

FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—COURSE CHANGE REQUEST¹

UGPC APPROVAL _____
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 CATALOG _____

DEPARTMENT:	COLLEGE: COLLEGE OF MEDICINE
COURSE PREFIX AND NUMBER: BCC 7175	CURRENT COURSE TITLE: FAMILY MEDICINE CLERKSHIP
CHANGE(S) ARE TO BE EFFECTIVE (LIST TERM): SUMMER 2013	TERMINATE COURSE (LIST FINAL ACTIVE TERM):
CHANGE TITLE TO: COMMUNITY AND PREVENTATIVE MEDICINE CLERKSHIP CHANGE PREFIX FROM: _____ TO: _____ CHANGE COURSE NO. FROM: _____ TO: _____ CHANGE CREDITS ² FROM: 6 TO: 14 CHANGE GRADING FROM: _____ TO: _____ CHANGE DESCRIPTION TO: _____	CHANGE PREREQUISITES/MINIMUM GRADES TO*: CHANGE COREQUISITES TO*: CHANGE REGISTRATION CONTROLS TO: *Please list both existing and new pre/corequisites, specify AND or OR, and include minimum passing grade.
Attach syllabus for ANY changes to current course information.	
Should the requested change(s) cause this course to overlap any other FAU courses, please list them here.	Please consult and list departments that might be affected by the change(s) and attach comments. ³

Faculty contact, email and complete phone number:
 Barry Linger, Ed.D., 297-0913, blinger@fau.edu

Approved by: Department Chair: <u><i>Barry Linger</i></u> College Curriculum Chair: <u><i>Andrew P. Adams</i></u> College Dean: <u><i>Scott M. ...</i></u> UGPC Chair: <u><i>Nancy ...</i></u> Graduate College Dean: _____ UFS President: _____ Provost: _____	Date: <u>3/19/13</u> <u>3/19/13</u> <u>3/19/13</u> <u>3/27/13</u> _____ _____	<ol style="list-style-type: none"> 1. Syllabus must be attached; see guidelines for requirements: www.fau.edu/provost/files/course_syllabus.2011.pdf 2. Review Provost Memorandum: Definition of a Credit Hour www.fau.edu/provost/files/Definition_Credit_Hour_Memo_2012.pdf 3. Consent from affected departments (attach if necessary)
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Email this form and syllabus to UGPC@fau.edu one week before the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website prior to the meeting.

FLORIDA ATLANTIC UNIVERSITY
CHARLES E. SCHMIDT COLLEGE OF MEDICINE
COURSE SYLLABUS

GENERAL INFORMATION

Course Number:	BCC 7175
Credit Hours:	14
Prerequisites:	Enrolled in 3 rd Year of MD program
Online:	Blackboard Learning System
Term:	All
Course Title:	Community and Preventative Health Clerkship
Course Director:	Joanna Drowos, D.O., MPH
Office:	BC-55 Room 356
Office Hours:	Tuesday 1:00 – 5:00 p.m.
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COURSE DESCRIPTION

Throughout the entire third year of medical school, within the Community and Preventive Health clerkship, our students will be assigned one-on-one to a primary care provider, either an internist or a family physician in the community. The goal of this longitudinal preceptor experience will be for the student to build his/her own panel of patients. The student will develop a relationship over time with these patients and follow them to different clinical experiences that are part of their medical care. For example, if a student's patient is having a procedure, or going to a subspecialist visit, or has an ER visit, the student will be contacted by the patient and the student will attempt to meet their patient for these important clinical events and transitions of care. Students will inevitably have to juggle their other clinical and educational responsibilities to follow their patients, but most of the time the students will have 2-3 scheduled afternoons each week of "white space" time during their inpatient and outpatient clinical rotations to allow them the flexibility to follow their patients for significant clinical experiences. Students and faculty will also have an "educational hierarchy" list to guide them as to what learning experiences take priority when a conflict occurs. We would like the student to serve as an advocate for their patients within the health care system.

Clinical Experiences:

Preceptor Office Sessions: Each student will be paired with a primary care physician for one half day each week for a total of at least 36 weeks throughout the academic year. See Patient Panels below.

Rural Health Experience: Pairs of students will be assigned to spend a full day at Lakeside Medical Center in Belle Glade, FL. Students will join the hospital's Family Medicine Residents on their Internal

Medicine rotation to participate in the care of hospitalized patients from a rural community. Students will observe the team activities including completion of rounds, handling calls from the floor and admitting patients from the emergency room. Students will join the Family Medicine Residents for their scheduled noon didactic conference. The afternoon will consist of an orientation to the hospital as well as to the local community provided by the hospital communications office.

Patient Panels:

Preceptors will work with students to identify a panel of a minimum of 15 patients reflecting a broad range of core diagnoses in primary care, and obtain each patient's consent to be entered into the patient panel. Students and preceptors will review the list periodically to ensure that the diagnoses of the patients represent not only those designated from the list below, but also common diagnoses seen in the outpatient primary care setting.

When possible, students will see these patients when they come for follow-up visits. At each visit, students will perform the history, physical and problem formulation and present to the preceptor. The preceptor will verify findings and assist the student in planning and implementation of diagnostic evaluation and therapy. If the student cannot be present for a visit of a patient, preceptors will try to update students on interim contacts and students will call patients to "check-in". When possible, students will be involved in significant consultations and admissions of their patients. Students are responsible for following up with records or contacts to be aware of what occurred and any changes in the management plan.

Required Diagnoses of the Panel:

- Coronary Artery Disease
- Diabetes Mellitus
- Cancer (other than skin)
- Arthritis or Chronic Pain
- Depression or Anxiety
- Inflammatory Bowel Disease
- COPD/Asthma
- Heart Failure
- Obesity
- Multiple Chronic Illnesses in the Same Patient

COURSE OBJECTIVES

Clerkship Goals:

Students will demonstrate performance of complete history and physical examinations, adequate knowledge of common diseases, performance of both complete and focused patient work-ups and presentations professional behavior and function effectively as a member of the healthcare team.

- Demonstrate the value of primary care services as an integral part of the healthcare system
- Understand an approach to the evaluation and initial management of acute presentations commonly seen in the outpatient setting, through information gathering, formulating differential diagnoses and proposing diagnostic and treatment plans
- Understand an approach to the evaluation and management of chronic diseases commonly seen in the outpatient setting, including follow-up visits with multiple chronic diseases
- Appreciate the importance and skill of conducting wellness visits for patients of any age and gender through the use of evidence-based health promotion/disease prevention plans
- Model the principles of family medicine care

- Demonstrate competency in advanced elicitation of history, communication, physical examination and critical thinking skills

Clerkship Objectives:

Medical Knowledge and Research Skills

- Demonstrate the core principles of Family Medicine, including the biopsychosocial model, comprehensive care, contextual care, continuity of care and coordination of care or complexity of care
- Differentiate between common etiologies based on the presenting symptom – including: Upper Respiratory Symptoms (including infectious and non-infectious), Shortness of Breath/Wheezing, Joint Pain and Injuries, Pregnancy (Initial Presentation), Abdominal Pain, Common Skin Lesions and Rashes, Abnormal Vaginal Bleeding or Discharge, Dysuria, Low Back Pain, Chest Pain, Headache/Dizziness, Fever, Depression, Leg Swelling
- Assess improvement or progression of chronic disease progression through the use of major treatment modalities
- Propose an evidence-based management plan that includes pharmacologic and nonpharmacologic treatments and appropriate surveillance and tertiary prevention
- Define wellness as a greater concept than the absence of disease
- Define primary, secondary, and tertiary prevention
- Identify risk factors for specific illnesses and how screening and treatment strategies are adjusted – Hypertension, Type 2 Diabetes Mellitus, Hyperlipidemia, Coronary Artery Disease, Obesity, Heart Failure, Asthma/Chronic Obstructive Pulmonary Disease (COPD), Arthritis, Chronic Back Pain, Depression, Anxiety, Substance Use, Dependence and Abuse, Osteoporosis/Osteopenia, Multiple Chronic Illnesses (i.e. depression, COPD, hypertension in the same patient)

Patient Centered Care

- Model the principles of family medicine care
- Elicit a focused history including information about adherence, self-management and barriers to care, as well as perform a focused physical examination for identifying complications
- Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness (i.e. weight loss, smoking cessation, etc.)
- Appreciate process of negotiating management plan and incorporating patient preferences into care
- Check for understanding of follow-up plan, including treatments, testing, referrals and continuity of care

Interpersonal and Communication Skills

- Students will demonstrate an ability to develop effective working relationships with practice staff

Cultural Competency

- Develop a health promotion and disease prevention plan for patients of any age or gender addressing conditions affected by health promotion strategies
- Ascertain patient/family beliefs regarding symptom causes and home treatment efforts

Health Promotion and Disease Prevention for Patients and Populations

- Appreciate the importance and skill of conducting wellness visits for patients of any age and gender through the use of evidence-based health promotion/disease prevention plans
- Discuss appropriate screening methods and candidates for conditions affected by health promotion strategies
- Provide evidence-based counseling related to health promotion and disease prevention based on current guidelines (i.e. immunizations)

- Develop a health promotion and disease prevention plan for patients of any age or gender addressing conditions affected by health promotion strategies
- Differentiate preventive service guidelines from various organizations and critique recommendations

Systems of Health Care Practice

- Demonstrate the value of primary care services as an integral part of the healthcare system
- Analyze public health impact of chronic disease, effectiveness of population-level interventions, and risk factor reduction programs
- Identify community services and resources available for the care of patients in the community setting

EVALUATION

Grading Policy for M3

Grades in the third year clerkships

Student will receive grades in the following Clerkships based on an Honors, High Satisfactory, Satisfactory,

Unsatisfactory scale:

Medicine

Surgery

Geriatrics

Pediatrics

Obstetrics and Gynecology

Psychiatry

Community and Preventive Medicine/Longitudinal Preceptorship

Students will receive a Satisfactory/Unsatisfactory grade for each Longitudinal Integrated Clerkship.

A target will be set for a maximum of 25% Honors for each graded clerkship. This will be decided by the members of each discipline specific Clerkship Grading Committee.

Grading Description

Unsatisfactory: Student has shown significant deficits in any one of the major areas of assessment including obtaining and documenting clinical information, generating adequate differential diagnoses and treatment plans, exhibiting an adequate fund of knowledge about primary care, communicating and interacting appropriately with patients, families and staff, demonstrating reliability, integrity, collegiality and cultural sensitivity, and showing motivation to learn and to improve. The deficit(s) observed cause serious concern about the student's ability to deliver appropriate evaluation or care to patients and/or to conduct themselves with the professionalism expected of third year medical students. Students who fail to complete the required written exercises will also receive a grade of Unsatisfactory.

Satisfactory: Student has generally demonstrated proficiency with the basic material and skills expected of a student at this level of training but has shown either limited motivation to learn and improve during the rotation and/or has demonstrated one or two areas which though not frankly deficient would benefit from continued improvement. Examples include occasionally superficial or disorganized write-ups or presentations, occasional notable omissions or errors in a history or exam, some gaps in knowledge of basic psychopathology or therapeutics, or occasional difficulty in interactions with patients, family, or staff.

High Satisfactory: Student's work is consistently solid in all respects; in at least several areas, the student's work has exceeded expectations or has been exceptional. Although not truly exceptional, the student is consistently motivated, reliable, and organized, and works well with patients, staff and faculty. By the end of the rotation, he/she can be trusted to perform and present a thorough, reasonably efficient evaluation on a complex patient and generate an appropriate differential diagnosis and treatment plan. The student has

completed all expected tasks during the rotation and has sometimes sought out additional opportunities for learning and contributing during the rotation.

Honors: More often than not, the student has performed at levels that exceed the expected level for training. While not necessarily unique, the student has consistently demonstrated excellent to outstanding clinical skills, presentations, write-ups and fund of knowledge about primary care, is highly motivated, reliable and well-attuned to patients, families and staff, reads widely, and shows a consistent interest in seeking out and incorporating feedback, extending skills and knowledge, and contributing to the team.

Grading requirements

Performance in all aspects of the clerkship will be monitored. Students are required to pass all components stipulated in the clerkship syllabus in order to pass the clerkship. The clerkship grade will be determined by components that will assess medical knowledge, clinical skills, professionalism, and discipline-specific skills.

Clinical Performance Evaluation by Faculty Preceptor (Clinical skills)

NBME Subject Examination (Medical Knowledge)

Professionalism (attendance, patient logs, participation, communication skills)

Presentations, Oral Exams, OSCEs and Projects (Clerkship dependent)

Performance in a clerkship that is below expectations or unsatisfactory in any of the components of the clerkship, as defined in the discipline handbook, will result in grade of "Unsatisfactory".

Expectations for the assignments and projects

Clerkship Directors will determine the specific formative and summative requirements for their clerkship including write-ups, OSCE's, presentations, assignments, oral examinations etc. Determinates of the final grade in all clerkships will be clearly stated in the handbook for that discipline. Students should review the handbook for each clerkship so they understand the ways in which they will be assessed and how the final grade will be determined.

Clinical Performance Evaluations

Evaluation forms will be completed by clinical attendings and/or faculty preceptors.

Clinical Evaluations will assess students based on the following categories:

- (1) History Taking
- (2) Physical Examination
- (3) Record Keeping
- (4) Oral Presentation
- (5) Clinical Problem Solving
- (6) Fund of Knowledge
- (7) Professional Attributes and Responsibility
- (8) Self-Improvement
- (9) Interpersonal Communication Skills (Patients and Families)
- (10) Interpersonal Communication Skills (Relations with Health Care Team)
- (11) Narrative Assessment

The achievement of educational objectives in these areas defines the successful development of the physician-in-training and occurs during the course of a student's progress in medical school and beyond.

The Clerkship Evaluation Form is located in handbook.

Determining Final Core Clerkship Grades

All final core clerkship grades will be determined by the Grading Committee for that discipline. Further details on how grades are determined in each clerkship will be defined in that discipline's handbook. Grading Committees for each discipline will consist of the Clerkship Directors, Site Directors, and/or faculty members in that discipline. The final grade will reflect the totality of the experiences with that student. The Clerkship Directors have the authority to disregard an

individual assessment based on judgment of the preponderance of the evidence. All grades for a given LIC will be reported to students no greater than six weeks after the completion of that LIC.

An **Honors** grade will be given to students for superior or outstanding achievement in all of their components for that clerkship, as determined by the Discipline Grading Committee.

Ordinarily, Honors grades will be given to no more than 25% of a class.

A **High Satisfactory** grade will be given to students with superior achievement in several, but not all components of the clerkship.

A **Satisfactory** grade will be given to students who demonstrate satisfactory achievement in all components of the clerkship.

A grade of **Unsatisfactory** will be given to students whose performance is unsatisfactory or because of important deficiencies in some or all aspects of their clerkship performance.

Passing/Failing/Remediation policies

Students are expected to pass all of the components of the clerkship including clerkship evaluations, NBME subject exam, professionalism, and other assignments in order to pass the clerkship:

Expectations for the NBME Subject Examination in each discipline: Failure on the NBME shelf exam will result in a grade of "T" providing that performance in all other components of the clerkship is judged satisfactorily. Passing a re-examination will enable the "T" to be converted to a "P." No more than two such "T's" will be allowed during an academic year.

Students are expected to prepare independently. All examinations will be administered at FAU at the dates and times assigned in your clerkship schedule. A student must sit for all examinations as scheduled. *A student must obtain permission for an excused absence from the clerkship director* and notify the Dean for Student Affairs prior to the time for sitting for a scheduled examination. In the event of a personal emergency, the course clerkship director and the Dean for Student Affairs must be notified of the absence as soon as possible. A missed examination will be rescheduled at the discretion of the clerkship director, at a time that does not interfere with other clinical work. Unexcused absences will result in a grade of zero (0) for the missed examination.

Criteria and Policies Regarding Failing the NBME

To pass the clerkship you must "pass" the NBME, defined as scoring at or above the 5th percentile nationally compared to first takers at a similar period of the academic year. If you fail to do so, you will receive an incomplete grade for the clerkship. You will be required to re-take the exam during one of the preferred NBME Remediation Dates, unless approved by the Clerkship Director to take it later at another time. If you fail to score at or above the 5th percentile on your second attempt, you will receive a failing grade and remediation (which may include repeating the entire clerkship) will be determined by the Clerkship Discipline Coordinator in conjunction with the Clinical Promotions Committee.

Preferred Shelf Exam Remediation Dates

Upon notification of failing the NBME, the student must contact the LIC Director/or the Clerkship Director to set a date to retake the exam. To avoid having to study for and take the makeup exam while actively in another clerkship, the following dates have been set as preferred Shelf Exam Remediation Dates:

- The 1st Monday afternoon upon return from Winter Break
- The 1st Monday afternoon after return from Summer Break
- Two weeks after the completion of M3, prior to start of 4th year.

Ideally, the earliest one of these dates should be chosen. However, the student should have enough time to study for the exam, preferably spending one-to-two weeks of unscheduled time to do so. The date is to be determined by the Clerkship Director, after consultation with the student, and if necessary, with the M3/M4 Committee.

Remediation of a Failing grade

If a student fails a clerkship, remediation will be determined by the Clerkship Director in conjunction with discipline specific Clerkship Grading Committee. If remediation includes additional time in clinical experiences, the scheduling of this time will be set by the LIC Directors, after consultation with the student, the Clerkship Directors, and the student's Learning Community Advisor. Exceptions will be at the discretion of the Clerkship Director and the discipline specific Clerkship Grading Committee. If a student fails 2 clerkships within a given LIC, the student will be required to re-take the LIC in the next calendar year.

Professionalism

Students whose professionalism prompts concerns will see that reflected in their grade for the clerkship. Major professionalism issues may result in a Fail for the clerkship regardless of clinical grades or final exam performance.

The following is a list of some of the reasons for which the clerkship director will bring student up for discussion at the Clerkship Directors meeting and the students' grade may be impacted.

- Any unexcused absences to didactic sessions or clinical duties
- Any excused or unexcused absences to orientation
- Any excused or unexcused absences to exams (including exams rescheduled for valid reasons)
- Any excused or unexcused absences to simulation exercises
- Any comment of unprofessional behavior on evaluations or otherwise reported to the clerkship director
- Late, incomplete, or unsatisfactory submission of electronic patient log reports
- Recurrent tardiness
- Any late or incomplete assignments

Attendance Policy

Student attendance and participation in all scheduled learning sessions are important to students' academic and professional progress and ultimate success as physicians. **Attendance at all activities is mandatory.**

For an absence to be excused, a request must be made to the Clerkship Directors. Only a Clerkship Director can excuse an absence. No missed work associated with a specific session can be made up without loss of credit for satisfactory completion unless an excused absence has been granted.

Unexpected absences: If a student is absent unexpectedly from the scheduled daily activities of the rotation, the clerkship director and the supervising attending should be notified by phone as early as possible. If the clerkship director is unavailable, the LIC Director should be called. Failure to notify the appropriate individual will result in the absence being unexcused.

All absences will be recorded and reviewed at the monthly Clerkship Director meeting. Repeated absences from required curricular activities may result in disciplinary action, up to and including dismissal from the CESCO.

Monitoring Student progress/performance:

Weekly informal discussions on student progress between clerkship directors, site directors, and clinical faculty. These discussions will occur at the various clinical sites and also from 1 to 1:30 on Tuesdays at FAU prior to start of didactic afternoons.

Every two weeks the students' discipline specific patient log lists will be sent to each clerkship directors for review.

Monthly in person, email or phone communication will occur between clerkship directors/site directors and the clinical faculty and preceptors to hear how students are performing, and assure that they are meeting expectations.

Monthly clerkship directors meeting at FAU on Tuesday from 12 to 1 to officially review each student's progress and discuss curricular issues. Final monthly meeting of each LIC will be used as the grading committee meetings to discuss LIC grades for each student. The final meeting of each 6 months will be for discipline specific grading committee meetings and will be used to determine Honors /High Satisfactory/Satisfactory/Unsatisfactory grades for each clerkship.

Every 2 months an on-line evaluation form will be filled out by all clinical faculty/preceptors that will be sent to clerkship directors/LIC Directors for review. First 2 bimonthly on-line evaluations in LIC will be formative, final evaluation will be used for grading/narrative purposes.

Feedback to students:

Students will receive daily/weekly informal feedback from the clinical attendings and preceptors they are working with. Faculty development sessions will be used to educate faculty on how to give feedback to students in their offices and in the hospitals.

LIC Directors, Clerkship Directors, and /or designated Site Directors will meet individually every 2 months with students to give them formal feedback on their performance during the LICs. All attending evaluations, patient logs, assignments/projects, and participation in didactic sessions will be reviewed, as well as a student's own self-assessment. These meetings will occur after the on-line evaluations are received from the clinical faculty, so that this information can be reported to students and any plans for improvement/remediation can be implemented.

Students who have concerns or questions about their progress can at any time contact their clerkship director/LIC director individually to set up a meeting.

Student Appeal of a Grade

Students who do not feel that their summary evaluation or grade accurately reflected their performance should follow the policies defined in the FAU student handbook.

COURSE INFORMATION

Assignments:

Write-up of Formal Discussion with preceptor and office staff:

A formal discussion with preceptor and office staff to answer the following questions in a write-up describing the conversation:

- What is the demand for primary care like in this area?
- What types of referral patterns have you observed with your patients? Are there any challenges in accessing specialty care?
- Comment on your preceptor's lifestyle and what factors contributed to their decision to select their specialty and enter into the type of practice chosen.

Formal SOAP Notes and Case Write Ups:

Students will provide the following documentation:

- Problem Focused SOAP Note – due during FCHS
- Problem Focused SOAP Note – due during MSS
- Chronic Disease Case Management – write up of visit with multiple complaints and preventive care for a diabetic patient

Write-up to illustrate how you followed a patient through transitions of care, in various settings:

A 2 paragraphs informal description

- Describe the circumstances leading to the transition of care
- Contrast the settings where patient care occurred
- Outline challenges that may compromise the quality of care as a result of care transitions

Rural Health Assignment:

Students will complete a pre-experience survey 4 weeks prior to their scheduled date using the My evaluation software. Students must complete a post-experience survey no less than 2 weeks following completion of a day at Lakeside Medical Center. Students will also submit a written assignment addressing the following questions;

Describe your activities at Lakeside Medical Center and in the Belle Glade Community.
Describe your impression of what it is like to practice in a rural setting.
Did anything surprise you about your experience at Lakeside Medical Center?

Patient Logs: All patients seen must be logged and submitted in a timely manner.

FM Cases: Computer based Medicine Cases will be available to supplement student learning. Cases may be formally assigned in cases where a student needs to remediate an assignment, or gain exposure to a disease that is lacking.

Direct observation of Clinical Skills (“DOCS” cards): All students are required to be observed interviewing and/or examining patients by their supervising attendings. Students are responsible to hand in their assigned Direct Observation of Clinical Skills cards to the clerkship director before the end of the clerkship.

Student Report: All the students will present two case based teaching presentations throughout the year during the Tuesday didactic afternoons at FAU. One presentation will focus on a patient from the medical and surgical sciences and one from the family and community health sciences. Appropriate current references and journals must be utilized.

Didactics:

Teaching sessions will be held at FAU on Tuesday afternoons. All the topics within Medical and Surgical Sciences (MSS) and Family and Community Health Sciences (FCHS) will be integrated over the 6 month clerkship. The Community and Preventive Health topics will be:

In Transition week:

- Introduction to the Longitudinal Preceptor Experience- Dr. Joanna Drowos
- Motivational interviewing/tobacco cessation - Dr. Joanna Drowos et al.

In MSS:

- Health Promotion & Disease Prevention: Dr. Drowos
- Rural Health Lecture: Dr. Gervasi
- Adult immunizations: Dr. Drowos
- Hypertension: Dr. Chie For
- Pneumonia: Dr. Davis/Palumbo
- Chest Pain/CAD: Dr. M.Rubenstein
- CHF: Dr. S. Servoss
- EKG Workshop: Drs. Servoss and Rubenstein
- Diabetes/Hyperlipidemia: Dr. Vilnik/Rodriguez
- Osteoporosis/Arthritis/Low Back Pain: Dr. Baca/Forstot
- Inflammatory Bowel Disease and PUD: Dr. Sonderling
- Anemia and Common Cancers: Dr. Reddy
- Common Skin Conditions: Dr. Moum
- Liver Disease; Dr. J. Servoss
- Thyroid Disease: Dr.Vilnik/Rodriguez

In FCHS:

- Pediatric Health Supervision: Dr. Wood
- Pediatric Immunizations: Dr. Stout
- Pediatric Growth and Nutrition: Dr. Wood

- Anticipatory Guidance in Pediatrics: Dr. Carrillo
- Pediatric Behavior and Development: Dr. Ramos
- Child Protection: Dr. Wright
- STD Screening: Dr. Neimark
- Substance abuse/dependence: Dr. Holland
- Adolescent medicine: Dr. Wood

Recommended References and Resources:

Title	Author	Publisher
Essentials of Family Medicine	Philip D. Sloane, et al.	Lippincott Williams & Wilkins, 6 th Edition ISBN-13:9781608316557
Websites	Web address and Additional Info	
American Family Physician	http://www.aafp.org/online/en/home/publications/journals/afp.html Up-to-date information and patient friendly handouts	
Clinical Preventive Services Information	http://www.aafp.org/online/en/home/clinical/exam.html	
Healthy People 2020	http://web.health.gov/healthypeople/	
The Guide to Clinical Preventive Services	http://www.ahrq.gov/clinic/uspstfix.html from The US Preventive Task Force Recommendations regarding prevention and screening	
	Also provides Electronic Preventive Services Selector (ePSS) to download the recommendations to your PDA, BlackBerry, or iPod touch, etc at http://epss.ahrq.gov/PDA/index.jsp	
Prevent.org	http://www.prevent.org/content/view/full/46/96/ Data addressing cost-effective, life-saving preventive services, sponsored by the CDC	
Health Services Technology Assessment Text (HSTAT)	http://text.nlm.nih.gov/ Links to Evidence-based medicine sites, policy and resource sites, guidelines and NIH research	

Preceptor Responsibilities:

Checklist for Orientation to Outpatient Offices

- Well in advance of First Day:
 - Alert your staff to expect the student and provide them with a student bio
 - Make provisions to allow the student access and receive training for the EMR or office records
 - Develop method to identify “student patients” in the charts or EMR
- First Day:
 - Have student arrive before first patient appointment
 - Office manager or staff member can show the student around the office, break room, bathrooms, etc. and demonstrate office procedures and sign confidentiality forms
 - Student should shadow one of the nursing staff to see their procedures for checking in patients
 - Assign the student a space to chart
 - Student should also spend 20 minutes or so with office scheduler to learn the procedure for making appointments and referrals , what to do in case their patients need appointments
 - Student should only have one patient scheduled near the end of the half-day

The physician should meet with the student to discuss:

- How much charting you wish them to do
- What constitutes an appropriate office visit presentation
- How the student can help office flow, efficiency, etc
- What to do if one of “their” patient calls them- e.g., how they can reach you, what to handle and what not to handle, how to deal with labs and reports and any other of your expectations
- When you expect to give them your first evaluation and review the criteria for clinical grading
- Carefully review the first patient encounter and critique:
 - The presentation
 - The approach to the patient
 - The length of time of the encounter
 - The charting- enough? Too much?
 - What to do about follow up, how to maximize continuity
 - Explaining the program to the patients – did it work? What could be done differently

Maximizing learning:

- Teach the student what you have time for, if you have only one thing you can do, show them by example, the approach to diagnosis, follow up and treatment, the art of dealing with ambiguity
- Direct the student to learning from the patient encounter. By example of their first case, explain what to record in their SOAP notes
 - Diagnostic dilemmas- what don't I know, where can I learn it rapidly?
 - What parts of the patient's therapy did I not understand? What are my learning needs?
 - What are the ethical issues in this case? Who can I discuss this with?
 - What are the ambiguities and points of discomfort?
 - Was I not listening or distracted? Why? What can I learn from this encounter?
- What if any, assignments do you have for them. Examples:
 - Give me a five minute update on what you studied and learned from your self-study of this patient
 - Schedule a visit or referral for this patient- let you know the results if the student gets them first or let the student know how to access the results
 - Call a consultant for a curbside, how and when to give you follow-up

Religious Observance (Adapted from the FAU Policy)

The College of Medicine recognizes that students, faculty and staff observe a variety of religious faiths and practices. Although many religious holidays are observed with time off, a few of the religious days of observance may be part of the academic calendar. The College respects the religious beliefs and practices of its students and seeks to accommodate them within the requirements of the academic schedule. As a result, a student who must be absent from a class requirement will not be penalized. Students who anticipate absence should notify the OSA and the supervising faculty in advance. The instructor will provide a reasonable opportunity to make up such excused absences. Any student who feels aggrieved regarding religious accommodations may present a grievance to the Director of Equal Opportunity Programs. Any such grievances will follow Florida Atlantic University's established grievance procedure regarding alleged discrimination. The College will follow the established FAU policy regarding absences due to personal observances of religious holidays.

To review the policy, access the Leave of Absence Policy: http://www.fau.edu/policies/files/PM76_OCR.pdf

Disability Support Services

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodations due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) located in Boca Raton – SU133 (561-297-3880 and follow all OSD procedures.

Code of Academic Integrity

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty, including cheating and plagiarism, is considered a serious breach of these ethical standards, because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility. Harsh penalties are associated with academic dishonesty. For more information, see:

1. *The Policy on Academic, Professional and Behavioral Requirements and Standards governing the College of Medicine*
2. *Oath of Academic and Professional Conduct for Students in the College of Medicine*
3. *University Regulation 4.001*