



UNIVERSITY OF CALGARY
CUMMING SCHOOL OF MEDICINE

Family Medicine Clinical Experience (Year 2)

MDCN 430

**UNDERGRADUATE MEDICAL
EDUCATION**

Class of 2023

2020-2021 Academic Year

2020 ©

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Overview

Welcome to Family Medicine Clinical Experience for year 2 students; a continuation of Family Medicine Clinical Experience (MDCN 330) for year 1 students.

Every second-year medical student will participate in patient care with guidance by skilled family physician clinicians and educators in community offices. Experiences throughout southern Alberta may be urban, suburban or rural. All locations deliver care to patients and families, diagnose and manage most presenting complaints (comprehensive) and see patients over time (continuity). Students are intentionally placed in different clinics from year 1 to experience and care for patients in a variety of practices, populations and care teams.

Care teams supporting family physician patient care in the community is one of ten components of the Patient Medical Home model of care envisioned by the College of Family Physicians of Canada (CFPC) and endorsed by provincial and national governments.

No longer early learners, it is expected students will increase skills such as: taking focused histories, examine patients, supervised, and document findings in a SOAP note. More emphasis is placed upon clinical reasoning and developing diagnoses and plans compared to MDCN 330. More preceptor guidance will be needed if students have not yet taken relevant courses.

Family physician guidance and student autonomy is adjusted as student skills increase. Some physicians care for patients outside the office setting. In these circumstances at least 50% of the total student experience, must be in the PMH community clinic, the remainder in care locations consistent with the physician practice - most commonly emergency, long term care or acute care.

Objectives

1: Apply Communication and History Taking Skills

Students will apply relevant communication skills and take a focused history based upon the reason for the patient visit.

Communication skills include introducing self, use of open questions then more specific closed questions, attentive listening, recognition of verbal and non-verbal cues, avoidance of jargon and clarification.

Focused history- taking includes identifying the reason for the visit (presenting complaint), and subsequent enquiry relevant to the presenting complaint.

History often requires attention to psychosocial contexts (patient feelings, ideas, fears and expectations) and environmental contexts, for instance- unsafe living situations, financial difficulty, or no transportation. Care plans developed without regard to patient contexts are less likely to be effective or followed.

2: Record a focused history and relevant physical exam findings in a SOAP note; emphasis on clinical reasoning.

Documentation of subjective, the history organized by issue; and objective, focused exam findings or results on file relevant to the presenting complaint, is reviewed and expected.

Based upon the history and identifying relevant positives and negatives, and as more course work is completed, students will develop increasingly accurate assessments and plans.

Preceptor student discussion is expected to help make clinical reasoning overt.

RAPRIO is a useful way to organize thinking to develop a plan.

S Subjective hear/history
O Objective see/examine
A Assessment what you think is going on
 if not sure, list most likely first

P Plan for each condition or diagnosis what will you do?

Reassure
Advice
Prescribe
Refer
Investigate
Observe

Consider: reassure, advise, prescribe, refer, investigate, observe
 use of PMH team members
 addressed patient bio-psycho-social contexts?
 when and why to return
 prevention?

3: Demonstrate an awareness of the Patient's Medical Home

The Patient's Medical Home (PMH), the vision for Family Practice in Canada, identifies 10 pillars that turn a clinic into a Patient's Medical Home. These are patient-centred care, personal family physician, team-based care, timely access, comprehensive care, continuity of care, electronic records and health information; education, training and research; evaluation and quality improvement, and internal and external supports.

Schedule and Clinic Times

Virtual Orientation Wednesday, April 7, 2021

Designated Clinic days

Wednesday	April 14, 2021
Wednesday	May 12, 2021
Wednesday	June 9, 2021

Urban clinics

3 designated half day clinics Wed AM or PM (spaced monthly); occasionally Fri PM clinics or at another time agreed upon by both the student and preceptor.

Rural clinics

2 of 3 designated Wednesday longer day clinics, each 5.5 hours. Wednesday only.

Each student preceptor pair must reschedule the experience if time(s) must be changed. If scheduling changes must occur, make up sessions must be during the students IST time.

Times in clinic are equivalent for urban and rural, the latter two longer clinic days to reduce travel hours.

Students are expected to interact with patients/preceptors until clinic end, unless discussed otherwise.

Contact the DLRI office at ruralmed@ucalgary.ca for all rural travel, accommodation and funding inquiries.

Evaluation/How to Pass

Attend orientation and all clinical sessions unless UME has approved extenuating circumstances.


Mid ITER – (Mid-point In Training Evaluation Record) must be completed. Attend all sessions, satisfactorily complete 1 SOAP note minimum; be prepared and participate in a professional manner.

Final ITER - (Final In-Training Evaluation Record) must pass. Attend all sessions, **satisfactorily** complete 2 further SOAP notes, **3 total** for the course; be prepared and participate in a professional manner.

Each SOAP note must be preceptor reviewed, signed and retained by students until course completion. SOAP notes may be emailed to preceptors for review, with no patient identifiers. THREE total must be reviewed, considered satisfactory and signed to pass the SOAP note requirement.

Students will receive their Mid-Point and Final ITER via One45. Students will forward notice for evaluation to the preceptor and request discussion and One 45 on line completion by **June 9th (mid-point) and July 9th, 2021 (final)**. Both ITERs must be completed to pass, the final satisfactory.

Evaluation Documents

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

* Indicates a mandatory response

MDCN 430: FAMILY MEDICINE CLINICAL EXPERIENCE PRECEPTOR ASSESSMENT OF STUDENT - MIDPOINT

This Preceptor's evaluation is an important assessment of developing clinical skills, including professional attitude and behaviour.

For the above student, please provide a rating for each of the items listed below. Please select only one rating for each item. There is space for comments. (Please focus on the student's strengths and areas requiring attention.) "5" is for truly outstanding only.

	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
*The student acted in a professional manner .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The student was prepared to participate in sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes
*The student attended all clinical sessions.	<input type="radio"/>	<input type="radio"/>
*The student satisfactorily completed two SOAP notes. (sufficient detail, sufficient organization, sufficient number)	<input type="radio"/>	<input type="radio"/>

If no, (insufficient detail, insufficient organization, insufficient number or other) please provide explanation below.

	No	Yes
*Do you have any concerns regarding this student?	<input type="radio"/>	<input type="radio"/>

If yes, provide comments below:

ADDITIONAL COMMENTS:

(e.g. negligent in communication with Dr.; rude to patients)

(e.g. outstanding communication with Dr.; superb demeanor with patients)

(e.g. did not complete care plans on time; consistently showed up late)

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

* Indicates a mandatory response

MDCN 430: FAMILY MEDICINE CLINICAL EXPERIENCE PRECEPTOR ASSESSMENT OF STUDENT - FINAL

This Preceptor's evaluation is an important assessment of developing clinical skills, including professional attitude and behaviour.

For the above student, please provide a rating for each of the items listed below. Please select only one rating for each item. There is space for comments. (Please focus on the student's strengths and areas requiring attention.) "5" is for truly outstanding only.

	1 Strongly Disagree	2 Disagree	3 Undecided	4 Agree	5 Strongly Agree
*The student acted in a professional manner .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
*The student was prepared to participate in sessions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	No	Yes
*The student attended all clinical sessions.	<input type="radio"/>	<input type="radio"/>
*The student satisfactorily completed three SOAP notes. (sufficient detail, sufficient organization, sufficient number)	<input type="radio"/>	<input type="radio"/>

If no, (insufficient detail, insufficient organization, insufficient number or other) please provide explanation below.

	No	Yes
*Do you have any concerns regarding this student?	<input type="radio"/>	<input type="radio"/>

If yes, provide comments below:

	Unsatisfactory	Satisfactory
* OVERALL EVALUATION:	<input type="radio"/>	<input type="radio"/>

ADDITIONAL COMMENTS:

(e.g. negligent in communication with Dr.; rude to patients)

SOAP Note

Subjective What the patient says or feels. Try to organize by issue. If you have some possible diagnosis in mind, ask and include relevant, pertinent, negative, or positive information. Include any relevant patient context issues.

Objective What you notice. Include observations even if you may not have touched or physically examined the patient. Include relevant lab or DI findings, if available.

Assessment What your diagnosis is or multiple diagnosis. If unsure, include differential, most likely, diagnosis first.

Plan What you plan to do? When to come back? Any prevention activities?

Roles & Responsibilities

Practical Information Students and Preceptors

Pre-Clinic

- Contact/email preceptors to confirm dates and times.
- Confirm expectations: Participation with guidance.
- *Ensure start time allows for clinic orientation and preceptor discussion prior to first patient.*
- Confirm completion of 3 SOAP notes with preceptor review over the course.
 - 1 after session one mid-ITER and 2 more by final -ITER.
- Students must ask for SOAP note review, if not offered. SOAP notes must be completed and reviewed to pass.

In Clinic Orientation prior to seeing patients

- Staff or preceptor to show you around.
- Discuss responsibilities and CLARIFY how to work with preceptor.
 - Discuss/read about patient ahead of time?
 - How long to take a history?
 - When to connect with preceptor for examination and discussion?
 - You may take histories independently if agreeable to preceptor and patient.
 - All students are supervised (preceptor, resident or nurse) when examining patients or doing procedures.
 - If you work with a resident and a preceptor, confirm expectations re history taking and examination with guidance remain the same. *Resident presence should add value to the learning experience, that is, not change student encounters to primarily shadowing.*
 - Clarify how best to use your time if there is unscheduled time between patients.
 - Access the chart to read up about the next patient.
 - Complete a SOAP note.
 - Research a topic.
 - Ask to see patients with another physician colleague or PMH team member.
 - Discussion about any topic in family medicine.
- Advise course work and physical exam skills completed. See patients for conditions studied?

Completed

Course 1 Blood and GI
Course 2 MSK and Skin
Course 3 CV resp (limited)
Ethics, Pop/Global Health
Communication

Not Completed

Course 4 Renal/Endocrine
Course 5 Neuroscience/aging/senses eye/ENT
Course 6 Children and Women's Health
Course 7 Psychiatry

In Clinic Patient Care

- ALWAYS introduce yourself by name and advise you are a 2nd year medical student working with Dr X.
- If you are called Doctor advise your *medical training is not yet completed, you are a medical student and cannot give independent advice.*
- If asked to do something for which you are not trained or not confident to do advise “*I haven’t yet learnt how to do this. Can you do this with me so I can learn as we go?*”
- Sometimes you may have to observe (busy clinic, insufficient skills).
- If observing within a visit, pick a particular item to observe.
 - How did the preceptor bring up or respond to a sensitive topic?
 - During a periodic exam or “annual physical” how did the preceptor include family history or prevention or screening topics?
 - If practical, ask the preceptor to think out loud to help you understand clinical reasoning and include you in discussions with patients.
- Complete 1 -2 SOAP notes per clinic. Total 3 over the course.
 - Pay particular attention to developing an assessment and plan.
 - Ask preceptor to review SOAP note and your clinical reasoning to refine assessment and plans.
- Some preceptors may teach how to present a patient history. This is a valuable skill to learn but is not a course requirement.

Evaluation Mid and Final Clinic

- Review and sign 1 SOAP note, fill in mid ITER on line after 1st clinic.
- Review and sign 2 further SOAP notes by final clinic. Complete Final ITER on line after final clinic.

Questions/Comments/Contacts:

	Name	Email
Course Chair:	Dr. Joyce Chu	jlchu@ucalgary.ca
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