

FMED 731 Family Medicine Clerkship Syllabus

Clerkship Description

Welcome to the West Virginia University Department of Family Medicine and your Family Medicine Clerkship. Our goal is to provide you with an opportunity to enhance your clinical and interpersonal skills in a supportive and stimulating learning environment.

Over the eight weeks (Eastern Division, 24 weeks), you will have the opportunity to experience Family Medicine in a variety of settings of the three clinical campuses (Morgantown, Charleston and Eastern). In addition, you will spend nearly four weeks at a community site working intimately with an experienced Board Certified Family Medicine Physician with WVU School of Medicine Faculty Appointment. All of these opportunities will give you an "up close and personal" glimpse of what Family Medicine has to offer in terms of the care of individuals, families and communities.

The essence of Family Medicine involves the expert management of relationships, knowledge, skills and technology. As Family Physicians, we strive to "see the big picture" by serving as healthcare advocates and by promoting prevention and wellness. We also focus on addressing the physical, psychological, social and spiritual needs of our patients within the context of family and community.

Family Medicine is broad in scope and academically challenging. Our patients are diverse and their healthcare issues are challenging. Our clerkship requirements are demanding and will require you to develop new skills and perhaps a new way of thinking. Yet in the end, you will come away with a keener sense of both the vulnerability and resiliency of the human condition and the privileged role that we, as physicians, play in the lives of those we serve.

During your Family Medicine Clerkship, you will come to realize the core values that help to define Family Medicine. These values include:

- Respect - recognizing the value of all persons as unique individuals and deserving of quality care
- Integrity - utilizing critical thinking and intellectual curiosity honestly and within acknowledged limits to balance conflicting medical, psychosocial, and spiritual priorities
- Integration - implementing comprehensive care for the whole person within the context of family, community and culture
- Collaboration - actively engaging the skills, talents and resources of medical colleagues, other healthcare professionals and community organizations in a patient-centered care environment

Our curriculum is designed to teach you a logical and compassionate approach to caring for patients of all ages and with diverse needs. You will be challenged by participating in emergency and acute care management, chronic disease management, preventative care, and wellness promotion. You will be stimulated by applying evidence-based principles to the everyday practice of medicine. You will be supported in your quest to develop new skills and to perform common outpatient procedures.

Lastly, you will be guided by a dedicated staff of faculty and residents who are committed to excellence in both teaching and patient care. We sincerely hope that our Clerkship in Family Medicine meets your own learning needs and professional goals. Regardless of your clinical interests, the skills and principles learned during this clerkship will serve as a solid foundation for the years ahead. We are honored to offer you this learning experience and we wish you well as you begin this journey of exploration with us.

Semester/Year: 2018-2019

Schedule: Campus specific

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Clerkship Objectives (listed under School of Medicine Competencies):

At the end of the clerkship, students should be able to:

Patient Care:

- Collect and incorporate appropriate psychosocial, cultural, and family data into a patient management plan. (PC1)
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences scientific evidence, and clinical judgment. (PC2)
- Define characteristics of a good screening test (e.g., explain lead time bias). (PC2)
- Discuss the diagnosis of common, acute, and undifferentiated medical problems using probability estimates of disease prevalence specific to the geographic and socioeconomic community of the practice location. (PC2)
- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities when providing care. (PC3)
- Develop and implement a management plan for common, acute illnesses using a focused, problem-oriented assessment. (PC3)
- Participate in a chronic disease management plan in partnership with the patient, patient's family, and other health care professionals that enhances functional outcome and quality of life. (PC3)
- Apply culturally appropriate behavioral change strategies (e.g., smoking cessation) to support patient wellness. (PC3)
- Obtain and utilize information about populations of patients, including health risks to communities. (PC3)
- Counsel and educate patients and families about acute and chronic illnesses. (PC4)
- Apply screening protocols based on guidelines and recommendations to identify risks for disease or injury and opportunities to promote wellness for the following care groups: (PC4)
 - Child care (e.g. nutrition, immunizations)
 - Adolescent care
 - Adult (e.g., hypertension, hypercholesterolemia, diet, CAD, CA, HRT, substance abuse, environmental exposure, occupational disease, STD)
 - Maternity care
 - Geriatric (e.g., advance directives)
- Counsel patients and their families about serious effects of harmful personal behaviors and habits and appropriate health maintenance strategies. (PC4)
- Define primary, secondary, and tertiary prevention. (PC4)
- Interpret the findings of an outbreak or cluster investigation as it applies to prevention and patient education. (PC4)
- Demonstrate basic knowledge needed for selecting protocols and strategies to reduce of identified health risks for patients and communities. (PC4)
- Use appropriate screening tools and protocols for health maintenance in specific populations, including immunizations across the age spectrum. (PC4)
- Encourage patients with episodic or acute illnesses to seek continuing medical care. (PC4)

- Effectively educate the patient and concerned person/caregiver in a triangular relationship. (PC4)
- Perform office-based procedures under supervision of a family physician. (PC5)
- Participate in a chronic disease management plan in partnership with the patient, patient's family, and other health care professionals that enhances functional outcome and quality of life. (PC6)
- Encourage patients with episodic or acute illnesses to seek continuing medical care. (PC6)

Evaluation: Clinical documentation review (H&P's), Quiz, Clinical performance ratings, Narrative assessment, NBME Exam, Oral Presentation

Medical Knowledge:

- Describe the prevalence and natural history of common problems and illnesses over the course of individual and family life cycles. (MK1,4,5)
- Integrate and apply the basic and clinically supportive sciences, appropriate to the discipline of Family Medicine. (MK2)
- Describe the prevalence and natural history of common problems and illnesses over the course of individual and family life cycles. (MK3)
- Describe the social, community, and economic factors that affect patient care. (MK5)
- Define characteristics of a good screening test (e.g., explain lead time bias). (MK5)
- Describe the principles of behavioral change strategies (e.g., smoking cessation). (MK5)
- Recognize the impact of cultural diversity on health promotion and disease prevention issues at the individual and community level. (MK5)
- Recognize and interpret relevant laws and regulations relating to protection and promotion of public health. (MK5)
- Use appropriate screening tools and protocols for health maintenance in specific populations, including immunizations across the age spectrum. (MK5)
- Discuss the diagnosis of common, acute, and undifferentiated medical problems using probability estimates of disease prevalence specific to the geographic and socioeconomic community of the practice location. (MK5)
- Integrate and apply the basic and clinically supportive sciences, appropriate to the discipline of Family Medicine. (MK7)
- Compare and contrast the epidemiology of diseases seen in primary and tertiary care settings and discuss the implications of this epidemiology for the care of patients in these settings. (MK7)
- Obtain and utilize information about populations of patients, including health risks to communities. (MK7)
- Translate epidemiological findings and guidelines into patient recommendations for a specific disease prevention intervention. (MK7)
- Demonstrate knowledge of epidemiological studies, including data collection, biostatistical techniques, study design, and implementation of results. (MK7)
- Identify prevalent diseases, injuries, and conditions in which prevention plays a role. (MK8)
- Define primary, secondary, and tertiary prevention. (MK8)
- Demonstrate basic knowledge needed for selecting protocols and strategies to reduce of identified health risks for patients and communities. (MK8)
- Describe and discuss the forces that affect the process, timing, and reasons for the patient to seek medical care. (MK8)
- Describe strategies for patient education and disease prevention that can be implemented with those who do not present for care on their own. (MK8)
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences scientific evidence, and clinical judgment. (MK9)
- Interpret the findings of an outbreak or cluster investigation as it applies to prevention and patient education. (MK9)

- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, up-to-date scientific evidence, and clinical judgment. (MK9)
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness. (MK9)
- Analyze the health of a community, using census, vital statistics, public health data, and other appropriate sources of data. (MK9)

Evaluation: Clinical documentation review (H&P's), Quiz, Clinical performance ratings, Narrative assessment, NBME Exam, Oral Presentation

Practice-Based Learning and Improvement:

- Compare and contrast the epidemiology of diseases seen in primary and tertiary care settings and discuss the implications of this epidemiology for the care of patients in these settings. (PBL&I1)
- Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems. (PBL&I1,2)
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, up-to-date scientific evidence, and clinical judgment. (PBL&I1,2)
- Translate epidemiological findings and guidelines into patient recommendations for a specific disease prevention intervention. (PBL&I1)
- Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness. (PBL&I2)
- Use appropriate technology (e.g., Web-based, hand held computer) to support patient education and disease prevention activities. (PBL&I3)
- Demonstrate an understanding of the need to make basic diagnostic and treatment decisions that consider the limitations of clinical data. (PBL&I3)
- Use information technology to manage information, access current medical information, and support personal education. (PBL&I3)
- Demonstrate an investigatory and analytic thinking approach to clinical situations. (PBL&I4)
- Analyze practice experience and perform practice-based improvement activities using systematic methodology. (PBL&I4)
- Recognize limits of personal knowledge. (PBL&I5)

Evaluation: Clinical performance ratings, Narrative assessment, Oral Presentation

Interpersonal and Communication Skills:

- Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and disabilities when providing care. (ICS1)
- Apply culturally appropriate behavioral change strategies (e.g., smoking cessation) to support patient wellness. (ICS1)
- Demonstrate the ability to communicate effectively with patients and families through an interpreter. (ICS1)
- Collaborate with health care professionals, including those from other disciplines, to provide patient-centered care and preventive services across the lifespan. (ICS2)
- Participate in a chronic disease management plan in partnership with the patient, patient's family, and other health care professionals that enhances functional outcome and quality of life. (ICS2)
- Analyze the impact of referral patterns within a family practice context. (ICS2)
- Participate in consultation and referral to other health care professionals. (ICS2)

- Participate in a community-based interdisciplinary team session and/or a community-based service learning project. (ICS2)
- Perform concise, problem-focused presentations of patients that reflect critical thinking in clinical decision making. (ICS3)
- Demonstrate effective and respectful communication with other health care professionals and clinical faculty. (ICS4)
- Document appropriate information for acute and continuing care in the patient's record. (ICS5)

Evaluation: Clinical documentation review (H&P's), Clinical performance ratings, Narrative assessment, Oral Presentation

Professionalism:

- Describe the importance of maintaining continuing professional responsibility for the patient's and family's health care. (PROF1)
- Demonstrate respect for patients and families in the referral and consultation process. (PROF1)
- Demonstrate respect for patient confidentiality and privacy regulations. (PROF2)
- Compare and contrast the epidemiology of diseases seen in primary and tertiary care settings and discuss the implications of this epidemiology for the care of patients in these settings. (PROF3)
- Avoid imposing personal values by using non-directive counseling when appropriate. (PROF3)
- Demonstrate respect for patients whose lifestyles and values may be different from those of the student. (PROF3)
- Create and sustain therapeutic and ethically sound relationships with patients and families utilizing a patient-centered approach. (PROF4)

Evaluation: Clinical documentation review (H&P's), Clinical performance ratings, Narrative assessment, Oral Presentation

Systems-Based Practice:

- Describe the continuing role and responsibility of the family physician in the care of patients during the process of consultation and referral. (SBP1)
- Recognize the need for the family physician's continuing role and responsibility in the care of patients during the process of consultation and referral. (SBP1)
- Analyze the impact of referral patterns within a family practice context. (SBP1)
- Participate in consultation and referral to other health care professionals. (SPB1)
- Participate in a community-based interdisciplinary team session and/or a community-based service learning project. (SBP1)
- Describe the role of the family physician as coordinator of care. (SPB1)
- Recognize and explain the various settings in which family physicians provide care and the integration of care that occurs across these settings. (SPB1)
- Describe and discuss the forces that affect the process, timing, and reasons for the patient to seek medical care. (SPB2)
- Recognize appropriate consultation resources, both medical and non-medical, in discussing effective use of resources. (SBP2)
- Describe methods of controlling health care costs and allocating resources that do not compromise quality of care. (SBP2)
- Describe the social, community, and economic factors that affect patient care. (SPB3)
- Describe community-based interventions to modify or eliminate identified risks for disease or injury. (SPB3)
- Describe the benefits of providing longitudinal, comprehensive, and integrated care for patients with common, chronic medical problems. (SPB3)

- Understand how the prevalence of disease in a population changes the predictive value of a screening test (e.g., PSA screening and ethnicity). (SPB3)
- Describe community-based interventions to modify or eliminate identified risks for disease or injury. (SPB4)
- Reflect upon and discuss the complexity of providing longitudinal, comprehensive, and integrated care for patients with common, chronic medical problems. (SPB4)
- Recognize and interpret relevant laws and regulations relating to protection and promotion of public health. (SPB4)
- Advocate for quality patient care and assist patients in dealing with system complexities. (SPB4)
- Recognize the barriers to coordination of health care and recommend improvements. (SPB4)

Evaluation: Clinical documentation review (H&P's), Clinical performance ratings, Narrative assessment, Oral presentation

Evaluation and Grading:

The Department will issue a final grade on this clerkship consistent with School of Medicine policy to include:

Honors, Pass, Fail, Incomplete

All letter grades are accompanied by a narrative description of performance in each of the core competencies and composed by the course director. Both the letter grade and narrative summary are forwarded to the Associate Dean of Student Services office at the completion of the clerkship.

In order to pass this clerkship a student will be expected to do all of the following:

- 1) **A final numerical score of 75.0 or greater is required to pass.**
- 2) Earn an equated percent correct score on the NBME Family Medicine Core Shelf Exam that is at least equal to the 10th National Percentile Rank. (Determined at the beginning of the academic year based on the most recent year-end percentile rankings report)
- 3) Earn clinical evaluations (clinic audits, advisor evaluations, inpatient evaluations and rural evaluations) that reflect the student at least meets expectations for level of training in each of the six core competencies. (Meeting expectations equates to a 75.0% average or better)
- 4) Log into e-value and complete all of the FM required Case Logs.
- 5) History and Physicals- 3 required. Score 75.0% average or better (10 points will be deducted for any H&P turned in after the 72 hour deadline)
- 6) Complete the requirements of your oral presentation with an evaluation score of 75.0% or better.
- 7) Completion of the Aquifer-based Mid-Block Assessment.
- 8) Have narrative comments reflecting that you meet expectations for the six core competencies.
- 9) Attendance at **all** clinical and didactic sessions as scheduled. This includes but not limited to clinical sessions, lectures, workshops, and any other large or small group activities scheduled throughout the clerkship.

FAILURE TO OBTAIN A SCORE OF 10th PERCENTILE OR HIGHER ON THE NBME FAMILY MEDICINE SHELF EXAM WILL RESULT IN A FAILURE FOR THE CLERKSHIP. A LETTER WILL BE SENT TO THE OFFICE OF THE ASSOCIATE DEAN OF STUDENT SERVICES NOTING ANY STUDENT RECEIVING A FAILURE SCORE ON THE SHELF EXAM.

We reserve the right to assign a grade of **fail** to a student who does not satisfactorily complete any portion of the clerkship including written exams, clinical performance, etc.

A failing grade for the clerkship will necessitate repeating the entire eight-week rotation including all components.

The Clerkship Directors on each clinical campus are available regarding the Clerkship's grading policy.

The breakdown of how each of the components figures into your final grade is listed below:

#1 CLINICAL COMPONENTS		#2 EXAM COMPONENTS	
Clinic Audits	20% of grade	Mid-Block Assessment	5% of grade
Oral Presentations	5% of grade		
H&P's	5% of grade	Equated Percent Correct Score on NBME Family Medicine Shelf Exam	25% of grade
FM Advisor/Inpatient Evaluations	20% of grade		
Rural Advisor Evaluations	20% of grade		
	70% of clerkship grade		30% of clerkship grade

OVERALL GRADE AND HONORS

The overall grade will be determined by adding the Clinical Component grades and the Exam Component grades. This overall grade will be used for honors determination with the top 15% of the students receiving honors. Honors will be determined at the end of the academic year. All scores will be rounded to the nearest tenth of a point using standard mathematical calculations.

Feedback Scale / Likert Scale:

1=Inadequate. Competency not demonstrated. Needs remediation of basic skills – 1.0=25%, 1.1-1.9=37.5%

2=Below expected. Competency lacking some areas. – 2.0=50%, 2.1-2.9=62.5%

3=Expected. Competency demonstrated is appropriate for level of training and experience. – 3.0=75%, 3.1-3.9=80%

4=Above expected. Competency exceeds that of expected. – 4.0=85%, 4.1-4.9=92.5%

5=Exceptional. Competency is exceptional. – 5.0=100%

SAMPLE GRADE CALCULATION :

For the purposes of this example the fictional medical student received the following averages:

Clinical Audits 91.3, Oral Presentation 92.5, H&P's 95.3, Advisor and Wards Evaluations 85.4, Rural Advisor Evaluation, 89.8.

All of their scores were greater than 75.0 so they would pass the clinical components. He received a NBME raw score of 72 which equates to a 67th percentile using the current conversion. Since this was greater than 10th percentile they passed the exam portion.

They scored 86.4% on their mid-block quiz.

Clinic Audits	$91.3 \times .20 = 18.3$
Oral Presentation	$92.5 \times .5 = 4.6$
H&P's	$95.3 \times .5 = 4.8$
Advisor and Wards Evals	$85.4 \times .20 = 17.1$
Rural Advisor Evals	$89.8 \times .20 = 18.0$
	Total 62.8
NBME equated percent correct score	$72 \times .25 = 18.0$
Mid-Block Quiz	$86.4 \times .5 = 4.3$
	Total 22.3
Clinical Exams	62.8
	<u>22.3</u>
Overall Total	85.1
	85.1 is the final clerkship grade and this is the score that will be used to rank for Honors.

Narratives:

In addition to the numerical score in determining the official Honors, Pass, Fail grade designations in the School of Medicine, narrative evaluations will be prepared to report the student's progress. The narratives will provide descriptive evidence of student performance to assist the Committee on Academic and Professional Standards to understand the nature of the student's strengths and/or weaknesses. These narrative evaluations can be a flag that indicates to the Committee on Academic and Professional Standards that students may be having academic and/or professional difficulty. Narratives will be forwarded to the Dean and become a part of the student's permanent record.

Recommended Study Resources:

Aquifer Family Medicine:

https://wvu-md.meduapp.com/users/sign_in

Family Medicine PreTest Self-Assessment And Review, Third Edition

Author Doug Knutson

Case Files Family Medicine, Fourth Edition

Authors: Eugene Troy and Donald Briscoe

AAFP Board Review Questions

aafp.org

Must sign up as a member (free for students)

Click CME > Board Review > Members Only: Board Review Questions > Begin the Board Review Questions

May also use the AAFP mobile app

Mid-Block Assessment:

You are required to take a mid-block assessment test at the midportion of the clerkship. There is no "passing" score for this assessment but the grade will count towards 5% of your final clerkship grade. This assessment will cover all aspects of Family Medicine and is a good preparation for the NBME Family Medicine Shelf Exam. The assessment is a product of *Aquifer* and covers all 40 *Aquifer Family Medicine* cases. *Aquifer* will send us reports on your scores and you will receive feedback on how you scored on each case so you can review topics you did not do as well on. We should receive your scores and reports within two business days.

The assessment consists of 100 multiple choice questions and you will have 3 hours to complete it.

Exam security must be maintained. This will be proctored similar to your NBME exam and any suspicious activity will be reported accordingly.

The following is a list of *Aquifer Family Medicine* cases. These cases cover the entirety of the National Family Medicine Curriculum.

Family Medicine 01: 45-year-old woman annual exam

Family Medicine 02: 55-year-old man annual exam

Family Medicine 03: 65-year-old woman with insomnia

Family Medicine 04: 19-year-old woman with sports injury

Family Medicine 05: 30-year-old woman with palpitations

Family Medicine 06: 57-year-old woman diabetes care visit

Family Medicine 07: 53-year-old man with leg swelling

Family Medicine 08: 54-year-old man with elevated blood pressure

Family Medicine 09: 50-year-old woman with palpitations

Family Medicine 10: 45-year-old man with low back pain

Family Medicine 11: 74-year-old woman with knee pain

Family Medicine 12: 16-year-old female with vaginal bleeding and UCG

Family Medicine 13: 40-year-old man with a persistent cough

Family Medicine 14: 35-year-old woman with missed period

Family Medicine 15: 42-year-old man with right upper quadrant pain

Family Medicine 16: 68-year-old man with skin lesion

Family Medicine 17: 55-year-old post-menopausal woman with vaginal bleeding

Family Medicine 18: 24-year-old woman with headaches

Family Medicine 19: 39-year-old man with epigastric pain

Family Medicine 20: 28-year-old woman with abdominal pain

Family Medicine 21: 12-year-old female with fever

Family Medicine 22: 70-year-old male with new-onset unilateral weakness

Family Medicine 23: 5-year-old female with sore throat

Family Medicine 24: 4-week-old female with fussiness

Family Medicine 25: 38-year-old man with shoulder pain

Family Medicine 26: 55-year-old man with fatigue

Family Medicine 27: 17-year-old male with groin pain

Family Medicine 28: 58-year-old man with shortness of breath

Family Medicine 29: 72-year-old man with dementia

Family Medicine 30: 27-year-old woman Labor and delivery

Family Medicine 31: 66-year-old woman with shortness of breath

Family Medicine 32: 33-year-old woman with painful periods

Family Medicine 33: 28-year-old woman with dizziness

Pediatrics 01: Newborn male infant evaluation and care

Pediatrics 02: Infant female well-child visits (2, 6, and 9 months)

Pediatrics 03: 3-year-old male well-child visit

Pediatrics 04: 8-year-old male well-child check

Pediatrics 13: 6-year-old female with chronic cough

Internal Medicine 02: 60-year-old woman with episodic chest discomfort

Internal Medicine 16: 45-year-old man with obesity

After signing in to *Aquifer*, there is a custom course entitled **WVU Family Medicine Clerkship** that contains all 40 cases.

NBME Shelf Exam:

The **recommended** study material for the NBME shelf exam is the Aquifer Family Medicine cases. https://wvu-md.meduapp.com/users/sign_in

The 40 cases included encompass the entire National Family Medicine Curriculum which the shelf test is based on.

The following is a breakdown of what is on the NBME Family Medicine Modular Shelf Exam. You will be taking the Core and Chronic Care modules.

Family Medicine Modular

Systems

General Principles, Including Normal Age-Related Findings and Care of the Well Patient 5%–10%

Immune System 1%–5%

Blood & Lymphoreticular System 1%–5%

Behavioral Health 5%–10%

Nervous System & Special Senses 1%–5%

Skin & Subcutaneous Tissue 3%–7%

Musculoskeletal System (% increases with the addition of the Musculoskeletal module) 5%–10%

Cardiovascular System 5%–10%

Respiratory System 5%–10%

Gastrointestinal System 5%–10%

Renal & Urinary System 1%–5%

Pregnancy, Childbirth, & the Puerperium 1%–5%

Female Reproductive System & Breast 1%–5%

Male Reproductive System 1%–5%

Endocrine System 5%–10%

Multisystem Processes & Disorders 1%–5%

Biostatistics, Epidemiology/Population Health, & Interpretation of the Medical Lit. 1%–5%

Social Sciences 5%–10%

Communication and interpersonal skills

Medical ethics and jurisprudence

Systems-based practice and patient safety

Physician Task

Health Maintenance, Prevention & Surveillance 20%–25%

Diagnosis, including Foundational Science Concepts 40%–50%
 Pharmacotherapy, Intervention & Management 25%–30%

Site of Care

Ambulatory 100%

Patient Age

Birth to 17 15%–20%

18 to 65 55%–65%

66 and older 15%–20%

Required Clinical Encounters:

The following table outlines the clinical encounters you are expected to document into the E-value system.

Patient Encounters/Clinical Conditions	Required Encounters	Level of Participation	Clinical Setting
Abdominal Pain - Adult	1	Observed (O) or Performed (P)	Inpt or Outpt
Acute Pediatric Illness	1	Observed (O) or Performed (P)	Inpt or Outpt
Adult Healthcare Maintenance	2	Observed (O) or Performed (P)	Outpt
Asthma/COPD	2	Perform	Inpt or Outpt
Derm Procedure	1	Observed (O) or Performed (P)	Inpt or Outpt
EKG Interpretation	1	Perform	Inpt or Outpt
Finger Stick Glucose	1	Observed (O) or Performed (P)	Inpt or Outpt
Hyperlipidemia	3	Perform	Inpt or Outpt
Hypertension	3	Perform	Inpt or Outpt
Musculoskeletal Condition	2	Perform	Inpt or Outpt
Patient Encounters IPE Diabetes Type 2	3	Perform	Inpt or Outpt
Patient Encounters IPE Family Planning Visit	1	Observed (O) or Performed (P)	Outpt
Patient Encounters IPE Mood Disorder, Depression, Anxiety	1	Observed (O) or Performed (P)	Inpt or Outpt

Patient Encounters IPE Pap Smear	1	Perform	Inpt or Outpt
Patient Encounters IPE Urinalysis U/A	1	Observed (O) or Performed (P)	Inpt or Outpt
Peptic Ulcer Disease/GERD	2	Perform	
Transitions of Care (i.e. discharge planning, medication reconciliation, writing a discharge summary, hospital discharge follow up visits in clinic etc.)	1	Observed (O) or Performed (P)	Inpt or Outpt
Well Child Visit	1	Observed (O) or Performed (P)	Outpt

****Interprofessional Education (IPE) - Students learn with, about, and from other learners or practitioners.**

Directions on How to Add Case Log Procedures / Patient Encounters in E*Value

1. Log in to E*Value at <https://www.e-value.net>
2. Select the **Case Logs** tile.
3. Select "**Log New Case**"
4. Select your name, the date of the procedure(s), and select the answers to the questions with a red asterisk (*). (NOTE: Do not leave any ID Numbers of items to identify a patient name on this form. Instead make descriptive notes such as "female patient".)
5. Under the **Procedures** section, and select the clerkship procedure group (e.g., MS3 Family Medicine). The procedures/diagnosis list for that clerkship are populated into the list below. Select the procedure(s) and identify your role. Select "ADD PROCEDURE" after each item.
6. **When finished, select "Save Record"**. If you do not select "save record", your data will not save. It will be empty. This will be considered an incomplete at the end of the clerkship, and a failing component.

You will may review and edit your logs at any time. Click on **Review/Edit**. On the dropdown menu screen, select the following:

- The start and end date of your clerkship rotation.
- The clerkship Procedure Group (e.g., MS3 Family Medicine)
- All procedures
- Next -->

Here you will see a summary that explains the procedures you have completed for this clerkship.

Standards of Behavior for Clinical Clerkships:

The patient is an important part of your educational process, helping you meet your educational goals. It is in everyone's interest to have a thriving patient practice. We recognize that both patients and referring physicians have a choice of where to go for care. Our goal is to make each patient encounter so positive that the patient will want to continue his or her care at WVU and will recommend WVU to others.

The patient's judgment is the measure of the quality of the care he or she receives at WVU. We are judged by what we do, our demeanor, timeliness, willingness to answer questions, and attention to the patient's needs. A key satisfier for patients is the level of communication in a patient experience. It makes the difference between perceiving the care one receives is "adequate" or "superior". The goal of WVU is for each student and physician to become an excellent communicator and an excellent listener. Additionally, we believe patients should be partners in their care. The better informed a patient is about his or her illness and treatment, the better the outcome will be.

STUDENTS ARE EXPECTED TO:

- Wear professional attire, including white coat and ID badge.
- Maintain good hygiene including washing hands before and after patient contact.
- Always introduce themselves to the patient and family and explain the important role they play in the patient's care.
- Respect the patient's privacy by requesting unnecessary family and guests to leave the room prior to beginning an exam or procedure.
Refrain from discussing the patient's condition in the hallways, elevators, or any place one could be overheard.
- Make sure the patient's questions about procedures, tests, or diagnosis are answered by the appropriate individual. Students will be evaluated on their ability to communicate effectively with patients.
- Assist the attending physician in making sure the patient is informed of institutional resources available to help them learn more about their illness and treatment, including literature and web information, as well as any support groups they might join.
- Refrain from any negative comments regarding a referring or community physician and the quality of their care.
- Thank patients for contributing to your medical education.

Students will be evaluated by patients on their ability to provide care that meets patients' standards and expectations.

* Note: All School of Medicine Policies may be located in the WVU Medical Student Handbook and the SOM Course and Clerkship Manual SOLE sites.

Service to the State

<http://medicine.hsc.wvu.edu/medicine/Service-to-the-State>