

**FAMILY MEDICINE:  
FOUNDATIONS OF PRIMARY CARE PRACTICE**

**THIRD YEAR CLERKSHIP IN FAMILY MEDICINE**

**2009-2010 STUDENT HANDBOOK**



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## I. INTRODUCTION

- A. About the Family Medicine Clerkship:** During this 6-week experience, students will have an opportunity to join a community-based Family Practice and to learn about primary care practice through a structured, yet “real world” clinical experience with a mentor. Students will live in the community and largely adopt their preceptor’s schedule. This clerkship offers students a unique variety of opportunities different from other third-year clerkships including:
- working one-on-one with an experienced physician mentor, typically without other students or residents.
  - experience in the type of ambulatory setting where a majority of the nation’s health care is delivered. Students often have the opportunity for follow-up and continuity of care with ambulatory patients over several visits, and many of these patients have years and generations of continuity relationship with the preceptor.
  - the challenge of seeing presenting signs and symptoms that are often vague, undifferentiated, and early, as well as patients presenting with multiple needs.
  - daily repetition in history taking, the focused physical exam, and common procedural skills.
  - a rural emphasis at many sites.
  - service as ambassadors, through professionalism and contributions to the host practice and community, reflecting on Tulane throughout the region.
- B. About the Community Preceptors:** The Clerkship is possible due to a network of volunteer Family Physicians who enthusiastically give of their time and experience to welcome and mentor students in their practice and community. Preceptors are Board Certified Family Physicians, located across Louisiana, south Mississippi, south Alabama and the Florida panhandle. They have participated in an orientation, site visits by Faculty, and/or training workshops regarding the Clerkship, and have been oriented to the course goals and activities. Many are experienced teachers with years of office-based teaching. In exchange for their efforts, preceptors receive the benefit of contact with bright doctors-to-be, a Tulane Faculty appointment, access to continuing education, workshops on office-based teaching, and a preceptor newsletter.
- Please remember that your preceptor is a volunteer, and that you are a guest in his/her practice and community for the month. Physicians who teach in this clerkship do so out of a commitment to sharing their knowledge, because having a student with them is a stimulating learning experience for themselves, and as a means of promoting the precepts of primary care to future physicians. We ask your assistance in helping us to maintain positive relationships with our clinical faculty, and encourage courtesies such as “thank you” notes and calls.*
- C. Guidelines for Clerkship Students:** The Family Medicine Clerkship affords students the opportunity, as independent learners, to craft an experience from the options offered by host preceptor and host community within the Department’s guidelines and requirements.

### General Responsibilities of Students on the Rotation:

1. Every student is expected to adhere to the Tulane University School of Medicine’s Honor Code <http://www.som.tulane.edu/student/honorcode/new.htm> and the Code of Professional Conduct <http://www.som.tulane.edu/studentaffairs/codeprofessionalism.htm>
2. Be available to your clinical teacher for the entire clerkship, including some night and weekend "on call" duty and community-based activities, as described in subsequent sections.
3. Conduct yourself professionally at all times during the clerkship.
4. Represent Tulane University in a positive fashion to your preceptor, his/her practice, and the community.
5. Review Clerkship curriculum and expectations, and your progress in meeting those expectations, regularly with your preceptor, and including a mid-block and final feedback session that are documented.
6. Attend and participate in all Clerkship seminars held at the beginning, at Mid-block and the project presentations at the end of the block.
7. Complete all logs in a timely way and to review announcements and clerkship requirements.
8. Complete all online seminars.
9. Read the textbook (Essentials of Family Medicine, Fifth Edition)

### Absences:

Students must request and receive excused absences directly from the Office of Student Affairs. You are also

required to notify the Clerkship Coordinator prior to receiving the excused absence, and we expect you to notify your preceptor/site of your plans for absence. Once the Department receives confirmation of the excused absence, your preceptor/site will receive official notice of your leave. The Family Medicine Clerkship's Excused Absence Form is available from our web site: <http://www.fammed.tulane.edu/clerkship/logs/ExcusedAbsence.pdf>  
No more than 3 days with an excused absence can be accommodated during the 6 week clerkship.

## II. COURSE GOALS AND OBJECTIVES

- A. **Goal:** At the end of this 6 week, office-based block, students will have knowledge and experience as expected for a third year student regarding **first contact ambulatory primary care**, including well person care, common acute problems and chronic problems.

**Objectives:** Students will increase knowledge and skills in community-based ambulatory practice including

1. Common medical problems, conditions and situations
2. Disease prevention and health promotion, and lifestyle modification techniques (smoking, nutrition, alcohol and substance use, physical activity)
3. Organization and prioritization of undifferentiated complaints, signs, and symptoms
4. Common office procedures
5. Family dynamics
6. Consultation and referral
7. Documentation issues
8. Evidence-based information gathering and decision making

- B. **Goal:** Students will increase understanding of and skill in incorporating the **cultural and biopsychosocial components and context of health, disease, and health care in their host community**.

**Objectives:** Students will increase knowledge and skills in community-based ambulatory practice including

1. How context affects interviewing, diagnosis, physical exam, therapeutic plans/recommendations, and adherence
2. Patient-, family-, and community-centered care
3. Cultural and economic determinants of health care and health
4. How family physicians utilize health resources in their community and contribute to their community's health through service in community programs.

- C. **Goal:** Students will understand and respect the **role of ambulatory primary care in the continuum of health care service**.

**Objectives:** Students will increase their appreciation and knowledge of

1. The value and role of the family physician in the health care system
2. How family physicians interact with and utilize specialists
3. Exposure to health systems issues such as payor effects on care provision, disease management programs, CQI process can enhance the quality of care in the office setting.
4. Routine office practice operations and issues such as insurance, billing and collecting, CPT/ICD coding, pre-authorization processes

## III. CLERKSHIP SCHEDULE OVERVIEW

The overall structure of the typical 6 week Family Medicine Clerkship follows. Please check each Block Schedule for specific dates, as the length of the blocks vary.

Wk 1- Orientation 2 days	Weeks 1.5- 3 ~2.5 wks	Mid-Block 1.5 days	Weeks 4 –5.5 ~2.5 wks	Week 6 last 2 days of block in New Orleans
Initial seminars in New Orleans (Dept of FCM)	Community Learning in Preceptor's practice	Mid-block Seminars In New Orleans (usually a Fri/Sat)	Community Learning in Preceptor's practice	Exams; Project presentations

## IV. COURSE REQUIREMENTS

- A. **Seminars:** During the block, students spend 5-6 days in the Department of Family and Community Medicine in New Orleans. This time is spread over the block. *Attendance at all of these functions is required.*
- Orientation and initial classroom seminars during *the first two days* of the block
  - Mid-block Seminars over *1 1/2 days*, usually in a Friday/Saturday combination, *at the middle of the rotation*. There will be a weekend included in the mid-block time so that students assigned out of town can complete necessary tasks back in New Orleans.
  - Written Exam and Project Presentations, during the final 2 days of the block, Students are not expected to be present in their preceptor's office or participate in any clerkship clinical duties. The last two days of the block include the written exam and the project presentations. **All students must be present both days.**
- B. **In the Preceptor's Office:**
1. **Getting started:** A core activity of the Clerkship is seeing patients in the office of your preceptor, under his/her guidance and supervision. Following are some general guidelines for getting started in the office that will help you to get off to a good start:
    - Be sure to *talk with your preceptor before starting - arrange a specific time and place to meet* on the first day.
    - *Take your instruments* (stethoscope, otoscope, etc), *clinical textbooks, this manual and various required logs* to the clerkship site.
    - Ask for time on the first day with your preceptor to discuss and review
      - *Your background*
      - *Blocks already completed*
      - *Your interests and personal goals for the block*
    - *Review the Clerkship requirements with your preceptor* that you are expected to complete during the rotation: the logs, the reading, your project. Plan your time so as to accomplish these.
    - *Ask about "ground rules"* for the remainder of the clerkship with your preceptor, such as:
      - Usual daily schedule and typical working hours
      - Expectations regarding "on call" and weekends. The course does not impose specific call requirements on you, but we strongly encourage you arrange some call or ER time with or through your preceptor.
      - Expected attire
      - How you'll be introduced to patients so that patients clearly understand you are a student.
      - How you will know which patients prefer not to see a student.
      - Assignment of exam rooms and other space for you to sit, read, do charting, make phone calls.
      - If/how/where you can access a computer and the internet.
    - *Adopt the preceptor's general schedule*, but plan to see 3 - 6 patients per half day. This will give you the opportunity to go at an appropriate pace, write your notes, and perhaps read about patients as you see them. It will also give the preceptor a chance to keep up his/her pace and not fall too far behind.
    - **Attendance Requirement:**  
In order to achieve credit for the clerkship, you may only miss three (3) days with an excused absence.
    - *Expect to "shadow" at first* in order to learn the routines of the office and your preceptor, but you should have the opportunity to make first clinical contact and receive increasing independence after the first few days. Although shadowing can be appropriate at any time in the block and may be necessary at times due to a hectic schedule, if you do not see some patients as the initial provider and with some increased independence within a reasonable timeframe, (e.g. a couple weeks), talk with your preceptor and the clerkship director.
    - Begin the day with the preceptor's first medical activity, often early rounds at the hospital. End the office day when the preceptor does, unless this is routinely after 7 PM. In this case discuss your need to study or work on your project with your preceptor.

**Specific Requirements:** Following are the specific requirements of the office-based and community components of the Clerkship:

- a). **Complete Logs:** The FM Clerkship curriculum centers around *common problems* seen in family practice. It is expected that you will focus on the common problems in three different ways: *by seeing* patients with these problems (clinical encounters); *by having informal discussions* with your preceptor on these topics; and *by reading* about these topics. The Clerkship provides you with a tool to help monitor your progress in these areas.

Complete the Common Problem & Procedure Log Cards by tracking patients that you see with common problems and tracking procedures you either observed, performed or assisted. **These are required for the entire block, and must be entered into the electronic log system – E\*Value – [www.e-value.net/index.cfm](http://www.e-value.net/index.cfm) prior to the final exam.**

- b). **Optional Community and Practice Activities:** The Family Medicine rotation is an opportunity to learn about aspects of community medical care beyond the doctor/patient encounter, many of which are part of the community doctor's daily routine. During the course of the block, students are encouraged to spend time in several activities that can be characterized as Practice Management or Community Activities. Hours can be completed at night, on weekends, and for **up to one half day during the week** in lieu of working with the preceptor, with the preceptor's concurrence.

Practice Management activities that you may explore include:

- Business office operations (e.g., reception, scheduling, insurance approval, billing/coding functions)
- Nursing functions (e.g., triage, answering and returning phone calls, prescription refills, etc)
- The office laboratory
- Office medical records

Community Activities may include:

- Attendance at an AA Meeting (if you have never done so. If you have, then substitute an additional support, patient education or health education group meeting)
- Nursing Home Rounds or Visit;
- A Home visit or Hospice visit;
- A community health activity such as speaking to a school class, helping with school sports physicals or Medico-legal activities;
- Attendance at a support, patient education or health education group meeting, or to a social or medical agency (such as the child abuse police unit, a senior day care center, battered women's shelter, a rehab unit or a local public health unit);
- Attending a continuing education meeting/dinner
- Attending Hospital Medical Staff or Medical Society meeting;

### 3. Using your time

*Start early planning your time!* If your preceptor takes a day or half day off, you may use a part of that time on your project or other activities. Many students will work with a colleague or partner of the preceptor on those days, to gain experience with a different style.

### C. READING:

COURSE TEXT: The course text is *Essentials of Family Medicine, Fifth Edition* by Sloane, Slatt, Ebell, Jacques, Smith, Lippincott Williams and Wilkins, 2007. **Selected chapters** will be required as assigned, as test items for the objective final exam come directly from material covered in the text. The text is also an excellent starting resource for many project topics that relate to common problems.

#### **D. FAMILY AND COMMUNITY MEDICINE CLERKSHIP PROJECTS:**

**PURPOSE:** The Clerkship Project provides an opportunity for students to

- Pursue self-directed learning about a topic relevant to Family Medicine and their preceptor's practice or community
- Find and apply best evidence in the literature to a practical problem or issue, incorporating patients' concerns and perspectives.
- Create a product, such as
  - ✓ Patient education materials
  - ✓ A Continuous quality improvement (CQI) report
  - ✓ Medical records tools
  - ✓ Resources for practice or a resource list
- Make an effective 10-15 minute presentation of the Project to classmates and faculty.

#### **REQUIREMENTS:**

1. **Email your project topic to your assigned Project Advisor and cc: Dionne Weber at [dweber@tulane.edu](mailto:dweber@tulane.edu) by the third Monday of the block.** Your assigned project advisor (Faculty member) will respond to your topic and offer guidance within a couple of working days. If you don't hear back from your advisor in a timely manner, please let Roberta Cartaginese know at [rcartag@tulane.edu](mailto:rcartag@tulane.edu).
2. Present your project to your classmates on one of the last two days of the block (typically, Thursday or Friday).
3. Turn in two copies of a one-page abstract of your project, two copies of your product and two copies of your audiovisuals (slides, overheads, etc.) and any other materials used (handouts, etc.) at the time of your presentation. *Be sure your name is on all components of your project, and staple or attach all components together when submitted.*

Students will be graded on the oral presentation using the Project Grading Form (which will be given as a separate handout at orientation).

**NOTE:** *The Student Project is NOT a research project.* The student may do a CQI chart review, but the time on the Clerkship is not sufficient for other primary data collection, including surveys, or for obtaining a review by the Institutional Review Board (IRB) which would be required for original research. Rather, *students are encouraged to place a more qualitative emphasis on the project and to talk with patients in an open-ended way to learn about how their values and beliefs influence their response to their illness.*

**PROJECT DEVELOPMENT MILESTONES:** These are included to help you stay on track; *items with ♣ are REQUIREMENTS due by the stated time.*

1<sup>st</sup> week: **Topic selection.** During the first week of the clerkship, think about topics you might want to explore and discuss them with your preceptor. Identify and read the relevant evidence-based literature e.g. USPSTF prevention guidelines ([www.ahcpr.gov/clinic/prevenix.htm](http://www.ahcpr.gov/clinic/prevenix.htm)), clinical guidelines (<http://www.ahcpr.gov/clinic/epcix.htm>; <http://www.ahcpr.gov/clinic/cpgsix.htm>) and systematic reviews (EBM Reviews-Best Evidence, EBM Reviews-Cochrane Database of Systematic Review, EBM Review-Database of Abstracts of Reviews of Effectiveness in Ovid or check EBM Reviews when you do a Medline search).

2<sup>nd</sup> week: **Focus on a specific project.** Finish reading available relevant EBM literature. Begin to develop your project. Interview your preceptor and other family physicians. Begin talking to patients and/or community resources. Submit a proposal to Roberta and give it to your preceptor for comments. *(If you fax your topic, be sure to provide a return fax number or email address to use in response.)* Your proposal should include the project goal, who you will talk with, what your key literature sources will be, and a general description of the product you will develop. Your assigned faculty member will give you feedback and suggestions. You can gain the most assistance from your advisor by providing as much information as possible in your proposal.

**A proposal on a project topic must be submitted by the third Monday of the block.**

Develop a revised and finalized proposal based on input from your preceptor and faculty advisor. Consult with patients, physicians, care providers, and/or community partners. *Use the seminar on searching the medical literature or the medical librarians to get assistance with and/or conduct searches.* Be sure you are familiar or become familiar with

PowerPoint if you plan to use it in your presentation.

4<sup>th</sup> week: Assemble and organize what you've learned. *Synthesize what you've learned and apply it to your preceptor's practice or community.* Write a one-page abstract of your project. Finish your product and begin preparing your presentation.

5<sup>th</sup> week: Finalize and pilot-test your product.

Final week: Complete preparation of presentation and present to your preceptor and appropriate office staff and/or community partners. *Thursday afternoon/Friday morning Final Week: Present to fellow students & FCM faculty.* **Submit two copies of a one-page abstract of your project, two copies of your product and two copies of your audiovisuals (slides, overheads, etc.) and any other materials used (handouts, etc.) at the time of your project presentation.**

**GENERAL ADVICE ON DEVELOPING YOUR PROJECT:** Often as you begin to identify a topic for a project, you will come up with a broad area of interest and curiosity. That may be all that you know when you submit the topic to the faculty. However, it will be important to begin to narrow the topic and focus within the broad area, perhaps on one specific aspect of the problem of particular relevance to your site. Trying to ask a more specific question that the project attempts to answer or explore will help you with that focus. A good way to get going is to start reading the literature from evidence-based resources in this general area, and then see what sub-topics interest you or where there are burning questions. The more focused you can get, the better, as a rule, and the easier to accomplish a tightly done project in the time that you have available.

A reminder - the project is a process, starting with the steps above, that leads to a presentation in front of your classmates and faculty and to a product that relates to your topic. The project is intended to give you an opportunity to find, understand and then apply evidence to a situation that is of importance and relevance to your practice, or the community, or all of primary care, or the country. One caution - remember that the project is not just a literature review of a disease or a problem (although that is a component), but rather, you must apply what you learn about the evidence in a patient-focused fashion.

Review the evaluation form that will be used by the faculty in evaluating your project and be sure that you address all of the items listed when you present it. Consider looking at some of the abstracts from prior projects that are in the Department offices on the bulletin board. There will be model project presentations during seminar sessions and also on the Clerkship Website for you to view. (See [http://fammed.tulane.edu/clerkship/student\\_area/projects.html](http://fammed.tulane.edu/clerkship/student_area/projects.html))

Here are some general reminders:

- ✓ Stay focused in what you do when preparing the 15 minute presentation present to your classmates at the end of the block. You will learn a lot more about the topic than just the focus of the project, and a lot more than you will be able to cover in your presentation.
- ✓ Root whatever you do in the evidence-based literature. If evidence does not exist or is very limited, that does not at all rule out the topic, but must be acknowledged as a limitation.
- ✓ Where they exist, use and cite the evidence-based guidelines and databases as central components of your evidence review. Remember that it is not enough to cite just one or two articles to support your point of view, especially if the weight of good evidence points to another conclusion. Take a look at resources such as the Cochrane Database, ACP Journal Club, DARE, and use web sites like the CDC website [www.cdc.gov/](http://www.cdc.gov/), AHRQ [www.ahrq.gov/](http://www.ahrq.gov/) many of which are listed on our Department's links page. You will find many evidence-based guidelines listed at <http://www.guidelines.gov/index.asp>
- ✓ When you look at the evidence and present it in your project presentation, assess and comment briefly on its quality and applicability to your setting. Is it expert opinion? Consensus based? Based on a meta-analysis or systematic review? **Use the Strength of Recommendation Taxonomy (SORT) Criteria as your evidence rating system** <http://www.aafp.org/online/en/home/publications/journals/afp/ebmtoolkit/levelsofevidence.html>

Remember that this project is intended to be the application of "best evidence" to a practical problem in his preceptor's practice or community and NOT original 'research.'

- ✓ Be sure that in your presentation you are explicit about its relevance to Family Medicine and/or Primary Care, as well as to the community or practice or nation, or some specific population
- ✓ Projects are to be patient focused, not disease oriented, which means that you need to be sure to talk with and/or interview patients as part of this to learn their perspectives.

- ✓ Remember to relate your topic to Healthy People 2010 objectives
- ✓ Mention briefly how what you have learned will impact both your preceptor's practice as well as you own future practice
- ✓ All projects and 'research' have limitations. In addition to the obvious limitations of a 6 week time frame, critically think through and discuss limitations of your approach.
- ✓ Be creative as you develop a product - think "out of the box." While, you do not necessarily have to re-create the wheel (eg create a new handout or flow sheet) if you find something out there that accomplishes your purpose, a product should address a need or represent an important strategy, and have some rationale and evidence behind it as well. It may be that the implementation or introduction of your project's findings or product into the practice or community is that local innovation or creative step. A patient education handout (a common "default" product) should be clearly justified and have some unique or special aspect.

**STUDENT PROJECT PRESENTATIONS:** Presentations will occur before the final written exam during the last 2 days of the Block. *Students will be assigned to one of two groups and are expected to attend all the presentations for their group on both days.* Assignments will be finalized approximately one week before the presentations and will be distributed by e-mail. Students who wish to swap assignments must identify a fellow student who is willing to swap. Swap requests must be emailed to Roberta ([rcartag@tulane.edu](mailto:rcartag@tulane.edu)) and approved by a faculty member. *Presentations should be at least 10 and not more than 15 minutes in length.* Students are responsible for staying within this time as failure to do so will be reflected in the evaluation. *Two copies of a one-page abstract of your project, two copies of your product and two copies of your audiovisuals (slides, overheads, etc.) and any other materials used (handouts, etc.) should be submitted at the time of the presentation.*

Effective professional communication and teaching are an essential part of medicine and primary care practice. Consequently, students are expected to make a professional and respectful presentation and prepare a useful, professional product. The student is also expected to develop and use effective audiovisuals (e.g. PowerPoint slides, overheads, slides, flip charts, etc.). Handouts to your classmates are also encouraged, if appropriate for your presentation and/or product.

**PRESENTATION CONTENTS:** Each presentation should address each of the following elements:

- a) **Topic:** Clearly state the topic, question, and/or goals of the project.
- b) **Background:** *Briefly* discuss the relevance of the topic to the preceptor's practice and/or community, the state, and the nation (specifically including relevant HP2010 Objectives where applicable), and to Family Medicine. Summarize key evidence that is relevant to your project, and comment on the quality of the evidence.
- c) **Methods:** Succinctly describe the methods or approach you used in the literature search, use of EBM databases, and the sources for the paper/presentation. Also briefly describe patient communications and interviews with others (such as physicians) where applicable. Be sure to protect patient confidentiality in your presentation.
- d) **Findings:** Describe your key findings, linking them to your goals.
- e) Describe limitations of your information and methods.
- f) Present the product you developed for your preceptor's practice or community.
- g) **Conclusions and recommendations:** State your conclusion(s), recommendations for your preceptor's practice or community, recommendations for your fellow students, and explain how you intend to use the information and/or pursue the topic further in your own career.
- h) **References** and acknowledgements.

The Abstract should contain the elements listed above. The Abstract format will be available in Blackboard.

**EXAMPLES OF PROJECTS:**

- a) CQI project on pap smears for preceptor's practice with plan for improvement
- b) Description of mental health resources in preceptor's community, gaps and barriers
- c) Patient education materials on childbirth techniques and classes available in the community
- d) Assessment of evidence-based depression screening and CQI process
- e) Assessment of evidence-based preventive services and identification or development of a medical records tool for achieving them
- f) Tobacco cessation in the preceptor's practice or prevention in schools in the community
- g) An assessment of perception and practice on hand gun safety
- h) A description of cultural issues and barriers, including translators, in care of a Hispanic population.
- i) An assessment of the nutritional content of fast food, with strategies for to eat out in a more health fashion
- j) Development of a car seat safety education program for a small community

Note: We track the best Student project presentations over the year and invite some of those students to submit their presentations to regional or national venues, including Departmental events for preceptors, meetings of professional organizations (such as the Louisiana Academy of Family Physicians or Society of Teachers of Family Medicine) or national continuing education events sponsored by Tulane.

#### E. LIBRARY RESOURCES:

During the seminars, an instructional session will be held on enhancing online search skills. The medical library has also provided instructions on how to access Tulane-restricted databases and electronic journals from off-campus: Go to the Tulane Medical Library's home page <http://medlib.tulane.edu>. If you are off-campus, you must click on "Click here to authenticate" near the top. Next, enter your Tulane email account id/password. You will be taken back to the Medical Library page and it will be the same as if you are on campus or using the Tulane RS6000 server from home. If you have trouble switching from one database to another (i.e. Ovid to MD Consult), just go back to the Library's home page and re-authenticate.

The medical library website also has access to several valuable resources for use during the rotation. **Point of Care Resources** are those designed to help clinicians make decisions while treating a patient using the best available evidence. Several are available remotely through the website after authentication. The following is a list of useful point of care databases that are approved for use during the family medicine clerkship:

1. **StatRef!** (ACP PIER): Available on and off-campus. Physicians' Information and Education Resource (PIER) is an evidence-based, point of care tool by the American College of Physicians (ACP). Find under "Point of Care" on the library page.
2. **DynaMed**: Available on and off-campus. Summarizes clinical topics. Targeted to primary care providers. It is updated daily and monitors the content of over 500 medical journals and systematic evidence review databases. Also available in a portable version for pocket devices with a password from the library. Find under "Point of Care" on the library page.
3. **Up-to-Date**: Available only on campus and primarily expert-driven summaries.

If you have any questions about the use of these resources, contact Dr. Wiseman, Clerkship Director at [pwisema@tulane.edu](mailto:pwisema@tulane.edu) or the Medical Library.

#### F. SEMINARS:

There are 3<sup>1/2</sup> days of seminars on primary care topics held at Tulane, both during the initial two days of the block and at mid-block, designed to complement learning in your host community and office. Attendance at seminars is required. Please review your block schedule for specific details regarding the seminars.

### V. EVALUATION OF STUDENTS

THE FINAL GRADE FOR THE COURSE IS MADE UP OF ALL THE COMPONENTS LISTED BELOW AND IS CRITERIA BASED, i.e., ONE MUST MEET ALL THE CRITERIA IN ORDER TO OBTAIN AN HONORS

#### **Grading Scale**

**Honors: 90-100%**

**High Pass: 80-89%**

**Pass: 70-79%**

**A. PRECEPTOR EVALUATION OF STUDENTS (35% of final grade)**

1. Midcourse progress is accomplished by having a Mid-block feedback session with your preceptor. Using the Midcourse Feedback form, first complete the self-assessment whereby you list our strengths and areas for growth for each section on the form. Your preceptor must then review your self-assessment and complete and sign the back side of the Midcourse Evaluation form. The completed form must be turned in at the mid-block seminar. It is not used for grading, but as a tool for communication between you and your preceptor. Discussion of your and your preceptor's perception of your progress will allow you to set goals for the remainder of the block. The Midcourse Evaluation form will be reviewed by the Tulane Core Faculty at the first mid-block session, so any concerns can be addressed before you return to your preceptor.

**The Midcourse Feedback form must be completed and turned in at the mid-block seminar series. Failure to turn in your completed mid-Block feedback form may result in deduction of points.**

2. The Final Preceptor Evaluation Form will be handed out on the last day of your mid-block seminar series. Your preceptor's assessment and comments about your skills and competencies are requested and will be sent to the Dean's office for inclusion in your Dean's letter for residency applications. This form must be completed before you leave your preceptor's office, reviewed by you, and signed by both. You must turn it in at the time of the final exam.

**The completed Final Evaluation Form must be submitted at the time of the final exam.**

**B. PROJECT (25% of final grade)**

Your project will be presented at the final session. The presentation will be graded using the criteria described under course requirements.

**C. FINAL EXAM: (30% of the grade.)**

The final exam will be a multiple choice test (MCQ) which will include 70 items taken from assigned chapters in the Sloane textbook.

**D. PARTICIPATION/PROFESSIONALISM: (10% of final grade.) A student cannot honor the Clerkship without honors in this component of the grade, defined as  $\geq 9.0$  points (of 10 possible) on this component.**

1. Participation: This component includes full and prompt attendance at all seminars, fulfillment of all course paperwork and other requirements, and full participation in the host practice.
2. Professionalism: Courtesy, honesty, timeliness and teamwork are expected from each student beginning with your first contact with the Clerkship faculty and staff; continuing into the host communities and throughout your entire block.

**E. HONORS: To receive Honors for the course, students must:**

- ✓ Achieve the overall numeric score required for Honors,
- ✓ Honor the participation/professionalism component,
- ✓ Pass the final exam, and
- ✓ Complete and turn in all other course requirements and paperwork (e.g., mid-block assessments, electronic logs).

**F. ACCOMMODATION OF DISABILITIES: We adhere to the University's policy based on the Americans with Disabilities Act (ADA) in accommodating students with disabilities. See: <http://erc.tulane.edu/AccomDefs.html>**

## VI. ASSIGNMENT CHECKLIST

A summary of required assignments that must be turned in follows:

### At the beginning of the block:

- Be sure you can log into the E\*Value system [www.e-value.net/index.cfm](http://www.e-value.net/index.cfm)

### By the third Monday of the block, you are required to:

- Email your project topic to your assigned Project Advisor and copy Dionne at [dweber@tulane.edu](mailto:dweber@tulane.edu)

### At Mid-block you are required to:

- Turn in your completed Mid-Block Feedback form

### At the time of the final exam, you are expected to:

- Complete your Common Problem and Procedure Logs in E\*Value (PxDx) [www.e-value.net/index.cfm](http://www.e-value.net/index.cfm)
- Turn in your completed Final Evaluation. (Your final grade will not be posted without a completed final evaluation. It is your responsibility to have this completed in a timely fashion).

### At the time of the project presentations, you are expected to:

- Turn in two copies of each component of your project (a one-page abstract, your product and your slides, and any other materials used such as handouts) at the time of your presentation. Have your name on each component and clip everything together.

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*PLEASE NOTE: Expenses associated with meeting the requirements of the Clerkship are solely the responsibility of the student. Unanticipated and unauthorized expenses will not be reimbursed. From time to time students have requested support and reimbursement for student project materials, transportation, interlibrary loans and copying. Unfortunately the Department is not able to offer monetary support; however, you may use the Department copier for producing a limited number of handouts for your project presentation. It is the sole responsibility of the student to print and produce other materials, including their products, abstracts and audiovisuals.*

Revised: 7/31/09