



Course No.:	OM 7010	Course Title:	Core Family Medicine
Credit Hours:	4	Clerkship Directors:	Jenna Collins, DO, Chair COMP/COMP-NW Seth Politano, DO, Vice-chair COMP/COMP-NW
Term - Dates:	Academic Year 2024-2025	Level:	OMS III

### **Family Medicine Core Rotation Syllabus**

#### **Educational Goal**

##### **Purpose of Rotation**

To provide the student with a solid foundation in diagnosing and managing common conditions encountered by Family Physicians and health care maintenance and disease prevention. In addition, the rotation should expose the student to the full breadth of Family Medicine so that any student specifically interested in Family Medicine will be better prepared to decide if they want to pursue post graduate training.

This rotation provides exposure and experience in the clinical setting of the normal and abnormal conditions encountered by Family Physicians. Attention is devoted to the recognition and management of common problems typically seen by primary care physicians as well as conditions which may be less common with critical thinking of the problem to conclusion of treatment. Students evaluate patients in the inpatient and outpatient setting. They may perform the breadth of evaluation and management, write notes in the medical record, assist with common minor office procedures. If the Clinic or Hospital policy does not allow the student to document in the permanent record, the student is expected to write a note and orders separate from the chart and ask the preceptor to critique it.

#### **Preparing for the Rotation**

1. **Study and review the OnlineMedEd (OME) FM Core Rotation Checklist** posted on Elentra. You will use the information and links of this document to guide your studying throughout the rotation, using diagnoses seen in clinic to determine what lessons to complete that day. These are recommendations only, as there is an unlimited number of topics to be covered in Family Medicine. Get through as many as you can!
  - a. There will be a survey at the end of your rotation as to how well this guide served you. Please watch for that email link.

2. **Study and review the topics listed in the following documents** posted in Elentra
  - a. **Emails sent for both 4<sup>th</sup> Friday and 2<sup>nd</sup> Friday events.**
  - b. **FM Curricular Resources: Acute and Chronic Care topics**
  - c. **FM Curricular Resources: Procedures topics**
  - d. Note: The American Academy of Family Physicians (AAFP), the Society of Teachers of Family Medicine (STFM), and the National Board of Osteopathic Medical Examiners (NBOME) were used to create these documents.

### 3. Resources

- OnlineMedEd (separate document with recommended lessons and links)
- Aquifer
- UpToDate
- STFM
- AAFP

Recommended applications for handheld devices:

- UpToDate
- Epocrates
- Medscape
- Medical Calculator
- USPSTF (Prevention Taskforce app)

NOTE: Individual preceptors may include/require other resources.

### 4. Required Equipment

- All medical equipment used for CM&R should be used to practice skills during on-site clinical rotations or virtual clinical rotations.

### 5. Review of Physical Exams

- Please refer to Bates' Physical Exam Videos (see separate Physical Exam document in Elentra for links).

## Expectations During the Rotation

During the rotation, the student is expected to do the following:

1. The student should be able to function effectively as a member of the health care team in a primary care setting and appreciate the roles and functions of other health care professions. The student should be able to present the data gathered in patient encounters in a concise summary to the preceptor, discuss each problem to consider further diagnosis and treatment plans, consultation, and disposition.
2. The student should have knowledge of current guidelines for disease screening by age group.
3. The student should be able to write progress notes using the appropriate format (SOAP).
4. The student should be able to:
  - Elicit and document a history from assigned patients
  - Recognize signs and symptoms of disease processes
  - Assess mental health status
  - Act with compassion and communicate empathetically with a patient
  - Perform and document a physical examination
  - Perform and interpret diagnostic tests

- Manage, under the supervision of the preceptor, common healthcare problems
  - Provide patient education
  - Understand general management guidelines for common chronic diseases.
5. The student should be able to perform OMT when clinically appropriate.
  6. The student should be able to evaluate and give preventive/ lifestyle suggestions as appropriate.
  7. The student should be familiar with when / how to make referrals.
  8. The student should understand and practice universal precautions.
  9. Lecture or present case histories as requested by interns, residents or attending.
  10. Be timely.
  11. Wear appropriate attire.
  12. Always be professional.

### **Diagnoses/Conditions Required to Know – FP Topics**

Please make sure these topics are covered during your clinical rotation. If not, please direct yourself to read about each topic and be able to answer questions about each of them.

#### **Health Promotion:**

- Adult:
  - Cancer Screening (breast, cervical, colon, prostate)
  - Coronary Artery Disease (CAD)
  - Fall risk in elderly patients
  - Osteoporosis
  - Sexually Transmitted Infections (STIs)
  - Type 2 Diabetes
- Children & Adolescents:
  - Growth and development (infant, children, adolescent)
  - Screening tests
  - Bright Futures
- Barriers to Health Care Access

#### **Acute Care:**

- Abdominal pain
- Abnormal vaginal bleeding
- Chest pain
- Common skin lesions
- Common skin rashes
- Cough
- Dizziness
- Dysuria
- Fever
- Headache
- Joint pain and injury
- Leg swelling
- Low back pain

- Male genital-urinary symptoms
- Otitis media and other ENT conditions
- Shortness of breath/wheezing
- Upper respiratory symptoms
- Vaginal discharge

**Chronic Care:**

- Anxiety
- Arthritis, inflammatory
- Arthritis, osteo- (OA)
- Asthma
- Back pain, acute
- Back pain, chronic
- COPD
- Coronary artery disease
- Depression
- Dementia
- Heart failure
- Hyperlipidemia
- Hypertension
- Osteoporosis/osteopenia
- Substance use/dependency/abuse
- Type 2 diabetes

<b>Procedures – To Observe or Participate In</b>
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**Common Office-Based Procedures:**

- Guaiac testing (hemocult)
- Peak flow testing
- Office spirometry
- Cerumen removal
- Audiometry
- Blood Glucose
- Venipuncture
- Urine analysis (UA)
- Urine pregnancy test
- Foreign body removal (skin, soft tissue, ear, nose, eye)
- Toenail removal
- Skin biopsy (incisional, excisional, punch)
- Skin lesion removal (incisional, excisional, punch)
- Sutures/staples removal
- Injections, intramuscular (IM)
- Injections, subcutaneous injections (SQ)
- Injections, immunizations (IM, SQ)
- Intravenous line placement
- Irrigation and drainage (I&D)
- Wound management

- Splinting
- Laceration repair
- Local anesthetics
- Diabetic foot care
- Bladder catheterization (foley catheter placement)
- Circumcision
- Vasectomy

### **Skills (AACOM Entrustable Professional Activities - EPAs)**

These skills are expected on your first day of residency.

- EPA 1: Gather a history and perform a physical examination.
- EPA 2: Prioritize a differential diagnosis following a clinical encounter.
- EPA 3: Recommend and interpret common diagnostic and screening tests.
- EPA 4: Enter and discuss orders and prescriptions.
- EPA 5: Document a clinical encounter in the patient record.
- EPA 6: Provide an oral presentation of a clinical encounter.
- EPA 7: Form clinical questions and retrieve evidence to advance patient care.
- EPA 8: Give or receive a patient handover to transition care responsibility.
- EPA 9: Collaborate as a member of an interprofessional team.
- EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.
- EPA 11: Obtain informed consent for tests and/or procedures.
- EPA 12: Perform general procedures of a physician.
- EPA 13: Identify system failures and contribute to a culture of safety and improvement

### **Core Family Medicine Rotation Learning Objectives**

The student will be expected to:

1. Apply basic knowledge of the organ systems' pathology and physiology into the medical patient's care.
2. Apply basic knowledge of molecular, biochemical, and cellular mechanisms to the care of the medical patient for maintaining homeostasis.
3. Perform an appropriately comprehensive history and physical examination on both hospitalized and ambulatory medical patients.
4. Formulate and communicate a focused differential diagnostic problem list on each medical patient.
5. Search the medical literature for the most current aspects of diagnostic and management strategies to thereby apply the principles of evidence-based medicine to the care of the individual medical patient.
6. Formulate strategies for disease prevention based on knowledge of disease pathogenesis and mechanisms of health maintenance.
7. Integrate concepts of epidemiology and population-based research methods into the care of the individual medical patient.
8. Formulate diagnostic and treatment plans considering a cost-benefit analysis, access to healthcare, and personal preferences of the patient.
9. Respect the cultural and ethnic diversity of their patients' beliefs in evaluating and managing their

medical care.

10. Display honesty, integrity, respect, and compassion for patients and their families.
11. Participate in the education of patients, families, and other students.
12. Perform as part of an inter-professional team to enhance patient safety and improve patient care.
13. Display collegiality and professionalism toward all members of the healthcare team.
14. Follow all infection control policies and guidelines as established by the Centers for Disease Control and Prevention (CDC) and the Society for Healthcare Epidemiology of America (SHEA).

*\*Please see below for each learning objective's corresponding WesternU outcomes and COMP's core competencies.*

## Grading

### Evaluation/Grading

Grading for your clerkship will be calculated according to the Clinical Education Manual.

Please note, your attending/preceptor's evaluation is based on, but not limited to the following:

- Communication skills regarding patients
- Care provided to assigned patients
- Attendance and participation at conferences, morning reports lectures and meetings
- Demonstration of library references on patients
- Completion and accuracy of paperwork on patients (Histories and Physicals, progress notes, treatment plans, presentations, hand-outs, etc.)
- Interaction with attendings, residents, students, medical staff, nursing, and ancillary personnel
- General knowledge base and knowledge applied to specific patients
- Motivation in the learning process
- Overall performance, participation, enthusiasm to learn, and effort to improve
- Mid-rotation grades should be given by the intern/resident/attending. The final grade should be given/reviewed with the student on the last day of the rotation.

Evaluation/grading of your performance on the rotation will be based on the following scenarios:

1. **Four-Week In-Person/On-site Clinical Rotation**
  - Clinical rotation site will grade your performance during the rotation (4 credit hours).
  - Student must pass the COMAT to receive credits and final grade
2. **Hybrid Clinical Rotation (Part of rotation is in-person and part is virtual)**
  - Clinical rotation site will grade your performance during the rotation (4 credit hours).
  - Student must complete all activities and assignments specified by Department of Family Medicine faculty to receive final grade.
  - Student must pass the COMAT to receive credits and final grade.
3. **Two Weeks of Virtual Rotation and Two Weeks On-site Clinical Rotation**
  - DFM faculty will grade your performance during the 2 weeks of virtual rotation (2 credit hours).
  - Clinical rotation site will grade your performance during 2 weeks of on-site rotation (2 credit hours).
  - Student must attend all mandatory teleconference learning sessions during the virtual portion of

- the rotation.
- Student must pass the COMAT to receive credits and final grade.
4. **Four-Week Virtual Rotation**
- DFM faculty will grade your performance during the 4 weeks of virtual rotation (4 credit hours).
  - Student must complete all activities and assignments specified by Department of Family Medicine faculty to receive final grade
  - Student must attend all mandatory teleconference learning sessions during the virtual portion of the rotation.
  - Student must pass the COMAT to receive credits and final grade

<b>Rotation Faculty</b>
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Lebanon	Pomona
Jenna Collins, DO Chair DFM COMP/COMP-NW Assistant Professor of Family Medicine Appointments available by email at <a href="mailto:jcollins@westernu.edu">jcollins@westernu.edu</a>	Seth Politano, DO, FAOIM Vice-chair DFM COMP/COMP-NW Associate professor of Family Medicine Appointments available by email at <a href="mailto:Spolitano@westernu.edu">Spolitano@westernu.edu</a>

**OAA Administrative Support:**

**Pomona:**

**Marisa Orser, M.Ed., Associate Director of Clinical Education (909) 469-5253**

**Lebanon:**

**Kim Ketchum, Associate Director of Clinical Education (541) 259-0666**

<b>Rotation Schedule</b>
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Each site will provide students with a schedule on their first day of the rotation. If not provided, please ask and understand the expectations. These schedules are rarely available before the rotation starts.

Students must attend and participate in all assigned and/or required activities specified at the rotation site.

It is the student's responsibility to read, understand, and follow all information and instructions provided by the site.

<b>General Policies</b>
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**Policy on Disability Accommodations:** To obtain academic accommodations for this rotation, students with disabilities should contact the Center for Disability Issues and the Health Professions and the system coordinator within ten days of the beginning of the system. Disability Services can be reached at [cdhpofficecalendar@westernu.edu](mailto:cdhpofficecalendar@westernu.edu).

**Remediation Policy:** Refer to the Clinical Education Manual

**Attendance Policy:** Refer to the Clinical Education Manual

**Academic Dishonesty:** Complete confidence in the honor and integrity of the health professions student and health care professional are essential. Such confidence depends entirely on the exemplary behavior of the individual health care provider in his or her relations with patients, faculty, and colleagues. Strict honesty as a personal way of life should be nurtured during education for professional service. The student shall conduct all aspects of his or her life with honor and integrity. This includes accountability to oneself and to relationships with fellow students, future colleagues, faculty, and patients who come under the student's care or contribute to his or her training and growth, and members of the public. This applies to personal conduct that reflects on the student's honesty and integrity in both academic and non-academic settings, whether or not involving a University sponsored activity.

Upon accepting admission to the University, each student subscribes to and pledges complete observance to the Standards of Academic and Professional Conduct as outlined in the University Catalog for each academic program. A violation of these standards is an abuse of the trust placed in every student and could lead to suspension or dismissal.

WU INSTITUTIONAL OUTCOMES	Learning Objective*	Health Professional Education
1. <b>Critical Thinking</b>	1,2,3,4,5,6, 7,8,11,12, 14	The graduate should be able to identify and solve problems that require the integration of multiple contexts when performing patient care.
2. <b>Breadth and Depth of Knowledge in the Discipline/Clinical Competence</b>	1,2,3,4,5,6, 7,8,9,11, 12,14	The graduate should be able to perform appropriate diagnostic and therapeutic skills, to apply relevant information to patient care and practice, and to educate patients regarding prevention of common health problems.
3. <b>Interpersonal Communication Skills</b>	3,4,9,10, 11, 12,13	The graduate should be able to effectively use interpersonal skills that enable them to establish and maintain therapeutic relationships with patients and other members of the health care team.
4. <b>Collaboration Skills</b>	3,4,8,9,11, 12,13	The graduate should be able to collaborate with clients and with other health professionals to develop a plan of care to achieve positive health outcomes for their patients
5. <b>Ethical and Moral Decision-Making Skills</b>	8,9,11,12, 13	The graduate should be able to perform the highest quality of care, governed by ethical principles, integrity, honesty, and compassion.
6. <b>Lifelong Learning</b>	5,7,8,9	The graduate should be able to engage in life-long, self-directed learning to validate continued competence in practice.
7. <b>Evidence-Based Practice</b>	2,3,4,5,6, 7,8,9,12, 14	The graduate should be able to utilize research and evidence-based practice and apply relevant findings to the care of patients.
8. <b>Humanistic Practice</b>	8,10,11,13	The graduate should be able to carry out compassionate and humanistic approaches to health care delivery when interacting with patients, clients, and their families. They should unfailingly advocate for patient needs.

\*Please see learning objectives above



<b>COMP/AOA CORE COMPETENCIES</b>	<b>Learning Objective*</b>	<b>Competency: Osteopathic Medical Students are part of an educational continuum that leads to residency and the curriculum provides the foundation for the following outcomes:</b>
<b>1. Osteopathic Philosophy and Osteopathic Manipulative Medicine</b>	6,9,10,11, 12	Residents on their first day of residency are expected to demonstrate and apply knowledge of accepted standards in Osteopathic Manipulative Treatment (OMT) appropriate to their specialty. The educational goal is to train a skilled and competent osteopathic practitioner who remains dedicated to life-long learning and to practice habits in osteopathic philosophy and manipulative medicine.
<b>2. Medical Knowledge</b>	1,2,3,4,5,6, 7,8,9,11, 12,14	Residents on their first day of residency are expected to demonstrate and apply knowledge of accepted standards of clinical medicine in their respective specialty area, remain current with new developments in medicine, and participate in life-long learning activities, including research.
<b>3. Patient Care</b>	2,3,9,10,11 12	Residents on their first day of residency must demonstrate the ability to effectively treat patients, provide medical care that incorporates the osteopathic philosophy, patient empathy, awareness of behavioral issues, the incorporation of preventative medicine, and health promotion.
<b>4. Interpersonal and Communication Skills</b>	4,8,9,10, 11,12, 13,14	Residents on their first day of residency are expected to demonstrate interpersonal/communication skills that enable them to establish and maintain professional relationships with patients, families, and other members of health care teams.
<b>5. Professionalism</b>	7,9,10,11, 12, 13	Residents on their first day of residency are expected to uphold the Osteopathic Oath in the conduct of their professional activities that promote advocacy of patient welfare, adherence to ethical principles, collaboration with health professionals, life-long learning, and sensitivity to a diverse patient population. Residents should be cognizant of their own physical and mental health in order to effective care for patients. Please note that professionalism is an integral part of the career of a physician. Clinical sites do have the right to fail a student or remove them from rotation due to deficits in professionalism.
<b>6. Practice-Based Learning and Improvement</b>	5,6,7,8, 12,14	Residents on their first day of residency must demonstrate the ability to critically evaluate their methods of clinical practice, integrate evidence-based medicine into patient care, show an understanding of research methods, and improve patient care practices.
<b>7. Systems-based Practice</b>	5,6,7, 8,12,14	Residents on their first day of residency are expected to demonstrate an understanding of health care delivery systems, provide effective and qualitative patient care within the system, and practice cost- effective medicine.

<b>COMPARISON OF OUTCOMES STANDARDS: WU AND COMP</b>	<b>WU</b>	<b>COMP</b>
Critical Thinking	1	1, 2, 3 6
Breadth and Depth of Knowledge in the Discipline/Clinical Competence	2	1, 2, 3, 4, 5, 6, 7
Interpersonal Communication Skills	3	4
Collaboration Skills	4	4
Ethical and Moral Decision-Making Skills	5	1, 3,5,6
Lifelong Learning	6	1, 2, 3, 6, 7
Evidence-Based Practice	7	1, 2, 3, 6, 7

Humanistic Practice	8	3, 4, 5
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