2018-2019
FAMILY MEDICINE CLERKSHIP SYLLABUS
MEDE 8809

Clerkship Director:
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Purpose of the Clinical Clerkship

The clinical clerkships affiliated with the Texas College of Osteopathic Medicine serve to provide supervised, high quality opportunities for third and fourth year medical students to apply and transform the declarative medical knowledge and basic clinical skills that they have acquired into procedural clinical competence, while also functioning as learning members of health care teams. The clinical clerkships promote and support TCOM students in developing clinical competence with emphasis on the core competencies beyond medical knowledge alone. Clerkships are encouraged to seek opportunities for students to provide Health and Wellness Counseling, develop improved interpersonal and communication skills, professionalism, as well as practice-based learning and improvement.

Clerkship Description

You are about to begin an eight-week experience with the department of family medicine during which time you will come to appreciate concepts of prevention and health maintenance within a context of continuity. You’re learning experiences will take place primarily in an ambulatory setting, but will also include experiences within an inpatient setting. Health promotion-disease prevention has long been a part of the osteopathic philosophy and our educational emphasis on prevention is well established. In recent years this has been a rallying point for managed care groups across the country. A major part of prevention lies in the area of cancer prevention and detection. Cancer is most effectively controlled through long-term patient physician partnerships in prevention, early detection, and screening. Through your eight-week experience of this clerkship, it is anticipated you will gain full appreciation of these concepts. To facilitate the learning of this long-term partnership you have been assigned to an ambulatory family practice clinic for the entire eight weeks of the clerkship. During this time, you will be expected to coordinate all care necessary for those patients assigned to you. We do not expect all of you to choose family practice as a specialty, however we do feel the experience of this eight-week continuity is invaluable in shaping a lifelong attitude of patient care.

For physicians of the 21st century, managed care concepts are an important part of any medical practice. The student will be introduced to the practical implementation of these concepts at the clinic as well as discussions through small group seminar activities.

The family physician can provide health care for between 80 and 90 percent of the problems encountered. You will participate in this comprehensive health care in the areas of prevention, diagnosis, therapeutics, and rehabilitation. Also, you will experience continuity of care from the small infant to the senior citizen as the scope of the family practitioner.

This rotation offers an opportunity to perfect your clinical skills, judgment and knowledge. It gives you a chance to see patients and to follow them and test your clinical judgment and treatment. You will get feedback from the supervising physicians and from your patients. Some of this may be positive and some may be negative, but all of it will benefit you in your development as a physician. It is important to follow-up on “interesting patients” through daily individual reading. If you spend as little as one hour per day reading at home about topics discussed in the clinic or a patient you attended, you will visualize that topic better and enrich your clinical database for the remainder of your professional career. Medicine is a “lifelong learning opportunity”.

We hope you will find this clerkship a rewarding experience, and that you leave with an appreciation of how rewarding family practice can be.
Clerkship Competencies

The objectives of the Clinical Clerkships are to enable TCOM students to achieve competence as graduate osteopathic medical students. As such, the objectives of the clerkship curriculum are represented by the AACOM Osteopathic Core Competencies for Medical Students.

For the purposes of the TCOM Clinical Clerkship Competencies, the AACOM 14 Competencies have been condensed into the following 8:

1. Osteopathic Principles and Practices
2. Medical Knowledge
3. Patient Care
4. Interpersonal and Communication Skills
5. Professionalism
6. Practice-Based Learning and Improvement
7. Systems-Based Practice
8. Health Promotion/Disease Prevention

Family Medicine Specific Competencies

The core clinical clerkship in family medicine provides students with the opportunity for advancement of the following competencies:

- Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
- Gather essential and accurate patient information.
- Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
- Develop and carry out patient management plans.
- Counsel and educate patients and their families.
- Use information technology to support patient care decisions and patient education.
- Perform competently all medical and invasive procedures considered essential for practice.
- Provide health care services aimed at preventing health problems or maintaining health.
- Work with health care professionals from all disciplines to provide patient-focused care.
- Know and apply the appropriate basic and clinically supportive sciences.
- Use information technology to manage information, access on-line medical information, and support their own education.
- Create and sustain a therapeutic and ethically sound relationship with patients.
- Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
- Demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development.
- Demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices.
- Demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities.
- Know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources.
- Practice cost-effective health care and resource allocation that does not compromise quality of care.
Advocate for quality patient care and assist patients in dealing with system complexities.
The body is a unit: the person is a unit of body, mind and spirit.
The body is capable of self-regulation, self-healing and health maintenance.
Structure and function are reciprocally related.
Rational treatment is based upon an understanding of the basic principles of body unity, self-regulation and the interrelationship of structure and function

**Interprofessional Practice Education**

Competency Domain 1: Values/Ethics for Interprofessional Service

Competency Domain 2: Roles/Responsibilities

Competency Domain 3: Interprofessional Communication

Competency Domain 4: Teams and Teamwork

The Mock Code Scenario occurs in the Spring and Fall. This is an IPE collaboration between TCU Harris School of Nursing, Texas College of Osteopathic Medicine and UNT System College of Pharmacy. The activity focuses on communication between members of a medical team in the context of a cardiac arrest. Students from the above professions will respond to a Mock Code. Each student will be given a role with regards to their field of study. Students will be debriefed after the initial scenario on what went well and what went wrong. Students will then again reenact the code scenario with their new skill set obtained from the prior debriefing.
Core Entrustable Professional Activities (EPAs)
For Entering Residency

These are the skills and behaviors expected of first year residents on day one of their residencies, as described by the ACGME residency directors and described in detail in the AAMC document of the above name. It is hoped that clinical clerkship directors and facilitators will make as much effort as possible to ensure that TCOM students have opportunities to practice these skills and behaviors on all clinical rotations.

1. Gather a history and perform a physical examination.
2. Prioritize a differential diagnosis following a clinical encounter.
3. Recommend and interpret common diagnostic and screening tests.
4. Enter and discuss orders and prescriptions.
6. Provide an oral presentation of a clinical encounter.
7. Form clinical questions and retrieve evidence to advance patient care.
8. Give or receive a patient handover to transition care responsibility.
9. Collaborate as a member of an Interprofessional team.
10. Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
11. Obtain informed consent for tests and/or procedures.
13. Identify system failures and contribute to a culture of safety and improvement.
14. AAMC https://www.aamc.org/
Goal 1

To help the student obtain a level of competence in osteopathic family medicine to qualify him/her for acceptance into a post-graduate GME program.

Upon completion of this clinical experience the student will be able to:

1. Record patient histories with emphasis on the patient’s total background, including medical, social, cultural, family, nutritional, environmental, and psychological considerations. PC, ICS
2. Complete a thorough, accurate, and efficient physical and structural examination. OPP, PC, ICS, P
3. Record an accurate database, make assessments and appropriate plans, including the tentative or working diagnosis, as well as identifying differential diagnostic considerations. OPP, PC
4. Select and utilize appropriate laboratory tests, radiological procedures, and consulting services to aid in reaching diagnostic conclusions. PC
5. Perform diagnostic and therapeutic clinic procedures commensurate with level of training. OPP, MK
6. Assume responsibility, under appropriate supervision, for patient evaluation and follow-up of cases to assess diagnosis and therapy. P
7. Demonstrate knowledge of drug names, indications, side effects, dosage and drug interaction. PC
8. Demonstrate knowledge of structural findings, manipulative treatment for correction of abnormal findings, and contraindications for the application of manipulative therapy. OPP, PC
9. Properly utilize Problem-Oriented Medical Records. P
10. Keep records in such a manner that they can be audited. P
11. Assure quality care and cost effectiveness via the audit procedure. PC, ICS, P
12. Provide patient education to facilitate patients’ active participation in their own health care. PC
13. Provide medical care consistent with osteopathic philosophy and practice. OPP, P
14. Develop a working relationship with other members of the health care delivery team: other physicians, nursing personnel, social services, office personnel, and community resources. PC, ICS, P
15. Identify the extent to which social, cultural, economic, psychological and environmental factors affect the health of patients and the delivery of health care. PBLI, SBP, HPDP
16. Demonstrate a basic understanding of the techniques, skills, problems, and competencies required in the administration of health care delivery services and office management. SBP, HPDP
17. Refer a patient for specialty care. (This would include a completed history and physical and a copy of pertinent information for the specialist’s review. Communication regarding the referral should be relayed by phone, or preferably in writing. The Ambulatory Care Clinics would also expect a written or verbal reply from the specialist consulted following the patient visit. ICS, HPDP
18. Understand the basic concepts of managed care. SBP, HPDP
Goal 2

To help the student correlate osteopathic principles with patient care.

Upon completion of this clinical experience, the student will be able to:

1. Diagnose and treat disorders of the musculoskeletal system in-patients of all ages. OPP, MK
2. Diagnose and treat acute and chronic disorders, both somatic and visceral. OPP, MK
3. Give appropriate manipulative treatment to patients being treated for systemic diseases. The student is expected to design and implement a treatment program that is appropriate and rational for the pathophysiology involved. OPP, MK
4. Use radiology in the diagnosis of postural imbalance and other disease processes. OPP
5. Identify trigger areas and reflex arcs of sensory or visceral origin. OPP, MK
6. Know the indications and contraindications for each type of manipulative treatment. Be able to select a type of treatment appropriate to the patient’s age, sex, and medical condition. OPP, MK

Goal 3

To help the student develop communicative and professional skills.

Upon completion of this clinical experience, the student will be able to:

1. Establish rapport and communicate with patients. PC, ICS
2. Promote patient compliance with indicated medication and other therapeutic measures. PC, ICS
3. Show an interest in the community being served. HPDP
4. Have better self-confidence and self-awareness. MK, PC
5. Demonstrate a sense of professionalism as reflected in such diverse characteristics as case follow-up, continuing medical education efforts, punctuality and personal appearance. P

Goal 4

To help the student understand the importance of ethics in patient care, and professional interactions.

Upon the completion of this clinical experience, the student will:

1. Understand the importance of respecting the confidentiality of patient and family concerns. P
2. Recognize the rights of the patient. PC
3. Be attentive to common courtesies with fellow professionals, especially in handling referrals. P
4. Be able to recognize their feelings and seek functional ways of improving their comfort and skills in dealing with “problem patients,” such as those who may be considered socially unacceptable, difficult to deal with, having AIDS, or are dying. ICS
Required Didactics and Assignments

A handout of the required didactics schedule, required meetings, and study assignments will be provided to you at orientation.

Included in the didactics schedule are several functions which are required of students participating in the Family Medicine Clerkship. They are as follows:

1. The Principles of Prescribing – Online Module  See in Canvas
2. Ethics Curriculum- Online Module
3. Mock Code Scenario a joint inter-professional activity between UNTHSC/TCOM and the Harris College of Nursing at TCU (Spring and Fall)
4. Narcotic Prescriptions-Past, Present, and Future-Online Module See in Canvas
5. Mini-Cex-observed history and physical
6. IHI Module Q5 PFCI

To determine the efficacy of each didactic experience, the use of an assessment tool and pre- and post-evaluation survey will be administered. These evaluation instruments are considered a requirement of the clerkship and must be completed prior to receiving a passing grade for the course.
Evaluation and Grading

Evaluation is an important part of any educational experience. The most important part of the evaluation process is the feedback the student receives during the learning process. The final pass/fail grade you receive will be based on your performance in three basic areas:

Clinical performance -
Family Medicine exam (COMAT)
Family Medicine Internal Quizzes

A mid-rotation feedback interview will be conducted by your clinic director. This is a formative evaluation and is for the purpose of giving you a "progress report" or clinical preceptor feedback of your clinical performance up to that time. Any deficiencies will be pointed out to you at that time. Any number grade given at this time will not be averaged with your final evaluation. A copy of the evaluation form can be found in the Uniform Policies and Procedures. Please review it. Your active participation in your assigned seminar group and other didactic sessions is required. This will be considered in determining your final grade.

The final grade of Honors/Pass/Fail for the core rotation is derived from successful completion of the following components:

<table>
<thead>
<tr>
<th>Component</th>
<th>Evaluation Tool</th>
<th>Minimum Score Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Clinical Performance</td>
<td>Clinical Clerkship Evaluation</td>
<td>Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.</td>
</tr>
<tr>
<td>Family Medicine COMAT</td>
<td>Family Medicine COMAT Exam</td>
<td>Minimum Scaled Score of 70</td>
</tr>
<tr>
<td>Family Medicine Internal Quizzes</td>
<td>Weekly Quizzes</td>
<td>Cumulative grade of 70 or above</td>
</tr>
</tbody>
</table>

All of above items are mandatory for successful course completion.

Students may be eligible for “Honors”, designated by the Clerkship Director, if they meet all expected requirements to pass the clerkship and:

- **Score 91 or above on the COMAT exam for that clerkship.** The score will be set and approved on an annual basis by the clerkship director, the assistant dean for clinical education, and the senior associate dean for academic affairs.
- **Achieve an “Exceeds Expectation” on at least one of their clinical evaluation competency areas.**
- **Do not have a “Below Expectation” on any clinical evaluation competency area.**
- **Do not violate any Clinical Education policy or procedure while on the rotation, e.g. attendance policy.**

The final designation for Honors is at the discretion of the Clerkship Director for Core clerkships and does not apply to elective rotations.

The department will counsel with students who are borderline or not passing at the four-week evaluation. We would hope this would allow the student ample time to improve his/her performance in the ensuing four weeks. Any student receiving a "failing" grade will be required to remediate the clerkship as directed by the Student
Performance Committee and described in the “Uniform Policies and Procedures for Clinical Clerkships”.

Written comments are considered vital to the final evaluation and should be included as part of the clinical evaluation given by the clinic director. The course director, in consultation with the clinic director and seminar facilitator will determine the final course grade.

At the end of the rotation, your clinical preceptor discuss your evaluation with you during a personal interview. Your evaluation will be forwarded from the director of the clinic to the course director. After being reviewed and signed by the course director, the complete rotation evaluation will be forwarded to the department chairperson for signature. From the chairperson’s office, your grade is forwarded to the Office of Clinical Education, and then to the Registrar. If you do not agree with the evaluation, your first appeal is to the director of the clinic. The next step in the appeal process is to the course director with a request for departmental review. Final appeal would be through the procedure as outlined in the College catalog.

At the end of the rotation, your preceptor should go over your clinical performance. A standardized form developed by Clinical Education will be utilized to grade your clinical performance. The form covers the AACOM Osteopathic Core Competencies for Medical Students. Upon completion of this clerkship students should perform the behaviors outlined within the “expected” level of each competency rated on the Clinical Clerkship Evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in course failure.

A comprehensive subject (Comat) exam will be given on the final day of the rotation. This will be administered by the Department of Testing and Evaluation. Per Health Science Center Policy, this is a required component of each core clerkship and a scaled score of 70 or greater will be required to pass the clerkship course.

In addition to the subject exam, **seven - 25 question weekly quizzes** covering selected required reading assignments will be given. A **cumulative** grade of 70 or above is required on these quizzes to pass the course.

Any student failing to achieve a **cumulative 70** on the quizzes must remediate all or a portion of the quizzes at the discretion of the course director. The maximum grade that can be received via remediation is 70. Any student who fails remediation of the quizzes will be required to repeat the Family Medicine rotation.

The above items are mandatory for successful course completion. Failure to complete paperwork and/or online evaluations in a timely manner will result in the loss of points from your final grade and withholding of grades sent to the Registrar.

Institute for Healthcare Improvement (IHI.org) Open School

Each Student is required to complete the following:
**Q5-Leading Quality Improvement**
**PFC1 Introduction to Person- and Family-centered Care**
Students are required to upload the completion certificate to Canvas.
## Entrustable Professional Activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Needs Improvement</th>
<th>Meets Expectations</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gather a history and perform a physical examination</td>
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<tr>
<td>Prioritize a differential diagnosis following a clinical encounter</td>
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<tr>
<td>Recommend and interpret common diagnostic and screening tests</td>
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<tr>
<td>Enter and discuss orders and prescriptions</td>
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<tr>
<td>Document a clinical encounter in the patient record</td>
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<tr>
<td>Provide an oral presentation of a clinical encounter</td>
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<tr>
<td>Form clinical questions and retrieve evidence to advance patient care</td>
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<tr>
<td>Give or receive a patient handover to transition care responsibility</td>
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<tr>
<td>Collaborate as a member of an Interprofessional team</td>
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<tr>
<td>Recognize a patient requiring urgent or emergent care and initiate</td>
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<td></td>
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<tr>
<td>evaluation and management</td>
<td></td>
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<tr>
<td>Obtain informed consent for tests and/or procedures</td>
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<tr>
<td>Perform general procedures of a physician</td>
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<tr>
<td>Identify system failures and contribute to a culture of safety and</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>improvement</td>
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</tbody>
</table>

**Strengths:**

**Areas in need of improvement:**

**Additional Comments:**

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Preceptor ___________________ Date ________ Student ___________________ Date ________

This must be completed in New Innovations and reviewed at the exit interview
# Clinical Clerkship Evaluation

**Student Name**

**Period/Dates**

**Site**

**Preceptor**

**Rotation**

**Core**: □  **Elective**: □

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**PLEASE EVALUATE THE STUDENT ON EACH OF THE SEVEN COMPETENCIES AS THEY PERTAIN TO YOUR PRACTICE**

**Comments required for below expected or beyond expected.**

## 1- Osteopathic Principles -

- **Below expected**: The student does not regularly consider OPP/OMT in patient care.
- **Expected**: The student considers OPP/OMT in the evaluation and treatment of the patient. They can develop osteopathic differential diagnoses when appropriate.
- **Beyond expected**: The student applies holistic care, performs osteopathic structural and sympathetic reflex examinations and employs manipulative treatment as necessary.

**Comments:**

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## 2- Medical Knowledge -

- **Below expected**: The student has a deficient knowledge base for their level of training. They are unable to apply clinical skills to patient care. They struggle to develop appropriate differential diagnoses.
- **Expected**: The student demonstrates an adequate knowledge base for their level of training. They are able to apply their knowledge, clinically and perform skills appropriate for their level. They can identify differential diagnoses and use investigative thinking in clinical situations.
- **Beyond expected**: The student demonstrates a superior fund of knowledge for their level of training. They regularly perform skills most others do not at this level. Their differential diagnoses are beyond what would be normally expected at this level.

**Comments:**

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## 3- Patient Care -

- **Below expected**: The student struggles with time management when interacting with patients. Their history and physical skills are not developed. They cannot reliably formulate differential diagnoses, treatment plans. There is no attempt to address wellness and prevention.
- **Expected**: The student is reliably timely and evaluates patients appropriately with history and physical exam. They can develop thoughtful treatment and management plans. They are aware of the importance of wellness and prevention but may not incorporate it into patient interactions regularly.
- **Beyond expected**: The student always evaluates assigned patients in a timely fashion, performs an appropriate history and physical exam, can **prepare and carry out** treatment and management plans. They can provide wellness counseling to patients and can promote disease prevention.

**Comments:**

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## 4- Professionalism -

- **Below expected**: The student has demonstrated unprofessional behavior with little insight or remorse. They do not apply cultural awareness. Their actions are concerning for their future dependability.
- **Expected**: The student applies ethical standards to patient care, demonstrates respect for cultural diversity. They demonstrate concern for others and exhibit dependable, self-directed action.
- **Beyond expected**: The student advocates for quality care. They are highly self-directed and dependable. prevention.

**Comments:**

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5 - Interpersonal and Communication Skills -

<table>
<thead>
<tr>
<th>Below expected</th>
<th>Expected</th>
<th>Beyond expected</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student has difficulty communicating effectively with patients and others. They do not, or are unable to document appropriately in the medical record.</td>
<td>The student can communicate effectively with the patient and their family, other members of the healthcare team, and can document appropriately in the medical record.</td>
<td>The student is an excellent communicator with patients and others. They document completely in the medical record, beyond what would be expected at their level of training. They employ empathic care for patients and others.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

6 - Practice-Based Learning and Improvement -

<table>
<thead>
<tr>
<th>Below expected</th>
<th>Expected</th>
<th>Beyond expected</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>The student does not try to employ evidence-based medicine. They do not receive or give feedback in an appropriate manner.</td>
<td>The student can discuss current evidence but may not regularly apply it. They are developing their skills when it comes to giving and receiving feedback.</td>
<td>The student regularly applies current evidence to patient management. The student solicits and provides feedback as appropriate.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

7 - Systems-Based Practice -

<table>
<thead>
<tr>
<th>Below expected</th>
<th>Expected</th>
<th>Beyond expected</th>
<th>Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is no consideration of safe, cost-effective care. They struggle to work with others effectively for the benefit of patients.</td>
<td>The student demonstrates a basic level of cost-effective patient care. They are aware of and can promote community resources and can participate in a team environment.</td>
<td>The student demonstrates an advanced level of safe, cost-effective care. They can assume multiple roles within the healthcare team as needed. They seek out community resources in order to benefit patients.</td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Number of Days Absent: __________

General Comments:

________________________
________________________
________________________
________________________
________________________
________________________
________________________

Preceptor __________________ Date __________________ Student __________________ Date __________________

Clerkship Director __________________________ Associate Dean __________________________

You may return this evaluation form via the following: UNTHSC/TCOM

Mail: Office of Clinical Education
3500 Camp Bowie Blvd. 817-735-2456
Fort Worth, TX 76107

Fax: Office of Clinical Education

Email: clinicaleducation@unthsc.edu
<table>
<thead>
<tr>
<th>Rotation Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>APC Clinic</strong></td>
</tr>
<tr>
<td>Dakeya Jordan, DO, Medical Director</td>
</tr>
<tr>
<td>Long Wong, DO,</td>
</tr>
<tr>
<td>Suguna Neelakantan, DO</td>
</tr>
<tr>
<td>Didi Ebert-Blackburn, DO</td>
</tr>
<tr>
<td>Michael Shaffer, DO</td>
</tr>
<tr>
<td>855 Montgomery Fort Worth, Texas</td>
</tr>
</tbody>
</table>

| **Conroe Regional Medical Center** | **Northeast Community Health Clinic** |
| Jonathan Santos, MD | Linda Siy, MD., Medical Director |
| 605 S. Conroe Medical Dr | Daniel Lum, MD |
| Conroe, Texas 77304 | Francis Mascarenhas, MD |
| | Abrar Mohammed, MD |
| | Lakshmi Gujju, MD |
| | 837 Brown Trail |
| | Bedford, Texas |

| **Corpus Christi Bay Area** | **North Texas Area Community Health Center** |
| Steven Gates, DO, | Elizabeth Trevino, Ph.D. CEO |
| Director of Medical Education | Elizabeth Rivera, DO |
| 7101 South Padre Island Drive | Kimberly Strickland, DO |
| Corpus Christi, Texas | 2106 N. Main Street |
| | Fort Worth TX |

| **True Worth Clinic** | **Northwest Health Center** |
| Frank Lonergan, DO | Gary Paradiso, DO |
| 1350 E Lancaster Suite 100 | 401 Stribling Drive |
| Fort Worth, TX | Azle, TX |

| **Diamond Hill Community Health Center** | **Polytechnic Clinic** |
| Maya Namboodiri, DO, Medical Director | Robert Richard, DO, Medical Director |
| Jessica Barreto, MD | Kiran Master, MD |
| Kelly Felps, MD | John Locke, MD |
| 3308 Dean Road | 1650 S. Beach |
| Fort Worth, Texas | Fort Worth, Texas |

| **Southeast Tarrant County Medical Home** | **Seminary Clinic** |
| Urussa Jabbar, DO | Damon Schranz, DO, Medical Director |
| Samrath Sokhey, DO | Jon Sivoravong, DO |
| Sumitha Atluri, MD | Kim Pham, DO |
| Farhana Amir, MD | Esiquiel Olivarez, DO |
| Asfia Sayeed, MD | 1305 E. Seminary Drive |
| 1050 W. Arkansas Ln, Suite 150 Arlington, TX | Fort Worth, Texas |

| **Methodist Charlton Medical Center** | **South Campus** |
| Lawrence Gibbs, MD | Anjali Kumar, DO |
| Tom Shima, DO | 2500 Circle Drive |
| Director of Osteopathic Medical Education | Fort Worth, Texas |
| 3500 W. Wheatland Road | |
Watauga Clinic
Mohd Uddin, MD,
Yue-Qing, Tan, MD
6601 Watauga Road
Watauga, Texas

Jamie Inman, DO
4305 S. Hulen Street
Fort Worth, Texas 76109
General Responsibilities

Specific orientation for clinic procedures will be given at your individual clinics. Please refer to your schedules for specific details.

General Responsibilities

1. Clinic Hours
Patient care hours and schedules **vary from clinic to clinic**. You are expected to arrive at your assigned clinic no later than one-half hour before the first scheduled patient. This will allow you to tend to any charting, messages, lab results, or other duties and be ready to see your first patient on time.

2. Patient Visits
During the patient visit, the student is responsible for:

- Obtaining an appropriate history and physical. This may be very comprehensive or problem focused, depending on the situation.
- Evaluation of pertinent diagnostic tests.
- Presenting every patient to the faculty supervisor prior to finalizing management plans.
- After appropriate consultation with the faculty supervisor, initiate all necessary treatment and management.

3. Medical Record
The medical record is a vital part of maintaining a continuity relationship with the patient and being able to provide a preventative approach to the health care of your patients. Updating the medical record each visit is expected of all students. This will include:

- Chronic and acute problem lists
- Medication lists
- Immunization status
- Health maintenance charts

**All records should be completed the day of the visit and no medical record shall be removed from the clinic.**

4. Diagnostic Tests
Laboratory, x-ray, and other diagnostic tests should be viewed as a means to confirm or rule out pathological conditions suspected on the basis of your clinical evaluation. Learning cost-effective health care is an essential part of your medical education. You should be able to justify each test you order. If you cannot give sound reasoning as to why the test should be done, perhaps it is an unnecessary test. **All tests should be approved by the faculty supervisor** prior to ordering or doing them.

Specific orientation on how to order lab and x-rays will be given at the clinic site. You must be specific and follow protocol. There are several managed health care plans that have specific rules. These must be followed. Ask the nursing staff at your clinic if you are unsure of what to do.
5. Lab Procedures Available at the Clinic Site.

What lab procedures are done at the clinic is dependent on whether or not CLIA approval has been obtained. All of the UNTHSC clinics are CLIA approved. At the end of the rotation the student should be proficient in performing the following tests:

- Urinalysis.
- Wet mount.
- KOH prep.
- Urine pregnancy test.
- Finger stick glucose, PT/INR, HgbA1c.
- Obtaining specimens for various cultures.

6. Writing Prescriptions

All prescriptions must be signed by a supervising licensed physician. Keep them in your pocket. Students may not call in prescriptions to the pharmacy.

7. Referrals

If you feel that your patient would benefit from a referral to another specialist, you must have pre-approval by the supervising physician. He/she will review with you whether there is sufficient data on the patient's problem, and see if you have done a sufficient work-up before sending the patient to a consultant. It is your responsibility to arrange the consultations on your patients. You will be given specific orientation at each clinic site. There are specific rules to follow and these will vary according to the type of insurance or managed care plan the patient has.

After making the appropriate arrangements for a consultation, the student will be expected to complete a referral form, which shall include all appropriate clinical information necessary to assure continuity of care. This includes copies of all appropriate labs, x-ray and other reports. We encourage the student doctor, whenever possible, to accompany the patient to the consultant in order to determine first-hand what is offered the patient in the way of care. When making the arrangements, ask the consultant's staff if it would be permissible for you to accompany your patient. You are expected to do this as part of the educational experience of this clerkship. Your clinical staff will cooperate in giving appropriate time away from the clinic for this educational activity.
**General Guidelines**

**Health Services**
Students may access physical health services at the sites listed below. All students are responsible for carrying health insurance and should check with their insurance company before accessing services.

Students in the **DFW & Weatherford area** may access health services at the UNTHSC Student Health Clinic.

UNTHSC Student Health Clinic
855 Montgomery St
3rd Floor North
Fort Worth, TX 76107
817-735-5051
studenthealth@unthsc.edu

Students in the **Conroe area** may access health services at Lone Star Family Health Center’s Spring Location.

Lone Star Family Health Center- Spring
440 Rayford Rd.
Spring, TX 77386
936-539-4004

Students in the **Longview area** may access health services at CHRISTUS Trinity Clinical Internal Medicine.

CHRISTUS Trinity Clinical Internal Medicine
703 E. Marshall Ave
Suite 1001
Medical Plaza II
Longview, TX 75601
903-753-7291

Students in the **Corpus Christi area** may access health services at Promptu Immediate Care.

Promptu Immediate Care
5638 Saratoga Blvd
Corpus Christi, TX 78414
361-444-5280

Promptu Immediate Care
4938 S Staples
Ste E-8
Corpus Christi, TX 78411
361-452-9620
Exposure to Blood Borne Pathogens

Universal Precautions: The term “universal precautions” refers to infection control which presumes that every direct contact with body fluids is potentially infectious. The Occupational Safety and Health Administration (OSHA) regulations for health care professionals who are considered to be at risk of occupational exposure to bloodborne diseases can be found at https://www.osha.gov/SLTC/bloodbornepathogens/index.html

Bloodborne pathogens refer to pathogenic microorganisms that are present in human blood and can cause disease in humans (e.g. HBV, HIV, etc.). Exposure Incident means “a specific eye, mouth, other mucous membranes, non-intact skin, or parenteral contact with blood or potentially infectious materials.” Contact can occur via a splash, needle stick, puncture/cut wound from sharp instrument, or human bite. Other potentially infectious body fluids other than blood include semen; vaginal secretions; pleural, pericardial, synovial, peritoneal, cerebral spinal, amniotic fluid; saliva during dental procedures; and any other body fluid visibly contaminated with blood.

Policy/Procedure: If a TCOM medical student is exposed to bloodborne pathogens either by direct contact with blood or other body fluids via the eyes, mucous membranes, human bite, or sharps (e.g., needle stick, lancet stick, scalpel cut, etc.) while on rotation, it is to be handled as an EMERGENCY SITUATION.

Post Exposure Protocol
• Immediately wash exposed areas with soap and water.
• If splashed in eyes or mouth, flush with large amounts of water.
• It is critical that you are treated within the first two hours after injury.
• Notify supervisor and follow rotation site exposure protocols (see below for addresses).
• If facility is not equipped to handle exposure, contact Harris Occupational Health Clinic (HOH) or appropriate remote site location listed below.
• If HOH or remote listed site is not available, or you are more than 30 minutes from campus, go to the nearest ER and use your student health insurance.
• You are required to notify Student Health of any care received at another facility.

Dallas Fort Worth & Weatherford Area students with exposures to bloodborne pathogens which occur M-F, 8-5 should report to:

Harris Occupational Health
1651 W. Rosedale, Ste. 105
Fort Worth, TX 76104
T: 817-250-4840 F: 817-878-5250

For exposures occurring afterhours, students should report to the nearest emergency room and use your student health insurance.

Conroe remote site students with exposures to bloodborne pathogens which occur M-F, 8-5, should report to the Nurse Manager at :

Lone Star Family Health Center
605 S. Conroe Medical Dr.
Conroe, TX 77304
936-539-4004.

For exposures occurring afterhours, students should report to :

Emergency Department
Conroe Regional Medical Center
504 Medical Center Dr.
Conroe, TX 77304
936-539-1111
**Longview** remote site students with exposures to bloodborne pathogens which occur M-F, 8-5, should report to:

CHRISTUS Good Shepherd Medical Center Employee Health
1621 N 4th St, Suite 1
Longview, TX 75601
903-315-5154

For exposures occurring afterhours, students should report to:

Emergency Department
CHRISTUS Good Shepherd Medical Center
700 E Marshall Ave.
Longview, TX 75601
903-315-2000

**Corpus** remote site students with exposures to bloodborne pathogens should report to:

Christus Spohn
OCC Health Nurse at Christus Spohn
also immediately report to your attending and Dr Hinojosa
Bay Area
report to charge nurse and medical education office
proceed directly to emergency room for treatment

**Patient Care Supervision**
Cross Listed as TCOM Procedure 5.4 Patient Care Supervision

TCOM students and residents engaged in patient care at UNTHSC operated facilities or as participants in UNTHSC affiliated training programs shall do so under the supervision of a licensed health care provider who has been credentialed to provide that scope of care. Visiting students and residents working in UNTHSC facilities or with UNTHSC employed faculty shall be similarly supervised.

1. TCOM students and residents engaged in patient care activities shall at all times be supervised by a duly licensed member of the clinical faculty who retains privileges for the scope of care being provided. Faculty or a similarly credentialed designee (resident or fellow with approved privileges) must be immediately available in the facility where the activity is taking place. Students who have demonstrated competence to the faculty may perform patient histories and physical examinations without immediate supervision if directed to do so by faculty.

2. TCOM students and residents may form such additional tasks as may be directed by supervising faculty upon demonstrating competence to perform those tasks. In most instances, the provision of patient care shall require the immediate presence of a duly credentialed supervising provider who has ascertained the trainee's level of proficiency.

3. TCOM shall assure distribution of this procedure to students, residents and faculty as part of the orientation plan for clinical training.

4. Students or residents who fail to follow procedures for clinical supervision may be removed from patient care activities at the discretion of the dean or her/his designee pending a disciplinary review.

5. Faculty who fail to observe supervision procedures may be removed from participation in TCOM training programs and may be further subject to disciplinary action.
Medical Student Use of Chaperones

While on rotations, it is important for you to make your position clear to patients by introducing yourself as a “medical student”. All students should review with their preceptor and site all chaperone policies to ensure they are in compliance on this rotation. Without question, any portion of an exam that involves breast, pelvic or rectal exams, and even during certain portions of an interview that can involve sexual history, should not be done alone with the patient.

Attendance Policy
The Department of Family Medicine expects 100% attendance at all required clinics, rounds, meetings and assigned functions. Students are required to strictly adhere to the attendance policies described in “Uniform Policies and Procedures for Clinical Clerkships”. Failure to do so may result in disciplinary action.

ATTENDANCE (per the “Uniform Policies and Procedures for Clinical Clerkships”)

The focus of the clinical experience in years 3 and 4 is patient care. 100% attendance is, therefore, required to be certain that continuity of care is maintained. Students may not miss the first day of any clinical rotation. It is understood; however, that certain situations may arise that will result in absence from required daily participation.

In such instances the following policies will be observed:

All absences are subject to approval by the clerkship director. Even if the absence is approved, the clerkship director or preceptor may require an additional assignment or for time to be made up from any student who misses time on their service. Make up days should be completed within the regularly scheduled rotation.

COMLEX PE exam absences- Students are allowed 1 day for travel to the exam, the test day, and an additional day for return travel. Absence requests beyond this may be denied by the Clerkship Director, Assistant Dean for Clinical Education, or the Director of Clinical Education. You may not schedule your COMLEX PE exam on a date which causes you to miss the orientation day for a rotation.

All absences shall require submission of a Request for Absence from Clerkship form a minimum of 45 days in advance for planned absences and within three days of student’s return from absence in the case of an individual or family emergency. If absence is due to medical issues, a physician’s note is required, the dates must match those missed and may not be signed by a member of the student’s family. That form is available either on-line or in the Office of Clinical Education. There may be instances where board examinations are scheduled and the 45 day advanced request is not possible. In this circumstance, the course director will have the option to approve this absence.

Unapproved absence or absence in excess of the above policy may require remediation or result in a failing grade at the discretion of the clerkship director/Office of Clinical Education.

Absence of 5 days or more during any 4 week rotation (or any 10 days of an 8 week rotation) or absence of 7 days or more for 6-week rotations will result in a grade of INCOMPLETE and repeat of the entire rotation will be required.

Failure to notify the clerkship director or rotation supervisor of any absence will be considered neglect of duty and may result in a failing grade for the clerkship.

Students may be granted approval for absence by the Associate Dean for Academic Affairs for participation in select Health Science Center activities. Such approval must be obtained in advance with written notification to the clerkship director. Please review the individual syllabi for additional attendance requirements.

If you are ill, or otherwise cannot be in the clinic, you must notify your clinic director at the earliest possible time. Do not call the department answering service and leave a message. Call the department of Family Medicine Academic office, 817-735-2440, and/or your clinic. The Academic office phones are usually answered by 7:30 am.
Professionalism and Ethics

We expect you to give the appearance and behavior of an advanced medical student about to become a physician. You should remember that medical ethics of confidentiality should be adhered to. Appropriate identification identifying you as student physicians should be worn at all times when seeing patients. The student physician should appear well groomed, neatly dressed, and give a good professional image. Dress requirements include a cleaned and pressed clinic jacket. We reserve the right to suggest that dress may not be suitable, or we may suggest appropriate attire. Your response will be judged as part of your self-management.

We expect you to maintain the highest standard of professionalism and ethical behavior at all times. This includes your relationship with the clinic staff, and your fellow students.

Problem Patients
If you are having trouble with a patient, please notify your supervising physician. He/she will advise you or get further consultation on how to handle the situation.

Availability
You must be readily available at all times during clinic hours. If for any reason you must leave the clinic, you must notify both the supervising faculty and the head nurse. Your home phone number must be listed with your assigned clinic office.

Equipment
Carry your stethoscope with you during clinic hours.

Courtesy Visits
Under no circumstances are you to see a patient unless they have signed in with the receptionist of your clinic. Do not see your classmates or fellow students informally. They must register with the front desk. Under no circumstances are you to discount any charges without the approval of the supervising faculty.
Applicable Policies

The clinical clerkship is operated in accordance with the policies and procedures of the academic programs of the Texas College of Osteopathic Medicine as presented in your class’ Clerkship Manual, Student Handbook and College Catalog.

Academic Integrity/Honor Code
Enrollment is considered implicit acceptance of the rules, regulations, and guidelines governing student behavior at UNT Health Science Center. It is the responsibility of the student to be familiar with all policies governing academic conduct which can be found in the UNTHSC Student Catalog, Student Policy Handbook and the Student Code of Conduct and Discipline which are located on the UNTHSC Internet at http://www.hsc.unt.edu/Sites/DivisionofStudentAffairs/

Academic Assistance
Students may schedule one-on-one academic assistance with faculty through in-person appointments, telephone calls or e-mail communication. Academic assistance is also available through the UNTHSC Center for Academic Performance (CAP). http://www.hsc.unt.edu/CAP

Attendance and Drop Procedure
Course instructors and the School’s administration expect students to attend class. It is the responsibility of the student to consult with the instructor prior to an absence, if possible. Withdrawal from a course is a formal procedure that must be initiated by the student. Students who stop attending class and do not withdraw will receive a failing grade. Students should consult with the instructors prior to withdrawing. In some cases a perceived problem may be resolved, allowing the student to continue in the course. It is the student’s responsibility to be familiar with the policies and procedures as stated in the Student Handbook and the UNTHSC Catalog located on the UNTHSC Internet at http://www.hsc.unt.edu/departments/studentaffairs/.

Americans with Disabilities Act
The University of North Texas Health Science Center does not discriminate on the basis of an individual’s disability and complies with Section 504 and Public Law 101-336 (American with Disabilities Act) in its admissions, accessibility, treatment and employment of individuals in its programs and activities. UNTHSC provides academic adjustments and auxiliary aids to individuals with disabilities, as defined under the law, who are otherwise qualified to meet the institution’s academic and employment requirements. For assistance contact the Assistant Director, Disability Accommodations within the Center for Academic Performance at the Health Science Center. Reference Policy 7.105 Americans with Disabilities Act Protocol in the Student Policies.
Course and Instructor Evaluation
It is a requirement of all students that they are responsible for evaluating each of their courses and instructors as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction. Please adhere to all guidelines established in the policy.

Course Assessment In some instances, courses will have a course assessment that will provide immediate feedback to the course director regarding progress of the course identifying potential problems and determining if student learning objectives are being achieved. (Provide all pertinent information regarding the specifics of the groups in the syllabus as defined in UNTHSC Policy 7.120 Student Evaluation of Courses and Instruction.)

Syllabus Revision
The syllabus is a guide for this class but is subject to change. Students will be informed of any change content or exam/assignment dates.

Turnitin and the Family Education Rights and Privacy Act (FERPA) – If applicable
NOTE: UNTHSC has contracted with Turnitin.com for plagiarism detection services. Use of Turnitin.com is entirely in the discretion of the instructor, but use of such a service requires that you provide notice (via syllabus) to your students that you are using such services. In addition, instructors who use Turnitin should be sure to remove student identifiable information from the work before sending to Turnitin or receive written permission from the student. There are two methods for using Turnitin for written assignments. Please refer to the wording guidelines and consent form located on the Faculty Affairs website at http://www.hsc.unt.edu/Sites/OfficeofFacultyAffairs/index.cfm?pageName=Turnitin.

Zero Tolerance for Sexual Violence and Harassment
All students should be able to study in an atmosphere free of harassment, sexual violence and gender discrimination. Title IX makes it clear that violence and harassment based on sex and gender is a Civil Rights offense subject to the same kinds of accountability and the same kinds of support applied to offenses against other protected categories such as race, national origin, etc. If you or someone you know has been harassed or assaulted, you can find the appropriate resources on the UNT Health Science Center’s website:
http://web.unthsc.edu/info/200304/student_affairs/355/title_ ix_reporting (Links to an external site.)

COMAT Exam
A passing score of at least 70 (scaled) on the Family Medicine COMAT exam is a required component of this course. Testing and Evaluation Services will notify students of exam date, location, and start time. Students must be seated in their designated seats prior to the published exam time. Any student arriving late to the COMAT exam will receive no additional time to take the exam. They will be required to stop taking the examination at the published stop time. A student will lose 10 points on the exam for late arrival. If the 10 point reduction results in a score below 70, the student will not be required to remediate the exam. However, the score will be recorded as is. See also section 4.2.1 of Clinical Education Policy and Procedure Manual for COMAT exam and remediation procedures.
APPENDIX

** Appendices are posted to Canvas

1. Weekly Assignments
2. Focused Experiences
3. Learning Resources
4. Cognitive Objectives
5. Common Clinical Entities
6. ACOFP Code of Ethics