

EXHIBIT A: CURRICULUM



ROSS UNIVERSITY
SCHOOL OF MEDICINE

RUSM CLINICAL CURRICULUM GUIDELINES FAMILY MEDICINE

Overview:

The clinical core clerkships at Ross University School of Medicine (RUSM) are conducted at approximately 30 clinical sites around the United States. The purpose of this document is to:

1. Provide guidance to both educators and students on expectations for Ross students during their core clerkship rotations.
2. Achieve consistency in the educational materials presented to students during their core clerkships.

RUSM recognizes that each site presents its own unique learning opportunities, unique patient populations, and unique styles of teaching for our students. The University encourages experienced medical educators to pursue their educational methods that have proven successful in their own institutions. This guide is meant to assist students in understanding the core learning objectives that faculty in the Ross University School of Medicine apply across all sites and that students should strive to achieve.

Family Medicine Curriculum

(Clinical Department Chair: Enrique Fernandez, MD, MEd)

Course Information:

Course Title: Clinical Core Clerkship - Family Medicine

Course Number: CFPC5001

Credit Hours: 6 credits

Course Pre-requisites: IMF

Course Overview: The Family Medicine clerkship is a six week rotation in which students will take care of a variety of patients of different ages and backgrounds. Whether seeing a patient in the inpatient or outpatient setting, the student will focus on the patient's clinical condition and utilize an approach that considers both the medical and psychological well-being of the patient. To enhance the educational experience there are cases, articles, power point presentations, videos, textbook recommendations and practice questions. Many of the resources are available through Ross University library, AccessMedicine, Mediasite or public domains. At the beginning of the rotation, the student should become familiar with the available tools, so as to use them most effectively during the rotation. As adult learners, the student can choose a variety of learning formats to complement the direct clinical experience. Students are expected to be active learners, utilizing evidence based resources and applying information to individual patient encounters.

General Clerkship Expectations:

1. **Study Hours:** Reading/Case assignments are outlined and organized by week. Students should set aside time in review and preparation for the NBME subject exam. Case reviews and formative questions are great tools for surface learning, but the textbook and articles give comprehensive review of topics. In-depth understanding fosters greater retention.
2. **Work Hours:** Students are subject to the same ACGME work hour restrictions as PGY-1 residents. However, clinical activity is limited to 70 hours/week. Students should also be limited to 17 hours of continuous clinical activity.

Please see the current Student Handbook for details.

3. **Patient Interaction:** Students are expected to interact with and be responsible for an adequate number of patients at any given time. Under the supervision of residents/faculty members, and in conjunction with the interdisciplinary team, robust clinical experiences and learning opportunities are assured.
4. **Case Presentations:** Students are expected to present cases and receive feedback of their presentation skills, medical reasoning, differential diagnosis and management plans. Formal didactic presentations may also be required.
5. **Patient Notes:** Clerkship students must follow the procedures and qualifications for both paper chart and electronic medical record patient notes as detailed by the hospital to which they are assigned.
6. **Essential Patient Encounters / Procedures:** A list of the minimum number and types of patients to be seen during a clerkship is provided. All EPEs and EPPs must be recorded in the Patient Log as either a real patient or if needed, a Complementary Case. Although the sequence of each encounter will vary by location and assignment during each rotation, we encourage you to log each encounter soon after the interaction.

Learning Objectives:

Core Clerkship Purpose and Goals:

Purpose:

The Family Medicine core clerkship will provide students with the opportunity to learn the principles of Family Medicine and the key characteristics of family physicians as well as the care they provide for individuals, families and communities. Students will learn the central role of an ongoing, therapeutic

patient-physician relationship within the context of comprehensive, collaborative, and coordinated care. The tenets of evidence-based acute, chronic, and preventative individualized care will be taught during the rotation.

Goals:

By the conclusion of the six week clerkship, the student will be able to:

1. Discuss the principles of Family Medicine
2. Develop a patient centered approach including the biopsychosocial model in the clinical encounter
3. Evaluate patients presenting with common acute symptoms including developing a differential diagnosis and management plan
4. Manage a patient with more than one chronic condition
5. Demonstrate medical knowledge of the patient conditions outlined in the Essential Patient Encounters (EPE)
6. Incorporate evidence based prevention and screening recommendations during the patient encounter
7. Acquire the knowledge and skills to perform clinical tasks and procedures commonly seen in a family medicine office - Essential Patient Procedures (EPP)
8. Communicate the patient evaluation and plan in an organized manner both verbally and in writing to members of the health care team
9. Set learning goals and elicit feedback on meeting personal and rotation goals

Competency will be required in the following domains:

Patient Care (PC) Competencies

The student will be able to:

Gather relevant information, formulate differential diagnoses and propose plans for the management of the Essential Patient Encounters (EPE) in the domains of acute, chronic and preventative care. Students are required to evaluate patients with acute presentations including symptom based or undifferentiated presentations as well as provide chronic disease management. Emphasis includes pertinent history and physical findings and evidenced based lab testing, imaging and treatment plans.

- Acute care visits
 1. Differentiate among common etiologies based on the presenting symptom.
 2. Recognize "don't miss" conditions that may present with a particular symptom.
 3. Elicit a focused history and perform a focused physical examination.
 4. Describe the initial management of common and dangerous diagnoses that present with a particular symptom
- Chronic disease management visits:
 1. Elicit a focused history that includes information about adherence, self-management, and barriers to care.
 2. Perform a focused physical examination that includes identification of complications.
 3. Assess improvement or progression of the chronic disease.
 4. Assess status of multiple diseases in a single visit.
 5. List important criteria to consider when prioritizing next steps for management of patients with multiple uncontrolled chronic diseases.
 6. Document an encounter with a patient who has multiple chronic diseases using a SOAP note and/or chronic disease flow sheet or template
 7. Propose an evidence based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance
- Preventative care/Wellness:
 1. Assessing the patient's risk for illness based on age, family history and lifestyle behaviors
 2. Recognize age appropriate preventative health screening recommendations

3. Determine recommended vaccines for children through the elderly
4. Identify health risk behaviors or situations that interfere with patients wellness
5. Recognize common conditions associated with aging

In addition, the student will demonstrate knowledge and the application of critical thinking skills in caring for patients with the following preventative Essential Patient Encounters (EPE).

- Well Adult evaluation: Including Adult Immunizations, Breast, Cervical and Colon Cancer screenings, Cardiovascular risk assessment, Diabetes, Depression, Intimate partner and family violence, Falls/Balance risk, Family and Social Supports, Function assessment, Osteoporosis, Sexually Transmitted Infections, Substance Use/Abuse.
- Well Child evaluation: Including Age related anticipatory guidance, Growth and development, Immunizations, At-risk behaviors, Diet/exercise, Nutritional deficiency, Family/social support, Hearing, Lead exposure, Vision.

Students will also demonstrate the following Essential Patient Procedures/Clinical Tasks (EPP) based on a patient's risk or medical condition(s):

- Calculate Body Mass Index
- Classify stages/severity of disease: including Asthma, Chronic Kidney Disease (CKD), COPD, and Heart Failure by using guidelines (NHLBI - Asthma, KDOQI- CKD, GOLD- COPD, ACC/NYHA - Heart Failure)
- Describe skin lesions (including recognition of ABCDE for melanoma)
- Evaluate for dementia with mini-mental status examination
- Interpret lab tests - including complete blood count, metabolic profile, lipids, liver function tests
- Interpret imaging studies - including shoulder xrays, DEXA scan
- Measure blood pressure accurately including testing for orthostasis
- Perform the Dix-Hall Pike test and Epley Maneuver (vertigo evaluation)
- Perform clinical screenings and evaluations with validated tools: ie Depression screening (PHQ-2 & PHQ-9)
- Perform office based testing and interpretation: urine analysis, wet prep, strep testing, EKG and Spirometry
- Perform office based examinations including pelvic exam for women, monofilament testing for diabetics
- Perform specific testing for musculoskeletal pain eg Tinel, Phalen, Apley Scratch, Empty Can and Hawkins and correlate with anatomy

Medical Knowledge Competencies (MK)

The student will be able to:

Demonstrate knowledge and the application of critical thinking skills in caring for patients with the following Essential Patient Encounters (EPE). These may be seen in the context of acute presentations, management of chronic conditions or prevention of illness.

- Abdominal Pain: including Appendicitis, Cholecystitis, Constipation, Diverticulitis, Dyspepsia, Ectopic Pregnancy, Gastritis, Gastroenteritis, GERD, Inflammatory Bowel disease, IBS, and PUD.
- Abnormal vaginal bleeding: Including recognition of dysfunctional uterine bleeding and menstrual disorders
- Arthritis: including Osteoarthritis, Rheumatoid Arthritis, Setting goals for managing pain and maximizing function.
- Asthma/COPD: Including staging criteria, interpretation of spirometry and step wise approach to care.
- Back pain: Including muscle strain, nerve root compression and spinal cord compromise, fracture, infection and metastatic disease as well as managing pain and risks of narcotic adverse outcomes.
- Chest pain: Including GERD, Costochondritis, Angina and MI, Pulmonary Embolism and Pneumothorax and identifying and counseling to reduce risk factors for cardiovascular disease.
- Chronic Pain: Including different etiologies of chronic pain syndromes and medication management, role of physical therapy, psychosocial support.
- Cough: Including infections - pneumonia, bronchitis, URI, lung cancer, GERD, allergic rhinitis.
- Dementia: Including Alzheimers, Lewy-Body and Vascular.
- Depression/Anxiety: Including common presentations (fatigue, insomnia), assessment of suicide risk and effect on managing other medical conditions.
- Diabetes: Including diagnostic criteria, medication and lifestyle management, performing a foot examination, managing quality indicators/flow sheets.

- Diarrhea: Including Gluten-related, Infectious, Irritable Bowel Syndrome, Inflammatory Bowel Disease.
- Dizziness: Including BPPV, Labrynthitis, Orthostasis, Cerebral Vascular Disease, Meniere's disease; differentiation of disequilibrium, central and peripheral vertigo; and use of Dix-Hallpike and Epley maneuvers.
- Dysuria: Including urethritis, bacterial cystitis, interstitial cystitis, prostatitis, pyelonephritis and vulvovaginal candidiasis.
- Fatigue: Including Thyroid Disease, Rheumatoid Arthritis, Lupus, Anemia, Fibromyalgia and symptom of Depression.
- Headache: Including Tension, Migraine, Sinus Pressure, Meningitis, Subarachnoid Hemorrhage and Temporal Arteritis
- Heart Failure: Including systolic, diastolic, staging both functional and structural, medication management, and strategies for prevention
- Hypertension: Including Essential, Secondary and Refractory hypertension; ability to take accurate blood pressure, knowledge and application of JNC-8, recognition of end organ disease.
- Joint pain: including septic arthritis, fractures, tendinitis, bursitis, overuse, injury - for example: ankle sprains, knee pain- ligamentous and meniscal injuries, patella-femoral syndrome, shoulder pain - rotator cuff injuries, hip pain, carpal tunnel syndrome.
- Obesity: Including obtaining a diet history and setting goals with patients for appropriate weight loss
- Rashes and skin lesions: Including Acne, Atopic, Contact and Seborrheic dermatitis, Urticaria and Scabies; Characteristics of skin cancers including Basal Cell, Melanoma and Squamous Cell
- Substance Use: Including tobacco, alcohol, illegal and prescription drugs
- Upper respiratory symptoms: Including Allergic Rhinitis, Infections-viral and bacterial including URI, Sinusitis, Pharyngitis, Otitis Media, Mononucleosis; and the benefits/harms of medications
- Vaginal Discharge: Including bacterial vaginosis, candida, chlamydia, gonorrhea, trichomonas, and physiological

Interpersonal Skills and Communication (ICS)

The student will be able to:

Utilize effective communication skills with patients, families and members of the health care team. Students will demonstrate active listening, empathy, eliciting the patient's concerns and values, and will develop a management plan which involves the patient. In chronic disease management, empowering patients to engage in their own care and identifying barriers to self-care will be essential. All patient encounters should include respectful communication that the patient can understand.

1. Demonstrate caring and respect when interacting with patients and their families even when conflicts or emotionally charged situations arise
2. Demonstrate ability to respectfully communicate with patients regardless of gender, socio-economic, cultural or sexual differences
3. Utilize a biopsychosocial approach when assessing a patient concern
4. Present cases to health care team members in an organized - efficient manner
5. Present acute problems with appropriate depth to determine diagnosis and treatment plan
6. Discuss chronic conditions including management of disease, prevention strategies and any barriers to adherence
7. Identify barriers to self -care - cognitive, cultural, physical, fiscal and psychological

Students will demonstrate knowledge and skills in the following Essential Patient Procedures/Clinical Tasks (EPP)

- Identify and counsel for risk behaviors: high risk sexual activity, tobacco, alcohol and drug use
- Screen for recommended conditions such as Depression and Intimate Partner Violence
- Communicate wellness strategies including self-care and preventative screening
- Describe treatment and prevention plans in acute, chronic and preventative care in a manner the patient can understand
- Utilize "motivational interviewing techniques," "stages of change," and 5 A's in empowering patients to engage in their own care in effective ways.

Professionalism

The student will be able to:

Accept responsibility to place the interests of patients first while striving to achieve competence during the rotation. Students will learn to maintain trust by identifying and ethically managing the potential conflicting interests of individual patients, patients' families, society, the medical industry, and their own self-interests.

1. Demonstrate honesty, integrity and respect with patients, families and members of the health care team
2. Know principles of medical ethics specifically in regard to the patient-physician relationship
3. Attend to responsibilities and completes duties as required including completion of ethics assignment, fmCASES, patient logs, mid-rotation evaluation, quality improvement project, and student feedback survey
4. Demonstrate accountability by being on time and prepared for both patient sessions and didactic conferences
5. Recognize personal knowledge and skills gaps and limitations, and seek assistance accordingly
6. Maintain emotional, physical and mental health including planning for prevention and implementing a strategy to address fatigue and impairment when present
7. Demonstrate the ability to earnestly request feedback and graciously accept constructive feedback with openness and a desire for growth and improvement.

Systems Based Practice (SBP)

The student will be able to:

Discuss the role of the family physician in the delivery of health care. Students will recognize that health systems based on primary care have better medical outcomes, lower medical costs, improved access, and decreased health disparities.

1. Identify resources for patients and plan cost-effective care
2. Recognize the important of patient safety and contribute to providing a safe environment for patients, families and members of the health care team
3. Recognize the importance and actively participate in team based care
4. Discuss the health care system and the role of family medicine/primary care in providing coordinated, comprehensive, and cost effective continuity care
5. Recognize a clinical process that was established to improve care (flow sheet, standing vaccination orders etc.)
6. Identify a potential quality gap and use a model for process improvement including PDSA cycles

Practice Based Learning and Improvement (PBLI)

The student will be able to:

Demonstrate the ability to investigate and evaluate the care of patients. The student will appraise and assimilate scientific evidence, and work to continuously improve patient care based on feedback and self-directed learning.

1. Acknowledge gaps in personal knowledge and expertise and frequently ask for feedback
2. Use feedback to improve learning and experience
3. Utilize evidence based resources in patient care including at the point of care and in group discussions
4. Identify and perform recommended age-appropriate screenings
5. Apply current guidelines for immunizations and chronic disease management

Students will demonstrate knowledge and skill in the following EPP/Clinical tasks related to PBLI:

- Application of guidelines hypertension (JNC-8), lipids, Pap (ASCCP)
- Application of the USPSTF screening recommendations
- Application of Centor criteria for evaluation of pharyngitis
- Appropriate ordering of lab and imaging test: including use of Choosing Wisely, and American College of Radiology (ACR) criteria when deciding on imaging tests
- Utilization of cardiovascular risk calculator (ASCVD)
- Utilization of FRAX (fall risk assessment)
- Utilization of the CDC vaccine recommendations for children and adults

Weekly Assignments:

We are providing a weekly study plan for assuring that you acquire the fundamental knowledge required of this clerkship. Adherence to this list of tasks and assignments will help maximize your comprehension of important topics, and will also be instrumental in your NBME Subject Clerkship Exam (SCE) preparation.

Access to MedU and fmCASES can be found at this link: <http://www.med-u.org/fmcases>

It is highly recommended that you review the embedded questions and resource links in each case, and also that you complete the self-assessment quiz at the end of each case, and review the Case Summary (available upon completing the case).

Weeks	Activities	Readings
Prior to Rotation	<ul style="list-style-type: none">Review Family Medicine Core Clerkship curriculum in eCollegeRead "Ten tips for receiving feedback effectively in clinical practice"Self- assess your strengths and goals for the clerkship: which rotations have you done, what areas do you need to improve uponMake sure you know the directions and contacts for the rotationDownload the following apps: DynaMed; ePSS (USPSTF); CDC Vaccine Schedule; and a medication program such as EpocratesBookmark the AAFP site (www.aafp.org)Make sure you are clear on the site's rules and expectations - you should have an orientation sessionReview the FM Core Clerkship curriculum to ensure you are getting the patient care experiences you need, understand the required readings , and do the following on-line modules:<ul style="list-style-type: none">fmCASES #1 45-year-old female annual exam - Mrs. Payne: <i>Preventive Care</i>fmCASES #2 55-year-old male annual exam - Mr. Reynolds: <i>Preventive Care</i>	" Ten tips for receiving feedback effectively in clinical practice "
Week 1	<ul style="list-style-type: none">fmCASES #20 28-year-old female with abdominal pain - Ms. Bell: <i>Abdominal pain, contraception, Domestic Violence</i>fmCASES #17 55-year-old post-menopausal female with vaginal bleeding - Mrs. Parker: <i>Menopause, postmenopausal bleeding</i>Log your EPE cases in EValue; EPP clinical tasksRequest feedback, review your goals and assess your progressDo test review questions to assess your knowledge	Sloane Chapter 6: Preventative Care The Adult Well Male Examination Contraception Abnormal Vaginal Bleeding (Sloane pp. 346-50) Patient Centered Medical Home
Week 2	<ul style="list-style-type: none">Review patient logs to make sure you are seeing the cases you need, review the associated readingsDo the following on-line modules:	Sloane Chapter 13: Diabetes Sloane Chapter 11: Hypertension

Weeks	Activities	Readings
	<ul style="list-style-type: none"> ○ fmCASES #8 54-year-old male with elevated blood pressure - Mr. Martin: <i>Hypertension</i> ○ fmCASES #6 57-year-old female presents for diabetes care visit - Ms. Sanchez: <i>Diabetes</i> ○ SIMPLE #16 45-year-old-man with obesity - Mr. James: <i>Obesity, Hyperlipidemia</i> ○ fmCASES #5 30 year old female with palpitations - Ms. Waters: <i>Hyperthyroidism</i> • Log your EPE cases in EValue; EPP clinical tasks • Request feedback, review your goals and assess your progress • Do test review questions to assess your knowledge • Review patient logs to make sure you are seeing the cases you need, review the required readings • Do the following on-line modules: <ul style="list-style-type: none"> ○ fmCASES #4 19-year-old female with sports injury - Christina Martinez: <i>Ankle Sprain</i> ○ fmCASES #25 38-year-old male with shoulder pain - Mr. Chen: <i>Shoulder pain</i> ○ fmCASES #10 45-year-old male presenting with low back pain - Mr. Payne: <i>Back Strain, Herniated Disc</i> ○ fmCASES #11 74-year-old-female with knee pain - Ms. Roman: <i>Osteoarthritis</i> • Log your EPE cases in EValue; EPP clinical tasks • Request feedback, review your goals and assess your progress • Mid clerkship evaluation session with preceptor • Do test review questions to assess your knowledge • Review patient logs to make sure you are seeing the cases you need, review the required readings • Do the following on-line modules: <ul style="list-style-type: none"> ○ fmCASES #15 42-year-old male with right upper quadrant pain – Mr. Keenan: <i>High risk alcohol use, Biliary colic</i> ○ fmCASES #28 58-year-old male with shortness of breath – Mr. Smith: <i>Chronic Obstructive Pulmonary Disease</i> ○ CLIPP Case #13 6-year-old with chronic Cough – Sunita: <i>Pediatric Asthma</i> ○ fmCASES #9 50 yr old female with palpitations – Ms. Yang: <i>Chest pain, Anxiety</i> 	<p>Common questions about the initial management of hypertension</p> <p>Outpatient Diagnosis of Acute Chest Pain in Adults</p> <p>Nutrition Myths and Healthy Dietary Advice in Clinical Practice</p> <p>Realistic Approaches to Counseling in the Office Setting</p> <p>Sloane Chapter 36: Back Pain</p> <p>Diagnosis and Treatment of Acute Low Back Pain:</p> <p>Evaluating Acutely Injured Patients for Internal Derangement of the Knee</p> <p>Intimate Partner Violence</p> <p>Sloane Chapters 52 and 55: (COPD/Asthma)</p> <p>Evaluation of the patient with chronic cough</p> <p>Hypothyroidism: An Update</p> <p>Diagnosis and Management of Generalized Anxiety Disorder and Panic Disorder in Adults</p>
Week 3		
Week 4		

Weeks	Activities	Readings
Week 5	<ul style="list-style-type: none"> Log your EPE cases in EValue; EPP clinical tasks Request feedback, review your goals and assess your progress Do test review questions to assess your knowledge Review patient logs to make sure you are seeing the cases you need, review the required readings Do the following on-line modules: <ul style="list-style-type: none"> fmCASES #16 68-year-old male with skin lesion - Mr. Fitzgerald: <i>Skin Cancer</i> fmCASES #26 55-year-old male with fatigue - Mr. Cunha: <i>Fatigue, Cancer screening</i> fmCASES #29 72-year-old male with dementia: <i>Dementia</i> fmCASES #22 70-year-old male with new-onset unilateral weakness – Mr. Wright: <i>TIA, Atrial fibrillation</i> 	The Generalized Rash: Part I. Differential Diagnosis The Generalized Rash: Part II. Diagnostic Approach Clinical Vignettes in Geriatric Depression Delirium in Older Persons: Evaluation and Management
	<ul style="list-style-type: none"> Log your EPE cases in EValue; EPP clinical tasks Request feedback, review your goals and assess your progress Do test review questions to assess your knowledge Review patient logs to make sure you are seeing the cases you need, review the required readings Do the following on-line modules: <ul style="list-style-type: none"> fmCASES #7 53-year-old male with leg swelling - Mr. Smith: <i>Deep Vein Thrombosis</i> fmCASES #18 24-year-old female with headaches - Ms. Payne: <i>Migraine Headache</i> fmCASES #21 12-year-old female with fever - Marissa Payne: <i>Influenza, Pneumonia, Obesity</i> fmCASES #33 28-year-old female with dizziness - Mrs. Saleh: <i>URI, Dizziness</i> 	Approach to Acute Headache in Adults Chronic Daily Headache: Diagnosis and Management Antibiotic Use in Upper Respiratory Infections Dizziness: A Diagnostic Approach Diagnosis of Deep Vein Thrombosis and Pulmonary Embolism Updated Guidelines on Outpatient Anticoagulation
Week 6	<ul style="list-style-type: none"> Log your EPE cases in EValue; EPP clinical tasks Request feedback, review your goals and assess your progress Do test review questions to assess your knowledge/Take Shelf Exam 	

Clerkship Grading:

Clerkship Grading Overview:

1. Clinical Clerkships Assessment of Medical Student Performance - **65% of your final clerkship grade**
2. NBME SCE - 25%
3. Online Curriculum Requirements - 10% (in order to receive full credit a student must:

- A. Log 100% of EPEs/EPPs
- B. Confirm a Mid-Clerkship Review
- C. Complete the End of Clerkship Evaluation)

Clinical Clerkship Assessment of Medical Student Performance:

Clinical Clerkship Assessment of Medical Student Performance (CCAMSP) - 65% of your final clerkship grade
The Clinical Clerkship Assessment of Medical Student Performance form, exhibit A.1, will be completed by your site clerkship director with input from all of those who have worked with you throughout the clerkship.

National Board of Medical Examiners (NBME) Subject Clerkship Exam (SCE) – 25% of your final grade:

Students will have a 14-day "window" to sit for the subject clerkship exam. The window begins on the last Monday of the rotation.

Students are required to coordinate their exam date with the office of medical education and the director of medical education at their respective site to minimize impact on clinical responsibilities.

Failure of a SCE exam results in an "Incomplete" with an opportunity to re-take the exam and receive a maximum grade of "C" for the SCE. Other policies related to the Clinical Clerkship Assessment of Medical Student Performance component of the grade are established and unchanged (i.e., two or more "F" grades results in a failing grade for the rotation).

Please refer to the Latest Student Handbook for further details.

Online Curriculum Participation - 10% of your final grade:

Online Curriculum Requirements consist of:

- A. Log 100% of EPEs/EPPs
- B. Confirm a Mid-Clerkship Review
- C. Complete the End of Clerkship Evaluation.

Adherence to the above is made possible through the many resources within the eCollege course, and use of E*Value for recording.

Failure to complete **all** components of the Online Curriculum Requirements will result in an "Incomplete" or failing grade for this portion of the final core clerkship grade.

Required Clinical Experiences:

During your rotation, you will be required to log clinical experiences related to 28 diagnoses, conditions, and/or presenting problems. We have used the term Essential Patient Encounters (EPE) to enumerate these (see link below). Each EPE may include a number of diagnoses, conditions and/or presenting problems that are important to know and that you may log (document) to fulfill that EPE requirement. Please note that it is important to comprehend acute vs. chronic presentations of diagnostic entities with respect to evaluation, classification, management and follow-up. Also, please refer to the STFM National Clerkship Curriculum for a more detailed list of these diagnoses, conditions and/or presenting problems that are subsumed under the main EPE.

Similarly, you will be required to log essential patient procedures (EPP) or activities related the evaluation or management of certain diagnoses, conditions, and/or presenting problems.

You are required to log 100% of the EPEs and EPPs in E*Value - Px Dx. It is understandable that you may not have an opportunity to experience the prescribed EPEs or EPPs in the patient care setting. You may use the MedU virtual cases (fmCASES) to fulfill these requirements. These virtual cases may also be used as a review, or to prepare for encounters at your clinical site.

EPES:

You can access the e-book here: [*Essentials of Family Medicine*](#)

Essential Patient Encounters (EPEs)

Log at least one of each

	<u>Review Cases MedU</u>	<u>Chapter Readings</u>	<u>Articles</u>
<u>Abdominal Pain</u>	<u>fmCASES #15, #19, and #20</u>	<u>Sloane Chapters 19 and 21</u>	-
<u>Abnormal Vaginal Bleeding</u>	<u>fmCASES #17 and #12</u>	<u>Sloane Chapter 28 (346-50)</u>	-
<u>Arthritis</u>	<u>fmCASES #11</u>	<u>Sloane Chapter 35</u>	-
<u>Asthma/COPD</u>	<u>fmCASES #13 and #28; CLIPP #13</u>	<u>Sloane Chapters 52 and 55</u>	-
<u>Back Pain</u>	<u>fmCASES #10</u>	<u>Sloane Chapter 36</u>	-
<u>Chest Pain</u>	<u>fmCASES #9; SIMPLE #2</u>	<u>Sloane Chapter 9</u>	<u>Outpatient Diagnosis of Acute Chest Pain in Adults</u>
<u>Chronic Pain</u>	-	<u>Sloane Chapter 41</u>	-
<u>Cough</u>	<u>fmCASES #13; CLIPP #13</u>		<u>Evaluation of the Patient with Chronic Cough</u>
<u>Dementia</u>	<u>fmCASES #29</u>	<u>Sloane Chapter 23</u>	-
<u>Depression/Anxiety</u>	<u>fmCASES #22, #3, and #9; SIMPLE #5</u>	<u>Sloane Chapters 48 and 50</u>	-
<u>Diabetes</u>	<u>fmCASES #6</u>	<u>Sloane Chapter 13</u>	-
<u>Diarrhea</u>	-	<u>Sloane Chapter 22 (257 - 263)</u>	<u>Acute Diarrhea in Adults</u> <u>Evaluation of Chronic Diarrhea</u>
<u>Dizziness</u>	<u>fmCASES #33</u>	<u>Sloane Chapter 42</u>	-
<u>Dysuria</u>	<u>SIMPLE #14</u>	<u>Sloane Chapter 27</u>	-
<u>Fatigue</u>	<u>fmCASES #26</u>	<u>Sloane Chapter 43</u>	-
<u>Headache</u>	<u>fmCASES #18</u>	<u>Sloane Chapter 45</u>	-
<u>Heart Failure</u>	<u>fmCASES #31</u>	<u>Sloane Chapter 10 (117-20)</u>	-
<u>Hypertension</u>	<u>fmCASES #8</u>	<u>Sloane Chapter 11</u>	-
<u>Joint Pain</u>	<u>fmCASES #4, #11, and #25</u>	<u>Sloane Chapter 34 and 38</u>	-
<u>Obesity</u>	<u>fmCASES #21; SIMPLE #16</u>	<u>Sloane Chapter 15</u>	-
<u>Rashes and Skin Lesions</u>	<u>fmCASES #16; SIMPLE #17</u>	<u>Sloane Chapter 39</u>	-
<u>Substance Use</u>	-	<u>Sloane Chapter 47</u>	-
<u>Thyroid Disorders</u>	<u>fmCASES #5</u>	<u>Sloane Chapter 17</u>	-
<u>Thromboembolic Disorders</u>	<u>fmCASES #7</u>	<u>Sloane Chapter 12</u>	-
<u>Upper Respiratory</u>	<u>fmCASES #33 and #23</u>	<u>Sloane Chapter 53 and 54</u>	-
<u>Vaginal Discharge</u>	<u>SIMPLE #14</u>	<u>Sloane Chapter 33</u>	-
<u>Well Adult Examination</u>	<u>fmCASES #1 and #2</u>	<u>Sloane Chapter 6</u>	-
<u>Well Child Examination</u>	<u>CLIPP #1, #2, #3, and #4</u>	<u>Sloane Chapter 5</u>	-

Bolded cases are part of Weekly Assignments

EPPS:

E*Value Description

(log 1 of each in
E*Value)

Essential Patient Procedures (EPPs) / Clinical Tasks

Reading Resources

-		
-		
<u>Patient Care</u>		
-		
<u>Calculate BMI</u>	<u>Calculate Body Mass Index</u>	<u>MedCalc; Simple #16</u>
<u>Use guidelines for chronic disease classification</u>	<u>Classify stages/severity of disease: including Asthma, Chronic Kidney Disease (CKD), COPD, and Heart Failure by using guidelines (NHLBI - Asthma, KDOQI- CKD, GOLD- COPD, ACC/NYHA - Heart Failure)</u>	<u>Asthma Care Quick Reference</u> <u>COPD Management</u>
-		
<u>Describe skin lesion</u>	<u>Describe skin lesions (including recognition of ABCDE for melanoma)</u>	<u>fmCASES #2,16</u>
-		
<u>Perform mini-mental status exam</u>	<u>Evaluate for dementia with mini-mental status examination</u>	<u>fmCASES #29</u>
-		
<u>Interpret lab test result</u>	<u>Interpret lab tests - including complete blood count, metabolic profile, lipids, liver function tests</u>	-
-		
<u>Interpret X-ray/Imaging study</u>	<u>Interpret imaging studies - including shoulder xrays, DEXA scan</u>	-
-		
<u>Perform accurate BP</u>	<u>Measure blood pressure accurately including testing for orthostasis</u>	-
-		
<u>Perform vertigo evaluation maneuver(s)</u>	<u>Perform the Dix-Hall Pike test and Epley Maneuver (vertigo evaluation)</u>	<u>fmCASES #33</u>
-		
<u>Screen for Depression PHQ-2 & PHQ-9</u>	<u>Perform clinical screenings and evaluations with validated tools: ie Depression screening (PHQ-2 & PHQ-9)</u>	<u>PHQ9; fmCASES #5</u>
-		
<u>Perform in-office lab/diagnostic test</u>	<u>Perform office based testing and interpretation: urine analysis, wet prep, strep testing, EKG and Spirometry</u>	<u>fmCASES #13,</u> <u>fmCASES#22,</u> <u>fmCASES#23</u>
-		
<u>Monofilament exam for diabetic neuropathy</u>	<u>Perform office based examinations including pelvic exam for women, monofilament testing for diabetics</u>	<u>fmCASES #6</u>
-		
<u>Perform MMSK testing/maneuvers</u>	<u>Perform specific testing for musculoskeletal pain eg Tincl, Phalen, Apley Scratch, Empty Can and Hawkins and correlate with anatomy</u>	<u>fmCASES #25</u>
-		
-		

E*Value Description

(log 1 of each in E*Value)

Essential Patient Procedures (EPPs) / Clinical Tasks

Reading Resources

- Interpersonal Skills and Communication

- Counseling for risk behavior

Identify and counsel for risk behaviors: high risk sexual activity, tobacco, alcohol and drug use

[Adolescent Health Screening and Counseling](#)

- Screening for intimate partner violence

Screen for recommended conditions such as Depression and Intimate Partner Violence

[Intimate Partner Violence; fmCASES #20](#)

- Wellness and prevention education

Communicate wellness strategies including self-care and preventative screening

-

- Counsel/educate patient on disease management

Describe treatment and prevention plans in acute, chronic and preventative care in a manner the patient can understand

-

- Conduct "motivational interviewing" for change

Utilize "motivational interviewing techniques," "stages of change," and 5 A's in empowering patients to engage in their own care in effective ways.

[Realistic Approaches to Counseling in the Office Setting](#)

System Based Practice

- Apply disease management guidelines

Application of guidelines hypertension (JNC-8), lipids, Pap (ASCCP)

[fmCASES #2; fmCASES #8](#)

- Apply USPSTF screening guideline

Application of the USPSTF screening recommendations

1. [U.S. Preventive Services Task Force](#)

- Apply Centor/McIsaac score

Application of Centor criteria for evaluation of pharyngitis

[fmCASES #21](#)

- Apply "Choosing Wisely" principles

Appropriate ordering of lab and imaging test: including use of Choosing Wisely, and American College of Radiology (ACR) criteria when deciding on imaging tests

[Choosing Wisely Table](#)

- Conduct ASCVD risk calculation

Utilization of cardiovascular risk calculator (ASCVD)

[Mobile CV Risk Assessment; fmCASES #8](#)

- Perform FRAX/fall risk assessment

Utilization of FRAX (fall risk assessment)

-

E*Value Description

(log 1 of each in E*Value)

Essential Patient Procedures (EPPs) / Clinical Tasks

Reading Resources

- Apply CDC vaccine guideline

Utilization of the CDC vaccine recommendations for children and adults

Download App

-

Patient Logs:

Case Logger:

To meet the goals and objectives of the clinical core clerkship. This content needs to be update so it is more generic - and it applies IMF and fulfill the requirements of the educational experience outlined in the curriculum guidelines, RUSM clinical students are required by the university to maintain a log of patient encounters.

The web and mobile-based Case Logger helps students to quickly log real and simulated patient encounters, procedures and diagnoses, build on their clinical portfolio, monitor and track progress, and maintain a history of daily clinical activities.

Case Logger Guidelines

1. All patient encounters must be logged including actual, simulated and standardized patients as well as online interactive cases.
2. All patient encounters should be logged within 24 hours of the date of interaction.
3. The number of days allowable for backlog is 14 days. The date of interaction automatically defaults to the current date. The system will not accept an interaction date of 10 days prior to the current date.
4. Report E*Value technical problems to the E*Value Administrator at E-ValueAdmin@RossU.edu.

For your reference: [Evalue Case Logs Guide.pdf](#)

Lecture Series:

In addition to focused case discussions, students receive many quality lectures at their specific clerkship site. We have listed the most common family medicine Topics and the corresponding Learning Outcomes under this tab.

In the event that you miss a lecture or do not receive an extensive discussion of a particular topic, please use available MedU resources and suggested articles/readings to supplement your knowledge. (Short online lectures/presentations are currently in development.) You may also consider using the (free) app: ABFM Exam Prep to assess your knowledge of a topic, or use the AAFP board review questions (requires student membership) to assess your knowledge of a topic.

Family Medicine Lecture Series:

Week	Lecture Title/ Content	Lecture Learning Outcomes - A student should be able to:	Family Medicine Short Videos/Presentations
1	Principles of Family Medicine	<ol style="list-style-type: none">1. Describe the elements of the Patient Centered Medical Home2. Discuss Shared Decision Making3. Identify strategies for patient empowerment	

Week	Lecture Title/ Content	Lecture Learning Outcomes - A student should be able to:	Family Medicine Short Videos/Presentations
	Preventive Care	<ol style="list-style-type: none"> 4. Demonstrate knowledge of the Stages of Change Model 1. Describe Principles of Screening and Testing 2. Demonstrate knowledge of Adult Immunizations 3. Discuss the RISE approach to a preventative care visit 4. Identify age related USPSTF health recommendations 	
	Women's Health Topics	<ol style="list-style-type: none"> 1. Identify the types of contraception for women and the mechanism of action and effectiveness of the different contraceptive methods 2. Demonstrate knowledge of the causes abnormal vaginal bleeding 3. Describe the steps in the evaluation and initial management of abnormal uterine bleeding 4. Discuss the appropriate work up for vaginal bleeding 	
	Cardiovascular Disease	<ol style="list-style-type: none"> 1. Identify risk factors and screening for cardiovascular disease 2. Demonstrate knowledge of etiology, diagnosis and treatment of Metabolic Syndrome 3. Discuss treatment strategies for Obesity 	
2	Hypertension	<ol style="list-style-type: none"> 1. Recognize screening recommendations and risk factors for hypertension 2. Demonstrate knowledge of the different categories of anti-hypertension medicines and their mechanism of action and common side effects 3. Discuss JNC-8 guidelines for hypertension 	
	Dyslipidemia	<ol style="list-style-type: none"> 1. Demonstrate knowledge of lipid guidelines 2. Discuss effective medications for lowering lipids including mechanism of action and side effects 	
	Diabetes	<ol style="list-style-type: none"> 1. Discuss screening recommendations and diagnostic criteria for diabetes 	

Week	Lecture Title/ Content	Lecture Learning Outcomes - A student should be able to:	Family Medicine Short Videos/Presentations
	Approach to Chest Pain in the Ambulatory Setting	2. Identify the different categories of medications and their mechanism of action	
		3. Demonstrate knowledge of disease management targets including prevention of complications	
	Low Back Pain	1. Recognize different etiologies for chest pain	
		2. Utilize prediction rules in differentiating causes of chest pain and whether patient needs hospitalization	
3	Evaluation and Management of Joint Pain (e.g. Osteoarthritis, Rheumatoid Arthritis)	1. Recognize "red flag" symptoms in the patient presenting with low back pain	
		2. Discuss risk factors and common etiologies for low back pain	
		3. Demonstrate knowledge of appropriate indications for lab or imaging tests	
		4. Develop treatment management for musculoskeletal low back pain	
	Abuse: DV/Intimate Partner Violence, Elder and Child Abuse	1. Discuss the approach to a patient with joint pain	
		2. Differentiate between etiologies of joint pain	
		3. Demonstrate knowledge of an evidenced based approach to appropriate testing	
		4. Discuss treatment options for osteoarthritis including medication mechanism of action and side effects	
4	Chronic Respiratory Conditions; Cough and	1. Define IPV	
		2. Demonstrate knowledge of the USPSTF recommendation on screening for IPV	
		3. Discuss the concept of Power & Control	
		4. Recognize risk factor for abuse	
		5. Recognize the challenges victims of abuse face including the consequences of abuse	
		6. Discuss the role of physicians in addressing the health and safety of victims and their families.	
		1. Develop a differential diagnosis for the symptomatic presentation of cough or shortness of breath	

Week	Lecture Title/ Content	Lecture Learning Outcomes - A student should be able to:	Family Medicine Short Videos/Presentations
	Shortness of Breath (COPD and Asthma)	<ol style="list-style-type: none"> 2. Demonstrate knowledge of diagnostic and staging criteria for Asthma and COPD 3. Differentiate Asthma and COPD 4. Discuss treatment guidelines per the GOLD criteria for COPD 5. Discuss treatment guidelines per the Global Initiative for Asthma 	
	Abdominal Pain	<ol style="list-style-type: none"> 1. Describe a systems approach to abdominal pain 2. Discuss the etiologies of upper abdominal pain 3. Recognize alarm symptoms in abdominal pain 4. Determine appropriate testing based on the etiology of abdominal pain 	
	Selected Endocrine/Metabolic Topics in Family Medicine—Thyroid, Gout	<ol style="list-style-type: none"> 1. Recognize the symptoms of thyroid disease 2. Describe the appropriate approach to diagnosing thyroid diseases 3. Demonstrate knowledge of the treatment of hypo and hyperthyroidism 4. Discuss the work-up of a thyroid nodule 	
5	Dermatology in the Family Medicine Office	<ol style="list-style-type: none"> 1. Describe the primary types of skin lesions 2. Recognize the features of melanoma and non-melanoma skin cancers 3. Recognize the features and management of common and important cutaneous conditions: psoriasis, tinea versicolor, tinea corporis, herpes zoster, toxicodendron dermatitis, scabies, acne vulgaris, rosacea, molluscum contagiosum, genital and common warts, seborrheic keratosis, pityriasis rosea. Impetigo, erythema multiforme, atopic dermatitis, other common insect bites. 4. Characterize the severity of burns and principles of management 5. Characterize the severity of ulcers and principles of management 	

Week	Lecture Title/ Content	Lecture Learning Outcomes - A student should be able to:	Family Medicine Short Videos/Presentations
6	Topics in Aging	6. Describe skin conditions associated with systemic lupus erythematosus	
		7. (Pediatric cutaneous conditions and exanthems should be reviewed as part of the pediatrics core)	
		1. Describe common causes of gait disturbance.	
		2. Describe principles of fall prevention in the elderly.	
	3Ds: Dementia, Delirium, Depression	3. Describe and recognize causes of blindness and treatment options in the elderly	
		4. Describe causes and of hearing loss in the elderly and correlate with audiology/audiometry findings.	
		5. Describe the clinical importance of aging on pharmacokinetics and pharmacodynamics.	
		1. Distinguish between the presentations of dementia, delirium and depression	
	Headache	2. Describe the appropriate work-up of a patient with altered mental status	
		3. Identify the tools to evaluate dementia and depression	
		4. Demonstrate knowledge of the treatment of depression	
		1. Differentiate between migraine and tension headaches	
	Dizziness	2. Recognize red flag signs of headaches	
		3. Describe the etiology of migraine headaches	
		4. Demonstrate knowledge of treatment of migraine and tension headaches	
		1. Differentiate four types of dizziness	
		2. Demonstrate knowledge of the etiologies of vertigo	
		3. Discuss the different presentations of peripheral and central vertigo	
		4. Describe the Dix-Hallpike and Epley Maneuvers and their role in BPPV	

Week	Lecture Title/ Content	Lecture Learning Outcomes - A student should be able to:	Family Medicine Short Videos/Presentations
	Acute Respiratory Illnesses: Upper and Lower Respiratory Tract Conditions	<ol style="list-style-type: none"> 1. Differentiate bacterial and viral infections – pneumonia, sinusitis, bronchitis, pharyngitis 2. Demonstrate knowledge of appropriate diagnostic studies if necessary to diagnose respiratory illness and severity 3. Discuss treatment of upper and lower respiratory tract illness (sinusitis, bronchitis, pneumonia, pharyngitis) 4. Describe the evidence regarding treatments for the common cold 	
	DVT, PE and Afib in the Family Medicine Setting	<ol style="list-style-type: none"> 1. Describe the etiologies of Venous Thromboembolism and Atrial Fibrillation 2. Discuss the Wells criteria and role of D-Dimer in evaluating thromboembolism 3. Determine when anticoagulation is warranted 	

Assessment & Evaluations:

Assessments and Evaluations Overview:

The specialty of family medicine incorporates a body of knowledge specific to the discipline, and also a knowledge of other medical specialties as they apply to primary care. The NBME subject clerkship exam (SCE) in family medicine consists of 80 "general" family medicine questions, a 10 questions related to diseases of musculoskeletal and connective tissue topics, and 10 questions related to chronic conditions (including geriatric topics). The major content areas include:

- Organ Systems
 - Cardiovascular Disorders
 - Diseases of the Respiratory System
 - Mental Disorders and Diseases of the Nervous System
 - Gynecologic Disorders & Renal, Urinary, Male Reproductive Systems
 - Diseases of Musculoskeletal and Connective Tissue
- Physician Tasks
 - Chronic Care
 - Health and Health Maintenance
 - Management
 - Diagnosis including Mechanisms of Disease
- Patient Group
 - Pediatric (0-17)
 - Adult (18-65)
 - Geriatric (66 and older)

Don't be daunted by this challenge in preparing for this broad-based exam. If you complete the 24 required fmCASES and refer to selected readings in the required textbook, you should have a sufficient foundation to perform well on the FM SCE. Some students may choose to do selected UWorld questions and/or review books

that include topical cases and questions. You may also choose to review the IM Essentials text and question bank, and the APGO (Obstetrics and Gynecology) cases/questions.

You may consider using the (free) app: ABFM Exam Prep to assess your knowledge of a topic, or use the AAFP board review questions (requires student membership) to assess your knowledge of FM topics.

Assessment Overview:

Mid-Clerkship Review – see exhibit A.2

Clinical Clerkship Assessment of Medical Student Performance – see exhibit A.1


**Ross University
School of Medicine**
**Office of Hospital Partnerships
and Compliance**
 2300 SW 145th Ave, Suite 200
 Miramar, FL 33027
 Phone: 754-208-4590

Clinical Clerkship Assessment of Medical Student Performance

At the conclusion of the clerkship, the physician overseeing this medical student's performance must complete this form.

Please also provide comments or examples to support your assessment.

Student's Last Name: _____

Name of Clerkship: _____

Student's First Name: _____

Clerkship Duration (# of Weeks): _____

Start Date: _____ **End Date:** _____

Hospital: _____

CRN: _____

Student ID: @ _____

Term: _____

- I. Knowledge for Practice (KP):** (Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological, and social-behavioral sciences, as well as the application of this knowledge to patient care)

	A	B	C	F
a. Demonstrate an investigatory and analytic approach to clinical situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision making, clinical problem solving, and other aspects of evidence-based health care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- II. Patient Care (PC):** (Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Compassionate and effective treatment of health problems and health promotion.)

	A	B	C	F
a. Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging, and other tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- III. Professionalism (P):** Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

	A	B	C	F
a. Demonstrate compassion, integrity, privacy, and accountability to patients, society, and the profession with commitment to ethical principle, laws, policy and regulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name: _____

First Name: _____

CRN: _____

- IV. Interpersonal and Communication Skills (ICS):** Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals.

	A	B	C	F
a. Communicate effectively with patients, families, colleagues and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- V. Practice-Based Learning and Improvement (PBLI):** Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and lifelong learning.

	A	B	C	F
a. Identify strengths, deficiencies, and limits in one's knowledge, expertise and incorporate feedback in daily practice and performs learning activities to address the gaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- VI. Systems-Based Practice (SBP):** Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.

	A	B	C	F
a. Coordinate care and work effectively in various health care delivery settings and systems relevant to one's clinical specialty.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- VII. Interprofessional Collaboration (IPC):** Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient and population-centered care.

	A	B	C	F
a. Communicate and work with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- VIII. Personal and Professional Development (PPD):** Demonstrate the qualities required to sustain lifelong personal and professional growth.

	A	B	C	F
a. Develop the ability to use self-awareness of knowledge, skills, and emotional limitations to engage in appropriate help-seeking behaviors and healthy coping mechanism to stress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Last Name: _____

First Name: _____

CRN: _____

Comments in this section are for the student **ONLY** and will not be included in the Medical Student Performance Evaluation (MSPE):

Comments in this section will be included in the Medical Student Performance Evaluation (MSPE):

Last Name: _____ First Name: _____ CRN: _____

Clerkship Director and/or
Preceptor Signature: _____

Must be signed on or after the
last day of the clerkship

Print Name of Clerkship Director and/or
Preceptor: _____

Title: _____

Hospital: _____

Telephone: _____

Address: _____

City, State: _____

Zip: _____

Within thirty days after completion of clerkship, return the form to: Office of Hospital and Partnerships and Compliance, Ross University School of Medicine, 2300 SW 145th Avenue, Suite 200, Miramar, FL 33027. Please retain a copy for Hospital records.

CREDIT IS AWARDED ONLY FOR ORIGINAL ASSESSMENT

STATEMENT OF CLERKSHIP DIRECTOR and/or DIRECTOR OF MEDICAL EDUCATION

I, _____ certify that above student has _____ weeks in _____

At _____ (PLEASE PRINT).

Original Signature

Print or type the Name of Clerkship Director and/or Director of Medical Education

Instructions for Completing the Clinical Clerkship Assessment of Medical Student

Performance

Effective for all clinical clerkships with a start date of January 1st, 2017

Grading Policy

<p>You are asked to evaluate the student on measures. ¹</p> <p>I. <u>Knowledge for Practice (KP)</u></p> <p>II. <u>Patient Care (PC)</u></p> <p>III. <u>Professionalism (P)</u></p> <p>IV. <u>Interpersonal and Communication Skills (ICS)</u></p> <p>V. <u>Practice-Based Learning and Improvement (PBLI)</u></p> <p>VI. <u>Systems-Based Practice (SBP)</u></p> <p>VII. <u>Interprofessional Collaboration (IPC)</u></p> <p>VIII. <u>Personal and Professional Development (PPD)</u></p>	<p>The final grade will be calculated as follows:</p> <ul style="list-style-type: none">• A, (Honor) = 4 points• B, B+(High Pass) = 3 points• C, C+ (Pass) = 2 points• Each F (Fail) is given 0 points <ul style="list-style-type: none">▪ Please mark the chosen grade box.▪ Do not check more than one grade box per measure.▪ Do not check in between grade value boxes.▪ Evaluations must be submitted to RUSM no later than 30 days after the conclusion of the clerkship.
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For clerkships with direct patient contact, the points (40 maximum) will be added and the total divided by 10.

For clerkships which do **not** entail direct patient contact (e.g. pathology, radiology), the two ratings on II (Patient Care) and the two ratings on VIII (Interpersonal Collaboration) may remain ungraded. Calculation of the final grade will be determined using a modified denominator.

The student's final Clinical Clerkship Assessment of Medical Student Performance grade will be as follows:

A = 3.70 – 4.00
B+ = 3.30 – 3.69
B = 2.70 – 3.29
C+ = 2.30 – 2.69
C = 1.70 – 2.29
F = < 1.70


Any student who receives TWO (2) or more F's on the Clinical Clerkship Assessment of Medical Student Performance evaluation will fail their rotation regardless of the point calculation and must repeat the rotation. If you have questions related to performance, please contact the Associate Dean's Office for Academic and Student Operations and Affairs at Clinical@RossU.edu.

Comments

Clerkship Directors / Preceptors are encouraged to make formative comments by providing specific examples of skills / behaviors in Student Feedback Section ONLY. Specific examples of exemplary skills/behaviors should be entered in MSPE section.

Exhibit A.2 - Mid-Clerkship Review

Ross University School of Medicine	Office of Medical Education 2300 SW 145 th Ave, Suite 200 Miramar, FL 33027 Phone: 754-208-4590
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ROSS UNIVERSITY
 SCHOOL OF MEDICINE

Mid-Clerkship Student Progress (Formative Assessment)

In case of any concerns or queries please contact: Clinical@RossU.edu

The physician overseeing the medical student's clerkship must complete this formative assessment form. Please also provide comments or examples to support your assessment.

Date & Time: _____

Student's Last Name: _____ **Name of Clerkship:** _____

Student's First Name: _____ **Clerkship Duration (# of Weeks):** _____

Hospital: _____

For ROSS Official Use

CRN: _____ **Student ID: @** _____
Term: _____

Review of Clinical Experience

Patient Care: The Student provides patient care that is compassionate, appropriate and effective.

Exceeds Expectations	Meets Expectations	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interpersonal and Communication Skills: The Student communicates effectively with patients, families and the healthcare team.

Exceeds Expectations	Meets Expectations	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Medical Knowledge: The Student demonstrates knowledge of established and evolving biomedical, clinical and social sciences.

Exceeds Expectations	Meets Expectations	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Professionalism: The Students demonstrates a commitment to carrying out professional responsibilities, and to be responsive.

Exceeds Expectations	Meets Expectations	Needs Improvement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please fill this part with feedback to the student:

List this Students' Strengths	List this Students' Areas of Improvement
1.	1.
2.	2.
3.	3.

Action Plan (If required):

 Student Signature

 Preceptor or clerkship director Signature