

**McMaster University
Faculty of Health Sciences
Department of Family Medicine**

**Family Medicine Clerkship
Clinical Preceptors' Guide**

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The Family Medicine Clerkship block rotation is based on the National Objectives and CANMEDS.

<http://www.cfpc.ca/local/files/Education/sot/Undergraduate%20Goals%20and%20Objectives.pdf>

If you would like a copy of the PBSG module - Preparing for Learners please contact Tania Baricevic, Education Program Associate in the Department of Family Medicine at baricevt@mcmaster.ca

The six-week Family Medicine rotation revolves around a one-to-one experience pairing a student with a community-based family physician. The most significant component of the Family Medicine rotation is the time spent with the clinical preceptor in the office setting.

Each week of the six-week rotation, the students gather together for tutorials with a Department of Family Medicine Faculty Tutor. Additionally, we have integrated a complement of half days into the new six week curriculum. Most of the teaching sessions take place during the first and fifth weeks of the rotation.

The following sessions are **mandatory**.

<i>Early Childhood Development</i>	3
<i>Palliative Care</i>	5
<i>Care of the Elderly</i>	1
<i>Global Health</i>	2
<i>Complementary & Alternative Medicine</i>	2 + 1 hour lecture
<i>Tutorials</i>	5
<i>Key Feature Examination</i>	1
<i>Evaluation</i>	1
<i>Clinical (office practice)</i>	39

Your student will be provided with a schedule two weeks prior to their rotation start date; however, there are some site visits and half days that they will be required to arrange themselves. There is an expectation that students will participate in On Call duties during the Family Medicine rotation when their preceptor is on call. Students who participate in on call duties must attend their clinic and/or teaching sessions the following day. If you require additional information regarding the objectives of the Family Medicine clerkship or would like to receive a list of exam topics, please contact the Undergraduate Program Assistant at 905-525-9140 Ext. 20417.

As well as the mandatory sessions, clerks will have the opportunity to **select** a visit to other specialties in Family Medicine including Womens' Health (abortions), hospitalist practice, Sports Medicine, GP anaesthesia and addictions. They will also have an opportunity to see Family Medicine with inner city and francophone populations.

<i>Selectives</i>	1
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If the clerk chooses not to attend any of these optional sessions it is expected that the half days will be spent in the preceptor's office.
Please review the following policies:

Code of Conduct for Faculty and Procedures for Taking Disciplinary Action

approved by the Board of Governors on December 8, 1994

<http://www.mcmaster.ca/policy/faculty/Conduct/CodeofConduct-ProceduresforDisciplinaryAction.pdf>

McMaster University Student Code of Conduct approved by the Senate effective May 1, 2009 <http://www.mcmaster.ca/univsec/policy/StudentCode.pdf>

Obstetrics in Family Medicine

As part of your Family Medicine clerkship rotation, we would ideally like our students to experience the equivalent of approximately one half day per week of Family Medicine Obstetrics. This could include prenatal and postpartum visits and participation in deliveries.

We realize that there are family medicine practices where our students may have less opportunity for exposure to maternity care. If the student will not get this experience in your practice, then we would ask that you encourage them to attend one or more clinics at the Maternity Centre of Hamilton.

Note: Preceptors are expected to attend their student's evaluation. Please confirm the date, time and location with your student at the beginning of the rotation.

The Essential Clinical Experiences (ED-2) document

The new Essential Clinical Experiences (ED-2) document has been developed as an Accreditation standard to outline the Family Medicine experience. It is designed to help the clerks document the different signs, symptoms and interventions they will encounter during their Family Medicine rotation.

The levels of involvement of clerks in Family Medicine include:

1. Discuss the examination, task or procedure
2. Observe the examination, task or procedure
3. Demonstrate the examination, task or procedure
4. Manage the examination, management, task or procedure

The Essential Clinical Experiences (ED-2) document allows the clerks to indicate their level of involvement with the clinical presentations that they experiences to help identify opportunities for cases that they would like more experience with. **As the preceptor, it is expected that you will review the student's progress through these experiences at the mid-point and at the end of the rotation to ensure that ALL of the mandatory clinical presentations (those without an R beside them) are covered. If any of the essential clinical presentations or procedures have not been covered during the rotation, please ensure that the topic has been reviewed with the student and mark it as "discussed" on the ED-2 form. Please initial beside each experience and sign the bottom of the form.** It is anticipated that these observations will assist you in your final evaluation of the student.



Essential Clinical Experiences: Family Medicine Rotation Clerkship Program

Patient Info:
 I = Inpatient
 H = House Visit
 A = Aboriginal
 Rx = Polypharmacy
 IMM = Recent Immigrant
 W = Work Status

O = Outpatient
 LTC = Long Term Care
 F = Family Stressors
 P = Poverty
 S = Same-sex relationship

Role:
 De = Demonstrate
 M = Manage

Student: _____

Rotation No: _____ Location: _____

Medical illnesses <i>R=Recommended not mandatory; all others are mandatory</i>	Expected Level of Experience (Minimum Required: One Experience for each)		Actual Clinical Experiences									
	Patient	Role	Patient Info	Role	Preceptors' Initials	Patient Info	Role	Preceptors' Initials	Patient Info	Role	Preceptors' Initials	
<u>Gastrointestinal</u>												
Abdominal pain	O/H/LTC	M										
<u>Musculoskeletal</u>												
Low Back pain	O/H/LTC	M										
<u>Respiratory</u>												
Cough / Dyspnea	O/H/LTC	M										
<u>Cardiovascular</u>												
Chest pain	O/H/LTC	M										
<u>Mental Health</u>												
Anxiety	O/H/LTC	M										
Depression	O/H/LTC	M										
<u>Infectious Diseases</u>												
Fever	O/H/LTC	M										
<u>Neurology</u>												
Dizziness	O/H/LTC	M										
Headache	O/H/LTC	M										
<u>General</u>												
Fatigue	O/H/LTC	M										
Women's Health												
Prenatal care	O	M										
Contraception	I/O	M										
Screening/Age Specific Periodic Health Examination												
Well Adult Male	O	M										
Well Adult Female	O	M										
Well Baby / Well Child	O	M										

Medical illnesses <i>R=Recommended not mandatory; all others are mandatory</i>	Patient	Role	Patient Info	Role	Preceptors' Initials	Patient Info	Role	Preceptors' Initials	Patient Info	Role	Preceptors' Initials
Continuity of Care/Chronic Disease Management											
Type 2 Diabetes Mellitus	O/H/LTC	M									
Hypertension	O/H/LTC	M									
Ischemic Heart Disease	O/H/LTC	M									
Asthma	O/H/LTC	M									
Palliative Care	O/H/LTC	M									
Procedures/Physical Examination Skills											
Cryotherapy, ie. of warts or other suitably treated benign skin lesion	O	De									
Injections; subcutaneous, intradermal, intramuscular and intravenous	O/H/LTC	De									
Pap test	O	De									
Pelvic and rectal exams	O	De									
Ear syringing	O	De									
Genital swabs	O	De									
Removal of growth	O	De									

This student has experienced each of these clinical presentations and procedures as indicated above.

Mid-rotation review:

Yes Date: _____

No

Preceptor's Signature: _____ Date: _____

PLEASE NOTE: It is mandatory for this form to be completed and submitted to your tutor at the end of the rotation. Students who do not submit or complete this form will receive an incomplete in the family medicine rotation and will be contacted by Dr. Jon Miklea, Family Medicine Undergraduate Program Director.

To assist our clinical preceptors, the Family Medicine Clerkship Curriculum Steering Committee developed the following guide that outlines some of the possible diagnoses that the clerk may encounter and the interventions the clerk is expected to explore and practice.

Symptom Presentation	Possible Diagnoses
<p>Gastrointestinal</p> <ul style="list-style-type: none"> • Abdominal pain Acute Chronic • Pelvic pain Acute Chronic • Anal/rectal symptoms • Blood in stool • Changes in bowel habits • Decreased appetite • Heartburn • Nausea and vomiting • Weight loss 	<p>GERD/PUD /Non-ulcer dyspepsia Haemorrhoids Hepatitis IBD IBS Peptic ulcer disease</p>
<p>Musculoskeletal</p> <ul style="list-style-type: none"> • Back pain Acute Chronic • Joint pain Upper extremity Lower extremity • Neck pain Acute Chronic • Soft tissue injury 	<p>Arthritis - osteoarthritis rheumatoid, gout and psoriatic arthritis Bursitis Fractures Strains and sprains Osteoporosis Carpal tunnel, tennis elbow</p>
<p>Respiratory</p> <ul style="list-style-type: none"> • Cough • Shortness of breathe • Wheezing 	<p>Asthma, bronchitis COPD/emphysema Pneumonia. Croup, URTI</p>
<p>Genitourinary</p> <ul style="list-style-type: none"> • Blood in urine • Dysuria • Vaginal discharge/urethral discharge • Menstrual irregularities, excessive vaginal bleeding and dysmenorrhea 	<p>Benign Prostatic Hypertrophy Incontinence Cystitis UTI STI's PID</p>
<p>Cardiovascular</p> <ul style="list-style-type: none"> • Chest pain • Edema • Palpitations • Syncope 	<p>Anaemia Congestive Heart Failure Hypertension Hypercholesterolemia Angina, (Ischemic Heart Disease) Arrhythmia Cardiovascular Disease (Angina, Risk Factors) Peripheral Vascular Disease</p>

Symptom Presentation	Possible Diagnoses
Mental Health <ul style="list-style-type: none"> • Anxiety • Confusion • Depression • Grief • Relationship issues 	Delirium Dementia Depression and suicide Personality disorders Sleep disorders
Infectious Diseases <ul style="list-style-type: none"> • Cold/flu • Fever 	Influenza Viral infections mononucleosis, Hepatitis, HIV, CMV
Neurology <ul style="list-style-type: none"> • Dizziness • Vertigo • Headache 	Cerebral Vascular Disease TIA, BPPV Parkinson's disease
ENT <ul style="list-style-type: none"> • Earache • Nasal congestion • Sore throat 	Otitis Media and Otitis Externa Pharyngitis -- viral/strep/ mono Sinusitis
Dermatology <ul style="list-style-type: none"> • Rash/skin lesions 	Acne Decubitus ulcers Eczema and other fungal and non fungal infections Psoriasis warts
Ophthalmology <ul style="list-style-type: none"> • Red eye 	Conjunctivitis
General <ul style="list-style-type: none"> • fatigue • "unwell" • pain • falls • Adult • Older adult 	Allergies and anaphylactic reactions Poisoning cuts and scrapes Obesity Work related injuries/ illness Worried well Complementary therapies Chronic Fatigue Syndrome General approach to pain
Women's Health <ul style="list-style-type: none"> • Breast lump • Pregnancy diagnosis • Prenatal care • Labour and Delivery • Post natal care • Pregnancy termination • Menopause 	Breast feeding issues Breast cancer Prenatal care (incl. Maternal Serum Screening and HIV counselling) Intrapartum care Postpartum care

WHAT TO DO WITH A STUDENT HAVING DIFFICULTIES

When a preceptor identifies a student doing poorly in the office (or a tutor has concerns in tutorial) the following is the protocol:

1. The tutor and/or preceptor collect objective information individually about the poor performance in the tutorial or clinical setting.
2. The tutor and/or preceptor contacts the Family Medicine Undergraduate Program Assistant to arrange a meeting with each other to discuss the concerns and document them in writing.
Note: If there have been concerns in the clinical setting, the preceptor should have discussed the concerns with the student prior to the meeting.
3. After the meeting, the tutor meets with the student to discuss the concerns.

If the difficulties are not rectified after the first meeting,

4. The tutor and/or preceptor contacts the Family Medicine Undergraduate Program Assistant to arrange a meeting between the tutor, preceptor, student and the Family Medicine Undergraduate Program Director to develop a remedial program for the remainder of the rotation, including the problems identified, the learning objectives and activities to be undertaken and the evaluation.
5. Once a student is deemed provisional or unsatisfactory for the rotation, the Family Medicine Undergraduate Program Director will contact the Program Administrator in the Undergraduate MD Program as outlined in the "Faculty Policy and Procedure for the Evaluation of Undergraduate MD Students".
6. This identification should be done **prior** to the Mid-Phase Report on Student Performance. Documentation at the mid-point of the rotation is vital.

**Undergraduate MD Program
Family Medicine Clerkship
Mid-Phase Report of Student Performance**

Clerk: _____ Clinical Preceptor: _____
 Class of: ____ Department: _____ Date: _____

Unit Chair/Clerkship Coordinator Signature: _____

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7 _____ 8 _____ 9 _____ 10 _____
 Poor Acceptable Good Very Good Excellent

Dimension	Rating
1. At Mid-Unit, do you have any specific concerns about this student? Comments:	
2. Have you and the student discussed performance and identified issues to focus on from now until the end of the Unit? Comments:	
3. Do you have concerns about the student's: Comments:	
A. Ability to identify and define problems Comments:	
B. ability to interview patients in a logical fashion Comments:	
C. clinical skills Comments:	

**Undergraduate MD Program
Family Medicine Clerkship
Mid-Phase Report of Student Performance**

Dimension	Rating
<p style="text-align: center;">D. understanding of the interrelationships of social, emotional and physical problems</p> <p>Comments:</p>	
<p style="text-align: center;">E. ability to synthesize data and formulate management plans</p> <p>Comments:</p>	
<p style="text-align: center;">F. personal characteristics</p> <p>Comments:</p>	
<p style="text-align: center;">G. learning skills and use of evidence based medicine</p> <p>Comments:</p>	

Additional Comments:

Student Name:			
Student Advisor's Name:			
Dates of Rotation:		Rotation:	

Tutor to attach all evaluation documents

Progress Decision:

Satisfactory; overall satisfactory achievement of objectives
 Provisional Satisfactory; remedial contract required in the area of:

- Knowledge
- Skills
- Professional Behaviour

 Unsatisfactory; overall unsatisfactory achievement of objectives
 Incomplete

Signature Tutor _____ Date: _____
 Signature _____ Date: _____
 Student _____

(Signature without additional comment will be taken to mean acceptance of the content of this form as accurate and adequate.)

Reviewed by Clerkship Coordinator: Signature _____

Date: _____

Please return all copies to Undergraduate MD Program: Evaluations, MDCL-3101

SUMMARY OF CLERKSHIP PERFORMANCE

1) Fund of Knowledge

Below Expectations	Borderline Meeting of Expectations	Meets Expectations	Exceeds Expectations	Exceptional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

2) Knowledge Integration

Below Expectations	Borderline Meeting of Expectations	Meets Expectations	Exceeds Expectations	Exceptional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

3) History Taking

Below Expectations	Borderline Meeting of Expectations	Meets Expectations	Exceeds Expectations	Exceptional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

4) Clinical Examination

Below Expectations	Borderline Meeting of Expectations	Meets Expectations	Exceeds Expectations	Exceptional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

5) Clinical Management

Below Expectations	Borderline Meeting of Expectations	Meets Expectations	Exceeds Expectations	Exceptional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

6) Learning Skills

Below	Borderline	Meets	Exceeds	Exceptional
Expectations	Meeting of	Expectations	Expectations	
	Expectations			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

7) Communication Skills

Below	Borderline	Meets	Exceeds	Exceptional
Expectations	Meeting of	Expectations	Expectations	
	Expectations			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

8) Respect (Appropriate verbal and non-verbal behaviour. Acts in an ethical manner in relation to patients and colleagues)

Below	Borderline	Meets	Exceeds	Exceptional
Expectations	Meeting of	Expectations	Expectations	
	Expectations			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

9) Responsibility (Follows through on commitments made to patients and colleagues. Attends regularly.)

Below	Borderline	Meets	Exceeds	Exceptional
Expectations	Meeting of	Expectations	Expectations	
	Expectations			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

10) Self-Awareness (Shows a realistic understanding of own knowledge base, skills and behaviour. Able to give and accept constructive feedback)

Below	Borderline	Meets	Exceeds	Exceptional
Expectations	Meeting of	Expectations	Expectations	
	Expectations			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	7	8	9	10

SUMMARY OF PERFORMANCE ON ROTATION EVALUATION TOOLS

(to be completed by the clinical tutor supervisor at the end of the rotation):

Completion of Essential Clinical Experiences (ED-2)

Unsatisfactory

Satisfactory

Performance on end-of-Rotation Examination (To be completed by clerkship coordinator).

Please note: The Student Score plus four Comparative Group fields below can include the text "Satisfactory" or "Unsatisfactory" as well as holding numerical values.

Student Score:

Comparative Group Average:

Comparative Group Standard Deviation:

Comparative Group Maximum:

Comparative Group Minimum:

SUMMARY OF STUDENT PERFORMANCE

Narrative summary of all aspects of the student's performance on this rotation as reflected in the preceding ratings / summary of performance on evaluation tools.

This narrative summary is to be entered on Student Transcript

Clinical Preceptor

Clerk

Date