

**MED 3**  
**AMBULATORY CARE CLERKSHIP**  
**COURSE SYLLABUS**  
**JULY 2007 – JUNE 2008**

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**Central**

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**COURSE DESCRIPTION:**

In July 1999 The Ohio State University College of Medicine entered a new era in providing clinical instruction to third-year medical students with the introduction of the Ambulatory Care Clerkship. Since that time, the program has emphasized learning in community-based private practice settings with Family Physicians and General Internists. The third year experience will focus on Family Medicine, and the fourth year will consist of an Internal Medicine rotation.

**The Clerkship at a Glance (4 weeks Ambulatory based Family Medicine)**

The Ambulatory Care Clerkship consists of 1 month with a primary Family Physician preceptor along with an 8 week case based didactic experience. On Mondays throughout the 8-week block (Ambulatory and the paired 4 week Med 3 elective) students will attend case-based presentations delivered by an interdisciplinary group of faculty. When major holidays occur on Mondays (i.e. Labor Day, MLK Day, Memorial Day) didactics are convened on the following Tuesday. **Attendance at weekly didactic sessions is mandatory, and attendance will be taken.**

**Electronic Access to Didactic Materials**

The Ambulatory Clerkship employs electronic methods for distributing didactic materials to students. Electronic files are accessible via the Ambulatory site on Carmen. The Clerkship staff has made printing these materials simple and cost effective for students by including “printable outline” versions of the files. Prior to each didactic day, students are expected to have read through the materials for that day and be prepared to participate in case-based discussions.

### **Ambulatory Core Curriculum**

Discussions among campus-based and community-based clinical faculty resulted in the formulation of the curricular goals and objectives or core content for the Clerkship. The goals and objectives (listed at the end of the syllabus) direct our emphasis on specific common ambulatory problems in adults with which students are expected to gain experience during the rotation.

#### **WEEKLY SCHEDULE:**

Students are **required** to attend all didactic sessions in their entirety and all clinical assignments. The specific beginning and end time of your days in preceptors' offices are determined by your preceptors' schedules. It is understood that some preceptors maintain evening and weekend hours and thus, students would be expected to do so as well. The amount of clinical teaching time will be 9 half-days per week.

#### **ABSENCES:**

Attendance and punctuality at all didactic sessions and clinical assignments is expected. Students who do not meet these attendance expectations are not eligible to receive Honors or Letters grades, and are subject to referral to the Med 3-4 Student Review Subcommittee. In case of absence for serious injury, illness, or personal emergency the student must contact Keri Nuesmeyer, Clerkship Coordinator, within two hours of the start of the session that will be missed. Planned absence may be granted as in the case of a student presenting at a national conference. A form requesting days off must be completed in advance of making travel arrangements. See Ms. Nuesmeyer to obtain the form. Signatures from the preceptor and the Course Director approving the absence and plans for make up time are required. All absences are subject to make up time.

Students who are assigned to a non-commutable location have the option of not coming to Didactics on Monday (if no required activities are scheduled) if they are not planning on returning to Columbus for the weekend. **Arrangements must be made in advance with the Clerkship Coordinator.**

**CLERKSHIP DATES:** The Ambulatory Care Clerkship calendar for 2007-08 is shown below.

**Ambulatory Care Clerkship  
2007-08 Block Calendar**

	<b>Start Date</b>	<b>End Date</b>
<b>BLOCK 1</b>	<b>July 2</b>	<b>August 24</b>
Month 1	July 2	July 27
Month 2	July 30	August 24
<b>*Holiday:</b>	<b>July 4</b>	
<b>Vacation: 8/26-9/3</b>		
<b>BLOCK 2</b>	<b>September 4</b>	<b>October 26</b>
Month 1	September 4	September 28
Month 2	October 1	October 26
<b>BLOCK 3</b>	<b>October 29</b>	<b>December 21</b>
Month 1	October 29	November 23
Month 2	November 26	December 21
<b>*Holiday:</b>	<b>November 12, 22, 23</b>	
<b>Vacation: 12/22-1/6</b>		
<b>BLOCK 4</b>	<b>January 7</b>	<b>February 29</b>
Month 1	January 7	February 1
Month 2	February 4	February 29
<b>*Holiday:</b>	<b>January 21</b>	
<b>BLOCK 5</b>	<b>March 3</b>	<b>April 25</b>
Month 1	March 3	March 28
Month 2	March 31	April 25
<b>Vacation 4/26-5/4</b>		
<b>BLOCK 6</b>	<b>May 5</b>	<b>June 27</b>
Month 1	May 5	May 30
Month 2	June 2	June 27
<b>*Holiday:</b>	<b>May 26</b>	

**\*Holidays taken consistent with preceptor/site schedule**

## REQUIRED LEARNING ACTIVITIES:

The required learning activities for the Ambulatory Care Clerkship correspond to the course goals and objectives. The basic responsibility for accomplishing the course objectives rests with the student. The role of the clinical preceptor is to suggest appropriate patient care experiences in the office and other clinical settings. Faculty didactic presenters will highlight important aspects of diagnosis and management of patients in the ambulatory setting. Clearly, the breadth of clinical content in the ambulatory primary care setting exceeds the amount of material that can be presented via clinical and didactic learning experiences. Thus, students must acquire a reasonable foundation of knowledge outside their structured time on the Clerkship.

In addition to active participation with their preceptors in the clinical portion of the Ambulatory Care Clerkship, in order to pass the clerkship students will be expected to:

- Pass the quiz and the written examination
- Participate in the Ambulatory Standardized Patient workshop
- Attend and participate on didactic days (Monday morning) and meet all clinical responsibilities as delineated by the preceptors
- Submit preceptor, clerkship, and mid-month evaluation forms
- Record all Diagnosis and Procedures in E-Value/PDA specific to the Ambulatory Care Clerkship.
- Attend and participate in workshops on Office Lab Procedures, ENT, Musculoskeletal, and Ophthalmology.

## EVALUATION:

### **Student (Clinical Performance):**

Clinical faculty, including community preceptors, will rate students in three general categories of performance: Professional Attributes, Core Abilities, and Problem Solving. The specific areas in which students will be evaluated are shown below; they are verbatim from the form preceptors will complete. In some settings multiple preceptors will evaluate students and the evaluations will be collated onto a single evaluation form. The forms from each of the five clinical departments will be sent to the Clerkship Director for final grading.

### **Professional Attributes**

Demonstrates compassion, empathy, and sensitivity to patient needs  
Demonstrates respect for patient autonomy and beliefs  
Establishes rapport and good communications with patient and family  
Works effectively with physician colleagues  
Works effectively with peers  
Works effectively with other health care team members and staff  
Is reliable, dependable, and accountable for own actions  
Demonstrates initiative and motivation  
Responds appropriately to instruction and feedback  
Shows evidence of independent reading & self-directed learning  
Realistically assesses own performance  
Demonstrates honesty and ethical behavior in daily activities  
Respects/maintains confidentiality of patient and team information

### **Core Abilities**

Basic medical knowledge  
Elicits focused histories  
Performs focused physical exam  
Oral presentation  
Written notes

### **Problem Solving**

Differential diagnosis  
Management plans and follow-up

### **Professionalism Standards**

Students are expected to demonstrate professional behavior expected of a physician. Students in this and all clinical clerkships are bound by the Professionalism Standards outlined in the College of Medicine Student Handbook. Students should reacquaint themselves with these non-cognitive standards on the web: [http://medicine.osu.edu/currentstudents/handbooks/student/2002\\_professionalism.pdf](http://medicine.osu.edu/currentstudents/handbooks/student/2002_professionalism.pdf).

### **Written Examination:**

On the last day of the Clerkship, a single examination from NBME will be administered. The examination items will be drawn from the pool of NBME questions assigned to the Family Medicine shelf exam. Currently, the national mean is used to determine the passing score. Any student falling below that point will have failed the written exam. Current breakdown of subjects covered and the percent used for the exam is available at [www.nbme.org/programs/subjexamsclin.asp](http://www.nbme.org/programs/subjexamsclin.asp).

In addition to the final examination there will be one quiz at the end of the first 4 weeks. Questions on the quiz apply information from faculty didactic presentations and web based didactic materials. **Quiz and the final examination must be taken on the scheduled dates except in the event of serious injury, illness, or personal emergency.**

### **Grading:**

The grading scheme for the Ambulatory Care Clerkship includes grades of Honors, Letter of Commendation, Satisfactory, and Unsatisfactory.

### **Weighting:**

Final grades will be determined using a weighted formula of these graded elements:

50%	Clinical Evaluation
30%	Final Examination
10%	Quiz
5%	Professionalism (to also include completing Dx/Px logs and evaluations)
5%	Attendance ( <b>note: chronic absence from didactic and/or clinical assignments will preclude a student from receiving Letters or Honors for the Clerkship and result in a referral to the Med 3-4 Student Review Subcommittee</b> )

### **Program Evaluation:**

It is expected that medical students will contribute meaningfully to the overall evaluation of the Ambulatory Clerkship. Completion of evaluation forms and participation in Clerkship debriefing sessions are ways student input are incorporated in faculty curricular planning.

**MedStar Diagnosis/Procedures:**

It is required of the Ambulatory Clerkship that students will log the Diagnosis/Procedures as designated in MedStar or PDA. **Students will be required to complete their Diagnosis and Procedure logs will receive an incomplete for the clerkship until they have been completed.** The grade will become an UNSATISFACTORY if the documentation is not completed within thirty days after the 8-week block in which you are enrolled.

If you do not see or perform one of the listed diagnoses or procedures in office please contact Dr. Cronau to discuss alternate methods of review.

<b>TEXTBOOKS:</b>
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Given the multi-disciplinary nature of the Ambulatory Care Clerkship, a textbook covering the wide range of topics will be beneficial.

**Clerkship Text:**

Paulman, Paul M., MD, ed. Family Medicine Clerkship Guide, 1<sup>st</sup> edition. St. Louis, Mo: Elsevier Mosby, 2005.

**or**

Taylor, Robert, MD, ed. Fundamentals of Family Medicine: The Family Medicine Clerkship Textbook, 3rd edition, New York: Springer-Verlag, 2003.

**Alternate:** Weinstock & Neides. The Resident's Guide to Ambulatory Care. Anadem Publishing, 2000

<b>GOALS AND OBJECTIVES:</b>
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Goals and Objectives for the Ambulatory Care Clerkship mirror those developed for the 2006 Curriculum Initiative. 2006 Curriculum goals with particular significance to Ambulatory Care are delineated below. Following the 2006 "Broad Goals" are the specific clinical objectives for the Clerkship. Didactics and clinical experiences will closely relate to these clinical objectives. The broad scope of primary care and variations in practice sites make it impossible to create specific learning activities for each goal and objective. Independent reading will be essential for students to meet course objectives.

**Broad Goals (from the 2006 Initiative):**

1. Develop and use analytic problem-solving skills.
2. Demonstrate effective communication with patients, families, colleagues, and other health care providers.
3. Acquire knowledge and skills to promote health and prevent disease.
4. Develop knowledge and skills for patient advocacy and cost-effective care through an understanding of contemporary health care delivery systems.
5. Demonstrate compassion, show respect, and take responsibility for patients, their families, ones colleagues, and all other health care delivery participants.
6. Acquire the basic clinical knowledge and skills for the diagnosis and management of the spectrum of diseases, occurring in individual patients as well as in special populations, with the emphasis on common disorders.

### Clinical Objectives (item 6 above):

Student learning in the Ambulatory Clerkship should focus on differential diagnoses and initial management plans of **common chief complaints** in adults. Pediatric patients seen in family practices as well as in Ophthalmology and ENT clinics could reinforce the adult emphasis. Common chief complaints included are:

Arthralgias	Back Pain
Cold Intolerance	Coryza
Cough	Depression
Diarrhea	Earache
Falls	Fever
Headache	Memory Disturbance
Nausea and Vomiting	Neck pain
Pelvic Pain	Visual Disturbances
Weakness/Fatigue	Weight Gain
Weight Loss	Joint Pain/Swelling
Polyuria/Polydipsia	Rash/Pruritis
Sexual Dysfunction	Sleep Disturbance
Sore Throat/Sinus Congestion/Earache/Hoarseness	The Red or Painful Eye
Vaginal Bleed/discharge/pruritus	

By emphasizing chief complaints in ambulatory settings, it is expected that students will develop diagnostic and management skills for a full range of **common acute and chronic diseases and conditions**. These developing skills would include usual presenting signs and symptoms, pathophysiology and epidemiology, typical tests and procedures used in diagnosis and treatment, common treatment options, and prevention strategies. It is anticipated that over the course of the 12-week Ambulatory Clerkship, students will encounter patients whose chief complaints result in diagnoses from the following:

Asthma	Dermatophytosis
Benign Positional Vertigo	Diabetes Mellitus
Birth Control Counseling	Dysfunctional Uterine Bleeding
Bronchitis	Dysmenorrhea
Cataracts	Esophagitis/GE Reflux
Conjunctivitis	Fibrocystic Disease
Contact Dermatitis	Gastritis
COPD	Gastroenteritis
Depression	Gout

Headache-Tension and Vascular  
Health Maintenance - Adult  
Hypertension  
Hyperthyroidism  
Hypothyroidism  
Influenza  
Irritable Bowel Disorder  
Labyrinthitis  
Laryngitis  
Lumbar Strain  
Menopause  
Obesity  
Osteoarthritis  
Osteoporosis

Otitis  
Pharyngitis  
Polypharmacy  
Rheumatoid Arthritis  
Sexual Dysfunction  
Sexually Transmitted Disease  
Sinusitis  
Skin Cancer  
Stress/Anxiety  
Urethritis  
Urinary Tract Infection  
Vaginitis  
Viral URI

Critical to developing patient management skills in the ambulatory setting, students need opportunities to conduct and communicate the results of an **age, gender, and race-appropriate focused medical history** based on patients' chief complaints. A given chief complaint would suggest incorporating some combination of the following in the focused history.

Allergies  
Family History  
Health Status/Habits  
History of Present Illness  
Hospitalizations  
Immunizations/  
Health Maintenance History

Medications  
Past Medical History  
Past Surgical History  
Review of Systems  
Social History/Sexual History

Along with the focused history, students also need experience with conducting and communicating the results of an **age, gender, and race-appropriate focused physical examination**, derived from patients' chief complaints. A given chief complaint would suggest incorporating some combination of the following in the focused physical examination.

Abdomen  
Breast/Axilla  
Chest/Lungs  
Developmental Screening  
Extremities  
General Appearance

Genitalia/Pelvic  
Heart/Cardiovascular  
HEENT  
Height/Weight/Head Circumference  
Lymphatic System  
Mental Status

Musculoskeletal  
Neck  
Neurological  
Pre-Participation Sports Physical

Rectal/Prostate  
Skin  
Vital Signs

Students should be able to describe the indications, contraindications, and complications of many **clinical procedures**. It is expected that on one or more of the rotations comprising the Ambulatory Clerkship they have opportunities to perform some of the following procedures, observe others, and interpret their results and apply the results in patient care.

Amblyopia Screening  
Arthrocentesis  
Colposcopy  
Fluorescein Staining of the Eye  
Injections, IM, Subq, Intradermal  
Ophthalmoscopy  
PAP Smear  
Slit Lamp Examination of the Eye  
Tonometry  
Visual Acuity Testing

Anoscopy  
Bone Densitometry  
Cryosurgical Removal of Skin Lesion  
Indirect Laryngoscopy  
Mammography  
Otoscopy  
Skin Biopsy  
Throat Swab  
Urethral/Cervical Swab for STD  
Vital Signs Assessment

Students should be familiar with many of the **laboratory tests** commonly employed in the ambulatory setting, including their indications, sensitivity and specificity. Those tests in **bold type** are tests students would be expected to perform; the others they should at least be able to interpret the results and apply them in-patient care.

Audiography  
Culture and Sensitivities  
**KOH Prep**  
PAP Smear  
**Vaginal Wet Prep**

**Stool Occult Blood**  
Stool Smear/O and P  
Tympanometry  
Urinalysis