



LOMA LINDA UNIVERSITY

School of Medicine

Family Medicine
Clerkship Syllabus
2023-2024

Revised: 01/05/24

MISSION STATEMENT

LOMA LINDA UNIVERSITY DEPARTMENT OF FAMILY MEDICINE

The mission of the Loma Linda University Department of Family Medicine is to further the ideals of Family Medicine through education, research and service.

We are committed to the education of physicians in the principles and practice of Family Medicine in a spiritually aware context, and to our own practice of Family Medicine in the service of education, caring for patients in a way that:

is competent, compassionate, comprehensive and continuous.

includes the whole family, both as individuals and as a system.

includes the whole person- -physical, emotional, relational and spiritual, as understood within their family and community context.

is affordable and accessible.

is respectful of persons in their God-given individuality, autonomy and infinite value.

is attentive to and respectful of the values of differing cultures, faiths and communities.

gives attention to healthful living and prevention of disease.

To achieve this mission we are committed to:

our specialty - to add to its body of knowledge and further its status by participating in research.

our local community - to serve its health care needs.

our university - to support its mission and to increase awareness and understanding of the specialty of Family Medicine.

our employees - to treat them with fairness, honesty and respect.

our patients - to care for them in a way that meets the high standards of the ideals of our specialty.

our students and residents - to achieve excellence in the quality of education and training that we provide, and to treat them with respect as junior colleagues, honoring their human as well as intellectual needs.

our families - to fulfill our roles and duties.

ourselves - to our own growth toward health and wholeness.

God - as stewards of the resources entrusted to our care.

We are so excited to introduce you to the field of Family Medicine! Our hope during your rotation is that you experience the full breadth and unique opportunities that family medicine has to serve in all types of communities. It can be a rewarding career with great variety and meaningful patient-provider relationships with all ages. We hope this clerkship makes a positive impact on you no matter what career in medicine you choose and we pray that God continues to guide you throughout your journey.



Jordan Kattenhorn, M.D.
Director of Medical Student Education
Department of Family Medicine

INTRODUCTION TO FAMILY MEDICINE:

“Family medicine is an essential component of the primary care infrastructure of the US health care delivery system. This primary care specialty provides first contact, ongoing, and preventive care to all patients regardless of age, gender, culture, care setting, or type of problem. Family medicine clinical experiences allow students to understand how context influences the diagnostic process and management decisions. Students learn the fundamentals of an approach to the evaluation and management of frequently occurring, complex, concurrent, and ill-defined problems across a wide variety of acute and chronic presentations.” – *STFM, Society of Teachers of Family Medicine*

The 6-week Family Medicine Rotation outline:

- Dedicated outpatient family medicine clinic at our various sites.
- Subspecialty experience: Geriatrics, Urgent Care, Lifestyle, PM&R, Sports Medicine and others. *This will be incorporated differently depending on your clinic site.*
- Didactics, workshops, quizzes weekly
- Assignments
- OSCE and NBME

University Sponsorship

Loma Linda University School of Medicine, Department of Family Medicine schedules students to participate in the clerkship. Faculty periodically visits the clerkship sites for the purpose of site evaluation. The Clerkship Director, Jordan Kattenhorn, MD, and the Medical Student Education Coordinator, Kris Sutton are available to answer questions.

Jordan Kattenhorn, MD

Director of Medical Student Education
909-558-4970
Ext. 14970
jkattenhorn@llu.edu

Nancy Baez

Coordinator-Medical Student Education
Address: 25455 Barton Rd, Ste 209-B, Loma Linda, CA 92354
Tele: 909-558-6508
Fax: 909-558-6701
Ext. 66508
nbaez@llu.edu

LEARNING GOALS AND OBJECTIVES:

Listed below are the core student learning objectives for the Family Medicine clerkship along with what competencies they cover and how we plan to evaluate successful completion of the objectives.

Competency Covered	FM Clerkship Core Goals/Objectives	Primary Means of Evaluation
<ul style="list-style-type: none"> - Patient Care - Interpersonal & Communication Skills - Practice based learning and Improvement - Whole Person Care 	Students will understand the core principles of Family Medicine which are not limited to but include: comprehensive care, continuity of care, coordination of care, and compassionate care.	Evaluations Didactics
<ul style="list-style-type: none"> - Patient Care - Practice based learning and Improvement 	Students will understand the application of coordination of care and in different models such as a patient centered medical home.	Evaluations Didactics
<ul style="list-style-type: none"> - Patient Care - Practice-based learning and Improvement 	Students will understand the different methods of delivery of care in family medicine not limited to but including: in-person visits, telemedicine, and in-basket management.	Didactics Evaluations
<ul style="list-style-type: none"> - Patient Care - Practice-based learning and Improvement 	Students will understand the many personal and systemic barriers to good health care which are not limited to but include: lack of insurance, socioeconomic status, language and cultural barriers, and geographic barriers.	Evaluations Didactics
<ul style="list-style-type: none"> - Patient Care - Medical Knowledge 	Students will demonstrate the ability to gather information, formulate differential diagnosis, and create plans for common acute presentations in the clinic setting.	Evaluations OSCE
<ul style="list-style-type: none"> - Patient Care - Medical Knowledge 	Students will demonstrate good medical knowledge in chronic disease management for common conditions like diabetes, hypertension, and hyperlipidemia.	Evaluations OSCE NBME
<ul style="list-style-type: none"> - Patient Care - Medical Knowledge 	Students will demonstrate ability to evaluate various musculoskeletal complaints by performing appropriate physical exam maneuvers and develop appropriate assessments and plans.	Evaluations Quizzes OSCE

- Patient Care - Medical Knowledge	Students will demonstrate ability to assess and treat psychosocial problems such as depression and anxiety, and screen for substance abuse and domestic violence in patients presenting with other problems.	Evaluations Quizzes
- Patient Care	Students will identify and provide appropriate components of preventive care in adults.	Evaluations Quizzes OSCE NBME
- Medical Knowledge - Patient Care	Students will incorporate the basic sciences into patient's clinical care such as pharmacology, microbiology, and anatomy.	Evaluations Quizzes NBME
- Patient Care	Students will demonstrate ability to write clinic notes in a thorough, but efficient manner.	Evaluations OSCE H&P assignment
- Interpersonal & Communication Skills - Professionalism	Students will demonstrate ability to be a team player and work well within a team in the clinic setting.	Evaluations
- Practice-based learning and Improvement	Student will demonstrate ability to use evidence-based medicine to determine effective and cost-efficient treatments in the clinic setting.	Evaluations
- Whole Person Care - Professionalism	Students will apply principles of whole person care and ethical decision making, including end of life decision making in the patient care environment.	Evaluations

Session objectives and topic specific objectives - **Refer to canvas*

ROLES OF THE PRECEPTOR AND STUDENT

The clinical component of each Family Medicine Clerkship site is a little different. This is due to the personalities of the student and preceptor, the patient population, and practice setting of the preceptor or residency. In each case, we expect the student to learn the basics of Family Medicine as outlined in this handbook.

Family Medicine preceptors are doing two jobs at once: providing comprehensive care to their patients and teaching the content and approach of family medicine to the junior student. The student also in a sense has two tasks: to learn about family medicine by participating in patient care and to show respect and appreciation to the preceptor and his staff. These jobs can generally be best accomplished by following these guidelines:

- On the first day of the clinical clerkship, the student and the preceptor/site coordinator should meet to clarify the expectations which apply to the office or other settings. This will include office hours, other activities of the preceptor in which the student will participate, and explanation of office routines.
- It is our intention that the student get as much "hands-on" experience as possible. We anticipate that for the first day, the student will observe the preceptors' style of working with patients. Then going forward the student will see patients alone and report to the preceptor and complete the patient visit jointly with the preceptor. We anticipate that students will participate in taking histories and doing physical examinations, as well as participating in procedures (only under direct supervision of the preceptor). We realize the "hands-on" experience can be more challenging with telemedicine visits, but our hope is each student will put in every effort to be actively involved.
- Students are expected to write progress notes in a SOAP format, ideally two notes each half day (using electronic medical records if available). Have your preceptor review your SOAP notes to improve your ability.
- Students should ask their preceptor to observe at least one part of their physical exam to see if they have developed a good technique.
- If a student is unable to be present for any days with the preceptor, he/she must communicate with **both** the preceptor/site coordinator and the clerkship coordinator. Predictable absences must be cleared 4 weeks in advance by contacting the clerkship coordinator.
- If any problems arise, the parties directly involved should address them immediately. If difficulties persist, the student or preceptor should contact the Clerkship Director.

PROCEDURES AND SUPERVISION REQUIRED WHILE ROTATING ON FAMILY MEDICINE (Junior Clerkship, Urgent Care, and Sub-Internship (possible procedure exposure highlighted below))

**Procedures should have supervision as described below and amount of involvement is at digression of supervising provider. Patient consent is required for any amount of student involvement.*

Low Risk Procedures		
	Venipuncture	Supervision by an RN, resident, or attending
	Peripheral IV line placement	Supervision by an RN, resident, or attending
	Phlebotomy	Supervision by an RN, resident, or attending
	Intramuscular injection	Supervision by an RN, resident, or attending
	Intradermal injection	Supervision by an RN, resident, or attending
	Wound dressing	Supervision by an RN, resident, or attending
Medium Risk Procedures		
	Cryotherapy	Supervision by senior resident or attending
	Biopsies	Supervision by senior resident or attending
	I&D	Supervision by senior resident or attending
	Toenail removal	Supervision by senior resident or attending
	Circumcision	Supervision by senior resident or attending
	Joint injections	Supervision by senior resident or attending
	Casts/Splints	Supervision by senior resident or attending
	Pap Smear	Supervision by senior resident or attending
	Minor Laceration Repair	Supervision by senior resident or attending
	Minor Manipulation (OMT)	Supervision by senior resident or attending
	NG Tube Placement	Supervision by senior resident or attending
	Male or Female Bladder Catherization	Supervision by senior resident or attending
	Arterial blood sampling	Supervision by senior resident or attending
High Risk Procedures		
	Endometrial Biopsy	Supervision by senior resident or attending
	Colposcopy	Supervision by senior resident or attending
	Skin Excisions	Supervision by senior resident or attending
	IUD insertion and Removal	Supervision by senior resident or attending
	Nexplanon insertion and removal	Supervision by senior resident or attending
	Sigmoidoscopy	Supervision by senior resident or attending
	Vasectomy	Supervision by senior resident or attending
	Paracentesis	Supervision by competent senior resident or attending
	Thoracentesis	Supervision by competent senior resident or attending
	Lumbar Puncture	Supervision by competent senior resident or attending

	Central Line Placement	Supervision by competent senior resident or attending
	Arterial Line Placement	Supervision by competent senior resident or attending
	Endotracheal Intubation	Supervision by an attending

STUDENT RESPONSIBILITIES FOR THE CLERKSHIP:

Smart Goal

Each student should create SMART goals at the beginning of the rotation and submit through Canvas. This will be discussed with clerkship director at mid-point of rotation.

Weekly learning material

Students are given a ½ day per week to review the required learning material for each week.

Students are to utilize this time well to master the material and be prepared for the quizzes. Listed below are the topics covered.

- Intro to Family Medicine
- Adult Health Maintenance
- Well child visit
- Physiology of Aging Adult
- Lifestyle medicine
- Dermatology
- Musculoskeletal
- Hypertension
- Hyperlipidemia
- Heart Failure
- Peripheral Edema
- Coronary Artery Disease
- Arrhythmia
- Preoperative Cardiac Evaluation
- Diabetes
- Thyroid disorders
- Approach to Abdominal pain
- GERD / PUD
- IBS / IBD
- Lower tract GI disease
- Asthma / COPD
- Sleep apnea
- Chronic kidney disease
- Hematuria / kidney stones
- Sexually transmitted diseases
- Vaginitis
- Urinary tract infection
- Upper respiratory infections
- CVA / TIA
- Neuropathy
- Headache
- Dizziness
- Osteoporosis
- Dementia
- Geriatric Assessment
- Community Based Care
- Polypharmacy
- Depression / Anxiety
- Insomnia
- Intimate Partner violence
- Chronic Pain management
- EDD/PTL/FMLA
- Ophthalmology
- Otolaryngology
- BPH, erectile dysfunction, acute scrotum
- OB care
- Contraception
- Vulvovaginitis
- Amenorrhea and AUB
- Dysmenorrhea and chronic pelvic pain

Lectures / Workshops

Students are expected to actively participate in the Friday learning sessions to pass the clerkship. These learning sessions will consist of interactive lectures/workshops by residents and faculty.

All off-site students will either have the workshop at their site, participate through zoom, or will have the opportunity to view lectures in other formats (PP, video, etc) to prepare for the OSCE, quizzes, and NBME. These will be posted in Canvas. Students should be given the time to participate in these activities.

- Family Medicine triage workshop
- Musculoskeletal workshop
- Radiology workshop
- Addictions workshop
- Journal Club
- Palliative Pain / Ethics workshop
- Sexual Health Workshop
- Ultrasound workshop

Daily Log

Students are required to fill out a daily log for attendance and to assess overall involvement during their rotation. We also use this log to acquire feedback on the various experiences – lectures, specialty sites, etc.

H&P Assignment

Students are required to have one of their H&Ps evaluated by a provider. This is graded based on completion and not on the item's scoring rubric. This is to be used as an opportunity to improve your note writing ability.

Predetermined Clinical Experiences

Students are required to see specific cases and accomplish specific skills as listed in table below. These experiences should be submitted throughout the rotation on Red book. If struggling to complete an item, please reach out to Dr. Kattenhorn. Makeup time might be required to complete all tasks.

Quizzes

Students will need to complete Quizzes throughout rotation. Refer to canvas for specific details of dates and content.

Aquifer Cases

Students will need to complete the radiology Aquifer cases as outlined in Canvas.

Preventive Medicine Assignments

Students will need to complete the materials associated with the Preventive Medicine Motivational Interviewing (MI) & Tobacco Dependence Workshop as outlined in canvas.

Students will need to complete the Lifestyle & Preventive Medicine Case as outlined in Canvas.

Center to Advance Palliative Care modules

Palliative care is an essential skill that should be incorporated into every field of medicine. For this clerkship, we are focusing on palliative pain management. We are requiring specific modules to be completed along with engagement in Ethics/Pain workshop.

Ultrasound Modules

Students are required to complete the following modules (AAA screening and Thyroid) on <https://www.pocus101.com/> (Links to an external site.)

You will receive a certificate at the end of the module. Submit those certificates on canvas AND bring to the workshop.

Journal Club

Students are required to participate in the Journal club lecture.

OSCE (Objective Structured Clinical Examination)

During the 5th week of the Family Medicine clerkship OSCEs are scheduled. The two cases cover Diabetes, & Joint Injury.

NBME Subject Exam

Students are required to take the Family Medicine Subject Exam on the final Friday of the rotation.

Mid Rotation and Final Preceptor Evaluation

A mid rotation evaluation and final clinical performance evaluation is required for each student. No marginal assessments can be present on the evaluation for student to successfully pass the clerkship. Please submit on MedHub.

You will also have a mid-rotation evaluation with the clerkship director Dr. Kattenhorn half-way through the rotation.

Clerkship Evaluation, MSK survey, and Lecture Evals

We in the Department of Family Medicine are continually seeking improvements to our program. Therefore, we ask each student to evaluate his/her preceptor, the Friday teaching sessions, and the overall clerkship. Comments are important and appreciated. You will find this on Canvas.

Exit Interviews

Conducted by Dr. Kattenhorn during the final week of the rotation.

Predetermined Clinical Experiences

CR – Clinical Reasoning. Hx – History/Data collection. PE – Physical Exam. Clinical Setting: I – Inpatient, O- Outpatient

Table 6.2-1 Required Clinical Experiences					
For each required clinical clerkship or clinical discipline within a longitudinal integrated clerkship, list and describe each patient type/clinical condition and required procedure/skill that medical students are required to encounter, along with the corresponding clinical setting and level of student responsibility.					
Clerkship/Clinical Discipline	Patient Type/Clinical Condition	Procedures/Skills	Clinical Setting	Level of Student Responsibility*	Alternatives
Family Medicine	Adult Physical	CR, Hx, PE	O	Perform	None
Family Medicine	Hypertension	CR, Hx, PE	O	Perform	None
Family Medicine	Diabetes Type II	CR, Hx, PE	O	Perform	None
Family Medicine	Hyperlipidemia	CR, Hx, PE	O	Perform	None
Family Medicine	MSK complaint	CR, Hx, PE	O	Perform	None
Family Medicine	Obstructive airway disease (asthma/COPD)	CR, Hx, PE	O	Participate	None
Family Medicine	Skin complaint	CR, Hx, PE	O	Participate	None
Family Medicine	Headache	CR, Hx, PE	O	Participate	None
Family Medicine	Abdominal pain	CR, Hx, PE	O	Participate	None
Family Medicine	URI	CR, Hx, PE	O	Participate	None
Family Medicine	Birth Control	CR, Hx, PE	O	Participate	None
Family Medicine	UTI	CR, Hx, PE	O	Participate	None
Family Medicine	Chronic pain	CR, Hx, PE	O	Participate	None
Family Medicine	Thyroid Disorder	CR, Hx, PE	O	Participate	None
Family Medicine	Obesity Treatment	CR, Hx, PE	O	Participate	None
Family Medicine	STI Screen	CR, Hx, PE	O	Participate	None
Family Medicine	Geriatric ADL/IADL	CR, Hx, PE	O	Participate	None
Family Medicine	Controlled Substance (opioid, etc)	CR, Hx, PE	O	Participate	None
Family Medicine	Weight loss counseling	Weight loss counseling	O	Participate	None
Family Medicine	Smoking cessation counseling	Smoking cessation counseling	O	Participate	None
Family Medicine	Medication use and side effect counseling	CR	O	Perform	None
Family Medicine	Clinical office procedures	Clinical office procedures	O	Observe or Participate	None
Family Medicine	Journal Club			Participate	None
Family Medicine	Ethics workshop			Participate	None
Family Medicine	Patient Order Entry/Daily Orders			Perform	None
Family Medicine	Participate in telemedicine visit	CR, Hx	O	Participate	None

NBME EXAM

Questions: 90 questions

Time: 2 hours and 15 minutes

Content breakdown below as listed on NBME website:

Systems	
General Principles, Including Normal Age-Related Findings and Care of the Well Patient	5%–10%
Immune System	1%–5%
Blood & Lymphoreticular System	1%–5%
Behavioral Health	5%–10%
Nervous System & Special Senses	1%–5%
Skin & Subcutaneous Tissue	3%–7%
Musculoskeletal System (% increases with the addition of the Musculoskeletal module)	5%–10%
Cardiovascular System	5%–10%
Respiratory System	5%–10%
Gastrointestinal System	5%–10%
Renal & Urinary System	1%–5%
Pregnancy, Childbirth, & the Puerperium	1%–5%
Female Reproductive System & Breast	1%–5%

Male Reproductive System	1%–5%
Endocrine System	5%–10%
Multi-system Processes & Disorders	1%–5%
Biostatistics, Epidemiology/Population Health, & Interpretation of the Medical Lit	1%–5%
Social Sciences (communication skills, medical ethics, systems based practice)	5%–10%
Physician Task	
Health Maintenance, Prevention & Surveillance	20%–25%
Diagnosis, including Foundational Science Concepts	40%–50%
Pharmacotherapy, Intervention & Management	25%–30%
Site of Care	
Ambulatory	100%
Patient Age	
Birth to 17	15%–20%
18 to 65	55%–65%
66 and older	15%–20%

This exam is hard to study for. Family Medicine is broad and there is not one complete resource for students. Therefore, students will need multiple resources to cover the breadth of material well.

Overall, we recommend students do the following:

- 1) Review the things seen in clinic each day with resources like Uptodate, Dynamed, and AAFP articles (<https://www.aafp.org/afp/topicModules/viewAll.htm> (Links to an external site.)).
- 2) Study the assigned readings/materials for the quizzes using the objectives as your guide
- 3) Review Case Files. Would review entire book if able, otherwise would focus on topics not covered in lectures/workshops

4) Do questions

- Uworld - always helpful
- Amboss – great resource with good summaries and practice questions
- AAFP questions through AAFP app - these questions are for residents/attendings studying for the Family Medicine Board exam. Some will be out of scope, but a great bank of questions for core topics. Create student account for free. Can take a few days for account to activate, so do it early.
- NBME Subject Exam Outline and Sample Questions - recognize that certain guidelines might not be up to date.

OSCE

Dates: This will occur the Friday of the 5th week of your rotation. Exact times will be sent by email or canvas announcement.

Location: Clinical skills Lab, Centennial Building, 2nd floor

OSCE details:

There will be **two** cases. Each lasting a total of 25 minutes. You will have 15 minutes in a visit with the patient and 10 minutes to complete the written portion of the exam. You will be graded on your communication skills, clinical skills, and the written portion.

1. **Diabetes** - Please review diabetes lecture.

History – 18 points. Collect relevant information including, but not limited to medication compliance, blood sugars, diet, exercise, ROS. Remember to include a gender inclusive introduction -- "Hi, I'm student Dr. _____. How would you like to be referred to?" or "What is your name?"

Physical exam – 6 points. Remember proper technique for exams. Remember foot exam is key.

Information sharing – 2 points. Spend time talking to the patient about the clinical relevance of the disease, compliance, appropriate diabetic health maintenance.

Post encounter note – 19 points. **This will be a full HPI, SOAP note format.** Specify each medical condition in a separate line. Specify if each of the patient's conditions are controlled or not controlled. Then add what your plan is for each. Remember to recommend follow up visit and labs. Remember diabetic health maintenance.

Standardized patient – 5 points. Patient will score you based on your communication skills

2. **Joint injury** - please review lecture material

History – 22-24 points. Focus on collecting relevant clinical information. 7 dimensions is a good start, but will need to ask specific questions to narrow down differential. Remember to include a gender inclusive introduction -- "Hi, I'm student Dr. _____. How would you like to be referred to?" or "What is your name?"

Physical exam – 11-12 points. Remember the physical exam that you were taught in lecture.

Information sharing – 8 points. Spend time consulting the patient about the clinical relevance of the disease, address their emotional status about the injury.

Post encounter note – 22-24 points. **This will be a full HPI.**

Standardized patient – 5 points. Patient will comment on your communication skills.

NOTE WRITING

Subjective: Anything that a patient says, either by volunteering it or in response to a question. Also, information provided by a parent, family member or other "patient rep".

Objective: Observations made by the clinician, including commentary on the patient's affect or interaction with clinician or others in room; physical examination; laboratory data; other diagnostic testing such as EKG, X-ray, pulmonary function tests, or pathology reports.

Assessment: Status of a problem (not just the name of the problem), including etiology and contributing factors, whether new or old, getting better or worse, in control or not.

Plan: What you want to do about each problem, including diagnostic testing, patient education, therapeutic interventions (can include diet, exercise, physical therapy, and referrals as well as medications), and follow-up arrangements.

EXAMPLE NOTE FOR FM:

S:

63 y.o F complains of 3 days of increased urinary frequency, dysuria, and urgency. Mild suprapubic pain. Denies back pain. No fevers, chills, nausea, vomiting. Denies frequent UTIs. Denies being sexually active, no history of STDs. No vaginal discharge, itching.

HTN – Lisinopril 20 mg daily, taking every day. Has been on for 3 years. Blood pressures ranging 120s/80s. Eats fast food frequently. Not exercising on regular basis. Denies chest pain, SOB, headaches, change in vision, feeling lightheaded/dizzy.

PMH: Hypertension

PSH: none

FH: Dad with hypertension

SH: Denies alcohol use, denies smoking. Divorced. Not sexually active.

ROS: (specifics not included d/t space)

O:

Ht 5'6"; Wt 183. T 98.5°F; P 92; R 16; BP 127/82.

Obese NF NAD. Heart – RRR, no murmurs.

Pulm – CTAB. No crackles or wheezing.

Abd - soft, non-tender; no masses or organomegaly; cholecystectomy scar. No CVT. Ext – no leg swelling.

Dip stick – moderate Leuk. +nitrite. Negative ketones. Negative blood. Negative glucose.

Negative protein

BMP – Cr 0.8

A/P:

UTI, uncomplicated – will send urine for culture. Start Macrobid 100mg BID for 5 days. Counselor about medication. Return/ED precautions discussed.

HTN, controlled – to cont lisinopril 20 mg daily. Educated on weight loss, improved diet, exercise. To cont to monitor BPs at home.

To return for annual exam

GRADING BREAKDOWN

The final clerkship grade is determined by the sum of achieved scores:

Medical Knowledge (40%)

- **NBME:** 25%
- **Quizzes** 15%

Clinical Performance (60%)

- **Clinical Evals** 25% (director to assign point values based on faculty evaluations which take into account narrative assessment in addition to numerical scoring)
- **OSCE** 20%
- **Supplemental Clinical: Integrated courses/clerkship choice:** 13% (*must have completed all radiology and requirements on time to receive honors*)
 - Radiology 4% - radiology aquifer cases
 - PrevMed 4% - prev med assignment
 - Clerkship choice 5% - CAPC modules completion, POCUS 101 completion, Assignments
 - Minimum One H&P reviewed by attending (P/F)
 - Minimum SMART Goal to be reviewed at mid-clerkship eval
 - Minimum one practice NBME per clerkship (NEPS requires two)--(paid for by school)
- **Professionalism:** 2% (late assignment(s) will affect the likelihood to receive distinction of honors/high pass)
 - Students are expected to be present at all assigned clinical assignments and complete all clerkship assignments by the due date and time as specified by the clerkship.
 - Breaches in professionalism will affect your ability to receive a clinical distinction including honors/high pass

Clerkship Assignments

- **Expectations:**
 - All clerkship assignments must be completed prior to the end of the clerkship to pass the clerkship
 - Complete and turn in all assignments on due date and time, as specified in the clerkship syllabus.
- **Consequences:**
 - If a student does not turn in an assignment by the due date and specified time, the student will not receive credit for the assignment and will still be required to hand it in according to the individual clerkship policy to pass the course. To

prevent disqualification from distinction for professionalism, students are expected to communicate with the clerkship within 72 hours of the assignment due date if an assignment is late.

- If there is more than one late assignment, this will result in an automatic disqualification for honors/high pass distinction for the clerkship.

*If the wrong assignment is uploaded/turned-in, when the student is notified of the error, they will be given the opportunity to turn in the correct assignment within 24 hours without repercussions.

Clinical Assignments

- Expectations:
 - Understand and follow the schedule as given by the clerkship and show up on time and ready to participate in clinical duties at the date and time assigned.
- Consequences:
 - Failure to show up and participate to all clinical assignments on time will result in a discussion with the clerkship director, a non-cognitive evaluation form, and removal of professionalism points which will disqualify the student for honors/high pass distinction.

*If the student has any issue being able to show up for their assignment or there is an issue with the clinical site (ie closed clinic, faculty is out sick, etc), they must reach out to the clerkship coordinator/director (clerkship will specify first point person during orientation) and ward team or faculty (ie the main person in charge of that clinical experience) in advance of the assignment to them know. If there is a significant urgent issue that kept the student from the assignment where they cannot reach out before (ie car accident), they should reach out as soon as they are able to do so.

*If there is an issue with your clinical assignment when you arrive on site, the student is to immediately reach out to the clerkship coordinator/director for further directions (by email or phone). A student should not choose to use this as free time unless otherwise directed by the coordinator. The student should proceed with self-study or if there is a specific plan laid out by clerkship during orientation they should follow that plan and await further word from coordinator/director.

**Clerkship-specific plan for Family Medicine: please reach out to coordinator immediately to be further directed.*

<u>Clinical Performance</u> (based on points from faculty evals)	<u>OSCE</u> 100 points possible	<u>Supplemental Clinical:</u> PrevMed Radiology Clerkship Choice Professionalism	<u>Clerkship Quizzes</u>	<u>Subject Exam</u> 100 points possible **Percentile compared to national average will be used for the grade, Not percent correct. -
25% - 2.5	20% - 2.0	15% - 1.5	15% - 1.5	25% - 2.5
≥ 80%(2.5)	≥ 85% (2.0)	≥ 95% (1.5)	≥ 90% (1.5)	>80% (2.5)
≥71 (2.0)	75-84% (1.5)	> 90% (1.0)	≥ 80% (1.0)	70-79% (1.75)
≥ 62%(1.5)	65-74% (1.0)	≥65% (0.5)	≥65% (0.5)	50-69% (1.25)
≥60% (1.0)	61-64% (0.5)	<65% (0)	<65% (0)	23-49% (0.75)
≥57%(0.5)	< 61% (0)			15-22% (0.5)
≤56% (0)				7-14% (0.25)
				<6% (0)

				<p>Must achieve Equated Percent Correct Score of 63 (not 63th percentile) to pass</p>
--	--	--	--	----------------------------------------------------------------------------------------------

8.5-10	Honors
7.25-8.4	High Pass
3-7.24	Pass
1.6-2.9	Marginal Pass
0-1.5	Fail

****Professionalism concern disqualifies consideration of honors/high pass**

Calculate your NBME percentile based on your equated score

Quarter 1: June, July, Aug

Quarter 2: Sep, Oct, Nov

Quarter 3: Dec, Jan, Feb

Quarter 4: March, April, May

Find your equated score on academic year norms --> go to column with quarter of when you took the exam (this is based on our academic schedule)

SUBJECT EXAMINATION PROGRAM

FAMILY MEDICINE MODULAR CORE EXAMINATION

2021-2022 ACADEMIC YEAR NORMS



Equated Percent Correct (EPC) Score Summary Statistics

	Academic Year	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Examinees	4,359	1,079	834	1,026	1,063
Mean	75.0	72.7	75.1	76.5	76.1
SD	7.6	7.5	7.4	7.3	7.7

Interpreting Academic Norms

- Norms are provided to aid in the interpretation of examinee performance.
- They make it possible to compare examinees' scores with the performance of a norm group.
- Norm group characteristics:
 - Examinees from LCME-accredited medical schools who took a form of this examination as an end-of-course or end-of-clerkship examination for the first time during the academic year from 8/1/2021 through 7/31/2022.

Quarterly Norms

- The percentile ranks for each quarter are defined using the school reported start date of the first rotation for this subject.
- Using the start date of the first rotation, examinees are assigned to the appropriate quarter based on the assumption that their test date would be at least four weeks later.
- For example, if a school's start date for the first rotation is March, then the performance of examinees from that school that tested in April, May or June would be represented in the first quarter.
- Since quarterly norms are based only on schools that supplied the start date of the first rotation for this subject, the number of examinees reported across quarters may not add up to the total norm group for the academic year.

Using the Table

- Locate an examinee's score in the column labeled "EPC" and note the entry in the adjacent column for the academic year or quarterly testing period of interest. This number indicates the percentage of examinees that scored at or below the examinee's equated percent correct score.

EPC	Acad. Year	Percentile Ranks			
		Q1	Q2	Q3	Q4
100	100	100	100	100	100
99	100	100	100	100	100
98	100	100	100	100	100
97	100	100	100	100	100
96	100	100	100	100	100
95	100	100	100	100	100
94	100	100	100	100	100
93	100	100	100	100	100
92	100	100	100	100	100
91	100	100	100	100	99
90	99	100	99	99	99
89	99	100	99	99	98
88	98	99	98	97	97
87	96	98	97	95	95
86	94	97	95	92	92
85	93	97	94	90	90
84	90	95	90	86	86
83	87	93	88	84	83
82	84	91	85	78	79
81	79	89	80	73	74
80	74	85	75	66	69
79	71	82	72	63	65
78	66	78	65	59	60
77	61	74	58	53	55
76	56	69	55	50	50
75	50	63	49	42	44
74	44	56	43	37	38
73	40	53	39	33	35
72	36	48	34	29	33
71	31	41	29	24	28
70	28	37	27	21	24
69	22	31	22	17	17
68	18	26	18	14	14
67	15	22	15	10	10
66	14	21	14	9	10
65	12	18	12	8	9
64	9	14	10	5	7
63	7	11	6	4	6
62	6	9	5	3	5
61	5	8	4	3	5
60	4	7	3	2	4
59	3	5	3	2	2
58	2	4	2	2	2
57	2	2	1	1	2
56	1	2	1	1	1
55	1	2	1	1	1
≤ 54	1	2	1	0	1

POLICIES

Learning Environment Survey

The following survey allows students to give anonymous feedback about any form of curriculum or the learning environment that does not promote diversity, equity and inclusion in real time. This will be used to inform action to improve curriculum.



Missed Time Policy

- Students who leave a clerkship early or miss time without prior approval by the Clerkship Director/coordinator should expect an adverse impact on their grade, which may culminate in an unsatisfactory grade.
- Students who miss 1 week of a 4 to 6 week clerkship or 2 weeks of an 8 to 10 week clerkship, must repeat the entire clerkship, regardless of the reason. Students may not split rotations into non-consecutive blocks.
- Sick days are only to be used if you are ill.
- The first day you are ill, you will not have to make up more time. If you miss more than one day, you will have to make up those days 1:1.
- If you call out sick for more than 1 day, you must have a note to come back to work, "cleared for duty."
- Mental Health crisis – ***Must*** make appointment to meet with one of the following, PCP, Therapist, Physician Wellness, Life Community Mentor, Clerkship/Associate Clerkship Director, or one of the deans. You must include the Associate Dean for Clinical Education in a Request for Mental Day off.

Work Policy

Loma Linda University School of Medicine recognizes the importance of balance and wholeness in student's lives. It is also imperative that students gain valuable clinical experience, which includes caring for patients during night and weekend hours. In addition to the educational value of caring for patients in these hours, it is also essential that students develop professionalism and altruism in learning to put patients' needs ahead of their own. Part of professionalism is for students to develop personal habits (work, study, rest, etc.) that allow them to present themselves for duty prepared to learn and care for patients.

Student safety is of the utmost importance. Students who are too tired to drive home after working will be allowed to use a call room in the hospital to rest until they believe they are safe to drive home.

Policy

In general, students should not work more than interns and residents.

Therefore, the residency work hour limitations will also apply to students as follows:

1. Students will not work more than 80 hours per week.
2. Students will have one day in seven off, when averaged over four weeks.
3. Students will be held to the limitation of 24 hours maximum work shift, with an additional 4 hours allowed for handoff of care and educational activities.
4. Students should have 8 hours free of duty between work shifts.
5. After a 24-hour shift, students should have 14 hours free of duty.

Work hours activities include patient care and all required educational activities. Studying, reading and academic preparation do not count towards the work hour maximums. Travel time to rotations does not count as work hour.

Students are permitted to miss class activities in order to access health services for medical or counseling appointments. Students who need to schedule an appointment during a required activity other than an examination should inform the course director of their pending medical appointment and ask to be excused. Students are not required to disclose the reason for the appointment. If a student is not given permission to attend their appointment, they should contact the office of the Associate Dean for Student Affairs. The student may be required to make up missed educational assignments. Students should not schedule medical or counseling appointments that would cause them to miss an examination except in situations of illness or emergency. In such cases they must follow the procedure for obtaining an excuse to miss the exam from the Office of the Senior Associate Dean for Medical Student Education. This procedure is contained in the Examination Policy in the School of Medicine section of the LLU Student Handbook.



LOMA LINDA UNIVERSITY

| School of Medicine

OPERATING POLICY

GUIDELINES FOR MEDICAL STUDENT SUPERVISION DURING PATIENT CARE EXPERIENCES

CATEGORY:

COORDINATOR: Dr. Kevin Codorniz

Governing Policy:

Related Entity Specific Policy:

The school of medicine curriculum committee has adopted the following guidelines for medical student supervision.

1. Course/clerkship directors and department designee are responsible for ensuring student and patient safety during patient care activities.
2. Course and clerkship directors and department designee must inform students of the expectations for their participation and supervision in patient care.
3. Course/clerkship directors and department designee are responsible for assigning students to designated faculty and resident supervisors for all patient care experiences and for ensuring that faculty, residents, and students are notified of these assignments.
4. Medical students on duty for patient care activities must be directly supervised by qualified faculty and/or resident physicians at all times. Direct supervision implies a physician is either physically present with a student or is on duty and rapidly available to provide personal supervision.
5. Students on duty must have rapid and reliable systems for communicating with their supervising faculty and resident physicians.

APPROVED BY Academic Affairs: April 2023

6. The degree of direct supervision shall vary according to the clinical task and status of each patient, and be commensurate with each student's level of training, education and clinical experience.
7. Supervision should foster progressive responsibility and provide opportunities for students to demonstrate increasing independence when appropriate.
8. Course/clerkship directors and department designee are responsible for determining the types of patient interactions and the clinical procedures that medical students can perform during patient care experiences and the levels of direct supervision required for these interactions and procedures. Clerkship directors will provide faculty, resident physicians and students with a list of the types of patient interactions and the clinical procedures that students may perform and the level of direct supervision required for each of them.
9. Course/clerkship directors and department designee will stratify the types of student-patient interactions and clinical procedures that may be performed by medical students according to the potential risk incurred by the student and patient. The level of supervision required for each procedure must be adequate and appropriate for the potential level of risk.
10. Course/clerkship directors or departmental designee are responsible for providing the list of procedures allowed by medical students to faculty physicians, resident physicians, and the students on each clinical service.
11. A supervising physician may delegate some medical student teaching and supervising responsibilities to non-physician care providers after ensuring the non-physician providers are appropriately credentialed and working within the scope of their practice.
12. Physician supervisors should provide students with proximate and constructive feedback related to problem areas that are encountered during direct patient care experiences.
13. Students should immediately report any deviation from this policy, or concern regarding inadequate supervision to one of the following entities: Clerkship director, Associate Dean for Clinical Education, Faculty LIFE Community Mentor or the Office of Medical Education. Students from the Regional Campuses may also report to the Assistant Dean for Regional Campuses, or to the assistant clerkship director or Assistant Dean at their regional campus.

Expected Level of Supervision based on Student Level of Training and Experience (may be adapted by each clerkship based upon type of interaction and level of student experience):

1. Pre-clinical students must be supervised during all patient-care interactions. Residents or attending physicians should be either physically present or in the near proximity and rapidly available. (level two as defined below)
2. Pre-clinical students may observe or participate in procedures with close direct supervision at all times. (level one as defined below)
3. Third-year clinical students may complete history and physical examinations, place orders in the electronic medical record and participate in minor procedures (iv, venipuncture, foley placement) under supervision that is determined by past experience with the skills being utilized. As all third-year students will have completed history and physical examinations they may do these under level three supervision (as defined below). The first time a student does a procedure level one supervision is expected. Subsequently level two to three supervision is expected determined by the experience of the student and risk of the procedure.
4. Fourth-year clinical students may complete history and physical examinations and perform the procedures signed off in their skills books under level three supervision. Which level applies is ultimately determined by the experience of the student and risk of the skill being performed.

Defined Levels of direct supervision:

1. Level one - Supervision by a resident or attending physician is physical presence with the student during the patient interaction / procedure.
2. Level two – Supervision by a resident or attending physician is within the immediate vicinity of the patient interaction / procedure.
3. Level three – Supervision by a resident or attending physician is on duty and rapidly available to provide assistance or answer questions.

APPROVED BY SMEC: 8/14/2015
REPLACE ____

REVIEWED BY:

PG. 2

INFORMATION FOR 4TH YEAR

ELECTIVES

Are you looking for a Family Medicine elective option?

(Space limited & based on availability)

Contact Nancy Baez - Email: nbaez@llu.edu

Other Family Medicine locations you have in mind may be considered with approval. Email Nancy Baez before submitting a liquid office application

- **Dr. John Torquato (Idaho):** The student must reach out and coordinate dates with Dr. Torquato, jtorquato1@gmail.com. Email Nancy Baez (CC' Dr. T) with the dates. The student is responsible for all costs acquired for this elective.
- **Kettering/Soin (Ohio):** Now offering *4-week* electives: Full Spectrum – Inpatient, OB, Newborn, Ambulatory Clinic & Rural Health (coming 2021). Housing available
- **LLU FM Clinic: Beaumont:** Located in the city of Beaumont
 - Jhanelle Dawes, MD
 - Joshua Perkins, MD
- **LLU FM Palliative Care:** You may reach out to Dawn Gordon, who will be able to tell you what is available. dpgordon@llu.edu
- **LLU FM Clinic: Professional Plaza:** Located in Loma Linda at East Campus, twin buildings facing the VA hospital
 - [Meet Our Providers - Primary Care | Loma Linda University Health \(llu.org\)Links to an external site.](#)
- **LLU FM Clinic: Redlands:** Located in Redlands on Redlands Blvd, East of Mountain View
 - Calvin Hagglov, MD
 - Yeon Lee, MD
 - Juna Tsao, MD
- **LLU FM Urgent Care:** Located in Redlands on Redlands Blvd, East of Mountain View, next to the Redlands clinic
 - Richard Kim, MD
 - Kyle Masi, PA
 - Julee Brice, PA
 - Cindy Lerch, PA
- **Rancho Medical:** This is a **case by case** with 4-week electives as their preference. Located in Temecula. Housing available
 - Dr. Im and Dr. Combs
- **SACH FM LLU Residency Clinic:** Located in San Bernardino
 - Time is spent with a mixture of available faculty and residents

- **Sports Medicine:** NO LONGER AVAILABLE. You may try VSAS Kaiser system.
Note: Kaiser dates will NOT correlate with our elective dates.
- **Electives also available through our partnered sites:** Glendale, White memorial, Arrowhead, RUHS
- **Dominican Hospital Santa Cruz Family Medicine Clerkship Morehouse School of Medicine**
 - [Rotation information](#) Download Rotation information

SUB-I Rotation in Family Medicine

Sub-I Coordinator: Kimberly Riggins, kriggins@llu.edu

FM Student Coordinator: Nancy Baez at nbaez@llu.edu or (909) 558-6508.

FM Student Director: Dr. Jordan Kattenhorn at jkattenhorn@llu.edu

FM Department Location: East Campus Professional Plaza, 25455 Barton Road, Building B, suite 209B. Loma Linda

Note: Kaiser is VSAS SYSTEM ONLY. Students must go to the website and apply.

1. **ARROWHEAD REGIONAL MEDICAL CENTER:**

- Onboarding paperwork/requirements will be required
- Letter of good standing (automatically sent by Dean's Office; if you have any questions, contact Rosalyn Hamilton at rshamilton@llu.edu)
- GME Office: MedStudents@armc.sbcounty.gov
 - Submit onboarding to the GME office
- Coordinator: Monica Brown, BrownMO@armc.sbcounty.gov
 - Your schedule will come from Monica. If you have not been contacted by Friday before, please email me ASAP

2. **ADVENT HEALTH FLORIDA HOSPITAL:**

- Housing available
- Florida will send you your onboarding
- Coordinators: Christine Joseph Christine.Joseph@AdventHealth.com , Rachel Smith rachel.smith@adventhealth.com

3. **ADVENT HEALTH GLENDALE HOSPITAL:**

- Housing available
- Onboarding paperwork/requirements will be required.

- Letter of good standing (automatically sent by Dean's Office; if you have any questions, contact Rosalyn Hamilton at rshamilton@llu.edu)
- Coordinator: Donald Sandoval SandovD01@ah.org

4. KETTERING(Soin), OHIO:

- Housing/Transportation available
- Onboarding paperwork/requirements will be required.
- Letter of good standing (automatically sent by Dean's Office; if you have any questions, contact Rosalyn Hamilton at rshamilton@llu.edu)
- Coordinator: Kathleen Mayer, Kathleen.Mayer@Ketteringhealth.org

5. LLUMC "EAST CAMPUS":

- No onboarding necessary
- Coordinator: Nancy Baez, nbaez@llu.edu

6. WHITE MEMORIAL HOSPITAL:

- Housing available
- Onboarding paperwork/requirements will be required
- Letter of good standing (automatically sent by Dean's Office; if you have any questions, contact Rosalyn Hamilton at rshamilton@llu.edu)
- Coordinator: Pattie Sandoval SandovP1@ah.org

Advisors

Jordan Kattenhorn, MD

Director of Medical Student Education

jkattenhorn@llu.edu

Daniel Reichert, MD

Chairman, Department of Family Medicine

Sara Halverson, MD

Associate Professor, Department of Family Medicine

FMIG

The Family Medicine Interest Group (FMIG) is a student organization which sponsors noon and evening programs throughout the school year with lunch or dinner provided, and speakers on topics such as “The Future of Family Medicine”, “Rural Medicine”, “How to Write a Personal Statement”, and various other topics. All students are welcome to attend meetings. Meeting times, topics and locations will be posted in and near the Student Lounge, Coleman Pavilion.

Each year, the FMIG sponsors a Family Medicine Residency Recruitment Fair in which many programs (both locally and out-of-state) participate, provide information, and answer questions on their residency program.

THE ORDELHEIDE AWARD

Named after the first chairperson of the Department of Family Medicine, the Ordelheide Award is presented annually at the Senior Banquet to two students who are entering a Family Practice residency and have demonstrated outstanding achievement, clinical excellence, and leadership in the specialty of Family Medicine. This consists of a certificate and a monetary award.