



**FAMILY MEDICINE CLERKSHIP
STUDENT MANUAL
AY 08 - 09**

USU Family Medicine Third-Year Clerkship Manual

I. Philosophy & Definitions

The USU Clerkship in Family Medicine is designed to provide you a solid background in the principles and practice family medicine, regardless of your future specialty choice

Our paramount goal is to prepare students to function effectively in the family medicine setting. The clerkship will initiate, foster and develop the knowledge, skills and attitudes that are essential to our medical specialty that performs continuing, comprehensive, compassionate and personal care provided within the contexts of family and community.

The following definitions of family medicine and of a family physician, as adopted by the American Academy of Family Physicians, are offered:

- **Family Medicine:** Family medicine is the medical specialty which provides continuing and comprehensive health care for the individual and family. It is the specialty in breadth which integrates the biological, clinical, and behavioral sciences. The scope of family medicine encompasses all ages, both sexes, each organ system, and every disease entity. The specialty of family medicine is the result of the evolved and enhanced expression of general medical practice and is uniquely defined within the family context.
- **Family Physician:** The family physician is a physician who is educated and trained in family medicine -- a broadly encompassing medical specialty. Family physicians possess unique attitudes, skills, and knowledge which qualify them to provide continuing and comprehensive medical care, health maintenance and preventive services to each member of the family regardless of sex, age or type of problem, be it biological, behavioral, or social. These specialists, because of their background and interactions with the family, are best qualified to serve as each patient's advocate in all health-related matters, including the appropriate use of consultants, health services, and community resources.
- **Family Medicine Core Values:** Continuing, comprehensive, compassionate and personal care provided within the contexts of family and community.

These concepts will be presented during your clerkship by lecture and discussion, but primarily they will be role-modeled by the faculty at your clerkship site. We hope you will learn not only the discipline of family medicine, but also will make it an essential part of your practice in whatever specialty you choose.

II. Goals and Objectives

Upon successful completion of the Family Practice clerkship, each third-year medical student should possess an appropriate level of the knowledge, attitudes, and skills to accomplish the following curricular objectives.

A. MEDICAL AND POPULATION HEALTH KNOWLEDGE

FM Goal: To educate students to employ a Family Medicine approach to the diagnosis and management of the common problems seen in the clinical setting:

Objectives: Upon completion of this clerkship, a student will be able to:

- Demonstrate understanding of basic medical pathophysiology and principles of health and disease for the problems commonly encountered in a family medicine office.
- Demonstrate an investigative and analytic thinking approach to clinical encounters leading to the formulation of a differential diagnosis based on the history and physical exam for commonly encountered conditions.
- Reflect upon and discuss the complexity of providing longitudinal, comprehensive and integrated care for patients with common, chronic medical problems.

FM Goal: To assist a student in developing the knowledge needed to provide effective preventative health care and promote individual and population wellness:

Objectives: Upon completion of this clerkship, a student will be able to:

- Identify prevalent diseases, injuries and conditions in which prevention plays a role.
- Demonstrate basic knowledge of the complex factors involved in behavioral change.
- Define the characteristics of a good screening test.
- Recognize the impact of personal preferences and cultural diversity on health promotion and disease prevention at the individual and community level.

B. INTERPERSONAL AND COMMUNICATION SKILLS

FM Goal: To teach a student to effectively use interpersonal communication skills in doctor-patient relationships in the Family Medicine setting:

Objectives: Upon completion of this clerkship, the student will be able to:

- Create therapeutic and ethically sound relationships with patients and families utilizing a patient-centered approach.
- Demonstrate the ability to listen with attention and precision to their patients.
- Elicit a patient's concerns and treatment priorities as well as their contextual framework.
- Show respect for and utilize language suited to patients (regardless of gender, age, ethnicity or culture) when talking to and teaching patients.
- Demonstrate effective, respectful communication with other health care professionals and clinical faculty.
- Apply the principles of shared decision-making in the clinical setting.
- Effectively educate a patient on topics pertinent to their health care needs.

C. PATIENT CARE

FM Goal: To develop and improve a student's basic clinical skills which are essential to the practice of Family Medicine:

Objectives: Upon completion of this clerkship, the student will be able to:

- Perform a focused history and physical exam for a patient who presents with an acute complaint or for chronic disease management or for health promotion/disease prevention at a minimum covering all of the problems and diagnoses contained in Table 1.
- Generate a differential diagnosis and initial diagnostic and therapeutic strategy for common acute and chronic complaints that present to a family medicine office at a minimum covering all of the problems and diagnoses contained in Table 1.
- Assess a patient's management of his/her chronic disease(s) and employ a patient-centered approach to identify strategies to assist the patient in managing their illness.
- Present a patient's problem(s) in an orderly, thorough, and efficient manner.
- Record a complete and organized clinical note.

FM Goal: To teach a student to apply knowledge of the principles and applications of health promotion and disease prevention in the Family Medicine setting:

Upon completion of this clerkship, the student will be able to:

- Identify health risks in patients, families, and communities.
- Develop a preventative health plan, using recognized screening tools and guidelines, for male and female patients of any age
- Educate patients on preventative health care issues.

FM Goal: To develop students' knowledge and skills related to common medical office diagnostic studies and procedures practiced in the family physician's office:

Upon completion of this clerkship, the student will be able to:

- Describe the indications of common diagnostic studies and medical office procedures.
- Articulate the principles of informed consent for common office procedures.
- Perform common technical skills and office procedures under direct supervision.

D. PRACTICE-BASED LEARNING AND IMPROVEMENT

FM Goal: To develop in students the knowledge and skills required for both lifelong learning and the competent practice of Family Medicine:

Upon completion of this clerkship, the student will be able to:

- Develop an answerable clinical question from a patient encounter and utilize resources to answer that question.
- Access sources of information at the point of care, and interpret and use this data in real time.

- Demonstrate an understanding of the need to make basic diagnostic and treatment decisions that consider the limitations of clinical data.

E. PROFESSIONALISM AND OFFICERSHIP

FM Goal: To demonstrate the attitudes and skills required of a physician during a career of service to Family Medicine in the Uniformed Services:

Upon completion of this clerkship, the student will be able to:

- Describe the importance of maintaining continuing professional responsibility for a patient's and family's health care.
- Consistently show respect for patients' dignity and rights, including confidentiality.
- Demonstrate respect for patients whose lifestyles and values may be different from their own.
- Consistently show respect for health care professionals in all disciplines.
- Consistently display honesty and ethical behavior.
- Consistently demonstrate dependability by being punctual and reliable.

F. SYSTEM-BASED PRACTICE

FM Goal: To expose students to and increase their understanding of the practice of Family Medicine and the role of the family physician within the health care delivery system:

Upon completion of this clerkship, the student will be able to

- Describe the role of the family physician, not only as a coordinator of care, but also as a provider of continuing and comprehensive care.
- Discuss the various settings in which family physicians provide care and the integration of care that occurs across these settings (including military and operationally unique ones).
- Recognize the social, community, economic, and military factors that affect the patient's health, access to care, and treatment options.
- Advocate for quality patient care and assist patients in dealing with system complexities.

Table 1: Core Problems/Disease States

| Core problem/disease state |
|--|
| Acute Conditions <ul style="list-style-type: none">▪ Headache▪ Acute URI/pharyngitis/OM▪ Back pain▪ Joint pain▪ Sprains/strains▪ Menstrual disorder/vaginitis |
| Chronic Conditions <ul style="list-style-type: none">▪ Hypertension▪ Dyslipidemia▪ Diabetes▪ CHF/CAD/chest pain▪ Asthma/COPD▪ GERD/Dyspepsia▪ Obesity▪ Mood disorders▪ Substance abuse |
| Well/Preventative Care <ul style="list-style-type: none">▪ Well adult visit▪ Well child visit▪ Annual gynecology visit▪ Normal pregnancy |

Educational Methods:

The Objectives of the Clerkship are accomplished in three distinct phases. The first week of the rotation is spent at USUHS for a standardized block of small group workshops on a variety of subjects. The next five weeks of the rotation involve traveling to one of our *eleven* clinical sites. During this phase you will perform patient care, participate in the site's didactics and complete your required family study. The final phase is a return to USUHS for testing with the NBME shelf exam and a clinical skills exam at the SIM Center.

The following is an example of events at USUHS. *Attendance is mandatory.*

Family Medicine Clerkship Week 1
Sample Schedule

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--|--|--|---|
| <p>What is family medicine? <i>Williams</i> 0730-0800</p> <p>Rotation Orientation <i>Williams</i> 0800-0845</p> <p>Break 0845-0900</p> <p><i>Case of the Day</i> <i>Williams</i> 0900-0930</p> <p>Intro to Advocacy <i>Hanson & Williams</i> 0930-1000</p> <p>Break 1000-1015</p> <p>Informatics at the Point of Care + Intro to Online Course <i>Yew</i> 1015-1145</p> <p>Prevention of Cardiovascular Disease <i>Reamy</i> 1300-1500</p> | <p>Sports Medicine Workshops</p> <p>“Don’t Miss” Sports Medicine Injuries 0800-0850</p> <p>Injuries and Ailments of the Knee 0900-0950</p> <p>Knee Exam w/Cases 1000-1050</p> <p>Ergogenic Aids 1100-1150</p> <p>Foot & Ankle exam: Hands On 1300-1350</p> <p>Injuries & Ailments of the Shoulder 1400-1450</p> <p>Shoulder exam w/Cases 1500-1550</p> <p>Wrap Up 1550-1600</p> | <p>AHLTA/note writing Workshop <i>Stephens</i> 0730-0930</p> <p>Culture in the Clinic <i>Hill, Rattley, Williams</i> 1015-1215</p> <p>Initiating Behavioral Change <i>Goodie</i> 1315-1430</p> <p>Break 1430-1445</p> <p>Obesity: A Case based discussion <i>Yew</i> 1445-1600</p> | <p>Case of the Day: <i>FP Faculty</i> 0730-0800</p> <p>Top FM Diagnoses You Gotta Know <i>Beutler</i> 0800-0945</p> <p>Health & Disease in Life Context <i>Hanson/Unwin/Goodie/Pt Educators</i> 1000-1200</p> <p>Preventative Health Exams: A case-based discussion <i>Williams</i> 1300-1400</p> <p>Asthma Workshop <i>Stephens</i> 1415-1600</p> | <p>Case of the Day: <i>FP Faculty</i> 0730-0800</p> <p>Comprehensive Geriatric Assessment <i>Unwin</i> 0800-0915</p> <p>Break 0915-0930</p> <p>Intro to On-site Home Visit & Family Study <i>Williams</i> 0930-1000</p> <p>Derm Workshop <i>FP Faculty</i> 1000-1200</p> <p>Keys to success <i>Williams</i> 1200-1300</p> |

III. STUDENT RESPONSIBILITIES

The student will be **required** to:

- A. Read the contents of this student handbook
- B. Participate in and complete *all* activities, both scheduled and assigned, during Week #1 of the clerkship. *Failure to do so may result in up to 5 points being deducted from the final clerkship score.*
- C. Attend all clinics, lectures, conferences, and behavioral science sessions as assigned by the clerkship site Undergraduate Coordinator.
- D. Read any "Required Readings" assigned at the sites or during week #1 of the rotation.
- E. Complete all tasks outlined in your **Family Medicine Clerkship Clinical Passport**
 - ✓ ***What is the Clinical Passport?*** The passport is a tool designed to help maximize your clinical experience by guiding you to see patients with the core problems and diagnoses managed by family physicians. In addition, the Passport ensures that you are observed performing certain key skills. Thus, the Passport also helps to ensure that you receive feedback and evaluation during the course of your rotation.
 - ✓ ***When do I get a copy of the Clinical Passport?*** You will receive a copy of the Passport at your USUHS orientation.
 - ✓ ***How much of the Clinical Passport is required?*** You must complete **100%** of the Passport items. If a direct patient care experience is not available to fulfill one of the required problems, diagnoses or skills, an alternative self-directed, case-based learning experience will be provided for you. Your completed Passport must be turned into the Clerkship Director (Dr. Pamela Williams) on the final day of the rotation. You will receive an incomplete grade (I) if you fail to turn in your Passport.
 - ✓ ***When will my Clinical Passport be reviewed?*** At the midpoint & end of rotation!
 - A. **Mid point:** At the midpoint of the rotation, you are to bring a copy of your clinical Web Log and your Clinical Passport to your midpoint feedback session for review with your site coordinator to assess the status of your ongoing educational experiences. It is expected that you will have accomplished at least 50% of the Passport items by this point in your rotation. If you have not done so, your USU Clerkship Director will be notified. Your site coordinator will work with you and the Clerkship Director to ensure that 100% of these core experiences are accomplished by the end of your rotation. Weekly Passport reviews will be required until the Passport is complete. Your Passport must be signed by Undergraduate Coordinator at your midpoint feedback session.
 - B. **End of Rotation:** At your final feedback/preliminary evaluation, bring your completed Clinical Passport for review with your site coordinator. Your Passport must be signed by Undergraduate Coordinator at your final feedback and evaluation session. Please keep the original and provide a copy to your Undergraduate Coordinator?
 - C. **Exam Day:** Turn your completed & signed Passport into the Clerkship Director. Failure to turn in your Clinical Passport of the day of the exam may result in a 5 point deduction from your final grade.
 - ✓ ***What if I lose my Clinical Passport?*** You may use your Clinical Web Log to help you to recall which core diagnoses/problems you have seen, but you may need to re-accomplish your skills list. A completed Clinical Passport is required in order to receive a grade for the clerkship.

- F. Maintain your *Clinical Web Log*: You are required to keep a log of all your patient encounters to include clinic, ER, and night call, during the rotation on the *Clinical Web Log* through the USUHS web page. **Note: This is in addition to your Clinical Passport.** When reviewed with your Undergraduate Coordinator, the log will allow you to focus your additional readings and helps the Undergraduate Coordinator to assure you see an adequate mix of clinical material. The average student should see approximately 110 patients during the rotation; the Clinical Passport guides only one quarter to one third of your clinical experiences. Finally, the log helps the coordinator write a meaningful narrative summary of your clerkship experience.
- ✓ **NOTE:** The primary log for use during the clerkship will be the *Clinical Web Log* through the USUHS web page. In the event you are unable to access the INTERNET, you must keep a paper-based log which will also be provided to you during your rotation. Due to firewalls, a few of the clinical sites cannot directly access the Web Log at all times. You should, however utilize a paper log or the Clinical Web Log Palm OS program available for download from the USUHS web set for a PDA. If you utilize the latter, you can download your data to the Web Log when you return to USUHS at the end of the rotation.
- G. Complete the **Family Study** and submit it to your Undergraduate Coordinator for grading prior to returning to USUHS. *Failure to do so will result in your grade coming under review by the Department of Family Medicine Education Committee (see below)*. Ideally, the family interview should be accomplished at the identified patient's home. You will be provided details on this assignment during your first week of the clerkship.
- H. Stand night watch or on-call, as assigned by the Undergraduate Coordinator.
- I. Participate in any videotaped patient interviews if assigned by the Undergraduate Coordinator.
- J. Prepare and present short presentations as assigned by the Undergraduate Coordinator.
- K. Complete all the required clerkship forms, including paper and online evaluations.

IV. LEAVE AND ABSENCE POLICY

- Leave is not authorized during the rotation except in the case of a bona fide emergency. When an emergency occurs which may require a medical student officer to be absent from his/her assigned duty, the medical student officer must coordinate a request for emergency leave with the Undergraduate Coordinator and the Assistant Dean for Clinical Sciences. The Company Commander's Office is the approving authority and such approvals can be accomplished telephonically. In the rare situation in which a request for regular leave is approved, it must be coordinated with the clerkship director (Pamela Williams, MD), the on-site Undergraduate Coordinator, the Assistant Dean for Clinical Sciences (through the Office of Student Affairs) and your Company/Squadron Commander. Requests may be handled telephonically but should be followed up with an electronic message stating the details.
- Holidays will be observed according to the on-site command policy.
- Brief liberty/pass (24-48 hours) may be allowed at the discretion of the Clerkship Director and the clinical site Undergraduate Coordinator. USUHS students are to follow local command policies and customs during these periods. Accountability must be maintained with the Undergraduate Coordinator. If any unforeseen situation occurs preventing your timely return to the local area, you must immediately contact the Undergraduate Coordinator and your company commander.
- Unauthorized absence is considered unprofessional and an abrogation of responsibility. Any unauthorized absence is considered evidence of unsatisfactory clinical performance and will adversely affect the grade for the clerkship. The only individual authorized to allow absence from the site during your assigned duty hours is the Undergraduate Coordinator.
- In the event of illness or needle-stick injury, you must follow the guidelines established by your site and report your illness or injury to the Undergraduate Coordinator immediately. The Undergraduate Coordinator will make final determination as to any restrictions placed upon you that might impact upon your clerkship experience.

V. FEEDBACK & EVALUATION PROCEDURES

A. **Grading** for this clerkship will consist of four parts:

1. **65 points** of the grade will come from the evaluations of your performance by your preceptor(s) at the clerkship site
2. **20 points** will be based on the NBME shelf exam given on the last day of the rotation
3. **10 points** will be based on your performance on standardized patients back at USU on the testing day.
4. **5 points** will be based upon your graded Family Study
5. ***Failure to participate in or complete*** activities schedule or assigned during the clerkship's week one may result in up to **5 points being deducted** from the final clerkship score

Failure to complete any component of the above will result in your grade being assigned as Incomplete and will lead to a review of your entire clerkship performance by the Department of Family Medicine Education Committee ([see below](#)).

B. **Daily Feedback:** In order to develop as a clinician, you need to receive regular feedback about your performance in clinic. You should expect to ask for and be given verbal and/or written feedback on most days of your rotation. *Appendix A* contains a sample form that your site Undergraduate Coordinator may have you give to your preceptors to help ensure that you receive good feedback. This form also helps them to develop educational goals with you during your rotation. This feedback will serve as the foundation of your final evaluation.

C. **Mid-clerkship Evaluation:** During the third week of your rotation you will have a formal evaluation meeting with the site Undergraduate Coordinator or his/her designee. The purpose of the meeting is to review your performance up to that time in a positive and constructive manner, ensuring both adequate feedback and time for you to address both your positive and negative experiences. The coordinator will review your logbook or Web Log data and your Clinical Passport to assure that you are seeing an appropriate quantity and mix of patients and procedures. If necessary, an educational plan/prescription will be worked out with you to work on any perceived areas of need and to assure that you are achieving your goals for the rotation. A written mid-clerkship evaluation form will be completed in conjunction with this meeting and your Clinical Passport will be signed. Note that there is space on the form for your comments concerning the clerkship experience. This form will be returned to the Undergraduate coordinator and maintained as part of your clerkship record. A sample of this form is contained in appendix B. Any student assessed as performing below expectations will be brought to the attention of the Clerkship Director and a formal educational plan will be developed.

D. **End of Clerkship Subjective Clinical Evaluation:** Prior to your departure from your clerkship site, you are to schedule a final feedback and evaluation session with your Undergraduate Coordinator at which time your final feedback and your preliminary or final evaluation will be reviewed. Your Clinical Passport will be signed to document that this session has occurred. The means by which your final clinical grade will be guided by the following process: All of the preceptors that spend a significant amount of time working with you at your rotation site will be asked to provide your site Undergraduate Coordinator with a final overall assessment of your performance at the end of the rotation. The coordinator will complete the USUHS 3rd Year Family Medicine Clerkship Clinical Site Evaluation (Appendix C) using the information provided by individual preceptors and by general faculty discussion. He/She will give a total clerkship score (out of 65 points) for the rotation based on the subjective evaluation of the site preceptors. This information, along with a written narrative about your performance, will be forwarded to the USU Family Medicine Clerkship Director, Pamela Williams, MD who will determine the final grade after receipt of your test scores.

- E. The **Family Study** will be completed on a family selected by you and/or the preceptor. The study will be evaluated and scored by the site Undergraduate Coordinator. Details regarding the required Home Visit and Family Study, including the grading criteria, will be provided to you during week #1 of your clerkship.
- F. **NBME Subject Examination:** The NBME shelf subject examination in Family Medicine will be given to you at USUHS (NCA Simulation Center) on the final day of your rotation.
1. If you are rotating outside the NCA, you will be released from your site no later than the close of business on Wednesday of the final week of the rotation to allow you to have adequate time to travel back to USUHS. Students in the NCA may have clinical duties scheduled through mid-day on Thursday of the final week. Your examinations will be held on the final Friday morning of the rotation. You should expect to spend from approximately 0700-1500 in testing sessions on the final day of the clerkship.
 2. The uniform for the exam is the uniform of the day that you were required to wear at your clerkship site. Wear of your white coat is optional. You will need to bring a stethoscope for the exam.
 3. The minimum passing standard will vary based upon the quarter of the year in which the exam is taken as exam scores on the Family Medicine subject exam are progressively higher for students of equivalent ability who take the rotation later in the year. The minimum passing score will be the scaled score equivalent to approximately the 5th percentile rank (range 4-6 %) of the most recently available normative group for the comparable quarter of the academic year. Students who are making up the rotation during their 4th year (with rounds 1 or 2) will be scored as students in round 7 and 8.
 4. **Exam failure:** Individuals who fail the NBME subject exam are *required* to retake the exam before the final grade for the clerkship will be determined. If a student fails any other element of the course, they may be required to remediate the rotation before retaking the written subject exam. If the other elements of the rotation have been completed satisfactorily, a grade of Incomplete (I) will be submitted to the Registrar pending the exam retake. The student will be contacted by the Clerkship Director and a plan for retaking the exam during one of the next 4 dates (6 months) that it is offered will be established. Failure to reschedule and retake the exam within this timeframe, without the direct approval of the Clerkship Director, will result in the individual undergoing review by the Department of Family Medicine Education Committee with the possibility of the Committee recommending a less than passing grade and the need for remediation. *Upon receipt of the retake score, the student's file will be reviewed by the Department of Family Medicine Education Committee who will assign the final grade.*
- G. **Clinical Skills Examination:** This test will also be given to you on the last day of your rotation at the NCA Simulation Center. Individuals who score 5 or fewer points are considered to have failed. This test cannot be retaken within the same academic year.
- H. **Final Evaluations:** The scores from the subjective clinical evaluation, NBME subject exam, clinical skills exam and Family Study will be totaled by the USU Family Medicine Clerkship Director. *The final clerkship letter grade will be assigned by the Clerkship Director who may at any time request a review of a student by the Department of Family Medicine Education Committee.* All final grades are also reviewed by the Committee. The USU-SOM Performance Evaluation Form (Appendix D) will then be submitted with the final letter grade to the Registrar's Office and the Office of Student Affairs. Grades will be forwarded within six (6) weeks of receipt of the NBME subject exam scores. The following scale will **guide** the assigning of final grades; however, the Committee maintains ultimate assigning authority:

| Grade | Total Points | Clarification |
|------------|--------------|---|
| A | 93-100 | |
| A- | 91-92 | +/- Designation will not appear on transcript |
| B+ | 89-90 | +/- Designation will not appear on transcript. |
| B/B- | 83-88 | +/- Designation will not appear on transcript |
| C | 70-82 | |
| D | 60-69 | Education Committee review required |
| Failure | < 60 | <u>Or</u> if failing score obtained on both NBME and standardized patient exam |
| Incomplete | | Failure to complete any required component, or pending retake following failure of the NBME shelf exam. |

I. Department of Family Medicine Education Committee: The following issues may cause your final grade to remain unassigned and will elevate your grade consideration to the level of the Education Committee. The complete academic performance will be reviewed by the Committee. **The grades determined by this committee will be final.**

1. Any breach of the USU Honor Code
2. Students not meeting Clerkship Goals, as deemed by your site's Undergraduate Coordinator.
3. Ratings in any area of performance that are evaluated as "unacceptable," "Low pass (D)," and/or "Failure (F)." This includes any repeat examination failures.
4. Failure to complete any component of the clerkship grading criteria (e.g. subjective evaluation by the Undergraduate Coordinator, final exams, Family Study)
5. Any concerns related to your professionalism, regardless of your clinical performance, Family Study grade, or examination scores. See section VI below.

J. Protest of Final Grades: Should you disagree with your final grade, the Department of Family Medicine will adhere to the following policy:

1. In the event the final grade is raised or lowered based on the student's examination performance, the grade is final. In this instance, the grade is based on an objective examination and is not subject to personal interpretation or modification. You may request confirmation of the test grade accuracy from USUHS Family Medicine clerkship Director.
2. If you disagree with the site or the Family Study scores, **you** may appeal to the clinical site Undergraduate Coordinator for reconsideration of your score. Should the Undergraduate Coordinator agree with the appeal, he/she will then submit an amended grade to the Department of Family Medicine at USUHS indicating the change in the grade. The final grade will then be re-computed by the clerkship director and submitted to the Registrar. ***In all cases, the decision of the Undergraduate Coordinator regarding the site and Family study scores is final.***
3. For any other concerns, you may appeal to the Family Medicine Education Committee for a review of your grade.
4. If the above steps have been accomplished and concerns still exist, you may appeal your grade to the Chair of the Department of Family Medicine whose decision will be final.

K. Student Evaluation of Clerkship Experience: At the end of the rotation and after taking the exams at USUHS, you will be asked to fill out site evaluation forms and clerkship evaluation forms. These forms are confidential. Using your name is optional, but *site location and the date are essential*. Without this feedback, the clerkship cannot be modified to maintain a high quality rotation.

VI. Professionalism in Clinical Practice

Professionalism is a core competency of a qualified military medical officer. USUHS clinical science courses all evaluate cognitive and non-cognitive performance. According to “Grades and Grading Policies and Procedures,” USU Instruction 1105, “[f]ailure to demonstrate characteristics such as dependability, punctuality, professional and academic integrity, or ability to get along with patients and other members of the health care team, may lead to a grade of D or F, even with adequate mastery of cognitive factors.”

“Student Promotions Committee,” USU Instruction 1201 (1996), contains the minimum expectations and specific guidance regarding your academic performance.¹

Students may not:

- 1) “Use, attempt to use, or copy any unauthorized materials/aides during any examination or graded exercise.”
(e.g., Copying material directly from external sources such as “Up-To-Date” or “MdConsult” without properly annotating the source and putting in quotes if copied.)
- 2) “Knowingly provide false information in any academic document or academic exercise.”
(e.g., Documenting false information in a medical record, including examination findings not elicited. Copy-forwarding electronic notes without appropriate daily updates.)
- 3) “Knowingly present someone else’s work as their own.”
(e.g., Turning in a graded history or physical examination completed by another individual.)
- 4) “Forge or alter for advantage any academic document.”
(e.g., Forging or altering to your benefit a medical record.)
- 5) “Knowingly disregard instructions for the proper performance in any examination or graded exercise.”
 - a. (e.g., Disregarding instructions on proper completion of standardized patient encounters, documentation of patient encounters, graded H&Ps, or examinations.)
 - b. (e.g., Unreliability as a team member, such as demonstration of a pattern of failing to be on time for teaching conferences, rounds, on-call duties or patient check-out.)
 - c. (e.g., Failure to appropriately respond to feedback.)
- 6) “Intentionally impede or interfere with the ability of fellow students to use academic materials or to complete the academic work.”
(e.g., Intentionally not sharing information (particularly related to patient care delivery) with a fellow student to impede either their care delivery or the other student’s clinical performance.)
- 7) “Make any attempt to compare the answers from the examination of another student.”
- 8) “Knowingly assist a fellow student in any of the above activities.”
(i.e., health care providers)

The Department of Family Medicine hopes this concise reminder of your responsibilities as an apprentice member of the profession of medicine, will remind you of the high expectations regarding your demonstrated attitude, skills, and behaviors during your clinical clerkship.

1. Remarks in quotations are from USUHS 2004 – 2005 Medical Student Handbook, pp 30 – 34.

VII. MISCELLANEOUS

1. **Student Work Hours:** On average, you should expect to spend approximately 50-60 hours per week in the clinical setting. It is our Departmental policy that you should not be expected to work hours any longer than that required of the residents with whom you will be working. If you have any concerns that you are exceeding an 80 hour work week, we ask that you bring that to the attention of the Clerkship Director immediately.
2. **Rescheduling the Final Exams:** Due to travel issues related to rotation schedules and clerkship locations, students may infrequently request to defer taking their final exams to a later round. Such requests will be considered on a limited, case-by-case basis. *These requests must be brought to the attention of the Clerkship Director during Week #1 of the rotation.* Students who choose reschedule the exam will have their NBME score curved with the round of students with whom they take the examination. In general, if a request to defer the exam is granted, then it will be expected that: (1) the student will immediately establish a plan for taking the exam; (2) the student will complete the exam the next round they are located in the NCA *or* by round 4 if on the clerkship rounds 1-4 *or* by round 8 if on the clerkship rounds 5-8. The Clerkship Director has the right to limit the number of students taking a rescheduled exam on any given test date largely due to limitations on the number of students who can undergo the simulated patient testing on a given day. Failure to appropriately reschedule and/or take the examination will result in an incomplete grade being assigned and a review of the student's performance by the Family Medicine Education Committee.
3. **Changing Rotations:** Requests for rotation site and/or block changes must be that of a direct swap from one student at a site for another. Requests for unilateral rotation changes will be considered on a case by case basis and will be considered in light of the academic benefit to be gained by the student, not on geographic considerations. If approval is granted by the Clerkship Director, the student must notify the USU Office for Student Affairs of any formal schedule changes.
4. **Equipment:** Take with you a stethoscope, oto/ophthalmoscope, and short white lab coat
5. At some time during your rotation, give your home address to the on-site secretary. Personal belongings are frequently left behind, and you are more likely to receive the forgotten item if it is sent to your home.
6. **Immunization status:** Take a copy of your shot record with you for potential review by your clerkship site's employee health/public health programs.
7. **Problems:** Any questions or problems unable to be solved by the Undergraduate Coordinator should be directed to the USU Family Medicine Clerkship Director, Maj Pamela M. Williams (301-295-3632 or 295-9470 or pawilliams@usuhs.mil) or to Ms Cee Cee Cummings at (301) 295-9463.

VIII. REFERENCES

To provide you with more in-depth or detailed information regarding the material covered in Sections I and II, the following resources are required or recommended:

A. **Required** (issued) Clerkship Texts:

1. *Essentials of Family Medicine* 5th Edition, Editors: Sloane, Slatt, Ebell, Jacques, Smith
2. *The Orthopedic Physical Exam* by Bruce Reider
3. *Motivational Interviewing in Health Care* by Rollnick, Mason, Butler

B. **Additional** Recommended Textbooks:

1. *An Introduction to Family Medicine*, Ian R. McWhinney, M.D.
2. *Family Medicine - Principles and Application*, Jack Medalie, M.D., M.P.H.
3. *Primary Care Medicine*, Allan Goroll.
4. *Family Medicine and Family Treatment*, William J. Doherty, M.D., Macaran H. Baird, M.D.
5. *Working with the Family in Primary Care -A Systems Approach to Health and Illness*, Janet Christie-Seely, Ph.D.
6. *The Family in Medical Practice - A Family Systems Primer*, Michael A. Crouch, M.D.
7. *Textbook of Family medicine*, Robert Rakel, M.D.
8. *Family Medicine: Principles and Practice*, Robert B. Taylor, M.D.

C. **Recommended** Webpage: www.aafp.org

FINAL COMMENT

The Family Medicine clerkship is a unique rotation that allows for the application of skills and knowledge you may have gained from various disciplines. Although experience in any other specialty rotation may prove beneficial, you will not be graded on your pre-Family Medicine knowledge. Grades are only one external indicator of performance.

Each clerkship site brings the benefit of individual variety that accompanies their unique position at their military location. The family medicine approach to patients is, however, uniformly similar despite the site's variation in location and service. Your experience will, as always, vary as to your level of involvement and the individual experience your site has to offer. Despite the obvious variation among sites, each site is provided structured guidelines and educational objectives to assure your exposure to family medicine principals and practice. The first week curriculum enhancement at USUHS is designed to help standardize the information given to you and allows you to develop skills in lifetime learning. Please contact your site's Undergraduate Coordinator, then our department, if you have any difficulties.

I hope you enjoy your family medicine experience and will consider Family Medicine as a way of life!

Sincerely,

Pamela M. Williams, MD, Lt Col, USAF

Clerkship Director

(301) 295-9470

pawilliams@usuhs.mil

IX. Contact Information & Preliminary Orientation

The following pages have been provided by the sites to give you information you may need prior to your arrival. The first section includes general contact information. The second section includes more detailed information to help you prepare for your specific clerkship site. *Please review this information before arriving to your site.*

Family Medicine Clerkship Site Contact Information

ANDREWS (MGMC)

Maj Samia Ochia

Undergraduate Coordinator

Office: (240) 857-5024

E-mail: Samia.Ochia-02@afncr.af.mil

*Department of Family Medicine
89 MDOS/SGOL
1075 W. Perimeter Road, Suite A01
Andrews AFB, MD 20762*

EGLIN (EGMC)

Capt Chris Jonas

Undergraduate Coordinator

Office: (850) 883-8879

E-mail: christopher.jonas@eglin.af.mil

*Department of Family Medicine
96 MDOS/SGOL
307 Boatner Road
Eglin AFB, FL 32542-1282*

TRAVIS (DGMC)

Capt Kristen Wyrick

Predoctoral Coordinator

Office: (707) 423-3779 DSN 799-3779

Email: Kristen.Wyrick@travis.af.mil

*Family Medicine Clinic
101 Bodin Circle
Travis AFB, CA 94535-1800*

FT BELVOIR (DAMC)

MAJ Christine Lettieri or **Madi Cappocia DO**

Undergraduate Coordinator

Office: Lettieri (703) 805-0627 Cappocia 805-0660

E-Mail: christine.lettieri@na.amedd.army.mil
Madhavi.cappocia@amedd.army.mil

*Family Health Center of Ft Belvoir
USA MEDDAC/DFHC-B
DeWitt Primary Care
9501 Farrell Road, Suite GC11
Fort Belvoir, VA 22060-5901*

FT. BENNING (FBMC)

Dr. Terry Newton

Undergraduate Coordinator

Office: (706) 544-4758

E-mail: terry.j.newton@us.army.mil

*Department of Family medicine
Building 9200 Marne Road
Martin Army Community Hospital
Fort Benning, GA 31905-6100*

FT. BRAGG (FBNC)

MAJ A. Michelle Callahan

Interim Undergraduate Coordinator

Office: 910-907-8407

Email: angelita.callahan@us.army.mil

*Womack Army Medical Center/ DOFP
Box 63H
Ft Bragg, NC 28310*

FT. GORDON (EAMC)

CPT Aaron Carlisle

Acting Undergraduate Coordinator
Office: (706) 787-8785 DSN 773-8785
E-mail: aaron.carlisle@us.army.mil

*Dept of Family and Community Medicine
Dwight D. Eisenhower Army Medical Ctr
Fort Gordon, GA 30905-5650*

FT. HOOD (CRDAMC)

Maj Scott Deitche

Undergraduate Coordinator
Office: (254) 288-8234
Email: william.deitche@amedd.army.mil

*Family Care Clinic Darnall
36000 Darnall Loop
Fort Hood, TX 76544-4752*

JACKSONVILLE (JAMC)

LCDR William Smith

Undergraduate Coordinator
Office: (904) 542-7606
Email: william.p.smith@med.navy.mil

*2080 Child Street
Naval Hospital
Jacksonville, FL 32214-5227*

PENSACOLA (PNMC)

CAPT (ret) Donald Mason

Undergraduate Coordinator
Office: (850) 505-6372
Email: Donald.mason@med.navy.mil

*U.S. Naval Hospital Pensacola
6000 Highway 98 W
Family medicine Department
Pensacola, FL 32512-0003*

CAMP LEJEUNE

CDR Chance Gentry

Undergraduate Coordinator
Office: (910) 450-3138
E-mail: barry.gentry@med.navy.mil

*NAVAL HOSPITAL, CAMP LEJEUNE
ATTN: GME Coordinator
Family Medicine Department
100 Brewster Blvd
Camp Lejeune, NC 28547*

Preliminary Site Orientation

Andrews AFB

Family Medicine Department, 79th Medical Group
Malcolm Grow Medical Center, Andrews AFB, MD



CLERKSHIP OVERVIEW

Welcome to the Family Medicine Department at Malcolm Grow Medical Center! We hope you enjoy your educational experience while you are with us during the next few weeks. The following will inform you of our expectations of you during your clerkship.

| REQUIREMENT SUMMARY |
|------------------------------------|
| 1. Morning & Afternoon Clinics |
| 2. Thursday afternoon didactics |
| 3. On call 3 nights |
| 4. Clinical Passport & Patient Log |
| 5. Family Study |

GETTING STARTED

Site Coordinator: Samia Ochia, Maj, USAF, MC.
Contact info: Samia.Ochia-02@afncr.af.mil

Reporting Location: Family Practice Clinic Waiting area in the clinic which is separate from the main hospital (Bldg 1050) at 0730 on the first day of your rotation. The site coordinator will meet you here.

Uniform of the Day: BDUs; white coat is optional

DAILY SCHEDULE

(0800- 0900) GRAND ROUNDS (Friday Only)
4th Floor Hospital Conference Room

0750-1200 AM CLINIC
You will paired with a resident or staff physician in the family medicine clinic everyday, Monday through Friday. Your schedule is posted on the bulletin board in the resident/student workroom

You will also be assigned to work in procedure & specialty clinics. Please read about procedures prior to clinic. Procedures for Primary Care Physicians, by John Pfenninger, is an excellent resource and is available in the preceptor room for review.

VAS
Vasectomy clinic (meets in minor surgery room, L02).

ETT
Exercise treadmill testing (meets in room D06).

COLPO

Colposcopy clinic (meets in colpo/flex sig room, L03).

SPORTS

Sports Medicine Clinic (meets in R-Pod).

FLEX

Flexible sigmoidoscopy clinic (meets in colpo/flex sig room, L03).

PROCEDURES

Variety of outpatient procedures including toenail excisions, skin biopsies, etc. (meets in minor surgery room, L02).

LIBRARY

Library time is for study, research for presentations, or interviewing families for your family study project. Personal errands and appointments should also be scheduled during this time.

DIDACTICS

This is a quarterly workshop for residents & students held in the Conference Room in the Family Medicine Clinic, from 1200 to 1600. Lunch is usually provided.

1300-1600**PM CLINICS**

See AM Clinic description

1300-1600**THURSDAY TEACHING CONFERENCE****MISCELLANEOUS DETAILS:****CALL**

Students are required to take call three times during their rotation. You will find a call sign-up sheet on the bulletin board in the resident/student workroom. Only one student is allowed on call per night. For a weekday call you should page the senior resident on call (last name found on the call sign-up sheet) after you finish afternoon clinic and have procured dinner. You will be expected to stay until noon on your post-call day. For weekend and holiday call page the senior resident on call once you arrive in-house. Call lasts from 0800 to 0800 the following day.

FAMILY STUDY PROJECT

All 3rd year students must complete a family study project by the conclusion of their rotation. Our requirements include: an approximately five page written paper, completed PASS-C form, and a one-page summary sheet for your family. An oral presentation will not be required. Failure to complete your project and turn in a written copy to the site coordinator prior to your departure will result in an incomplete grade. Please attempt to identify a family early in the course of your rotation.

PATIENT LOG

USUHS students are required to log their patients on the student web log (go to usuhs.mil website).

CLINICAL PASSPORT

Please attempt to meet all of your requirements as early as possible. Bring your passport to your mid-rotation and final feedback sessions for review and signature.

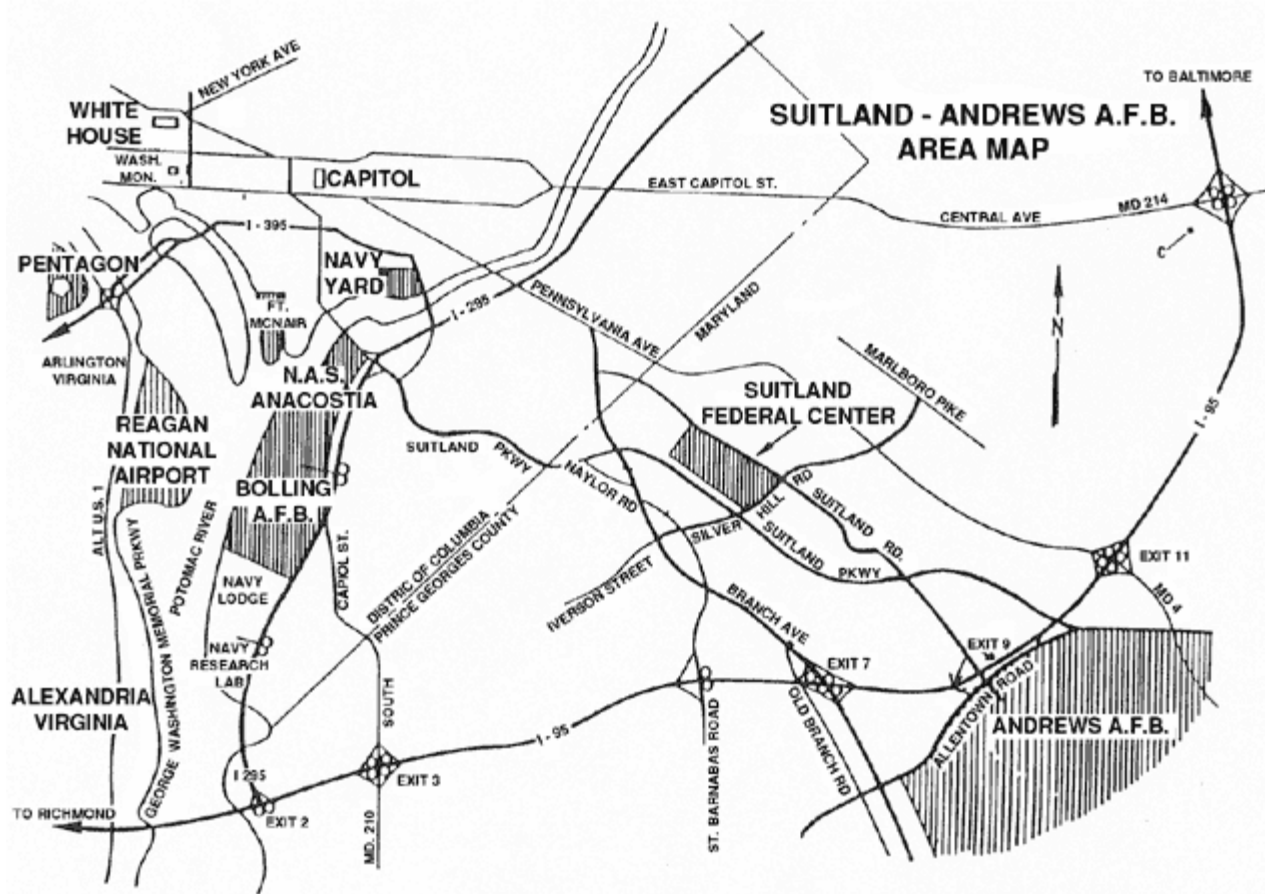
FEEDBACK AND FEEDBACK FORMS

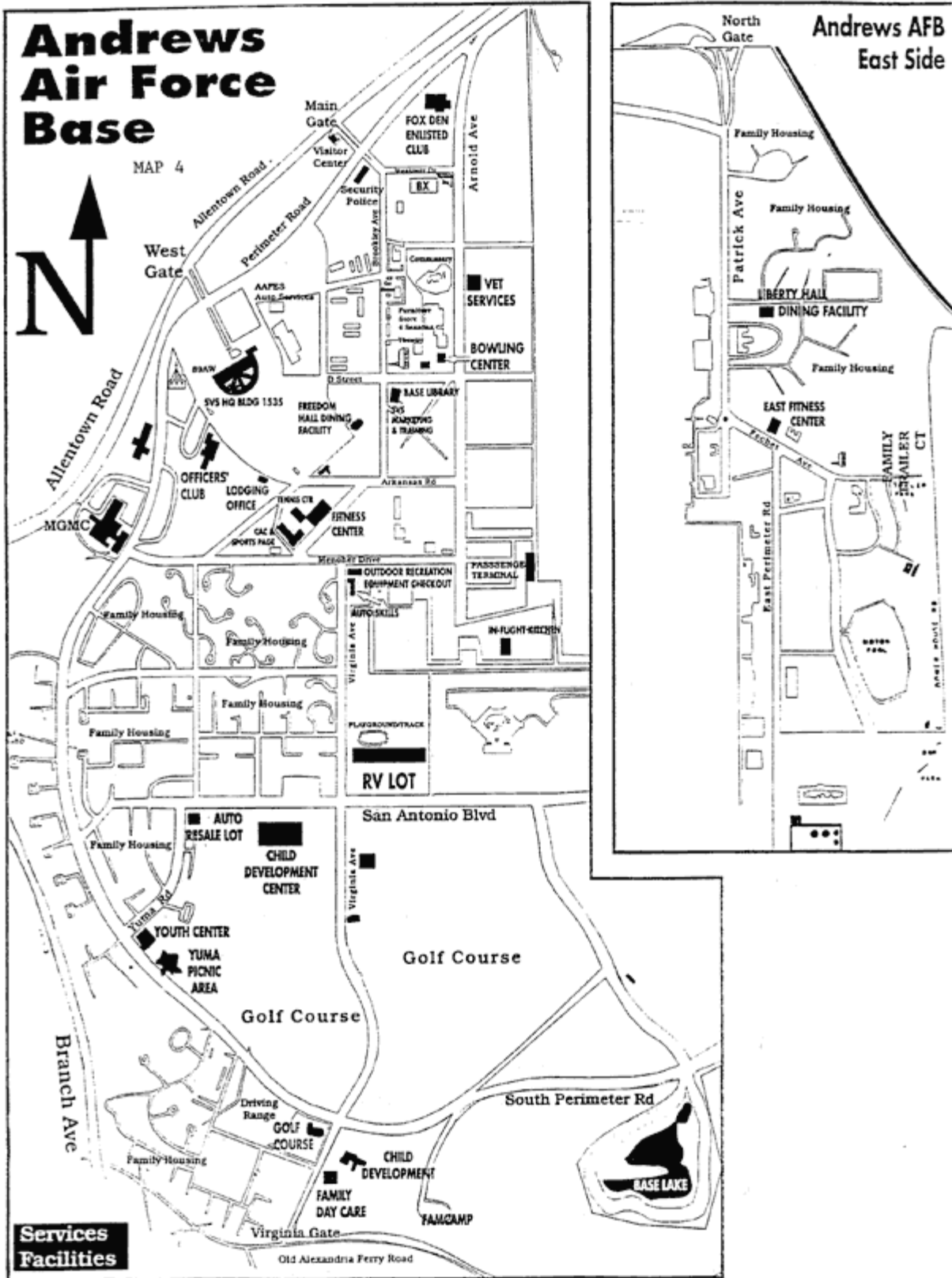
Students will receive formal mid-rotation and final feedback from the site coordinator during the rotation. In order to facilitate this feedback please deliver a copy of the "Daily Medical Student Evaluation Form" to each of your preceptors at every clinic session. There is a stack of these forms in the resident/student workroom. In addition to using this form please request direct verbal feedback from your preceptors.

DIRECTIONS/MAPS

Take Interstate 95/495 (usually referred to as the Capital Beltway). Whether you're approaching Andrews from the Virginia side or the Maryland side, use **Maryland exit 9 - Allentown Road, Andrews AFB**. If coming from south of Exit 9, make a left where the exit intersects with Allentown Road.

The main gate is just a few hundred yards on your right. If coming from north of Exit 9, make a right turn from Exit 9 - Andrews AFB, onto Forestville Road, go across the overpass and make another right onto Allentown Road. Make a left at the first traffic light (Suitland Road) to enter the main gate.





C-4

LEAVE/APPOINTMENTS/REQUESTS

Leave/vacation must be scheduled through the appropriate channels at your institution. We need a copy of your time-off paperwork for our records. Please keep these requests to a minimum.

SHARP STUDENTS

Sharp students read prior to presenting a complicated patient! If time permits, take a few minutes to read on the differential diagnosis or management plan before presenting a difficult patient. Adult learners learn best when there is immediate application of the material. See recommended texts and resources.

PATIENT PRIVACY

Remember to keep conversations about patients in the exam room or the preceptor room.

CHAPERONED VISITS

Chaperones are always available to assist you. These are best obtained by utilizing the technician assigned to your preceptor or using the overhead paging system.

COMFORT ZONE

If you are uncomfortable with a patient or think your patient is unstable (chest pain, respiratory distress, shock, suicidal, etc.) please seek the assistance of your preceptor or any clinic staff immediately. Feel free to use the overhead paging system to ask for a preceptor if there is an emergency.

INCLEMENT WEATHER POLICY

Please use your best judgment at all times. If it is not safe for you to come to work email or call Dr. Hodge on his cell phone to update him of your status. Students are non-essential clinic personnel and should not report for work during blizzards, hurricanes, etc. Call the **Straight Talk Line at 301-981-2273** for base/hospital closure info

IMPORTANT PHONE NUMBERS

- Family Medicine Clinic (Bldg 1075): (240) 857-3956, fax (240) 857-3011
- Paging system: In-house dial 633 + enter PIN number. Off base dial 1-800-759-8888 + PIN number
- Hospital number on base: 7-XXXX (last 4 digits of phone number)
- On-base numbers (non-hospital): 2-XXXX
- Off base local numbers: 99-XXX-XXX-XXXX (need area code every time)
- Clinic intercom system: Push the "I/C button" and then dial the 3-digit I/C number
- Overhead paging system in the FP clinic: press "PAGE", state your message and hang up
- Code Blue: Page "Code Blue" in addition to dialing 522

RECOMMENDED RESOURCES FOR YOUR OWN USE (not required)

1. Pocket Pharmacopoeia (Tarascon), ePocrates for PDA, or similar drug reference
2. *The Sanford Guide to Antimicrobial Therapy*
3. *University of Iowa, The Family Practice Handbook*
4. American Family Physician journal: www.aafp.org (great review articles)
5. *Rapid Interpretation of EKG's*, by Dale Dubin
6. Dermatology reference, i.e. Habif or Fitzpatrick
7. *The Harriet Lane Handbook*
8. *Procedures for Primary Care*, by John Pfenninger

Eglin AFB

Family Medicine Clerkship at Eglin AFB Hospital



CLERKSHIP OVERVIEW

The Family Medicine clerkship offers a broad exposure to the specialty of Family Medicine. Third and fourth year medical students spend the majority of their time seeing patients in the family medicine clinic with staff physicians and residents. They participate with a family medicine preceptor in a sports medicine clinic, a morning of nursing home rounds, and occasionally in an osteopathic manipulation clinic. They participate in Family Medicine procedure clinics including colonoscopy and esophagogastroduodenoscopy (EGD), colposcopy, vasectomy, minor procedures, and treadmill tests. They also spend some time on labor and delivery.

Eglin AFB hospital is the site of one of the five existing Air Force Family Medicine residency programs. It is also the site of one of the three existing USUHS Air Force 3rd year Family Medicine clerkships. Family Medicine is the only residency program at this hospital and it is one of the three oldest Family Medicine Residencies in the United States. For more details about this residency program, see the USUHS website at usuhs.mil or our website at www.eglin.af.mil/units/residency/index.asp.

Frequently Asked Questions

- Who is/are my points of contact when I arrive? Where and when do I report on my first day?

On your first day, show up at 0700 at the Residency Coordinator's desk (Ms. Jayne Pendergast) or alternatively the front desk of the clinic. They can put you in contact with the undergraduate coordinator (Capt Chris Jonas) or another staff member/resident who can escort you to the 0715 morning report.

- What uniform do I need to bring? Will I need my white coat?

Uniform of the day is nearly always BDUs. You will also need your class B uniform to wear on the last Friday of the month. Bring your branch specific PT gear for unit PT on Wednesday afternoons. The white coat is optional in clinic but encouraged on call and on the inpatient wards. Interviews are conducted in full Service Dress, and we encourage students who are interviewing to give a copy of their CV and a personal statement to Jayne Pendergast at least 3 days prior to the scheduled interview.

Weekly schedule (including Call/weekends)

The students attend didactic lectures on most days during morning report and noon conference. Students will usually take call on one Monday and spend the following four days with the inpatient team. Morning reports are from 0715-0800. Morning clinics are from 0800-1150. Noon lectures are from 1200-1300. Afternoon clinic is from 1300-1630.

Lodging information

Students usually stay in billeting which is conveniently located right next to the hospital. The hospital has a pretty good dining facility open for breakfast and lunch on weekdays only. Starbucks is located down the hall from the clinic. The Base Exchange and Commissary are approximately 2 miles from the hospital. We recommend that you have a car for this rotation as you will want to go to the beach or out to eat. There is no shuttle service on Eglin AFB. Please identify yourself as a USUHS student as billeting has 3 rooms reserved at the Riptide Inn for USUHS students

Billeting/TLF at Eglin AFB

Phone # 850-882-8761, DSN 872-8761

Additional Important Contact Information

Important phone numbers/e-mail addresses for students rotating in Family Medicine at Eglin AFB include:

- SrA Charles Murphy, Clerkship Coordinator (for electives) Phone # 850-883-8298 DSN 875-8298
or SSgt Clifford Vosburgh— Fax # 850-883-8162 DSN 875-8162
Eglin Hospital Education and Training Department E-mail: charles.murphy2@eglin.af.mil

- Ms. Jayne Pendergast, Residency Coordinator Phone # 850-883-8288 (good central phone number)
DSN 875-8288
Fax # 850-883-8192 Fax DSN 875-8192
E- mail: jayne.pendergast2@eglin.af.mil

- Capt Christopher E. Jonas, Undergraduate Coordinator Phone # 850-883-8879 DSN 875-8879
Fax # 850-883-8192 Fax DSN 875-9192
E-mail: christopher.jonas@eglin.af.mil

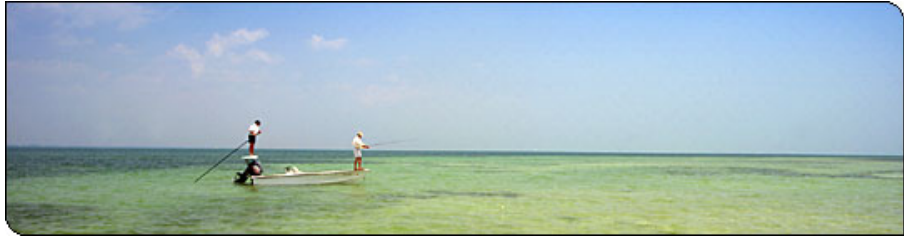
- Maj Neil Nipper, Alternate Undergraduate Coordinator Phone # 850-883-8871
DSN 875-8871 Fax # Same as above
E-mail: neil.nipper@eglin.af.mil

- Lt Col James Haynes, Program Director Phone # 850-883-9360
DSN 875-9360 Fax # Same as above
E-mail: james.haynes@eglin.af.mil

Local Attractions

Eglin AFB is located on the beautiful “Emerald Coast” of Florida, which is famous for its emerald waters and “sugary” white beaches. The base is located 6 miles north of Fort Walton Beach. The primary mission of the base is to develop, test, and initially acquire all conventional munitions for the Air Force’s tactical and strategic forces. Eglin, with a total size of 728 square miles, is the largest air base in the free world. It includes 8 airfields, 16 instrumented test sites, and several offshore test areas. Additional information on the Eglin area can be obtained by visiting the Eglin AFB website at www.eglin.af.mil/units/residency/index.asp





Travis AFB

FAMILY MEDICINE—David Grant Medical Center, Travis AFB



CLERKSHIP OVERVIEW

The department provides medical student clerkships to Health Professions Scholarship Program (HPSP) and Uniformed Services University of the Health Sciences (USUHS) medical students. Students experience the full scope of Family medicine, spending time in physician clinics including routine/well clinics and acute care clinics. Procedural clinics include vasectomy, flexible sigmoidoscopy, colonoscopy, exercise treadmill testing, colposcopy, minor surgery, OMT, acupuncture, and sports medicine clinics. Students also get firsthand exposure to fracture management through the department's cast clinics. The addition of an Obstetric fellowship trained family medicine staff to our department brings the added benefit of cesarean section training and other OB/gyn procedures that students may participate in on their rotation here.

The Residency

The hospital is a 75-bed facility, which hosts multiple specialties. The Family medicine residency has 14 teaching staff and 37 residents currently and will expand to 44 residents over the next year. The program offers residents the opportunity to learn and practice full spectrum family medicine to include: pediatrics, obstetrics, gynecology, minor surgery, sports medicine/orthopedics, adult medicine/prevention, and geriatrics. Residents receive procedural training in sigmoidoscopy, vasectomy, colposcopy, ETTs, minor surgeries, cesarean sections and casting/fracture management in our cast clinic. There is a strong didactic program in the clinic that is augmented by the various specialists that work in the hospital.

Travis Program Goals and Philosophy

The Department of Family Medicine operates on the premise that comprehensive quality medical care can be provided efficiently and effectively to a family by a well-trained family physician. The department supports the role of the physician trained in the broad specialty of Family medicine who can care for the majority of common medical problems faced by the average family. This physician deals with the "whole" patient by addressing emotional and social needs as well as physical disorders. The department supports the cooperative role of the physician and patient in the prevention of disease and disability. The department endorses the position of the family physician as patient advocate in the coordination of the care of complicated or chronic medical problems with other medical care providers. The department asserts that the most effective way to develop skilled family physicians is through progressive, high caliber residency training programs which provide the knowledge, clinical skills, and environment of caring which serves as a basis for the proper practice of family medicine. The department further believes Air Force medical care can best be delivered through the cooperative efforts of family physicians and other specialists.

The Medical Center

David Grant Medical Center is a state-of-the-art medical facility serving 750,000 military beneficiaries in the eight western states. The present medical center was completed in 1988 at a cost of \$193 million. The facility operated by the 60th Medical Group encompasses 808,475 square feet with 3,662 rooms, approximately 350 inpatient and 58 aeromedical staging flight beds, and 52 dental treatment

rooms. The four-story structure is divided into three patient zones-- inpatient nursing units, diagnostic and treatment areas, and outpatient clinics. The hospital is designed around five large courtyards and is greater than two football fields in width and almost four football fields in length.

Design and construction of the medical center was accomplished through a unique design-build contract, which enabled the project to be completed ahead of schedule and \$8 million below original budget projections. The facility has received 5 national awards for design and construction, is built to withstand major earthquakes, and can operate for up to a week using internal utility capabilities.

The medical center offers a complete range of medical, surgical, and dental services, including MRI, nuclear medicine, and a world-class hyperbaric medicine service. An active clinical investigations program, as well as extensive postgraduate training programs in medicine, dentistry, nursing, and health care administration support these services.

A typical day at David Grant involves 10 admissions, 50 inpatients, 3 births, 16 operations, 1,152 clinic visits, 2,500 laboratory procedures, and 3,042 prescriptions. The medical center is currently staffed by 2,000 military personnel.

FAQ:

- **Who is/are my points of contact when I arrive?**

Kristen Wyrick, Capt, USAF MC
Pre-Doctoral Director
Kristen.wyrick@travis.af.mil
DSN 799-3779/Comm (707) 423-3779

Joseph Erbe, Capt USAF MC
Assistant Predoctoral Director
Joseph.erbe@travis.af.mil
DSN 799-3383/ Comm (707) 437-3383

Medical Education Office:

SSGT Toni Smith
toni.smith-1@travis.af.mil
David Grant USAF Medical Center
Clerkship Program Coordinator
(707) 423-7950 DSN 799-7950
Fax: (707) 423-7952 DSN 799-7952

- **Where and when do I report on my first day?**

First day orientation information for rotating medical students:

**** Please email SSGT Smith prior to your rotation so that she can contact you regarding other rotation requirements****

We look forward to your visit with us at the Family medicine Department and David Grant Medical Center. This is just a brief note to inform you about where to meet when you arrive at the Medical Center on Monday morning. Billeting should provide you with instructions on how to get to the Medical Center. Our clinic is located on the south, outpatient side of the hospital (the north side is for inpatients). The south entrance has a set of about six palm trees lining it, and the north side has the main flagpole in front of it. Plan to arrive at the medical center a little early on your first day to orient yourself as the med center is fairly large. The hospital cafeteria is on the first floor, north side, and it is open from about 0600 – 0800 if you want to come early for very a reasonably priced breakfast.

Your first meeting will be with SSGT Smith at 0730. She is located on the 4th floor at Graduate Medical Education (on the east side of the hospital). She will orient you and get you a badge, etc. I will meet with you the following day at 0730, on the 2nd floor, south side, Family Medicine Clinic Conference Room. At that time, I will orient you to Family medicine and your rotation.

- **What uniform do I need to bring? Will I need my white coat?**

Uniform of the day is BDU's. White coat's are mandatory for the inpatient portion of the rotation. If you plan to interview while on your rotation here, please bring full service dress, a copy of your CV, and your personal statement.

Weekly schedule (including Call/weekends)

For rotating medical students, the duty day begins at 0730 and ends at 1700. Didactic teaching sessions for students and residents occur on most days from 0730 – 0800, and Tuesdays from 0730 to 1130. Clinic generally runs from 0800 – 1200 and 1300 – 1600.

Exceptions to the schedule will be discussed during orientation. One week of inpatient with the family medicine inpatient team will be scheduled for your rotation. Call is required and consists of one weekday call and one weekend call while on the inpatient team.

Lodging information

The Westwind Inn- Travis AFB

<http://www.60thservices.com/lodging/westwind/>

570 Travis Ave. Bldg. 402
Travis AFB, CA 94535
Reservations
707-424-8000 or 888-AF-LODGE
DSN 837-8000

Directions/Maps

Directions: Travis AFB is most easily accessed from Sacramento International Airport. Take Hwy 5 N. to Woodland; take the Main St. exit and turn left under the freeway; at the second set of lights, turn left onto Hwy 113 S.; take the I-80 W. exit (toward San Francisco); take the Airbase Parkway exit and turn left (back over the freeway); follow this all the way to the Travis AFB main gate (further directions there).

Travis Program Community

Travis AFB is located halfway between Sacramento and San Francisco. Its location near Fairfield, CA places it in close proximity to the San Francisco Bay Area, Sacramento Valley, Napa Valley ("Wine Country"), Lake Tahoe, and Yosemite National Park. Airports for travel to Travis include Sacramento, Oakland, and San Francisco. The climate is predictable with warm, dry summers and some rainfall in the winters. Average high temperatures range from 50 degrees in February to over 100 degrees in August. The local area offers a wide range of recreational, cultural, and sporting events. In addition to support and involvement with the local communities, Travis AFB has its own unique community. Central to that community is the mission of Travis AFB.

Travis AFB Mission Statement

The mission of the 60th Air Mobility Wing is to provide quality services and support for America's Global Reach through a responsive and flexible combat ready Air Mobility force. In order to fulfill this mission, the wing operates and maintains C-17 Globemaster III Cargo Air Craft, C-5 Galaxy, and KC-10 extender refueling aircraft, thus making it the largest of the Air Mobility Command's 12 wings. Through eight operations and nine logistics squadrons, the wing provides Global Reach for troops, equipment, and supplies. The 60th also directs a support group with five squadrons and a medical group consisting of four squadrons that support over 21,000 personnel from assigned units and 42 tenant units, including Headquarters Fifteenth Air Force.

The medical center at Travis opened its doors to patients on 1 July 1943 as Fairfield-Suisun Army Air Base Hospital. It was designated David Grant USAF Medical Center on 1 July 1966 in honor of Brigadier General David Norvell Walker Grant, USAF, MC, the first Surgeon General of the Army Air Corps. The medical center was a wing-equivalent and a tenant on Travis AFB. In December 1988, the medical center moved to its current location, a state-of-the-art, and modern medical center. On 1 July 1994 the medical center was re-designated the David Grant Medical Center, and on 1 October 1994 became a part of the 60th Air Mobility Wing as the 60th Medical Group.

Ft Belvoir (DAMC)

NCC- DeWitt Army Community Hospital, Ft. Belvoir Family Medicine Clerkship



CLERKSHIP OVERVIEW

Welcome to the best of Military Family Medicine! The National Capital Consortium-Dewitt Army Community Hospital is the oldest family medicine residency in the Army and the military's first joint service family medicine training program. Established in 1973 with over 200 graduates, the Residency sets the benchmark for excellence in family medicine education. Structured as an 8-8-8 program, the residency currently accepts both Army and Air Force applicants to internship.

Serving a population of over 150,000 beneficiaries, Dewitt hospital has a robust obstetrical service, newborn nursery, inpatient service, and outpatient clinics. The Residency Clinic alone cares for over 30,000 empanelled patients providing over 5,000 visits each month. As the only residency in the hospital, residents are directly involved in all aspects of their patient's care. Inova Fairfax Hospital, one of the nation's top-20 hospitals, augments the training experiences of our residents with rotations in critical care, trauma medicine, and pediatrics. Moreover, the residency sponsors the military's only Family Medicine-Sports Medicine Fellowship program. There are no out-of-town rotations, and regardless of rotations, residents see continuity outpatient clinics each week at Dewitt.

The Family Medicine clerkship offers a broad exposure to the Family Medicine specialty. Medical students work in the outpatient clinic, assume call duties (2 calls/rotation), and rotate for one week on the inpatient medicine service. The outpatient experience includes procedure clinics (skin biopsies, vasectomies, and treadmill testing) as well as participating with Sports Medicine staff and fellows in the Primary Care Sports Medicine Clinic. We provide excellence in didactics with 25 hours scheduled over the course of each month. Our residency prides itself on its camaraderie and encourages students to participate in twice a week PT and monthly Journal Clubs.

FAQ:

- Who is/are my points of contact when I arrive?

Madi Capoccia, DO
Undergraduate Coordinator
(703) 805-0660
Madhavi.capoccia@amedd.army.mil

Christine Lettieri, MD
Undergraduate Coordinator
(703) 805-0627
Christine.lettieri@na.amedd.army.mil

Aimee Renfroe
Residency Admin Assistant
(703) 805-0146

- Where and when do I report on my first day?

On the first day of the rotation, the medical student is expected at Morning Report in the Family Practice Conference Room at 0730. The FP conference room is located on the north side of the hospital (CLINIC ENTRANCE) across the hall from the Family Health Clinic. Use the "Family Health Clinic" entrance, take the first right upon entering the building, and then a left into the Conference Room. Drs Lettieri or Capoccia, the Undergraduate Coordinators, or their surrogate will orient you to the rotation after morning report.

- What uniform do I need to bring? Will I need my white coat?

The uniform of the day is either ACUs/BDUs or class B's with white coat. Interviews are conducted in Class A's or service equivalent and we strongly encourage students who are interviewing to have their CV and personal statement available.

Weekly Schedule

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--|--|---|---|--|
| 0730 – 0800 Morning Report 0800-1200 AM Clinic 1245-1600 PM Clinic | 0730 – 0800 Lecture 0800 – 0840 Top 50 Rounds 0840-1200 AM Clinic 1245-1600 PM Clinic 1630 - PT | 0730 – 0800 Morning Report 0800-0840 Lecture 0840-1200 AM Clinic 1245-1600 PM Clinic | 0730-0800 Procedure Rounds 0800-0840 Rotating Schedule 0840-1200 AM Clinic 1245-1600 PM Clinic 1630 - PT | 0730-0800 Morning Report 0800-1200 AM Clinic 1245-1600 PM Clinic |

Other rotation requirements

- A. The student is required to attend clinics as dictated by his/her schedule. If there are conflicts, she or he should speak with the Undergraduate Coordinators. S/he is required to attend all conferences unless s/he is involved in patient care.
- B. During the course of the rotation, the student will pull two assigned overnight calls. These dates are flexible and please communicate any requests to the Undergraduate Coordinators prior to the start of the rotation.
- C. The student is required to present one case **formally** at either morning report or an alternative didactics setting. The student should obtain assistance from the resident that he/she pulls call with, the ward attending or clinic preceptor, or the Undergraduate Coordinators, before presenting the case.
- D. USUHS III students are required to complete a Family Study. Assistance in finding an appropriate family may be obtained from the student's assigned attending or resident. The Family Medicine Residency behavioral scientist, Beth Pillsbury, will assist the student in completing this task.

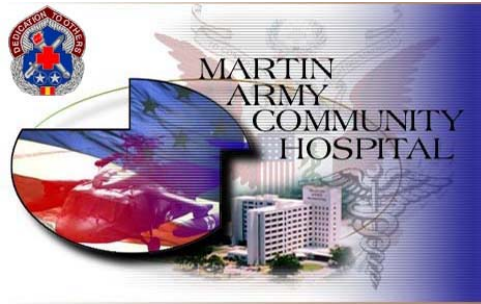
Directions/Maps

- If you are traveling south on I-95, take the Fairfax Parkway/Backlick Road (7100) exit 166 A.
- Take the Fairfax County Parkway to its end at U.S. Rt. 1 (Richmond Highway.)
- Turn left.
- At the first light, on the right, is the entrance for Tulley Gate on to Fort Belvoir.
- This is the main entrance to the post and is open 24 hours a day, 7 days a week.
- All visitors to Fort Belvoir without DOD decals on their vehicles must stop at Tulley Gate to receive a temporary vehicle pass. For more information about temporary or long-term visitors' passes, [click here](#) or call the VPOC during weekday hours at (703) 806-4892.

Local Attractions

For more details on the FP Residency program, see our website at www.dewitt.wramc.amedd.army.mil. The visitor center link offers general information on the hospital, including directions to our facility. The residency link gives specifics regarding medical student rotations, the Family Practice training program, and our academic schedule. For additional information regarding Ft. Belvoir, please see www.belvoir.army.mil

Ft Benning (MACH)



CLERKSHIP OVERVIEW

Welcome to the Martin Army Community Hospital Family Medicine Residency. Established in 1972, the Family Medicine Residency Program is the oldest in the Army. As a community hospital, which has served as the historical template for family medicine training, our residents and students have an unparalleled opportunity for learning. The Family Medicine Residency is the only residency in the hospital which provides a rich educational experience in a variety of specialties. Students rotating through a third or fourth year clerkship will be given the opportunity to experience a diversity of clinical encounters. Your clinical experience will be divided between continuity clinics, acute care, sports medicine, vasectomy, colposcopy, minor procedures, and treadmill testing. Our state-of-the-art clinic was renovated in 2005 and hosts separate procedure rooms for colposcopy, vasectomy, treadmill testing, and ENT procedures. For interested students, there is an opportunity to experience military or operational medicine rotating through the troop medical clinics or the 3rd Ranger Battalion. Fort Benning, home of the infantry, is uniquely situated to provide an outstanding education in military medicine.

The Family Medicine Department at Ft Benning considers education of medical students one of our top priorities. We have always been impressed with the professional behavior of our visiting medical students and are excited to have you rotate with us. We want this to be the best five weeks of your entire year. We now consider you a member of our department – join us in everything we do. It is an open invitation. Simply put, we are about teaching and we enjoy it. You are essential to our profession and are the future of Family Medicine!

FAQ

- Who is/are my points of contact when I arrive? Where and when do I report on my first day?

You will in-process with the Undergraduate Coordinator on the first day of the rotation (usually Monday). Please report to the Connelly Conference Room at 0730. You will be greeted and introduced to the residents and staff. You will receive a welcome packet with all the information necessary to help you get settled and in-processed your first morning. Your schedule follows:

| | |
|--|---|
| 0730 to 0830 | Morning Report |
| 0830 to 1100 | Orientation |
| * You will be escorted to all necessary locations to expedite your in-processing | |
| 1100 to 1300 | Lunch/Get Settled |
| 1300 to 1400 | Join a clinic – in progress if necessary. |

- What uniform do I need to bring? Will I need my white coat?

Uniform requirement for the rotation is the Class B or ACU (or its equivalent if you are from another service branch). For after hour's activities, it is casual unless otherwise directed. Heightened security is paramount on Ft Benning, so keep identification readily available. Military P.T. uniform is required for Thursday afternoon residency P.T.

WEEKLY SCHEDULE (INCLUDING CALL/WEEKENDS)

Didactic requirements for the rotation:

Lectures are an integral part of your clerkship experience. Morning report and lectures are held in the Connelly Conference Room located in the Family Medicine Clinic area on the 1st floor of the hospital.

| | |
|---------|-------------------------------|
| Mondays | 0730 to 0800 – Morning Report |
| | 0800 to 0830 – Team Rounds |

| | |
|------------|--|
| Tuesdays | 0730 to 0830 – Lecture |
| Wednesdays | 0730 to 0800 – Morning Report 0800 to 0830 – Team Rounds |
| Thursdays | 0730 to 0830 – Lecture 1200 to 1300 – Hospital Grand Rounds (Baugh Conf. Rm – 2 nd Floor) 1630 to 1730 – Residency PT (Dress is military PT uniform) |
| Fridays | 0730 to 0830 – Journal Club/AAFP quiz Bowl |

During morning report, the residents present 1-2 cases from admissions that occurred the night before. Team rounds are a small group discussion on selected topics. Third year students will be required to present a 15 minute presentation during one of the team rounds discussions. Each fourth year medical student will be required to present a case at morning report followed by a 10-15 minute discussion of the diagnosis.

Call:
Students are on call once per week. The call schedule is flexible in order to meet educational needs and travel arrangements. You will not have any weekend calls (Fri-Sun). Medical students are eligible for two types of call:

1. Medicine Call – Mon-Thur 1700-2400
2. Pediatric/Obstetrics Call – Mon-Thur 1700-2400

OTHER ROTATION REQUIREMENTS

Administrative requirements

1. Patient Log – This is required by USUHS and strongly encouraged for HPSP students. Make sure you document all patient encounters and have a preceptor co-sign.
2. Mid- and End-of-Clerkship Review Checklist (In welcome packet) this is part of your grading sheet. Please review and bring to your mid- and end-rotation feedback sessions.
3. Preceptor Forms (In welcome packet) please provide one to every preceptor with whom you work. Ask them to go over it with you at the end of the clinic, call, etc, and then return it to the Undergraduate Coordinator. These will be discussed during your sessions and constitute a portion of your overall grade.
4. Family Study – Required by USUHS. Not required for HPSP.
5. Journal Club – Usually one Friday morning per month. Attendance is required.

Interview information

1. Interviews for fourth year students applying to Family Medicine Residencies is welcomed and encouraged during your rotation or at a separate visit.
2. The interview schedule will require that you wear class A uniform or service specific equivalent.
3. You will receive a presentation about our program and the community.
4. You will interview with the Program Director and a Chief Resident and 3-4 other faculty and residents. A lunch interview will also be provided.
5. Most interviews are complete by mid afternoon and you are welcome to join us in a clinic or depart as needed.
6. For more details and to schedule your interview either during your rotation or at a separate time, please contact Mrs Sylvia McKee at 706-544-1556 or sylvia.chapman.mckee@us.army.mil

LODGING INFORMATION

1. Lodging is available on post.
2. For details and appropriate contact numbers please contact Mrs. Sylvia McKee at 706-544-1556 or sylvia.chapman.mckee@us.army.mil

DIRECTIONS/MAPS

Please contact Mrs Sylvia McKee at 706-544-1556 or sylvia.chapman.mckee@us.army.mil

LOCAL ATTRACTIONS

Columbus, GA: Local Activities

Columbus has many different activities to offer during your time off. Columbus is home to multiple minor league teams to include hockey, arena football, and baseball. If you are interested in the arts, check for local listings at The Springer Opera House, The River Center, The Human Experience Theatre and The Columbus Museum. The downtown area offers many unique restaurants and a riverwalk that is 11+ miles long that connects to Ft Benning which is great for walking, biking or running. There are multiple golf courses in the area. Callaway Gardens is within 30 minutes of post and Atlanta is 1 ½ hours away. For more information and links to many attractions please visit our web site at <http://www.martin.amedd.army.mil/fprp.html>

ADDITIONAL IMPORTANT CONTACT INFORMATION

Please visit our web site at <http://www.martin.amedd.army.mil/fprp.html>

Please feel free to contact me if you have any further questions.

Undergraduate Coordinator

Dr. Terry Newton

Office: (706) 544-1556

E-mail: terry.j.newton@us.army.mil

Residency Coordinator

Sylvia McKee 706-544-1556

Email: sylvia.chapman.mckee@us.army.mil

Ft Bragg (FBNC)

Womack Army Medical Center



CLERKSHIP OVERVIEW

Welcome to Fort Bragg and Womack Army Medical Center's Department of Family Practice. Our goal is to provide you with an excellent "hands-on" experience in a primary care setting. We would like to expose you to the essence of family practice. As this is the home of the 82nd Airborne Division, you also will be exposed to military medicine and operational medicine at its finest. Your experience here will be second to none.

The schedule will primarily involve seeing clinic patients from Monday to Friday from 0800 to 1630. However, for rotating USUHS and HPSP medical students one night of call taken during rotation with the inpatient service is mandatory. It is also strongly encouraged that students seek learning opportunities after hours including but not limited to further inpatient admissions, deliveries, and care of complicated ward patients during their Inpatient (FPIT) week to maximize their time up to the 80 hour restriction.

Depending on scheduling volume some students will also rotate at one of the outlying clinics on Fort Bragg. In this event a dedicated preceptor will be assigned that is a highly regarded recent graduate, recently retired former command & faculty staff, or clinic staff that assists with call responsibilities at WAMC and is familiar with a teaching environment. Additionally 4th year medical students on electives, and 3rd year medical students who score exceedingly high on their first 4 weeks of rotation will have the opportunity to rotate with outlying Operational staff that are affiliated with the WAMC teaching environment. Finally, when available, visitation to the VA nursing home for geriatric exposure can also be scheduled by coordinated request through the geriatric coordinator.

FAQ:

- Who is/are my points of contact when I arrive? Where and when do I report on my first day?
 - **POC: MAJ Michelle Callahan MD Undergraduate Coordinator**
 - First day present to Morning Report in the center of the back of the Family Medicine Clinic located on the left hand side of the All American Entrance of the main medical mall. Proceed to the FP main conference room at center rear of the FP clinic. Please arrive at 07:00 for Brief orientation of the clinic. Hospital orientation facilitated by Ray Sanders usually lasts until 10:00 when a more lengthy orientation to the clinic, as well rotation expectations are laid out by Dr Hobart Carr. **Be sure to bring your immunization record, orders and BLS card.**
 - Scheduling of the Student academic calendar is flexible, but it is always best to contact me prior to the rotation with leave requests to coordinate scheduling at least 6 weeks in advance.

- What uniform do I need to bring? Will I need my white coat?
 - The Army ACU will become standard on 1 OCT 07 for Army LT's. BDU acceptable until that point for Army LT's. BDU or Class B's acceptable for Air Force, equivalent Naval Uniform.
 - Strongly Encourage Class A uniform for formal interview to WAMC FP program.

WEEKLY SCHEDULE (INCLUDING CALL/WEEKENDS)

| Day | Mon | Tues | Wed | Thur | Fri | |
|-------------|----------|----------|----------|----------|----------|--|
| Time | | | | | | |
| 0715-0745 | MR | MR | MR | MR | MR | MR - Morning Report |
| 0800-1200 | *Clinic | Clinic | Lecture | Clinic | Clinic | *Clinic ends at 1130 on lecture days |
| 12:45-13:30 | PCC | PCC | Lecture | PCC | PCC | PT - Optional physical training for students |
| 1300-1630 | *Clinic | Clinic | *Clinic | Clinic | Clinic | *Clinic starts at 1330 on lecture days |
| 1630-1700 | charting | charting | charting | charting | charting | ACC - After Clinic Conference |

1. You will be assigned a staff or senior resident to work with each clinic. If the schedule has changed and the assigned provider is not in clinic, please see the undergraduate coordinator or the preceptor to assist in finding someone to work with. Note writing responsibilities will be at the discretion of the clinic preceptor. With AHLTA access generating EMR notes for review and signature by Faculty and Residents is strongly encouraged. If not available due to technical inadequacies paper documentation is necessitated to assist with documentation burden and the learning process.
2. You are responsible to dispense evaluations to the individuals you are working with upon completion of each half day clinic. Preceptor offices are usually located on team hallways assigned or near that hallway. These are used for final grading and useful feedback. Feedback forms can be found in the drawers in the clinic rooms and are dispersed in the orientation packet. It is recommended that you make a minimum of 30 copies upon receipt.
3. Students are expected to touch base with the Undergraduate Coordinator briefly at the end of each week and mid rotation for mid-evaluation assessment and feedback. If needs are not being met on any level, housing, travel or within the teaching environment, alterations in the schedule can be permitted to meet individual needs.
4. Additionally, schedules for each provider can be printed to allow you advanced reading of the topics **prior to clinic**. This preparedness increases ability for students to engage encounters in a timely fashion, report a concise and leading case based on a focused history and physical exam. Such prescreening leads to narratives that highlight pertinent positives and negatives, enhance clinic efficiency and reflect highly upon students. I highly encourage assigned reading based on your school requirement and/or review articles on diagnosis seen in clinic. An excellent source is www.aafp.org - this site has articles dealing with all relevant clinic topics. A study guide from the AAFP is also available in your on-site orientation packet but should not supersede the reading materials or guides provided by your institution. LAN access for internet searching after hours should also be available at your temporary housing. If this is not available please let me know to facilitate proper accommodations.
5. Further enhancement your final evaluation can be made when students willfully engage in additional academic pursuits. Recommendations include preparing topics for Pre-Clinical Conference, Inpatient rounds while on FPIT, Delivering Lectures to PA students between 0715 and 0930 on Wednesdays, and during Morning Report.
6. For USU students the Family Study is also a compulsory activity. Please see Mr. Buryk our behavioral scientist during your first week of rotating as he will give you additional samples of highly regarded prior works that will assist with the format and requirements of this activity. Safety should never be questioned during this activity, students should always engage in visitation to homes outside WAMC in pairs, or with a preceptor. If there are any concerns the students should meet with potential interviewees in a private neutral location that can be arranged.

Additional Information

There is a main dining facility and small PX on the ground floor under the inpatient tower on the Riley Road side of WAMC. On the main floor near the pharmacy is a snack bar. A staff lounge with a refrigerator and microwave oven is available in the clinic. For any refrigeration of medications please see Dr. Carr 910-907-6383 for assistance.

The resident library is located in the preceptor/library room and available for your use at any time. Door codes will be demonstrated at in processing. Additionally, the main library is located on the ground floor near the dining facility.

Numerous Gyms are available for USU and HPSP use while on active duty. The nearest Gym is located directly across Riley Road from the Hospital.

On completion of your rotation it is essential that you follow protocol and visit Rays Sanders to return your hospital badge.

For USUHS students it is incumbent upon the student to visit IMD to ensure that changes made to allow access to AHLTA and other local computer systems have been reversed to allow access at future training destinations. This instruction sheet is included.

Lodging information

Students who rotate at Fort Bragg stay in local billeting near the hospital. A dining facility within the hospital provides breakfast, lunch, and dinner services and a snack bar within the hospital provides services at all other daytime hours

Additional Important Contact Information

Important phone numbers and web addresses are listed below.

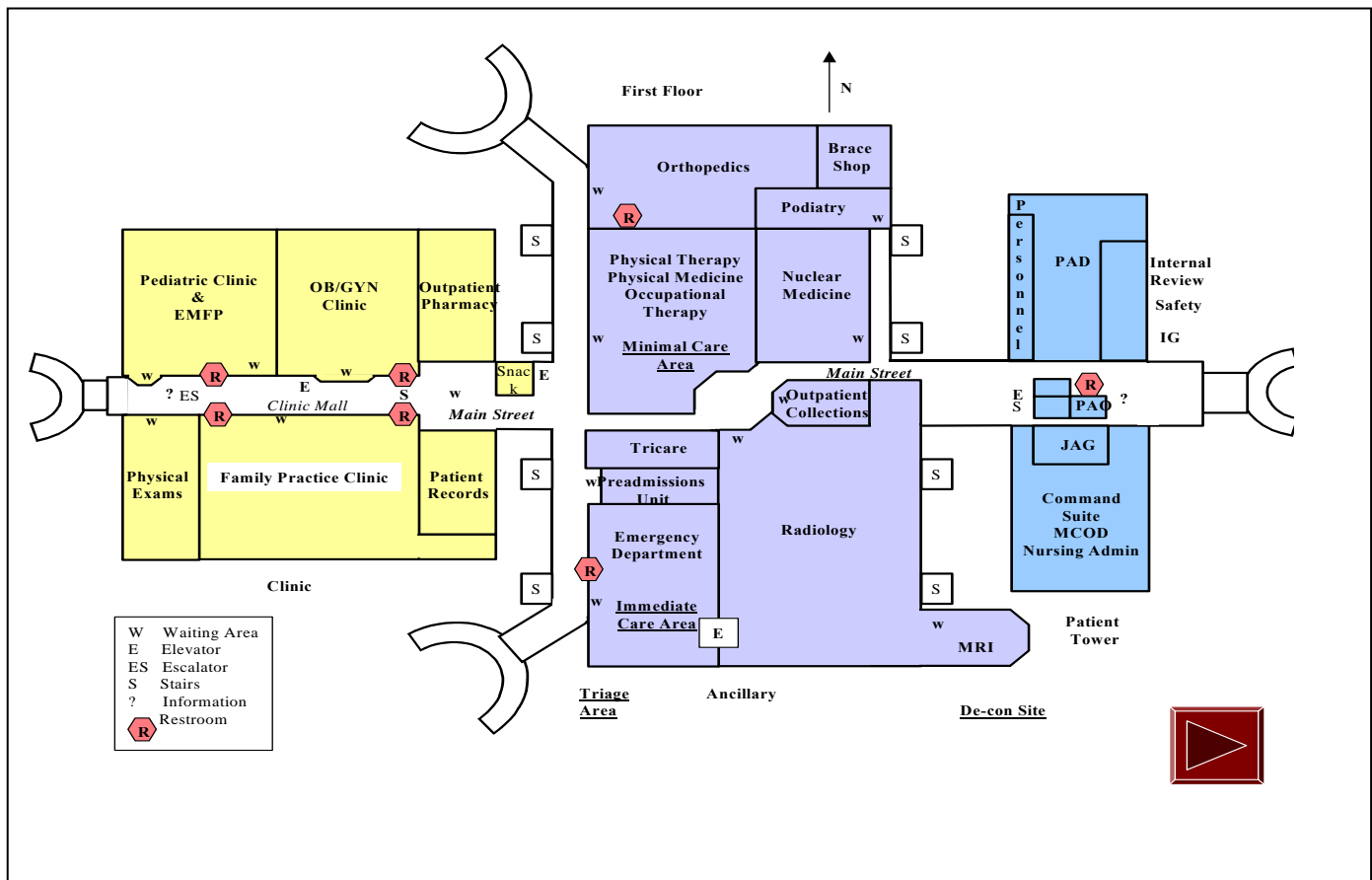
| | | | |
|-----------------------|----------------------------------|----------------|--|
| Mr. Ray Sanders | Medical Education Coordinator | (910) 907-7698 | raymond.sanders@amedd.army.mil |
| LTC (P) James Liffrog | Residency Director | (910) 907-8251 | james.liffrog@us.army.mil |
| MAJ Michelle Callahan | Acting Undergraduate Coordinator | (910) 907-8407 | angelita.callahan@us.army.mil |
| Mrs. Patricia Martin | Residency Coordinator | (910) 907-8007 | patricia.martin@na.amedd.army.mil |

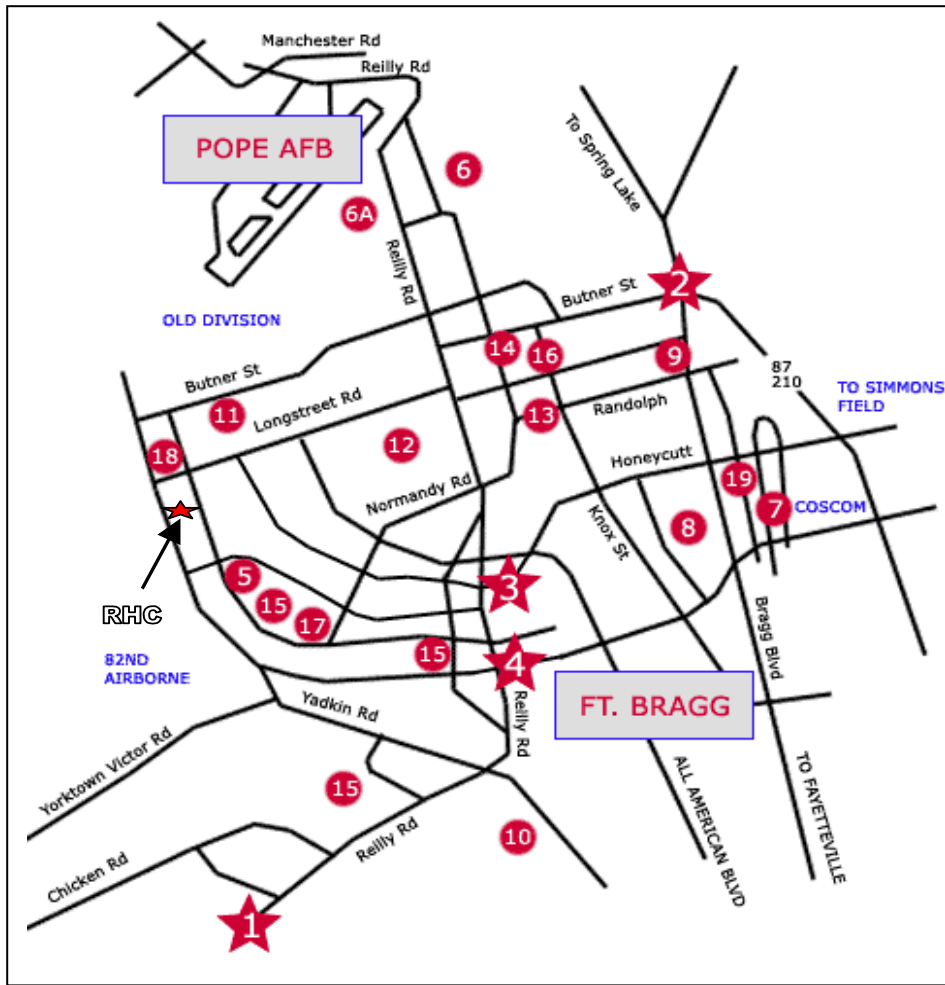
Local Attraction

Cumberland county and the city of Fayetteville is located in central North Carolina. The climate is ideal for outdoor activities of all types. We are two hours from beautiful beaches and an hour away from world-renowned golf courses. Western North Carolina is also blessed with beautiful mountains, great for hiking and camping. Just north of Fayetteville is the research triangle of Raleigh, Durham, and Chapel Hill. This area is the home of some major universities and has the offerings of a culturally rich metropolitan area. For information on the post and the city, visit the respective web sites at www.bragg.army.mil and www.fayettevillenc.com.

MAPS

First floor map of Womack:





1. South Post Mall
2. North Post Mall
3. Mini Mall
4. Smoke Bomb Hill Shopette/Class 6
5. Airborne PX
6. Pope AFB Shopette/Class 6
7. Coscom Shopette/Class 6
8. Malonnee Village
9. Main Store Class 6
10. Pines Class 6
11. Old Division Shopette
12. Womack Hospital
13. Car Care/Wrecker
14. AAFES Administration
15. Barber Shop
16. Main PX/BX
17. York Theatre
18. Car Wash
19. Hardess

Ft Gordon (EAMC)

Eisenhower AMC, Family medicine Residency Ft. Gordon, GA



CLERKSHIP OVERVIEW

THE ROTATION

Student doctors will see a broad range of patients with assigned staff and resident preceptors. Students will see healthy and ill adults, elderly, newborns, children, adolescents, and pregnant women. In addition to the outpatient clinic experience, students will also participate in a week of inpatient service and a variety of procedure clinics (Flex Sig, Vasectomy, Colpo, GXT, Minor Surgery), Sports Medicine Clinics and Troop Medicine Clinic. Students take call one night a week with the inpatient team. Daily lectures will include morning report, residency didactics, and dedicated student lecture time. After Clinic Conference will complete most days.

THE SITE

Eisenhower AMC is located on Ft. Gordon, GA, home of the Army Signal Corps. It is just west of Augusta, GA, home of the Masters® Golf tournament each April. It is a 470-bed facility that serves as the referral center for the Southeast Regional Medical Command (SERMC). The Family medicine Clinic (FPC) provides outpatient care to active duty soldiers, their dependents, and retiree beneficiaries. More than 100,000 patient visits occur in the FPC each year. The climate is hot and humid during the summer and is temperate the remainder of the year.

FAQ:

- Who is/are my points of contact when I arrive?

CPT Aaron Carlisle

Undergraduate Coordinator

Office: (706) 787-8785 Pager: 706-787-8084 ext. 0590 Home 706-855-6341 Cell 706-564-4055

E-mail: aaron.carlisle@us.army.mil

DDEAMC POC – Ms Monica Jernigan, Office of Medical Education (11th Floor)

- Where and when do I report on my first day?

All students rotating through Eisenhower for a Family medicine rotation should report to Morning Report in the Family medicine Clinic Conference Room at 0730 on the day of their arrival. Following Morning Report, Dr. Carlisle (or his surrogate) will meet all new students and arrange for an orientation to the rotation and the Family Medicine Department. You will also spend the morning in-processing in the hospital (Provost Marshal, Medical Library, Infection Control, etc) starting at the GME office on the 11th Floor.

- What uniform do I need to bring? Will I need my white coat?

You may wear Class B's or BDUs-your preference.

WEEKLY SCHEDULE (INCLUDING CALL/WEEKENDS)

DAILY SCHEDULE - Posted on Student Room door by 0730 each Monday. Will include ½ day clinics w/ various providers, procedural clinics, reading time, and lectures. (Afternoon clinic starts at 1245 except Thursday clinic starts at 1340.) Report to morning report and ACC with "Reading Time".

FMED/INPATIENT-Each student will do one week (Sun-Fri) on our inpatient service. You will start at 0800 on Sunday am in FP Conference room, and take call on that first day. Also you will take one additional night call that week. (pager for the team: x0078) *What you put into this week is what you'll get out of it. Do not expect spoon-fed learning.* You will sign for and be responsible for a pager while on inpatient team. (x1446)

CALL SCHEDULE – USUHS and HPSP will do call while on inpatient only (see above).

MORNING REPORT - M,T,W,F - 0730 Family medicine Conference Room. BE ON TIME! Participate!

DIDACTIC INSTRUCTION - Thursday am from 0800 - 1200 is the weekly residency academic time. Schedule of upcoming topics is posted in hallway. Read ahead of time to better prepare yourself and enhance learning.

AFTER CLINIC CONFERENCE - M, T, W, Th - 1630-1700 in the FP Conference Room. Participate!

OTHER ROTATION REQUIREMENTS

CLINIC EVALS - All students should provide the appropriate evaluation form to preceptors after clinic session. USUHS 3rd Years have their own form; all others use the standard evaluation form (both found in the student room). This is the primary source of my information for your final evaluation, so the more of these I receive, the more accurately my final evaluation will reflect your performance. Give one to the inpatient staff and one to the resident (not intern) while on inpatient service. **Do not give out evals for procedure clinics.**

FAMILY STUDY/HOME VISIT - 3rd Year Students must complete. See the accompanying handout for the requisite components in completing this report. **Identify your patient/family early so that you don't run into problems completing this requirement in a timely fashion.** Submit 2 copies at end of rotation (one to me, and one to the patient's PCM). Patient needs to be Family Medicine.

LOG BOOK/PASSPORT - All 3rd Year students must complete. Please be as thorough as possible. Notify Dr. Carlisle at the mid-point if you are having trouble completing your requirements. Use this documentation process to reinforce attention to preventive health maintenance. Submit at middle and end of rotation to me (and to MCG on test day).

EXAMS - MCG 3rd Years take 2 essay exams during the rotation, one at the mid-point and one at the end of the rotation. A final exam will be given to both MCG and USUHS students at your respective institutions.

TEXT (S) - You should bring with you one of the standard FP textbooks. This should be an integral part of an ongoing reading program throughout the rotation. Read at least one chapter at night on what you saw that day in clinic and one chapter on a new diagnosis.

CLINIC EXPECTATIONS

- Introduce yourself to your preceptor.
- Introduce yourself to the patient - "Good morning, I'm Student-Doctor Smith working with Dr. Jones today." (Do not wait to introduce yourself to preceptor unless working with Dr. Scurry-Dev Peds.)
- Take and document a directed but appropriately thorough history and physical exam.
- Look up medications, lab results, and rads as appropriate. (If you have not received your passwords by your 2nd week, please alert Mrs. Windley in Admin and/or me.
- Generate a differential diagnosis list and form an assessment based on the above.
- Present the case briefly but thoroughly to the preceptor (3 minutes or less) following the SOAP format.
- Formulate a treatment plan based on the assessment.
- Write accurate, legible and complete SOAP note based on above (at least one per clinic). Make sure you include additional information from preceptor's interaction with you and the patient. Remember patient education and preventive strategies when appropriate.

- Update your logbook.
- Give preceptor an evaluation sheet after the clinic. Don't be afraid to ask for immediate feedback.

GOING THE EXTRA MILE

- Give a morning report case presentation. Seek guidance from FMED residents in organizing the presentation.
- Present a case to After Clinic Conference.
- Actively participate in morning report discussions, Journal Club, lectures, ULTIMATE FRISBEE, etc.

LODGING INFORMATION

Most students are lodged at the BOQ, Griffith Hall. It is a 5-minute walk from the hospital/clinic. You can make arrangements for the BOQ by contacting Ms. Jadwiga Hutko in the GME office at 706.787.4657(DSN 773-4657) at least 2 weeks prior to arrival. She should give you a lodging confirmation number. If you bring a POV, you will need to register it with Fort Gordon with a valid driver's license, vehicle registration, and proof of insurance. If the vehicle isn't registered in your name, then you will need power of attorney or a signed, notarized letter from the owner authorizing their permission for you to operate the vehicle at Fort Gordon.

DIRECTIONS/MAPS

Ft. Gordon is most easily accessed off of I-20. Take I-520, the Bobby Jones Expressway, to the Gordon Highway exit (Exit 3A) and head west. Go approximately 3 miles to Gate 1 and turn left onto the Post. From there, follow the signs to Eisenhower or the BOQ.

ADDITIONAL TIPS

- Have your housing arranged prior to your arrival. Please contact GME coordinator ASAP if you are having trouble arranging housing.
- Though on-post housing is convenient, bring a car if at all possible.
- Getting onto post in the mornings can take a while at Gate 1. 100% ID check is in effect. Please plan accordingly if you are arriving from off-post. Do not attempt to enter through Gates 2 or 5. You will have time to get your vehicle registered at Darling Hall during your first day-bring registration in your name (or POA to use vehicle if in another's name).
- **DO NOT TALK ON CELL PHONE WHILE DRIVING ON POST.** Post starts at the light at Gate 1.
- On-post activities include exercise facilities (gyms, pool, etc.), bowling alley, movie theater, golf course, sportman's club, and many lakes for fishing.
- Atlanta, Charleston, SC, Savannah, GA, Asheville, NC (mountains) is all within 3 hours. If interested, plan on weekend trips to any of these popular destinations.
- **You're going to love it here-expect to work hard and have a good time!**

APPLYING TO RESIDENCY

Arrange interview with me or with our administrative assistant Ms. MeShawn Windley (706.787.9358) Provide copy of your CV and Personal Statement prior to your interview date if possible.

Ft Hood (DACH)

Carl R. Darnall Army Medical Center Family Medicine Residency Program Ft Hood, TX



CLERKSHIP OVERVIEW

Carl R. Darnall Army Community Center is home to the Army's newest Family Medicine residency, which opened in 2000. The program has fifteen residents, five per year group. The program's teaching staff includes six board certified family physicians and one Army family nurse practitioner. Ancillary teaching staff from other Family Medicine clinics at Fort Hood participate in the residency program on a weekly basis. Teaching staff spend a majority of their time in outpatient care, but also perform call for the family medicine inpatient service, follow their continuity patients in the hospital, and deliver babies. Staff is actively involved in research. Several have published papers, presented original research and/or received awards at national meetings including the Uniformed Services Academy of Family Physicians and the American Academy of Family Physicians.

ROTATION SITE

- Fort Hood is the world's largest military base, over 340 square miles. It is the largest employer in the state of Texas.
- Located in Killeen, Texas, 60 miles north of Austin, it has a population of 218,000.
- Self-contained clinic located within Carl R. Darnall Army Medical Center, a 186-bed community hospital, which serves a local patient base of 102,000 patients. The Darnall Family Medicine Center has approximately 6,000 enrolled patients.
- The center averages 4,000 patient visits per week.
- Fort Hood serves as a rotation site for medical students from the Uniformed Services University of Health Sciences as well as a site for many medical students with military obligations attending civilian medical schools (HPSP).
- Affiliated with four outlying Family Medicine clinics employing Army and civilian nurse practitioners, physician's assistants and family physicians.

| CLERKSHIP REQUIREMENT SUMMARY |
|---|
| Morning report, after clinic conferences, weekly didactics, journal club, and weekly physical fitness sessions |
| Formal lecture (20 minutes) for a morning report using Powerpoint. Usually based on case seen during your time here at the program. Confirm date with chief residents. |
| Call 2 nights (including 1 weekend day) |
| Completion of Clinical Passport |
| Family Study (USUHS 3rd year students only). This |

includes a 20-minute PowerPoint presentation during after clinic conference (usually the Monday or Tuesday prior to departure), as well as a completed PASS-C and one page summary consult

FAQ:

- Who is/are my points of contact when I arrive?

Undergraduate Coordinator
Maj Scott Deitche
Williams.deitche@amedd.army.mil
Work: 254.288.xxxx
Pager: 254.903.xxxx

Residency Coordinator
Ms. Barbara Best
E-mail: Barbara.Best@amedd.army.mil
Work: 254.288.8234
Fax: 254.286.7196

- Where and when do I report on my first day?

New students should report at 0730 to the Family Medicine Residency classroom for morning report. The Family Medicine Center is located on the 1st floor of Darnall Hospital to the left of the information desk. The classroom is just inside the Family Medicine Center on the right. After morning report, new students will meet with the medical student coordinator for orientation. Students will also in process from 0800-0930 in the GME office which is on the 2nd floor of the hospital in room 2419.

- What uniform do I need to bring? Will I need my white coat?

You may wear BDUs/ACUs or Class B's; ACUs are what most wear here. If you plan to do an interview, please bring your Class A's. White coat is not required.

WEEKLY SCHEDULE (INCLUDING CALL/WEEKENDS)

DAILY SCHEDULE:

Medical students are given a schedule to follow which rotates them with each of the staff and chief residents for half-day blocks. Students see patients appointed to the particular staff with whom they are working. Clinic schedules are available ahead of time with patient information and chief complaints so appropriate patients can be selected to meet the learner's needs. Scheduled patients are seen between 0800 – 1200 and 1300 – 1600. Patients are usually appointed every 15 minutes, but students work at their own pace, with no set number of patients required per half day. Past students have typically logged between 80 and 100 patient encounters during a 4-week rotation. Procedure clinics are purposefully included in the student rotation schedules. These include minor skin surgery, treadmills, vasectomies, colposcopy and flexible sigmoidoscopy.

Attendance is required at daily morning report (0730-0800) and afternoon clinic conference (1615-1700), as well as scheduled didactic lectures (Thursdays 0800-1200). Attendance is required at weekly Physical Fitness Sessions held on Thursday mornings from 0615-0700. Make sure you bring you PT uniform and a reflective vest.

Students are given one to two half days of library time per week. This is to be used for medical reading, preparation of case presentations, and developing their family study.

CALL

Medical students are required to pull Family Medicine call twice per month and must include one 24-hour call period (Sat, Sun, or Holiday) during the month. During the week, you can meet the on-call team by paging the resident at 1700 at 903-2616. On weekends, call is from 0800-0800 (meet the on-call team in the ICU on the 2nd floor at 0800). **Plan your call days by the end of your first week.**

PROCEDURES

The full scope of primary care procedures is performed in the Darnall Residency Center. Procedure clinics are specifically included in each medical student's rotation schedule. Labor deck time is not a part of the structured rotation, but students are welcome to participate in newborn deliveries with staff when the occasion arises. The following procedures are performed routinely in our clinic:

- Vasectomies
- Minor skin procedures and biopsies
- Colposcopy
- Endometrial biopsies
- Flexible sigmoidoscopies
- Nasopharyngoscopy

OTHER ROTATION REQUIREMENTS

COMPUTER USAGE

All medical students must complete the required HIPAA training and Computer Usage-Information Assurance training. Training completed prior to entering CRDAMC will greatly speed-up the inprocessing time and allow students to quickly begin their scheduled rotation. Temporary medical students must complete or provide a certificate of completion to be waived from the inprocessing class/training. The training is available at the following websites:

HIPAA: <https://mhsllearn.csd.disa.mil>

Computer Usage: <https://ia.gordon.army.mil>

MORNING REPORT LECTURE

All medical students must present a 15-20 minute case presentation with a formal lecture component at morning report. Please use PowerPoint slides. It is best to use a case from your week on the inpatient service, but unique clinic cases are welcome. You **MUST** schedule this via the chief residents. Schedule time prior to the presentation to review your slides with the chief residents and /or myself.

FAMILY STUDY

USUHS 3rd year students must present a family study during an after clinic conference the final week of the rotation. Please ask a resident or staff member to suggest a family. You will need to schedule a date and time for this presentation with one of the chief residents. Please provide a copy of your presentation to the site coordinator on the day of your presentation.

FEEDBACK AND EVALUATION

Students will receive daily and mid-rotation feedback as well as end of rotation evaluations. There is a daily feedback form that you are responsible for giving to your preceptors each ½ day of clinic. Please make sure these completed forms are returned to the undergraduate coordinator as soon as possible. Either the undergraduate coordinator or his/her surrogate will provide your mid-rotation feedback and end of rotation evaluation. Ensure these are scheduled in advance. Please ask questions if you have concerns.

INTERVIEWS

Some students will want to interview for the residency during their rotation. Please see Mrs. Best, Program Coordinator, during your first week to schedule this. Please bring a current curriculum vita and personal statement with you if you plan to interview.

LEAVE/APPOINTMENTS/REQUESTS

Leave/vacation must be scheduled through the appropriate channels at your institution. We need a copy of your time-off paperwork for our records. Please keep these requests to a minimum.

IMPORTANT PHONE NUMBERS

- Family Medicine Center: (254) 288-8280/8281
- Keith Ware Hall (BOQ): 254-532-8233 ext 4003 (check in before 1800 on the date of arrival. If you do not check in before 1800, the reservation will be cleared from the system). A credit card will assure the reservation.

LOCAL ATTRACTIONS

Salado. This place is a historic little town about 20 minutes from the Harker Heights area. It has beautiful shops, great restaurants, and carriage rides. There are numerous quaint bed and breakfasts if you want to get away. Some Darnall staff even live there. The restaurants are a refreshing break from the chain restaurants here in Killeen. Some recommendations are "Pietro's"- Italian, "The Mansion"- Tex Mex, "The Carriage House"- expensive continental, and "The Range"- expensive steak/seafood.

Austin. It is the closest big city (about an hours drive), and it has about everything you could want with minor exceptions. Here's a brief list:

- LBJ Library
- 6th Street and the Warehouse district great clubs, micro breweries, restaurants, etc.
- Live music capital of the world
- State Capitol
- Excellent Rock Climbing in Zinkler Park
- Closest international airport
- Austin Zoo
- University of Texas-excellent college football, basketball, etc.
- Excellent shopping-i.e. there is an REI there!
- Check out Whole Foods or Central Market if you are into Grommet Groceries
- Children's Museum

San Antonio. Great town that is 2 hours from Ft. Hood. Here's a brief listing:

- San Antonio Zoo
- Splashtown Waterpark
- Fiesta Texas: A Six Flags Theme Park
- SA Spurs Professional Basketball Team
- Sea World
 - Imax Theater
- Ripley's Believe it or Not
- SA Museum of Art
- McNay Art Institute
- World famous Riverwalk

Jacksonville (JAMC)

NAVAL HOSPITAL JACKSONVILLE FAMILY MEDICINE CLERKSHIP



CLERKSHIP OVERVIEW

Naval Hospital Jacksonville is home to the oldest and largest Family Medicine Residency in the Navy. The hospital is a busy community hospital with 91 active beds. We have over 10,000 admissions and 1,100 deliveries annually. Our Family Medicine Clinic has over 14,000 enrolled beneficiaries with over 75,000 outpatient visits per year.

Our residency is a 12-12-12 program. We divide the residents and faculty into three teams, each of which functions much like a group practice. Residents obtain a superb mix of experiential and academic instruction with high-volume opportunities for much “hands-on” learning. Procedural training is excellent and trains residents to perform flexible sigmoidoscopy, vasectomy, colposcopy, exercise treadmill tests, and an assortment of minor procedures. Our program places a great emphasis on evidence-based medicine, and teaches a scholarly approach to clinical problem solving. Many of the FP faculty members have additional fellowship training with an organizational commitment to educational excellence.

The Family Medicine clerkship is designed to give the student a broad exposure to Family Medicine. Each student is assigned a primary staff preceptor and primary upper-level resident preceptor. These preceptors serve a large role in assuring that your clinical encounters provide maximal experience and learning. Students will spend the majority of their clinic time with these preceptors, but other faculty and residents will often precept as well. In addition to Family Medicine outpatient clinic, students will usually spend brief amounts of time in procedure clinic, labor & delivery, and occasionally, the Family Medicine inpatient service.

FAQ:

- Who is/are my points of contact when I arrive? Where and when do I report on my first day?

On the first day of the rotation, students should report to Jaqui Garrison, GME Assistant Coordinator, Green side Family Medicine Clinic (2nd floor-Room 2714) at 0730

- What uniform do I need to bring? **Typical uniform of the day for each branch of service. Khaki's for Navy.**

WEEKLY SCHEDULE (INCLUDING CALL/WEEKENDS)

Subsequently, each morning at 0730, students attend Change of Watch (COW), a morning report led by the off-going MOOD (Medical Officer of the Day). These interactive case discussions are designed to bring out major teaching points based on the night's admissions. Following COW, students will usually be involved in clinic with one of their preceptors. Wednesday mornings for students are devoted entirely to didactic and interactive instruction by FP faculty. Mondays, Tuesdays, Wednesdays, and Fridays, you will attend noon conference with the residents and staff. These 50-minute didactics cover a wide variety of topics, and are presented by various faculty members throughout the hospital (or the local area), or by residents on specific rotations. Thursday at noon, the residents have admin time. You may use this hour to read or run errands. At 1300 on Thursdays, you should attend the weekly Team Meeting of the team on which you are assigned. Ask your resident or staff preceptor for the location. Most afternoons will be devoted to clinic time. We highly encourage you to read about your clinical encounters to enhance your understanding of key clinical concepts. Additionally, reading just one chapter per night in your text will help you excel on the rotation, and more importantly, as a physician.

LOCAL ATTRACTIONS

Jacksonville, Florida- A Great Place to Visit or Live

Located on Florida's First Coast, Jacksonville offers superior outdoor recreation opportunities – golf, boating, fishing, great beaches, minor league baseball and professional football. Theatre and various cultural events have become a staple of Jacksonville entertainment. St Augustine is just a short drive away, and the many fabulous activities and attractions of central Florida are only two to three hours away!

We look forward to seeing you!

Pensacola (PNMC)
Family Medicine Clerkship at Naval Hospital Pensacola



CLERKSHIP OVERVIEW

The goal of the Family Medicine clerkship at Naval Hospital Pensacola is to provide students with a broad exposure to the specialty and practice of military family medicine. Students spend most of their time in the Family medicine Clinic seeing a variety of patients under the supervision of staff family physicians and senior family medicine residents. There are opportunities to assist with procedures such as flexible sigmoidoscopy, colposcopy, vasectomy, and treadmill testing. Students will also get to see patients in a variety of different settings such as a military Sports Medicine Clinic, an Aviation Medicine/Family Medicine Clinic, and an active duty Branch Medical Clinic at a local air station. Exposure to the family physician's role in providing inpatient care including obstetrics is provided in the form of standing night watches. The emphasis for students is on educational experiences during those call nights. There are daily didactics provided at Morning Report and Noon Conferences as well as weekly Family medicine Teaching Rounds during which students have the opportunity to meet with a staff family physician to cover selected educational topics.

Naval Hospital Pensacola is a sixty-bed community hospital that also sponsors one of the five Navy Family Medicine residency programs. A variety of specialists are available in-house including Cardiology, Paleontology, Obstetrics/Gynecology, Urology, and Gastroenterology. There is an active Obstetrics practice at the Naval Hospital with Perinatology and Neonatology support available from nearby civilian institutions. Students that are interested in applying for residency training at NH Pensacola are encouraged to interview while on their rotations.

FAQ:

- Who is/are my points of contact when I arrive?

Clerkship Coordinators Capt (ret) Donald Mason
Phone # 850-505-6372
E-mail Donald.mason@med.navy.mil

GME Coordinator Ms. Barbara Hart
Phone # 850-505-6472
E-mail barbara.hart@med.navy.mil

- Where and when do I report on my first day?

At 0715, report to Ms. Hart (Blue Team – Rm B2082) in the Family Medicine Clinic (2nd floor of outpatient building) to start check-in process. If Ms. Hart is unavailable, please go to Family Medicine Conference Room for morning report and lecture at 0730.

- What uniform do I need to bring? Typical uniform of the day for each branch of service. Khaki's for Navy.
- Will I need my white coat? Yes, especially for call.

WEEKLY SCHEDULE (INCLUDING CALL/WEEKENDS)

To be given to you by Ms. Hart upon arrival.

OTHER ROTATION REQUIREMENTS

Motivation and willingness to learn

LODGING INFORMATION

BOQ at Naval Air Station for Lodging: Phone # 850-456-8661 or 850-452-2755. Call Ms. Hart with any questions. Please identify yourself as a USUHS student as the BOQ has 2 rooms reserved for USUHS students.

DIRECTIONS/MAPS

Additional information on Pensacola area can be obtained by visiting the Naval Hospital Pensacola website at <http://psaweb.med.navy.mil/fpc/>

ADDITIONAL IMPORTANT CONTACT INFORMATION

Important numbers for students desiring to rotate in Family Medicine at Naval Hospital Pensacola include:

- Barb Hart GME coordinator: Phone # 850-505-6472 or Fax# 850-505-6501
E-mail barbara.hart@med.navy.mil

LOCAL ATTRACTION

Pensacola is located on the “Emerald Coast” of Florida, which boasts some of the most beautiful beaches in the world as well as an inordinate number of sunny days during which to enjoy them. Pensacola is known as the “Cradle of Naval Aviation” and the Naval Aviation Museum with IMAX Theatre is a must see. The primary mission of the Navy in Pensacola is training the aviation community for their respective roles in the Navy and Marine Corps. Pensacola is also the home of the Naval Aviation Medical Institute, which trains physicians as Flight Surgeons and offers residency training in Aerospace Medicine. The Navy’s demonstration squadron, the “Blue Angels,” also call Pensacola home. Students will have ample opportunity to experience the highlights of the Pensacola community and will attend a Blue Angels practice show during the Blues’ training months.

Camp Lejeune

Family Medicine Clerkship at Naval Hospital Camp Lejeune Jacksonville, NC



CLERKSHIP OVERVIEW

The Family Medicine Clerkship provides a broad exposure to the specialty of Family Medicine. The outpatient portion of the clerkship is comprised of Family Medicine Clinic and Sports Medicine Clinic. Some of this time is in specialty clinics, including procedures, colposcopy, vasectomy, and exercise stress testing. The inpatient portion is done from Friday morning to Tuesday morning as a part of the inpatient Family Medicine Inpatient Team. During this time you will be caring for adult and pediatric patients admitted to the hospital. The bulk of your in hospital call will be doing 24 hour shifts on the Labor and Delivery Ward. Students can also arrange to work one or two days in other departments, depending on their area of interest.

Naval Hospital General Information: Naval Hospital Camp Lejeune is a community health system advancing force protection through operational readiness and quality health services. The hospital is almost as old as the base itself, having been activated in May 1943. The current hospital facility, however, is one of the newest in the South, opening in February 1983. There are beds for 186 inpatients, expandable to 236, plus general and specialty care outpatient clinics. The facility is built on a 162 acre site just inside the main gate of Camp Lejeune. There are currently 25,000 TRICARE patients enrolled to the primary care clinics, with approximately 2500 Emergency Department visits and 150 deliveries per month.

FAQ:

- Who is/are my points of contact when I arrive?
 - Rae Griggs- see below
- Where and when do I report on my first day?

On the first day of the rotation, students will check in with Rae Griggs (Undergraduate Coordinator and GME Coordinator), located in the Family Medicine Clinic, at the west end of the hospital, on the first floor. They will be given a brief orientation to the clinic, hospital, base, and surrounding area. A printed copy of the schedule will be provided, and specific expectations will be discussed. Plan to arrive at 0700 in the working uniform of the day (e.g. khakis for Navy personnel). Also bring a white coat, stethoscope, and any preferred textbooks. Scrubs are available at the hospital.

WEEKLY SCHEDULE (INCLUDING CALL/WEEKENDS)

Clinic 0730-1700
2 nights on call L+D
One weekend on inpatient team.

OTHER ROTATION REQUIREMENTS

Have fun and ask a lot of questions!!

LODGING INFORMATION

Paradise Point BOQ
910-451-2146 or 910-456-8554

DIRECTIONS/MAPS- SEE LINK BELOW

<http://www.mapquest.com/directions/main.adp?go=1&do=nw&rmm=1&un=m&cl=EN&qq=hlF3hzNT9tNhURP0HLlhh9UYBmHRqyBceg4Gkon14D8uewLk7pjHQ%253d%253d&ct=NA&rsres=1&1v=US&1ffi=&1l=&1g=&1pl=&1v=&1n=&1pn=&1a=&1c=bethesda+&1s=md&1z=&2v=US&2ffi=&2l=&2g=&2pl=&2v=&2n=&2pn=&2a=100+brewster+blvd&2c=camp+lejeune&2s=nc&2z=28547&r=f>

ADDITIONAL IMPORTANT CONTACT INFORMATION

LCDR Steve Hoag- site coordinator wp-450-3121, cp-910-581-1884 hp 910-388-3668 stephen.hoag@med.navy.mil
Rae Griggs- 450-3138 rae.griggs@med.navy.mil
Pager system- 450-4910

Naval Hospital Camp Lejeune
100 Brewster Boulevard
Camp Lejeune NC 28547
www.nhcl.med.navy.mil

LOCAL ATTRACTION

Coastal North Carolina

Camp Lejeune is a family oriented Marine Corps Base on the southeast coast of North Carolina. Hot summers and mild winters allow a tremendous variety of outdoor and recreational activities for adults and children, both on base and nearby. Sailing, boating, hunting, fishing, beaches & beach houses, golf, swimming, and horseback riding are all available on the base itself.

Affordable housing, low crime rates, inexpensive dining, and southern hospitality are the rule. Wilmington is less than one hour away, with its shopping, history, culture, and fine dining. Raleigh/Durham is three hours, and the Blue Ridge Mountains and Washington DC are six hours from Camp Lejeune. Civil War historical sites and a coastal aquarium are within a one hour drive.

Appendix A: Daily Medical Student Evaluation USUHS Family Medicine Rotation

Student Name: _____

Preceptor: _____

MS: ____ (3rd or 4th year)

Clinic: FP

FlexSig

ETT

Date: _____

Vas

Colpo

Sports

My experience with this student suggests they are in the following stage of medical learning:

| <input type="checkbox"/> Reporter | <input type="checkbox"/> Interpreter | <input type="checkbox"/> Manager | <input type="checkbox"/> Educator |
|---|---|---|--|
| <ul style="list-style-type: none"> - Accurately gathers information - Clearly communicates clinical facts - Performs basic H&P - Recognizes normal vs. abnormal - Identifies & tries to label new problems - Responsible - Demonstrates bedside manner | <ul style="list-style-type: none"> - Essential step for 3rd year medical students - Prioritizes among identified problems - Exhibits diagnostic reasoning: pertinent positives and negatives - Explicitly supported DDx (at least three plausible possibilities) - Active participant in patient care | <ul style="list-style-type: none"> - More knowledge, more judgment, more confidence - Proposes multiple reasonable treatment plans - Usually able to choose right treatment plan for common problems Answers the “how things get done” questions | <ul style="list-style-type: none"> - Goes beyond basics - Reads deeply, thinks critically - Shares new learning with others - Able to distinguish important questions and independently researches them - Has drive and time management skills to look for quality evidence |

Things this student did well:

In order to progress to the next stage of learning, the student should:

Other Comments:

Preceptor Signature: _____

Has this evaluation been discussed with the student? Yes No

R.I.M.E. Framework adapted from Pangaro LN, *Acad Med* (Nov) 74: 1203-07, 1999.

PLEASE RETURN THIS FORM TO DR. COORDINATOR’S BOX ASAP

APPENDIX B: Mid-Rotation Feedback USUHS 3rd Year Family Medicine Clerkship

| | | |
|--|-----------------|---|
| <i>Student</i> | | <u>Round</u> |
| I have been counseled on this feedback: \diamond Yes \diamond No | Rotation dates: | <u>Evaluator</u> |
| <i>Signature</i> | <i>Date</i> | <i>Signature</i> <i>Date</i> |

MID-ROTATION FEEDBACK

CIRCLE ATTRIBUTES OF EXCELLENCE
~~Line through~~ areas needing improvement

INITIAL ROTATION GOALS:

| | |
|---|---|
| <p><u>KNOWLEDGE</u></p> <ul style="list-style-type: none"> • Reads to learn • Anatomy • Physiology • Pathophysiology • Diagnostic tests • Therapeutics • Epidemiology • Social/Behavioral <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>STRENGTHS:</p> <p>IDEAS FOR IMPROVEMENT:</p> |
|---|---|

| | |
|--|---|
| <p><u>APPLYING KNOWLEDGE TO PRACTICE</u></p> <ul style="list-style-type: none"> • Problem lists • Differential diagnoses • Assessments • Plans • Evidence Based • Use of consultants <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>STRENGTHS:</p> <p>IDEAS FOR IMPROVEMENT:</p> |
|--|---|

| | |
|---|---|
| <p><u>COMMUNICATION</u></p> <ul style="list-style-type: none"> • with Staff • with Patients • WITH PEERS • Interpersonal • On rounds • Presentations • Oral • Telephonic • Electronic • Written <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>STRENGTHS:</p> <p>IDEAS FOR IMPROVEMENT:</p> |
|---|---|

| | |
|--|---|
| <p><u>Skill</u></p> <ul style="list-style-type: none"> • History • Physical • Progress notes • Procedures • Time management • Teaching • Leading • Resourcefulness <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>STRENGTHS:</p> <p>IDEAS FOR IMPROVEMENT:</p> |
|--|---|

| | |
|--|---|
| <p><u>Professionalism</u></p> <ul style="list-style-type: none"> • Commitment • Ethical Conduct • Sensitivity to diversity • Dependability • Punctuality • Availability • Flexibility • Appearance • Response to feedback • Teamwork <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;"><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <p>STRENGTHS:</p> <p>IDEAS FOR IMPROVEMENT:</p> |
|--|---|

MID-POINT ASSESSMENT

| | | | | |
|---|---|---|--|---|
| <input type="checkbox"/> <u>Needs Improvement</u> Serious deficiencies and/or unsatisfactory performance: consistently weak in many areas <i>or</i> fully unacceptable performance | <input type="checkbox"/> <u>Needs Improvement</u> Below minimal expectations: marginal performance that is satisfactory in some areas but has one or more deficient area | <input type="checkbox"/> <u>Success</u> Meeting expectations: competent for level of training, satisfactory performance in all areas | <input type="checkbox"/> <u>Success</u> Exceeding expectations: very good performance, strong in most areas and competent in others | <input type="checkbox"/> <u>Excellence</u> Outstanding: consistently strong in all areas, exceeding expectations for level of training |
|---|---|---|--|---|

GOALS FOR THE REMAINDER OF THE CLERKSHIP:

ADDITIONAL COMMENTS:

Appendix C: USUHS 3rd Year Family Medicine Clerkship

| | | |
|--|-----------------|--|
| <i>Student</i> | | <i>Round</i> |
| I have been counseled on this evaluation: <input type="checkbox"/> Yes <input type="checkbox"/> No | Rotation dates: | <i>Evaluator</i> |
| <i>Signature</i> _____ <i>Date</i> _____ | | <i>Signature</i> _____ <i>Date</i> _____ |

| | | |
|--|---|--|
| CIRCLE ATTRIBUTES OF EXCELLENCE Line through unsatisfactory areas | CLINICAL SITE STUDENT EVALUATION | Specific bullet examples are mandatory for "excellence" or "needs improvement" |
|--|---|--|

| | |
|---|--|
| <p><u>KNOWLEDGE</u></p> <ul style="list-style-type: none"> • Reads to learn • Anatomy • Physiology • Pathophysiology • Diagnostic tests • Therapeutics • Epidemiology • Social/Behavioral <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;">_ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <input type="checkbox"/> Not evaluated |
|---|--|

| | |
|--|--|
| <p><u>APPLYING KNOWLEDGE TO PRACTICE</u></p> <ul style="list-style-type: none"> • Problem lists • Differential diagnoses • Assessments • Plans • Evidence Based • Use of consultants <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;">_ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <input type="checkbox"/> Not evaluated |
|--|--|

| | |
|---|--|
| <p><u>COMMUNICATION</u></p> <ul style="list-style-type: none"> • with Staff • with Patients • with Peers • Interpersonal • On rounds • Presentations • Oral • Telephonic • Electronic • Written <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;">_ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <input type="checkbox"/> Not Evaluated |
|---|--|

| | |
|--|--|
| <p><u>SKILL</u></p> <ul style="list-style-type: none"> • History • Physical • Progress notes • Procedures • Time management • Teaching • Leading • Resourcefulness <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;">_ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <input type="checkbox"/> Not Evaluated |
|--|--|

| | |
|--|--|
| <p><u>PROFESSIONALISM</u></p> <ul style="list-style-type: none"> • Commitment • Ethical Conduct • Sensitivity to diversity • Dependability • Punctuality • Availability • Flexibility • Appearance • Response to feedback • Teamwork <p>EXCELLENCE (exceeds std) SUCCESS (meets std) NEEDS IMPROVEMENT (some) IMPROVEMENT (much)</p> <p style="text-align: center;">_ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> | <input type="checkbox"/> Not Evaluated |
|--|--|

| | | | | | | |
|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|
| | A | B | C | D | F | OVERALL EVALUATION, POTENTIAL AND SUGGESTIONS FOR IMPROVEMENT: |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| OUTSTANDING | | ABOVE AVERAGE | ACCEPTABLE | MARGINAL | UNSATISFACTORY | |

| | | | |
|-----------------|------------------|-------------------|------|
| Site Score: /65 | Family Study: /5 | Site Coordinator: | Date |
|-----------------|------------------|-------------------|------|

Appendix D: USU-SOM STUDENT PERFORMANCE EVALUATION
3rd Year Family Medicine Clerkship
AY 2008-2009

Name: _____ SSN: _____

| <u>3rd Year Family Medicine Clerkship</u> | <u>From</u> | <u>at</u> | | | | | | <u>FP03001</u> |
|--|-------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Title | Date | Location | | | | | | Course # |
| <u>AREAS OF PERFORMANCE</u> | | | 1 | 2 | 3 | 4 | 5 | 6 |
| 1. <i>Knowledge</i> : Demonstrates knowledge of established and evolving biomedical, clinical and cognate sciences. Reads to learn. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. <i>Applying knowledge to practice</i> : Demonstrates ability to analyze data and formulate appropriate problem list. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <i>Communication</i> : Skill in oral case presentation | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. <i>Communication</i> : Provides effective interpersonal relationships and teaming with patients, their families and professional associates. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. <i>Skill</i> : Quality of patient histories, physical examinations, and records. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <i>Skill</i> : Performance of technical procedures. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. <i>Professionalism</i> : Adheres to ethical principles and demonstrates sensitivity to diverse populations | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. <i>Professionalism</i> : Demonstrates commitment to, responsibility for, and involvement in learning patient care, including attendance, promptness and availability. | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Explanation of Ratings

- * 1-OUTSTANDING: indicates exceptional performance considering the student's level of training.
- * 2-ABOVE AVERAGE: exceeds expected level of performance based on student's level of training.
- * 3-ACCEPTABLE: meets expected level of performance for the student's level of training. (The great majority of students will be in this category.)
- * 4-NEEDS IMPROVEMENT: has not yet demonstrated the expected level of performance, but has shown potential to do so.
- * 5-UNACCEPTABLE: has not yet demonstrated the expected level of performance or the potential to do so in spite of counseling on this deficiency.
- * 6-NOT OBSERVED: to be used only in instances where there is no basis on which to rate the student on that area of performance.
- * 7-NOT OBSERVED: MAY NOT BE USED FOR 6, 7, 8 ABOVE.
- * OUTSTANDING, NEEDS IMPROVEMENT and UNACCEPTABLE ratings must be justified with specific description of exceptional or inadequate performance.

OBJECTIVE EVALUATIONS OF KNOWLEDGE AND CLINICAL SKILLS:

NBME Subject Exam _____
Individual Scaled Score Rotation Group Mean Quarter x Percentile Rank

Clinical Skills Exam _____
Individual Score Rotation Group Mean

NARRATIVE DESCRIPTION OF CLINICAL PERFORMANCE & SUMMARY OF OVERALL PERFORMANCE

See Reverse

CLERKSHIP GRADE _____

NARRATIVE DESCRIPTION OF CLINICAL PERFORMANCE

SUMMARY OF OVERALL PERFORMANCE

| | Yes | No |
|--|------------------------------|-----------------------------|
| This report has been discussed with the student. | <input type="checkbox"/> | <input type="checkbox"/> |
| A copy of this report has been provided to student. | <input type="checkbox"/> | <input type="checkbox"/> |
| Concurrence of Dept of Family Medicine Education Committee | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**Pamela M. Williams, MD, Lt Col USAF MC
Family Medicine Clerkship Director**