**CLERKSHIP GOALS**

1. To develop knowledge and skills to identify, evaluate, and manage common medical problems in an outpatient setting.
2. To develop and expand patient-centered communication and physical exam skills, including patient education and health promotion.
3. To develop and expand medical problem-solving skills and clinical reasoning with an emphasis on value-added and evidence-based care.

**Module 1: Patient Care, Patient-Centered Communication, and Continuity of Care**

Upon successful completion of the family medicine clerkship, each third-year medical student will be able to:

|  |  |  |
| --- | --- | --- |
| **Objective** | **Assessment** | [**Sub-competency**](https://students.med.psu.edu/md-students/medical-student-competencies-and-subcompetencies-for-graduation/) |
| Perform and document an accurate history and physical exam as appropriate to the chief concern. | SOAP-VPreceptor assessment | PC 1.1**ICS 4.2****SBP 6.2****SBP 6.4** |
| Utilize appropriate patient-centered communication skills: Open ended questions, Affirmation, Reflective listening, Summarization (OARS), Shared decision-making Motivational interviewing. | Preceptor assessment | ICS 4.1MH 9.1 |
| Participate in team-based care and inter-professional education (IPE) with practitioners from a spectrum of healthcare professions. | Completion of transition of care note | **SBP6.1****SBP 6.3****IPC 7.1****IPC 7.2****ICS4.3/IPC7.3** |
| Identify and address health care barriers and/or disparities affecting optimal patient self-care. | Completion of transition of care note | SBP 6.1SBP 6.4 |

**Module 2: Critical Thinking and Clinical Decision Making**

Upon successful completion of the family medicine clerkship, each third-year medical student will be able to:

|  |  |  |
| --- | --- | --- |
| **Objective** | **Assessment** | [**Sub-competency**](https://students.med.psu.edu/md-students/medical-student-competencies-and-subcompetencies-for-graduation/) |
| Present a prioritized differential diagnosis supported by the clinical data. | SOAP-VIllness ScriptNEJM Healer CasesPreceptor assessment | **PC 1.2****KP 2.1****ICS 4.2** |
| Integrate basic, clinical and system sciences knowledge to deliver cost-conscious, patient-centered care. | SOAP-V NEJM Healer CasesPreceptor assessment | **PC 1.2****KP 2.1****ICS 4.2****SBP 6.1****SBP 6.2**  |
| Demonstrate proficiency with applying point-of-care resources and evidence based medicine to patient care.  | PICOPreceptor assessment | **PBLI 3.2****CT 10.1** |

**Module 3: Professional Formation Through Feedback and Reflection**

Upon successful completion of the family medicine clerkship, each third-year medical student will be able to:

|  |  |  |
| --- | --- | --- |
| **Objective** | **Assessment** | [**Sub-competency**](https://students.med.psu.edu/md-students/medical-student-competencies-and-subcompetencies-for-graduation/) |
| Embody professionalism by engaging in goal-setting, personal reflection and deliberate practice. | Preceptor assessmentOnboarding PIPOffboarding PIP | **MH 9.3/Prof 5.2** |

**Module 4: Medical Knowledge**

Upon successful completion of the family medicine clerkship, each third-year medical student will be able to:

|  |  |  |
| --- | --- | --- |
| **Objective** | **Assessment** | [**Sub-competency**](https://students.med.psu.edu/md-students/medical-student-competencies-and-subcompetencies-for-graduation/) |
| Demonstrate a foundational knowledge of the core clinical encounters commonly encountered in Family Medicine. | Required encountersAquiferNBME Self-assessment examPreceptor assessmentNEJM Healer Cases | PC 1.1PC 1.2KP 2.1 |
| Demonstrate knowledge of current health promotion and disease prevention topics from the USPSTF and CDC.  | Required encountersNBME Self-assessment examPreceptor assessment | PC 1.1PC 1.2KP 2.1 |

**RUBRICS**

**SOAP V**

| **Criteria** | **Ratings** |
| --- | --- |
| Chief Concern |

|  |  |
| --- | --- |
| **CC is present** | **No CC** |

 |
| HPI |

|  |  |  |
| --- | --- | --- |
| **Uses CODIERS for acute problems.****Elicits adherence to care plan for chronic problems: Medications, diet, activity, etc.****Clear, concise, hypothesis driven****Pertinent ROS incorporated into the HPI** | **Incomplete CODIERS though major events are clear.** **Adherence to care regimen is incomplete****Minor organizational issues****ROS is too broad or too narrow** | **Major events unclear or absent.** **No assessment of chronic care regimen****Disorganized, unclear, excessive unnecessary information****No ROS** |

 |
| PMhx, Meds, all, PSH, FamHx, SocHx  |

|  |  |  |
| --- | --- | --- |
| **Relevant information is incorporated in the HPI.**  | **Excessive. Irrelevant details overwhelm the important facts.**  | **Inaccurate, conflicting or absent.**  |

 |
| Objective Data |

|  |  |  |
| --- | --- | --- |
| **VS are present.****Exam is appropriate to purpose of visit.****Diagnostic data (if applicable) is complete and organized** | **VS present. Exam focused but with important omissions****Irrelevant data included or missing relevant data** | **VS absent.** **Exhaustive exam or clearly templated****Crucial information related to assessment not included** |

 |
| Assessment |

|  |  |  |
| --- | --- | --- |
| **Addresses all pertinent problems/conditions.** **Utilizes appropriate medical terminology.** **Three possible diagnoses for acute problems, with clinical support for each. Assessment of control of chronic conditions, including barriers** | **Incompletely addresses all pertinent problems/conditions.****Three appropriate diagnoses for acute problems with clinical support for 1-2 only. Basic assessment of chronic conditions, considers inter-related conditions** | **Only provides one possible diagnosis for acute problems, potentially misses high acuity diagnoses. Little or no assessment of chronic conditions** |

Rubric continued on next page |
| Plan |

|  |  |  |
| --- | --- | --- |
| **Includes standards of care, alternatives, contingencies and follow up** | **Basic evaluation and treatment** | **No plan present** |

 |
| Value |

|  |  |  |
| --- | --- | --- |
| **Complete value discussion.****Not a separate section, but woven into the A/P** | **Value considered but with important omissions** | **No value considerations** |

 |
| Overall Note Structure |

|  |  |
| --- | --- |
| **Good flow, easy to follow and find information quickly** | **Not easy to follow or find relevant information quickly** |

 |

**PICO**

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Yes** | **No** |
| Establishes a clear clinical question |  |  |
| Properly translates clinical questions into PICO format |  |  |
| Provides useful background information |  |  |
| Discusses search process using appropriate, evidence-based resources (at least 2 sources) |  |  |
| Summarizes findings from evidence reviewed (include specific data) |  |  |
| Discusses shortfalls or limitations of current available evidence |  |  |
| Gives recommendations for clinical practice |  |  |
| Reviews Strength of Recommendation (SOR) for your clinical recommendation |  |  |
| Presents information clearly and concisely |  |  |

**ILLNESS SCRIPT**

|  |  |  |  |
| --- | --- | --- | --- |
|  | 2 | 1 | 0 |
| Provides 3 plausible differential diagnoses with at least 3 supporting factors from history & exam for each diagnosis | 3 appropriate/possible diagnoses given with at least 3 supporting factors for each. | 2-3 possible diagnoses given, but with incomplete supporting factors.  | One plausible diagnosis; misses high priority diagnoses.  |
| Pathophysiology of condition | Complete/detailed description of pathophysiology.  | Basic description provided; missing some key components. | Absent or inaccurate. |
| Common presentation and why | Appropriately describes common presentation and connects pathophysiology with presenting symptoms. | Provides common presentation but does not tie pathophysiology to it.  | Absent or inaccurate. |
| How diagnosis is made | Provides detailed methods of diagnosis including alternative methods (if applicable). | Gives basic tenants of diagnosis.  | Absent or inaccurate. |
| Possible complications of the condition | Detailed description of possible complications including impact on quality of life and the healthcare system.  | Basic description of possible complications.  | Absent or inaccurate. |
| Treatment options | Includes standards of care, alternatives, contingencies, and follow up.  | Provides basic treatment options. | Absent or inaccurate. |
| Summary statement for your case/patienti.e. what did you do; what was the outcome? | Present |  | Absent |