Wk 2.

*The progress note should be a photocopy of a note that you wrote in the office. The patient’s name should be deleted. It must be legible and in SOAP format. It should not be typed, as the purpose of the assignment is to receive feedback on a “realistic” progress note.*

**WRITTEN RECORD PROTOCOL: PROGRESS NOTE**

Progress notes are always in ink (preferably black), and are corrected with a single line or addendum. Entries are dated, timed and signed the same way. The format used is the **S O A P** format.

- **S** ubjective - What the patient tells you or you learn from sources **other** than your own direct observations or that of other members of the medical staff. This includes historical information as relayed by the patient, family or other parties. It always includes a listing of current medications and their dosing.

- **O** bjective - what you found, physical exam information, lab reports, x-ray reports, etc.

- **A** ssessment - the assessment consists of a differential diagnosis for each problem, with a discussion that includes the arguments for and against each possible diagnosis and a rank ordering of the possible diagnosis.

- **P** lan - and the plan has three components:

  1. **Diagnostic** - what you need to do to find out more about the problem.
  2. **Therapeutic** - what is going to be done for the patient?
  3. **Patient Education** - this puts front and center your role in helping your patients take better care of them and become more effective partners in their health care. It also documents information transmitted to the patient as part of the process of obtaining informed consent.

When applicable “Health Care Maintenance” (preventive medicine) issues should be addressed as a separate “problem” in the Assessment and Plan.

There should be a separate assessment and plan for each problem. Don’t lump them all together. The format should look like:

```
#1 Problem
A:
P:

#2 Problem
A:
P:
```

The format should NOT look like:  
A: all the problems listed
P: all the plans listed
Family Medicine Clerkship  
Instructions for Patient Safety Project  
Due Date: The last day of the clerkship  

During your 2-week inpatient block, you are required to complete one Patient Safety Project. Choose one patient that you have followed in the hospital and complete the project by following the instructions given below. The purpose is to identify factors that make this patient vulnerable to medical errors during their care. The exercise is designed to reinforce the material that was covered in the ‘Error Anticipation’ presentation that you received at the beginning of the clerkship.

Complete the project using a UBMobileMed Encounter  
PLEASE SAVE YOUR WORK FREQUENTLY TO AVOID LOSING IT

As with any Encounter, enter the ‘Encounter Information’ and ‘Patient Information’.

The first step is to identify ‘Patient Vulnerability Factors’. These are listed under various Diagnosis Categories, called Patient Safety – Access, Cognitive, Communication, Education and Financial. Go into each category in turn and then choose the appropriate ‘Diagnoses’, as outlined below:

<table>
<thead>
<tr>
<th>Diagnosis Category</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access:</td>
<td></td>
</tr>
<tr>
<td>Transportation</td>
<td>Availability of services</td>
</tr>
<tr>
<td>☐ No difficulties</td>
<td>☐ Good</td>
</tr>
<tr>
<td>☐ Difficulties</td>
<td>☐ Limited</td>
</tr>
<tr>
<td>Cognitive:</td>
<td></td>
</tr>
<tr>
<td>Orientation</td>
<td>Memory (3 object recall)</td>
</tr>
<tr>
<td>☐ x3</td>
<td>☐ 3</td>
</tr>
<tr>
<td>☐ x2</td>
<td>☐ 2</td>
</tr>
<tr>
<td>☐ x1</td>
<td>☐ 1</td>
</tr>
<tr>
<td>☐ x0</td>
<td>☐ 0</td>
</tr>
</tbody>
</table>

Communication:  
☐ Good English  ☐ Good hearing  ☐ Clear speech  
☐ Poor English  ☐ Poor hearing  ☐ Unclear speech  
☐ No English   ☐ No hearing   ☐ Not comprehensible

Education:  
☐ College or above  ☐ Able to Read English  
☐ High School or Equivalency  ☐ Yes  
☐ Did not complete high school  ☐ No  
☐ Less than 8th grade

Financial:  
☐ Employed  ☐ Commercial  ☐ Full  
☐ Unemployed ☐ Medicare  ☐ Limited  
☐ Soc.Sec. ☐ Medicaid  ☐ None  
☐ Disability ☐ None

Use the ‘Other Diagnoses’ box to add any comments to explain the above.

The second step is to identify ‘Process Vulnerability Factors’. Patient care in the hospital and upon discharge involves multiple complex steps/processes. Aspects of care that are most vulnerable to error include: those that involve complex instructions; those where coordination between multiple parties is required; and those that require close monitoring and/or accurate dosing. Use the headings below to identify the points of vulnerability in the patient’s care.  

Enter your findings in the box labeled ‘Other Procedures’.
High-Risk Medications
  e.g., Coumadin carries a risk of bleeding
Multiple / Complex medications
  e.g., Patient on multiple medications at different times of day
Complex investigations (require patient to follow instructions)
  e.g., For colonoscopy patient must take bowel prep correctly and be NPO
Follow-up
  e.g., Patient requires follow up with Cardiologist
Monitoring
  e.g., Needs Dilantin levels checked frequently

The third step is called ‘Analysis of Risk’. In this section, explain how the patient vulnerability factors that you identified in the first section increase the risk of errors in the Vulnerable Processes that you listed in the second section. Enter your analysis in the box labeled ‘Notes’.

The fourth step, entitled ‘Error Prevention Strategies’ is to describe what you think could be done to reduce the risk of errors and/or harm. Refer to the slides from the lecture for suggestions. More credit will be given for solutions that involve system changes (e.g., develop a system for tracking Coumadin patients and reminding them when their INR is due) as opposed to behavioral changes (e.g., explain to the patient how important it is to get his INR checked).
Enter your analysis in the box labeled ‘Current Labs’.

Finally, identify what you think is the single most likely cause of re-admission for this patient and explain what could be done to prevent it. Enter your answer in the box labeled ‘Current Meds’.

PLEASE SAVE YOUR WORK FREQUENTLY TO AVOID LOSING IT

Please review the Example attached.
If you have questions, write to Dr. R Singh at: rs10@buffalo.edu

Grading Process
When you have completed the project, set the ‘Status’ (at the top of the encounter) to ‘Needs Instructor Review’ and click on ‘Save + Continue’. Then, Dr. Singh will grade it and enter comments and suggestions in the ‘Instructor Notes’ section. He will then set the ‘Status’ to ‘Needs Student Review’ so that you know to look at the feedback.

Note: Do not include the patient’s name or identify the hospital or healthcare providers involved in their care.
76 year old Latino male with HTN and DM II admitted with PE and left sided DVT. Started on heparin and Coumadin. After 4 days, INR is 2.3. Will be discharged home on Coumadin. Lives alone.

**PATIENT VULNERABILITY FACTORS**

- **Access:**
  - Transportation: ☐ No difficulties, ☒ Difficulties
  - Availability of services: ☐ Limited, ☒ Good
  - Telephone at home: ☒ Yes, ☐ No

- **Cognitive:**
  - Orientation: ☐ x3, ☒ x2, ☐ x1, ☒ x0
  - Memory (3 object recall): ☒ 3, ☐ 2, ☒ 1, ☒ 0
  - Concentration (serial 7’s or ‘world’ backwards): ☒ 4-5, ☐ 2-3, ☒ 0-1

- **Communication:**
  - Language: ☐ Good English, ☒ Poor English
  - Hearing: ☒ Good hearing, ☐ Poor hearing
  - Speech: ☒ Clear speech, ☐ Unclear speech, ☒ Not comprehensible

- **Education:**
  - College or above: ☐
  - High School or Equivalency: ☒
  - Did not complete high school: ☐
  - Less than 8th grade: ☒

- **Financial:**
  - Employment: ☐ Employed, ☒ Unemployed
  - Insurance: ☐ Commercial, ☒ Medicare
  - Medication coverage: ☒ Full, ☒ Limited, ☒ Medicaid, ☐ None

**Comments:** Cannot drive. Has to take 2 different buses to reach the clinic. Cognition could not be reliably assessed due to language difficulty.

**PROCESS VULNERABILITY FACTORS**

- **High-Risk Medications:** Coumadin can cause bleeding if overdosed. INR needs to be closely monitored – requires regular blood draws and follow-up of results.

- **Multiple / Complex medications:** He will be on a total of 7 different medications at various different times during the day

- **Complex investigations (require patient to follow instructions):** None

- **Follow-up:** Patient needs to follow up with PMD within 1 week

- **Monitoring:** INR needs to be monitored (as above)
ANALYSIS OF RISK

Poor English skills: He may have difficulty understanding the instructions for all his medications, especially Coumadin where the dose may be changed frequently.

Financial: Patient has only Medicare for insurance. Therefore, he has to pay for his own medications, which are very expensive. He has a low income (Social Security) so there is a high chance that he will skip some meds to save money.

Transportation: Access to the clinic is difficult for this patient. He is at risk for missing his follow-up appointments and INR checks.

ERROR PREVENTION STRATEGIES

Develop a system in the clinic to remind patients when their INR is due.

Choose a pharmacy that can label the medicine bottles in Spanish.

Arrange a visiting nurse to check the patient’s INR and monitor medication compliance.

RE-ADMISSION RISK

The most likely reason for readmission would be a high INR due to failure to be monitored adequately. This could be prevented by the strategies listed above.
COMMUNITY MEDICINE EXPERIENCE

ASSIGNMENT: Community Medicine Experiences Due Date: Last Day of the Clerkship

You are required to participate in two separate of the community medicine experiences listed below. It is your responsibility to arrange and schedule the experiences. You must get prior approval from the Clerkship Director if there is an experience that is not listed below in which you are interested. Approximately one half-day should be devoted to each experience. You are required to write a brief description of each experience on the “Community Medicine Experience Report Form” in UB MobileMed. The forms are due the last day of the clerkship.

CLINICAL EXPERIENCES AFFILIATED WITH THE FAMILY MEDICINE DEPARTMENT

Cornerstone Manor Clinic (free clinic for homeless women and children), 45 Carlton and Ellicott Sts. 14203; contact Eric Holet at cmda@holet.com or 839-1938
Good Neighbors Health Center (free clinic on lower east side), 175 Jefferson Ave., 14210; contact Eric Holet cmda@holet.com or 839-1938
Lighthouse Free Medical Clinic, 1609 Genesee St. 14211, contact Carolyn Wiech at cawiech@buffalo.edu
Refugee Clinic (2 locations), contact Joan Kernan at jkernan@buffalo.edu or 898-4724

EXPERIENCES AFFILIATED WITH THE MINORITY HEALTH COALITION

African-American Breast Cancer Survivors, Bertha Hill, 832-7149
AIDS Community Services – HIV/AIDS direct, preventative, education and support services to the Western New York area., Mr. James Fritts, 847-2441, jfrittsacs@yahoo.com
AIDS Leadership Coalition of the Near Eastside, Rev. James Josey, 883-4367, jjroseys46@aol.com
American Diabetes Association of WNY – Focus on finding a cure for diabetes and improving diabetes care. Provides information and support to patients and their families. Rebecca Mingo, 835-0274, rmingo@diabetes.org
American Lung Association, Lisee Ness, 691-5864, lnessaalawwny.org
American Red Cross – Purpose is to address the issue of increasing rates of HIV infection in women by implementing HIV prevention interventions to help women sustain behavior change over time. Monica Brown, 978-2394
Buffalo Urban League, Brenda McDuffie, 854-7625
Cancer Information Services – Resources and information regarding cancer. Angela Niak, 845-4541, angela.niakl@roswellpark.org
CAO of Erie County Head Start Program, Delia Miller, 882-5150, dmillner@caoe.org
Catholic Health Systems – Works to improve the health of individuals and communities through the provision of holistic, compassionate and respectful human dignity. Karen Schoenhals, 821-4460, ks2709@wnychs.org
Center for Hospice & Palliative Care, Rose Collins, 686-8000, marketing@palliativecare.org
 Erie County Health Department, Gary Wolfe, 858-6180
Erie County Healthy Women’s Partnership – Partners for prevention, cancer screening. Elisha Dunn-Georgiou, 882-0962, elisha-dunn-georgiou@cancer.org
Erie Niagara Tobacco Free Coalition – Educates the public regarding health risks of tobacco use. Terry Alford, 845-3407, terry.alford@roswellpark.org
Erie Regional Housing Development Corp. Donna Rice, 845-0485
Friendship Clubhouse, Leslie Thomas, 835-1919
Healthy Women’s Partnership, Wendy Ricigliano, 689-1952, wricigli@cancer.org
Hispanic United of Buffalo, Inc. – Services for social, cultural, educational and economic well-being of Hispanic community. Sorida Rowland, 856-7110, hispanicsuntandedofbuffalo@hotmail.com
International League of Muslim Women, Margaret Gillette, 834-4214, msabirg@aol.com
Jeffrey Freedman Attorneys at Law – Bankruptcy and personal injury. 856-7091, Jeffrey@jeffreyfreedman.com
LEWAC Associates of WNY, Inc. – Community Health Education Agency, Group Health & Wellness Education, Individual Nutrition Counseling, Catherine Lewis, 881-6111, hwellness@aol.com
Lupus Foundation of Western New York – Educate and support those affected with Lupus. Christine Kregg, 883-7588, hckregg@yahoo.com
McShane Funding Enterprises, Derrick Byrd Jr., 897-3029, dmbyrdjr@aol.com
Mocha Project, Reginald Griggs, 852-1142, rg1116@aol.com
National Kidney Foundation, Victoria Keidel, 835-1323, NKFofWNY@hotmail.com
Native American Community Svc. Of Erie & Niagara, Kathy Rodriguez, 874-4460
Planned Parenthood of Buffalo & Erie County, Deborah Bach, 831-2200, Deborah.bach@ppfa.org
Roswell Park Cancer Institute, Kimberly Trammell, 845-4353, kimberlytrammell@roswellpark.org
St. John Baptist Church Health Ministry, Rynea Williams, 852-4504, ryneaw@yahoo.com
Upstate New York Transplant Services – Accepts organs and tissues for transplantation and research; awareness for communities of color. Dr. Judith Tamburlin, 829-3630, jtamburlin@buffalo.edu
Veterans Hospital Health Care Systems, Edward Johnson, 862-6522, ejohnson@buffalo.edu
WomenStories, Miriam Dow, 873-3689, mcdubf@aol.com
YWCA – Western New York – a large multi-purpose organization that has consolidated a variety of special programs and services to empower women. Tanya Perrin Johnson, 852-6120, YWCATPJ@aol.com
OTHER EXPERIENCES
Some phone numbers are included. Other numbers will depend on which community you will be doing your experience in.

AA meeting or similar meetings (i.e. Al-Anon, Narcotics Anonymous, Smokers Anonymous, or Overeaters Anonymous)
Academy Meetings
Acupuncturist or other integrative medicine practitioner
Ambulance (Rural/Metro – 882-8400)
Child Advocacy Groups (CAC – 886-5437)
Child and Family Services (852-1424)
Chiropractor (Dr. Rodriguez – 882-8800)
City Mission (854-8181)
Dental Office
Downtown Alcohol Clinic (883-4517)
ECMC Immunodeficiency Clinic (898-4119)
Habitat for Humanity (852-6607)
Health screening at a community event (i.e. blood pressure, glucose & weight screening)
Home visits with preceptor, other doctor, or home nursing agency (you are encouraged but not required to make at least one home visit during your rotation)
Hospital Board Meetings
Hospital rounds with a chaplain (Rev. Lewis at ECMC 898-3000)
Nursing Home
Nutritionist/ Dietitian
Occupational health - General Motors, General Mills, etc. (Union Occ. Health – 894-9366)
Pharmacist
Physical/ Occupational Therapy
Prisons (The clerkship secretary Correctional – 937-4000)
Quality Improvement Meetings
School Health Clinics
Support Groups for specific illnesses (breast cancer, AIDS, CFS, etc.)
Westfield Tar Wards Program (Helen Baran, 326-3633) Anti-smoking campaign presented in schools

You need to take the initiative to make the contacts and set up the experiences. However, your preceptor may be a valuable resource in helping you make the necessary contacts. Also, the Family Medicine, Dept. of Medical Student education office may be able to assist if needed.
ATTENDANCE,  
GRADING AND 
EVALUATION
Attendance Policy

- **3-4 unexcused lates or 1 unexcused absence from any part of the Clerkship** (i.e.: preceptor office, didactic sessions, small groups) **will result in a 5-point reduction from your final grade and possible course failure.**

- 5 or more unexcused lates or 2 or more unexcused absences from any part of the Clerkship (i.e.: preceptor office, didactic sessions, small groups) will result in automatic course failure.

- You must work **at least 9 half-day sessions per week and attend all lectures, workshops and small group discussions** (except for weeks with defined school holidays or during weeks with 2 lecture days). **If you are unable to work at least 9 half-day sessions per week for whatever reason, you must notify the Family Medicine office as soon as possible at 829-3800.** Whether you are ill or your preceptor or small group facilitator has given you time off or there is some other reason – you must notify the Family Medicine office. **Failure to notify the office is considered a breech of the Honor Code and may result in a reduction of your final grade or course failure.**

- A request for a proposed lateness or absence must be made in writing (form on next page) and approved by Dr. Nielsen and Dr. Holmes at least 2 weeks **prior** to the date of absence or lateness. The only exception to this is with illness. In this case you should notify the clerkship secretary at 829-3800 immediately. If you cannot reach her, you should page Dr. Holmes at 459-4390.

**Monday Afternoon Policy**

*(All weeks except during the Family Medicine/Psychiatry lecture.)*

Students on the Family Medicine Inpatient Service (FMIS) – Report to assigned hospital and page the Senior Resident (ACR).

All others – Report to preceptor’s office by 1:30 pm (2:00 – 2:30 if preceptor’s office is further away).

All students (except those on FMIS) are expected to spend at least 9 half-day sessions per week in their preceptor’s office. If this does not occur, for any reason, it is the responsibility of the student to notify, the UB Family Medicine Clerkship Office: 829-3800, dkarosik@buffalo.edu, or Dr. Holmes: 459-4390 (pager), dholmes@buffalo.edu. Failure to notify the Clerkship office or Dr. Holmes will be considered a violation of the attendance policy and grounds for course failure.

**HONOR CODE**

All written work must be your own and all forms completed must be truthful. All testing must be your own work. Presentations to preceptors or small group facilitators as well as chart documentation must be truthful (ie. don’t try to BS and say you examined something if you didn’t). The attendance policy must be adhered to. **Any professional misconduct, misrepresentation, cheating, lying, false documentation, or deception of any sort is grounds for course failure and referral to the UB Code of Professional Conduct Council.**
U. B. Family Medicine Clerkship

Time Off Request Form

Instructions: Requests must be made as early as possible, but at least 3 weeks in advance of requested time off (except for emergencies). After completing this form, give it to Dr. Nielsen in the OME. If she approves your request, return it to Dr. Holmes, for his approval to 197 Farber Hall. This form will be forwarded to your preceptor and / or small group facilitator to notify them. If you need to make up work, such as a quiz, you need to make those arrangements ahead of time with the clerkship secretary and your group facilitator.

Name: ____________________________ Date: __________________

Preceptor: _________________________

Small Group Facilitator: ____________

Day, Date, and Time of Requested Time Off: ____________________________

Reason for Requesting Time Off: ______________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Student signature

____________________________________________________________________________________

____________________________________________________________________________________

The requested time off: □ is approved □ is not approved □ is approved with the following conditions:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Nancy Nielsen, MD Ph.D
Assistant Dean and Professor of Clinical Medicine

Date

The requested time off: □ is approved □ is not approved □ is approved with the following conditions:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

David Holmes, M.D.
Director of Third Year Clerkship

Date
A final grade will be assigned according to the following:

1. **All of the following done:**
   - Progress Note
   - Community Medicine Experiences (2) (CME) (Forms on UB Mobile Med)
   - Patient Safety Project (on UB MobileMed)
   - FMD700 Student Clerkship Overall Evaluation* (on UB MobileMed)
   - FMD700 Student Evaluation of Attending/Preceptor* (on UB MobileMed)
   - FMD700 Student Clerkship Evaluation Experience @ Inpatient Site* (on UB MobileMed)
   - FMD700 Student Evaluation of Small Group Facilitator* (on UB MobileMed)
   - MedEd IQ Evaluation (On-line @ http://medicine.uiowa.edu/websurveyor/wsb.dll/hansenrm/UB3clerk.htm*)

   *These evaluations are anonymous*

2. **Determination of final grade:**
   - Preceptor Final Assessment: 45%
   - Small Group: 5%
   - Final Exam (SHELF)*: 25%
   - Preventive Medicine Quiz: 5%
   - Inpatient Work: 15%
   - Patient Safety Project: 5%

   **Total**: 100%

3. **Final Grade:**

<table>
<thead>
<tr>
<th>Grades</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honors</td>
<td>Overall avg. ≥ 80 and SHELF Exam ≥ 80</td>
</tr>
<tr>
<td>High Satisfactory</td>
<td>Overall avg. ≥ 75 and SHELF Exam ≥ 70</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>Overall avg. ≥ 60 and SHELF Exam ≥ 60</td>
</tr>
<tr>
<td>Unsatisfactory</td>
<td>Overall avg. &lt; 60 or SHELF Exam &lt; 60 OR SHELF Exam &lt; 5th percentile nationally</td>
</tr>
</tbody>
</table>

*3 scores given--raw, curved, national % rank. The highest score will be used to determine your final grade.

If you are unsatisfied with your grade and would like to dispute it, you must do so by contacting the clerkship secretary (829-3800) within 2 weeks of receiving your grade. She will set up an appointment for you to review your file and discuss your grade with Dr. Holmes. You may not dispute your grade more than 2 weeks after receiving it.
EVALUATION FORMS
INSTRUCTIONS: Please evaluate the student’s clinical performance in the clerkship by indicating (circle) your ratings and providing the student with written as well as verbal feedback. Written comments provide important feedback to your student and are a necessary part of this evaluation.

A. COMMENTS:
Student’s Strengths:

Opportunities For Improvement:

Other Comments:

B. Clinical Knowledge and Skills

<table>
<thead>
<tr>
<th>1. Data Skills and Case Presentations</th>
<th>Unsatisfactory. Needs work on acquiring, recording and analyzing the data base.</th>
<th>Has basic data. Needs work on organization, assessment, or case presentations.</th>
<th>Data base assessment and plan are satisfactory. Organization &amp; case presentations are satisfactory</th>
<th>Data base assessment and plan are outstanding. Good case presentations.</th>
<th>Data base assessment and plan are outstanding. Excellent case presentations.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Technical Skills</th>
<th>Unable to demonstrate basic skill os interview/PE/bedside procedures appropriate to clerkship level.</th>
<th>Minimal level of basic skills. Needs work on interview/PE/bedside procedures</th>
<th>Satisfactory basic skills appropriate to clerkship. Steady improvement.</th>
<th>Highly satisfactory basic skills.</th>
<th>Demonstrates superior mastery of basic skills performs far in advance of clerkship level.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Knowledge in Subject Area</th>
<th>Shows inadequate knowledge of medical principles and pathophysiology related to the patient’s problems</th>
<th>Shows a minimal amount knowledge related to the patient’s problem</th>
<th>Shows adequate comprehension of basic pathophysiology and relates them to the patient’s problems.</th>
<th>Demonstrates highly satisfactory understanding of pathophysiology and is able to apply knowledge to pt. care.</th>
<th>Shows superior knowledge of the basic medical principles relating to the patient’s problem.</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
5. Preventive Medicine (PM)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rarely remembered PM needs &amp;/or showed little competence with PM issues</td>
</tr>
<tr>
<td>2</td>
<td>Remembered PM needs occasionally or had difficulty accessing &amp; managing the needs</td>
</tr>
<tr>
<td>3</td>
<td>Often remembered PM needs accessed and managed them OK</td>
</tr>
<tr>
<td>4</td>
<td>Actively promotes PM. Assessed and managed pts. well.</td>
</tr>
<tr>
<td>5</td>
<td>Outstanding job of promoting and managing PM. Very proactive</td>
</tr>
</tbody>
</table>

N/A

6. Patient Education (pt ed)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very uninterested &amp;/or showed little competence with pt. Education</td>
</tr>
<tr>
<td>2</td>
<td>Fairly interested in pt ed &amp;/or had some difficulty remembering pt ed</td>
</tr>
<tr>
<td>3</td>
<td>Often remembered to provide pt ed and did OK at teaching patients</td>
</tr>
<tr>
<td>4</td>
<td>Actively promotes pt ed. Assessed and taught patients well</td>
</tr>
<tr>
<td>5</td>
<td>Outstanding job of teaching pts at their level. Very proactive</td>
</tr>
</tbody>
</table>

N/A

7. Psycho-Social-Spiritual Issues (PSSI)

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Very uninterested &amp;/or showed little competence with addressing PSSI</td>
</tr>
<tr>
<td>2</td>
<td>Fairly interested in PSSI &amp;/or had some difficulty remembering PSSI</td>
</tr>
<tr>
<td>3</td>
<td>Often remembered to address PSSI &amp; did OK at caring for pts with PSSI</td>
</tr>
<tr>
<td>4</td>
<td>Often inquired about PSSI. Assessed and cared for pts. with PSSI well</td>
</tr>
<tr>
<td>5</td>
<td>Outstanding job of assessing, talking with, &amp; caring for pts with PSSI</td>
</tr>
</tbody>
</table>

N/A

8. Handwriting

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Handwriting is usually illegible and very difficult to read.</td>
</tr>
<tr>
<td>2</td>
<td>Handwriting is legible about half the time. It is often difficult to read.</td>
</tr>
<tr>
<td>3</td>
<td>Handwriting is usually legible, but occasionally is difficult to read.</td>
</tr>
<tr>
<td>4</td>
<td>Handwriting is legible and easy to read.</td>
</tr>
<tr>
<td>5</td>
<td>Handwriting is incredibly neat and easy to read.</td>
</tr>
</tbody>
</table>

N/A

C. Attendance - Please circle the appropriate box

<table>
<thead>
<tr>
<th>Absences</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 or more unexcused absences</td>
<td>1</td>
</tr>
<tr>
<td>2-3 unexcused absences</td>
<td>2</td>
</tr>
<tr>
<td>1 unexcused absence</td>
<td>3</td>
</tr>
<tr>
<td>Absences which were excused ahead of time</td>
<td>4</td>
</tr>
<tr>
<td>No absences</td>
<td>5</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Lates</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 or more unexcused lates</td>
<td>1</td>
</tr>
<tr>
<td>4-6 unexcused lates</td>
<td>2</td>
</tr>
<tr>
<td>1-3 unexcused lates</td>
<td>3</td>
</tr>
<tr>
<td>Lates which were excused ahead of time</td>
<td>4</td>
</tr>
<tr>
<td>No lates, greater than 10 minutes</td>
<td>5</td>
</tr>
</tbody>
</table>

D. Professionalism

Using the following scale, please state whether or not you agree or disagree with the following statements:

1 = strongly disagree     2 = disagree     3 = neutral     4 = agree     5 = strongly agree  DNO = Did Not Observe

Please include specific examples of student behavior that pertain to areas of professionalism being evaluated. If there are specific areas of concern in the bulleted statements, please circle them.

If you circle a “1” or a “5”, then comments are required in the “Examples” section of each category. If there are no comments, then the student will receive a “2” instead of a “1” or a “4” instead of a “5”. If you circle a “2”, “3”, or “4” then comments are not required, but are certainly encouraged. The more specific the feedback, the more useful it is to your student.

Statement Disagree/Agree (circle one)

1. This student demonstrated exceptional commitment to **honesty and integrity** in all situations. This means that the student:
   - did not document falsely in the chart or misrepresent the truth during patient presentations or other times
   - admitted when errors or oversights were made.
   - used language with colleagues and patients that was appropriate and professional
   - did not criticize others in non-constructive ways or make inappropriate comments about other people

<table>
<thead>
<tr>
<th>Rating</th>
<th>Examples (required for 1 or 5):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>DNO</td>
<td></td>
</tr>
</tbody>
</table>

2. This student demonstrated exceptional commitment to **compassionate** treatment of patients. This means that the student:
   - was not patronizing of patients in front of them or behind their back
   - was always empathetic and genuinely concerned for patient well-being
   - was always sensitive to and respectful of patient diversity (ethnically, culturally, spiritually, etc.)
   - was often the member of the team that patients and families turned to with questions or concerns

<table>
<thead>
<tr>
<th>Rating</th>
<th>Examples (required for 1 or 5):</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
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<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>DNO</td>
<td></td>
</tr>
</tbody>
</table>
3. This student demonstrated exceptional **conscientiousness** to all aspects of quality care for all people, without prompting. This means that the student:
   - always fulfilled assigned duties and responsibilities
   - always paid close attention to details and didn’t let them “fall through the cracks”
   - completed assigned tasks in a timely fashion
   - ensured appropriate transfer (“sign-out”) of patient care responsibilities
   - reported fully and accurately on patient status

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>DNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples (required for 1 or 5):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. This student demonstrated exceptional commitment to **patient safety** issues. This means that the student:
   - wrote legible progress notes and orders/prescriptions
   - identified and corrected errors
   - demonstrated awareness of polypharmacy and drug interaction issues
   - demonstrated awareness of issues relating to hospital discharge, follow-up, and home/work environment

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>DNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples (required for 1 or 5):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. This student was an exceptional **team member**. This means that the student:
   - took on appropriate share of work, actively sought additional work and never tried to avoid work
   - was exceptionally cooperative
   - always respected the opinion of others and was sensitive to their needs
   - developed good rapport with team members and was very well respected by them
   - worked well with nursing/support staff

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>DNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples (required for 1 or 5):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6. This student demonstrated an exceptional **educational attitude**.
   This means that the student:
   - made extensive use of resources for self-directed learning and did a good job at communicating (teaching) those findings to others
   - did an exceptional job at taking initiative
   - was an active participant during rounds and other discussions
   - actively sought new learning experiences
   - accepted constructive criticism well
   - incorporates feedback to improve performance
   - recognized own limitations and sought appropriate assistance when needed

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>DNO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Examples (required for 1 or 5):</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**E. Other Comments:**

---

Preceptor’s Signature ____________________________ Date ________________

When complete, please fax this form to Diane @829-2933 or mail to UB Dept of Fam Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have any questions, please call Diane at 829-3800 or page Dr. Holmes at 459-4390. Thank you.

dmh7-2-04
Inpatient Attending Physician Assessment of Student

Please take the time to write specific comments as they provide important feedback to your student. In order for this student to pass the inpatient component of the Clerkship, comments must be written.

**Questions:**

1. Did the student do at least 6 H & P’s that were reviewed by the Attending or ACR? [Circle One] Yes No
2. Did the student do hospital rounds and call (till midnight) on 1 weekend day? [Circle One] Yes No
3. Did the student do call (till midnight) on 3 weekdays? [Circle One] Yes No
4. Did the student give a presentation on a medical topic? [Circle One] Yes No
   Topic presented (if you remember):
5. Did the student give a brief presentation of his/her Patient Safety Project during a.m. rounds? [Circle One] Yes No
   If “no” on any of the above, please explain.

**Comments:**

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Opportunities for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>Complete new “Professionalism Form” included in syllabus.</td>
</tr>
<tr>
<td>Medical knowledge</td>
<td></td>
</tr>
<tr>
<td>Daily Progress Notes</td>
<td></td>
</tr>
<tr>
<td>H &amp; P’s *</td>
<td></td>
</tr>
<tr>
<td>Pt. Presentations on Rounds</td>
<td></td>
</tr>
<tr>
<td>Presentation of a Topic</td>
<td></td>
</tr>
<tr>
<td>Interpersonal skills w/patients, staff &amp; team</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

* Note: Students must do at least 6 thorough H&P’s. However, students may do more (up to 12) as per the discretion of the Attending and ACR.

**Attendance (please circle one box in each row)**

<table>
<thead>
<tr>
<th>Absences</th>
<th>4 or more unexcused absences</th>
<th>2-3 unexcused absences</th>
<th>1 unexcused absence</th>
<th>Absences which were excused ahead of time</th>
<th>No absences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lates (&gt; 10 min.)</td>
<td>7 or more unexcused lates</td>
<td>4-6 unexcused lates</td>
<td>1-3 unexcused lates</td>
<td>Lates which were excused ahead of time</td>
<td>No lates &gt; 10 min.</td>
</tr>
</tbody>
</table>
Professionalism

Using the following scale, please state whether or not you agree or disagree with the following statements:

1 = strongly disagree  2 = disagree  3 = neutral  4 = agree  5 = strongly agree  DNO = Did Not Observe

Please include specific examples of student behavior that pertain to areas of professionalism being evaluated. If there are specific areas of concern in the bulleted statements, please circle them.

If you circle a “1” or a “5”, then comments are required in the “Examples” section of each category. If there are no comments, then the student will receive a “2” instead of a “1” or a “4” instead of a “5”. If you circle a “2”, “3”, or “4” then comments are not required, but are certainly encouraged. The more specific the feedback, the more useful it is to your student.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree/Agree (circle one)</th>
<th>Examples (required for 1 or 5):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This student demonstrated exceptional commitment to <strong>honesty and integrity</strong> in all situations. This means that the student: • did not document falsely in the chart or misrepresent the truth during patient presentations or other times • admitted when errors or oversights were made. • used language with colleagues and patients that was appropriate and professional • did not criticize others in non-constructive ways or make inappropriate comments about other people</td>
<td>1 2 3 4 5 DNO</td>
<td></td>
</tr>
<tr>
<td>2. This student demonstrated exceptional commitment to <strong>compassionate</strong> treatment of patients. This means that the student: • was not patronizing of patients in front of them or behind their back • was always empathetic and genuinely concerned for patient well-being • was always sensitive to and respectful of patient diversity (ethnically, culturally, spiritually, etc.) • was often the member of the team that patients and families turned to with questions or concerns</td>
<td>1 2 3 4 5 DNO</td>
<td></td>
</tr>
<tr>
<td>3. This student demonstrated exceptional <strong>conscientiousness</strong> to all aspects of quality care for all people, without prompting. This means that the student: • always fulfilled assigned duties and responsibilities • always paid close attention to details and didn’t let them “fall through the cracks” • completed assigned tasks in a timely fashion • ensured appropriate transfer (“sign-out”) of patient care responsibilities • reported fully and accurately on patient status</td>
<td>1 2 3 4 5 DNO</td>
<td></td>
</tr>
<tr>
<td>4. This student demonstrated exceptional commitment to <strong>patient safety</strong> issues. This means that the student: • wrote legible progress notes and orders/prescriptions • identified and corrected errors • demonstrated awareness of polypharmacy and drug interaction issues • demonstrated awareness of issues relating to hospital discharge, follow-up, and home/work environment</td>
<td>1 2 3 4 5 DNO</td>
<td></td>
</tr>
</tbody>
</table>
5. This student was an exceptional **team member**. This means that the student:
- took on appropriate share of work, actively sought additional work and never tried to avoid work
- was exceptionally cooperative
- always respected the opinion of others and was sensitive to their needs
- developed good rapport with team members and was very well respected by them
- worked well with nursing/support staff

6. This student demonstrated an exceptional **educational attitude**. This means that the student:
- made extensive use of resources for self-directed learning and did a good job at communicating (teaching) those findings to others
- did an exceptional job at taking initiative
- was an active participant during rounds and other discussions
- actively sought new learning experiences
- accepted constructive criticism well
- incorporates feedback to improve performance
- recognized own limitations and sought appropriate assistance when needed

### Comments:
**Student’s Strengths:**

### Opportunities for Improvement:

### Other Comments:

**Inpatient Grade** (circle one): High Pass  Pass  Minimal Pass  Needs Remediation

If needed, what kind of remediation do you recommend?

Attending Print/Sign: ___________________________ Date: ____________

When complete, please **fax this form to Diane @ 829-2933** or mail to UB Dept. of Family Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have questions, call Diane at 829-3800 or page Dr. Holmes at 459-4390. Thank you!
Inpatient Senior Resident (ACR) Assessment of Student

Student’s Name: _______________________________  ACR: _______________________________

Please take the time to write specific comments as they provide important feedback to your student. In order for this student to pass the inpatient component of the Clerkship, comments must be written.

Questions:

1. Did the student do at least 6 H & P’s that were reviewed by the Attending or ACR?  
   Circle One
   Yes  No

2. Did the student do hospital rounds and call (till midnight) on 1 weekend day?  
   Circle One
   Yes  No

3. Did the student do call (till midnight) on 3 weekdays?  
   Circle One
   Yes  No

4. Did the student give a presentation on a medical topic?  
   Circle One
   Yes  No
   Topic presented (if you remember): _______________________________

5. Did the student give a brief presentation of his/her Patient Safety Project during a.m. rounds?  
   Yes  No

If “no” on any of the above, please explain.

Comments:

<table>
<thead>
<tr>
<th></th>
<th>Strengths</th>
<th>Opportunities for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>Complete new “Professionalism Form” included in syllabus.</td>
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<td>Medical knowledge</td>
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<tr>
<td>Daily Progress</td>
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<tr>
<td>Notes</td>
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<tr>
<td>H &amp; P’s *</td>
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<tr>
<td>Pt. Presentations</td>
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<tr>
<td>on Rounds</td>
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<tr>
<td>Presentation of a</td>
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<tr>
<td>Topic</td>
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<tr>
<td>Interpersonal</td>
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<tr>
<td>skills w/patients,</td>
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<tr>
<td>staff &amp; team</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

* Note: Students must do at least 6 thorough H&P’s. However, students may do more (up to 12) as per the discretion of the Attending and ACR.

Attendance (please circle one box in each row)

<table>
<thead>
<tr>
<th>Absences</th>
<th>4 or more unexcused absences</th>
<th>2-3 unexcused absences</th>
<th>1 unexcused absence</th>
<th>Absences which were excused ahead of time</th>
<th>No absences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lates (&gt; 10 min.)</td>
<td>7 or more unexcused lates</td>
<td>4-6 unexcused lates</td>
<td>1-3 unexcused lates</td>
<td>Lates which were excused ahead of time</td>
<td>No lates &gt; 10 min.</td>
</tr>
</tbody>
</table>
## Professionalism

Using the following scale, please state whether or not you agree or disagree with the following statements:

1 = strongly disagree   2 = disagree   3 = neutral   4 = agree   5 = strongly agree   DNO = Did Not Observe

Please include specific examples of student behavior that pertain to areas of professionalism being evaluated. If there are specific areas of concern in the bulleted statements, please circle them.

If you circle a “1” or a “5”, then comments are required in the “Examples” section of each category. If there are no comments, then the student will receive a “2” instead of a “1” or a “4” instead of a “5”. If you circle a “2”, “3”, or “4” then comments are not required, but are certainly encouraged. The more specific the feedback, the more useful it is to your student.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Disagree/Agree (circle one)</th>
<th>Examples (required for 1 or 5):</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This student demonstrated exceptional commitment to <strong>honesty and integrity</strong> in all situations. This means that the student:</td>
<td>1 2 3 4 5 DNO</td>
<td></td>
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<tr>
<td>• did not document falsely in the chart or misrepresent the truth during patient presentations or other times</td>
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<td>• admitted when errors or oversights were made.</td>
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<tr>
<td>• used language with colleagues and patients that was appropriate and professional</td>
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<td></td>
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<tr>
<td>• did not criticize others in non-constructive ways or make inappropriate comments about other people</td>
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<tr>
<td>2. This student demonstrated exceptional commitment to <strong>compassionate</strong> treatment of patients. This means that the student:</td>
<td>1 2 3 4 5 DNO</td>
<td></td>
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<tr>
<td>• was not patronizing of patients in front of them or behind their back</td>
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<td></td>
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<tr>
<td>• was always empathetic and genuinely concerned for patient well-being</td>
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<td></td>
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<tr>
<td>• was always sensitive to and respectful of patient diversity (ethnically, culturally, spiritually, etc.)</td>
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<tr>
<td>• was often the member of the team that patients and families turned to with questions or concerns</td>
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<tr>
<td>3. This student demonstrated exceptional <strong>conscientiousness</strong> to all aspects of quality care for all people, without prompting. This means that the student:</td>
<td>1 2 3 4 5 DNO</td>
<td></td>
</tr>
<tr>
<td>• always fulfilled assigned duties and responsibilities</td>
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<tr>
<td>• always paid close attention to details and didn’t let them “fall through the cracks”</td>
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<tr>
<td>• completed assigned tasks in a timely fashion</td>
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<tr>
<td>• ensured appropriate transfer (“sign-out”) of patient care responsibilities</td>
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<tr>
<td>• reported fully and accurately on patient status</td>
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<tr>
<td>4. This student demonstrated exceptional commitment to <strong>patient safety</strong> issues. This means that the student:</td>
<td>1 2 3 4 5 DNO</td>
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<tr>
<td>• wrote legible progress notes and orders/prescriptions</td>
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<td>• identified and corrected errors</td>
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<tr>
<td>• demonstrated awareness of polypharmacy and drug interaction issues</td>
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<td></td>
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<tr>
<td>• demonstrated awareness of issues relating to hospital discharge, follow-up, and home/work environment</td>
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</tbody>
</table>
5. This student was an exceptional **team member**. This means that the student:
   - took on appropriate share of work, actively sought additional work and never tried to avoid work
   - was exceptionally cooperative
   - always respected the opinion of others and was sensitive to their needs
   - developed good rapport with team members and was very well respected by them
   - worked well with nursing/support staff

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>DNO</th>
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</table>

**Examples (required for 1 or 5):**

6. This student demonstrated an exceptional **educational attitude**. This means that the student:
   - made extensive use of resources for self-directed learning and did a good job at communicating (teaching) those findings to others
   - did an exceptional job at taking initiative
   - was an active participant during rounds and other discussions
   - actively sought new learning experiences
   - accepted constructive criticism well
   - incorporates feedback to improve performance
   - recognized own limitations and sought appropriate assistance when needed

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>DNO</th>
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</table>

**Examples (required for 1 or 5):**

**Comments:**
**Student’s Strengths:**

**Opportunities for Improvement:**

**Other Comments:**

**Inpatient Grade** (circle one): High Pass   Pass   Minimal Pass   Needs Remediation

If needed, what kind of remediation do you recommend?

ACR Print/Sign: _____________________________   Date: _____________

When complete, please **fax this form to Diane @ 829-2933** or mail to UB Dept. of Family Medicine, 197 Farber Hall, Buffalo, NY 14214-8001. If you have questions, call Diane at 829-3800 or page Dr. Holmes at 459-4390. Thank you!
Would you like to receive information about?

A career in family practice?  _____YES  _____NO
Family practice residency programs in general?  _____YES  _____NO
UB’s family practice residency program?  _____YES  _____NO

If you answered, “YES” to any of the above, please fill in the information below and turn this form in to the clerkship coordinator on the last day of the Clerkship.

Name:
Address:
Phone Number:
E-Mail Address:

We will send this request to the Residency Program Director, Dr. Andrea Manyon. If you would like to contact Dr. Manyon directly, you may call her at 898-5972.

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If you have questions and/or would like an advisor, Dr. Rosenthal, Dr. Pretorius, Dr. Manyon, Dr. Holmes, Dr. Brewer or any of the other Family Medicine Faculty, would be happy to talk to you. Please feel free to contact them. Your preceptors are also good sources of information and advice as are current Family Medicine residents.

Dr. Rosenthal  898-4505  trosenth@buffalo.edu
Dr. Manyon 898-5972  manyon@buffalo.edu
Dr. Pretorius  829-3800  pretor@buffalo.edu
Dr. Holmes 829-3800  dholmes@buffalo.edu
Dr. Brewer 859-4140  jebrewer@buffalo.edu

Other useful websites:

American Academy of Family Physicians:  www.AAFP.org
UB Family Medicine Residency:  www.smbs.buffalo.edu/fam-med/
Career Guidance:  www.aamc.org/medcareers
“Strolling through the Match”:  http://fmignet.aafp.org/residency.html
2004 Directory of Family Practice Residency Programs:  www.aafp.org/residencies
Do you think your preceptor should get the award for “Family Medicine Preceptor of the Year”?

_____ Definitely!!  _____ Yes  _____ No  _____ Maybe  _____ Unsure

If you think your preceptor should get the award, please write his/her name below:

If you would like to write down reasons why he/she should get the award, please do so in the space below:

Do you think your preceptor should get the award for “Family Medicine Inpatient Attending of the Year”?

_____ Definitely!!  _____ Yes  _____ No  _____ Maybe  _____ Unsure

If you think your inpatient attending should get the award, please write his/her name below:

If you would like to write down reasons why he/she should get the award, please do so in the space below:

Return this form to the clerkship secretary in 197 Farber Hall on the last day of the Clerkship
Do you think a resident you worked with should get the award for “Family Medicine Resident Teacher of the Year”?

_____Definitely!! _____Yes _____No _____Maybe _____Unsure

If you think a resident you worked with should get the award, please write his/her name below:

If you would like to write down reasons why he/she should get the award, please do so in the space below:

Return this form to the clerkship secretary in 197 Farber Hall on the last day of the Clerkship
Do you think a lecturer or Small Group Facilitator you worked with should get the award for “Family Medicine Teacher of the Year”?

_____Definitely!! _____Yes _____No _____Maybe _____Unsure

If you think a lecturer or Small Group Facilitator you worked with should get the award, please write his/her name below:

If you would like to write down reasons why he/she should get the award, please do so in the space below:

Return this form to the clerkship secretary in the 197 Farber Hall on the last day of the Clerkship