University of North Texas Health Science Center at Fort Worth
Texas College of Osteopathic Medicine

Department of Family Medicine

Primary Care Partnership (FAMM 714)

Clerkship/Course Director: Damon A. Schranz, DO, FACOFP
Associate Professor

Department Office: Family Medicine Academic Office
Patient Care Center

Preceptorship Coordinator: Amber Pritchett
Sr. Administrative Assistant
(817) 735-2440

Clinical Faculty: Information on Approved Preceptors is located in the Department of Family Medicine

Student Consultation: Call the Department of Family Medicine at (817) 735-2440 to schedule an appointment

Revised: January 6, 2014
AN INTRODUCTION TO
THE FAMILY MEDICINE PRECEPTORSHIP PROGRAM
CLERKSHIP FAMM 714 (FAMILY MEDICINE PRIMARY CARE PARTNERSHIP)

Welcome to the Family Medicine Primary Care Partnership Preceptorship Program. The purpose of the Syllabus is to acquaint you with the philosophy of our department and to provide you with the learning objectives and procedures for this Preceptorship Program. We hope this will be a rewarding experience for both the student and the Preceptor. The primary goal of this Preceptorship Program is to give the student as complete an experience as possible in participating in the delivery of medical care in an office-based family practice setting.

One four-week Primary Care Partnership is required for graduation and may be completed in Family Medicine.

The role of the Family Medicine Primary Care Partnership Clerkship is to make the student aware of the mechanism of health care delivery to the public, by a family practice primary care provider. It will permit the student to observe how the private practice of medicine is accomplished in today’s world outside of the medical school setting.

I. Clerkship FAMM 714 Year III or IV – Primary Care Partnership:

The Primary Care Partnership is a clinical rotation of four (4) consecutive weeks with an approved Family Practice physician. The preceptor must be credentialed by UNTHSC. The PCP rotation may be office or hospital based.

A. Failure to complete a Primary Care Partnership will result in an Incomplete (“I”), which must be remediated in order to graduate. In like manner, if a failing grade (below 70) is received, the Clerkship must be satisfactorily repeated in order to graduate. If the Clerkship is repeated, the highest grade possible on the repeated Clerkship will be 70. A numerical grade will be assigned by the Preceptor and must be received within ten (10) days following completion of the Clerkship. All grades are reviewed by the Course Director and then forwarded to the Office of Clinical Affairs.

B. Students who have elected to do their Primary Care Partnership in Family Medicine will select a physician from the list of approved Family Practice Preceptors. The list is available online on the Clinical Education Department website and also in the Family Medicine Academic Office (Patient Care Center, Room 211). The list provides information regarding specific physicians, practice location, office and fax numbers, and any subspecialties (in addition to Family or General Practice) that the physician may have.

C. **If you wish to do your Primary Care Partnership with a Family Practice physician who is not on the approved list, the physician must agree to be credentialed through the university as adjunct faculty (they must provide copies of all licensures, malpractice insurance facesheet, and a current copy of their CV).
Once the completed credentialing packet is collected, the credentialing packet is sent to the Office of Faculty Affairs for routing and final appointment approval by the President.

D. **Students must select an approved Preceptor and complete all paperwork at least thirty (30) days prior to beginning the rotation.** Please be advised that it is the responsibility of the student to make certain that verbal approval is received from the approved preceptor and that an application is submitted to the coordinator, preceptor programs in the department of family medicine for processing. The director of preceptor programs and the office of clinical education must receive the completed application at least thirty (30) days prior to the beginning of the rotation. Failure to follow this procedure may result in “no credit” being given for the rotation.

E. All students are instructed to contact his/her Preceptor prior to beginning the Preceptorship experience. Among important considerations to be discussed and established beforehand are, but certainly are not limited to, those listed below:

1. Time and location of the first meeting with the Preceptor;
2. Pre-determine office hours and time of hospital rounds;
3. Need for instruments and equipment;
4. Type of attire required/recommended;
5. What is expected of the student physician in that office and what he/she will be permitted to do (your Preceptor may elect to do this on your first day);
6. What/how the student will be expected to write on patient charts.

F. All students are expected to exhibit a professional decorum at all times when dealing with physicians, patients, office staff or family members. Behavior, speech, attitude, and demeanor all reflect favorably or unfavorably upon both the Preceptor and UNTHSC/TCOM. If an honest difference of opinion exists in some area and cannot be resolved, the student should report that fact to the Course Director immediately. However, derogatory statements and unprofessional comments from students will not be tolerated.

G. The four (4) week Primary Care Partnership Program is, in essence, an advanced clinical experience of medicine as it exists in the osteopathic family practitioner’s office on any given day. It is the responsibility of the student to get as much out of this Preceptorship as possible. Be prepared to research cases, study to improve and strengthen your knowledge in weak areas, and to assist the Preceptor whenever possible. It is an established fact that the student will profit more from a Preceptorship experience when he/she really attempts to participate, rather than only present him/herself as a disinterested observer.

H. Please remember that you are a guest in the office of the Preceptor and that these are his/her private patients whom you are permitted to examine. Further, Preceptors are nonpaid faculty members who donate their time, knowledge, and expertise to the training and development of UNTHSC/TCOM students. We owe the physician, staff and their patients our heartfelt thanks for their participation.

I. Students should follow the same procedure for making notes in the chart as the Preceptor uses. Students are taught to use problem-oriented format (Subjective,
Objective, Assessment, Plan). They are taught to enter medications in the following manner:

- Aldomet 250 mg #60 1 bid. Two (2) refills.
- Sudafed 30 mg/5 ml 120 ml 1 tid. No refills.

Format should be verified with the Preceptor on the first day of the rotation.

J. It will be necessary for the Preceptor to thoroughly orient the student regarding his/her office procedures; and, then the Preceptor should expect the student to follow them. This includes office policy on chaperons during a physical exam. **An orientation should be requested if the Preceptor does not do one on the first day of the rotation.**

K. One of the skills, which your Preceptor will evaluate, is your ability to present and discuss a case in a clear, well-organized, logical manner. The following format for oral case presentations is used in our Family Practice Clinics at UNTHSC/TCOM:

1. Patient’s name
2. Age, sex, marital status, occupation
3. Type of visit, briefly stated
4. Other current medical problems
5. Pertinent history
6. Pertinent physical findings (including osteopathic evaluation)
7. Laboratory and x-ray data, if any
8. Differential diagnosis
9. Management plan

---

**LEARNING OBJECTIVES**

There are six general abilities which student doctors are expected to demonstrate mastery of within the Family Medicine curricula of UNTHSC/TCOM. During this senior year Preceptorship, each of these abilities should be evidenced in their behavior. The abilities are:

1. The S/D extracts, generates, records, and requests medical information effectively . . .

S/D who attains this competency is characterized as follows:

A. Obtains accurate pertinent historical medical data from the patient at a level of detail appropriate to the clinic setting and nature of the problem(s).

B. Efficiently performs a physical examination at a level of detail appropriate to the clinical setting and nature of the problem(s).

C. Recommends to the Preceptor appropriate laboratory, x-ray, and other diagnostic studies applicable to the clinical problem(s).

D. Recommends to the Preceptor consultation(s) and referrals appropriate to the clinical problem(s) and circumstances of the patient/clinic.
2. The S/D communicates effectively . . .

S/D’s who attain this competency are characterized as follows:

A. Records initial and follow-up data in accord with standard terminology at a level of precision/detail sufficient to assure accurate interpretation by the Preceptor and student peers.

B. Write orders that are accurately interpreted by the Preceptor, laboratory service, nursing staff, and office staff.

C. Easily obtains accurate historical data from patients.

D. Writes prescriptions in standard terminology that are easily understood by the Preceptor, nurses, and pharmacists.

E. Presents cases logically, precisely, and accurately in formal and informal settings.

3. The S/D interpret case-related medical information effectively . . .

S/D’s who attain this competency are characterized as follows:

A. Reads and completely understands all findings of requested diagnostic studies.

B. Reads and completely understands all preexisting notes and specialist reports on the patient.

C. Identifies the major problem(s) of the patient.

D. Prioritizes the problems of the patient on the basis of both clinical and personal significance.

E. Explains the interrelationships among the patient’s clinical problems, to the extent that such explanations exist.

F. Provides complete and accurate pathophysiological explanation of the clinical problem(s), to the extent that such explanations exist.

G. Creates a differential diagnosis for the major illness(es) which considers all likely signs and/or symptoms.

H. Selects a diagnosis for the major illness(es) which is the most likely etiology of the presenting signs and symptoms.

I. Interprets the patient’s problem(s), again, whenever further data becomes available.

4. The S/D assumes the role of a family-oriented provider of primary osteopathic medical care. Student Doctors attaining this competency level are characterized as follows:
A. Assumes, to a level commensurate with his/her medical knowledge/skills and the setting, joint responsibility with the patient for management of the patient’s health problem(s).

B. Assumes responsibility for continuity of the patient’s care.

C. Shares responsibility with specialists for the management of health problems for which specialist skills and opinions are required.

D. Identifies the health care status of members of the patient’s family.

E. Considers the effect(s) of the patient’s illness(es) both on the family as a whole and on individual family members.

F. Gives informed advice to patients about the health care needs of other members of their family.

G. Uses the family and its members in the management of a patient’s health care problem(s).


5. The Student Doctor provides osteopathic health care services.

A. Performs common office diagnostic and therapeutic procedures in a manner appropriate to the age, sex, and health status of the patient.

B. Recommends for prescription those drugs commonly used in an ambulatory setting, taking into consideration their indications (pro and con), toxicity, side effects, usage, abuse potential, problems with compliance, and the characteristics of the patient.

C. Recommends the use of consultant(s) and referral(s) when the scope or severity of the patient’s problem exceeds the resources of the clinic to provide a needed diagnosis/treatment.

D. Sequences the diagnostic and therapeutic regimes of patients in a manner consistent with current medical practices.

E. Sets realistic cost-conscious goals and priorities for patient management.

F. Provides patient education appropriate to the patient and illness(es).

6. The S/D consistently exhibit professional behavior . . .

S/D’s who attain this competency are characterized as follows:

A. Cites and, when appropriate, uses data from current texts, journals, and self-instructional materials.
B. Locates and uses local, regional, and national sources of medical information to assist in patient management.

C. Punctually attends patient care assignments, required conferences, and other scheduled activities.

D. Actively participates in clinical discussions.

E. Willingly shares attitudes, opinions and beliefs concerning issues related to medicine and medical practice.

F. Willingly shares medical knowledge and skills with colleagues.

G. Evidences no racial, political or personal prejudice in the timely provision of health care services or in interaction with other health care professionals.

H. Is respected by patients, staff and peers.

I. Makes provision for the care of patients during periods of planned and unplanned absence.

J. Practices within the limits of his/her education and training.

WHAT IS EXPECTED OF THE STUDENT?

1) The student is expected to follow the instructions of the Preceptor and to assist in providing quality osteopathic medical care to patients in that office. As the Preceptor observes the student and determines his/her knowledge and skill level, it is anticipated that the student will be permitted more hands-on contact.

2) The student is expected to follow the Preceptor on all hospital rounds, nursing home visits, house calls and to otherwise assist as directed.

3) With the patient’s consent, the student is expected to assist with or observe all surgical and/or obstetrical procedures performed in this setting.

4) The student is expected to perform history and physical examinations on those cases indicated by the Preceptor and to present symptoms and findings to the Preceptor. In addition, the student is expected to arrive at possible diagnoses, to consider further studies and suggest possible treatment. This system affords the Preceptor the opportunity to instruct the student in the approach of a family physician and to explain how this might differ from the approach noted in a medical school setting.

5) Should the student rotate with an osteopathic physician, the student is expected to observe the osteopathic techniques of the Preceptor and to give osteopathic manipulative therapy to those patients as indicated by the Preceptor.
PRECEPTOR EVALUATION OF STUDENT PERFORMANCE

The Preceptor, who has worked closely with the student for an extended period, will be asked to complete a rating form. If the student has worked with several different Preceptors, each will be asked to complete a rating form and an average of the grades will be taken. The Preceptor(s) should evaluate the student’s performance in terms of how well he/she achieved the previously listed learning objectives and assign a numerical grade. This will account for 100% of the student’s total grade for the rotation.

In addition to this final evaluation, the Preceptor is encouraged to provide guidance and feedback to the student throughout the time he/she is working in the Preceptor’s office. Immediate feedback, either positive or negative, is more effective than delayed feedback. If, at any time during the rotation period, the Preceptor feels that the student’s performance is unsatisfactory and that he/she may be in jeopardy of failing the rotation, it is requested that the Preceptor refer to Item 8 of “Academic Policies”, which outlines the procedure to be followed in dealing with unsatisfactory performance.

STUDENT EVALUATION OF PRIMARY CARE PARTNERSHIP

If, at any time during the primary care partnership rotation, the student feels that there is a problem with the Preceptor or the rotation, the student should immediately contact Amber Pritchett, Preceptor Program Coordinator to discuss the situation and determine a plan of action for resolution. If the Preceptor Program Coordinator is unable to resolve the situation, the Course Director, Damon A. Schranz, D.O., will be consulted.

ACADEMIC POLICIES FOR
THE FAMILY MEDICINE PRECEPTORSHIP PROGRAM
CLERKSHIP FAMM 714

I. Student Code of Conduct: The Student Code of Conduct outlined by UNTHSC/TCOM will be observed at all times.

II. Dress Code: To be determined by the individual Preceptor for his/her office.

III. Working Hours: The student will observe the same working hours as the Preceptors.

IV. Professionalism: Professionalism should be demonstrated by appropriate dress, language, behavior, and reflect respect for both the Preceptor and the patient.

V. Requirements for Approval of Preceptor:

   A. For Clerkship FAMM 714 (Family Medicine Primary Care Partnership - Core Required Course):

      1. Must be an approved osteopathic general or family practice, or public health practitioner, and listed as a primary care provider.

      2. Must have been in active practice as a primary care provider.
3. Must be approved by the UNTHSC Department of Family Medicine, the Department of Faculty Affairs, and the President of UNTHSC.

VI. Attendance Policy: One hundred percent (100%) attendance is required at the Preceptor site, and this will be monitored by the preceptor. There are NO EXCUSED ABSENCES, although it is recognized that there may be some isolated instances when an individual must be absent. The student is responsible for completing a “Request for Absence from Clerkship” form for each absence (illness included). This form requires signature of the Preceptor, the Course Director, and the Department Chairman before it will be forwarded to the Office of Clinical Affairs. It is the Course Director and Preceptor’s decision as to whether the student will be required to make up the missed day(s) or repeat the entire Preceptorship.

VII. Lateness, Illness or Emergencies: If the student must be absent because of illness, emergency, or is going to be late for any reason, he/she is required to notify the Preceptor as soon as possible. The student is required to complete a “Request for Absence from Clerkship” form for each day he/she is not present and return the form to Amber Pritchett, Coordinator, and Preceptor Programs in the Department of Family Medicine.

VIII. Unsatisfactory Performance: If the Preceptor feels that the student’s performance is unsatisfactory and the student is in jeopardy of failing the Preceptorship, the following course of action should be followed:

A. The Preceptor is to advise the Course Director, Damon A. Schranz, D.O., via Amber Pritchett, Preceptorship Coordinator, as well as the student, indicating the exact nature of the problem.

B. The Preceptor is to document in writing the specific areas of unsatisfactory performance, and the date the student was counseled. A notation should be made as to when the Course Director was notified.

C. The Course Director will contact the student to resolve the situation.

D. The student may be removed from the Preceptorship and given a failing grade if deemed necessary by the Preceptor and the Course Director (See “Academic Policies”, Item 11).

IX. Failing Grades and Clerkship Remediation: In accordance with College policy, students who receive a Failing Grade (below 75) will be required to repeat the Clerkship in order to graduate, which may necessitate using the Vacation Period or an Elective rotation period. In like manner, other lost time (over two (2) days) due to illness or emergency absence (death in family, etc.) must be made up during any vacation time or other free time. The appropriate paperwork must be completed prior to any remedial work. Absence of more than two (2) days will result in an Incomplete (“I”) grade for the Clerkship, which must be remediated, per the direction of the Course Director after consultation between the student and the Course Director has been completed.

X. This clerkship is operated in accordance with the Policies and Procedures of the Academic Programs of UNTHSC/TCOM as presented in your class’ clerkship protocol, student handbook, and college catalog.
XI. The provisions contained herein do not constitute a contract between the student and the college. These provisions may be changed at any time for any reason at the discretion of the faculty member. When necessary, in view of the college, appropriate notice of such change will be given to the student.