BCC 7175
Family Medicine Clerkship
2018-2019

<u>**Education Director**</u>

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Contents

Overview

Description

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Family Medicine Clerkship is a competency-based clerkship in family medicine, with an emphasis on the care of ambulatory patients. During this clerkship, students provide clinical care to patients under the direct supervision of a practicing community-based family physician designated as clerkship faculty. Students will care for patients of all ages with a broad range of conditions commonly seen in the outpatient setting, with an emphasis on prevention and care of the patient in the context of family and community.

Orientation

Students are required to review both the syllabus and the orientation video prior to the first day of the Family Medicine Clerkship. The video entitled "Orientation to the Family Medicine Clerkship" is also available on Canvas and on the FSU Office of Medical Education webpage for course syllabi.

In addition to review of the syllabus and video, students will meet clerkship director for a general orientation. A site-specific orientation will occur at the assigned clinical site prior to initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the Clerkship.

Longitudinal Integrated Curriculum (LIC)

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the Office of Medical Education website and on the Canvas Organizational site for Core Clerkships.

Scheduled Hours/On-Call

The Family Medicine Clerkship is six weeks in duration and will consist primarily of ambulatory care. There is no requirement for inpatient care, on-call shifts or long-term care, although students are encouraged to participate in those clinical activities when available.

Students enrolled in the clerkship will work at least 4 full days per week with assigned Clerkship Faculty, as one day per week is allotted for participation in Doctoring 3 and Longitudinal Clerkship. Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site. **During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 days per week with Clerkship Faculty.**

Student Workhour Policy

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Absences

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional campus dean** prior to the beginning of the clerkship, using the student absence request form. Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of**

"incomplete" until remediated, and may result in a grade of "fail" for the clerkship.

Components

Assignment: Personal Educational Goals

The purpose of this assignment is to enhance the student's ability to recognize their own learning needs and develop strategies to meet those needs. The student will choose 1-3 educational goals specific to their current learning needs as a third year medical student. These goals must be appropriate for the specific learning environment and able to be achieved in the allotted time.

The student will create a strategy for self-improvement that includes appropriate evidence-based resources, with pre-selected benchmarks by which they will assess their own progress. Using these benchmarks, the student will track advancement of clinical skill, knowledge or behavior throughout the rotation. Students are encouraged to seek and incorporate feedback from their Clerkship Director prior to submitting a final report at the end of the Clerkship. Examples of exemplary student performance are available on the Canvas site for Core Clerkships.

Personal Goals Project Evaluation: This assignment will be evaluated by the Education Director at the conclusion of the Clerkship. If the educational goals assignment is returned for revision, the student is no longer eligible for honors, and will be assigned an initial grade of "IR" until remediation has been completed. Evaluation of this assignment will be based on the following:

- Was the goal specific and achievable?
- Did the student develop a thoughtful strategy to address educational goal?
- Were there measurable benchmarks?
- Were appropriate evidence-based resources identified?
- Was the student insightful in his/her reflection on the process?
- Did the student identify what was learned and what was left to learn (next steps)?

Evaluation Rubric for **Personal Educational Goals**

Goal	Component	Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Feedback
	Specific and achievable				
	Targets measurable				
	Resources identified				
	Lessons learned				
	Next steps				
	Overall evaluation				

Personal Goals Project Submission:

1. A **preliminary plan** regarding their personal educational goals must be discussed with assigned Clerkship Faculty and Regional Campus Clerkship Director no later than Saturday at the end of the first week of the clerkship, or by the end of the 4th week for LIC students.

2. The **final** written report in MS-WORD format will be submitted to Student Academics. This report is due by 5 p.m. on the last day of the rotation. Students are encouraged to send a copy of this report to the Education Director in the event that electronic systems are down/unavailable.

Assignment: Systems Project

The purpose of this assignment is to highlight the systems involved in the care of a patient, and how they impact access to care, financial burden, adherence and coordination of care. Students are encouraged to seek and incorporate feedback from both Clerkship Faculty and Clerkship Director prior to submitting the final assignment. There are **two options for this assignment**, and the student may choose the Referral Project or the Cost of Chronic Care Project. All identifying information in the SOAP note should be redacted to be incompliance with HIPAA.

Systems Project Option 1: Referral Project

The Referral Project is designed to explore the teamwork and collaboration between physicians and other healthcare professionals in the care of the patient, to examine other factors that influence successful referral and consultation and to emphasize the potential for system errors when care is not delivered continuously. Through this assignment, the student will learn more about the process of referring a patient to another healthcare provider for consultation. The system for referral and consultation allows for additional expertise, and also requires special attention to communication if the outcome of services are to benefit the patient.

With the guidance of Clerkship Faculty, the student will identify a patient who might benefit from referral to another physician for consultation regarding a specific medical or surgical condition. The student will participate in the initial evaluation and write a SOAP note detailing the patient encounter that includes specific expectations for what the consultant will address (confirm suspected diagnosis, suggest alternative diagnosis, suggest plan of evaluation or treatment, perform specific procedure, temporarily manage a particular problem, assume care of a particular problem). The student will then accompany the patient to the consultation and observe the encounter from the perspective of the patient and/or family. Lastly, the student will write a 500-1000 word reflection about the experience. The essay should include the challenges associated with arranging the appointment, communication issues with the patient and between physicians. Include your own lessons-learned in the process of caring for this patient and his/her family.

Referral Project <u>Objectives</u>: As a result of this activity, the student will:

- Demonstrate effective written communication through a SOAP note based on the initial encounter; this note should be worthy of inclusion in the patient's medical record.
- Advocate for and assist a patient in coordinating care within a complex healthcare system.
- Demonstrate an understanding of, and respect for, the roles of the primary care physician and the consulting physician when collaborating in the mutual care of a patient.
- Describe how system flaws can contribute to medical errors.

Evaluation Rubric for **Referral Project**

Component		Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Feedback
SOAP Note	Organization				
	Pertinent details				
	Differential diagnosis				
	Treatment plan				
	Question for consultant				
	HIPAA compliant				
Reflection	Patient challenges				
	Communication issues				
	Systems errors				
	Lessons learned				

Overall Evaluation				

Systems Project Option 2: Cost of Chronic Care Project

The Cost of Chronic Care Project is designed to highlight the financial impact to patients of our management recommendations and to demonstrate the importance of evidence-based guidelines in the clinical care of patients as related to medical management of a chronic conditions. Through this option, the student will learn more about patient costs for a chronic health conditions – including, but not limited to, medications, disease monitoring and management, medical insurance and lost time from work/school. Physician attention to these details can improve adherence partnership with patients in developing care plans for chronic conditions. As part of this assignment, the student will explore the financial impact of chronic disease on the patient, how evidence-based guidelines have been applied to management and whether system complexities (such as those with little to no medical insurance or access to care) influence the choices a patient makes when prioritizing needs.

With the guidance of Clerkship Faculty, the student will identify a patient who agrees to a longer appointment for the purpose of discussing costs associated with their chronic conditions. The student will participate in the initial evaluation and write a SOAP detailing that encounter, including a comprehensive problem list and management strategy. After discussing financial impact with the patient, the student will create a worksheet outlining one-time and recurrent costs associated with medical care of all chronic conditions, and then write a an 500-1000 word essay in which the student compares the patient's management with evidence-based guidelines. The essay must also include a reflective component that includes patient's challenges associated with living with their chronic conditions.

Cost of Chronic Care Project <u>Objectives</u>**:** As a result of this activity, the student will:

- Demonstrate effective written communication through a SOAP note based on the initial encounter; this should be worthy of inclusion in the patient's medical record.
- Evaluate costs associated with management of chronic conditions through an individualized discussion with the patient. Consider and include information regarding cost for medications and comparison with generic equivalents, diagnostic testing, supplies for home-monitoring, therapies, employer-paid sick leave, hospitalizations and additional costs for child care or adult day care due to appointments or hospitalizations.
- Demonstrate knowledge of how healthcare costs associated with management of chronic conditions can influence decisions regarding utilization of resources.
- Advocate for the patient in coordinating cost-effective evidence-based care plans and improved functional ability.

Evaluation Rubric for Cost of Chronic Care Project

Component		Does Not Meet Expectations	Meets Expectations	Exceeds Expectations	Feedback
SOAP note	Organization				
	Pertinent details				
	Problem list				
	Treatment plan				
	HIPPA compliant				
Cost worksheet	All conditions listed				
	All cost items delineated				
	Annualized cost				
Reflection	Patient challenges				
	Variations from EBM				

	Lessons learned				
	Overall Evaluation				

Systems Project Evaluation: The Systems Project will be evaluated by the Clerkship Director according to the stated objectives and the evaluation rubrics stated above. If the assignment is not submitted on time, or is completed in an unsatisfactory fashion, remediation will be necessary and the student is no longer eligible for honors for the clerkship.

<u>**Systems Project Submission:**</u> The **final** written report in MS-WORD format will be submitted to Student Academics. This report is due by 5 p.m. on the last day of the rotation. Students are encouraged to send a copy of this report to the Education Director in the event that electronic systems are down or unavailable.

Pharmacy Field Trip
Students will participate in a field trip to a local pharmacy during the Family Medicine Clerkship. As a result of this educational activity, the student will
1) recognize the frequent use of over-the-counter medications, supplements and other products by patients;
2) compare the numerous formulations and options patients are confronted with in choosing an OTC product;
3) apply knowledge gained to specific patient conditions.

Patient Care
Students will participate in ambulatory care during this clerkship, with an emphasis on prevention of illness and caring for the patient in the context of family and community. Students are encouraged to participate in the care of hospitalized patients, those residing in skilled nursing facilities, home visits and office-based procedures whenever possible. Management expectations include:

- Gathering appropriate histories and performing the appropriate physical examinations
- Formulating preliminary diagnostic impressions including differential diagnosis
- Creating diagnostic and therapeutic care plans
- Performing appropriate health screenings
- Documenting patient care through an electronic health record and/or written SOAP notes

Patient Log (ETS)
Students will record a **minimum of 100 patient encounters** during the Family Medicine Clerkship, **with at least 80% at the "moderate" or "full" level of care**. Students are expected to record all clinical conditions, procedures and healthcare screenings that were part of patient encounters. The following table includes required clinical conditions and healthcare screenings that must be documented to successfully complete the Family Medicine Clerkship. Patient encounter data will be collected through the Encounters Tracking System (ETS).

Failure to record required patient care by 5:00 p.m. on the last day of the Clerkship will result in a grade of "IR" (incomplete, requires remediation); the student will therefore be ineligible for honors and additional time on the Clerkship may be required. If a student fails to meet this deadline, they risk failure for the clerkship.

Level of participation in patient care is determined by the effort a student puts forth during the data-gathering phase, assessment and development of a treatment plan. Typically, the data-gathering phase includes history, physical examination and review of diagnostic tests available. The assessment phase includes creating a problem list, as well as developing a prioritized differential diagnosis for a problem. The treatment plan includes therapeutics, diagnostic evaluation, patient education and follow-up. The complexity of these components will vary, but for the purposes of choosing a level of participation, three basic tasks have been created. These include gathering history, performing a physical exam (full or focused/targeted), and developing assessment and plan of care. For "Level of Participation in Patient Care" the levels have been defined as follows:

- Minimal: perform one of the aforementioned tasks (either history or physical)
- Moderate: perform two of the aforementioned tasks (both history AND physical)
- Full: perform all three tasks

Required Clinical Conditions (30) Links go to AAFP reference site	Required Healthcare Screenings (23)

1. Abdominal Pain
2. Abnormal Vaginal Bleeding
3. Allergic Condition (any type, not drug allergies)
4. Anxiety Disorder
5. Arthritis (any type)
6. Asthma
7. Atherosclerotic Disease (any type)
      Coronary
      Peripheral
8. Cancer (any type)
9. Chronic Back Pain
10. Chronic Kidney Disease
11. Chronic Obstructive Pulmonary Disease
12. Dementia
13. Depression
14. Diabetes Mellitus
15. Dizziness
16. Dyslipidemia
17. Gastroesophageal Reflux Disease
18. Headache
19. Heart Failure
20. Hypertension
21. Joint Pain or Injury (other than back pain)
22. Obesity
23. Skin Lesion (benign or malignant)
    a. Benign
    b. Malignant
24. Skin Rash or Infection
25. Substance Use Disorder
    a. Alcohol
    b. Substance
    c. Opioid Epidemic
26. Thyroid Disorder
27. Tobacco Use Disorder
28. Upper Respiratory Infection
29. Urinary Tract Infection
30. Vaginal Discharge
    a. STIs
    b. Vaginitis
	USPSTF A Recommendations
	1. Cervical Cancer (2012)
	2. Colorectal Cancer (2016)
	3. Folic Acid Supplementation (2017)
	4. High Blood Pressure (2015)
	5. HIV Infection (2013)
	6. Tobacco Use (2015; 2013-children, B)
	
	USPSTF B Recommendations
	1. Abdominal Aortic Aneurysm (2014)
	2. Alcohol Misuse (2013)
	3. Aspirin Use (2016)
	4. Blood Glucose (2015)
	5. Breast Cancer (2016)
	6. Chlamydia/Gonorrhea (2014)
	7. Depression (2016 adults/children)
	8. Fall Prevention (2018)
	9. Healthy Lifestyle (2014)
	10. Hepatitis B/C (2014, 2013)
	11. Intimate Partner Violence (2013)
	12. Lung Cancer (2013)
	13. Obesity (2012-adults, 2017-children)
	14. Osteoporosis (2011)
	15. Skin Cancer Counseling (2018)
	16. Statin Use (2016)
	
	Immunizations
	1. Adults (CDC, 2017)
	2. Children (CDC, 2017)

Documentation of Workhours

Students will use ETS to document by self-report their daily work hours. Students must enter daily work hours that includes both clinical experience and educational activities. Failure to report work hours is considered a breach of professionalism.

- Clinical care, including documentation in medical record

- Required educational meetings (i.e. Doctoring 3, clerkship meetings, educational meetings at residency programs)

Hours that should not be included in self-reported work hours include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.

Meetings and Educational Sessions

Students will participate in required weekly educational meetings conducted by the Clerkship Director or Clerkship Administrator. For students on away rotations, this will be arranged through videoconference or teleconference. These meetings will include clinical topic discussions, feedback on oral patient presentations and the pharmacy field trip. Clerkship Directors will also review patient encounter logs and students' progress on clerkship assignments.

- **General Clerkship orientation is required and will be accomplished via video posted to Canvas.** The campus-specific orientation will be completed by the Clerkship Director at the first regularly-scheduled meeting and/or via email, and the site-specific orientation will be done on the first morning when student arrives at assigned clinical site. The student is responsible for contacting Clerkship Faculty prior to the starting date for specific instructions on time and location.
- **Each student will be observed at least once during clinical care of patients**. This will be done by the Clerkship Director (or designee for away rotations). This purpose of this direct observation is to evaluate data-gathering skills, clinical reasoning, management decisions and oral presentations. Following observation of clinical care, the student will be provided with feedback. When concerns about student performances are noted by the Clerkship Director or Clerkship Faculty, additional student observations will be completed.
- A **mid-clerkship formative evaluation** will be completed by the Clerkship Director based on input from Clerkship Faculty, direct clinical observation, participation and performance during weekly educational meetings and professionalism. End-of-clerkship debriefing will occur during the final week of the Clerkship.

Exam

Students will take a web-based NBME examination in Family Medicine at the end of the clerkship. This will include the core 80-question exam with an additional module on chronic care. LIC students will take the FM subject examination in the second half of the academic year, and are encouraged to delay until the near the end of the academic year.

- A practice exam is required through Aquifer Family Medicine, and will be administered during week 3 of the Family Medicine Clerkship.

Readings

Students are expected to locate and read pertinent journal articles and guidelines that assist in the evaluation and management of patients. There are several links included in the table listed under Patient Log that contain pertinent information relevant to the required conditions and healthcare screenings. There is no required text for this Clerkship, although additional readings may be assigned by Clerkship Faculty and Clerkship Director to augment student learning. Students may access the COM Charlotte Edwards Maguire Medical Library for additional resources, and are encouraged to reference the Family Medicine Subject Guide.

Learning Resources

The required didactic content for the clerkship is available through [Aquifer Family Medicine,](#) a case-based computer simulation system. This a virtual patient program and will be incorporated into the clerkship through required cases that encompass the Society of Teachers of Family Medicine (STFM) National Clerkship Curriculum. This is primarily a self-directed program that will help build clinical problem-solving skills through independent study, although material and questions will often provide a basis for a clinical discussion during weekly clerkship rounds. There are 33 cases on a variety of topics, and each takes approximately 60 minutes to complete.

- Students are required to complete a total of 6 cases, 4 of which are specifically required. The required cases include well woman exam (case 1), well man exam (case 2), type 2 diabetes mellitus (case 6) and hypertension (case 8). In addition, the students must complete an additional 2 cases of their choosing.
- Students are encouraged to complete all 6 cases in the first 4 weeks to allow for dedicated study time and test prep during the latter part of the clerkship. Students in the LIC are encouraged to complete the required cases during the first half of the academic year to allow for dedicated study time and test prep after the winter break.
- Students' progress will be monitored by clerkship director. Failure to complete the required cases by 5:00 p.m. on the last day of the Clerkship will result in a grade of "IR" (incomplete, requires remediation); the student will therefore be ineligible for honors and additional time to complete the cases may be required. If a student fails to meet this deadline, they risk failure for the clerkship.

Students are encouraged to join the [Academy of Family Physicians](#) additional resources, including pertinent journal articles and test prep materials. Sign-up as a student member to access all materials.

Institutional Resources

The [COM Charlotte Edwards Maguire Medical Library](#) is primarily a digital library that is available 24/7 through secure Internet access. Library resources that support this course are available under "Subject Guides" under the *Resources by subject* from the main menu on the library website. In addition, many of the point-of-care resources are available for full download to mobile data devices. Upon student request, items not found in the library collection may be borrowed through interlibrary loan.

Evaluation and Grading

Mid-Clerkship Feedback

The mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director, and will provide feedback to the student on progress in the clerkship.

Evaluation

An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of clerkship and include an assessment of each in the final grade summary.

College of Medicine Standard Clerkship Grading Policy

The standardized clerkship policy can be found on the [Office of Medical Education](#) website.

Clerkship Specific Grading

1. If any remediation is required, the student is no longer eligible for "honors", and will be assigned an initial grade of "IR" until remediation has been completed
2. Any breech in professionalism renders a student ineligible for honors

3. 100 patient encounters, with 80% at the full or moderate level of participation in patient care (pass/fail)
4. Completion of personal educational goal (pass/fail)
5. Completion of systems project (pass/fail)
6. Clinical performance must be exemplary to be considered for honors
7. NBME must be at 75th percentile or higher to be eligible for honors consideration

Policies

College of Medicine Attendance Policy
The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See FSUCOM Student Handbook for details of attendance policy, notice of absences and remediation. Students must use the absence request form that is located on Student Academics.

Academic Honor Policy
The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at http://fda.fsu.edu/academic-resources/academic-integrity-and-grievances/academic-honor-policy.

Americans with Disabilities Act
Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Student Disability Resource Center; and (2) bring a letter to the instructor indicating the need for accommodation and what type.

Please note that instructors are not allowed to provide classroom accommodation to a student until appropriate verification from the Student Disability Resource Center has been provided. This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

> Student Disability Resource Center
> 874 Traditions Way
> 108 Student Services Building
> Florida State University
> Tallahassee, FL 32306-4167
> (850) 644-9566 (voice)
> (850) 644-8504 (TDD)
> sdrc@admin.fsu.edu
> http://www.disabilitycenter.fsu.edu/

College of Medicine Student Disability Resources
Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to

the medical degree.

Competencies

The following table outlines the Family Medicine clerkship competencies and the assessment method for each, intended to be used as a guide for student learning. For a more detailed view on how these competencies map to the educational program objectives (EPO) and entrustable professional activities (EPA), as well as an overview of the curricular map for the clinical years at the Florida State University College of Medicine, please follow this link: https://med.fsu.edu/index.cfm?page=medicalEducation.syllabi#clerkships.

Clerkship Competency	Assessment						
Family Medicine	NBME/End of Clerkship Exam	Observation by Faculty	Observation by Clerkship Dir.	Online Module	Oral Presentation	Patient Documentation	Project/Written Assignment
Demonstrate the ability to assess the "patient's unique context" and incorporate that information into care.		x	x				
Demonstrate the ability to elicit an accurate and thorough medical history appropriate for the patient's reason for visit.		x	x				
Conduct accurate and thorough physical and mental status examinations appropriate for the patient's reason for visit.		x	x				
Recognize physical exam findings that are common variants of normal and those physical exam abnormalities that are frequently found in patients with common diseases/conditions.		x	x				
Understand the purpose and limitations of screening and diagnostic tests and utilize appropriately in clinical situations.		x	x				
Demonstrate the ability to assess a patient's functional capacity.		x	x				

Demonstrate the ability to clearly and accurately summarize patient findings in verbal presentations and common written formats.		x	x				
Formulate accurate clinical hypotheses (differential diagnosis) based on an analysis of the patient's clinical presentation, the "patient's unique context" and knowledge of clinical epidemiology.		x	x				
Negotiate a plan of care with the patient utilizing shared decision-making techniques.		x	x				
Demonstrate the ability to education patients about their health, assist patients who want to change health behaviors and assess/encourage patient adherence.		x	x				
Apply evidence-based information to identify and implement preventive services that are appropriate for the patient's age and gender.		x	x				
Describe basic bio-behavioral and clinical science principles used to analyze and solve problems related to the diagnosis, treatment and prevention of disease.	x	x	x				
Recognize the scientific basis of health, disease, and medicine in the management of common, chronic and high impact medical conditions.	x	x	x				
Describe normal human psychosocial development across the life-span and recognize deviations requiring further evaluation and intervention.	x	x	x				
Discuss the application of psychodynamic theories of human thought and behavior in describing and analyzing patient behavior.	x	x	x				
Demonstrate the effective use of pharmocotherapeutic agents and other therapeutic modalities.	x	x	x				
Demonstrate respect, empathy, compassion, responsiveness and concern regardless of the patient's problems, personal characteristics.		x	x				x
Communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy.		x	x				x

Demonstrate effective oral communication skills with colleagues and other health professionals.		x	x				x
Demonstrate effective written communication with colleagues and other health professionals.		x	x				x
Demonstrate appropriate and effective use of alternative communication methods including but not limited to telephone and electronic methods.		x	x				x
Evaluate health literacy by assessing patient's comprehension of verbal & written health information, and assist patients in obtaining and understanding health information.		x	x				x
Recognize and respond professionally to various common forms of behavioral and emotional presentations.		x	x				x
Demonstrate culturally and linguistically appropriate interviewing skills with patients from diverse backgrounds.		x	x				x
Formulate and use strategies to support life-long learning to remain current with advances in medical knowledge and practice.		x	x				
Demonstrate respect for the contributions of medical colleagues, other health care professionals, agencies, and families, to the health of the individual and the health of the community.		x	x				
Recognize one's personal abilities and limitations, knowing when to request assistance.		x	x				
Display professionalism, high ethical standards, and integrity in relationships in all aspects of medical practice, especially with respect to confidentiality, informed consent, and justice.		x	x				
Utilize basic ethical principles including autonomy, beneficence non- malfeasance and justice in the care of each patient.		x	x				
Practice self-evaluation and reflection concerning cultural, moral and ethical issues encountered in the care of patients and the practice of medicine, identifying biases, perceived differences between practitioners and patients, and employing a nonjudgmental approach to patient care.		x	x				

Recognize and demonstrate the ability to address the unique needs of patients from underserved environments.		x	x				x
Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.		x	x				x
Demonstrate knowledge of learning styles, preferences or strategies to facilitate lifelong learning.		x	x				x
Demonstrate knowledge of the occurrence of medical errors/adverse events throughout the continuum of care or demonstrate appreciation for the culture of patient safety.		x	x				x
Demonstrate the ability to work effectively as a member of a health care team.		x	x				x
Demonstrate respect for the roles of other healthcare providers and of the need to collaborate with others in caring for individual patients and communities.		x	x				x
Advocate for and assist patients in coordinating care and in dealing with system complexities.		x	x				x
Recognize that errors occur in providing health care and how providers and system flaws contribute to hazards in care; seeks to improve systems and prevent future errors.		x	x				x