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: 2026-2027

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Faculty and Coordinator

Course Faculty	Office	Office Hours for Course Director(s)	Telephone & e-mail
Rajalakshmi Cheerla, M.D. **Overall Course Director**	Little Rock	By appointment	501-686-6564 RCheerla@uams.edu
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Education Coordinator	Office		Telephone & email
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Course Overview

Course Goals

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.

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 PBLI 3.3	Student performance evaluation

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

Requirement Checklist

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

Alternate Experiences
Occasionally a student may need to complete an alternate experience in order to fulfill a requirement checklist item. The alternate experience must be approved by the clerkship director, and the student will log the alternate experience on the O2 requirement checklist by choosing "alternate experience" from the Level of Participation dropdown menu. Required comments should include extenuating circumstances, if any (inclement weather, etc.), and a note about who approved the alternate experience: "approved by _____."

Course Format

Lectures

Active learning sessions conducted via zoom where faculty members facilitate and encourage engagement and critical thinking skills in their learners. This includes Philosophy of Family Medicine and Family Medicine Clinical Didactic Sessions.

Philosophies 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 3 concepts that form the basis of a Family Medicine philosophy;
2. Identify at least 3 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.

Clinical Inquiry and Reasoning Family Medicine Case Discussions
Because the Family Medicine field is so broad and this clerkship is only a few weeks long, we will be presenting the "greatest hits" of Family Medicine through weekly active learning sessions on high yield topics facilitated by the clerkship director encourage student engagement and critical thinking skills. There will be set half days during your clerkship that students will be

expected to attend virtually to receive credit. The active learning sessions will include new and high yield UWorld questions to help shelf exam preparation.

Pre-Recorded Lectures
Throughout the course, core clinical didactic content will be delivered through concise, faculty-recorded, case-based lectures. Sessions will focus on common and high-yield Family Medicine presentations, emphasizing clinical evaluation, diagnosis, first-line management, and identification of key red flags requiring escalation of care or referral.

Clinics
Students see patients in an ambulatory setting under direct faculty supervision. All regional sites, including the Northwest Campus (Fayetteville/Springdale), follow the same clinical schedule format. Each clinic day is divided into two half-day sessions: AM clinic from 8:00 AM–12:00 PM and PM clinic from 1:00 PM–5:00 PM. Students are assigned to work with an attending physician and/or resident during each clinic half-day session.
Students are not required to report to clinic during scheduled live lecture didactic sessions. Throughout the rotation, students are allotted a total of five (5) study half-days, which includes one full study day provided on the day prior to the Final NBME examination.

Required/Recommended Materials

Books and Online Resources

These are high yield family medicine articles to use as references while doing practice questions and for in depth understanding of patient presentations.

Name of Resource	Publisher, ISBN, url	Authors	Edition	Required/ Recommended
USPSTF A-Z Topic Guide	http://www.uspreventiveservicestaskforce.org/uspstopics.htm			Required
Case Files: Family Medicine	Check out with Coordinator			Recommended
AAFP Website	http://www.aafp.org/home.html			Recommended
Sketchy Ddx				Recommended
UWorld – Family Medicine				Recommended
Bates' Physical Diagnosis	Check out with Coordinator			Recommended
Amboss				Recommended

Other Items for the Course – Point of Care References

- Phone Apps
    - USPSTF – ePSS (free)
    - AAFP, AAFP by topic, AAFP Audio
    - Prescriptions Drugs – GoodRX (free)
    - Cardiology – ascvd risk estimator (free)
    - Open Evidence (free)

Examinations and Other Graded Activities

A) Patient Care Evaluation

The Patient Care Evaluation rubric will be completed by clinical faculty and/or residents who have had sufficient direct observation of the student in the clinical setting. This rubric evaluates student performance across key domains of patient care, including History Taking/Subjective skills, Physical Examination/Objective skills, Assessment and Clinical Reasoning, Diagnostic Workup, Treatment Planning, and overall Value Added to the clinical team. Each domain is assessed using anchored performance levels ranging from "Does Not Meet Expectations" (DNM), "Meets Expectations" (M), to "Exceeds Expectations" (E), with descriptive criteria provided for each level to ensure consistency in evaluation. Final patient care scores will be based on aggregated rubric ratings from supervising evaluators and reflect the student's overall clinical competence, reasoning ability, and contribution to patient care within the clinical team.

B) Professionalism/Communication 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 attendings and residents.

C) NBME Subject Exams – 70% Medical Knowledge

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 2 attempts will receive a failing grade for the clerkship and be required to repeat the course.

D) UWorld Quizzes – 30% Medical Knowledge

Students are required to complete one 10-question UWorld quiz during each of the first three weeks of the rotation. Each quiz is worth 5 points, for a total of 15 points.

E) 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 clinic. Include age, reason for coming to the clinic, 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

F) Didactics Attendance

Attendance at didactic sessions is a graded component of the course. All didactic sessions are held virtually via Zoom. If a student is unable to attend a scheduled didactic session due to an approved absence, an alternate assignment may be provided in lieu of attendance. It is the student's responsibility to complete any assigned alternate activity by the specified deadline. Successful completion of the alternate assignment will be counted as attendance for that session. This policy applies to both live virtual didactic sessions, including *Philosophies of Family Medicine* and *Intensive Review Sessions*.

G) NBME Practice Vouchers (Screenshot Score)

Students will receive two (2) vouchers for the NBME Practice tests for which they are are responsible for completing. Additionally, because we do pay for each of these vouchers we need a record of when they were completed. The first practice exam should be completed at the end of the first week, and the second by the end of the third week. Please send a screenshot of your

score and the date of completion to the Overall Clerkship Coordinator. The Overall Clerkship Coordinator will make a note of this in their records and record your score on the mid-clerkship feedback form.

H) Mid-Clerkship Feedback Evaluation (O2)

A mid-clerkship feedback report will be provided to the student by approximately the midpoint of each required clerkship. This mid-clerkship review should include review of student performance to date on the clerkship—including any available quiz scores or completed performance evaluations. In addition, the mid-clerkship feedback report should include a review of the student's requirement checklist to ensure that the student is on track to meet all required diagnoses and procedures for that clerkship. If deficiencies are found, a plan will be developed with the student to ensure all requirements are met by the end of the clerkship. A one-on-one meeting with the clerkship director to review the mid-clerkship feedback report can be scheduled at the student's request or the clerkship director's discretion. Students must have access to clerkship directors (or their faculty designees) throughout the clerkship to solicit additional feedback regarding their performance.

I) 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.

J) 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.

K) 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.

L) NAO Evaluation (O2)

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

M) 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.

N) 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.

NBME Distribution of Question Topics

Core + Chronic Care + MSK

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%

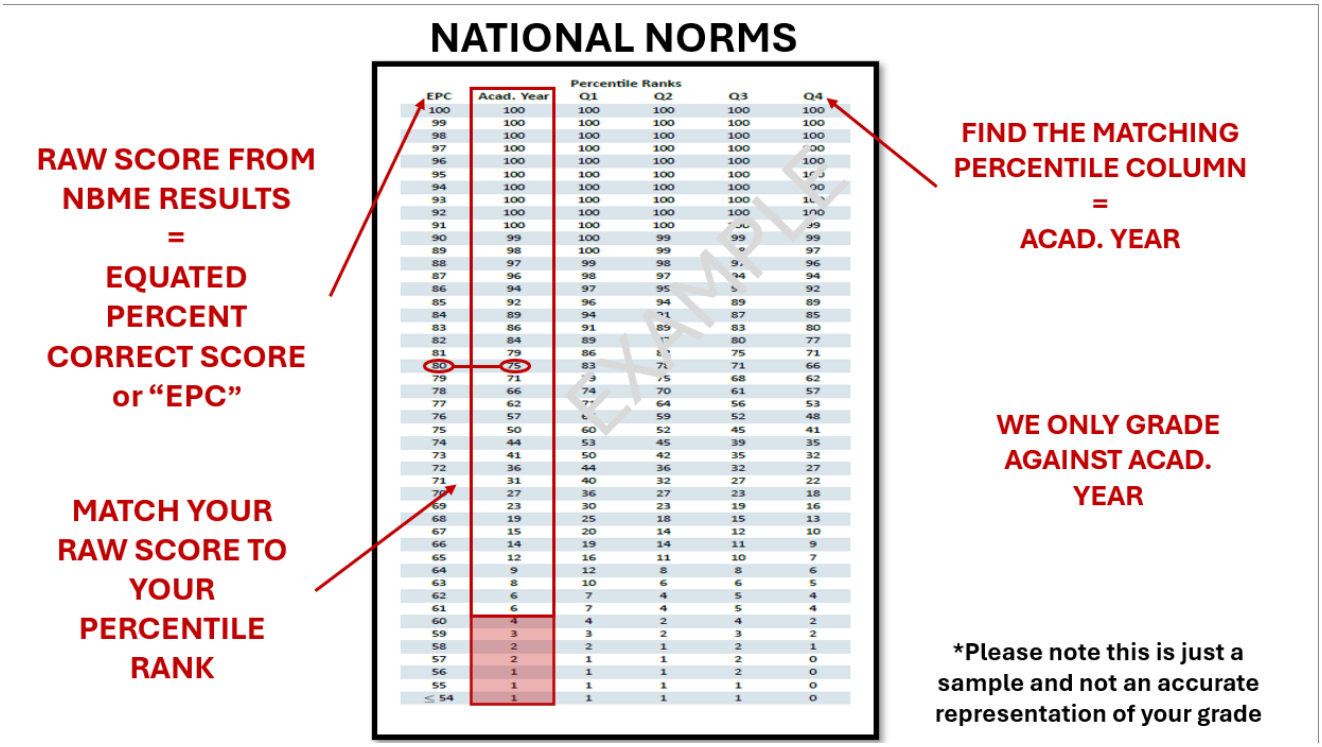
	Communication and interpersonal skills	
	Medical ethics and jurisprudence	
	Systems-based practice and patient safety	
Physician Task		
	Health Maintenance, Prevention & Surveillance	20%–25%
	Diagnosis, including Foundational Science Concepts	40%–50%
	Pharmacotherapy, Intervention & Management	25%–30%
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 the academic year column. This number indicates the percentage of examinees that scored at or below your equated percent correct score.



Professionalism/Communication Evaluation Form in O2

-Sample Evaluation:

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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? Yes, No

Interpersonal and Communication Skills

2. **Written documentation of clinical encounter**

• DNM: Written documentation is frequently unclear, disorganized, incomplete.
• M: Written notes regularly communicate essential material in an organized coherent way.
• E: Written notes are consistently coherent, concise, and sophisticated. Imparts complete information and thought processes behind decisions.

3. **Oral Presentations**

• DNM: Verbal Presentations frequently lack clarity, organization, thoroughness.
• M: Verbal presentations are most often concise and well organized.
• E: Verbal presentations are consistently concise, well-organized, and sophisticated. Conveys though processed behind decisions.

4. **Interactions with medical team**

• DNM: Shows disrespect for team members or fails to communicate critical information in a timely fashion.
• M: Demonstrates effective communication with physicians and non-physician members of the healthcare team in a timely, professional, and respectful way.
• E: Consistently models superior communication within the team, respecting the contribution of all team members regardless of role. Integrates seamlessly into the team and contributes to the higher functioning of the team.

5. **Interactions with patients/families**

• DNM: Shows difficulty establishing rapport, relating empathically, and communicating effectively.
• M: Demonstrates empathy, builds rapport, communicates effectively.
• E: Consistently models superior communication skills and engenders trust with patient/family. Patient/family identifies this student as a primary part of their healthcare team.

Professionalism

6. **Accountability**

• DNM: Does not show up on time, is not prepared for duty/daily tasks.
• M: Punctual, reliable attendance. Completes assigned tasks.
• E: Consistently punctual and reliable. Consistently seeks out and accepts added responsibility.

7. **Integrity**

• DNM: Actis dishonestly or unethically.
• M: Acts honestly and ethically in compliance with honor code, policies.
• E: Consistently punctual and reliable. Consistently seeks out and accepts added responsibility.

8. **Respect for persons**

• DNM: Exhibits bias against certain subsets of patients. Insensitive to a patient's culture, age, sexual orientation, gender and/or abilities.
• M: Demonstrates compassion for patients of all cultures, ages, sexual orientations, genders and/or abilities. Strives for balanced, ethical patient interactions, regardless of personal beliefs.
• E: Exhibits awareness of how provider biases and a patient's identity impact their healthcare. Strives to overcome biases and advocate for patient needs.

Systems-based Practice

9. **Awareness of outside factors impacting health**

• DNM: Not aware of how social determinants of health, cost, and resource allocations affect care.
• M: Demonstrates awareness of how social determinants of health, cost, and resource allocations affect care.

• E: Works towards solutions for individual patients to reduce the impact of social determinants of health, cost, and resource allocation on their care.

Practice-based Learning and Improvement

10. **Seeks, uses, responds well to feedback**

• DNM: Does not seek out feedback and/or responds defensively and does not change behavior with any given feedback.
• M: Responds appropriately to feedback when given.
• E: Consistently seeks out feedback and responds appropriately to feedback given.

11. **Identifies deficiencies and limits and actively seeks new knowledge**

• DNM: Does not recognize deficiencies or seek out new knowledge/skills on their own and does not follow-through on prompts to do this by supervisors.
• M: With reflective prompting, student is able to identify deficiencies and seek out additional knowledge.
• E: Student self-identifies deficiencies and limits and seeks out additional knowledge/skills. Student is able to integrate new knowledge and skill into patient care.

12. Required Comments for MSPE **(Use complete, grammatically correct sentences. These comments WILL BE USED in the students' Dean's Letters):**

Grading Scale

Individual grades for required clerkships are reported for the permanent academic record as Honors, Pass, or Fail. Numerical scores are used only to determine the grade and for class rank.

To receive a grade of **Honors** – a student must meet honors criteria in 2 of the 3 categories below. A student will not receive a grade of Honors if they receive a failing grade in any category. For example, a student cannot receive Honors if they receive honors in the medical knowledge and patient care categories but fail the professionalism category. A student will also not receive honors if they fail the NBME on the first attempt by scoring less than the 5th percentile.

To receive a grade of **Fail** – Failing any one category below results in a failure overall of the clerkship.

Medical Knowledge	Professionalism/Communication	Patient Care
70% NBME/30% Quizzes, Requirement Checklist, and Practice Exams 5%- per quiz (3) 5%- per practice exam (2) 5%- Requirement Checklist	New evaluation form	Observed Patient Care Rubric
Honors– ≥75th percentile on NBME 80-100	Honors – 86% or above (Average of 30% Exceeds Expectations)	Honors – 86% or above (Average of 30% Exceeds Expectations)
Pass – 63-79	Pass – 66% to 85%	Pass – 66% to 85%
Fail - <5th percentile on NBME 0-62	Fail – 65% or below (Average of 50% Does Not Meet Expectations)	Fail – 65% or below (Average of 50% Does Not Meet Expectations)

Example:

Student John Doe makes an 76% on his Family Medicine NBME. His eval score is an 85%. His patient care rubric score is a 95%

Grade breakdown –

Medical knowledge:	Professionalism:	Patient Care
30/30 x 0.3 = 0.3		
76 x 0.7 = 53.2		
Total = 83.2	85%	95%
No honors b/c 75% on NBME = 80	Pass	Honors

John gets a pass for FM (2 P, 1 H); his overall score for class rank is (83.2 + 85 + 95)/3 = 87.7

*For more details about NBME re-takes, see Policy 4.1.3 NBME Make-Up and Re-Take on the UAMS COM UME Policies page. https://medicine.uams.edu/students/links/ume-policies/

Study spaces/spaces to read about patients at clinical sites

All clinical sites have spaces where you can study and/or read about patients. See the list below of spaces identified at each site. If you are unsure how to find these spaces, ask your clerkship director or site director.

Little Rock campus	Clinical site	Study space/space to read about patients
	Baptist North Little Rock - outpatient	Computers in each of the two physician/resident workrooms where the students may review their patients and refer to appropriate electronic media for guidance. Also provide a copy of two shelf-prep books that the students may keep with them during the rotation and return at the end of the rotation. There are also quiet areas with computers in the GME/clinic building and in our clinic where students may sit if they prefer to be outside of the workrooms (precepting "pods").
	UAMS Family Medicine Clinic - Outpatient	Students have badge access to resident lounge and two conference rooms on the 2nd floor of the clinic, away from patients.
	UAMS TOSH	Students at TOSH utilize available workstations for study and patient review.
	UAMS Batesville - Outpatient	Resident workroom away from patients for students to use for study
	UAMS Jonesboro - Outpatient	Students rotating on outpatient have access to the library in the clinic with separate room inside containing a private cubicle. Resident lounge for students who are working in the hospital.
	UAMS Pine Bluff - Outpatient	Study space is available in the pods where the resident/s and student/s sits at. We have several desks with computers that students/residence/s use to complete assignments or to read patients charts.
	UAMS Texarkana - Outpatient	Study space in the classroom which can be used after hours. Other study area includes the library at local university.
	UAMS Fort Smith - Outpatient	Students have access to a designated student office where they may use to participate in their Mon/Fri virtual didactic sessions, complete assignments, or study. The office is located on the second floor of the UAMS Administration Building and is equipped with two computers for student use. Printing is also available as needed; the second floor's printer is located in the GME Coordinator's office.
	Jefferson Regional Medical Center	Students can study in the residency lounge location on the 2nd floor of the JRMC.
	Baptist Health Lonoke Rural	There are desks in the resident workroom where students can study.
	UAMS Crossett - Outpatient	Students have access to the clinic conference room which is always available except during noon didactics. We also have a resident room that is available for them if they prefer.

NW Campus	Clinical Site	Study space/space to read about patients
	UAMS Springdale	Shared workspace for residents and students in the clinic accessible only to clinic staff
	UAMS Fayetteville	Study space area with desks located on the main hallway behind the clinic.
	WRMC	Students rotating at WRMC have badge access to the GME area, which includes locker access and shared workspace suitable for studying and reviewing patient care materials.

Secure storage at clinical sites

All clinical sites have spaces for you to store your belongings in a safe way. Sometimes that is lockers, sometimes it is a space with badge or key access, or sometimes it is simply a designated space for staff and students. If you are unsure how to find these spaces, ask your clerkship director or site director.

Little Rock campus	Clinical site	Study space/space to read about patients
	Baptist North Little Rock - outpatient	Lockers in the breakrooms; students must bring their own locks. Resident work pods, which are not locked but have not been an issue.
	UAMS Family Medicine Clinic - Outpatient	Students can secure belongings in resident workroom, accessible only with pin code; lockers are available for students.
	UAMS TOSH	Students can place belongings at their workstations, accessible only to clinic staff
	UAMS Batesville - Outpatient	Resident workroom with badge access in the Education Building where students may store belongings during clinic hours.
	UAMS Jonesboro - Outpatient	Lockers located in the clinic area near the pods that students can use.
	UAMS Pine Bluff - Outpatient	Students store belongings at the desk in the pods only accessible to clinic staff
	UAMS Texarkana - Outpatient	Students can secure belongings in the provided lockers (in the back where faculty and admin offices are) but must provide their own lock.
	UAMS Fort Smith - Outpatient	Lockers are available for students to secure their belongings in both the clinic and the Student Office (2nd floor of the Admin building). Students must bring their own lock.
	Jefferson Regional Medical Center	In the ED, students have a designated work desk and store their belongings there. In the hospital, residency lounge on 2nd floor, accessible only with a JRMC

		badge, has a countertop desk, which students can store belongings underneath.
	Baptist Health Lonoke Rural	Resident workroom with lockers; students must provide their own lock.
	UAMS Crossett - Outpatient	Students have access to our conference room away from patient access. It's safe for them to leave their things and a perfect spot to study for them. We also have a resident room that is available for them if they prefer.
NW Campus	Clinical Site	Study space/space to read about patients
	UAMS Springdale	2 resident rooms with available lockers (students must provide own lock)
	UAMS Fayetteville	Medical student study room on the clinic hall with lockers (students must provide their own locks). Room is in a secure hallway requiring badge access.
	WRMC	Lockers in the GME area, which requires badge access

Course Policies

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

2. 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.
3. 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.
4. 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.

Retake NBME:

If a student fails the NBME 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.

Personal Days Policy: Each M3 student is allotted three (3) personal days per semester during the clerkship year. These days are intended for planned, non-urgent needs, suck as:

- Conference Travel
- Personal life events
- Scheduled appointments (e.g. dentist, accountant, haircuts)

These days do not replace the Absence from Clinical Duties (ACD) Policy for acute illness or other emergent circumstances.

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.

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.

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 UME Policies page for the following topics and many others: https://medicine.uams.edu/students/links/ume-policies/

2.1.7 Excused Absence Policy
2.1.12 M3 Clerkship Year Personal Days Policy
3.1.3 Progress and Promotions
3.1.13 Enhanced Academic Support for M1 and M2 Students
4.1.12 Inclement Weather Policy

The COM Student Handbook also contains policies and other information to students: https://medicine.uams.edu/students/handbook/

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 group 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 and clinical practice.

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 backgrounds and in sensitive and difficult communication situations, including the ability to counsel patients regarding the accuracy of health information sources.

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 all patients and health care team members, regardless of background.

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, 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 describe the qualities required to sustain lifelong personal and professional growth.

8.1 Describe healthy coping mechanisms to respond to stress and prevent burnout.

8.2 Identify effective strategies to manage uncertainty and ambiguity while developing professional resilience.