

# FMCE

## FAMILY MEDICINE CLINICAL EXPERIENCE

### Course Learning Objectives

- Apply communication and history taking skills in patient encounters
- Record relevant details of a focused patient history in a SOAP note
- Demonstrate an awareness of the Patient's Medical Home
- Demonstrate an awareness of Generalism in Medicine



### Student Orientation

FMCE students are early learners, however this experience is **NOT** shadowing, students should participate in patient care

### Clinic day 1

### Clinic day 2

### Clinic day 3 (urban only)

### End of Block



### Schedule

Urban: 3 half days per block (3.5hrs)  
Rural: 2 clinic days per block (5.5hrs)

Students will stay with patients and preceptor until the scheduled clinic/half-day finishes. Experiences are 1-on-1, only 1 student should be scheduled per half day.

### Assessment



Students must review 2 x SOAP notes with their preceptor per Block (the ability to write a SOAP note should be viewed in light of the student's level of training).



Students will be assessed using an FMCE Daily sent by the student to their preceptor via One45. The FMCE Daily requires the preceptor to assess the students on Entrustable Professional Activities (EPAs), as well as record SOAP note completion. One FMCE Daily should be completed per clinical half day (3 for Urban and 2 for Rural) and must be submitted by the end of the respective Block.

**Questions?  
Contact us at:**

[ugfmfaculty@ucalgary.ca](mailto:ugfmfaculty@ucalgary.ca)



**UNIVERSITY OF CALGARY**  
CUMMING SCHOOL OF MEDICINE  
Department of Family Medicine

# Family Medicine Clinical Experience (FMCE)

FAQs for Preceptors

Revised: July 16, 2024

## 1. What is this course?

The Family Medicine Clinical Experience is a longitudinal experience that gives medical students the opportunity to participate in the delivery of family medicine in Alberta.

This is a pre-clerkship course for first- and second-year students enrolled in the Cumming School of Medicine Undergraduate Medical Education (UME) Program. The course consists of 2 blocks: Block 1 runs from September to December, and Block 2 runs from January to June each year.

During each block, students will complete either 3 clinical half days ( $\frac{1}{2}$  day = minimum 3.5 hours) in a Calgary-based clinic or 2 days (full day = minimum 5.5 hours) in a rural clinic. These are scheduled directly between preceptors and students. Preceptors and students can reschedule to a mutually agreeable time. Still, we ask that rescheduled time must NOT be student class time, MAY be on a weekend, MAY be out of the office, MUST be a few weeks between the last experience to see patients over time and MUST ensure that at least half of the total student experience is office/clinic experience.

The learning objectives for the course are:

- 1) Practice applying Communication and History-taking in Patient Encounters
- 2) Record Relevant Details of a Focused Patient Visit in a SOAP note (emphasis on S-O)
- 3) Demonstrate an awareness of the Patient's Medical Home
- 4) Demonstrate an Awareness of Generalism in Medicine

## 2. How much independence can I give the student?

This course is a step above shadowing but requires that students be under your supervision. We recommend checking in with your student at the start of each session to see what they've covered up to that point in the curriculum and if there are areas the student wants to work on with your guidance. Students are expected to advance to more independence throughout the block and can practice physical exam skills with your supervision.

Students at the Cumming School of Medicine learn medical content through a model of spirality and integration of concepts across the two years of pre-clerkship. This new approach to curriculum delivery started with the Class of 2026 under the Re-Imagining Medical Education initiative. It is helpful to ask the students what topics they have covered so far and strategically select patients from your clinic day to help them consolidate their learning. The table below gives you a general idea of the curriculum taught in block 1 and block 2.

<b>BLOCK 1 (July – December)</b>		
	<b>Approach to...</b>	<b>Clinical Skill</b>
<b>July</b>	Arterial Disease	Communication Intro Building Rapport Agenda-setting Open/closed questions
<b>August</b>	Chest pain Dyspnea Anemia Obesity	Complete histories
<b>September</b>	Hypertension	BP/Vitals Peripheral vascular disease, JVP, carotid Precordial/Resp exams Liver exam
<b>October</b>	Fever Infection	Intro to SOAP notes Focused history
<b>November</b>	Autoimmune Rashes	Telemedicine Intro
<b>December</b>	GI Organs that Bleed Liver	Case presentations
<b>BLOCK 2 (January – June)</b>		
	<b>Approach to...</b>	<b>Clinical Skill</b>
<b>January</b>	Weight loss – all causes	Crucial/challenging conversations.
<b>February</b>	Abdo Pain Pelvic Pain	Breaking bad news
<b>March</b>	Headache Breast	Genital exam, Rectal exam Breast exam Newborn exam
<b>April</b>	Joint pain – articular vs trunk	MSK exam
<b>May</b>	Pregnancy Pediatric development	Handover
<b>June</b>	FM/ER workshops	Consults Sutures Airway

### 3. How are the students assessed?

Students will send their preceptor an FMCE Daily via One45 after the end of each clinic day. The preceptor will receive an email notification that there is a task to complete in One45. Embedded in the FMCE Daily are Entrustable Professional Activities (EPAs) relevant to FMCE. Over the course of each Block, students must obtain at least 2 EPAs.

Within the FMCE Daily, we also track student attendance at their scheduled clinics with preceptors and the completion of SOAP notes. This course requires a student to complete at least 2 SOAP notes per Block.

For assistance with logging in to One45, click the 'need help logging in' link on the login page or contact [fmce.md@ucalgary.ca](mailto:fmce.md@ucalgary.ca).

### 4. The EPA scale seems confusing; how do I know where my learner is on the scale?

Block 1 students are extremely new to any clinical setting, only having been in medical school for a few months. It is entirely reasonable and expected that they would be at the beginning of the spectrum, which in this case is 'Below expectations for the first day of clerkship with some concerns.' Please write what you observed in the comment box below. You may not have concerns, but we highly recommend providing some comments and written feedback to the students. This helps them improve their skills and gain confidence.

Example of an EPA:

What is your assessment of this student's performance on this case?

#### \*EPA 1 – Obtain a history and perform a physical examination

Below expectations for first day of clerkship with some concerns. Please write what you observed in the comment box below.



Still developing towards the minimum expectation for the first day of clerkship.



At or above the minimum expectation for the first day of clerkship.



The scale used is a standard set by the UME, and as such, it is not a perfect tool for FMCE, but it is still a useful tool. The first thing to remember is that your EPA will be one of many students must complete throughout their medical education. The second is that the students are not required to 'pass' this EPA but to track where they currently are to paint a complete picture of their growth and development over time. With practice, by Block 2, they may have increased a level.

The only exception is EPA0, where below expectations would be a cause for concern since this indicates professionalism issues (e.g., attendance in clinic). In this case, the course co-chairs and/or UME will reach out to the student directly.

## 5. How do I get feedback on my teaching?

You can ask your students to provide you with verbal feedback in the moment or provide anonymous feedback via the preceptor survey. Please note that due to UME policy, preceptor evaluation reports will only be shared with faculty if 5 or more are completed within a year. This may not be possible depending on the number of students you teach and the number that complete the evaluation.

To that end, we will work to provide FMCE preceptors with a general evaluation report annually. It will be an anonymous summative report that provides some general guidance when compared to your own teaching practice.

Here are some tips to enhance the student's experience with you:

- Prepare your clinic for learners, e.g., ensure the staff know the dates the student will be there to create a welcoming environment.
- Orient the student to their learning environment, e.g., introduce staff and colleagues to your student and familiarize your student with clinic layout and procedures.
- Allow students to take independent histories and read about patients AND provide for supervised patient examinations and procedures as time allows.
- Role model professional behaviour, e.g., wash hands between patients and highlight strong communication skills.
- Explain to your learner the rationale for your clinical decision-making. According to your comfort level, consider answering your learner's questions about clinical cases and family medicine practice.

If a student has a significant concern, this will be brought to the course co-chairs' attention, and they will contact you to discuss it.

For further questions... please reach out!

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 University of Calgary Preclerkship	Evaluated By: evaluator's name
	Evaluating : person (role) or moment's name (if applicable)
	Dates : start date to end date

\* indicates a mandatory response

**Conflict of Interest**

I understand that there are a number of potential reasons for a conflict of interest with this student (e.g. Having been the student's treating physician, having been the student's employer, having a personal relationship with the student and/or their family members)

Link: [Providers of Health, Psychiatric and Psychological Services to Medical Students Policy](#)

	I have a conflict of interest, as described above, with this student and will contact the appropriate UME coordinator to have this evaluation reassigned to another preceptor.	I have a potential conflict of interest, as described above, with this student but do not feel that it is significant enough to preclude me filling out this evaluation. I recognize that the UME may contact me to clarify this point.	I do NOT have a conflict of interest, as described above, with this student and am thus able to complete this evaluation form.
*Conflict of Interest	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Location:**

\*Location (eg: Calgary):

\*Clinic Name (eg: Sheldon Chumir):

**Entrustable Professional Activities**

**Attendance and professionalism:**

The student attended their scheduled clinic and demonstrated qualities of professionalism.

	Concerns identified during this educational activity. Describe what you observed in the comment box.	Still developing towards the minimum expectation for the first day of clerkship. Describe what you observed in the comment box.	At or above the minimum expectations for this educational activity. Describe what you observed in the comment box.
*EPA 0 Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**History and Physical Exam (if relevant)**

	Concerns identified during this educational activity. Describe what you observed in the comment box.	Still developing towards the minimum expectation for the first day of clerkship. Describe what you observed in the comment box.	At or above the minimum expectations for this educational activity. Describe what you observed in the comment box.
EPA 1 - Obtain a history and perform a physical exam.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**SOAP Note**

\*Did the student complete and review one or more SOAP notes during this clinic day?

No

Yes (if yes please complete the EPA 6 evaluation below)

	Concerns identified during this educational activity. Describe what you observed in the comment box.	Still developing towards the minimum expectation for the first day of clerkship. Describe what you observed in the comment box.	At or above the minimum expectations for this educational activity. Describe what you observed in the comment box.
EPA 6: Present oral and written reports that document a clinical encounter.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Overall Rating:**

	Immediate remediation required to address deficiencies.	Comfortably functioning at an appropriate level for pre-clerkship.
*OVERALL ASSESSMENT OF STUDENTS PERFORMANCE.	<input type="radio"/>	<input type="radio"/>

Comments

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**The following will be displayed on forms where feedback is enabled...**

*(for the evaluator to answer...)*

\*Did you have an opportunity to meet with this trainee to discuss their performance?

Yes

No

*(for the evaluatee to answer...)*

\*Did you have an opportunity to discuss your performance with your preceptor/supervisor?

Yes

No