

FAMILY MEDICINE CLERKSHIP OBJECTIVES	ACGME Competency*					
	PC	MK	PBLI	ICS	P	SBP
1. Understand and discuss the principles of family medicine care.	X	X	X	X	X	X
2. Gather information, formulate differential diagnoses and propose plans for the initial evaluation and management of patients with common presentations.	X	X	X			
3. Manage follow-up visits with patients having one or more common chronic diseases.	X	X	X			X
4. Develop evidence based health promotion/disease prevention plans for patients of any age or gender.	X	X	X			
5. Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.	X	X	X	X	X	X
6. Demonstrate understanding of the basic concepts of cultural competency, such as cultural humility, sensitivity, compassion and respect.	X	X		X	X	X
7. Discuss the critical role of family physicians within any health care system.	X	X	X	X	X	X

* PC = Patient Care, MK = Medical Knowledge, PBLI = Practice-based Learning & Improvement, ICS = Interpersonal & Communication Skills, P = Professionalism, SBP = Systems-based Practice

FAMILY MEDICINE

Patient Type/ Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility
Cardiovascular: <u>Examples:</u> hypertension, dyslipidemia, congestive heart failure, CAD/angina, congenital heart disease, atrial fibrillation, pericarditis, valvular heart disease.	History/Data Collection, Physical Examination, Clinical Reasoning	Outpatient or Inpatient	Primary
Dermatologic: <u>Examples:</u> eczema, contact dermatitis, acne, skin cancers, seborrheic dermatitis, skin tags, drug-induced reactions, verruca, tinea, fungal lesions	History/Data Collection, Physical Examination, Clinical Reasoning	Outpatient or Inpatient	Primary
ENT: <u>Examples:</u> sinus congestion, rhinorrhea, sore throat, ear pain, nosebleed, headache.	History/Data Collection, Physical Examination, Clinical Reasoning	Outpatient or Inpatient	Primary
Endocrine / Metabolic: <u>Examples:</u> diabetes mellitus, hypothyroidism, hyperthyroidism.	History/Data Collection, Physical Examination, Clinical Reasoning	Outpatient or Inpatient	Primary
GI: <u>Examples:</u> GERD, gastric ulcer, irritable bowel syndrome, diverticulitis, pancreatitis, chronic constipation, gastroenteritis.		Outpatient or Inpatient	Primary
GU/Renal: <u>Examples:</u> UTI, kidney stones, BPH, urologic cancers, acute kidney failure, chronic kidney disease, testicular torsion.	History/Data Collection, Physical Examination, Clinical Reasoning	Outpatient or Inpatient	Primary
Musculoskeletal: <u>Examples:</u> lumbar strain/sprain, ankle sprain, whiplash injury, bone fracture, disc herniation, osteoarthritis, bursitis, tendinitis, rheumatoid arthritis, connective tissue disorders.	History/Data Collection, Physical Examination, Clinical Reasoning	Outpatient or Inpatient	Primary
Neurological: <u>Examples:</u> stroke (CVA), TIA, seizures/epilepsy, neuropathic pain, carpal tunnel syndrome, migraine headaches, febrile seizures (pediatric).	History/Data Collection, Physical Examination, Clinical Reasoning	Outpatient or Inpatient	Primary

<p>OB/GYN: <u>Examples:</u> prenatal care, labor and delivery, intrapartum care, pap smear, sexually transmitted diseases, vulvovaginal disorders, menorrhagia, menopause.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Outpatient or Inpatient</p>	<p>Assist</p>
<p>Psychiatry: <u>Examples:</u> major depressive disorder, generalized anxiety disorder, panic disorder, bipolar disorder, schizophrenia, substance abuse.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Outpatient or Inpatient</p>	<p>Primary</p>
<p>Respiratory: <u>Examples:</u> bronchitis, pneumonia, asthma, reactive airway disease, COPD.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Outpatient or Inpatient</p>	<p>Primary</p>
<p>Health Care Maintenance: <u>Examples:</u> newborn nursery exam, well child check-up, adolescent wellness exam, immunization updates, annual adult wellness examination, adult screening testing.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Outpatient or Inpatient</p>	<p>Primary</p>
<p>Life Counseling: <u>Examples:</u> smoking cessation, weight loss program, exercise counseling, addiction counseling, safe sexual practices counseling.</p>	<p>History/Data Collection, Physical Examination, Clinical Reasoning</p>	<p>Outpatient or Inpatient</p>	<p>Primary</p>

Evaluation Form

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Student Clerkship Form

Evaluator: _____

Evaluation of: _____

Date: _____

Below you will find a PDF with links to all the respective Clerkship Objective pages. Please review these objectives before evaluating a student. By completing this form you are affirming your familiarity with those objectives

1. Overall grade: Based on your observation and experience should this student receive a passing grade?*

Yes	No	Uncertain
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

2. Application of Basic Science Fund of Knowledge to Clinical Setting*

Poor fund of knowledge; limited ability to apply clinically.	Limited fund of knowledge; can apply clinically; has potential for improvement.	Solid fund of knowledge; applies readily to clinical problems.	Outstanding fund of knowledge; superior, advanced skills applied to complex problems.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

3. Interviewing Skills*

Disorganized, incomplete, lacks focus.	Organized; obtains basic history but points often missed including pertinent (+) & (-) ROS.	Organized, usually complete including pertinent ROS; but often with extraneous information.	Excellent skills; thorough yet succinct and focused history.	Not observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

4. Your assessment of this student's interviewing skills are based on:*

Direct observation and presentations	Presentations alone
<input type="checkbox"/>	<input type="checkbox"/>

	Omits critical parts of the exam and/or deficient exam skills.	Generally complete but often misses significant abnormal findings.	Complete; usually recognizes abnormal findings.	Thorough and accurate; focused relative to the history.	Not observed
5. Physical Exam Skills (or mental status exam)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Direct observation and presentations	Presentations alone
6. Your assessment of this student's physical exam (or mental status exam) skills are based on:*	<input type="checkbox"/>	<input type="checkbox"/>

	Disorganized/incomplete; by end, listeners uncertain of primary clinical problem/recent even	Generally complete; may lack organization/fail to highlight abnormal findings.	Presentations organized, logical; highlights abnormal findings; requires some assistance.	Consistently organized, logical, complete; preparation does not require assistance.	Not observed
7. Presentation Skills (Formal presentation and during rounds/clinic)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Yes	No
8. Was presentation performance significantly hampered by anxiety and/or awkwardness?*	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Usually unable to formulate an assessment of basic medical problems.	Usually handles major problem; may not integrate all aspects; suggests elemental understandi	Formulates assessment of major problem; may have trouble identifying/prioritizing multiple p	Consistently able to formulate assessment of basic problems; also can prioritize multiple pr	Not observed
9. Assessment, Formulation and Clinical Application Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Not regularly involved in ward/clinic management.	Involved in ward/clinic duties but usually passive; follows direction of others.	Active team member; takes significant responsibility for patient management.	Takes patient responsibility; comfortably evaluates/manages multiple patients.	Not observed
10. Ward/Clinic/Other Assigned Duties (orders, follow-up of tests)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Struggles with procedural skills; no effort to improve.	Adequate skills for simple procedures; makes effort and is improving.	Competent basic procedural skills. Improving advanced skills.	Adept procedural skills both basic and advanced.	Not observed
11. Procedural Skills*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Incomplete or erroneous	Includes basic information; rarely analyzes new data/ impact on patient management.	Accurate data included with ongoing assessments of basic problems.	Accurate, thorough, and succinct (intern level).	No interaction
12. Record Keeping (Initial Work Up, Interval/Progress Notes)*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

PROFESSIONAL ATTRIBUTES

	Unreliable, often absent or late; commitment uncertain.	Fulfills basic responsibilities; little dedication or commitment to patient care.	Dependable team player and deliverer of patient care.	Dependable; highly committed to and enjoys clinical care.	Not observed
13. Dependability*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	No insight into weaknesses; rejects feedback; no behavior change.	Defensive response but does lead to change.	Mature response to feedback; strives for improvement.	Mature response; regularly seeks feedback and ways to improve.	Not observed
14. Response to feedback*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Insensitive to their needs, feelings, values.	Often uncomfortable with this type of interaction.	Interacts smoothly and effectively.	Interactions smooth/effective; extremely compassionate and respectful.	Not observed
15. Interactions with patients/families*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	Avoids interactions; little respect for others' contributions.	Occasional difficulty interacting with others.	Interacts well with other team members.	Interacts well; seeks contributions of other team members.	Not observed
16. Interactions with other members of health care team*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

	1 Week	2 Weeks	3 Weeks	4 or More Weeks
	1	2	3	4
17. Contact Weeks with student *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	1-10 Hours per week	11-20 Hours per week	21-30 Hours per week	More than 30 Hours per week
	1	2	3	4
18. Contact Hours with student*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Honors

Honors

The UAB SOM recommends an Honors grade be given only to students with superior or outstanding achievement in all evaluable competencies (clinical skills, fund of knowledge, systems-based practice, practice-based learning, interpersonal and communication skills, and professionalism). This level of achievement would be expected from the top 20% of the class.

	Yes	No	N/A
19. After reading the description above would you like to recommend a grade of Honors for this student's clinical performance ?**	<input type="checkbox"/> You will be asked to give a quick narrative description of the characteristics that put this student in the top 20% of students at their level of training	<input type="checkbox"/>	<input type="checkbox"/> I did not spend enough time with this student to make this determination

Comments:

20. To the best of your knowledge have you ever provided psychiatric/psychological counseling or other health services to this student?*

- No
- Yes

Comments:

21. COMMENTS (for possible inclusion in clerkship summary evaluation and/or Dean's letter): *

22. FORMATIVE COMMENTS (for use as guidance for professional development and will NOT be included in summary or Dean's Letter):
