Family Medicine
Junior Clerkship Report

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1. Clerkship Structure

- Length - 8 weeks
  - 7 weeks at one of the three residency sites (Bristol, Kingsport, Johnson City).
    - Of this 3-4 of health fair
    - 1 week of community preceptorship

- Approximately 50% ambulatory and 50% in-patient
2. Objectives

I. Medical Care of Family Medicine Patient
   • Goal 1: Diagnosis and management of common & undifferentiated problems in ambulatory, hospital, and community setting.
     • Method/Assessment- Clinical log, OSCE, Attending Rounds, Exam
     • Each site with clinical pharmacist
   • Goal 2: Health promotion, disease prevention, and behavior modification.
     • M/A- Modules, health fairs, behavioral change intervention.
     • Each site with full-time psychologist and social worker
2. Objectives (continued)

II. Holistic Care of Patient, Family, and Community

- Goal 1: Delivery of care to whole patient in context of family, culture, and environment
  - M/A: Home visit/genogram, Health Fair, Hospice

- Goal 2: Community-oriented health care
  - M/A: Health fair & orientation, Home visit

- Goal 3: Advanced Interviewing skills
  - M/A: Baseline tape & and SP review, Behavioral change intervention, OSCE, didactics

- Goal 4: Ethics
  - M/A: Rounds, Ethics/Palliative Care Module and discussion
2. Objectives.....

- Ultimately about relationships
  - Between patient and doctor
  - Between patient and health
  - Between student and team
  - Between health status and community
  - Between medical school and community
  - Science and clinical knowledge
3. Core Content - Areas of Focus

- Interpretation of tests – CXR and EKG
- Diagnosis of common disorders
- Interviewing Skills
- Physical Exam Skills
- Evidence-Based Medicine
4. Teaching Methods

- Asynchronous – 20 National and 2 Local modules
- Group – approximately 1 day a week
  - Lecture Discussion - Attending led, interactive
  - Workshops - Derm, Stress test, Pulm, physical exam
  - Sim Lab - emergent scenarios
  - Health Fair Orientation - Physical exam, community health
- Site specific – noon conferences and resident didactics
  - Interview review with psychologist and physician faculty
  - Rounds with Family Medicine team
5. Evaluation & Grading Structure

- Mid-clerkship Review
- Faculty Evaluation 40%
- OSCE (Interview, EKG, Diff Dx) 20%
- Written Exam 20%
- EBM Project 10%
- Behavior Change Intervention 5%
- Health Fair 2.5%
- Home Visit 2.5%
6. Summary of Student Feedback

Positive
- Great teaching by residents
- Variety of patient encounters
- Patient load
- Faculty mentoring
- Health Fair
- Sim lab

Negative
- Amount & timeliness of feedback
- Book outdated
- Written exam not current
- Didactic scheduling
- Drive/ Gas $
- Log, BCI, Home visit
- Community Preceptorship
7. Clerkship Strengths

- Full-time faculty dedicated to teaching
- Full-time social worker, psychologist, and pharmacist
- Residents interested in teaching
- Staff buy-in to student participation
- Wide variety of patients (age, disorders, settings)
- Didactics by nationally renowned speakers
- Departmental focus on education
- Willingness to make changes to improve clerkship
8. Areas for Growth

1. Feedback
   - Better methods of informal, frequent feedback
   - More useful mid-clerkship feedback

2. Evaluation
   - More of a competency-based evaluation

3. Objectives
   - Better alignment of course objectives with LCME competency areas
9. Transition to 6 Weeks

- Front-load learning with emphasis on asynchronous
- Eliminate community preceptorship
- Remove health fair from our rotation
- Move to competency-based evaluation
- ‘Drip’ method for common skills (EKG, CXR)
- Intra-rotation, two week ‘Mini-selectives’ starting 1/11
Questions