Rural Advanced Patient Care (APC) Clerkship
Site Director and Administrative Guide
FAMED 701 | FAMED 702

November 2019
Welcome and Thank You

Thank you for providing our students an excellent learning experience through your teaching, role modeling, and support. Students are required to complete two Advanced Patient Care Clerkships (APCs) during medical school, with the expectation that they will function with a higher level of autonomy and competence during these APCs.

Your role as an APC preceptor is to:

1. Orient student to clinical site, review clerkship goals and clinical expectations
2. Allow the student supervised autonomy in patient care
3. Provide and document mid-rotation and end-of-rotation feedback
4. Collect/synthesize evaluations and feedback from any educator
5. Submit final evaluation in E-Value within 10 days of rotation end date
6. Communicate promptly any concerns about a student’s performance to the FM APC Clerkship Director and/or Office of Rural Programs if they arise

Students need to experience direct patient care under supervision to learn effectively. Educators need to observe students to be able to evaluate their performance and assign grades. There are tools to help you with this process and they are included in this guide.

Please visit the Rural Programs APC website for additional information. Questions may be directed to APC Education Specialist listed below.

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FM APC Clerkship Director
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APC Education Specialist (interim)
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Advanced Patient Care (APC) Clerkship Requirements

The APC clerkship is a four-week, full-time clinical experience during which the student acts at an advanced level. APCs may take place in an inpatient (sub-internship) or outpatient setting. All students must take two APCs, one of which must be a Sub-internship. The goals and structural requirements are shared across all APCs.

**APC clerkships**
Most FM APCs (other than Sub-is) are very active experiences primarily in the outpatient setting.

**Sub-Is**
All FM Sub-Is are at residency sites. FM Sub-Is can be mostly inpatient, mostly outpatient, or an equal mix.

| FAMED 701 | P-WRITE Advanced Outpatient Clerkship (open to a WRITE student at a WRITE site) |
| FAMED 702 | Advanced Family Medicine Outpatient Clerkships (including any approved WRITE or RUOP sites) |

**APC rotation structural requirements**
- The student must work under the direct supervision of one or more attending physicians or senior residents.
- The rotation must allow the student to become responsible for the care of the appropriate number of patients (e.g., follow in detail more than one inpatient at a time, or be the initial contact person for a number of clinic patients that exceeds the amount seen by a typical Patient Care Phase student).
- The student must have access to regular supervision and feedback while being permitted the opportunity to function somewhat independently as appropriate for the student’s skill level.
APC Clerkships: Goals and Objectives

Goals
- Take on primary responsibilities for appropriate aspects of patient care with appropriate supervision
- Refine core clinical skills
- Improve clinical reasoning and expand medical knowledge
- Work as an integral part of the care team
- Apply concepts and skills from the longitudinal Ecology of Health & Medicine course in a relevant clinical setting.

Objectives
Students will practice these skills through patient care, simulation and/or other instructional methods:

History & Physical Exam
a. Perform initial assessment of patient
b. Perform and refine physical examination techniques
   i. Identify abnormal findings
   ii. Use clinical reasoning/hypotheses to guide use of advanced maneuvers

Clinical Reasoning Skills
a. Formulate diagnostic and treatment plans independently
b. Interpret test results appropriate for the specific patient case
c. Incorporate high value care principles as part of a care plan
d. Form clinical questions, and use evidence-based concepts for diagnosis and treatment

Patient-Centered Skills
a. Determine goals of care with patients
b. Provide appropriate education to patients and families
c. Perform informed consent that is clear to the patient
d. Participate in delivering good and bad news in the best way possible
e. Facilitate patient/family care conferences

Documentation and Presentation Skills
a. Provide clear documentation: H&P, daily progress notes, sign-out notes
b. Conduct oral presentations appropriate to situation: comprehensive H&P, concise daily rounds, etc.

Coordination of Care Skills
a. Create discharge summaries that facilitate smooth transitions
b. Engage in effective provider-to-provider communication and handovers
c. Conduct medication reconciliation that is clear to patients

Team-Based Care
a. Effectively work with all members of the healthcare team to take care of the patient
b. Take appropriate responsibility for coordination of care by the team

Professionalism
a. Recognize that conflicting personal and professional values exist
b. Recognize limits of knowledge and ask for assistance
c. Display consistent attitude and behavior that conveys inclusion of diversity (including diversity in race, culture, gender, age, socioeconomic status, religion, disabilities, sexual orientation, and gender identity)

Life-Long Learning
a. Demonstrate self-directed learning
b. Use point-of-care, evidence-based information and guidelines to answer clinical questions
c. Identify system deficits and contribute to a culture of safety and improvement
APC Site Director Roles and Responsibilities
• Serve as the supervisor, main contact for students, and site liaison to the Office of Rural Programs and/or UWSOM FM Department in Seattle
• Recruit, orient, and support the educators and others on the healthcare team at your site who will be teaching the students
• Orient students to the clinical site and expectations for the clerkship
• Provide and document formal mid-rotation and end-of-rotation feedback (can delegate to other educator)
• Collect and synthesize evaluations and feedback from any educators, including residents, who worked with the student into a summary evaluation for the student. Complete E*Value evaluation of student within 10 business days of rotation completion
• Promptly communicate with APC Clerkship Director and/or the Office of Rural Programs (somrural@uw.edu) if there are concerns about a student’s performance
• Review yearly student evaluations of clerkship site; make changes as necessary
• Participate in faculty development opportunities provided for APCs and disseminate materials to other site educators

Educator Roles and Responsibilities
• Create a positive learning environment for clinical teaching of students
• Goal-setting for learning at the beginning of time spent together
• Frequent identified feedback to students on their performance and goals and brief debrief at the end of session together
• Communication with Site Director if there are any student concerns

APC Site Administrator Roles and Responsibilities
• Act as a liaison between the Office of Rural Programs and/or UWSOM FM Department in Seattle and educators and students at your site
• Maintain updated orientation documentation for the students. This should include the following:
  o Credentialing instructions and deadlines
  o Where and when to report for work on the first day; with whom they will be meeting; educator contact information including pager and/or phone number
  o Calendar/schedule of the rotation (including call if any, different clinics, grand rounds or other educational activities)
  o Any other rotation requirements specific to your site such as badging, parking, transportation, appropriate attire etc.
  o Educational information such as required or suggested readings, commonly seen diagnoses, websites or other electronic resources.
• Email orientation document to the students at least four weeks before the start of the rotation. Please cc Office of Rural Programs (somrural@uw.edu) on this email.
• Provide Evaluator’s name to Office of Rural Programs (somrural@uw.edu) by the start of the course to assure evaluation is assigned to correct person. Only physicians can enter evaluations into E*Value per LCME.
• Provide course availability yearly for the upcoming academic year
• Assist with collection of student evaluations from educators after the rotation if necessary
Communication Timeline

- 8 weeks prior to each rotation, the Office of Rural Programs will email the student, site director and site administrator confirming APC registration and contact information.
- 4 weeks minimum prior to each rotation:
  - Send the student the orientation document, cc Office of Rural Programs (somrural@uw.edu)
  - Send the name and email address of the Evaluator to Office of Rural Programs (somrural@uw.edu)
- 10 business days after a rotation has concluded, Rural Programs may contact you to help collect evaluations for the student if educators have not completed them in a timely manner.
- Yearly, the Office of Rural Programs will contact you for availability for the upcoming academic year and to update any orientation information both on your document and on our website.

Office of Rural Programs Roles and Responsibilities

- Coordinate with UWSOM FM Department, UWSOM Curriculum Office and appropriate Regional Office to process new FAMED 702 site applications
- Conduct APC-specific site visits across WWAMI
- Collaborate with Academic Affairs regarding budget/communication of PO information for APC sites that are hosting students during the corresponding academic year
- Collect site availability for the upcoming academic year
- Ensure site is aware of student add/drops during the academic year
- Initiate communication between student, site director, and site administrator at least 8 weeks prior to start of clerkship to begin credentialing process
- Ensure site director receives all curricular components and information
- Manage evaluation and feedback process
  - Ensure mid-clerkship feedback session occurs during Week 2 using the EPA Assessment Form
  - Generate final evaluation through E-Value and provide evaluation instructions to site director
- Work with Regional WWAMI Office to ensure preceptors have a clinical faculty appointment
- Provide information regarding faculty development opportunities

Setting Goals and Providing Feedback

Students need to provide direct patient care under supervision:
1) To learn effectively
2) For educators to be able to evaluate performance and assign grade

We expect students to receive frequent concrete feedback in addition to a mid and end rotation feedback. Below are tools and rubrics to help you with this process:

GLEAM: Use this at the beginning. A useful rubric to get to know your learner and set goals.

Daily Feedback Cards: Encourage use for frequent feedback.

Mid-Clerkship Feedback Form: Use the Entrustable Professional Activities (EPAs) form linked here. The form is also saved in the Appendix section of this manual. EPA measures concrete observable skillsets.

PRIME framework: A widely-used developmental framework in medical education.
Daily Feedback Cards: These are a good way for clerkships with many educators & residents give students frequent feedback. Typical use is for students to be given a set of these at the beginning of the clerkship and have them give them to the educator to review together (5 min) at the end of their time together.

AAMC Entrustable Professional Activities (EPAs): see Appendix A. We will use the first 6 EPAs as a grading rubric for APCs. This can be used for students to identify which skill they would like to work on in each half day session, and also used in feedback sessions. We would recommend the EPA form to be given to students on their first day of clerkship and continue working on the EPAs and critical functions throughout their 4 weeks with you.

PRIME framework: This is a variation of a widely used developmental framework in medical education. It can help you gauge the student’s general level of performance. Generally, we would expect an APC student to function at least at an Interpreter level.

| Professionalism | A professional exhibits compassion, responsibility, integrity and respect for patients, colleagues and the interprofessional team. |
| Reporter | A student at this level can collect data independently and report the information accurately and concisely in oral and written form. |
| Interpreter | In addition to Reporting skills, students at the Interpreter level can generate a reasonable differential diagnosis for the chief presenting problem(s) and weigh the different possibilities appropriately. |
| Manager | In addition to Reporter and Interpreter skills, students functioning at the Manager level can generate and carry out a reasonable diagnostic and therapeutic plan for the chief presenting problem(s). |
Educator/Enhanced Communication

With patients: avoids medical jargon; can adapt to the patient’s physical, cognitive and cultural needs; uses techniques such as teachback; responds to emotion.

With colleagues and the interprofessional team: listens actively and encourages ideas and opinions from others; uses closed-loop communication when discussing tasks; responds to emotion.

(PRIME table by Susan Merel)

Evaluations and Grading

Evaluation Process

Collect feedback from all educators on student’s performance.

Compile feedback into grade form considering depth, length of time, and when each educator worked with the student.

Final evaluation submitted within 10 days of rotation end date.

Grade assignment

Use these Grade Anchors and the following criteria to assign students a grade. Site Directors are expected to enter a suggested clinical grade that correlates with the below criteria. We will verify that the suggested clinical grade aligns with the assigned numerical scores. If they don’t, we will contact the Site Director to resolve the discrepancy. There is an Excel template for use when calculating and averaging clinical scores.

Honors (4.7-5.0):
Students must receive at least eight scores of 5 and no score less than a 4 in any category for Honors.

High Pass (4.2-4.6):
Students must receive at least eight scores of 4 and no score less than a 3 in any category for Honors.

Pass (2.8-4.1):
The Pass grade reflects the performance of a student at the expected level for a Patient Care Phase student.

Fail (less than 2.8 or 1 in any category):
A failing grade is based on student’s performance taken as a whole and not solely based on any one numeric profile. A 1 in any category will result in a failure. Multiple 2’s may result in a failure.

How to complete E*Value Comments

Required feedback comments: The comment boxes after each section (I. Clinical Knowledge and Skills, II. Patient Care Skills, III. Interpersonal Relationships, and IV. Professional / Personal Characteristics) combine to form the “Descriptive Comments Section”. These comments should be detailed and address both strengths and areas for growth within the context of Family Medicine. Comments should be relevant to each section’s grading categories and the numerical score assigned to the student for each category.
For example, if a student received a 3 and two 4’s in the Clinical Knowledge and Skills section then there should be some specific suggested areas for growth relevant to the Clinical Knowledge and Skills scoring categories. If the student received all 5’s in Patient Care Skills, then comments would likely focus on strengths, with specific examples highlighted about their exemplary Patient Care Skills. Keep in mind, any direct quotes from individual educator evaluations should be carefully chosen. All comments written in these sections should support summative comments, described below.

**Required Summary of Performance:** This section will be used in the MSPE letter or Dean’s letter. It should be written in PAST TENSE, complete sentences, and focus exclusively on the student’s strengths. Similar to the descriptive section of the evaluation, it is important to be specific and use examples of the student’s performance. In this section, it is important to pay close attention to the language used to describe the students’ performance.

At UWSOM, the summary words are good, very good, excellent, and outstanding: Good and very good are roughly equivalent to a pass, excellent approximates a high pass, outstanding is for an honors performance. While it is not necessary to use these exact words in all your comments, we do ask that you keep these key words in mind when describing student performance.

**Medical Student Evaluation of APC Clerkship**

Since APCs are now required, we will be requiring students to complete an assessment of their APC clerkships. This document is the standard form that will be utilized across different disciplines. We will be providing annual reports to you regarding key items from this survey.

**APC Faculty Development**

- **Site Visits**
  The Office of Rural Programs will coordinate with the appropriate Regional Clinical Dean to visit new APC sites or educators prior to hosting the first student. Site visits from a UW faculty or staff member occur on a biennial basis or when a more immediate need arises.

  There are many reasons for a site visit including: to answer site questions, offer support, review logistics, educate preceptors on new curricular components, to make sure students are in an excellent learning experience, as well as many others. These visits are not meant to be burdensome, rather to be supportive. Frequently the visitor will offer a faculty development talk for all preceptors within the APC clerkship or a more general clinical presentation targeted to a more general audience within the community.

- **Local & Regional WWAMI CME opportunities**
  Faculty Development conferences are typically offered on an annual basis in Seattle (UW Campus) during “the third week in September” which coincides with the highly appreciated UW Annual Advances in Family Medicine and Primary Care week-long CME conference. There are also regional faculty development conferences in Boise through the Idaho WWAMI Clinical Office and at Chico Hot Springs in Montana through the Montana WWAMI Clinical Office. Travel stipends are frequently available. Please contact the Office of Rural Programs for more information at somrural@uw.edu.
Teaching Resources

**STFM Teaching Physician.** “...A comprehensive web-based resource that connects medical schools and residency programs to community educators. It provides point-of-need instruction for educators in the form of videos, tips, answers to FAQs, and links to in-depth information on precepting topics.”

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If students ask you, here is a list of study resources that students may utilize:

- Family Medicine Pre Test Self-Assessment And Review, Author: Doug Knutson
- American Academy of Family Practice, practice questions – has free sample questions available at [www.aafp.org](http://www.aafp.org) (note it takes 3-5 days to receive your log in once you register as a medical student)
- Case Files Family Medicine (LANGE Case Files), Authors: Eugene Toy, Donald Briscoe, Bruce Britton
- The Essentials of Family Medicine (Sloane, Essentials of Family Medicine) – focus on algorithms
- Swanson's Family Medicine Review, Authors: Alfred F. Tallia MD MPH, Joseph E. Scherger MD MPH, Nancy Dickey MD
- Step Up to Medicine
- fmCases – offers built in practice exams as you review cases, available through MedU
- Reading about cases seen in the clinic each week

**Letter of Recommendation Tips**

It is common for students to ask rotation educators for a letter of recommendation for a residency application. Please do this as you feel comfortable. [Here](#) are some writing tips.

**UWSOM Medical Student Policies**

**UWSOM Medical Student Work Hour Policy**

Please refer to the UWSOM Work Hours Policy. Briefly, students should not work more than 80 hours per week and should have at least one full day off per week. They should always check in with their team or educator before leaving for the day.

**UWSOM Absentee Policy**

Please refer to [UWSOM Absentee Policy](#). It is in the students’ best interest to be present for all rotation days.

**Implicit Bias in the Learning Environment**

Understanding implicit attitudes and how they influence behavior is important for healthcare educators. The UWSOM has developed a [training module](#) that discusses what implicit attitudes (biases) are, how they can influence teaching in clinical settings and what instructors can do to mitigate negative interactions related to implicit biases. We strongly recommend that all educators working with UWSOM students complete this module. A UW NetID or a Gmail account is required for access. It takes about 30 minutes to complete.
Student Wellbeing
In the rare event you have a student who is in need of immediate counseling, please direct them to the Seattle or WWAMI UWSOM Counseling and Wellness service. Counseling is available to medical students for a wide range of personal, academic and professional issues in the UW SOM Counseling & Wellness Service. Services are free and confidential. Counselors in Seattle are available to consult with regional students and/or faculty by phone or email, and counselors are available at each regional site. The counselors are flexible with scheduling, easy to access, and offer evening appointments. Contact information for Seattle and WWAMI sites is available on the website.

Student Mistreatment
The University of Washington School of Medicine is committed to assuring a safe and supportive learning environment that reflects the institution’s values: excellence, respect, integrity, compassion, altruism, and accountability in all endeavors. Diversity of ideas, perspectives and experiences are integral to our mission. All individuals in our UWSOM community are responsible for creating a welcoming and respectful environment where every person is valued and honored. Mistreatment of students by the faculty, staff and peers at UWSOM is prohibited. This mistreatment includes incidents of humiliation; harassment or discrimination based on gender identity, sexual orientation, age; and the use of grading or other forms of assessment in a punitive manner. Expectations of teachers and learners are described more fully in the Policy on Professional Conduct.

If students have an urgent concern about the learning environment that requires an immediate response, e.g. a potentially impaired physician, physical or sexual assault, or other egregious situation in the learning environment, they should contact the associate dean for student affairs directly at 206.685.9076 or via email maestas@uw.edu.

To submit a formal concern, students have the following options:
• Contact any School of Medicine Dean of Student Affairs directly.
• Detail the concern in the confidential comments section of the “Medical Student of Educator” evaluation submitted at the end of each clinical clerkship. The comments from this section are transmitted to the student affairs and curriculum deans.
• Detail the concern in the “non-confidential” comments section of the “Medical Student of Educator” evaluation submitted at the end of each clinical clerkship. The comments from this section are transmitted to the clerkship director.

Students who wish to report mistreatment or a serious concern that doesn’t require immediate response are encouraged to use the Learning Environment Feedback Tool.
**ENTRUSTMENT ASSESSMENT**

**Entrustable Professional Activities (EPAs)** are defined here as activities that a graduating medical student is entrusted to perform on day one of internship without direct supervision.

**Observed Critical Functions** are discrete observable components of an entrustment decision.

Questions 1-6 ask about the preceptor’s willingness to entrust the student to perform the professional activity in the particular setting of this clerkship (e.g., a rural primary-care outpatient setting). The preceptor is also asked to estimate the number of observations upon which the entrustment decision is based. The remaining questions ask the frequency with which the student performs specific observed components of the larger entrustable professional activity.

Preceptor Name: ___________________________  Student Name: ___________________________  Site: ___________________________

<table>
<thead>
<tr>
<th>No</th>
<th>Hesitant</th>
<th>Yes</th>
<th>Is the Student Entrustable?</th>
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<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>1 = “I had to do the activity myself” (student unprepared or requires complete guidance)</td>
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<td>2</td>
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<td>2 = “I had to talk student through the activity”</td>
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<td>3</td>
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<td>3 = “I had to direct the student from time to time”</td>
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<td>4</td>
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<td>4 = “I needed to be available just in case” or “I needed to provide rare/occasional input”</td>
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<tr>
<td>5</td>
<td></td>
<td></td>
<td>5 = “I did not need to be there” or “I did not need to provide additional input”</td>
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</table>

- **EPA 1:** Gather a history and perform a physical examination  
  Number of observations: __________

- **EPA 2:** Prioritize a differential diagnosis following a clinical encounter  
  Number of observations: __________

- **EPA 3:** Recommend and interpret common diagnostic and screening tests  
  Number of observations: __________

- **EPA 4:** Enter and discuss orders and prescriptions  
  Number of observations: __________

- **EPA 5:** Document a clinical encounter in the patient record  
  Number of observations: __________

- **EPA 6:** Provide an oral presentation of a clinical encounter  
  Number of observations: __________

- **Observed Critical Functions for EPA 1:** Gather a history and perform a physical examination
  - Obtain a complete and accurate history in an organized fashion.
  - Demonstrate patient-centered interview skills (for example, attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; seeks conceptual context of illness; approaches the patient holistically and demonstrates active listening skills).
  - Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic).
  - Obtain focused, pertinent histories in urgent, emergent, and consultative settings.
  - Consider cultural and other factors that may influence the patient’s description of symptoms.
  - Identify and use alternate sources of information to obtain history when needed, including but not limited to family members, primary care physicians, living facility, and pharmacy staff.
  - Demonstrate clinical reasoning in gathering focused information relevant to a patient’s care.
  - Demonstrate cultural awareness and humility (for example, by recognizing that one’s own cultural models may be different from others) and awareness of potential for bias (conscious and unconscious) in interactions with patients.
  - Perform a complete and accurate physical exam in logical and fluid sequence.
  - Perform a clinically relevant, focused physical exam pertinent to the setting and purpose of the patient visit.

- **Observed Critical Functions for EPA 2:** Prioritize a differential diagnosis following a clinical encounter
  - Synthesize essential information from the previous records, history, physical exam, and initial diagnostic evaluations.
  - Integrate information as it emerges to continuously update differential diagnosis.
  - Integrate the scientific foundations of medicine with clinical reasoning skills to develop a differential diagnosis and a working diagnosis.
Engage with supervisors and team members for endorsement and verification of the working diagnosis in developing a management plan.

Explain and document the clinical reasoning that led to the working diagnosis in a manner that is transparent to all members of the health care team.

Manage ambiguity in a differential diagnosis for self and patient and respond openly to questions and challenges from patients and other members of the health care team.

**Observed Critical Functions for EPA 3: Recommend and interpret common diagnostic and screening tests**

- Recommend first-line, cost-effective diagnostic evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance.
- Provide a rationale for the decision to order the test.
- Incorporate cost awareness and principles of cost-effectiveness and pre-test/post-test probability in developing diagnostic plans.
- Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed.

**Observed Critical Functions for EPA 4: Enter and discuss orders and prescriptions**

- Demonstrate an understanding of the patient’s current condition and preferences that will underpin the orders being provided.
- Demonstrate working knowledge of the protocol by which orders will be processed in the environment in which they are placing the orders.
- Compose orders efficiently and effectively, such as by identifying the correct admission order set, selecting the correct fluid and electrolyte replacement orders, and recognizing the needs for deviations from standard order sets.
- Compose prescriptions in verbal, written, and electronic formats.
- Recognize and avoid errors by using safety alerts (e.g., drug-drug interactions) and information resources to place the correct order and maximize therapeutic benefit and safety for patients.
- Attend to patient-specific factors such as age, weight, allergies, pharmacogenetics, and co-morbid conditions when writing or entering prescriptions or orders.
- Discuss the planned orders and prescriptions (e.g., indications, risks) with patients and families and use a nonjudgmental approach to elicit health beliefs that may influence the patient’s comfort with orders and prescriptions.

**Observed Critical Functions for EPA 5: Document a clinical encounter in the patient record**

- Filter, organize, and prioritize information.
- Synthesize information into a cogent narrative.
- Record a problem list, working and differential diagnosis and plan.
- Choose the information that requires emphasis in the documentation based on its purpose (e.g., Emergency Department visit, clinic visit, admission History and Physical Examination).
- Comply with requirements and regulations regarding documentation in the medical record.
- Verify the authenticity and origin of the information recorded in the documentation (e.g., avoids blind copying and pasting).
- Record documentation so that it is timely and legible.
- Accurately document the reasoning supporting the decision making in the clinical encounter for any reader (e.g., consultants, other health care professionals, patients and families, auditors).
- Document patient preferences to allow their incorporation into clinical decision making.

**Observed Critical Functions for EPA 6: Provide an oral presentation of a clinical encounter**

- Present information that has been personally gathered or verified, acknowledging any areas of uncertainty.
- Provide an accurate, concise, and well-organized oral presentation.
- Adjust the oral presentation to meet the needs of the receiver of the information.
- Assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient’s condition and needs.
The Family Medicine Clerkship is a mastery-based required clerkship. Evaluation is primarily based on the student’s performance in the last 2-3 weeks of the clerkship with possible exceptions involving unacceptable professional behavior. Review the anchors in each category and select the category that most closely mirrors the student’s performance in that area. The anchors are not a checklist where all items are required to achieve a particular grade.

## CLINICAL KNOWLEDGE AND SKILLS SECTION

<table>
<thead>
<tr>
<th>Knowledge in Subject Area: Includes level of knowledge and application to clinical problems.</th>
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<th>2</th>
<th>3</th>
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<th>5</th>
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<tbody>
<tr>
<td>• Never demonstrates an understanding of basic principles.</td>
<td>• Inconsistently demonstrates understanding of basic principles.</td>
<td>• Generally, demonstrates understanding of basic principles.</td>
<td>• Often demonstrates understanding of basic and some complex principles.</td>
<td>• Consistently demonstrates understanding of basic and most complex principles.</td>
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<tr>
<td>• Never applies knowledge to specific patient conditions</td>
<td>• Inconsistently applies knowledge to specific patient conditions.</td>
<td>• Generally applies knowledge to specific patient conditions.</td>
<td>• Often applies knowledge to specific patient conditions.</td>
<td>• Consistently applies knowledge to specific patient conditions.</td>
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<tr>
<th>Data Gathering Skills: Includes basic history and physical examination.</th>
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<tr>
<td>• Never obtains basic history and physical</td>
<td>• Inconsistently obtains basic history and physical.</td>
<td>• Generally obtains basic history and physical.</td>
<td>• Often obtains basic history and physical.</td>
<td>• Consistently obtains basic history and physical.</td>
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<td>• Obtains some elements of more advanced history and physical</td>
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<tr>
<th>Clinical Skills: Includes oral case presentations, written or dictated notes, histories, physical exams and procedural skills.</th>
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<th>5</th>
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<tr>
<td>• Never communicates medical histories and physical exams in an organized or complete manner.</td>
<td>• Inconsistently communicates medical histories and physical exams in an organized or complete manner.</td>
<td>• Generally communicates medical histories and physical exams in an organized or complete manner.</td>
<td>• Often communicates medical histories and physical exams in an organized or complete manner.</td>
<td>• Consistently communicates medical histories and physical exams in an organized or complete manner.</td>
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<td>• Not attentive to patient comfort or dignity and demonstrates poor motor skills.</td>
<td>• Inconsistently demonstrates good motor skills and generally demonstrates good motor skills.</td>
<td>• Generally demonstrates good motor skills and generally demonstrates good motor skills.</td>
<td>• Often demonstrates good motor skills and often demonstrates good motor skills.</td>
<td>• Consistently demonstrates good motor skills.</td>
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<td>• Inconsistently demonstrates good motor skills.</td>
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## COMMENTS:
I. CLINICAL KNOWLEDGE AND SKILLS (Constructive criticism will not appear in the dean’s letter unless there is a pattern of similar behavior across other clerkships)
## II. PATIENT CARE SKILLS SECTION

<table>
<thead>
<tr>
<th><strong>Integration Skills:</strong></th>
<th><strong>1</strong></th>
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<tbody>
<tr>
<td>Includes problem-solving skills, ability to use data from patient interview, physical examination, and ancillary tests to identify major and minor patient problems in an organized and efficient manner.</td>
<td>• Never independently identifies major patient problems.</td>
<td>• Inconsistently able to independently identify and prioritize major problems.</td>
<td>• Generally able to independently identify and prioritize major problems.</td>
<td>• Often is able to identify and prioritize all major and most minor patient problems.</td>
<td>• Consistently able to identify and prioritize all major and minor problems.</td>
</tr>
<tr>
<td>Management Skills: Includes order writing, initiative, practicality, and independence.</td>
<td>• Never offers an independent management plan or plan is unrealistic or illogical.</td>
<td>• Inconsistently offers an independent management plan and/or plan is often unrealistic or illogical.</td>
<td>• Generally offers an independent management plan that is realistic and logical.</td>
<td>• Often offers an independent management plan that is logical and realistic.</td>
<td>• Consistently offers an independent management plan that is logical and realistic.</td>
</tr>
<tr>
<td><strong>Patient Centered Care (PCC):</strong> Skills including:</td>
<td>• Never elicits and negotiates agenda with patient.</td>
<td>• Inconsistently elicits and negotiates agenda with patients.</td>
<td>• Generally elicits and negotiates agenda for the patient.</td>
<td>• Often elicits and negotiates agenda with the patient.</td>
<td>• Consistently elicits and negotiates agenda with the patient.</td>
</tr>
<tr>
<td>1. Elicits and negotiates agenda for the patient;</td>
<td>• Never elicits the patient’s perspective of his/her illness.</td>
<td>• Inconsistently elicits the patient’s perspective of his/her illness.</td>
<td>• Generally elicits the patient’s perspective of his/her illness.</td>
<td>• Often elicits the patient’s perspective of his/her illness.</td>
<td>• Consistently elicits the patient’s perspective of his/her illness.</td>
</tr>
<tr>
<td>2. Elicits the patient’s perspective of their illness; and</td>
<td>• Never negotiates treatment plan with the patient.</td>
<td>• Inconsistently negotiates treatment plan with the patient.</td>
<td>• Generally negotiates treatment plan with the patient.</td>
<td>• Often negotiates treatment plan with the patient.</td>
<td>• Consistently negotiates treatment plan with the patient.</td>
</tr>
<tr>
<td>3. Negotiates treatment plan with the patient</td>
<td>• Never integrates biomedical and psychosocial perspective into care plan and patient management</td>
<td>• Inconsistently integrates biomedical and psychosocial perspective into care plan and patient management</td>
<td>• Generally integrates biomedical and psychosocial perspectives into care plan and management of the patient.</td>
<td>• Often integrates biomedical and psychosocial perspectives into care plan and management.</td>
<td>• Consistently integrates biomedical and psychosocial perspectives into care plan and management.</td>
</tr>
</tbody>
</table>

**COMMENTS:**

II. PATIENT CARE SKILLS (Constructive criticism will not appear in the dean’s letter unless there is a pattern of similar behavior across other clerkship.)
### III. INTERPERSONAL RELATIONSHIPS

#### Communication Skills:
Student’s ability to communicate with patients, families, colleagues, and staff; includes ability to modify communication style and ability to listen and constructively resolves conflicts.

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</thead>
<tbody>
<tr>
<td><strong>Professional Relationships:</strong></td>
<td>Never communicates information effectively.</td>
<td>Inconsistently communicates information effectively.</td>
<td>Generally communicates information effectively.</td>
<td>Often communicates information.</td>
<td>Consistently able to communicate information.</td>
</tr>
<tr>
<td></td>
<td>Never has an awareness to modify communication style and content to situation.</td>
<td>Inconsistently has an awareness to modify communication style and content to situation.</td>
<td>Generally modifies communication style and content to situation.</td>
<td>Often modifies communication style and content to the situation.</td>
<td>Consistently able to modify communication style and content to the situation.</td>
</tr>
<tr>
<td></td>
<td>Unable to establish rapport.</td>
<td>Inconsistently able to establish rapport.</td>
<td>Generally able to establish rapport.</td>
<td>Often able to establish rapport.</td>
<td>Consistently able to establish rapport.</td>
</tr>
<tr>
<td></td>
<td>Unable to listen and be silent.</td>
<td>Inconsistently able to listen and be silent.</td>
<td>Generally able to listen and be silent.</td>
<td>Often able to listen and be silent.</td>
<td>Consistently able to listen and be silent.</td>
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</tbody>
</table>

#### Relationships with Patients and Families:
Includes courtesy, empathy, respect, compassion and understanding the patient’s perspective.

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<tbody>
<tr>
<td><strong>Professional Relationships:</strong></td>
<td>Disrespectful, indifferent, callus, discourteous or condescending.</td>
<td>Inconsistently shows respect, empathy and compassion.</td>
<td>Generally demonstrates respect, empathy and compassion.</td>
<td>Often demonstrates respect, empathy and compassion.</td>
<td>Consistently demonstrates respect, empathy and compassion.</td>
</tr>
<tr>
<td></td>
<td>Does not solicit the patient’s perspective.</td>
<td>Inconsistently solicits the patient’s perspective.</td>
<td>Generally solicits the patient’s perspective.</td>
<td>Often able to solicit the patient’s perspective.</td>
<td>Consistently able to solicit the patient’s perspective.</td>
</tr>
<tr>
<td></td>
<td>Imposes own personal values on patient when in conflict with their own.</td>
<td>Inconsistently respects patient’s values or imposes own personal values on patient when in conflict with their own.</td>
<td>Generally respects the patient’s values, even when in conflict with their own.</td>
<td>Often respects the patient’s values even in conflict with their own.</td>
<td>Consistently respects the patient’s values even in conflict with their own.</td>
</tr>
<tr>
<td></td>
<td>Violates HIPPA including patient confidentiality.</td>
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<tr>
<td></td>
<td>Inappropriate boundaries.</td>
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<tr>
<td></td>
<td>Exhibits behavior that is potentially harmful to patients.</td>
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#### Professional Relationships:
Ability to work collaboratively with team members including faculty staff and other students; courteous and cooperative attitude. Maintains composure in times of stress.

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<tbody>
<tr>
<td><strong>Professional Relationships:</strong></td>
<td>Never collaborates and/or establish appropriate relationships with team.</td>
<td>Inconsistently collaborates and/or establishes appropriate relationships with team.</td>
<td>Generally collaborates and establishes appropriate relationships with team.</td>
<td>Collaborates well with entire team.</td>
<td>Collaborates effectively with entire team and seeks to improve team function.</td>
</tr>
<tr>
<td></td>
<td>Never respects team members within and across specialties.</td>
<td>Inconsistently respects the roles of team members within and across specialties.</td>
<td>Generally recognizes and respects roles of all team members within and across specialties.</td>
<td>Always recognizes and respects roles of team members within and across specialties.</td>
<td>Consistently recognizes and respects roles of team members within and across specialties and works to improve team cohesion.</td>
</tr>
<tr>
<td></td>
<td>Not compassionate when interacting with team.</td>
<td>Rarely is compassionate when interacting with team.</td>
<td>Generally is compassionate when interacting with team.</td>
<td>Often compassionate when interacting with team.</td>
<td>Consistently compassionate when interacting with team.</td>
</tr>
<tr>
<td></td>
<td>Never clarifies expectations or clinical responsibilities.</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td></td>
<td>Inappropriate boundaries.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Disrespectful, indifferent, callus, discourteous or condescending.</td>
<td></td>
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</table>

**COMMENTS:**

III. INTERPERSONAL RELATIONSHIPS (Constructive criticism will not appear in the dean’s letter unless there is a pattern of similar behavior across other clerkship.)
## IV. PROFESSIONAL / PERSONAL CHARACTERISTICS SECTION

### Educational Attitudes:
Includes active participation in learning, self-reflection and responsiveness to feedback and provides respectful and constructive feedback

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</thead>
<tbody>
<tr>
<td><strong>Never does what is required.</strong></td>
<td>• Never does what is required.</td>
<td>• Inconsistently does what is required.</td>
<td>• Generally does what is required.</td>
<td>• Often does what is required and often seeks additional learning opportunities beyond required level.</td>
<td>• Actively participates in all activities.</td>
</tr>
<tr>
<td><strong>Does not respond appropriately to feedback.</strong></td>
<td>• Does not respond appropriately to feedback.</td>
<td>• Inconsistently responds appropriately to feedback.</td>
<td>• Generally responds appropriately to feedback.</td>
<td>• Actively seeks feedback and responds appropriately.</td>
<td>• Actively seeks feedback and responds appropriately.</td>
</tr>
<tr>
<td><strong>Never reflects on their own knowledge base.</strong></td>
<td>• Never reflects on their own knowledge base.</td>
<td>• Inconsistently reflects on their own knowledge base.</td>
<td>• Generally able to reflect on their own knowledge base.</td>
<td>• Often seeks feedback and responds appropriately.</td>
<td>• Initiates self-assessment and teaches others.</td>
</tr>
<tr>
<td><strong>Never participates in educational experiences.</strong></td>
<td>• Never participates in educational experiences.</td>
<td>• Inconsistently participates in educational experiences.</td>
<td>• Generally participates in educational experiences.</td>
<td>• Often participates in educational experiences.</td>
<td>• Consistently participates in educational experiences.</td>
</tr>
<tr>
<td><strong>Is not actively engaged in learning.</strong></td>
<td>• Is not actively engaged in learning.</td>
<td>• Inconsistently is actively engaged in learning.</td>
<td>• Generally is actively engaged in learning.</td>
<td>• Consistently is actively engaged in learning.</td>
<td>• Consistently is actively engaged in learning.</td>
</tr>
<tr>
<td><strong>Argumentative or hostile with feedback.</strong></td>
<td>• Argumentative or hostile with feedback.</td>
<td>• Values self above others, sense of entitlement.</td>
<td>• Engages in destructive competition.</td>
<td>• Feedback provided to others is not respectful.</td>
<td>• Asks insightful questions, motivates others, and demonstrates leadership with individuals and in-group settings.</td>
</tr>
<tr>
<td><strong>Never reflects on their own knowledge base.</strong></td>
<td>• Never reflects on their own knowledge base.</td>
<td>• Inconsistently reflects on their own knowledge base.</td>
<td>• Generally reflects on their own knowledge base.</td>
<td>• Generally is actively engaged in learning.</td>
<td>• Consistently reflects on their own knowledge base.</td>
</tr>
<tr>
<td><strong>Engages in destructive competition.</strong></td>
<td>• Engages in destructive competition.</td>
<td>• Values self above others, sense of entitlement.</td>
<td>• Engages in destructive competition.</td>
<td>• Feedback provided to others is not respectful.</td>
<td>• Asks insightful questions, motivates others, and demonstrates leadership with individuals and in-group settings.</td>
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### Dependability and Responsibility:
Includes attendance, preparation, and personal appearance. Maintains personal honor and integrity

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<tr>
<td><strong>Frequently late without a legitimate reason or unprepared.</strong></td>
<td>• Frequently late without a legitimate reason or unprepared.</td>
<td>• Occasionally late or unprepared.</td>
<td>• Generally on time and prepared.</td>
<td>• Always on time and prepared.</td>
<td>• Consistently on time and prepared for required and optional activities.</td>
</tr>
<tr>
<td><strong>Never follows through with assigned tasks.</strong></td>
<td>• Never follows through with assigned tasks.</td>
<td>• Inconsistently follow through with assigned tasks.</td>
<td>• Generally follows through with assigned tasks.</td>
<td>• Follows through with assigned tasks and consistently volunteers additional effort to follow through with patient care.</td>
<td>• Follows through with assigned tasks and consistently volunteers additional effort to follow through with patient care.</td>
</tr>
<tr>
<td><strong>Not trusted to work independently.</strong></td>
<td>• Not trusted to work independently.</td>
<td>• Rarely trusted to work independently.</td>
<td>• Generally trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
</tr>
<tr>
<td><strong>Dishonest in any way.</strong></td>
<td>• Dishonest in any way.</td>
<td>• Inconsistently follows through with assigned tasks.</td>
<td>• Generally trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
</tr>
<tr>
<td><strong>Does not maintain appropriate appearance.</strong></td>
<td>• Does not maintain appropriate appearance.</td>
<td>• Rarely trusted to work independently.</td>
<td>• Generally trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
</tr>
<tr>
<td><strong>Absent without an excuse.</strong></td>
<td>• Absent without an excuse.</td>
<td>• Inconsistently follows through with assigned tasks.</td>
<td>• Generally trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
</tr>
<tr>
<td><strong>Erratic or unpredictable behavior.</strong></td>
<td>• Erratic or unpredictable behavior.</td>
<td>• Rarely trusted to work independently.</td>
<td>• Generally trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
<td>• Consistently trusted to work independently and knows limits and asks for help when needed.</td>
</tr>
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### COMMENTS:
IV. PROFESSIONAL / PERSONAL CHARACTERISTICS (Constructive criticism will not appear in the dean’s letter unless there is a pattern of similar behavior across other clerkship.)

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FAMILY MEDICINE CLERKSHIP AND EVALUATION FORM

Time spent with student—check one:
- Little or no contact
- Sporadic and superficial
- Infrequent but in-depth
- Frequent and in-depth

Overall Assessment of Performance—check one:
- Unacceptable level of performance (Fail)
- Below expected performance for level (Marginal)
- At expected performance level (Pass)
- Exceeds expected performance for level (High Pass)
- Exceptional (Honors)

Evaluator concern:
Check ONLY if there is/are area(s) of particular concern, but failing grade is not given. Areas receiving “Below expectations” should be considered as potential areas of concern. Please describe the areas of concern (in the space provided below) or contact the clerkship site director for details.

Evaluator signature: _______________________________ Date: ____________________________

Format revised 9.7.16 – Content Revised 5.27.12