

UAMS College of Medicine Syllabus

Course Title: Family Medicine

Course ID: FMED 83104

Course Credit Hours: 4

Credit hours were calculated per UAMS standards for COM

Academic Year: 2024-2025

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Faculty and Coordinator

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Course Overview

This clerkship follows the broad field of family medicine. In addition to a didactic series of topics relevant to family medicine, students see family medicine outpatients under direct faculty supervision.

Requirement checklist, *with the level of responsibility*

H & P viewed by Attending

Required

Attending physician observed student perform a history & physical exam

Inpatient or Outpatient Setting

1 entry required

FMED-83104: Health, Well Child, Prenatal

Required

Participate in the direct patient care of one of the following: adult wellness visit, well women's health visit, well-child visit, or prenatal Care visit (3 minimum): outpatient

3 entries required

FMED-83104: Respiratory Diseases

Required

Participate in the care of a patient with diseases of the respiratory system (3 minimum): COPD, URI, Bronchitis, etc.

Outpatient or inpatient

3 entries required

FMED-83104: Cardiovascular Disease

Required

Participate in the direct care of a patient with cardiovascular Disease or hypertension (3 minimum): outpatient or inpatient

3 entries required

FMED-83104: Endocrine and Metabolic Disorders

Required

Participate in the direct care of a patient with endocrine or metabolic disorders, including examples such as diabetes, hypothyroidism, Cushing's disease, etc. (3 minimum): outpatient or inpatient

3 entries required

FMED-83104: Mental Health/Psychiatric Disorders

Required

Participate in the direct care of a patient with mental health concerns or a psychiatric disorder. (3 minimum): outpatient or inpatient

3 entries required

FMED-83104: Nutrition and Digestive Disorders

Required

Participate in the direct care of a patient with nutritional and digestive disorders, including examples such as hyperlipidemia, GERD, obesity, etc. (3 minimum): outpatient or inpatient

3 entries required

FMED-83104: Musculoskeletal and Connective Tissue Disorder

Required

Participate in the direct care of a patient with musculoskeletal and connective tissue disorder (sprains, strains, arthropathies, autoimmune disorder) (3 minimum): outpatient or inpatient

3 entries required

FMED-83104: Complaint relating to head, eyes, ear, nose or throat

Required

Participate in the direct care of a patient with complaint relating to head, eyes, ears, nose or throat (outpatient or inpatient)

1 entry required

Duty Hours

Required

The Curriculum Committee of the College of Medicine, working through the Clinical Subcommittee has implemented the following work hour policy for junior and senior students:

1. Duty hours should not exceed 80 hrs/week averaged over 4 weeks, including any on call time required.
2. The amount of time a student spends in the hospital should not exceed 30 consecutive hours (and the last six of these hours must not include taking new patients).
3. If the student works 30 hours, they must receive a minimum of 10 hours outside the hospital between shifts.
4. All students must get 4 days (24 hours) off averaged over a 4 week period of time.

If a student answers yes, the Clerkship, Curriculum Office & Curriculum Committee will need to follow-up.

1 entry required

Mid-clerkship Feedback

Required

Students will receive mid-clerkship feedback from a designated evaluator.

1 entry required

Requirement Checklist Completion

Required

Student has completed all requirements on the Requirement Checklist.

1 entry required

Course Learning Objectives

| Learning Objectives and Medical Education Program Objectives (MEPOs) | | |
|--|--|---|
| Course Learning Objective | UAMS COM MEPOs (see end of syllabus for description of MEPOs) | How assessed |
| See a variety of patients from specific categories of diseases and document each encounter on their O2 requirement checklist. | PC 1.1 ICS 4.3 | Completion of patient checklists |
| Will demonstrate knowledge of diagnosis and management of acute and chronic health problems by scoring above a required minimum on final NBME test. | PC 1.7 KP 2.1 KP 2.2 KP 2.3 KP 2.4 | Student performance evaluation NBME shelf exam |
| Obtain a problem-specific history, review past medical history and conduct an appropriately focused physical examination based on the patient's reported complaint. | PC 1.2 | Faculty-observed History and Physical |
| The students will be able to present history and physical exam findings with written documentation as well as in verbal presentations during encounters in the outpatient clinic. | ICS 4.2 ICS 4.3 | Student performance evaluation |
| Exhibit an appreciation for comprehensive, coordinated, culturally competent and continuous care for individuals and their families through participation in direct clinical care with patients of all age groups. | PC 1.6 PC 1.7 KP 2.1 KP 2.2 KP 2.3 KP 2.4 PBLI 3.1 PBLI 3.2 PBLI 3.3 ICS 4.1 ICS 4.2 ICS 4.3 P 5.3 | Student performance evaluation |

| | | |
|--|--|---|
| Investigate patient barriers to chronic disease management and overall health. | KP 2.4 ICS 4.1 | Student performance evaluation |
| Provide a concise and accurate presentation to faculty and residents preceptors. | ICS 4.2 | Student performance evaluation |
| Communicate effectively and demonstrate caring, respectful and culturally sensitive behaviors when interacting with patients and their families. | PBLI 3.3 P 5.1 P 5.3 | Student performance evaluation |
| Communicate effectively with members of the inter-professional team including nurses, physicians, office staff and consultants to provide patient-focused care. | ICS 4.2 IPC 7.1 IPC 7.2 IPC 7.3 | Student performance evaluation |
| Demonstrate familiarity with appropriate resources for health promotion and disease prevention during discussions with clinical preceptors. | PC 1.7 KP 2.3 | Student performance evaluation NBME shelf exam |
| Examine the role of fitness, nutrition, and smoking cessation in health promotion. | PC 1.7 KP 2.3 | Student performance evaluation NBME shelf exam |
| Counsel patients about the effect of harmful personal behaviors and habits and appropriate health maintenance strategies. | ICS 4.1 P 5.1 | Student performance evaluation NBME shelf exam |
| Recommend appropriate immunizations based on age and risk factors. | PC 1.7 KP 2.3 | Student performance evaluation NBME shelf exam |
| Demonstrate familiarity with essential topics in population health. | PC 1.7 KP 2.3 | Student performance evaluation NBME shelf exam |
| Observe and discuss cost effective healthcare and resource allocation affecting the practice of family medicine. | SBP 6.3 | Student performance evaluation NBME shelf exam |
| Discuss billing and coding with preceptors during patient visits in the outpatient clinic. | SBP 6.3 | Student performance evaluation NBME shelf exam |
| Discuss principles of patient- and family-centered care. | PC 1.5 PC 1.6 ICS 4.1 P 5.1 P 5.2 P 5.3 | Student performance evaluation NBME shelf exam |
| Actively seek and act upon feedback and constructive criticism about performance, application of medical knowledge and interpersonal interactions with staff from faculty and staff. | PBLI 3.1 ICS 4.2 | Student performance evaluation |
| Demonstrate a commitment to ethical principles pertaining to the provision of clinical care, confidentiality of patient information and informed consent. | P 5.4 | Student performance evaluation |
| Demonstrate interest and eagerness to learn through review of medical literature and use of information technology. | PC 1.5 KP 2.2 PBLI 3.2 | Student performance evaluation |

| | | |
|--|--|--|
| | PBLI 3.3 | |
| Attend all required activities and complete all assignments in a timely manner. | ICS 4.3 P 5.1 | Student performance evaluation Requirement Checklist completion |
| Display proper dress, grooming, punctuality, honesty and respect for patients and all members of the healthcare team. | P 5.1 P 5.3 IPC 7.1 | Student performance evaluation |
| Demonstrate interest in personal growth and professional development. | PBLI 3.1 | Student performance evaluation |
| Demonstrate the utility of a medical literature review, critique the quality of the information gathered, discuss an article, as well as the conclusion it draws. | PC 1.5 KP 2.2 PBLI 3.2 PBLI 3.3 | Student performance evaluation |
| Demonstrate the utility of the electronic medical record in quality patient care including a review of active problem list, flow sheet data and past medical history | PC 1.5 | Student performance evaluation |

Required/Recommended Materials

Books and Online Resources

| Name of Resource | Publisher, ISBN, url | Authors | Edition | Required/ Recommended |
|-----------------------------|---|---------|---------|--------------------------|
| Up-to-date | http://www.uptodate.com | | | Recommended |
| Case Files: Family Medicine | PDF – Check out with Coordinator | | | Recommended |
| Board Vitals – UAMS Library | https://online.statref.com/BoardVitals.aspx?&SessionID=2739C91FHVJSWLXM | | | Recommended |
| AAFP Website | http://www.aafp.org/home.html | | | Recommended |
| STFM Website | http://www.stfm.org/Resources/ResourcesforStudents | | | Recommended |
| USPSTF A-Z Topic Guide | http://www.uspreventiveservicestaskforce.org/uspsttopics.htm | | | Recommended |
| TeachMeMedicine | https://teachmemedicine.org/ | | | Recommended |

Other Items for the Course

- Phone Apps
 - USPSTF – ePSS (free)
 - AAFP
 - Immunizations – Shots Immunizations by STFM (free)
 - Prescriptions Drugs – GoodRX (free)
 - Cardiology – ascvd risk estimator (free)
 - Journal – Journal Club: landmark medical trials (\$4.99 on Iphone)
 - UptoDate – UptoDate (free)

Examinations and Other Graded Activities

A) Clinical Performance Evaluation (Sample Below)

Clinical performance evaluations will be requested from each clinical instructor (faculty or resident) who has had an adequate opportunity to work with the student in the clinic or in another significant capacity. The final clinical performance score will be based on the average of ratings from clinical instructors.

Clinical performance constitutes 55% of the final grade for the clerkship.

B) NBME Subject Exams

A NBME test will be proctored in person at the end of every rotation. A minimum National percentile rank of at least the 5th percentile for the quarter in which the test is administered will be required to pass the rotation. The students will be given two NBME vouchers to practice medical knowledge at the beginning and midpoint of the rotation.

Any student scoring less than the 5th percentile will be required to retake the exam and to achieve at least a 5th percentile score. Students who fail to achieve this score after one additional re-test (total of 2 chances, after stopping PRE-NBME) will receive a failing grade for the clerkship and will be required to repeat the clerkship

The NBME Subject Exam constitutes 30% of the final grade for the clerkship.

C) Requirement Checklist – “Patient Log” (O2)

The recording of patient encounters will be accessed through the Oasis (O2) software. The student will be required to record the patients seen, where seen, student’s level of involvement with the patient, key diagnoses addressed at the visit, and the preceptor (faculty or resident). The site director will review the checklist at the mid-clerkship evaluation and sign off at the end of the clerkship. The requirement checklist will also have a place to document when a faculty member observes student performance of a history and physical. This observation will be in person.

You are required to fill in all sections, not leaving any blanks.

We ask that you do not provide a full note under the “Diagnosis” section.

We just want a synopsis of the visit (Chief Complaint). 2-5 sentences.

Chief Complaint

1. Why the patient came to the hospital. Include age, reason for coming to the hospital, and relevant PMHx that impacts chief complaint.
2. Example: Ms. Jones, 63 year old female, with HTN and known CAD, that presents for chest pain.

Please remember the diagnostic guidelines for this assignment.

The chief complaint is a concise statement describing the symptom, problem, condition, diagnosis, physician-recommended return, or other reason for a medical encounter.

Although, this should be concise, a few words in this section will not get you a passing grade.

Please do your best to communicate the chief complaint, as if you were presenting to an Attending. **DO NOT add the patient's actual MRN number.**

Instead, use the name of the faculty, resident or community-based physician that you worked with on the patient. When you neglect to fill in a section, or simply put N/A as an answer, you will not pass. We review your log to ensure that your notes are acceptable.

REMEMBER:

“NO RESPONSE” = NO GRADE

D) Philosophy of Family Medicine

To introduce to third-year medical students the philosophical concepts that have guided the development of Family Medicine since its inception as a generalist specialty in the late 1960s. The sessions that are discussed in the Philosophy of Family Medicine (POFM) will be conducted virtually. Students will be placed into smaller teams to ensure adequate topic coverage and a greater student understanding.

Virtual Sessions allow every student to stay present at their site, while obtaining the valuable information provided. At the completion of this educational program, students will be able to:

1. List at least 5 concepts that form the basis of a Family Medicine philosophy;
2. Identify at least 5 concepts that originated in Family Medicine and have made their way into the broader practice of medicine;
3. Describe how these Family Medicine concepts can enrich one's practice of medicine, regardless of specialty choice.

E) Family Medicine Clinical Didactic Sessions

Because the Family Medicine field is so broad and this clerkship is only a few weeks long, we have established a way to present the “greatest hits” of Family Medicine during your scheduled time with us. We will have a variety of physicians presenting on a number of topics that will help accelerate student's learning experience. There will be set days during your clerkship that students will be expected to attend virtually to receive credit.

F) NBME Practice Vouchers (Screenshot Dates or Email Back)

Students will receive two (2) vouchers for the NBME Practice tests. These are optional for competition. However, because we do pay for each of these vouchers we need a record of when

they were completed. Please send the date of completion to the Overall Clerkship Coordinator. The Overall Clerkship Coordinator will make a note of this in their records.

G) Mid-Rotation Feedback Evaluation (O2)

The Mid-Clerkship Feedback is there to ensure that you were presented the opportunity to receive and provide feedback during your clerkship. This is usually conducted by the Clerkship Director near the middle of your clerkship.

H) Course Evaluation (O2)

Evaluate your experience during the clerkship. This process is anonymous and helps us improve the clerkship annually. This feedback from students informs the Overall Clerkship Coordinator about student concerns so that the clerkship can improve from year to year. We appreciate your honest input, but expect your statements to be made in a professional manner.

I) Duty Hours Compliance Evaluation (O2)

The Duty Hour Evaluation asks if you ever exceeded the limit number of hours worked while on duty for this clerkship. Due to the way this clerkship is structured, you should never exceed the duty hour limit, but we have to ask you anyway.

J) LEP Survey Evaluation (O2)

The LEP Survey helps you evaluate the professionalism of the faculty and staff towards students and patients. This evaluation is crucial to ensure a safe, fair, and professional environment.

K) NAO Evaluation (O2)

The NAO Core Outcomes survey is to evaluate your intent to practice in rural, primary care, and/or medically underserved communities.

L) Faculty/Resident Evaluations (O2)

Evaluate your experience with the individual faculty and other physicians you worked with. The purpose of this evaluation is to help gather information in order to evaluate the effectiveness of our clinical preceptors. If this information results in reporting, all evaluations will be submitted anonymously.

M) Check out with your site Coordinator

Some sites have specific instructions before you leave the site. Please ensure that you return any rented materials or keys to the coordinator before leaving the site.

These assignments constitute 15% of the final grade for the clerkship.

NBME Distribution of Question Topics

| System | |
|---------------|--|
|---------------|--|

| | | |
|-----------------------|--|---------|
| | 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% |

http://www.nbme.org/Schools/Subject-Exams/Subjects/clinicalsci_family-modular.html

National Norms

With your NBME score you will also get a National Academic Year Norm, “National Norm” for short.

The table provides norms to aid in the interpretation of examinee performance.

These norms reflect the performance of examinees from LCME-accredited medical schools who took a form of this examination as an end-of-course or end-of-clerkship examination

The percentile ranks for each quarter are defined using the school reported start date of each rotation.

To use the table, locate your score in the column labeled “Equated Percent Correct Score” and note the entry in the adjacent column labeled “Percentile Ranks” for the designated quarter. We will always use Quarter 1. This number indicates the percentage of examinees that scored at or below your equated percent correct score.

NATIONAL NORMS

RAW SCORE FROM NBME RESULTS
=
“EQUATED PERCENT CORRECT SCORE”

MATCH YOUR RAW SCORE TO YOUR PERCENTILE RANK

| Equated Percent Correct Score | Academic Year (n=2,995) | Percentile Ranks | | | |
|-------------------------------|-------------------------|-------------------|-------------------|-------------------|-------------------|
| | | Quarter 1 (n=650) | Quarter 2 (n=592) | Quarter 3 (n=602) | Quarter 4 (n=651) |
| 100 | 100 | 100 | 100 | 100 | 100 |
| 99 | 100 | 100 | 100 | 100 | 100 |
| 98 | 100 | 100 | 100 | 100 | 100 |
| 97 | 100 | 100 | 100 | 100 | 100 |
| 96 | 100 | 100 | 100 | 100 | 100 |
| 95 | 100 | 100 | 100 | 100 | 100 |
| 94 | 100 | 100 | 100 | 100 | 100 |
| 93 | 100 | 100 | 100 | 100 | 99 |
| 92 | 100 | 100 | 100 | 100 | 99 |
| 91 | 99 | 100 | 99 | 99 | 98 |
| 90 | 98 | 99 | 99 | 99 | 97 |
| 89 | 97 | 98 | 98 | 98 | 97 |
| 88 | 96 | 97 | 97 | 97 | 94 |
| 87 | 94 | 97 | 96 | 93 | 92 |
| 86 | 92 | 95 | 94 | 90 | 89 |
| 85 | 90 | 93 | 91 | 88 | 88 |
| 84 | 86 | 90 | 87 | 87 | 83 |
| 83 | 83 | 88 | 88 | 87 | 78 |
| 82 | 78 | 85 | 83 | 76 | 72 |
| 81 | 73 | 81 | 71 | 71 | 66 |
| 80 | 70 | 79 | 68 | 61 | 61 |
| 79 | 64 | 74 | 66 | 62 | 57 |
| 78 | 58 | 70 | 61 | 55 | 49 |
| 77 | 52 | 66 | 57 | 48 | 41 |
| 76 | 48 | 61 | 51 | 46 | 37 |
| 75 | 42 | 56 | 46 | 41 | 32 |
| 74 | 38 | 51 | 41 | 36 | 29 |
| 73 | 35 | 47 | 37 | 32 | 26 |
| 72 | 29 | 36 | 29 | 27 | 21 |
| 71 | 26 | 35 | 26 | 18 | 18 |
| 70 | 22 | 29 | 21 | 22 | 16 |
| 69 | 17 | 24 | 18 | 16 | 12 |
| 68 | 15 | 23 | 15 | 14 | 11 |
| 67 | 13 | 19 | 13 | 11 | 9 |
| 66 | 10 | 16 | 10 | 8 | 6 |
| 65 | 8 | 12 | 8 | 7 | 5 |
| 64 | 7 | 11 | 6 | 5 | 4 |
| 63 | 6 | 9 | 6 | 5 | 3 |
| 62 | 5 | 7 | 5 | 4 | 2 |
| 61 | 4 | 5 | 4 | 3 | 2 |
| 60 | 3 | 3 | 3 | 2 | 2 |
| 59 | 2 | 2 | 2 | 2 | 1 |
| 58 | 1 | 2 | 2 | 1 | 1 |
| 57 | 1 | 2 | 1 | 1 | 1 |
| 56 | 1 | 0 | 1 | 1 | 0 |
| 55 | 1 | 0 | 1 | 0 | 0 |
| 54 or below | 0 | 0 | 1 | 0 | 0 |

FIND THE MATCHING PERCENTILE COLUMN
=
QUARTER 1

WE ONLY GRADE AGAINST QUARTER 1

*PLEASE NOTE THIS IS JUST A SAMPLE AND NOT AN ACCURATE REPRESENTATION OF YOUR GRADE.

Clinical Performance Evaluation Form in O2

-Sample Evaluation:

1. Do you have any conflict of interest in evaluating this student, such as having previously treated the student as a patient or having a family or financial relationship with the student?

[Control] Yes [Control] No

Patient Care

2. **Effective history-taking**

- Identifies patient concerns
- Gathers pertinent details
- Organizes information coherently

[Control]

3. **Physical exam skills**

- Examines relevant organ systems in a focused and efficient manner
- Uses correct exam technique
- Recognizes abnormal findings without prompting

[Control]

4. **Differential diagnosis/assessment**

- Generates an appropriate differential diagnosis based on history, exam findings, and pre-existing results
- Recognizes most likely diagnosis(-es)
- Includes relevant “do not miss” or life-threatening conditions

[Control]

5. Diagnostic/treatment plan

- Understands proper use of relevant diagnostic modalities
- Recognizes immediate treatment(s) needed for serious conditions
- Prioritizes multiple conditions requiring treatment

[Control]

6. Documentation of clinical encounter

- Creates documentation that is accurate, focused, and complete with pertinent history, exam findings, and plan

[Control]

7. Contribution to continued patient care

- Follows up on ordered test results and reassesses patient for changes.
- Appropriately alerts team to abnormal findings
- Comfortably follows multiple patients

[Control]

Medical Knowledge

8. Fund and application of knowledge

- Demonstrates appropriate knowledge of diseases and pathophysiology
- Applies knowledge of diseases in appropriate clinical context
- Uses pathophysiology to suggest diagnostic/treatment plan

[Control]

Professionalism

9. Accountability

- Punctual, reliable attendance
- Completes assigned tasks in a timely manner, dependable

[Control]

10. Initiative

- Actively seeks out duties
- Generously contributes to team; takes on additional duties or devotes extended time to help team

[Control]

11. Response to feedback

- Seeks out feedback
- Takes responsibility to overcome weaknesses

[Control]

12. Respect for persons

- Demonstrates compassion for patients of all genders, faiths, and creeds
- Exhibits sensitivity to culture, age, sexual orientation/gender, and/or disability
- Strives for balanced, ethical patient interactions, regardless of personal beliefs

[Control]

Interpersonal and Communication Skills

13. Interactions with medical team

- Professional and respectful, but confident and personable
- Integrates into team and workflow
- Respects contributions of all team members, regardless of rank or profession
- Communicates critical information in a timely manner

[Control]

14. Interactions with patients/families

- Recognizes emotional cues and body language effectively; sensitive to hidden patient concerns
- Uses plain language with attention to patients’ demonstrated medical literacy
- Seeks opportunities to educate patients/families about current condition(s), instructions for home, and ongoing health maintenance

[Control]

Population Health and Systems-Based Care

15. Awareness of outside factors impacting health

- Understands impact of socioeconomic, nutritional, behavioral, and population/societal factors on patients’ current condition and overall health
- Appreciates and seeks to educate patients on importance of preventative care
- Recognizes the concern of health care costs for individual patients and for the medical system as a whole; acts to reduce costs where possible

[Control]

16. General Comments (Use complete, grammatically correct sentences. These comments WILL BE USED in the students' Dean's Letters):

[Control]

Answer options for #2 - #15:

- Select -

- Select -
- Not Observed
- Critically deficient, requires remediation
- Significant deficiencies, but demonstrates potential to improve
- Capable, but inconsistent and requires significant direction
- Consistently meets expectations, but still needs occasional prompting
- Often exceeds expectations, requires little direction
- Performs at the level of an intern; only a handful of students at this level per year

Grading Scale

The Department of Family Medicine will issue the grade “A”, “B”, or “C”, as defined in the UAMS College of Medicine’s grading policy. Under highly unusual circumstances, the department may issue the grade of “I” when work is incomplete at the end of the clerkship or academic year. If assignments are not completed in a timely manner, it may result in a grade of “F”.

The final grade for the clerkship will be calculated from the following components:

| | | |
|----|----------------------------------|-----|
| A) | Clinical Performance Evaluations | 55% |
| B) | NBME Subject Exam | 30% |
| C) | All other assignments completed | 15% |

All Assignments:

- REQUIREMENT CHECKLIST – “PATIENT LOG” (O2)
- PHILOSOPHY OF FAMILY MEDICINE PARTICIPATION
- FAMILY MEDICINE CLINICAL DIDACTIC SESSIONS
- NBME PRACTICE VOUCHERS (SCREENSHOT OR EMAIL BACK)
- SUBMIT EVALUATOR LIST TO SITE CORDINATOR (END OF CLERKSHIP)
- FINAL-NBME (SECURE BROWSER) VIA ZOOM
- MID-ROTATION FEEDBACK EVALUATION (O2)
- DUTY HOURS COMPLIANCE EVALUATION (O2)
- LEP SURVEY EVALUATION (O2)
- NAO EVALUATION (O2)
- FACULTY/RESIDENT EVALUATIONS (O2)

Example below:

(This example is from 2021, the numbers may not be an accurate representative of your grade)

After a successful clerkship, student Alex receives 92.36 out of 100 on their clinical performance evaluations; an equated percent correct score of 72 (Raw Score) on their NBME final subject exam (39 percentile rank for the national norm – Quarter 1 column); and a 15 out of a possible 15 points for completing all of their assignments.

Their grade is calculated as follows:

Clinical Performance: $92.36 \times 0.55 = 50.80$ points

NBME national percentile: 39% $39.00 \times 0.30 = 11.70$ points

All assignments complete: $15/15 = 100\%$ $100 \times 0.15 = 15.00$ points

Total Points: $52.25 + 11.70 + 15.00 = 77.50$ points.

Because we ultimately round the decimal point, Alex receives an A for the course!

78-100 = A

60-77 = B

59-50 = C

Clinical training is an essential part of medical education and represents a critical phase of the medical student experience. Given this, any absence from clinical duties (ACD) is considered a serious matter. Clerkship directors understand that circumstances will sometimes require a student to be absent from clinical duties. The following are responsibilities and general guidelines for a medical student considering an ACD:

Absence from Clinical Duties (ACD):

This is an absence that occurs during scheduled duty hours, and does not occur during mandatory time off or on additional scheduled days off from clinical service. An ACD will decrease the total amount of time that a student is able to invest in clinical service activities. A student who has an ACD may be required to make up the time absent, depending on what activities were missed.

Student Responsibilities:

1. Students should attempt to schedule non-clerkship related activities outside of normal duty hours for that clerkship (e.g., late afternoons/evenings and weekends or scheduled time off).
2. Students must communicate all requests with advance notice (as soon as the need is known to the student) to the clerkship director, clerkship coordinator, and the attending/resident on the team they are assigned.
3. Students who are ACD are required to collect any didactic materials/notes from lectures that they may have missed during their time away.

Guidelines:

1. Advance communication with the clerkship director and clerkship coordinator is required for any requested activity that could result in an ACD. These types of activities include:
 - Doctor/healthcare Appointments
 - Meetings or conferences at which the student is presenting (poster or podium)
 - Residency interviews
 - Religious observances
 - Sitting for a USMLE exam
 - Unusual and extenuating circumstances at the discretion of the course/clerkship director
2. Any planned absence from a mandatory activity must be approved at least ONE WEEK IN ADVANCE (before the planned absence) by the clerkship director. If the absence is required during the first week of the clerkship, the student must contact that clerkship director one week before the start of the clerkship, if not earlier. Planned absences that may qualify as excused include attending a conference, attending interviews and taking USMLE Exams. Beyond these, it is up to the clerkship director to qualify anything other planned absence as excused.
3. With advance notice, the clerkship directors will work with the student to avoid an ACD. This may include arranging rotations or shifts to accommodate the request or helping the student select the best days/times to attend their activity and limit time away from clinical duties. If accommodations can be made to align the student's scheduled time off with their activity, the absence will not be considered an ACD. However, clerkship directors may not always be able to accommodate these requests. In this case, if the clerkship director permits the student to attend the activity, this will result in an ACD.

4. Emergency requests for ACD such as student illness, personal injury, or injury/illness/death of a family member should be communicated as soon as possible to the attending/resident on the assigned team and the clerkship director and clerkship coordinator.
5. In cases of ACD without prior communication with the clerkship director, a negative non-cognitive evaluation may be filed by the clerkship director. This includes an unauthorized extension of a previously authorized ACD.

Further information about common reasons for missing required educational events:

Excused Absences for Personal Medical Care:

Medical students are strongly encouraged to maintain their own physical and mental health and well-being. Whenever possible, students should schedule non-emergent healthcare appointments during times that do not conflict with classroom and clinical activities. In the event an appointment must be scheduled during a required educational activity, students must request permission to be excused from the course/clerkship director and the request will be granted.

Religious Observances:

The UAMS College of Medicine recognizes and respects the importance of individual religious beliefs and practices. While the college calendar includes only religious observances recognized as U.S. federal holidays, the school seeks to accommodate student religious needs reasonably and within the requirements of the academic schedule. There shall be no adverse or prejudicial effect resulting to any student requesting excused absences for religious observances. Students assigned to patient care educational activities may request assignments that allow the student to meet their religious needs; on occasion, students may be asked to attend patient care activities that cannot be reasonably re-scheduled, such as on-call time with a care team. Required academic work missed as part of an excused absence must be made up to the satisfaction of the supervising faculty member.

Residency Interviews:

During clinical clerkships, students MAY be granted excused absences for residency interview at the discretion of the clerkship director. This may vary on rotations that schedule shift clinical duties (e.g., Emergency Medicine). If a student must be absent from a clerkship due to a residency interview, the student must forward electronic documentation of the interview invitation and date to the clerkship director for approval. Approval should be sought prior to making travel arrangements.

Repeat NBME:

If a student fails an NBME (fails pre & final), the following should occur:

The Clerkship Director and student will meet to attempt determine the reason. The student will be referred to Student Resource Center as applicable. An "I" will be entered in the gradebook and the NBME will be schedule for the next appropriate pre-determined date. Please contact the Overall Clerkship Coordinator for the upcoming dates available. Please see full policy in the student handbook.

Student Responsibilities

The UAMS College of Medicine has established a set of skills that each student is expected to master before graduation.

Some of these skills include; demonstrating a firm understanding of medical knowledge and how to apply that knowledge, providing compassionate, appropriate, and effective patient care, as well as, demonstrating professionalism, respect, and integrity.

While on the Family Medicine Clerkship, you will also be responsible for a few additional, but important things in order to obtain an exceptional clerkship experience.

We ask that you strive to always:

Be Present! Be Inquisitive! Be Prepared!

You will also be expected to:

Participate in patient care at the assigned clinical facilities.

Develop a knowledge base and understanding of problems common to Family Medicine through exposure to these problems in clinical care.

Complete all didactic assignments within the assigned time frame.

Attend Family Medicine conferences, seminars, and other educational activities. Follow the College of Medicine Attendance Policies.

Complete all student evaluation forms.

Faculty Responsibilities

1. Communicate with students about the clerkship program and be available when questions or problems arise concerning course content or curriculum.
2. Meet with students periodically to discuss the strengths and weaknesses of the clerkship to date and to ensure that students have a meaningful learning experience.
3. Provide timely submission of written evaluations to the Dean's office. Final grades will be assigned at the end of each rotation.

Dress Code

The College of Medicine believes it is enough to point out that students are in a professional school to become physicians, and the need for appropriate dress and appearance should be self-evident.

Patients expect professional attire to be worn by physicians AND medical students.

While you are on your Family Medicine Clerkship, you are a representative of the facility you are working in, but to a greater degree, you are a representative of the entire University of Arkansas for Medical Sciences.

You are expected to follow the dress code:

You are expected to dress in business casual, unless directly told by your site coordinator or site director otherwise. Revealing clothing, jeans, t-shirts, open-toe shoes or open-heel shoes are not permitted during your clerkship. ALWAYS wear your white coat, again, unless strictly told not to by your site coordinator or site director. Remember, every day is an interview for you, so we ask that you dress like it.

DRESS CODE

ALWAYS WEAR YOUR WHITE COAT
EVERYDAY IS AN INTERVIEW

ARRIVE DRESSED IN BUSINESS CASUAL
UNLESS SPECIFICALLY TOLD OTHERWISE

Business Casual (Women)

DO

- Wear nice pants or trousers or fitted skirts
- Flats or heels are appropriate
- Nice blouses or blouses
- Dress shoes (closed toe, closed toe)

DON'T

- Wear jeans
- Wear clothing or revealing clothing
- Wear t-shirts

Business Casual (Men)

DO

- Wear a collared shirt
- Make sure your clothes are wrinkle free
- Nice trousers or khakis
- Dress shoes (closed toe, closed toe)

DON'T

- Wear jeans
- Wear clothing that is too tight or loose
- Have an open buttoned shirt
- Wear sneakers or boots
- Wear t-shirts

Need Help? Call Us! We care about you!

If you find yourself feeling sad or anxious, maybe you are finding it hard to concentrate, or even just experiencing difficulties coping with the stressors of the clerkship, please reach out to us. We want you to get the best experience out of this clerkship, so if you think that something is hindering you, please let us know.

If something is troubling you, you are always welcome to talk to one of us privately if you wish. However, we want to remind you that the Student Wellness Center is always available to you too.

We are a family and we want to help take care of you just like family.

So if you find yourself needing help.. call us.. we care about you!

College of Medicine Policies

Policy statements are contained in the College of Medicine Student Handbook for the following topics and others. The handbook can be found under student links on the COM website:

<https://medicine.uams.edu/students/links/>

MEDICAL EDUCATION COMPETENCIES AND ASSOCIATED MEDICAL EDUCATION PROGRAM OBJECTIVES

The UAMS College of Medicine has established a set of competencies that the faculty believes are essential for graduates of the College to master before graduation. Each of the competencies, along with the listed knowledge, skills, and attitudes (Medical Education Program Objectives), comprise outcomes required of each student before graduation.

These competencies, which are consistent with those established nationwide for graduate medical education, guide the development of objectives for attaining the stated competencies along with assessment methodologies to ensure that the competencies are being achieved by our courses and clerkships. These competencies not only assess student knowledge, skills and attitudes, but they also offer forms of remediation should students fail to achieve a required course/clerkship objective. The eight competencies address the key elements of becoming a physician and set the stage for our students to transition into their graduate medical education programs. To this end, the University of Arkansas for Medical Sciences College of Medicine Curriculum Committee established the medical student competencies listed below.

UNDERGRADUATE MEDICAL EDUCATION COMPETENCIES

- Patient Care
- Knowledge for Practice
- Practice Based Learning and Improvement
- Interpersonal and Communication Skills
- Professionalism
- Systems-based Practice
- Interprofessional Collaboration
- Personal and Professional Development

Medical Education Program Objectives

1. Patient Care (PC)

Competent graduates will know how to provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- 1.1 Perform all medical, diagnostic, and surgical procedures considered essential for advancement to graduate medical education
- 1.2 Gather essential and accurate information about patients and their conditions through comprehensive history-taking, physical examination, and the use of laboratory data, imaging, and other tests
- 1.3 Describe and participate in care that is safe, effective, and efficient
- 1.4 Interpret laboratory data, imaging studies, and other tests considered essential for advancement to graduate medical education
- 1.5 Make informed decisions about diagnosis and therapy based on patient information and preferences, use up-to-date scientific evidence, and clinical judgment to develop and carry out patient management plans
- 1.6 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision making

- 1.7 Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health

2. Knowledge for Practice (**KP**)

Competent graduates will demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care.

- 2.1 Apply established and emerging bio-medical scientific principles fundamental to health care for patients and populations Apply established and emerging bio-medical scientific principles fundamental to health care for patients and populations
- 2.2 Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
- 2.3 Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
- 2.4 Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial and cultural influences on health, disease, care-seeking, care adherence and barriers to and attitudes toward care

3. Practice-based Learning and Improvement (**PBLI**)

Competent graduates will demonstrate the ability to investigate and evaluate one's care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.

- 3.1 Identify strengths, deficiencies, and limits in one's knowledge and expertise; be able to set learning and improvement goals
- 3.2 Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
- 3.3 Use information technology effectively to manage information and support their own education

4. Interpersonal and Communication Skills (**ICS**)

Competent graduates will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

- 4.1 Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds and in sensitive and difficult communication situations
- 4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health-related agencies
- 4.3 Document patient encounters in a comprehensive, timely, and logical manner.

5. Professionalism (**P**)

The competent graduate will demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

- 5.1 Demonstrate compassion, integrity, accountability to patients, respect for patient privacy and autonomy, and respect for others
- 5.2 Demonstrate responsiveness to patient needs that supersedes self-interest
- 5.3 Demonstrate sensitivity and responsiveness to a diverse patient and healthcare team population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
- 5.4 Demonstrate a commitment to ethical principles in clinical practice, including but not limited to pertaining to provision or withholding of care, confidentiality, ethical business practices, and informed consent

6. Systems-based Practice (**SBP**)

The competent graduate will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

- 6.1 Describe/demonstrate primary concepts of quality and safety in patient care
- 6.2 Participate in identifying system errors and implementing potential systems solutions
- 6.3 Describe the main elements of practice management and business principles, including cost awareness, as it applies to medicine

7. Interprofessional Collaboration (**IPC**)

The competent graduate will demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.

- 7.1 Describe and demonstrate ability to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust on a healthcare team
- 7.2 Use the knowledge of one's own role and the roles of other health professionals to appropriately assess and address the health care needs of the patients and populations served
- 7.3 Describe and demonstrate interprofessional teamwork concepts to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable

8. Personal and Professional Development (**PPD**)

The competent graduate will demonstrate the qualities required to sustain lifelong personal and professional growth.

- 8.1 Demonstrate ability to develop and maintain personal wellness, including physical and emotional health
- 8.2 Demonstrate healthy coping mechanisms to respond to stress and prevent burnout
- 8.3 Demonstrate appropriate strategies for dealing with uncertainty and ambiguity