

## GENERAL COURSE INFORMATION

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|---------------------------------------|---|
| <b>Course # &amp; Title:</b>          | FAM 3001 – Family Medicine Core   |
| <b>Course Credit Hours:</b>           | 8 credit hours  |
| <b>Contact Hours:</b>                 | <input checked="" type="checkbox"/> Clinical Courses: 8 Credits = 300 hrs. to complete all activities   |
| <b>Semester(s) &amp; Year:</b>        | Fall and Spring – 2023-2024   |
| <b>Grading Scale:</b>                 | Honors, Pass, Fail (H, P, F)  |
| <b>Delivery Mode:</b>                 | Clinical  |
| <b>Class Meeting Times/Locations:</b> | Didactics – Wednesday 4:00 pm to 6:00 pm via Zoom Weeks 3-8<br>Clinicals – The Preceptor's schedule will determine the location and average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule etc... RVU recommends a minimum of 35 hours and maximum of 70 hours of service per week to maintain patient safety and allows for didactics and self-learning. |

## FACULTY CONTACT INFORMATION

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**Student Inquiry Contact:** Dr. Dan Kramer, DO, Clerkship Director  
In order to make an appointment or to contact someone with an urgent clerkship issue, please email [clerkshipdirectorshelpline@rvu.edu](mailto:clerkshipdirectorshelpline@rvu.edu)

**Additional Faculty:** Credentialed Clinical Faculty (Preceptors)

OB/Peds SIMS and Skills Faculty

- Dr. Tiemdown Phumirek
- Dr. Sonal Patel
- Dr. Hailey Ross
- Dr. Nicole Tucker
- Dr. Josh Benjamin
- Dr. Terry Dunn
- Dr. Andy Tucker
- Dr. Robert Henderson

## COURSE DETAILS

### Course Description:

The Family Medicine Clerkship will provide didactic, simulation, and clinical exposure to various aspects of general family medicine. Students will begin the course with one-week of synchronous virtual sessions and asynchronous material. The second week includes a 2-day on-campus intensive, which emphasizes acquiring and demonstrating competency in women's health, neonatology, and pediatrics skills-set development followed by a 3<sup>rd</sup> day of virtual assessments. Students will be given the opportunity to receive formative and constructive feedback using simulation to increase competency in these key clinical skills under the guidance of practicing clinicians. Students will then gain knowledge and experience and demonstrate competence in diagnosing and managing various acute and chronic medical conditions in the inpatient and/or outpatient clinical setting through clinical experience. In addition, students will become competent in a broad spectrum of primary care preventive, diagnostic, and therapeutic challenges within patients of various ages, genders, and cultures.

It is critical to note that the clinical clerkship experience is not intended to instruct the student on everything about Family Medicine nor provide the student with clinical experience in every aspect of the discipline. The Clerkship Director and the assigned Preceptor may provide educational guidance, but it is each student's responsibility to learn the subject content. Lifelong self-learning is the goal and is

expected in this core clinical clerkship. In addition, students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least four outpatients or two inpatients per day.

Prerequisite: successfully completing all pre-clinical (Year 1 and Year 2) coursework.

\*Note: For details of the course description see **Appendix A and Appendix B.**

**Learning Outcome Information:**

| <b>Course Learning Objectives/Outcomes and Observed Behaviors</b>   |                |                |                                 |   |
|---|----------------|----------------|---------------------------------|---|
| When Mapping, please use a competency-based progression of learning:<br>I= Introduce; R= Reinforce; C= Competent  |                |                |                                 |   |
| <b>Upon Successful completion of the course, the student will be able to:</b>   | ILOs           | PLOs           | Clinical Skills                 | Assessment Method   |
| Apply clinical reasoning and judgment skills in the practice of medicine through observed behaviors of:<br><ol style="list-style-type: none"> <li>1. Gather a history and perform a physical examination, including structural, pertinent to the given history.</li> <li>2. Create a differential diagnosis meaningful to the clinical situation.</li> <li>3. Recommend and interpret common testing within the context of a given clinical situation.</li> <li>4. Generate treatment plans relevant to the clinical situation.</li> <li>5. Document encounters appropriately</li> <li>6. Perform an oral presentation of a clinical encounter concisely.</li> <li>7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which includes informatics and evidence-based medicine (EBM)</li> <li>10. Ability to triage patients appropriately</li> </ol> | 1c, 2c, 4c, 5c | 1c, 2c, 3c, 6c | 1c, 2c, 3c, 4c, 5c, 6c, 7c, 10C | <ul style="list-style-type: none"> <li>• Preceptor Assessment Questions 1-8, 10-12, 14, 17</li> <li>• NBME Subject Exam</li> <li>• Didactics</li> <li>• Oral Presentation Questions 1-12</li> </ul> |
| Demonstrate interpersonal communication and relationship skills with patients, care team members, and others through observed behaviors of:<br><ol style="list-style-type: none"> <li>8. Handoff and receive patients in the transition of care appropriately and with empathy.</li> <li>9. Work collaboratively and respectfully with all care team members, patient families, and others.</li> <li>10. Triage a patient to appropriate levels of care.</li> </ol>   | 1c, 2c, 3c, 4c | 4c, 5c         | 8c, 9c, 10c                     | <ul style="list-style-type: none"> <li>• Preceptor Assessment Questions 7, 9, 13, 15</li> <li>• Didactics</li> <li>• Oral Presentation Questions 12, 15-17</li> </ul>                               |
| Conduct patient and condition-appropriate physical exams and procedures with compassion and empathy through observed behaviors of:<br><ol style="list-style-type: none"> <li>11. Can articulate appropriately the requirements for a typical informed consent.</li> <li>12. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician.</li> </ol>   | 1c, 2c, 4c, 5c | 3c, 4c, 6c     | 11c, 12c                        | <ul style="list-style-type: none"> <li>• Preceptor Assessment Questions 2- 4, 10, 12, 15,</li> </ul>  |
| Evaluate systems-based practices to contribute to quality improvements through observed behaviors of:<br><ol style="list-style-type: none"> <li>13. Recognize system failures and can contribute to improvements.</li> </ol>  | 1c, 2c, 5c     | 7c             | 13c                             | <ul style="list-style-type: none"> <li>• Preceptor Assessment Question 17</li> </ul>  |
| Act in a professional manner that meets the standards of the osteopathic profession through observed behaviors of:  | 1c, 2c, 3c, 4c | 5c             | 14c, 15c, 16c, 17c.             | <ul style="list-style-type: none"> <li>• Preceptor Assessment Questions 9, 13, 15, 16</li> </ul>  |

|   |  |  |  |   |
|---|--|--|--|---|
| 14. Practice lifelong learning consistently (practice-based learning)<br>15. Self-reflect honestly, consistently, and openly with supervisors.<br>16. Consistently act to meet the Preceptor's expectations of a colleague in training.<br>17. Consistently exhibit a quiet, compassionate hand of tolerance towards others |  |  |  | <ul style="list-style-type: none"> <li>• Didactics</li> <li>• Oral Presentation Questions 17, 18</li> </ul> |
|---|--|--|--|---|

**Required Texts/Materials:**

1. South-Paul, J. E., Matheny, S. C., & Lewis, E. L. (2020). *CURRENT diagnosis & treatment: Family medicine* (5<sup>th</sup> ed). New York, NY: McGraw Hill.
2. Course Guide for Family Medicine (Available in New Innovations and MyVista).

OGP Module

1. Callahan, T. (2018). Blueprints Obstetrics & Gynecology (7<sup>th</sup> ed.). Philadelphia, PA: Wolters Kluwer.
2. The Johns Hopkins Hospital, Hughes, H. K., & Kahl, L. K. (Eds.). (2018). *The Harriet Lane Handbook* (21<sup>st</sup> ed.). Philadelphia, PA: Elsevier.
3. Kliegman, R. M., St. Geme, J. W., Blum, N. J., Shah, S. S., Tasker, R. C. & Wilson, K. M. (Eds.). (2020). *Nelson textbook of pediatrics* (21<sup>st</sup> ed.). Philadelphia, PA: Elsevier.
4. American Academy of Pediatrics & Baker, C. J. (Eds.). (2016). *Red book atlas of pediatric infectious diseases* (3<sup>rd</sup> ed.). Elk Grove Village, IL: American Academy of Pediatrics.

See additional resources in My Vista

Optional Resources

- Rakel, R. E. & Rakel, D. P. (2016). *Textbook of family medicine* (9th ed.). Philadelphia, PA: Elsevier.
- Le, T., Mendoza, M. & Coff, D. (2018). *First aid for the family medicine boards* (3rd ed.). New York

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**Assignments and Due Dates:**

- NRP Quiz – Week 1, Day 4
- OGP Group Assessment – Week 2 Day 2 and 3
- OGP Individual Assessment – Week 2 Day 5
- Didactics – Weekly
- SMART Goals – Due Day 5 of the Clerkship
- Oral presentation – Due the 7<sup>th</sup> week of the clerkship
- NBME subject exam – Due at the end of the clerkship
- SMART Goals Reflection – Due Day 5 following the Clerkship.
- Patient Logs – Due Day 5 following the Clerkship; however, it is recommended that students complete the logs daily.
- Preceptor Assessment – The preceptor submits following the completion of the clerkship.

| Domain                               | Assessment   | Percent of total grade | Honors Course Points | Pass Course Points | Fail Course Points |
|--------------------------------------|--|------------------------|----------------------|--------------------|--------------------|
| Professionalism (0-20 course points) | Preceptor Evaluation Questions 9, 13, 15, 16, and Qualitative Comments | 10%                    | 10                   | 8                  | 0                  |
|                                      | Didactics  | 7%                     | 7                    | 5                  | 0                  |
|                                      | Oral Presentation Questions 15-18                                      | 2%                     | 2                    | 1                  | 0                  |
|                                      | OGP Module   | 1%                     | 1                    | 1                  | 0                  |
|                                      | Preceptor Evaluation   | 30%                    | 30                   | 24                 | 0                  |

|   |  |     |       |          |       |
|---|--|-----|-------|----------|-------|
| Clinical Care Performance<br>(0-40 course points)                       | Questions 1-8, 10-12, 14, 17, and Qualitative Comments |     |       |          |       |
|   | Oral Presentation Questions 1-14                       | 9%  | 9     | 7        | 0     |
|   | OGP Module   | 1%  | 1     | 1        | 0     |
| Knowledge Application<br>(0-40 course points)<br>Percentile grade x .40 | NBME Subject Exam                                      | 40% | 16-40 | 1.2-15.9 | 0-1.1 |

### Obstetrics/Gynecology/Pediatrics Module (OGP)

The 2-week OGP Module provides students with intensive experience in Obstetrics, Gynecology, and Pediatrics through synchronous and asynchronous virtual and on-campus instructions. The first week of virtual sessions will include various guest speakers, discussions, and student presentations. Students are on campus for three days during the second week for simulation participation. For a complete schedule of the module, see the OGP Module tab in MyVista.

Students will be assessed during the first week of the OGP module by completing Virtual Realty cases and a fetal heart tone quiz. During the second week of the module, students will be assessed using the rubrics at Appendix E.

### Didactics

Consistent attendance and participation in didactic sessions are essential to gain knowledge and skills to successfully complete the core clerkship and to show professionalism in your professional identity. In addition, these didactics supplement the clinical curriculum and help students prepare for the subject exams at the end of each core rotation.

Didactics are held at the day and time listed in MyVista. Attendance is required unless approved by the Clerkship Director. Absences or partial attendance must be related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director. Requests for absences or partial attendance should be submitted before the didactic session or as soon as possible after the session when prior notification is not practicable. The Clerkship Director may assign make-up assessments for approved absences only. Didactics are intended to be interactive, and points will be awarded based on student engagement and participation in each session.

| Didactic Professionalism Assessment Rubric  |                     |
|---|---------------------|
| Attendance <ul style="list-style-type: none"> <li>• Points will be awarded for live didactic session attendance, and Clerkship Director approved absences only (upon successful completion of make-up assessments assigned by the Clerkship Director determined deadline) <ul style="list-style-type: none"> <li>o 1 point is awarded per each full quarter of the session attended</li> </ul> </li> </ul>  | 0-4 points per week |
| Quality engagement and meaningful participation <ul style="list-style-type: none"> <li>• Participation in discussion throughout the session <ul style="list-style-type: none"> <li>o 2 points = 4 or more relevant comments during the session</li> </ul> </li> <li>• Participation in poll questions throughout the session <ul style="list-style-type: none"> <li>o 2 points = At least 75% response rate to all polls offered during a session</li> </ul> </li> <li>• On-time completion of the weekly quiz <ul style="list-style-type: none"> <li>o 2 points</li> </ul> </li> </ul> | 0-6 points per week |

### Standardized Oral Presentation of Encounter

Students must complete one video standardized oral presentation of an encounter based on a patient listed in MyVista. Students will receive the patient information during the seventh or eighth week of the course. They will have 48 hours to submit their presentation. The presentation must be a maximum of four minutes and follow the rubric format in **Appendix C**. Instructions for submitting the video are listed in MyVista. The Clerkship Director must approve any late submission. If a student does not pass the oral presentation on the first try, one retry is allowed before the last day of the course without penalty to the final points.

### Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)

A Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (**see Appendix D**) must be completed and submitted by the Preceptor of record for each clerkship for a grade for the course to be posted. The response to each question of the Assessment will be reviewed by the Clerkship Director, who will assign a final grade based on all Assessments received.

Students who do not receive a passing grade on the Assessment must meet with the Clerkship Director to mitigate the identified problems during the clerkship. Unsuccessful mitigation will result in failure of the course. The failed clerkship course will be remediated at a clinical training site assigned by the Department of Clinical Education. Successful remediation will result in a course grade of Px. Unsuccessful remediation will result in a second course failure and referral to SPC.

### **Subject Exams**

The subject examination is a key component of the core clinical clerkship course grade and is administered toward the end of the clerkship. Students must score in the 3<sup>rd</sup> percentile or higher to pass the exam.

Any requests to take an exam at any time other than the originally scheduled time (initial attempt) or any requests to delay a confirmed retake exam attempt, must seek an excused absence request by completing the Clinical Education Excused Absence Request Form in iNet. The absence is not excused until approved by the Clerkship Director. Examples of situations which would generally be approved for an excused absence from the exam include significant mental or physical illness (documentation from the treating licensed healthcare provider may be required), emergency or presentation at a professional conference (if eligible). If a student believes that the basis for their excused absence request is eligible for consideration for ADA accommodation, the student should follow the procedure outlined in the Disabilities and Academic Accommodations section of this handbook. *Students receiving an excused absence from an NBME Subject Exam due to illness will be required to take the missed exam during the next exam date that they do not have a regularly scheduled NBME Subject Exam.*

Should a student not meet the minimum passing threshold on their first attempt at the subject exam, they must communicate with their Clerkship Director and a Student Affairs Educational Learning Specialist to create a year-long study plan to prepare for retaking the subject exam and continuing with rotations promptly. Once this criterion has been met, the student must receive approval from the Clerkship Director to retake the subject exam. Once approval has been received, the student will work with the Clinical Data Coordinator to schedule the second exam attempt.

Should a student not meet the minimum passing threshold on their first attempt at the subject exam in two or more different clerkships, they must meet with the appropriate Clerkship Directors and an Educational Learning Specialist and enroll in the Medical Knowledge Application course. In addition, the student's year-long study plan will be revised and presented to the Clinical Competency Team for its added recommendation.

Should a student not meet the minimum passing threshold within two attempts of the subject exam, the student has failed the course. At that time, the student will meet with the Clerkship Director to determine remediation of the course.

### **SMART Goals**

SMART goals are an ideal way for students to communicate their learning needs to their Preceptor. Students develop four SMART goals, review them with their Preceptor, and submit them in My Vista by Day 5 of the clinical component of the course. The Clerkship Director may approve a late submission for extenuating circumstances. The SMART Goal portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the goals are professional, represent skills necessary to expand the scope of knowledge, address skills acknowledged to be weak in the self-assessment, and are completed on time. In addition, students may wish to inform the Preceptor of their future career choice so they may modify aspects of their assessments of their patient care activities to enhance their skills development. Failure to submit the SMART Goals on time will result in the student not being eligible to receive a grade of Honors for the course.

### **SMART Goals Reflection**

Students reflect on progress towards their established SMART Goals by completing the reflection in My Vista by five days following the end of the clerkship. The SMART Goal reflection portion of the clerkship is graded as Complete or Incomplete. A grade of Complete will be achieved if the reflection addresses each goal and is completed on time. Failure to submit the SMART Goals Reflection on time will result in the student not being eligible to receive a grade of Honors for the course.

### **Patient Logs**

Students must show that adequate direct patient care experience has been achieved by demonstrating adequate patient log support of an average of at least four outpatients or two inpatients per day. Students will log each virtual or direct patient care encounter and essential skills performed into New Innovations. The log will include the patient's age, diagnosis, procedures performed with Preceptor, and whether the patient encounter was conducted via direct patient care or telehealth. The logs will serve multiple purposes, including as a contact tracer if needed, documented proof of quality and quantity of patient experiences, and in preparation of students for residency portfolio recordkeeping. The patient logs portion of the clerkship is graded as Complete or Incomplete. A grade of Complete

will be achieved if the student achieves and logs the minimum number of patient encounters, and patient logs are complete and are submitted to New Innovations by five days following the end of the clerkship. Failure to submit the patient logs on time will result in the student not being eligible to receive a grade of Honors for the course.

To fulfill the minimum expectations needed to complete the course, students should submit in New Innovations:

- Outpatient – 120+ logs, or
- Inpatient – 60+ logs, or
- Combination of Outpatient and Inpatient – 90+ logs

**NOTE:** Students are responsible for notifying their Clinical Coordinator or Regional Director if they think they cannot fulfill the course's patient contact requirements. If students cannot meet the minimum requirements for patient contact, they may be required to complete additional days of clerkship with the same or a new Preceptor.

**Final Grade Calculation:**

The Course Director awards final grades for the course as:

- Honors
- Pass
- Fail
- Px – Pass with Remediation
- WIP – Work in Progress

| Grade   | Requirements   |
|---|--|
| <b>The student receives a grade of Honors for the course if this criterion is met</b> | 72-100 total course points from all three domains.<br>Pass all required assessments.<br>Submit all assessments on time (per the requirements in the syllabus)  |
| <b>The student receives a grade of Pass for the course if this criterion is met.</b>  | 48.2 – 71.9 total course points from all three domains.<br>Pass all required assessments.  |
| <b>The student receives a grade of Fail for the course if this criterion is met</b>   | 0-48.1 total course points from all three domains.   |
| <b>To receive a Px for the course.</b>  | Successful completion of all remediation as directed by the Clerkship Director following a failing grade for the course. Total course points will be reduced to 70% of the original points.  |
| <b>To receive a WIP for the course.</b>   | A grade of WIP is posted on the student's transcript if: <ul style="list-style-type: none"> <li>• The course is still in progress.</li> <li>• The student did not meet the minimum passing threshold on the first attempt on the NBME Subject Exam and is pending a retake.</li> </ul> <p><b>Note:</b> A grade of Pass will be awarded if the student meets the minimum passing threshold on the second attempt on the NBME Subject Exam. The student is not eligible to receive a course grade of Honors.</p> |

**Success in Clinical Rotations**

As a third-year medical student, success in clinical rotations requires a combination of knowledge, skills, and attitude. First, it is crucial to prioritize your time and energy effectively. This means being punctual, prepared, and organized for each clinical day. Building a good rapport with patients and healthcare teams is equally important. Communicate effectively, listen actively, and show empathy and respect to everyone you interact with. Also, be initiative-taking in your learning by seeking feedback, asking questions, and reading up on cases and topics in your free time. We suggest reading around 2 hours or more per day to successfully pass your subject exam and impress your Preceptor. Continuously review and refine your clinical skills, such as history-taking, physical examination, and presentation skills. Lastly, maintain a positive attitude and approach with every rotation with enthusiasm and a willingness to learn, regardless of specialty or subject. With these habits and skills, you will find success.

**Quality Points**

Class rank for each student will be reported as quintile and be based on student performance in OMS I, OMS II, and OMS III years. Each year will contribute one-third to the final ranking. For OMS III, the ranking will be determined from student performance within core clerkship courses. Ranking will be reported on official RVUCOM transcripts at the end of OMS I, OMS II, and OMS III and on the MSPE that is made available through ERAS. All rankings will be reported by quintile unless specifically required by residency programs, military requirements, scholarships, or otherwise.

- To calculate quality points for the course, multiply the total points earned in the course by the credit hours earned. Example: 79 points x 4 credits = 316 quality points for the course.
- For grades of Px - Multiply the total points earned in the course by .70 and then by the credit hours earned. Example: (79 points x .70) x 4 credits = 221.2 quality points for the course.

### **Course Policies:**

Please refer to the RVU Student Handbook and COM Student Handbook and Catalog for policies including, but not limited to:

- Email and MyVista Utilization
- Academic Integrity
- Academic Accommodations Process
- Health and Technical Standards
- OPP and PCM Laboratory Policies
- Biosafety, Universal Precautions, and Bloodborne Pathogens
- Academic Grievances Policy (Grading Disputes)
- Attendance Policy
- Excused Absences
- Course Adjustment Policy
- Holidays

Please note course syllabi are subject to change as necessary at the discretion of the Course Director.

### **Specific Course Policies**

#### **Absences**

##### *Clinical Education*

The focus of the clinical experience in years 3 and 4 is patient care and interaction. Therefore, one hundred percent attendance is required to ensure continuity of care is maintained. However, it is understood that certain situations may arise that will result in an absence from required daily participation. In such instances, the following policies will be observed, and the Absence Request on iNet must be completed and approved:

- Absences for any reason must be approved by both the Preceptor and Clinical Dean.
- Preplanned absences - Submit the Clinical Education Excused Absence Request form in iNet for preplanned absences as soon as event dates and details are known.
- Emergency absences - Submit the Clinical Education Excused Absence Request form on iNet on the same day as any emergency absence.

##### *Didactics and Simulations*

- Attendance is required unless approved by the Clerkship Director.
- Absences or partial attendance must be related to rotation requirements, illness or accident, or another emergency to be approved by the Clerkship Director.
- Requests for absences or partial attendance should be submitted before the didactic/simulation session or as soon as possible after the session when prior notification is not practicable.

#### **Hours of Duty**

To provide educational continuity and patient care experience, RVU requires at least 140 clinical contact hours in Family Medicine. The Preceptor's schedule will determine the average workday, including office hours, hospital rounds, clinic or nursing home visits, and call schedule. RVU recommends a maximum of 70 hours of service per week to maintain patient safety and allows for didactics and self-learning. Students shall be assigned activities on or related to their current service clerkship only. A physician licensed to practice medicine in that state will supervise any duties assigned to students. Whether students receive a holiday off is determined by the assigned Preceptor. RVUCOM does not exempt students from working on holidays. Students are excused from clinical clerkship on the day of their subject exam. The clerkship will end at 5:00 p.m. on the last calendar day of the clerkship.

#### **Professional Conduct Policy**

Students are expected to always adhere to the highest level of professional conduct. Students will always treat *all* employees of Rocky Vista University and those in clinical training sites with respect and courtesy. Students will demonstrate ethically responsible behavior; act honestly and with integrity to patients, their representatives, faculty/preceptors, and coworkers. Students will preserve

confidentiality and not discuss patients publicly or with unauthorized persons. No documents with patient-identifying information will leave the clinical setting. Compliance with all institutional regulations, including state and federal HIPAA laws, is expected. The Preceptor has the authority to dismiss a student from the clerkship for violations of the student's duties and responsibilities as delineated in this manual, a threat to public health or safety, or as deemed appropriate for the continued operation of the clinical site. Any such action will result in evaluation by the Department of Clinical Education and the Student Progress Committee, which may result in a failing grade for the clerkship and/or dismissal from the University. In addition, any problems or concerns affecting students not adequately resolved at the site should be referred to the Department of Clinical Education and the appropriate Dean of Clinical Education. Students should read and comply with the Student Level of Supervision available in the Clinical Education Manual. In the case of any student suspected of having a substance abuse or mental health problem, the Preceptor must report this situation to both the Dean and Senior Associate Dean of Clinical Education to direct the student to evaluation assistance and further action.

**Conflicts Of Interest & Student Confidentiality In The Clinical Setting Policy**

Rocky Vista University College of Osteopathic Medicine (RVUCOM) is committed to ensuring the prevention of any type of conflicts of interest for students regarding academic advancement and the protection of student confidentiality in the clinical setting. Students seeking healthcare should not be placed in a position in which they could potentially interact with any faculty or staff that have authority over their educational pursuits. Authority over a student's educational pursuits is defined by any person who determines final grades, ongoing status of academic standing, and academic advancement within the college. This may include deans, directors, or any faculty involved in grading or determining student academic promotion. Any of the health professionals providing health services to a student must be and will be recused from any academic assessment or promotion of the student if professional services have been rendered.

Further, RVUCOM students participating in any clinical training experience will not be involved in the medical care of other students unless expressed permission is individually obtained from the student patient. Patient confidentiality will be guaranteed for all RVUCOM students in all clinical settings.

**Course Schedule:**

| Week | Date              | Lecture Topics *  | Assessments & Assignments Due |
|------|-------------------|---|-------------------------------|
| 1    | Day 1<br>OGP Zoom | Pain-OPP- FHT/<br>Normal<br>Delivery/Maternal<br>physiology/<br>Lacerations/Gyn<br>Oncology   | OB Case Presentation          |
| 1    | Day 2<br>OGP Zoom | How to present oral<br>and written<br>presentation/GYN<br>patient/OB patient,<br>delivery note/<br>operative note/ post-<br>operative note/ob/gyn<br>Ultrasound<br>presentations/Gyn<br>Topics/contraceptives/<br>breast masses | OB Case Presentation          |
| 1    | Day 3 OGP<br>Zoom | Case presentation-DKA<br>vs DI/ NAT/<br>Case presentation-<br>Cough/ Growth and<br>Development/Newborn<br>examination   | Pediatrics Case Presentation  |



| Week     | Date                             | Lecture Topics *   | Assessments & Assignments Due                                |
|----------|----------------------------------|--|--|
| 1        | Day 4 OGP Zoom                   | Case presentation- Abdominal pain/ Case presentation- Sepsis vs Anaphylaxis/ Radiology/ Understanding the physiology behind neonatal resuscitation/ Case presentation- applying neonatal resuscitation/ Advocacy | Pediatrics Case  |
|          |                                  | Neonatal resuscitation   | NRP Quiz   |
| 1        | Day 5 Asynchronous Independent   | Fetal Heart Tones  | Fetal Heart Tones Quiz                                       |
| <b>2</b> |                                  |  |  |
| 2        | Day 1                            |  | Travel Day   |
| 2        | Day 2 – OGP On-Campus            | SIMS Lab - Ectopic pregnancy/Normal vaginal delivery/Ear and eye exam/ Pelvic pain/ Cervical dilation/ Effacement/ Self gowning and gloving/ Newborn exam/ Anatomy of the pelvic/ Fibroids                       | Formative feedback with faculty                              |
|          |                                  | Normal Delivery  | Group assessment of normal delivery                          |
| 3        | Day 3 - OGP On-Campus            | SIMS Lab – Complicated delivery/ Cardiac-Pulmonary auscultator/ knot tying/ NRP/ Ultrasound/ Ob bleeding/ PPH/ Abruption/ Uterine rupture/ Breast disease mass/ nipple discharge/ Abdominal pain                 | Formative feedback with faculty                              |
|          |                                  | Pediatric DKA  | Group assessment of pediatric DKA                            |
| 2        | Day 4 – OPP On-Campus            | Check OST 3010/3011 courses  |  |
| 2        | Day 5 - Asynchronous Independent | Normal Delivery and Pediatric DKA  | Self-assessment of Normal Delivery and Pediatric DKA         |
| <b>3</b> |                                  |  |  |
| 3        | Day 1                            | Patient Care   | Maintain Patient Logs and formative feedback with preceptor. |
| 3        | Day 2                            | Patient Care   | Maintain Patient Logs and formative feedback with preceptor. |

| Week          | Date  | Lecture Topics *   | Assessments & Assignments Due   |
|---------------|-------|--|---|
| 3             |       | Well Child Care<br>Routine Vaccines<br>Sexually Transmitted Diseases<br>Health Maintenance for Adults<br>Cancer Screening in Women<br>Healthy Aging & Geriatric Assessment<br>HIV Primary Care<br>Interpersonal Violence                   | Didactic attendance and quality engagement per rubric<br><br>Week 3 Quiz                  |
| 3             | Day 3 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 3             | Day 4 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 3             | Day 5 | SMART Goals  | Submit 4 SMART goals to MyVista   |
|               |       | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 3             | Day 6 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| 3             | Day 7 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| <b>Week 4</b> |       |  |   |
| 4             | Day 1 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 4             | Day 2 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 4             | Day 3 | Breastfeeding & Infant Nutrition<br>Physical Activity in Adolescents<br>Nutrition and the Development of Healthy Eating Habits<br>Acute Coronary Syndrome<br>Heart Failure<br>Dyslipidemias<br>Anemia<br>Hypertension<br>Tobacco Cessation | Didactic attendance and quality engagement per rubric<br><br>Week 4 Quiz                  |
|               |       | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 4             | Day 4 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 4             | Day 5 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 4             | Day 6 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| 4             | Day 7 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| <b>Week 5</b> |       |  |   |
| 5             | Day 1 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 5             | Day 2 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |

| Week          | Date  | Lecture Topics *  | Assessments & Assignments Due   |
|---------------|-------|---|---|
| 5             | Day 3 | Skin Diseases in Infants and Children<br>Menstrual Disorders<br>Preconception Care<br>Prenatal Care<br>Contraception<br>Abnormal Uterine Bleeding<br>Diabetes Mellitus<br>Endocrine Disorders<br>Hearing & Vision Impairment in the Elderly | Didactic attendance and quality engagement per rubric<br><br>Week 5 Quiz                  |
|               |       | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 5             | Day 4 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 5             | Day 5 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 5             | Day 6 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| 5             | Day 7 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| <b>Week 6</b> |       |   |   |
| 6             | Day 1 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 6             | Day 2 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 6             | Day 3 | Common Acute Infections in Children<br>Urinary Tract Infections<br>Respiratory Problems<br>Abdominal Complaints<br>Hepatobiliary Disorders  | Didactic attendance and quality engagement per rubric<br><br>Week 6 Quiz                  |
|               |       | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 6             | Day 4 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 6             | Day 5 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 6             | Day 6 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| 6             | Day 7 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| <b>Week 7</b> |       |   |   |
| 7             | Day 1 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |
| 7             | Day 2 | Patient Care  | Maintain Patient Logs and formative feedback with preceptor.                              |

| Week          | Date  | Lecture Topics *   | Assessments & Assignments Due   |
|---------------|-------|--|---|
| 7             | Day 3 | Behavioral Disorders in Children<br>Evaluation & Management of Headache<br>Elder Abuse<br>Chronic Pain Management<br>Depression in Diverse Populations & Older Adults<br>Anxiety Disorders<br>Substance Use Disorders<br>Hospice & Palliative Medicine | Didactic attendance and quality engagement per rubric<br><br>Week 7 Quiz                  |
|               |       | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 7             | Day 4 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 7             | Day 5 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 7             | Day 6 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| 7             | Day 7 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor per the preceptor's schedule. |
| <b>Week 8</b> |       |  |   |
| 8             | Day 1 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 8             | Day 2 | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 8             | Day 3 | Arthritis: Osteoarthritis, Gout, & Rheumatoid Arthritis<br>Low Back Pain in Primary Care<br>Neck Pain<br>Osteoporosis<br>Acute Musculoskeletal Complaints<br>Common Upper & Lower Extremity Fractures  | Didactic attendance and quality engagement per rubric<br><br>Week 8 Quiz                  |
|               |       | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 8             | Day 4 | Exit Interview   | Review of Preceptor Assessment with the Preceptor   |
|               |       | Patient Care   | Maintain Patient Logs and formative feedback with preceptor.                              |
| 8             | Day 5 | Family Medicine Knowledge  | NBME Subject Exam   |
| <b>Week 9</b> |       |  |   |
| 9             | Day 5 | SMART Goal Reflection  | Submit the SMART Goal Reflection  |
|               |       | Patient Care   | Ensure that all patient logs are submitted to New Innovations                             |

## STUDENT SUCCESS & SUPPORT RESOURCES

### POLICIES

**Academic Integrity Policy:**

<https://catalog.rvu.edu/academic-integrity>

**All RVU Policies:**

<https://policies.rvu.edu/> (must be logged into inet.rvu.edu)

**Program Handbook:**

<https://catalog.rvu.edu>

### RESEARCH & WRITING SUPPORT

Updated 12/07/2023

**Frank R. Ames Memorial Library:** <https://library.rvu.edu/framl/home>  
**Plagiarism:** <https://library.rvu.edu/researchguide/researchethics/plagiarism>  
**Writing Center:** <https://www.rvu.edu/writing-center/>

#### **GENERAL STUDENT SUPPORT**

**Diversity, Equity, & Inclusion:** <https://www.rvu.edu/about/diversity-equity-and-inclusion/>  
**Financial Services:** <https://www.rvu.edu/admissions/financial-aid/>  
**IT Help Desk:** [https://myvista.rvu.edu/ics/Help\\_Desk/](https://myvista.rvu.edu/ics/Help_Desk/) (must be logged into inet.rvu.edu)  
**Mental Health & Wellness:** <https://www.rvu.edu/ut/student-affairs/mental-health-and-wellness/>  
**Services for Students with Disabilities:** <https://www.rvu.edu/co/student-affairs/disability-services/>  
**Student Affairs:** <https://www.rvu.edu/student-affairs/>

#### **DISCLAIMER**

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All assignments, scheduling, curriculum delivery method, course parameters, and assessments within this course are subject to change.

**Appendix A: Patient Care Course Design**

Family Medicine Core is designed to be completed as one-week virtual, including synchronous and asynchronous learning, two days on-campus and six weeks at one or more clinical venues consisting of direct patient care (care delivered live at the bedside or in another clinical area). It may also include a virtual telehealth/ telemedicine patient care component. The didactic portion of the course is conducted online and via synchronous virtual presentations. The clinical venue component allows students to develop and apply **key clinical skills (EPAs)** through their discharge of patient care activities observed and assessed by their Preceptor. Performing these skills consistently and accurately is universally recognized as a requisite for a resident physician to be entrusted at an entry level into Graduate Medical Education. These Key Clinical skills are grouped into specific skill sets that students must perform as sets. These include *Clinical Reasoning and Judgement Skills; Interpersonal Communications and Relationship Skills; Physical Exam and Procedural Skills; Systems-based Practice Thinking Skills; and Professional Behavior* to demonstrate the competence necessary to practice as an Osteopathic Resident Physician. Thus, recognizing which aspects of patient care pertain to and enhance student-applied learning in these skill sets is vital to a successful clinical curriculum. Each patient care experience will be tracked via a patient log and documented as either direct patient care or virtual telehealth patient care.

Telehealth patient care delivery models, which can replace, or augment limited direct patient care opportunities whenever direct patient care activity is halted or curtailed, have been reviewed and approved for their service, educational, and assessment value. Telehealth rotations can position students to learn and contribute to patient care in all areas of patient care participation except physical exams and procedures. Some aspects of physical exams and procedures can be discussed and practiced virtually or as self-teaching, but assessing these skills should include face-to-face checkoffs. Skills needing face-to-face checkoff are listed in Appendix B.

**Key Clinical Skills**

*Clinical Reasoning and Judgement skills*

1. Gather a history and perform a physical examination, including structural, pertinent to the given history.
2. Create a differential diagnosis meaningful to the clinical situation.
3. Recommend and interpret common testing within the context of a given clinical situation.
4. Generate treatment plans relevant to the clinical situation.
5. Document encounters appropriately
6. Perform an oral presentation of a clinical encounter concisely.
7. Ask questions that lead to the acquisition of clinical knowledge that advances a patient's care which includes informatics and evidence-based medicine (EBM)
10. Ability to triage patients appropriately

*Interpersonal Communications and Relationships skills*

8. Handoff and receive patients in the transition of care appropriately and with empathy.
9. Work collaboratively and respectfully with all care team members, patient families, and others.
10. Triage a patient to appropriate levels of care.

*Physical Exam and Procedural Skills*

11. Can articulate appropriately the requirements for a typical informed consent.
12. Perform procedures and physical exam skills, including OMT, recognized as necessary for an entry-level resident physician.

*Systems-based Practice thinking skills.*

13. Recognize system failures and can contribute to improvements.

*Professional Behavior*

14. Practice lifelong learning consistently (practice-based learning)
15. Self-reflect honestly, consistently, and openly with supervisors.
16. Consistently act to meet the Preceptor's expectations of a colleague in training.
17. Consistently exhibit a quiet, compassionate hand of tolerance towards others.

RVU has identified the following patterns of student training within its community-based preceptor network to enhance training opportunities and properly focus assessments:

| <i>Student Assessment Organized by Clinical Venue and Patient Care Activity</i> |  |  |   |
|---|--|--|---|
| <b>Patient Care Activity</b>  | <b>Clinical Skillsets Practiced and Assessed</b> | <b>Where and How Assessed by Preceptor</b> | <b>Preceptor and Student Engagement Strategies by Venue</b> |
|   |  |  |   |

|  |  |  |  |
|--|--|--|--|
| Preceptor and student setting care plan objectives together    | <ul style="list-style-type: none"> <li>• Clinical Reasoning and Judgement Skills</li> <li>• Interpersonal Communications and Relationship Skills</li> <li>• Professional Behavior</li> </ul>   | <ul style="list-style-type: none"> <li>• Bedside</li> <li>• Chart rounds</li> <li>• Team rounds</li> <li>• Verbal live feedback</li> <li>• Written formal evaluation</li> </ul>  | <ul style="list-style-type: none"> <li>• Student with Preceptor, patient live or telehealth.</li> <li>• Student, Preceptor, and patient virtually, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs.</li> </ul>  |
| Daily H&P and oral presentations and procedures, including OMT | <ul style="list-style-type: none"> <li>• Clinical Reasoning and Judgement Skills</li> <li>• Interpersonal Communications and Relationship Skills</li> <li>• Physical Exam and Procedural Skills</li> <li>• System-based Practice Thinking Skills</li> <li>• Professional Behavior</li> </ul> | <ul style="list-style-type: none"> <li>• Bedside</li> <li>• Chart rounds</li> <li>• Team rounds</li> <li>• Verbal live feedback</li> <li>• Written formal evaluation</li> </ul>  | <ul style="list-style-type: none"> <li>• Student with Preceptor and patient live.</li> <li>• Student, Preceptor, and patient engage in the usual execution of H&amp;P, and the usual dialog between student and Preceptor occurs both at and away from the bedside regardless of whether the visit is live or via telehealth.</li> </ul> |
| End-of-day or rounds review of cases; student performance      | <ul style="list-style-type: none"> <li>• Clinical Reasoning and Judgement Skills</li> <li>• Interpersonal Communications and Relationship Skills</li> <li>• System-based Practice Thinking Skills</li> <li>• Professional Behavior</li> </ul>  | <ul style="list-style-type: none"> <li>• Student one-to-one interaction with Preceptor, the team</li> <li>• Verbal live feedback</li> <li>• Written formal evaluation</li> </ul> | <ul style="list-style-type: none"> <li>• Student with Preceptor, patient live or telehealth.</li> <li>• Student, Preceptor, and patient virtual, if the usual dialog between student and Preceptor that occurs outside of a patient room still occurs.</li> </ul>  |
| End-of-rotation summative evaluation                           | <ul style="list-style-type: none"> <li>• Review of student performance in all skillsets</li> </ul>   | <ul style="list-style-type: none"> <li>• Student one-to-one interaction with Preceptor, the team</li> <li>• Written formal evaluation</li> </ul>                                 | <ul style="list-style-type: none"> <li>• Student with Preceptor and patient live.</li> <li>• Student, Preceptor, and patient virtual, for all except Physical Exam and Procedures</li> </ul>   |

**Appendix B: Key Clinical Skills Expected for this Course.**

| <b>Skills</b>  | <b>Direct-Patient Care</b>                        | <b>Telehealth</b>   |
|--|---|---|
| <b>History</b>   |   |   |
| Competent History Taking Including Motivational Interviewing | Performance and assessment of ability to complete | Performance and assessment of ability to complete                                     |
| Domestic Abuse Screening                                     | Performance and assessment of ability to complete | Performance and assessment of ability to complete                                     |
| Psycho-social History  | Performance and assessment of ability to complete | Performance and assessment of ability to complete                                     |
| Gun Safety Screening and Counseling                          | Performance and assessment of ability to complete | Performance and assessment of ability to complete                                     |
| <b>Physical</b>  |   |   |
| Focused Physical Examination                                 | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Sex-, Gender and Age Appropriate Physical Examination        | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Osteopathic Structural Examination                           | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Diabetic Foot Exam   | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Digital Rectal Exam  | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Breast Exam  | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Complete Musculoskeletal Exam                                | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Complete Neurologic Exam                                     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Development Assessment (well child exam)                     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| <b>Diagnostic Procedures</b>                                 |   |   |
| Basic ECG Interpretation                                     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| <b>Therapeutic Procedures</b>                                |   |   |
| Airway Management  | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Subcutaneous and Intramuscular Injections (Immunization)     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Osteopathic Manipulative Treatment                           | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Peripheral Venous Access (capillary draw)                    | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Laceration Repair with Tissue Glues, Staples, and/or Suture  | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Skin Staples and/or Suture Removal                           | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Correctly Adhere to Universal Precaution Technique           | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |
| Contraception counseling                                     | Performance and assessment of ability to complete | Is knowledgeable on proper indications for exam and can triage patients appropriately |





**Appendix C: Standardized Oral Presentation of Encounter Rubric**

**If the presentation is greater than 4 minutes, the presentation will receive a grade of zero for the exercise.**

**HISTORY**

1. Chief complaint noted either before HPI or as part of introductory sentence

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target             |
| No Chief complaint noted                                   |  | <b>Chief complaint mentioned</b>                                    |   | Chief complaint clear and accurate to the situation |

2. HPI starts with clear patient introduction including patient's age, sex, pertinent active medical problems and reason for admission

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target  |
| No introductory sentence                                   |  | <b>Intro included cc most pertinent information</b>                 |   | Intro painted a clear picture of patient |

3. HPI is organized so that chronology of important events is clear

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
| The sequence of events was unclear                         |  | <b>The sequence of major events is clear</b>                        |   | The sequence of all events is clear     |

4. The PMH, FH, SH, and ROS include only elements related to active medical problems

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student         | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student           | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                            |
| Information has no clear connection to the active medical problems |  | <b>Information adequately describes the patient's active medical problems</b> |   | Information completely and concisely describes all active problems |

**PHYSICAL EXAM AND DIAGNOSTIC STUDY RESULTS**

5. Begins with a general statement:

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                      |
| General statement poor or missing                          |  | <b>Mostly clear general statement</b>                               |   | Succinct general statement creating clear picture of patient |

6. Presents all vital signs (and growth parameters if patient is a child if applicable):

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target  |
| Vitals inappropriately incomplete                          |  | <b>VS &amp; growth parameters mostly complete</b>                   |   | All vitals signs/growth parameters given |

7. Includes a targeted physical exam stating the positive and negative findings that distinguish the diagnoses under consideration and any other abnormal findings

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
|--|--|---|---|---|

|   |  |   |   |  |
|---|--|---|---|--|
| Either too much or too little information given   |  | <b>Most important information is given</b>  |   | All important elements of PE given                           |
| 8. Organizes lab data and results of other diagnostic tests to distinguish between possible diagnoses |  |   |   |  |
| 1 - BELOW what is expected of an incoming 3rd year student  | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                                   | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                      |
| Irrelevant test results are presented or significant results omitted                                  |  | <b>Most relevant results are reported with either minor omissions or a few extra results included</b> |   | All results relevant to the possible diagnoses are presented |

#### SUMMARY STATEMENT

9. Begins assessment with a summary statement that synthesizes the critical elements of the patient's history, physical exam and diagnostic studies into one sentence

|  |  |  |   |   |
|--|--|--|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student     | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                    | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                     |
| No summary statement or restatement of story without synthesis |  | <b>Most pertinent information synthesized; may repeat some unnecessary information</b> |   | Summary statement concisely synthesizes all key information |

#### ASSESSMENT AND PLAN

10. Includes a prioritized problem list (by systems only if appropriate) including all active problems

|   |  |   |   |   |
|---|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student                  | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                             | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                                 |
| No problem list or poorly organized list or used systems when inappropriate |  | <b>Most important problems included and prioritized on problem list; systems if appropriate</b> |   | Complete problem list appropriately prioritized; systems if appropriate |

11. Provides an appropriate differential diagnosis for each problem

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
| No differential diagnoses are given                        |  | <b>A ddx with several possibilities is given for major problems</b> |   | Extensive ddx for all problems given    |

12. States the diagnostic/therapeutic plan that targets each problem; each item in the plan relates to something listed on the prob list

|   |  |  |   |   |
|---|--|--|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student        | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                                      | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target   |
| Patient plan is not described or is unrelated to the problem list |  | <b>Plan for the patient addresses most important issues, may omit active but lower priority problems</b> |   | Patient plan is complete and relates directly to the problem list; all active issues are included |

#### CLINICAL REASONING/SYNTHESIS OF INFORMATION

After hearing the entire presentation:

13. The presentation included the pertinent positives and negatives from the H&P to support the differential diagnosis and plan

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                           | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target                                |
| Key positives and negatives were not included              |  | <b>Key pertinent positives and negatives were presented at some point in the presentation</b> |   | Most pertinent positives and negatives were included at logical points |

14. At the end of the presentation I had a clear picture of this patient's situation and what needed to be done next

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target            |
| Much ambiguity remained                                    |  | <b>The picture was clear for the major issue(s)</b>                 |   | The picture was complete and all issues were clear |

**GENERAL ASPECTS**

15. Overall organization:

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target |
| Poorly organized and hard to follow                        |  | <b>Mostly well-organized</b>  |   | Very well organized                     |

16. Speaking style:

|  |  |   |   |  |
|--|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target    |
| Difficult to understand                                    |  | <b>Mostly understandable and engaging</b>                           |   | Understandable and engaging speaking style |

17. Maintains a professional composure:

|  |  |   |   |   |
|--|--|---|---|---|
| 1 - BELOW what is expected of an incoming 3rd year student                             | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student                           | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target   |
| Did not communicate all pertinent information concisely using a professional demeanor. |  | <b>Mostly communicated all pertinent information concisely using a professional demeanor.</b> |   | Communicated all pertinent information concisely using a professional demeanor. |

18. In evaluating the presentation, do you trust the student doctor is acting in the patients' best interest?

|   |  |   |   |  |
|---|--|---|---|--|
| 1 - BELOW what is expected of an incoming 3rd year student  | 2 - Expected of an incoming 3rd year student | 3 - Not yet performing at the level of an incoming 4th year student   | 4 - Targeted for an incoming 4th year student | 5 - Designated as the graduation target  |
| Does not considers and incorporates all aspects of the unique patient characteristics into their overall care plan. |  | <b>Partially considers and incorporates all aspects of the unique patient characteristics into their overall care plan.</b> |   | Fully considers and incorporates all aspects of the unique patient characteristics into their overall care plan. |

Additional Comments:



**Appendix D: Clinical Clerkship Faculty Assessment of Student Doctors on Clinical Rotation (Preceptor Evaluation)**

**1\* Obtains an appropriate history.**

|  |  |   |  |
|--|--|---|--|
| Student Doctor cannot obtain an appropriate history. | Student Doctor obtains an appropriate history with constant supervision. | Student Doctor obtains an appropriate history with minimal supervision. | Student Doctor obtains an appropriate history independently. |
| <input type="radio"/>                                | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |

**2\* Performs an appropriate physical examination.**

|   |   |  |   |
|---|---|--|---|
| Student Doctor cannot obtain an appropriate physical examination. | Student Doctor obtains an appropriate physical examination with constant supervision. | Student Doctor obtains an appropriate physical examination with minimal supervision. | Student Doctor obtains an appropriate physical examination independently. |
| <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   |

**3\* Formulates an appropriate differential diagnosis.**

|  |  |   |  |
|--|--|---|--|
| Student Doctor cannot formulate an appropriate differential diagnosis. | Student Doctor formulates an appropriate differential diagnosis with constant supervision. | Student Doctor formulates an appropriate differential diagnosis with minimal supervision. | Student Doctor formulates an appropriate differential diagnosis independently. |
| <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |

**4\* Recommends and interprets common diagnostic and screening tests.**

|   |  |   |  |
|---|--|---|--|
| Student Doctor cannot recommend or interpret common diagnostic and screening tests. | Student Doctor recommends or interprets common diagnostic and screening tests with constant supervision. | Student Doctor recommends or interprets common diagnostic and screening tests with minimal supervision. | Student Doctor recommends or interprets common diagnostic and screening tests independently. |
| <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |

**5\* Recommends an appropriate treatment or management plan.**

|  |  |   |  |
|--|--|---|--|
| Student Doctor cannot recommend an appropriate treatment or management plan. | Student Doctor recommends an appropriate treatment or management plan with constant supervision. | Student Doctor recommends an appropriate treatment or management plan with minimal supervision. | Student Doctor recommends an appropriate treatment or management plan independently. |
| <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |

**6\* Documents an acceptable clinical encounter note.**

|   |   |  |   |
|---|---|--|---|
| Student Doctor cannot document an acceptable clinical encounter note. | Student Doctor documents an acceptable clinical encounter note with constant supervision. | Student Doctor documents an acceptable clinical encounter note with minimal supervision. | Student Doctor documents an acceptable clinical encounter note independently. |
|---|---|--|---|



**7\* Provides an organized oral presentation of the clinical case.**

|  |  |   |  |
|--|--|---|--|
| Student Doctor cannot provide an organized oral presentation of the clinical case. | Student Doctor provides an organized oral presentation of the clinical case with constant supervision. | Student Doctor provides an organized oral presentation of the clinical case with minimal supervision. | Student Doctor provides an organized oral presentation of the clinical case independently. |
|--|--|---|--|



**8\* Demonstrates the ability to access appropriate resources to gather medical information and evidence as needed.**

|   |   |  |   |
|---|---|--|---|
| Student Doctor cannot demonstrate the ability to access appropriate resources to gather medical information and evidence as needed. | Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed with constant supervision. | Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed with minimal supervision. | Student Doctor demonstrates the ability to access appropriate resources to gather medical information and evidence as needed independently. |
|---|---|--|---|



**9\* Participates and collaborates as a respectful and helpful member of an interprofessional team.**

|   |   |  |   |
|---|---|--|---|
| Student Doctor cannot participate or collaborate as a respectful and helpful member of an interprofessional team. | Student Doctor participates or collaborate as a respectful and helpful member of an interprofessional team with constant supervision. | Student Doctor participates or collaborate as a respectful and helpful member of an interprofessional team with minimal supervision. | Student Doctor participates or collaborate as a respectful and helpful member of an interprofessional team independently. |
|---|---|--|---|



**10\* Recognizes a patient requiring urgent or emergent care and provides appropriate recommendations when able to discuss with preceptor.**

|  |  |   |  |
|--|--|---|--|
| Student Doctor cannot recognize a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance. | Student Doctor recognizes a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance with constant supervision. | Student Doctor recognizes a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance with minimal supervision. | Student Doctor recognizes a patient requiring urgent or emergent care nor acts appropriately while waiting for assistance independently. |
|--|--|---|--|



**11\* Performs general procedures of a physician.**

|   |   |   |   |
|---|---|---|---|
| Student Doctor cannot perform procedural skills expected for a medical student. | Student Doctor has procedural skills below expectation for a medical student. | Student Doctor has procedural skills at the expectations for a medical student. | Student Doctor has procedural skills above the expectation for a medical student. |
|---|---|---|---|





**12\* Approaches patient care with a whole person approach (body, mind, and spirit) as part of managing patient's medical issues.**

Student Doctor does not use a whole person approach with patient care.  Student Doctor uses a whole person approach with constant prompting.  Student Doctor uses a whole person approach with minimal prompting.  Student Doctor uses a whole person approach without prompting.

**13\* Demonstrates high level of professionalism expected of a medical student.**

|  |  |   |  |
|--|--|---|--|
| Student Doctor cannot demonstrate high level of professionalism expected of a medical student. | Student Doctor demonstrates high level of professionalism expected of a medical student with constant supervision. | Student Doctor demonstrates high level of professionalism expected of a medical student with minimal supervision. | Student Doctor demonstrates high level of professionalism expected of a medical student independently. |
| <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |

**14\* Demonstrates appropriate medical knowledge in their current year of education.**

|   |   |  |   |
|---|---|--|---|
| Student Doctor cannot demonstrate appropriate medical knowledge in their current year of education. | Student Doctor demonstrates appropriate medical knowledge in their current year of education with constant supervision. | Student Doctor demonstrates appropriate medical knowledge in their current year of education with minimal supervision. | Student Doctor demonstrates appropriate medical knowledge in their current year of education independently. |
| <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   |

**15\* Demonstrates excellent interpersonal and communication skills (phone calls, emails, conversations).**

|   |   |  |   |
|---|---|--|---|
| Student Doctor cannot demonstrate excellent interpersonal and communication skills. | Student Doctor demonstrates excellent interpersonal and communication skills with constant supervision. | Student Doctor demonstrates excellent interpersonal and communication skills with minimal supervision. | Student Doctor demonstrates excellent interpersonal and communication skills independently. |
| <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   |

**16\* Demonstrates self-directed learning on a regular basis.**

|  |  |   |  |
|--|--|---|--|
| Student Doctor cannot demonstrate self-directed learning on a regular basis. | Student Doctor demonstrates self-directed learning on a regular basis with constant supervision. | Student Doctor demonstrates self-directed learning on a regular basis with minimal supervision. | Student Doctor demonstrates self-directed learning on a regular basis independently. |
| <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/>   | <input type="radio"/>  |

**17\* Contributes to a patient care culture of quality and safety.**

|   |   |  |   |
|---|---|--|---|
| Student Doctor does not contribute to a patient care culture of quality and safety. | Student Doctor contributes to a patient care culture of quality and safety with constant prompting. | Student Doctor contributes to a patient care culture of quality and safety with minimal prompting. | Student Doctor contributes to a patient care culture of quality and safety with no prompting. . |
| <input type="radio"/>   | <input type="radio"/>   | <input type="radio"/>  | <input type="radio"/>   |

**18\* Based on the Student Doctor's performance during this clerkship:**

- This individual demonstrates knowledge and abilities BELOW what is expected of an incoming third year student.  This individual demonstrates knowledge and abilities expected of an incoming third year student.
- This individual is advancing and demonstrates additional knowledge and abilities but is not yet performing at the level of an incoming fourth year student.
- This individual continues to advance and demonstrates additional knowledge and abilities, consistently including the majority of those targeted for an incoming fourth year student.
- This individual has advanced so that he or she now substantially demonstrates the knowledge and skills targeted for medical school. This level is designated as the graduation target.
- This individual has advanced beyond performance targets set for medical school and is demonstrating 'aspirational' goals which might describe the performance of a resident. This is an honors designation that only applies to the top 10% of graduating medical students.

**19\* Looking at the Student Doctor's global performance, which of the four categories best reflects how your student interacted with you?**

- Reporter - Reporters can accurately and reliably gather clinical information on each of their patients. Reporters can communicate clearly (both verbally and in writing) the clinical information they have obtained. Reporters can distinguish important information from unimportant information and are able to focus data collection and presentation on central issues.
- Interpreter - Interpreters can identify problems independently and prioritize problems, including new problems, as they arise. Interpreters can develop a differential diagnosis independently and make a case for and against each of the important diagnoses under consideration for a patient's central problem(s).
- Manager - Managers can develop and defend a diagnostic and a therapeutic plan for each of their patients' central problem(s). Managers can utilize their growing clinical judgment to decide when action needs to be taken. Managers can analyze the risk/benefit balance of specific diagnostic and therapeutic measures based on an individual patient's circumstances.
- Educator - Educators have mastered the fundamental skills described above. Educators have the insight to define important questions to research in more depth, the drive to seek out the evidence behind clinical practice, and the skills to scrutinize the quality of this evidence. Educators take a share in educating the rest of the team.

**20\* Did the Student Doctor attend the rotation as expected (35+ hours per week)?**

- Yes
- No
- Unknown

**21\* Did the Student Doctor share and discuss their Clerkship SMART goals with you?**

- Yes
- No
- Unknown

Not applicable for Elective Clerkships

**22 Additional feedback for growth and improvement. Please include feedback that provides evidence of the student's strengths and weaknesses (consider skills listed in the syllabus) and give examples of achievement or deficiencies.**

**23 Comments from you or your team in this section are your opportunity to communicate with the Dean on this student's readiness for residency. If your assessment is submitted prior to September 1st of the student's graduation year, then your comments will be added to the student's MSPE/Dean's Letter. If your assessment is submitted after September 1st of the student's graduation year, then your comments will help inform the Dean of the student's eligibility for special awards recognition for graduation.**

**Appendix E: OGP Module Rubrics**

**Faculty Rubric of Student Learning  
High-Fidelity Assessment**

**Scenario:**

**Students' Names:**

**Faculty's Name:**

1. Students applied clinical reasoning and judgment skills appropriate to the case.

| Needs Improvement |   |   | Acceptable Performance |   |   |   | Exceptional Performance |   |    |
|-------------------|---|---|------------------------|---|---|---|-------------------------|---|----|
| 1                 | 2 | 3 | 4                      | 5 | 6 | 7 | 8                       | 9 | 10 |

2. Students demonstrated interpersonal communications and relationship skills and worked well as a team.

| Needs Improvement |   |   | Acceptable Performance |   |   |   | Exceptional Performance |   |    |
|-------------------|---|---|------------------------|---|---|---|-------------------------|---|----|
| 1                 | 2 | 3 | 4                      | 5 | 6 | 7 | 8                       | 9 | 10 |

3. Students conducted patient and condition appropriate physical exams and procedures to support a differential diagnosis for educational level.

| Needs Improvement |   |   | Acceptable Performance |   |   |   | Exceptional Performance |   |    |
|-------------------|---|---|------------------------|---|---|---|-------------------------|---|----|
| 1                 | 2 | 3 | 4                      | 5 | 6 | 7 | 8                       | 9 | 10 |

4. Students acted in a professional manner that meets the standards of the osteopathic profession.

| Needs Improvement |   |   | Acceptable Performance |   |   |   | Exceptional Performance |   |    |
|-------------------|---|---|------------------------|---|---|---|-------------------------|---|----|
| 1                 | 2 | 3 | 4                      | 5 | 6 | 7 | 8                       | 9 | 10 |

Faculty Comments to the Group:

|  |
|--|
|  |
|--|

**Student Self-Assessment  
High-Fidelity Manikin Assessment**

**Scenario:**

**Student's Names:**

1. I applied clinical reasoning and judgment skills appropriate to the case.

| Needs Improvement |   |   | Acceptable Performance |   |   |   | Exceptional Performance |   |    |
|-------------------|---|---|------------------------|---|---|---|-------------------------|---|----|
| 1                 | 2 | 3 | 4                      | 5 | 6 | 7 | 8                       | 9 | 10 |

2. I demonstrated interpersonal communication and relationship skills and worked well with the team.

| Needs Improvement |   |   | Acceptable Performance |   |   |   | Exceptional Performance |   |    |
|-------------------|---|---|------------------------|---|---|---|-------------------------|---|----|
| 1                 | 2 | 3 | 4                      | 5 | 6 | 7 | 8                       | 9 | 10 |

3. I conducted patient and condition appropriate physical exams and procedures to support a differential diagnosis for my educational level.

| Needs Improvement |   |   | Acceptable Performance |   |   |   | Exceptional Performance |   |    |
|-------------------|---|---|------------------------|---|---|---|-------------------------|---|----|
| 1                 | 2 | 3 | 4                      | 5 | 6 | 7 | 8                       | 9 | 10 |

4. I acted in a professional manner that meets the standards of the osteopathic profession.

| Needs Improvement |   |   | Acceptable Performance |   |   |   | Exceptional Performance |   |    |
|-------------------|---|---|------------------------|---|---|---|-------------------------|---|----|
| 1                 | 2 | 3 | 4                      | 5 | 6 | 7 | 8                       | 9 | 10 |

Overall assessment of self

|  |
|--|
|  |
|--|

