

CLERKSHIP INFORMATION: FAM301: FAMILY MEDICINE CLERKSHIP

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Clerkship Description

The Family Medicine Clerkship is an important foundation for a future physician in any specialty. The clerkship is 6 weeks long and is composed of the following experiences:

Clerkship Schedule

Communication about schedules and schedule changes will occur via Blackboard and EVMS email.

Duration (est time)	Required Experience	Sites	Weekend Shifts	Overnight Call
2 weeks	Community Preceptor	Variable – See Site List	No	No
2 weeks	EVMS Outpatient Clinic	Ghent Family Medicine or Portsmouth Family Medicine	No	No
2 weeks	Inpatient	Sentara Norfolk General or Bon Secours Maryview	Yes	Yes

Lecture and Exam Schedule

Students are excused from their clinical duties to attend the following required lectures and exams.

Topics	Date and Time	Location
Week 1: Orientation & Acute Care	Monday (Tues on holiday weekends)	Blackboard Collaborate Ultra
Week 2: Chronic Disease Care	Monday (Tues on holiday weekends)	Blackboard Collaborate Ultra
Week 3: MSK and Derm	Monday (Tues on holiday weekends)	Blackboard Collaborate Ultra
Week 4: Health Maintenance & Prevention	Monday (Tues on holiday weekends)	Blackboard Collaborate Ultra
Week 5: Subject Exam Review	Monday (Tues on holiday weekends)	Blackboard Collaborate Ultra
Week 6: Clerkship Wrap-Up	Wednesday PM	Blackboard Collaborate Ultra
Week 6: NBME Subject Exam	Last Friday of every block	Testing Center

Required Course Materials

Broadband internet connection with a download speed of >1-4 Mbps, >4 Mbps recommended.

Access to a working camera and microphone through computer/device

Personal Protective Equipment: Minimum surgical facemask, eye protection

Personal Scrubs

Transportation to sites is the responsibility of the student

Course Learning Objectives

The EVMS Unified Competency Objectives (UCOs) were used to develop the learning objectives. The EVMS UCOs are the governing objectives for the EVMS Medical Doctor Program. Please see the [EVMS website](#) for the complete list of UCOs.

At the end of the family medicine clerkship, given a clinical encounter, each student should be able to:

1. Discuss the principles of family medicine care as measured by the clinical evaluation rubric. UCO 1.1, 1.2, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3
2. Apply the principles of family medicine care as measured by a rubric. UCO 1.1, 1.2, 3.1, 3.2, 4.1, 4.2, 5.2, 5.3
3. Gather information, formulate differential diagnoses, and propose plans for the initial evaluation and management of patients with common presentations as measured by the clinical evaluation rubric. UCO 1.1, 1.2
4. Manage follow-up visits with patients having one or more common chronic diseases as measured by the clinical evaluation rubric. UCO 1.1, 1.2 1.4
5. Develop evidence-based health promotion/disease prevention plans for patients of any age or gender as measured by the clinical evaluation rubric. UCO 3.2
6. Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills as measured by the clinical evaluation rubric. UCO 1.1, 1.2
7. Demonstrate competency in synchronous/asynchronous oral and written communications to promote effective transitions of care and reduce error UCO 1.2, 1.5, 5.2, 6.1

Domain Based Assessment

Student assessment within each module occurs using a domain-based grading system to include: 1) Medical Knowledge, 2) Clinical Evaluation, 3) Applied Learning, and 4) Professionalism. Using this structure, an overall total score calculation is not used to determine passing this clerkship. Instead, students must meet the minimum requirement established in each domain to pass each clerkship and promote through the clerkship curriculum.

DOMAIN BASED GRADING ASSESSMENTS		
Domains	Score	Explanation
HONORS (required achievement of the following minimum scores for 4/4 domains)		
Medical Knowledge	≥ 78%	NBME Family Medicine Exam Equated Percent Correct Score
Clinical Evaluation	≥ 85.5%	E*Value Preceptor Evaluation Average
Applied Learning	≥ 85.5%	Weighted Average of the Assignments Standardized Patient Week 4 – Note Rubric (25%) Standardized Patient Week 5 – Note Rubric (25%) Hospital Discharge Assignment Rubric (50%)
Professionalism	≥ 2 of 3 points	See Professionalism Policy
HIGH PASS (required achievement of the following minimum scores for 4/4 domains)		
Medical Knowledge	≥ 70%	NBME Family Medicine Exam Equated Percent Correct Score
Clinical Evaluation	≥ 79.5%	E*Value Preceptor Evaluation Average
Applied Learning	≥ 79.5%	Weighted Average of the Assignments Standardized Patient Week 4 – Note Rubric (25%)

		Standardized Patient Week 5 – Note Rubric (25%) Hospital Discharge Assignment Rubric (50%)
Professionalism	≥ 2 of 3 points	See Professionalism Policy
PASS (required achievement of the following minimum scores for 4/4 domains)		
Medical Knowledge	≥ 60%	NBME Family Medicine Exam Equated Percent Correct Score
Clinical Evaluation	≥ 69.5%	E*Value Preceptor Evaluation Average
Applied Learning	≥ 69.5%	Weighted Average of the Assignments Standardized Patient Week 4 – Note Rubric (25%) Standardized Patient Week 5 – Note Rubric (25%) Hospital Discharge Assignment Rubric (50%)
Professionalism	≥ 1 of 3 points	See Professionalism Policy
FAIL (demonstrated in 1 or more domains)		
Medical Knowledge	≤59%	NBME Family Medicine Exam Equated Percent Correct Score
Clinical Evaluation	≤69.4%	E*Value Preceptor Evaluation Average
Applied Learning	≤69.4%	Weighted Average of the Assignments Standardized Patient Week 4 – Note Rubric (25%) Standardized Patient Week 5 – Note Rubric (25%) Hospital Discharge Assignment Rubric (50%)
Professionalism	0 of 3 points	See Professionalism Policy
OTHER COURSE REQUIREMENTS		
FORMATIVE		
Activity	Date	
Standardized Patients Weeks 2-3	Every Monday (Sim Center)	
Standardized Patients Weeks 4-5	Every Monday (Sim Center); review/additional feedback will be offered for students who receive less than 70% average on SP rubrics	
MD PROGRAMMATIC REQUIREMENTS		
Activity	Date	
Student Activity Log*	DUE by 5pm Friday of Week 6 (Blackboard)	
E*Value Duty Hours Log	DUE by 5pm Friday of Week 7 (1 week after clerkship completed)	
E*Value Didactic Evaluations**	DUE by 5pm Friday of Week 7 (1 week after clerkship completed)	
End of Clerkship Course Assessment**	DUE by 5pm Friday of Week 7 (1 week after clerkship completed)	

*Notify clerkship director and coordinator if unable to access or complete any item on the Student Activity Card Log to be assigned an alternative activity

**Confidential and de-identified didactic evaluations and course assessments are not released until after grades are submitted

Testing Procedures

Students are required to arrive at the Testing Center, badge in, and be seated *no later than 15 minutes prior to the exam start time*. Students are required to have screens ready for exam passwords 5 minutes prior to the beginning of the exam. Time is determined by the main testing center computer in the examination room. If circumstances require us to

move to remotely-proctored exams, students are required to be logged in and ready to begin the pre-exam process (e.g., showing the proctor a 360-degree view of the testing area) at least 15 minutes before the exam begins. Students who arrive less than 5 minutes prior to the start of the exam will not be allowed to test at their scheduled time and may receive an unexcused absence. Tardiness and unexcused absences will be addressed according to the Professionalism and Professional Identity Development policy.

Retest Procedures “Bad Day Policy”

Students who score less than 60% on a subject examination will be notified by a member of the Student Review & Advisory Committee to set up a meeting. During this meeting, the committee will help the student determine the best approach to the retest. Students are required to contact the testing center confirming their intention to take the retest at least 48 hours prior to the retest date (lindcb@evms.edu).

If a passing score ($\geq 60\%$) is obtained on the retest, the grade for that exam is changed to 60% (regardless of the actual score) as the student has now shown proficiency.

Narrative Feedback

The MD program requires that students receive individualized, written feedback on their performance whenever faculty-student interaction permits. Students will receive individualized, written feedback from clinical preceptor assessments and applied learning assignments. These will be used to inform the final narrative summary written by the clerkship directors which is used for the MSPE.

Professional Standards

The professional standards expected of EVMS medical students include the following:

1. Personal qualities that facilitate effective therapeutic interactions
2. Emotional health required for full utilization of mental faculties
3. Ability to establish rapport and develop mature and effective professional relationships with faculty, patients, the public, and other members of the healthcare team
4. Impartial motives, attitudes, and values in roles, functions, and relationships
5. Ability to communicate and care for, in a non-judgmental way, persons who differ from oneself and one's beliefs in a variety of ways, including but not limited to gender, age, race, ethnicity, socio-economic status, culture, creed, military status, sexual orientation and identity and religious or spiritual beliefs
6. Ability to monitor and react appropriately to one's own emotional needs and responses
7. Flexibility, adaptability, composure, and emotional stability during periods of high stress or uncertainty associated with didactic and clinical encounters and environments
8. Ability to accurately follow oral and written directions with prompt completion of all responsibilities
9. Compliance with standards, policies, and practices set forth in the Student Handbook

Feedback on Professional Behaviors in the Clerkship & M4 Elective Phases

In the Clerkship & M4 Elective Phases, the behaviors listed below are considered hindrances to the professional environment. Each occurrence of the following behaviors will result in a one-point infraction in the grading structure.

- Recurrent tardiness, to rounds, sign-out, a small group, didactic lecture, required activity, etc. (NOTE: Tardiness of greater than 30 minutes will be considered an unexcused absence.)
- Unexcused absence for a clinical assignment or an academic session
- Lack of timely response and/or completion of patient responsibilities

- Late or missing assignments or duty hour logs
- Lack of timely completion of one or more required evaluations
- Lack of timely responsiveness to faculty, staff, or administration communications. Unless otherwise stated, timely responsiveness is considered a response within 48 hours or after two attempts.

All alleged lapses in the professionalism policy are to be reported to Student Affairs for inquiry and remediation, using the Professionalism Report Form. Students will receive an email documenting the alleged infraction from Student Affairs. The student will meet with a representative from Student Affairs, and a determination will be made concerning the responsibility of the professionalism infraction, the weight of points lost, and the appropriate remediation. Students are required to remediate professionalism infractions. Please see the Professionalism and Professional Identity Development Policy for more details.

It is the goal of EVMS to highlight individual contributions to our professional environment as well. As such, students, faculty, and staff are encouraged to acknowledge exemplary student professionalism by informing Student Affairs through the [Student Recognition form](#). Exemplary student professionalism can be documented in the Medical Student Performance Evaluation (MSPE) during the residency application process.

Grade Appeals

Students may submit an appeal for any domain or area of assessment using the [Academic Appeal Form](#) located on the Student Affairs page of the EVMS website.

Attendance of Academic Responsibilities

In order to allow medical students to have flexibility with absences, EVMS employs a student personal leave system. Events for which personal leave are appropriate include, but are not limited to, the following events:

- Scheduled medical appointments or procedures
- Unexpected illnesses or injuries
- Medical or scientific meetings
- Religious holidays
- Interviews (excluding Medical Masters' graduate school interviews and M4 residency interviews)
- Personal or family events, including weddings, reunions, and other celebrations
- Unexpected family care needs
- Mandatory court appearances
 - NOTE: Students who are called for jury duty should obtain a waiver for duty from the Registrar's Office.
- Inclement weather, if EVMS' Liberal Leave Policy is in effect
- Motor vehicle accident

Students must request personal leave using the [Personal Leave Request Form](#) located on the Student Affairs page of the EVMS website.

Professional Learning Environment

Students are encouraged to report violations of the Standard of Conduct for the Teacher-Learner Relationship. Students can report mistreatment or unprofessional behavior in the learning environment in one of four ways:

1. E*value End of Clerkship Evaluations
2. Directly to a clerkship director, department chair, or member of Medical Education or Student Affairs
3. [Concerns in the Learning Environment Form](#)
4. [EVMS Ethics and Compliance Hotline](#): 1-800-461-9330

Student mistreatment and unprofessional behavior in the learning environment reports are confidential and monitored by Student Affairs.

Duty Hours and Monitoring of Student Time

Duty hours follow the ACGME duty hour requirements and are defined as all clinical and academic activities related to the program, including, but not limited to the following: patient care (both inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as conferences. Students can report duty hour violations in one of three ways:

1. E*value Duty Hours Log
2. Directly to a clerkship director, department chair, or member of Medical Education or Student Affairs

Duty hour violations reports are monitored by the Associate Dean for Clinical Education and Clerkship Directors.

Clinical Supervision

Medical students must be provided with appropriate levels of supervision as they progress through their education towards a career in patient care. A supervising physician will ensure that medical students are provided with opportunities to learn that are progressive and commensurate with the student's level of training. Students can report concerns about clinical supervision in one of three ways:

1. E*value End of Clerkship Evaluations
2. Directly to a clerkship director, department chair, or member of Medical Education or Student Affairs
3. [Concerns in the Learning Environment Form](#)

Clinical supervision reports are monitored by Student Affairs and Medical Education.

Approved Accommodations

EVMS is dedicated to providing reasonable accommodations to qualified students with a documented disability. The student must self-identify with the Office of Student Disability Services as having a disability to begin the accommodation process. It is in the best interest of the student to begin the accommodation process as soon as you are aware that you may need them, as accommodations are not retroactive. All students must be able to fulfill the academic and technical standards of their academic program with or without reasonable accommodations; however, accommodations are made available to aid in fulfilling those standards, not to waive them. If you have or believe you have a disability for which you wish to request accommodations under the Americans with Disabilities Act or Section 504 of the Rehabilitation Act, you must contact the EVMS Disability Officer StudentDisability@EVMS.EDU. For more information about the disability accommodations process, please visit the [webpage](#).

Anti-Discrimination Policy

EVMS is committed to providing educational programs, activities and environment that is free from discrimination. EVMS expressly prohibits discrimination or harassment based on race, color, sex (including sexual orientation, gender

identity/transgender status, and pregnancy or parental status), national origin, religion, age, disability, veteran status, genetic information, opposition to unlawful discrimination (i.e. retaliation), or any other protection basis as set forth in federal or state law and/or EVMS policy.

Blood/body fluid exposures

Students who have a blood/body fluid exposure (e.g., needlestick, scalpel cut, splash to eyes, nose, mouth or to non-intact skin) should immediately wash the wound or skin site with soap and water. Mucous membranes should be flushed thoroughly with water. The student should then contact [Occupational Health](tel:757.446.5870) at [757.446.5870](tel:757.446.5870) or page [757.584.0550](tel:757.584.0550) during business hours and the EVMS Exposure Pager at [757.669.1157](tel:757.669.1157) during evenings, nights or weekends. The exposure should also be reported as soon as possible to the supervising clinician.

ADDITIONAL POLICIES

For complete information about student policies, see the [Doctor of Medicine Student Handbook](#)

EVMS Unified Competency Objectives (UCO)

1. Patient Care: Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

- 1.1. Information Gathering: Gather the information necessary for care of a patient in a manner which is patient-centered, efficient, and effective.
- 1.2. Assessment and Management: Formulate an appropriate assessment and develop an appropriate management plan for each patient.
- 1.3. Procedures: Perform specified common procedures, demonstrating a knowledge of the indications, risks, and benefits of the procedures in explanations to patients while appropriately obtaining informed consent.
- 1.4. Specific Patient Groups: Recognize when a patient is in a specific at-risk group and provide appropriate treatment and preventive measures.
- 1.5. Patient Safety: Recognize patient safety issues and describe measures for preventing errors that may harm patients.

2. Medical Knowledge: Demonstrate knowledge about established and evolving biomedical, clinical, and cognate (e.g., epidemiological and social-behavioral) sciences and the application of this knowledge in patient care.

- 2.1. Foundational Knowledge: Demonstrate an understanding of the basic and clinical sciences necessary for medical practice.
- 2.2. Research: Demonstrate a basic understanding of medical research principles.

3. Practice-Based Learning and Improvement: Monitor and enhance the appraisal and assimilation of scientific evidence and application of such to improve practice.

- 3.1. Information Systems: Use information systems to optimize care delivery and improve outcomes.
- 3.2. Evidence-Based Medicine: For a given medical problem use evidence-based medicine principles to select the best diagnostic and therapeutic plans.

4. Interpersonal and Communication Skills: Use interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and other health professionals.

- 4.1. Communication with Patients: Demonstrate effective interpersonal and communication skills with patients and their families.
- 4.2. Communication with Other Care Providers: Present to other health care providers a concise, orderly, and coherent oral and written communication of the patient's unique clinical presentation in a manner appropriate to the clinical context.

5. Professionalism: Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population.

- 5.1. Professionalism in Patient Care: Demonstrate an ethical and professional attitude toward patients and their care.
- 5.2. Teamwork: Function effectively as a member of the health care team, respecting the roles and skills of other team members, communicating appropriately, and working effectively within the team.
- 5.3. Recognition of Limitations: Demonstrate a recognition of one's own limitations and a commitment to professional growth.

6. Systems-Based Practice: Demonstrate an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value.

- 6.1. Coordination of Resource Use: Identify and recruit family or community resources and/or services of other members of the health care team for optimal patient care
- 6.2. Health Care System Issues: Discuss important issues in the health care system beyond the practice site.
- 6.3. Service Learning: Participate in and learn the value of service learning opportunities.