



**LOYOLA  
MEDICINE**

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*Loyola University Chicago  
Stritch School of Medicine*

# **FAMILY MEDICINE**

## **Third-Year Clerkship**

### **STUDENT SYLLABUS**

### **2026 -2027**

Updated 5/1/26

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## CLERKSHIP OVERVIEW

### Welcome to Family Medicine

The Loyola Department of Family Medicine welcomes you to the Family Medicine Clerkship. The faculty and staff hope you have an educationally valuable as well as enjoyable experience!

We have designed the manual to assist you in getting the most out of your experience. It includes a description of all requirements for the clerkship, as well as information that will help to introduce you to Family Medicine. The manual outlines the specific competencies that we hope you will be able to accomplish. Your main responsibilities should be to:

1. **Learn about common ambulatory problems encountered by family physicians.**
2. **Understand the primary care physician's role in patient care.**
3. **Understand the impact of Social Determinants of Health and implement a Biopsychosocial model when caring for patients.**
4. **Implement health promotion and disease prevention in caring for patients.**

Since Family Medicine is largely an ambulatory-based specialty, the clerkship focuses primarily on ambulatory experiences. However, family physicians do maintain continuity of patient care from the office to the hospital and therefore your experience may include some time spent in the hospital making rounds on the practice's patients, taking call, or assisting with a delivery. During your rotation, you will quickly realize that primary care medicine is different from the hospital world.

We have selected a variety of Family Medicine sites and physicians to participate in your educational experience. We have tried to match you with locations that meet your preferences as best possible. Although we expect your experiences to vary based on your setting, all locations should provide a quality experience.

Finally, we cannot emphasize strongly enough how important your safety and concerns are to us. **If you are experiencing any problems during the clerkship**, please alert us immediately.

## Faculty and Staff Information List

### 1. Department Location

Loyola University Medical Center  
Department of Family Medicine  
2160 South First Avenue  
Mulcahy, 2266  
Maywood, Illinois 60153

### 2. Clerkship Location

Loyola University Chicago  
Stritch School of Medicine  
2160 South First Avenue  
Building 120, Rm. 320  
Maywood, IL 60153  
**Clerkship Phone: 464-220-9179**

#### Clerkship Faculty and Staff

Victor Munoz, MD  
Clerkship Director  
Assistant Professor  
[victor.munoz001@lumc.edu](mailto:victor.munoz001@lumc.edu)

Rebecca Maddrell, MD  
Assistant Clerkship Director  
Assistant Professor  
[Rebecca.Maddrell@lumc.edu](mailto:Rebecca.Maddrell@lumc.edu)

Stefani (Margaret) Higgins  
Medical Education Coordinator  
464-220-9179  
[mhiggin@luc.edu](mailto:mhiggin@luc.edu)

#### Department Faculty

Aaron J. Michelfelder, MD, FAAFP, FAAMA  
Professor and Chair  
Department of Family Medicine  
[amichel@lumc.edu](mailto:amichel@lumc.edu)

## Learning Objectives and Competencies

Although the Family Medicine Clerkship will be conducted at a variety of clinical sites in different settings, all students are expected to accomplish a core group of competencies.

### Medical Knowledge

1. Describe the principal underlying causes, mechanisms and processes involved in the etiology of medical illnesses, including: 1.2  
  
Abdominal Pain/Acute Abdomen, Allergic Disorders, Anxiety Disorders, Asthma, Back pain, Chest pain, Congestive Heart Failure (CHF), Cough, Cultural/Religious/Ethnic Diversity, Diabetes Mellitus (any type), Diarrhea/Constipation, Dizziness/Abnormal Gait/Balance, Dyslipidemia, Dyspnea, GERD, Urinary Tract Infection (UTI), End of Life Care, Hypertension, Illness co-managed by primary care physician & specialist, Musculoskeletal Pain/Disorder, Sexually Transmitted Disease (STD), Thyroid Disease, Smoking/Tobacco Use Disorder, Upper Respiratory Tract Infection (URI), Visual Changes, Nausea/vomiting, Obesity, Chronic Obstructive Pulmonary Disease (COPD), Headache, Mood Disorders, Prevention and Screening Visit: Adolescent (13-18 years), Prevention and Screening Visit: School Age (5-12 years), Prevention and Screening Visit: Pre-School (3-4 years), Prevention and Screening Visit: Toddler (1-2 years), Prevention and Screening Visit: Infant (< 1 year), Prevention and Screening Visit: Adult (18-64 years), Prevention and Screening Visit: Geriatric (65 years and older), Prenatal/Postpartum care, Rash or Other Skin Disorder, Substance Use Disorder/Dependence, Vaginal Discharge/Vaginitis, Sexual Dysfunction (male or female), Sleep Disorders
2. Describe management and treatment options (pharmacological and non-pharmacological) for common illnesses 1.3
3. Explain the developmental milestones that occur through infancy, childhood, adolescence and adulthood 1.4
4. Demonstrate an understanding of economic, psychological, social and cultural factors that impact patient health 1.5
5. Explain the principles of preventative medicine, including vaccine schedules, cancer screening, counseling for risk prevention, maintenance of healthy lifestyle and obesity prevention 1.6
6. Demonstrate an understanding of study design and basic testing characteristics to incorporate evidence-based medicine into practice 1.7

### Patient Care

1. Elicit a complete and focused history and physical examinations of patients, including: Back examination

2.1

2. Interpret common screening and diagnostic tests, including electrocardiograms, chest x-rays, electrolyte panels, liver function testing, complete blood count abnormalities and lipid panels  
2.1
3. Apply clinical reasoning skills in developing a prioritized differential diagnosis  
2.2
4. Construct appropriate management strategies for patients  
2.3
5. Perform core procedural skills, including: arterial puncture, Foley catheter placement, insertion of IV catheter, lumbar puncture, insertion of nasogastric tube, suturing and venipuncture  
2.4
6. Counsel patients utilizing health maintenance guidelines to educate on risk factors for diseases  
2.5
7. Demonstrate ability to understand and utilize health maintenance guidelines to identify risk factors for disease in patients  
2.6
8. Utilize the health record to assist in care of patients, including chart review, documentation and request of medical records  
2.7

### **Interpersonal and Communication Skills**

1. Present a complete history and physical examination  
3.1
2. Discuss with the patient and family the findings of the clinical investigation and plans for follow up, possible courses of therapy with indications, risks, benefits and alternatives  
3.2
3. Demonstrate an understanding of how cultural beliefs and spirituality can affect healthcare outcomes, including obtaining a cultural history when appropriate  
3.2
4. Use effective communication skills and styles when working with other health care professionals  
3.3
5. Demonstrate the ability to deal with difficult clinical situations  
3.5
6. Organize a presentation on health and illness from a biopsychosocial perspective  
3.6

### **Practice Based Learning and Improvement**

1. Recognize and accept one's own limitations in knowledge and clinical skills  
4.1
2. Critically evaluate one's performance to identify strengths and personal limitations in clinical knowledge or study methods, and develop learning goals to address limitations  
4.1/4.2
3. Actively seek out timely and formative feedback  
4.3

4. Collaborate with peers, other healthcare professionals, patients and families in order to integrate feedback to positively modify clinical behavior  
4.3
5. Demonstrate the ability to effectively read, research and critically review scientific evidence relevant to the care of patients and clinical issues  
4.4/4.5
6. Utilize information technology to access and manage clinical information and perform online searches to support self-directed learning  
4.5
7. Perform efficient literature searches and apply the results of medical research to clinical practice  
4.5

### **Professionalism**

1. Demonstrate professionalism by behaving in a professional, courteous and respectful manner when engaged with peers, faculty, residents and non-physician staff  
5.1
2. Demonstrate behaviors that foster patients' trust in the physician, including: appropriate dress, appropriate grooming, compassion, reliability, honesty, and respect for privacy  
5.1
3. Demonstrate professional behavior by completing all clerkship requirements, including clerkship evaluations, in a timely manner  
5.2
4. Demonstrate responsibility and accountability by attending and being punctual at all required clerkship activities, including lectures, small groups, morning report and clinical rounds  
5.2
5. Demonstrate professional behavior by requesting any excused absence from required clerkship activities in the required time frame  
5.2
6. Demonstrate professional behavior by responding to direct communication from the Clerkship Director or Coordinator in a timely fashion, particularly in circumstances related to academic performance  
5.2
7. Demonstrate advocacy for patients over personal interests  
5.3
8. Demonstrate respect for patient privacy, and sensitivity to patients with diverse backgrounds  
5.3/5.4
9. Demonstrate professional and ethical behavior by honestly completing clerkship examinations without attempting to seek advantage by unfair means, and by reporting unethical behavior of peers to clerkship administration  
5.6

### **Systems Based Practice**

1. Identify considerations of cost awareness for patient care.  
6.1

2. Demonstrate an understanding of the impact of economic and health insurance issues on patient care  
6.1
3. Collaborate with health care professionals to assess, coordinate and improve health care delivery, to promote health, prevent disease and manage illness  
6.2
4. Utilize strategies to access health care services for patients who need advocacy and assistance  
6.2/6.4
5. Analyze and identify system errors and potential solutions  
6.3
6. Identify ways to advocate for quality patient care and optimal patient care systems  
6.4
7. Identify individuals at risk for inadequate healthcare, including the uninsured, elderly, physically and mentally disabled  
6.4
8. Demonstrate commitment to and examples of service to patients in need  
6.4

### **Inter-professional Collaboration**

1. Work collaboratively with all health professionals on the team to optimize delivery of care to the patient  
7.1/7.3
2. Respectfully and effectively communicate issues of patient care with non-physician healthcare workers  
7.1/7.3
3. Organize the appropriate use of consultants and referrals  
7.1/7.3
4. Demonstrate an understanding of the roles of other members of the healthcare team  
7.2

### **Personal and Professional Development**

1. Demonstrate a personal responsibility to maintaining one's own physical and mental well-being  
8.1
2. Demonstrate an ongoing commitment to pursuing learning opportunities for personal and professional growth and development  
8.2

# CLERKSHIP STRUCTURE

## Introduction

The clerkship is *six* weeks in length, beginning with one day of orientation and concluding with the online clerkship exam. There are weekly sessions as outlined in your calendar. There are two types of sites available to students. One site may be a private practitioner's office, while the other clinical experience involves working at ambulatory care centers associated with Family Medicine residency training programs. These experiences offer similar but not identical experiences. *Please remember the preceptors are volunteer teachers; always remain courteous and respectful of both patients and office staff.*

### 1. Orientation

**Loyola Orientation.** During the first day of the clerkship, a general orientation is scheduled at the Loyola campus. Most orientation sessions begin on a Monday, unless there is a legal holiday. **All** students are expected to attend the **entire** orientation. The Clerkship Director must approve any absence.

**On-site Orientation.** Each clerkship site has an assigned faculty member responsible for your educational experience. When you arrive at your clinical site you will meet with your preceptor/supervising attending. Plan to review your "Important Dates to Remember" page with your assigned preceptor. We expect students to spend 25-35 hours per week in direct ambulatory care, with the remaining time used for reading and completing assignments and projects, rounding on inpatients, attending educational programs, etc. Residency-based programs usually offer a more formal orientation to the site. You should discuss with your preceptor how your time will be allotted at this first meeting. You should think about what your personal goals are for the clerkship.

If it is not immediately clear who your assigned preceptor is, please notify the Site Director or Clerkship Director as soon as possible. We expect each student to have a preceptor who is ultimately responsible for his/her experience. If you are in a "private office" you should meet with this person virtually every weekday. The only exception will be if your preceptor is on vacation or is off one day per week. In this case, your preceptor may assign another attending to meet with you on those days. At residency practices, you will work with several residents and attendings.

**Educational Programs On-site.** The residency program faculty may plan educational programs unique to its site. Examples may include lectures or visits to a health department program or nursing home. Attendance is mandatory if required by the supervising faculty. Each preceptor may also offer unique experiences of which we encourage students to take advantage such as attending hospital staff or department meetings or attending continuing medical education programs. The preceptor should also assist you in identifying patients who are suitable for your projects. If you find it difficult to select appropriate patients or topics for your projects, inform the Education Coordinator.

**Attendance.** See the Academic Policy Manual, for the SSOM policy on clerkship attendance.

Should the Loyola policy differ from that of your assigned site, please inform the Education Coordinator. In most cases, the Loyola policy takes precedence over the clerkship site policy. The Clerkship Director must approve any known absences in advance. Written documentation, such as a copy of a wedding invitation, airline tickets or a program, must be provided. **Any illness that leads to time away from the clinical clerkship should be immediately reported to the clerkship coordinator and clerkship director.** If a student misses any amount of time due to illness, the student **MUST** report to the **Student Health Clinic/Wellness Center** for clearance prior to returning to clinical activities. Any clinical time missed, and subsequently cleared through the Student Health Clinic/Wellness Center, will not negatively impact a student's clinical performance evaluation. **However, missed time, even when excused, may need to be made up, at the discretion of the individual clerkship director.**

**Too Tired to Drive Home Policy.** If, for any reason, you are too tired to safely drive, you can obtain a taxi ride to your home. While at Loyola or Hines, go to the Loyola.wired web page (<http://portal.luhs.org>) and login to the **INFORMATION PORTAL**. Click on the **Way To Go! Taxi Voucher** link for taxi Service. When at other sites, call a taxi, pay, and bring the receipt to Dr. Gruener's office (SSOM, Room 310) for reimbursement. A ride back to the hospital is also underwritten.

**Eighty-hour work week.** Your total time **at a clinical site** cannot exceed 80 hours/week. This includes "call" not more than every fourth night and a minimum of one full day off/week. For violations, notify the Site and Clerkship Director.

**Blood Borne Pathogen Exposure.** If you are stuck by a needle or other sharp object or get blood or other potentially infectious materials in your eyes, nose, mouth, or on broken skin, immediately flood the exposed area with water and clean any wound with soap and water or a skin disinfectant. Report this immediately to a supervisor, indicating the person who needs to be source tested. You should seek immediate medical attention. If at Loyola, report the exposure to the Loyola Outpatient Center (LOC) Employee and Student Health Clinic/Wellness Center at 708-216-2250 for further instructions. If after hours, on weekends, or holidays, (1) report to the Emergency Department **and** (2) leave a secure voicemail message for the LOC Employee and Student Health at 708-216-2312. State your name, date of birth, phone number, and name and medical record number of the person who was the source of exposure. If off campus, contact the site's employee/occupational health service immediately or go to their Emergency Department. Your insurance information will need to be provided.

**Non-Sexual/Sexual Harassment/Mistreatment.** Stritch has a policy of zero tolerance for such treatment. For instances of non-sexual mistreatment, you are encouraged to find support with a variety of resources, including the Clerkship Director, Campus Ministry/Pastoral Care, personal counseling services, our Medical Center Employee Assistance Program (EAP) counselors, any of the deans or trusted faculty. If you believe that the issue needs more formal investigation/resolution, you should contact the Associate Dean for Student Affairs. In instances of Sexual Harassment, Stritch is governed by our Medical Center's Sexual Harassment Policy and all allegations of sexual harassment must be formally investigated. You may seek confidential consultation through the EAP or Office of Campus Ministry to explore options for addressing the

concern, and you are strongly encouraged to notify the Associate Dean for Student Affairs.

2. **Weekly Checklist:** The following checklists are to assist you in progressing smoothly through your rotation and to make sure you complete all the assignments on time.

### **Week One**

- Set yourself up for SUCCESS!
  - Review initial responsibilities.
  - Review competencies.
  - Review Calendar and assignments.
- Clinic
  - Familiarize yourself with the staff and their responsibilities.
  - Find out about your office space, parking, and meals.
  - Get ID badges and other administrative responsibilities accomplished, depending on site.
  - Review general office policies, including charting, dictation, and the appointment system.
- Complete EARLY Aquifer Calibrate exam by Monday of second week.
- Start working on the Family Medicine CASES: <https://aquifer.org>,
- Complete the Library Module Assignment by Monday of second week.
- FEEDBACK
  - At the end of the week, discuss with the preceptor how things are going and discuss your goals.
  - Complete and sign your educational contract and SMART goals and discuss with your preceptor.
- Tracking cases
  - Fill out the log card and any critical incidents at the end of each day.
  - Enter patient data into the portal.

### **Week Two**

- Clinic
  - If you are not seeing patients on your own, request that you begin to do so.
  - Identify a suitable patient for the SDOH/biopsychosocial assignment and arrange for an interview to carry out the assignment.
- Continue working on Family Medicine CASES: <https://aquifer.org>,
- Prepare for your Friday Quiz in Sakai which covers 12 Aquifer cases (details in Sakai).
- Prepare for your OSCE which occurs on the Monday of the 3<sup>rd</sup> week.
  - The OSCE description is in Sakai.
- FEEDBACK
  - Ask your preceptor to discuss, complete and sign your mid-rotation evaluation.
- Tracking cases
  - Fill out the log card and any critical incidents at the end of each day.
  - Enter patient data into the portal.
  - Begin to complete your Procedural Checklist.

### **Week Three**

- Clinic
  - Make sure you are seeing at least 3-4 patients per half-day session on your own and writing progress notes for them.
  - If not already completed, interview your patient for the Biopsychosocial/SDOH Project
- Continue working on Family Medicine CASES: <https://aquifer.org>,
- Complete the EBM assignment by Sunday of fourth week.
- Complete the Biopsychosocial/SDOH Project.
  - Complete the assignment in Sakai and prepare for your group that is scheduled during week 4.
- FEEDBACK
  - Make changes as necessary based on mid-rotation evaluation.
- Tracking cases
  - Fill out the log card and any critical incidents at the end of each day.
  - Enter patient data into the portal.
  - Begin to complete your Procedural Checklist.

### **Week Four**

- Clinic
  - Make sure you are seeing at least 3-4 patients per half-day session on your own and writing progress notes for them.
- Consider taking the LATE Aquifer Calibrate exam (opens Friday of your fourth week).
- Continue working on Family Medicine CASES: <https://aquifer.org>,
- Prepare for your Friday Quiz in Sakai which covers 14 Aquifer cases (Details in Sakai).
- Complete the Biopsychosocial/SDOH project and submit by the night before your assigned group.
- Present your Biopsychosocial/SDOH projects in your assigned groups.
- Tracking cases
  - Fill out the log card and any critical incidents at the end of each day.
  - Enter patient data into the portal.
  - Begin to complete your Procedural Checklist.

### **Week Five**

- Clinic
  - Make sure you are seeing at least 3-4 patients per half-day session on your own and writing progress notes for them.
- Continue working on Family Medicine CASES: <https://aquifer.org>,
- Tracking cases
  - Review your log card / portal.
    - If obvious gaps in certain types of patient problems are seen, discuss with preceptor and try to rectify or reference the Alternative list in Sakai.
- FEEDBACK
  - Submit electronic CPE form (see processes in SAKAI) and review with your site director / team.
- Complete final preparations for the final NBME examination.

Clerkship requirement	DUE DATE
40 Aquifer Cases (FM Cases)	<b>Recommend</b> completion by end of rotation
Aquifer Calibrate LATE exam	<b>Optional</b> completion during week 4 of rotation
Aquifer Calibrate EARLY exam	within first week
Aquifer Case based quiz 1	Friday of week 2
Aquifer Case based quiz 2	Friday of week 4
OSCE	Monday of week 4
Final Exam	Friday of week 6
Library module	Monday of week 2
Evidence Based Medicine Project	Sunday of week 4
Biopsychosocial Project	Week 5
Educational Contract & SMART Goal	Friday of week 1
Mid-Rotation Feedback Form	Friday of week 3
Final evaluation	Friday of week 6
Student Online Log Reports	Friday of week 6
Procedural Checklist & Critical Incident Log	Friday of week 6
Direct Observation	Friday of week 6

### 3. Practical Tips for Enhancing Your Clerkship Experience

#### Initial Responsibilities

As with all positive learning experiences, a key factor influencing your success is the ability to communicate effectively. To achieve the most from the clerkship experience, establish your presence with the preceptor and become involved in the clinical environment as quickly as possible. When **you** become involved, those with whom you interact will also become involved. The following tips will assist you in getting the most from your clerkship experience:

1. **Introduce yourself** to the people with whom you'll be working.

2. **Be pleasantly assertive**-remember you are a new member of the team.
3. **Share your goals and interests** with your preceptors and others who may assist in your learning.
4. Determine the **equipment** you will need to interact in this environment--stethoscope, watch, identification card, note pad, resource book, etc.
5. **Dress**--Present yourself as a professional and representative of Loyola University Stritch School of Medicine throughout your clinical experience. You will be expected to always wear your white jacket when seeing patients. Wear your nametag and any additional name tags required by some hospitals.
6. **Problems**--Approach your preceptor if you perceive there is a problem. Contact the Education Coordinator if there are irreconcilable differences.
7. **Report Abuse** – Immediately contact the Education Coordinator if you are subjected to any form of abuse.
8. **Absence**--Make sure you notify the preceptor if you must be absent (not the secretary or receptionist). Preceptors are aware of the absence policy for the clerkship. Let the site coordinator know how to contact you in case of emergency, and always contact the Clerkship Coordinator Stefani (Margaret) Higgins at mhiggin@luc.edu, phone 464-220-9179.

**Other questions to ask:**

1. What are my hours?
2. How do I refer to the preceptor and other staff members? (Dr., Ms., Mrs.)
3. Where do I sit for a break or to chart? For lunch?
4. Where should I hang my coat and store my materials?
5. How should the medical record be used by me for charting purposes?
6. How should I introduce myself to patients? (We recommend that you always introduce yourself as student doctor. Preceptors will be advised not to introduce you as “Dr.\_\_\_\_\_”.)
7. How should I see patients--prior to the preceptor, in conjunction with the preceptor, after the preceptor?
8. Where are references located for me to use?
9. May I work with the office staff, nurses, or other partners?

## CLERKSHIP ASSIGNMENTS AND REQUIREMENTS

### Clinical Responsibilities (35% of final grade)

As previously stated, we expect students to spend a minimum of 25-35 hours per week in direct ambulatory care. During the clerkship, the students' primary clinical emphasis will be to evaluate ambulatory patients. The expectation is that over the six weeks you will increase your responsibility so that eventually you will be the first person to see patients. After you complete your evaluation, you will review each patient with your preceptor. Additional clinical responsibilities will vary by site. Opportunities to take call, work evening hours, Saturday hours, round on inpatients or at the nursing home are all possible learning venues. You are required to hand in certain documents during your clerkship.

### Patient Log Card

The Liaison Committee on Medical Education (LCME) requires that students keep a daily patient log of patient encounters. You will be given a yellow log card at the beginning of the rotation and the log should be always kept on hand by students in the clinical setting. **Log entries should be completed by the end of each day and entered into the portal WEEKLY.** Your total number of problems may exceed the number of patients you have seen.

**Assigned** patient means patients in the clinic, (new or returns) that you are sent to interview, present to the attending and write the clinic note on.

**Conditions** are (a) those issues your assigned patients have, i.e., active problems being diagnosed or treated and which you read about. (If your assigned patients have issues that you are not diagnosing, treating or reading about, do not list those issues); (b) issues that other patients on your service have (not assigned to you) that you discuss on rounds and read about; or (c) issues that you encounter by way of simulated patients (simulated patients should not be recorded as "assigned" patients).

The Education Coordinator will check your logs intermittently and contact you if there seems to be a problem with your recording. The Clerkship Director must report any student who fails to keep their logs accurately. **Do NOT wait until the end of the rotation to enter your data into the portal. The most common error is forgetting to enter the total number of patients.** Following is an excerpt from a completed log card, an example of the way data is displayed in the portal, and a list of site acronyms.

~ FAMILY MEDICINE ACADEMIC YEAR XXXX-XXXX		
NAME _____ PERIOD _____		
SITE _____		
NUMBER OF ASSIGNED PATIENTS		
CONDITION	ENCOUNTERED	SIMULATION
Abdominal Pain/Acute Abdomen	### ###### ###	
Allergy/Hives Rhinitis	### ###### ### ###	
Anxiety Disorder	### ###### ###	
Asthma	### ###### ###	
Back Pain	### ###### ###	

PROCEDURES	PREFORMED	OBSERVED	SIMULATION
Arterial Puncture	###	### ###	
Insert Foley	###		
Insert IV Catheter	///		
Insert Lumbar Puncture	### /		
Insert NG Tube	//		
Suture Laceration	//	### ###	
Venipuncture	### ###### ###		

**Student Log Report By Card**  
**FAMILY MEDICINE CLERKSHIP – Jul6 / Class of xxxx**

Student Name	Diseases Log	Procedures Log
	Card 1	Card 1
Baldly, Goforth	OP-CLPNS	OP-CLPNS
Blindly, Learn	OP-CLPE	OP-CLPE
Boozler, Teri	OP-LUTHNES	OP-LUTHNES
Broken, lam	OP-WSSAL	OP-WSSAL
Crowing, Stop	OP-CLPP	Missing
Hanky, Mister	OP-BARBA	OP-BARBA
Hahn, Jessica	OP-ALEX	OP-ALEX
Kostner, Bart	OP-HINS	OP-HINS
Kringle, Kris	OP-CLPE	OP-CLPE
Martin, Dean	OP-BARBA	OP-BARBA
Nathan, Jon	OP-RESFPRP	OP-RESFPRP

**Student Log Monitoring**  
**FAMILY MEDICINE CLERKSHIP – Jul6 / Class of xxxx**  
From (Date) To (Date)

Student Name	Site	Assigned Patients
Baldly, Goforth	OP-CLPNS	62
Blindly, Learn	OP-CLPE	131
Boozler, Teri	OP-LUTHNES	60
Broken, lam	OP-WSSAL	14
Crowing, Stop	OP-CLPP	35
Hanky, Mister	OP-BARBA	216
Hahn, Jessica	OP-ALEX	165
Kostner, Bart	OP-HINS	103
Kringle, Kris	OP-CLPE	153
Martin, Dean	OP-BARBA	155
Nathan, Jon	OP-RESFPRP	167

## Site Acronyms

Clerkship Site / Address	Acronym for SSOM Log Card Database
Alexian Brothers Medical Group	ALEX
Bremen Family Medicine	Bremen FM
Chicago Health Medical Group/Berwyn	CHMG BWN
Cicero Medical Clinica San Lazaro – (Dr. Licea)	CMCSL
Cook-Loyola-Provident FPRP - Englewood	CLPE
Cook-Loyola-Provident FPRP Near South	CLP NS
Cook-Loyola-Provident FPRP- Prieto	CLP P
Downers Grove FPC-Hulesch	DRGV
Family Medical Care – (Drs. Grandinetti & Hennes)	GRAN
Family Medical Care, LTD. – (Dr. Gryniewicz)	GRYNI
Gottlieb Family Medicine (Dr. Shivakumar)	GTB
Hinsdale FMRP (including satellites)	HINS FMRP
La Grange FMRP-(including satellites)	LAGR FMRP
Loyola Center for Health at Chicago	LOYC
Loyola Center for Health at Elmwood Park	LOYEP
Loyola Center for Health at Gottlieb (Dr. Aziz)	LOYG
Loyola Center for Health at Park Ridge (Dr. Zak)	LOYPR
Loyola Family Medicine at Gottlieb (Dr. Buchanan)	LOYFMG
Loyola Maywood FPC (Dr. Ahomka-Lindsay)	LOYFPC
Lutheran General FPRP (including satellites)	LUTH FMRP
MacNeal FPRP (including satellites)	MAC
Marshall County Family FPC – Plymouth, IN	PLYMOUTH FM
PCC Austin Family Health Center	WSPCCA
PCC Lake Street Health Center	WSPCC
PCC Salud Family Health Center	WSSAL
Resurrection Hospital FPRP	RES FMRP
Saint Joseph Regional Medical Center	STJOS RMC
Saints Mary and Elizabeth Medical Center	STME MC
Vincent Bartolomeo, M.D.	BARTO
West Suburban Medical Center FMRP	WSUB FMRP

## Procedural Checklist and Critical Incidents

During the Family Medicine Clerkship, we expect students to encounter a number of common outpatient procedures. Although each preceptor's office may only perform some of the listed procedures, we expect students to perform or assist in about 10 of the procedures listed on the Procedural Checklist and Critical Incidents log. The teaching of a procedure may be delegated by the preceptor to a non-physician member of the health care team where appropriate, e.g., nurse, laboratory technologist. Please have the procedure supervisor sign-off and indicate yes or no as to your competency with performing the procedure. Keep the checklist with you at all times in the clinical setting. The procedural checklist is due in Sakai on the day of your final exam.

Critical incident recording is an additional way to log your experiences. Much like a diary, it provides a systemic and consistent forum to note particularly important or memorable experiences. The critical incidents log is due in Sakai at your final exam.

You are required to log a minimum of two entries per week, e.g.:

### Sample Critical Incidents

Date	Incident
10/21	Observed my preceptor tell Mrs. B.F. she had breast CA. Emotions/ reactions very powerful.
10/22	Placed 3 sutures in a 7-year-old with hand laceration. Fun and confidence booster!
10/25	Day in the phlebotomy lab: learned quickly not to count down 3,2,1,...b/c pts. move.
10/27	Drug rep discussion about clinical trials, statistics, etc. Rep had pre-formed answers to everything, rarely scientific in origin. We must make our own decisions about meds/procedures/etc.
11/5	Watched a young girl reveal prior abuse-it's amazing how open people are with their doctors.

### **Biopsychosocial and Social Determinants of Health Project**

- Worth 7.5% of final grade - 10 points
- Please see Sakai Assignments for description and grading rubric

### **Mid-Rotation Evaluation Form**

- Preceptor should complete with you (signed by both of you) by the end of the third week of clinical rotation.
- Upload to Drop Box in Sakai. Please review your personal SMART Goal with your preceptor.

### **Evidence Based Medicine Project**

- Worth 7.5% of final grade - 10 points
- Please see Sakai Assignments for description and grading rubric

### **Required lectures:**

#### **Orientation:**

- Clerkship Overview
- Note Writing
- Social Determinants of Health and the Biopsychosocial Model
- Telemedicine
- Diabetes

#### **Through the rotation:**

- Acute Care
- Chronic Care
- Preventive Care
- Breastfeeding for the Future Physician

## Clinical Skills Exercise – OSCE (exercise updated 07.2021)

Loyola Stritch School of Medicine has developed a clinical skills workshop to further objectify evaluation of clinical performance. As a Third Year Family Medicine Clerk, you are required to attend a session at the SSOM Clinical Skills Center, interviewing and counseling a standardized patient. The cases that have been developed are meant to enhance your Family Medicine educational experience, as well as evaluate your knowledge, skills, and attitude.

*Your performance **will** figure into your final grade.*

Succeeding in this important exercise requires you to organize, synthesize, and demonstrate various skill sets you have acquired during your time at Stritch. Concentrating on a thorough, yet efficient, history, organizing that data into written format, as well as using that data to construct problem lists, assessments, and plans, will be critical. Feel free to review your materials from our Clerkship, as well as various tools you have used for the PCM Course.

For this encounter you will have 25 minutes to obtain a history and perform a focused physical exam. The patient is presenting with an acute concern. You will communicate the differential diagnosis and initial diagnostic workup and management plan of their acute concern as well as recommendations for any needed appropriate preventive screening based on age and risk factors.

*Please reference OSCE Guide available on SAKAI for more details, including what to expect on the day.*

The list of conditions from which your prevention recommendation topic can come from includes:

- Breast Cancer
- Cervical Cancer
- Colon Cancer
- Lung Cancer
- Osteoporosis
- Prostate Cancer

To prepare for the OSCE, you should review both the Acute Care case-based session and the USPSTF Prevention & Screening Recommendations.

The standardized patient will meet with you briefly and provide feedback on your interpersonal skills through use of the Patient Perception Scale.

You will then write your Progress Note, including:

- History
- Focused Physical
- Assessment (top differential diagnosis)
- Plan (including possible diagnostic, therapeutic and educational measures)
- Appropriate screening recommendations based on age and risk factors

## GRADES AND EVALUATION

### Overall Course Grade

Your final clerkship grade will be based upon a variety of factors.

Measure	Weight	Failing Cutoff*
<b>Clinical Performance Evaluation **</b>	35%	< 65%
<b>Clerkship Exam NBME *</b> multiple choice questions	30%	< 61%
<b>Biopsychosocial * Project</b> 10 pts. possible	7.5%	< 5 / 10
<b>Quizzes</b>	5%	<65%
<b>Evidence Based Medicine Project*</b> 10 pts. possible	7.5%	< 5 / 10
<b>Clinical Skills Exercise / OSCE *</b>	15%	< 70%
<b>TOTAL**</b>	100%	< 65% <b>OR</b> Failing Both CPE & OSCE

\*Failure of any individual component requires remediation of that component; student retains ability to Pass Clerkship

\*\*Failure results in a Failing grade and requires remediation of the full Clerkship

- Students scoring less than 61% on the examination, but passing the clinical portion, must remediate the exam only.
- Students failing either of the projects will have to remediate the project.
  - o **Maximum credit achievable will be the average of the failed and remediated grades.**
- Students failing the clinical portion only must remediate the clinical rotation.
- Other remediation assignments will be determined on a case-by-case basis according to the student's strengths and weaknesses.

Remediation policies can be accessed online at: <https://ssom.luc.edu/student-affairs/policyguidelines/>

### **Studying for the Family Medicine Clerkship FINAL EXAM - NBME – Passing 61%**

- The Final Exam Questions of the NBME are based directly on the teaching points and learning objectives of the National Clerkship Curriculum of the STFM.
  - The Aquifer cases are based on this too!
    - o Performance on Aquifer examination and cases directly correlates with NBME performance (NBME tends to be 3% points higher)
1. Consider the 40 Aquifer Family Medicine Cases ([www.aquifer.org](http://www.aquifer.org))
    - a. The Aquifer EARLY Calibrate examination identifies knowledge gaps
    - b. The Aquifer LATE Calibrate examination identifies progress
  2. Consider an NBME Self-assessment (<https://www.nbme.org/examinees/self-assessments>)
  3. AAFP Questions
    - a. The questions that the family medicine academy puts out includes concepts and ideas of which are very well represented on the family shelf exam.
    - b. To access the question bank, you need to sign up as a student member of the AAFP (no cost): <http://www.aafp.org/about/membership/join/student.html>.

## **Student Evaluation of the Clinical Clerkship**

Clerkship comments, faculty/preceptor, and resident evaluations will be available at the **start of each rotation**.

You can edit and save your information during the clerkship but cannot finalize the evaluation until you have completed all the components, which must be done by the 2<sup>nd</sup> week after your rotation ends.

**Institutional objectives** and **Clerkship specific objectives** will be released one week before the clerkship ends.

1. **Service specific comments:** Evaluate a minimum of one service.
2. **Lecturer evaluation:** Lecturing and small group faculty will be released as they occur. You have the option to select NA, if the lecture did not occur. You are required to evaluate the entire faculty.
3. **Clinic Preceptors:** Evaluate preceptors you were exposed to in clinic. At least one preceptor must be evaluated.
4. **Resident evaluation.** At least one resident must be evaluated, if applicable.

**The deadline for your review and finalization of the evaluation is two weeks following the end of clerkship.**

**Failure to complete evaluations will be noted as a competency issue and may take points away from your final grade.**

## CAREER-RELATED INFORMATION

### Family Medicine and Primary/Ambulatory Care

Recently, individuals from many different specialties have started referring to themselves as primary care physicians. It is important to understand how Family Medicine is unique within the realm of primary care and ambulatory care providers.

#### **Family Medicine:**

Family Medicine is the **medical specialty** that is committed to and provides continuing and comprehensive health care for the individual and the family. It is a specialty that emphasizes breadth of knowledge, and which integrates the biological, clinical and behavioral sciences. The scope of Family Medicine encompasses all ages, sexes, each organ system and every disease entity. Family Medicine is the continuing and current expression of the historical medical practitioner and is uniquely defined within the context of the family (AAFP, 1986).

#### **Primary care:**

Primary care is a type of medical care delivery that emphasizes first contact and assumes ongoing responsibility for the patient in both health maintenance and therapy of illness. It is personal care involving a unique interaction and communication between the patient and the physician. It is comprehensive in scope and includes the overall coordination of the care of the patient's health problems, be they biological, behavioral, or social. The appropriate use of consultants and community resources is an important part of effective primary care (American Academy of Family Physicians [AAFP], 1975). While primary care services can and are delivered by individuals from many specialties including Family Medicine, internal medicine, and pediatrics, not all internists and pediatricians are exclusively involved in primary care.

#### **Ambulatory care:**

Ambulatory care is medical care that is provided in the outpatient setting, i.e., outside of the hospital (inpatient) setting. This can include, for example, a physician's office, a clinic attached to a hospital (such as Mulcahy Outpatient Center), and a health department clinic. Patients seen in outpatient settings must be adequately mobile (this can include wheelchair users) and "well" to get to the facility.

### Family Medicine as a Career

Family Medicine is rapidly growing in popularity as a career choice for many medical students. In the Article Appendix is an article entitled, "Responses to Questions About Family Medicine as a Career" reprinted from the [American Family Physician](#).

## ***Family Physicians: Who We Are and What We Do***

In the increasingly fragmented world of health care, one thing remains constant: Family physicians are dedicated to treating the whole person. Family medicine's cornerstone is an ongoing, personal patient-physician relationship focusing on integrated care. Unlike other specialties that are limited to a particular organ, disease, age or sex, family medicine integrates care for patients of both genders across the full spectrum of ages within the context of community and advocates for the patient in an increasingly complex health care system.

The nation's nearly 70,000 practicing family physicians are key providers of primary care in the United States, with nearly one in four of all office visits made to general and family physicians annually. In 2001, office visits to general and family physicians numbered more than 210 million - 76 million more than to any other specialty.

The specialty of family medicine was created in 1969 to fulfill the generalist function in medicine, which suffered with the growth of sub-specialization after World War II. Since its creation nearly four decades ago, the specialty has delivered on its promise to reverse the decline of general medicine and provide personal, front-line medical care to people of all socioeconomic strata and in all regions of the United States. Today, family physicians provide the majority of care for America's underserved rural and urban populations. In fact, more than a third of all U.S. counties, with a combined population exceeding 40 million Americans, depend on family physicians to avoid designation as primary care health profession shortage areas.

Because of their extensive training, family physicians are the only specialists qualified to treat most ailments and provide comprehensive health care for people of all ages - from newborns to seniors. Like other medical specialists, family physicians complete a three-year residency program after graduating from medical school. As part of their residency, they participate in integrated inpatient and outpatient learning and receive training in six major medical areas: pediatrics, obstetrics and gynecology, internal medicine, psychiatry and neurology, surgery and community medicine. They also receive instruction in many other areas including geriatrics, emergency medicine, ophthalmology, radiology, orthopedics, otolaryngology and urology.

Providing patients with a personal medical home, family physicians deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they also provide preventive care, including routine checkups, health-risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. Family physicians also manage chronic illness, often coordinating care provided by other sub-specialists. From heart disease, stroke and hypertension, to diabetes, cancer and asthma, family physicians provide primary care for the nation's most serious health problems.

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### **Fellowships commonly completed by family physicians:**

- Obstetrics
- Preventive Medicine
- Research
- Rural Medicine
- Sports Medicine
- Urgent Care
- Women's Health
- Addiction Medicine
- Adolescent Medicine
- Emergency Medicine
- Faculty Development
- Geriatrics
- Hospice/Palliative Care
- Hospitalist
- Integrative Medicine
- International Medicine

### **Additional Board Certifications:**

- Pain
- Sleep
- Clinical Informatics
- Obesity

### **Family Medicine Residencies**

There are numerous accredited **Family Medicine** residencies in the U.S. There are twenty-six residency programs in Illinois.

The American Academy of Family Physicians Directory of Family Medicine Residency Programs and the Clerkship/Preceptor Directory is available at <http://www.aafp.org/residencies>.