UNDERGRADUATE PROGRAM

FAMILY AND COMMUNITY MEDICINE CLERKSHIP

Hospital Program Director and Assistant Handbook

2014-2015

Dr. Azadeh Moaveni
Undergraduate Program Director
Family and Community Medicine
a.moaveni@utoronto.ca

Dr. Sharonie Valin
Clerkship Director
Family and Community Medicine
sharonie.valin@utoronto.ca

Valerie Hilderad
Clerkship and Communications Assistant
416-978-8135
fax: 416-978-3912
family.undergrad@utoronto.ca

500 University Avenue
Toronto, ON
M5G 1V7
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<tr>
<td><strong>Dr Azadeh Moaveni</strong>&lt;br&gt;T: 416-978-1896</td>
<td>Acting Undergraduate Medical Education Director&lt;br&gt;Cheryl O’Donoghue&lt;br&gt;T: 416-978-1896</td>
</tr>
<tr>
<td><strong>Dr Sharonie Valin</strong>&lt;br&gt;T: 416-978-8135</td>
<td>Acting Clerkship Director&lt;br&gt;Valerie Hilderal (Interim)&lt;br&gt;T: 416-978-8135</td>
</tr>
<tr>
<td><strong>Dr Sue Goldstein</strong>&lt;br&gt;T: 416-485-2222</td>
<td>FMLE Course Director&lt;br&gt;Susan Rice&lt;br&gt;T: 416-946-5249</td>
</tr>
<tr>
<td><strong>Dr Tony D’Urzo</strong>&lt;br&gt;T: 416-946-0378</td>
<td>Preclerkship Deputy Director&lt;br&gt;TBA&lt;br&gt;T: 416-946-0378</td>
</tr>
<tr>
<td><strong>Dr Gina Yip</strong>&lt;br&gt;T: 905.472.2200 x227</td>
<td>Markham Stouffville Program Director&lt;br&gt;Bernice Baumgart&lt;br&gt;T: 905.472.2200 x227</td>
</tr>
<tr>
<td><strong>Dr Elaine Cheng</strong>&lt;br&gt;T: 416-586-4800 x3114</td>
<td>Mount Sinai Program Director&lt;br&gt;Natasha Mosher&lt;br&gt;T: 416 586-4800 x2829</td>
</tr>
<tr>
<td><strong>Dr Jordana Sacks</strong>&lt;br&gt;T: 416-756-6019</td>
<td>North York General Program Director&lt;br&gt;Mirka Skoubouris&lt;br&gt;T: 416-756-6019</td>
</tr>
<tr>
<td><strong>Dr Dave Wheler</strong>&lt;br&gt;T: 416-751-6141</td>
<td>Scarborough Program Director&lt;br&gt;Madelaine Winmb&lt;br&gt;T: 416-438-2911 x6591</td>
</tr>
<tr>
<td><strong>Dr. Robert Doherty</strong>&lt;br&gt;T: 905-895-4521 x2115</td>
<td>Southlake Regional Health Centre Director&lt;br&gt;Rhonda Taylor&lt;br&gt;T: (905) 895-4521 x 2115</td>
</tr>
<tr>
<td><strong>Dr Priya Sood</strong>&lt;br&gt;Dr Natascha Crispino&lt;br&gt;T: 416-530-6860</td>
<td>St Joseph’s Program Directors&lt;br&gt;Helen Flynn&lt;br&gt;T: 416-530-6000 x3458</td>
</tr>
<tr>
<td><strong>Dr James Owen</strong>&lt;br&gt;T: 416-867-7426</td>
<td>St Michael’s Program Director&lt;br&gt;Ed Ang&lt;br&gt;T: 416-867-7461</td>
</tr>
<tr>
<td><strong>Dr Sherylan Young</strong>&lt;br&gt;T: 416-480-4934</td>
<td>Sunnybrook Program Director&lt;br&gt;Erin Tighelaar&lt;br&gt;T: 416-480-4971</td>
</tr>
<tr>
<td><strong>Dr Catherine Yu</strong>&lt;br&gt;T: 416-429-4991</td>
<td>Toronto East General Program Director&lt;br&gt;N/A</td>
</tr>
<tr>
<td><strong>Dr Andrew Sparrow</strong>&lt;br&gt;T: 416-603-5888 x4</td>
<td>Toronto Western Program Director&lt;br&gt;Lydia Lambert&lt;br&gt;T: 416-603-5800 x2175</td>
</tr>
<tr>
<td><strong>Dr. Kimberly Kent</strong>&lt;br&gt;T: 905-813-3852</td>
<td>Trillium Health Partners: Credit Valley Program Director&lt;br&gt;Suzanne.Serre-Hall&lt;br&gt;T: 905-813-1100 x5172</td>
</tr>
<tr>
<td><strong>Dr Ruby Alvi</strong>&lt;br&gt;Dr Jennifer Everson&lt;br&gt;T: 905-272-9900 x230</td>
<td>Trillium Health Partners: Mississauga Hospital Program Directors&lt;br&gt;Sue Todd&lt;br&gt;T: 905-848-7580 x1751</td>
</tr>
<tr>
<td><strong>Dr Christine Stewart</strong>&lt;br&gt;T: 705-792-3315</td>
<td>Rural Liaison, ROMP Barrie Program Director&lt;br&gt;Carolyn Brooks&lt;br&gt;T: 705-728-9090 x23010</td>
</tr>
<tr>
<td><strong>Dr Leslie-Anne Hutchings</strong>&lt;br&gt;T: 705-428-3246</td>
<td>ROMP Collingwood Program Director&lt;br&gt;Melissa Murray&lt;br&gt;T: 705-445-7667</td>
</tr>
<tr>
<td><strong>Dr Jeff Golisky</strong>&lt;br&gt;T: 705-526-7956</td>
<td>ROMP Midland Program Director&lt;br&gt;Kim Stewart&lt;br&gt;T: 705-526-1300 x5015</td>
</tr>
<tr>
<td><strong>Dr Peter Cole</strong>&lt;br&gt;T: 519-942-6270</td>
<td>ROMP Orangeville Program Director&lt;br&gt;Liane Manifold&lt;br&gt;T: 705-941-2410 x2217</td>
</tr>
<tr>
<td><strong>Dr Steve DePiero</strong>&lt;br&gt;T: 705-826-1420</td>
<td>ROMP Orillia Program Director&lt;br&gt;N/A</td>
</tr>
<tr>
<td><strong>Dr Melinda Wu</strong>&lt;br&gt;T: 416-323-6060</td>
<td>Women’s College Program Director&lt;br&gt;Donna Feeney&lt;br&gt;T: 416-323-6244</td>
</tr>
<tr>
<td><strong>Alexandra Mardimae</strong>&lt;br&gt;Stephanie Klein&lt;br&gt;N/A</td>
<td>3rd Year Student Reps</td>
</tr>
<tr>
<td><strong>Erika Reiser</strong>&lt;br&gt;Esther Rosenthal&lt;br&gt;N/A</td>
<td>4th Year Student Reps</td>
</tr>
<tr>
<td><strong>Samantha Dunningam</strong>&lt;br&gt;N/A</td>
<td>IgFM President</td>
</tr>
<tr>
<td><strong>Dr Anita Singwi</strong>&lt;br&gt;T: 416-946-0378</td>
<td>Electives Coordinator&lt;br&gt;TBA&lt;br&gt;T: 416-946-0378</td>
</tr>
<tr>
<td><strong>Dr David Satok</strong>&lt;br&gt;T: 416-946-5249</td>
<td>Undergraduate Physician Recruitment Coordinator</td>
</tr>
<tr>
<td><strong>Dr Melissa Nutik</strong>&lt;br&gt;T: 416-978-1896</td>
<td>Undergraduate Education Scholarship Lead</td>
</tr>
<tr>
<td><strong>Dr Michelle Lockyer</strong>&lt;br&gt;T: 416-699-7775</td>
<td>ASCM Rep&lt;br&gt;Adam Pereira&lt;br&gt;T: 416.469.6580 x2488</td>
</tr>
<tr>
<td><strong>Dr Michael Roberts</strong>&lt;br&gt;T: 416-483-8182</td>
<td>DOCH Rep</td>
</tr>
<tr>
<td><strong>Dr Trish Windrim</strong>&lt;br&gt;T: 416-867-7426</td>
<td>MMMD Rep</td>
</tr>
<tr>
<td><strong>Dr. Julia Racker</strong>&lt;br&gt;T: 416-867-7426</td>
<td>Metabolism and Nutrition Rep</td>
</tr>
<tr>
<td><strong>Dr. Joyce Nyhof-Young</strong>&lt;br&gt;T: 416-340-4800 x6801</td>
<td>UME Student Evaluations Representative</td>
</tr>
<tr>
<td><strong>Dr Amanda Lo</strong>&lt;br&gt;N/A</td>
<td>Postgraduate Resident Rep</td>
</tr>
<tr>
<td><strong>Dr Lynn Wilson</strong>&lt;br&gt;T: 416-978-6473</td>
<td>Chair, DFCM&lt;br&gt;Diana Tobin&lt;br&gt;T: 416-978-6473</td>
</tr>
</tbody>
</table>

Department of Family and Community Medicine - Support Contacts

| Robyn Butcher | DFCM Librarian |
| T: 416-978-5606 | |
| Dr Eva Grunfeld | Director of Research |
| T: 416-978-7738 | |
| Pass Office | |
| T: 416-979-1177 | |

*Please note that you are able to e-mail a contact by simply clicking their name.*
Welcome to the Hospital Program Director and Program Assistant Manual

We are so happy to have you as part of undergraduate team at the DFCM! The purpose of this manual is not to replace the Family Medicine Clerkship Handbook, but rather to be used as a supplement that is specific to Hospital Program Directors (HPDs) and Hospital Program Assistants (HPAs). As such, this manual is not a comprehensive course overview. Please refer to the Family Medicine Clerkship Handbook for specific student-related information and forms.

We hope this resource is helpful to you, and ask for your feedback in terms of its usefulness and effectiveness. Terms in RED have a link to a glossary so that it is easy to look up something you may not be familiar with.

In this manual you will find the following:

- A clerkship rotation schedule for the 2014/2015 academic year
- A checklist detailing necessary documentation that must be submitted to the DFCM within one week of the end of rotation
- Templates for each of the required Clerkship evaluation forms
- A frequently asked questions section that we hope will be helpful to you in your role as HPD or HPA.
- A glossary

Best wishes for an enjoyable rotation.

Yours truly,

Azadeh Moaveni, MD, CCFP
Acting Family Medicine Undergraduate Director
a.moaveni@utoronto.ca

Sharonie Valin
Acting Family Medicine Clerkship Director (until April 2015)
sharonie.valin@utoronto.ca
General Clerkship Description

- For 2014/2015 we have approximately 260 clerks in total (typically between 3 and 5 clerks per site per rotation).
- Rotations are six weeks in duration and run back-to-back year round. See page 8 for the 2014/2015 rotation schedule.

New sites will start with anywhere from 2-4 students per block. The numbers are decided on student rankings, your site capacity and of course your desire to have certain numbers of students.

Program Director's Responsibilities

- Attend Undergrad education committee meetings once a month
- Create the clinic schedule for the clerks at your site. Clerks should have at least 40 half days of clinical time out of a possible 52 half days. Eight half days are spent in central seminars. Please see sample schedules for reference in the appendix. Clinical half days should be spent with family physicians and allied health professionals. All students should have 1-2 main preceptors, and a maximum of 4 preceptors including residents. In general the breakdown is:
  - 40 clinical half days at least
  - 1 half day for the Family Medicine Exam (we will provide the dates to you)
  - 2 half days for study time
  - 3-4 half days for local hospital-based seminars (usually one seminar per week)
  - Other experiences vary at different sites
  - There may be an iOSCE or Portfolio Day that students must attend
- Organize hospital-based seminars. There is a set of 3 core seminar series and the facilitator guides are available. A 4th seminar half-day is available as WHITE SPACE and you may teach selectives seminars during that time (for example “Exam Prep”. If possible, encourage residents to teach seminars, but please have supervision around this and student evaluation for quality control.
- Meet with clerks for local site orientation (usually the first week of rotation)
- Work with clerks in difficulty/preceptor-clerk issues as they arise. Please notify the clerkship director of any such issues as soon as possible.
- Provide mid-unit individual feedback to all clerks (should be done after week 3 of 6, and take about 20 minutes per clerk). In order to prepare for this meeting, the HPD should:
  - Contact preceptor(s) by email or phone to learn of any potential concerns
  - Review academic project preparation
  - Review Case Log on MedSIS to ensure student is completing
  - Ensure that FM-CEX evaluations for weeks 2 and 3 have been completed
  - Troubleshoot any potential issues
  - Review, sign (HPD and student), and date Student Summary Checklist Form mid-rotation
- Organize clerk project presentations (10 minute presentation, 5 minutes for questions), can be presented to small or large groups depending on your sites
- Mark clerk projects (collate marks from presentation and mark abstracts) using Faculty Marking Guide Form
- Collate FM-CEX scores using FM-CEX HPD Summary Form
- Conduct end of rotation individual meetings with each clerk on the last day of the rotation (approximately 20 minutes per clerk). The following documents should be reviewed, discussed, and signed (if necessary):
  - Clinical Evaluation form – review with clerk and submit online using MedSIS1
  - Professionalism form – review with clerk and submit online using MedSIS2
  - Review and sign (HPD) FM-CEX Summary Sheet
  - Review and sign (HPD) Academic Project form
  - Review Case Log on MedSIS to ensure it is complete. If any mandatory encounters or procedures are not completed, develop an action plan to remedy any gaps
  - Collect a copy of the academic project abstract (one paragraph) at the time of project presentations so that there is sufficient time to mark them for final evaluations
  - Ensure that FM-CEX evaluations for weeks 4 and 5 have been completed
  - Encourage student to complete online faculty evaluation

1 With the exception of ROMP. ROMP – please complete and submit a hard copy Clinical Evaluation form for each clerk with your rotation package. Please ensure that they are signed and dated by both the evaluator and clerk.
2 With the exception of ROMP. ROMP – please complete and submit a hard copy Professionalism form for each clerk with your rotation package. Please ensure that they are signed and dated by both the evaluator and clerk.
- Encourage student to complete online rotation evaluation
- Review, sign (HPD and student), and date Student Summary Checklist end of rotation (same form as used at mid-rotation)
  *Mid-rotation and end of rotation MUST be signed by both HPD and student

  o May be asked to recruit iOSCE examiners³
  o May be asked to take on a remediation student (these are assigned fairly such that each site rotates through taking a remediation student –approx 1 student every 2 years)

Program Administrative Assistant’s Responsibilities

  o Send out schedules and names of clerks to host preceptors approximately two-to-three weeks prior to the beginning of rotation
  o Prepare orientation packages for clerks with seminar schedules and contact information for the HPD and preceptor, grand rounds schedule, forms
  o Liaise with Dermatology Assistant to select appropriate times for clerks to partake in Dermatology clinics (3 half days)
  o Prepare all forms for mid-unit and end of rotation evaluations as well as academic projects
  o Copy and send relevant documentation to the University within one week of the end of rotation
  o Copy and enter clinical and professional evaluations into MedSIS (except ROMP)
  o Book rooms for seminars
  o Field phone calls and requests from clerks and preceptors

Grading Structure

The final mark for the Clerkship in Family Medicine will be reported using the Credit/Non-Credit classification system. Students have access to their numerical grades on MedSIS. All final marks will be posted to MedSIS by the Departmental Office after the completion of the rotation. Please ensure that your packages are submitted to the department no later than one week after the end of rotation in order to allow time for student marks to be posted.

The final course mark will be determined by the cumulative score achieved in each of the following four components:

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
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<tbody>
<tr>
<td>i.) Academic Project</td>
<td>12%</td>
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<tr>
<td>ii.) Clinical Evaluation</td>
<td>40%</td>
</tr>
<tr>
<td>iii.) Clinical Evaluation Exercises (FM-CEX)</td>
<td>16%</td>
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<tr>
<td>iv.) Written Examination</td>
<td>32%</td>
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Note: Students must pass all four components of the evaluation in order to successfully complete the rotation.

³ Funding for attendance is site-specific.
Frequently Asked Questions

Site Meetings

Q: How frequently do sites hold teachers meetings?
A: This is site dependent. We have heard that it is helpful to establish regular (monthly or bi-monthly) teacher’s meetings, where undergraduate teaching is part of the agenda. These meetings will allow you to update preceptors on any new forms (i.e. FM-CEX), as well as an opportunity to discuss and share teaching experiences, issues, etc. Some sites have gotten Mainpro MI for their meetings, which have helped to entice people to attend. If community preceptors are unable to attend teacher’s meetings, consider asking them to submit their questions via phone call or email a week prior to the meeting, and include an agenda item that will allow their concerns to be discussed.

Q: What would suggested agenda items be for teacher’s meetings?
A: Different course teachers have different needs, so the agenda will be site dependent. However, some ideas for topics of discussion would be: curriculum issues/questions, students in difficulty, and professional development opportunities.

Q: Do community preceptors attend teachers meetings?
A: For many sites, this would be desired. However, realistically finding time to hold meetings can be challenging, and some sites prefer to hold them over the lunch hour, making it difficult for community preceptors to attend. In order to encourage community preceptor involvement and better support their needs, consider asking those who are unable to attend meetings to submit questions/agenda items for discussion, and communicate back with them via email/meeting minutes. This will help to keep the communication open and ongoing.

Q: Do we need to discuss each clerk individually at teacher’s meetings?
A: This is not necessary. Most sites report only discussing individual clerks if there is a significant issue to highlight.

Q: What is Blackboard?
A: Blackboard (https://portal.utoronto.ca/webapps/portal/frameset.jsp) is where all course materials, announcements and policies are posted for student and faculty use. As a HPD, you will have access to the faculty version of Blackboard which will give you access to seminar materials and other resources not available to students. The department is looking at other ways of communicating, so the use of Blackboard may change in the years to come.

Forms

Q: Why are there so many forms?
A: Because of the breakdown of student grades, a form is required by the University for each component. We have attempted to decrease the number of hard copy forms that sites must submit to the university by asking that Clinical Evaluation and Professionalism forms be submitted online by means of MedSIS as of the 2011/2012 academic year. Please note that all form can be downloaded from Blackboard.

Q: Are signatures required on all forms?
A: Yes, where indicated. We have created a checklist to help identify which forms require signatures, and from whom. The Student Summary Checklist Sheet is the most important.
Student Related

Q: What should I do if I have a student in difficulty?
A: Hopefully you have identified this student by mid rotation. You may organize simulations with the student, extra clinics, etc. Please be in touch with the Clerkship Director to discuss early on as there are resources that can be mobilized for students in difficulty.

Q: What is a minor professionalism lapse?
A: A minor professional lapse is an incident where a student falls short of expectations to only a minor degree.

Q: What is a major professionalism lapse?
A: A major professional lapse is an incident where the deficit is quite significant. If a student puts a patient or someone else at significant risk because of their behavior, it is referred to as a “critical incident”. These must be reported to the clerkship director immediately after they have occurred.

Seminars

Q: Which seminars are run at other sites?
1. Hypertension/Diabetes/Lipids/Obesity
2. Cough-COPD/Asthma/Smoking Cessation
3. Osteoporosis, Contraception, Fatigue and menstrual disorders
4. WHITE SPACE – topics of HPD or students’ request and may vary from site to site
Glossary

**Family Medicine-Clinical Evaluation Exercise (FM-CEX)**

Purpose of the FM-CEX:

A performance-based assessment of students’ clinical and communication skills to be used as a component of the Family Medicine Clerkship Evaluation. This assessment is done in real time while observing the student during a patient encounter. See appendix for teacher’s guide and form.

**iOSCE** – Year 3 clinical clerks take part in two OSCEs (Objective Structured Clinical Exams) that each integrate content from multiple rotations. The first of these Integrated OSCEs (iOSCEs) takes place after 24 weeks of the core third-year clerkship, and consists of six stations covering the courses that the student has taken to date. The second iOSCE takes place after the full 48 weeks and consists of ten stations, six of which cover the courses taken in the second half of the course while the remaining four integrate the entire Year 3 curriculum. These examinations provide an opportunity for a summary judgment of students’ mastery of integrated clinical skills, to identify deficits not related to specific clinical domains, e.g. communication skills, and also provide a rich source of feedback to students.

**MedSIS** – “MedSIS is an Internet based Registration service or Electronic Report Card for Undergraduate Medical Education (UME) Trainees enrolled or enrolling for training through the University of Toronto, Faculty of Medicine and its associated training hospitals” ([http://medsis.utoronto.ca/](http://medsis.utoronto.ca/)).

**Case Logs** – Case Logging is a tool for students to record clinical encounters and procedures and also for faculty to monitor student experiences. This tool ensures that all students have been exposed to core clinical encounters and procedures. They are accessed via MedSIS. Desktop and mobile versions are also available. Mandatory clinical encounters and procedures can be found in the manual Case Log on page 23.
Appendix

Clerkship objectives

Objectives of the Family Medicine Clerkship based on the CanMEDs Competencies (organized with CanMEDS-FMU framework)

A medical student completing Family Medicine Clerkship will be able to...

Medical Expert
1. Describe the key elements of an effective doctor-patient relationship.
2. Demonstrate patient-centered medicine (including exploring the illness experience and social context, and shared decision-making to reach common ground).
3. Meet the objectives under each of the 20 clinical topics on the Hub, Seminars (e-module and live) and topic objectives as listed below.
4. Identify management priorities for patient with multiple morbidities.

Communicator
1. Share information with patients in a clear manner (e.g. pathophysiology and treatment options).
2. Write clear and accurate prescriptions for patients.
3. Write clear and accurate requisitions for investigations to work-up patients.
5. Present cases effectively.

Collaborator
1. Describe the roles of consultant physicians and other health professionals for a given patient, including the indications for referral.
2. Write clear and effective requests for consultations.

Manager
1. Seek and synthesize additional patient information (e.g. lab results, old charts, consult reports, pharmacy records, family member, etc.) when indicated.
2. Propose initial patient-centered management plans, including follow-up and use of any community resources.
3. Protect personal health and safety in family medicine settings.

Scholar
1. Conduct focused literature searches around clinical questions that arise from patient care.
2. Evaluate the quality and relevance of scientific literature to specific patient scenarios.
3. Develop and implement a basic self-directed learning plan when a personal learning need is identified.

Health Advocate
1. Identify issues (social, economic, and resource) for patients and communities that may adversely affect health and access to health care.
2. Propose approaches to resolving identified issues, including the engagement of community resources where appropriate.

Professional
1. Reflect on specific aspects of professional behaviour with regards to how well they performed and how they could do better.

EDUCATIONAL CORE OBJECTIVES:
The educational core objectives are the minimum needed to be seen and should be logged in. Gaps in exposure to the following will be made up by virtual cases.

I. **Skills**
By the end of the Family Medicine Clerkship rotation, the student should be able to demonstrate basic proficiency in at least the following skills. Competencies to complete these skills may be acquired during clinical hours, seminars, workshops or on other rotations.

**Technical Skills:**
1. Pap Smear
2. Throat Swab
3. Pediatric Vaccination

II. **Problem based**
By the end of the Family Medicine Clerkship rotation, the student should be able to demonstrate an approach to patients presenting to the Family Physician’s Office (based on real or simulated encounters) with the following problems:
( Including differential diagnosis, investigations and initial treatments)

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<tr>
<th>ENCOUNTERS</th>
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<th>Real</th>
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<td>1</td>
<td>R</td>
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<tr>
<td>anxiety disorders/symptoms</td>
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<td>R</td>
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<tr>
<td>asthma</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>chest pain</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>contraceptive methods</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>coronary artery disease</td>
<td>1</td>
<td>R</td>
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<tr>
<td>cough/dyspnea</td>
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<td>R</td>
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<td>diabetes mellitus - type 2</td>
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<td>R</td>
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<tr>
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<tr>
<td>fatigue</td>
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<td>R</td>
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<td>well baby/child care</td>
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<th>PROCEDURES</th>
<th>Goal</th>
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<td>Pap test</td>
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<td>throat swab</td>
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i. Common Chief Complaints and Presenting Issues:

Your goal is to be able to conduct an assessment of any of the following chief complaints (history and physical exam) and then provide a differential diagnosis and the appropriate management plan.

It is expected that the clinical clerk will have acquired an approach to the diagnosis and primary care management of the following issues:

*Must be logged in Case Log
*Each of these topics are featured in the online study guide, The Hub – Family Medicine

➤ Abdominal Pain (acute and chronic)*

1. Given a patient presenting with abdominal pain, perform a patient-centered interview and focused physical exam, list and interpret clinical findings. Then,
   a. Identify signs and symptoms of a surgical abdomen
   b. Identify red flags of potential serious causes including referred pain from chest
   c. Identify psychosocial factors associated with chronic and recurrent abdominal pain
   d. Propose a relevant differential diagnosis that includes common causes of abdominal pain and less common but important causes of abdominal pain.
2. For patients with acute abdominal pain, propose an initial management plan that includes appropriate and timely referral/investigation for potentially serious causes.
3. For patients with chronic/recurrent abdominal pain, propose a management plan that highlights initial investigations and basic management.

➤ Allergic Reactions

1. Recognize the signs and symptoms of an acute allergic reaction
2. List the causes and signs of Steven’s Johnson’s Syndrome
3. Differentiate and explain an anaphylactic reaction from an allergic reaction
4. Differentiate the symptoms of an intolerance versus an allergy
5. Management:
   a. Propose the initial management of an acute anaphylactic reaction
   b. List the basic medications used to treat a simple allergic reaction

➤ Anxiety/Stress*

1. Conduct a patient centered interview
   a. To elicit the common symptoms associated with anxiety (as per the most current DSM criteria e.g., tenseness, fatigued, reduced concentration, irritability)
   b. To elicit the contextual and other factors contributing to the anxiety symptoms and probe for/describe impact of anxiety on patient’s function.
   c. To differentiate between situational anxiety and anxiety disorders: Ege, GAD, OCD, phobias, PTSD
   d. To identify other conditions that can present with anxiety, co-morbid or more serious conditions, e.g. substance abuse, dementia, delirium, hyperthyroidism, arrhythmias personality disorders
   e. To identify blended conditions i.e.: anxiety-depression, dual diagnosis
2. Identify high risk groups for anxiety disorder (e.g. post-trauma, bereavement, malignancy or other serious illness diagnosis (in self or family member), dysfunctional families (abuse, separation, etc.), family history
3. a. Propose non-pharmacologic and pharmacologic management options for patients with anxiety, including drug classes, common side effects and timeline for efficacy (doses and exact drug names not necessary)
   b. Identify locally available resources which can provide support or help with ongoing management of this chronic condition.
Back Pain (acute and chronic)*
1. Use history and physical exam to differentiate the possible causes of low back pain.
2. Identify the particular syndrome of mechanical back pain on history and verify or refute this hypothesis with a focused physical examination and appropriate physical maneuvers.
3. Recognize red and yellow flags for patients presenting with low back pain
4. Propose an initial management plan that includes:
   a. Appropriate and timely investigation of urgent or potentially serious conditions
   b. Evidence-informed management of mechanical low back pain, including non-pharmacological physical treatment, pharmacological modalities, return to work strategies, and secondary prevention.

Breast Complaints (discharge, lump, tenderness)
1. Perform a history of various breast complaints including:
   a. Nipple discharge, tenderness and lumps
2. Conduct a proper breast exam
3. List the risk factors for breast cancer and screening
4. Initiate the work-up for the above complaints

Chest Pain*
Preamble: The following objectives apply to chest pain presenting in the ambulatory care setting (i.e. not an Emergency department).
1. Conduct a rapid assessment to identify patients requiring emergency care
2. Describe the family physician’s role in the stabilization and initial management of patients identified to require emergent care.
3. Conduct a focused history (including cardiac risk factors) and a relevant physical exam
4. Develop a concise differential diagnosis for patients with chest pain including cardiac and non-cardiac causes.
5. Describe the key clinical characteristics of the following chest pain etiologies: angina, embolism, gastroesophageal reflux, costochondritis, anxiety, pneumonia.

Common Infections
1. Differentiate between viral and bacterial causes of sore throat and initiate an evidence-based investigation and management plan for pharyngitis.
2. Differentiate between viral and bacterial causes of sinusitis and initiate an evidence-based investigation and management plan.
3. List common causes of Otitis media and reiterate a patient-centered approach to management.
4. Differentiate between common causes of cough including bronchitis, pneumonia and viral upper respiratory tract infection.
5. To interpret a urinalysis in the context of a patient presenting with urinary tract symptoms and be differentiate between uncomplicated and complicated UTIs vs. pyelonephritis.
6. List the first-line antibiotics used in each of the common infections listed and potential side effects

Constipation
Given a patient presenting with constipation:
1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings for constipation
2. Propose a relevant differential diagnosis that includes common causes of constipation and less common but important causes of constipation
3. Propose non-pharmacologic and pharmacologic management strategies for constipation
4. List the various medication classes used to treat constipation appropriate use depending on presentation
Cough/Dyspnea*
1. Conduct a patient interview and appropriate focused physical examination to identify the common and important causes of cough, particularly
   a. Acute causes
      Infectious (viral/bacterial)
      Exacerbation of Asthma
      Exacerbation of COPD
      Post-viral cough
      Exacerbation of CHF
   b. Chronic causes (including screening for red flags, e.g. weight loss, hemoptysis)
      Post-nasal drip
      GERD
      Asthma (refer to Asthma Objectives)
      COPD/Smoking
      Infection (e.g. tuberculosis)
      Medication (i.e. ACE Inhibitor)
      Congestive Heart Failure
      Neoplasm
2. Include an appropriate environmental, occupational, and travel history as part of the patient interview.
3. Propose a relevant initial investigation plan (e.g. chest x-ray, spirometry) for a patient with cough.
4. Recognize a patient with respiratory distress (e.g. hypoxia, tachypnea, etc.) and seek immediate help.
5. Suggest a preliminary/initial management plan for patients with cough, particularly for the acute and chronic causes listed above, avoiding unnecessary use of antibiotics.

Depression*
1. To be able to screen for and diagnose depression including
   a. Using current criteria and other diagnostic and functional assessment tools
   b. Mental status exam, including assessment of suicide/homicidal risk, and take appropriate action where necessary.
2. Identify high risk factors for depression and suicide.
3. Describe variant presentations of depressed patients.
4. Propose a differential diagnosis for patients with depressed mood to rule out important secondary causes and an initial plan for investigation & management.
5. Describe non-pharmacologic and pharmacologic approaches to management, including risks, benefits and limitations of the method(s) used.
   a. Pharmacologic
      • Mechanism of action
      • Medication classes & interactions
   b. Non-pharmacologic
      • Resources available in community
      • Effect of/on family & social supports

Diarrhea
Given a patient presenting with diarrhea:
1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
2. Propose a relevant differential diagnosis that includes common causes of diarrhea and less common but important causes of diarrhea
3. Propose non-pharmacologic and pharmacologic management of diarrhea
4. List the various medication classes used to treat diarrhea and appropriate use depending on presentation
5. Propose an initial workup for a patient with diarrhea as required

- **Dizziness/Vertigo**
  1. Given a patient with “dizziness”, conduct a history so as to distinguish true vertigo from other types of dizziness.
  2. Identify which medications are likely causes of vertigo and other types of dizziness.
  3. Conduct a relevant physical exam so as to rule out serious causes of dizziness, including assessment of orthostatic blood pressure, cerebellar & cranial nerve function, precordium, and cardiac rhythm.
  4. Identify patients with BPPV and be able to demonstrate the Epley maneuver for these patients.
  5. Understand the differential diagnosis for central and peripheral causes of vertigo

- **Dyspepsia**
  Given a patient presenting with dyspepsia
  1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
  2. Propose a relevant differential diagnosis that includes common causes of heartburn and less common but important causes of heartburn
  3. Propose an initial work-up plan such a patient (?), including investigations i.e. recognize appropriate indications for H. Pylori testing and when to refer for endoscopic work-up
  4. Describe the approach of management of dyspepsia including non-pharmacologic and pharmacologic options

- **Ear Symptoms (pain, hearing loss, and tinnitus, otitis)**
  Given a patient presenting with ear symptoms:
  1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
  2. Propose a relevant differential diagnosis that includes common causes of ear symptoms and less common but important causes of ear symptoms
  3. Describe relevant physical exam findings for each of the ear symptoms listed above
  4. Propose non-pharmacologic and pharmacologic management of ear symptoms in general
  5. Describe the approach to management including pharmacologic options for otitis media and externa in children and adults
  6. Describe appropriate initial investigations for ear complaints

- **Elderly Care**
  1. Assess the following for elderly patients:
     a. ADLs and IADLs (Katz 1983)
     b. Cognition (through validated tools)
     c. Medication/supplement safety
     d. Hearing and vision
     e. Mobility and fall risk
     f. Supports & environment
     g. Mood
     h. Presence and type of advanced care planning documents
  2. Identify community resources and other interventions to address concerns in these areas.
**Family Planning/Contraception**

1. Obtain an appropriate medical and sexual history in a patient seeking contraceptive options (e.g. menstrual history, migraines, unprotected intercourse, smoking, depression, contraindications for common contraceptive methodologies)

2. Be able to list and explain the absolute contraindications for hormonal contraception.

3. Counsel patients on contraceptive options including:
   - patient preferences and values
   - risks and side effects
   - contraceptive methods and devices, both permanent and non-permanent
   - benefits & relative efficacy
   - barriers to access (e.g. cost)
   - proper use including initiation
   - potential drug interactions
   - emergency contraception
   - counsel patients on STI prevention and screen when appropriate
   - How to appropriately follow up with patients depending on the contraception method

4. Describe the role of family physicians in caring for patients with unintended pregnancy [this sub-objective overlaps with pregnancy care]

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**Fatigue**

1. Conduct a patient interview so as to
   - Define what the patient means by “fatigue” and distinguish from other concerns e.g. mood concerns, muscle weakness, decreased exercise tolerance +/- SOB.
   - Identify clinical symptoms/red flags that suggest a secondary etiology, e.g. depression, anemia, hypothyroidism, malignancy, sleep apnea, cardiac disease.
   - Identify context red flags that may suggest psychosocial concerns and impact differential diagnosis and/or management, e.g. Homelessness, isolation, single parent, addiction, recent losses, sleep quality/shift work.

2. Conduct a relevant physical exam to refine different diagnosis.

3. Include “watchful waiting” when appropriate as a diagnostic and/or management tool.

4. Propose and act on initial investigations based upon differential diagnosis and avoid over-investigation/”shot-gun” approach.

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**Fever**

1. Perform a focused history and physical exam to determine presence of fever, fever pattern, and associated sx & signs, so as to:
   - Make a determination as to whether a patient truly has/had a fever, and whether it is acute versus chronic.
   - Identify patients with serious illness
     - Demonstrate good understanding of the potential groups of cause of fever.
     - Infection, malignancy, drugs, environment (sun, heat).
     - Recognize the red flags of fever.

2. Recognize special groups where fever has different significance or impact (neonates, elderly patients, travel/immigrant issues, under-immunized groups, living conditions, immune-compromised individuals).

3. Propose a plan for appropriate investigation of possible causes, based in the local context especially in the pediatric patient.

4. Propose a basic plan of management that includes:
   - Simple at home measures including antipyretics.
   - Guidance for patients/caregivers on how to access care depending on evolution of illness.
Genital Concerns (discharge, itch, and lesions)
Given a patient presenting with a genital concern:
1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
2. Recognize the differences between various vaginal infections (Chlamydia, Gonorrhea, Bacterial Vaginosis, Yeast Vaginitis and Trichomonas) in terms of signs and symptoms, diagnosis and treatment.
3. Recognize and differentiate the various causes of genital ulcers.
4. Counsel a patient on STI prevention and screening as appropriate (see Contraception)
5. Counsel on relevant vaccines for prevention on STI including organisms covered, indications, cost, side effect and schedules.

Global Health
1. Be able to define global health
2. Be able to identify global health issues within the context of Canadian health care
3. Understand factors that marginalize a population and impact on access to health care
4. Understand how to address the medical needs of a marginalized population (Aboriginal population)
5. Recognize specific medical issues for newcomers to this country
6. Describe the concept of appropriate translation

Headache*
1. Perform a patient-centered interview that identifies:
   a. Symptoms of secondary headaches, including red flags of potentially serious causes (e.g. intracranial bleed, meningitis etc.).
   b. Features that may differentiate types of headache that commonly presents in primary care e.g. migraine, tension, cervicogenic, and medication over-use headaches.
2. Perform a focused physical exam that identifies signs of secondary causes, including potentially serious causes.
3. Use diagnostic criteria to diagnose a patient with migraine.
4. Propose a management plan that includes:
   a. Appropriate and timely investigation & disposition if a potentially serious secondary cause is suspected.
   b. Includes appropriate evidence-informed pharmacological and non-pharmacological modalities.
   c. Response to patient fears and expectations providing reassurance when appropriate.

Joint/Limb Pain
Given a patient presenting with joint or limb pain:
1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
2. Recognize red flags and propose initial management and work-up when red flags are present
3. Differentiate between joint and soft tissue pathology, differentiate between inflammatory and osteoarthritis
4. For common joint/limb pain conditions:
   a. Diagnose them based upon history and physical examination
   b. Identify the indications for and limitations of relevant investigations
   c. Propose and initial treatment plan and describe the risks therein (i.e. Use of NSAIDs, narcotics)
   d. Identify the indications for referral for surgical intervention in joint pain secondary to osteoarthritis
Menopausal Symptoms
Given a patient with menopausal symptoms:
1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
2. Define menopause and perimenopause
3. Describe common symptoms reported by perimenopausal women and menopausal women
4. Describe basic management principles for menopausal symptoms, including:
   a. Lifestyle interventions
   b. Non-hormonal treatments
   c. Indications for menopausal hormone therapy (MHT)
   d. Contraindications to MHT
   e. Risks and benefits of MHT

Menstrual Issues (Amenorrhea, Menorrhagia, Irregular menses)
Given a patient presenting with menstrual symptoms:
1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
2. Propose a relevant differential diagnosis that includes common causes of menstrual symptoms and less common but important causes of menstrual symptoms
3. Describe relevant physical exam findings for each of the menstrual symptoms listed above
4. Describe appropriate initial investigations, biochemical and radiological for specific issues
5. Identify the necessary tests (biochemical and radiological) required to make the diagnosis for each problem listed above
6. Propose non-pharmacologic and pharmacologic management of menorrhagia and irregular menses

Obesity
1. Define obesity using both measurements of Waist Circumference and BMI
2. List the potential target organ damage associated with obesity
3. Assess and counsel a patient on obesity using Motivational Interviewing
4. Describe lifestyle measures in the weight loss management program

Pregnancy (diagnosis of, genetic screening, prenatal, postpartum, unintended, complications)
1. Discuss key pre-conception considerations in healthy women of childbearing age (e.g. folic acid supplementation, smoking, rubella immunity, etc.).
2. Date a pregnancy accurately.
3. Explore the patient’s feelings and concerns about her pregnancy (e.g. supports, stressors, etc.).
4. Perform an adequate first prenatal visit including taking a history and performing an appropriate focused physical exam with the assistance of available antenatal tracking tools.
5. Screen for and identify pregnancies at risk (e.g. domestic violence, multiple gestation, maternal age, substance use, etc.).
6. Conduct a basic follow up visit, including BP measurement, weight, fetal heart rate (starting at 12 weeks), symphysis-fundal height (20 weeks and beyond), screening for concerns and complications.
7. Provide basic education and counseling regarding lifestyle, breastfeeding, and delivery planning.
Rectal Concerns (bleeding, pain, itch)
Given a patient presenting with a rectal concern:
1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
2. Propose a relevant differential diagnosis that includes common causes of rectal symptoms and less common but important causes of rectal symptoms
3. Describe appropriate initial investigations for specific rectal issues
4. Propose a management plan including pharmacologic and non-pharmacologic modalities for the patient with rectal concern

Red Eye
Given a patient presenting with a red eye:
1. Perform a patient-centered interview and focused physical exam, list and interpret clinical findings
2. Propose a relevant differential diagnosis that includes common causes of red eye
3. Recognize red flags requiring urgent management of the red eye
4. Propose a management plan including pharmacologic and non-pharmacologic modalities for the patient with bacterial, viral or allergic conjunctivitis

Skin Concerns
1. Describe morphology of skin conditions
2. Recognize skin conditions for which acute intervention is required (e.g. Melanoma, severe drug reactions and herpes)
3. Identify and propose management plans for the following common skin conditions:
   - Viral infections (Herpes, exanthems)
   - Fungal infections (Tinea, candidiasis)
   - Bacterial infections (impetigo, cellulitis)
   - Dermatitis
   - Acne
4. Coach patients about sun safety

Sexually Transmitted Infections and HIV (see genital concerns)

ii. Ongoing Medical Problems and Chronic Care Issues:
It is expected that the clinical clerk will have acquired an approach to the primary care management of the following ongoing medical problems:

*Must be logged in Case Log

Arthritis – See Joint/Limb pain

Asthma*
1. Establish an accurate diagnosis of asthma through a focused history and physical exam
   a. Including family, occupational and environmental history
   b. Including differentiating non--asthma causes of wheezing
2. Explain underlying pathophysiology of asthma to patients and/or family members
   a. In relation to acute & recurrent episodes and prophylaxis principles
b. In relation to mechanism of action for relevant meds
c. In relation to red flags of impending asthma crisis

4. Assess asthma control at follow-up. Identify modifiable triggers for patients.
5. Describe the different medication delivery methods (and relevant compliance / educational issues).
6. Describe major medication categories
   a. Including mechanism of drug action, particularly SABA and ICS
   b. Benefits, risks
   c. Use patterns, compliance, device use
6. Propose a management plan for patients with acute exacerbations.

➢ Coronary Artery Disease (CAD)*
1. Identify patients at elevated risk for IHD and calculate their 10-year cardiovascular risk using the Framingham Risk Score.
2. Propose a patient-centered initial management plan for primary prevention of IHD.
3. Identify which patients’ required further investigation to confirm a diagnosis of IHD.
4. Describe an early post-ischemic event management plan including lifestyle changes, medications, psychosocial support, cardiac rehabilitation, etc.
5. Propose a surveillance and management plan for secondary prevention of cardiovascular events in patients with IHD.

- Angina/MI – see above

- Congestive Heart Failure (CHF)
  o Recognize the signs/symptoms of a patient with CHF and the important elements of follow up in the outpatient setting, in this group of patients

- Hyperlipidemia
  o Applying Framingham Risk Score to assess various patients
  o Identify lipid targets for various patient populations
  o Create a treatment plan appropriate for a patient’s risk stratification, including pharmacologic and non-pharmacologic approaches
  o Describe the major side effects and use of Statin medications

- Hypertension*
  o Describe and demonstrate the appropriate technique for blood pressure assessment.
  o Describe the operator and patient factors that can artificially raise and lower blood pressure.
  o Define how to diagnose hypertension in a family practice setting for different patient groups, and identify the blood pressure targets for these groups.
  o Describe the role of home blood pressure monitoring and 24 hour ambulatory blood pressure assessment in diagnosis and monitoring of hypertension.
  o Describe the effects of hypertension on end-organs and how to assess a patient for these.
  o Propose an initial diagnostic workup for a patient with a new diagnosis of high blood pressure to determine if there is a secondary cause for hypertension (versus essential hypertension).
  o Propose a treatment plan (incorporating non-pharmacologic and pharmacologic options) for a patient with a new diagnosis of high blood pressure.
  o Recognize and act on a hypertensive crisis.
  o Describe the various drug classes used to treat high blood pressure and their mechanisms of action and side effects.
Chronic Obstructive Pulmonary Disease (COPD)
1. Define COPD
2. Recognize how to make a diagnosis of COPD in the office setting (see Cough objectives above)
3. Create a treatment plan for the patient with COPD for long-term and acute exacerbations
4. Counsel a patient on medications used in treatment of COPD, how to use them, compliance monitoring
5. Counsel patients on the role of smoking cessation in treatment of COPD (see Smoking Cessation objectives)

Diabetes Mellitus (Type II*)
1. Identify patients at risk for T2DM and select an appropriate screening strategy.
2. Diagnose DM using current criteria.
3. Discuss with patients the importance of lifestyle in the management of diabetes and the prevention of complications, especially the role of exercise, nutrition and avoidance of tobacco.
4. Propose an initial therapeutic plan for patients with T2DM and identify major drug side effects.
5. Describe recommended targets (glycemic control, lipids, blood pressure) for specific diabetic patients.
6. Propose a surveillance plan for patients with T2DM including the role of flow sheets and/or electronic records, and identification of end-organ damage.

Osteoporosis
1. Define osteoporosis in terms of Bone Mineral Density Criteria
2. Identify risk factors for low bone mineral density, future fractures and falls
3. Perform a relevant physical examination for assessment of a patient with low bone mass
   Including Height, Weight, Rib-pelvis distance and Occiput – wall distance, Falls risk using the Get Up and Go test
4. Order the appropriate biochemical tests in the initial work-up of a patient with low bone mass or osteoporosis
5. Counsel patients on the recommended intake of Calcium, Vitamin D and relevant exercises for prevention and treatment of low bone mass
6. Counsel patients on the pharmacological treatment of Osteoporosis, specifically bisphosphonates, how they are used and potential side effects

Palliative Care
1. Explain the modern model of palliative care as it applies to those living with life-threatening illnesses (non-malignant or malignant)
2. Explain the definition of the following terms and their application in palliative care settings and/or advanced care planning:
   a. code status
   b. personal care directives
   c. substitute decision-makers
   d. power of attorney
3. Identify early signs of the patient entering the last year of life
4. Demonstrate an approach to prognostication including the use of the Edmonton Symptom Assessment Scale and Palliative Performance Scale
5. Demonstrate basic principles in assessing common symptoms in palliative care: nausea / vomiting dyspnea, pain and constipation
6. Identify local resources to support palliative patients & their families.
Stroke/Cerebrovascular disease

1. Recognize the signs and symptoms of TIA (Transient Ischemic Attack) versus CVA (Cerebrovascular Accident) based on an appropriate history and physical
2. List a differential diagnosis for the patient presenting with CVA signs and symptoms
3. Identify key risk factors for stroke and cerebrovascular disease
4. Counsel and create a plan for primary prevention and secondary prevention of stroke, including lifestyle and non-pharmacological factors
5. Describe the management of an acute presentation of CVA in an outpatient office setting

Substance Abuse

1. Describe use of appropriate tools for asking about substance and alcohol abuse
2. Initiate a discussion around substance abuse using motivational interviewing or assessing of change
3. Describe target organ damage due to substance abuse (i.e. Alcohol)
4. List some community resources and other health care professionals who could be part of the care-team in the patient suffering from substance abuse.

Smoking Cessation

1. Assess the patient for readiness to quit
2. Advise patients on quitting or benefits of quitting
3. Assist patients in quitting by giving them options:
   a. Describe the various NRT forms, how they are used and how to advise patients on how much to use
   b. Explain the use of prescription medications, effectiveness and side effects
   c. Describe the long term follow up of these patients

Thyroid Disease

1. List the signs and symptoms of hypothyroidism and hyperthyroidism
2. Propose an initial plan for work-up of the patient presenting with new onset thyroid symptoms including biochemical and radiological testing.
3. List the various medications that are available to treat the patient with hypo- or hyper-thyroidism
4. Describe follow-up measures for a patient being treated for hypothyroidism

iii. Health Promotion, Screening and Preventative Care Interventions:

It is expected that the clinical clerk will have acquired a primary care “approach to” the provision of care regarding the following issues:

*Must be logged in Case Log

A) Periodic Health Review:

The student should consider the unique and specific concerns of each age group:

Well Child Visit*:

1. Conduct an age-appropriate well child visit that includes physical exam, growth, nutrition and development.
2. Address parental concerns, social context, and safety and provide relevant anticipatory guidance (e.g. dental caries, family adjustment and sleeping position).
3. Assess vaccination status and counsel parents on the risks and benefits of vaccinations.
4. Use an evidence-based tool to help guide a well child visit.
5. Identify patients who require further assessment.
6. Inform caregivers of appropriate routine follow up intervals.

**Adolescent**: Sexuality, contraception, drug and alcohol use/abuse, smoking, self-esteem, body image, mood, cervical cancer screening/Pap smear testing, and testicular self-examination.

**Well Adult Man / Woman**: 
1. Conduct a patient interview so as to identify any significant age-, sex-, context-specific risk factors for health conditions. 
   Examples include exercise, diet, substance use, immunizations, falls.
2. Conduct an age-, sex-, and context-specific evidence-informed physical exam. 
   Examples include blood pressure, weight, waist circumference.
3. Discuss pertinent screening tests and explain their purposes & limitations. 
   Examples include Pap testing, Mammography, Colorectal cancer screening, Bone mineral density, PSA testing, diabetes and hyperlipidemia screening.
4. Counsel patients on relevant health promotion/disease prevention strategies. 
   Examples include immunizations, exercise, diet, calcium/Vitamin D, smoking cessation.

(See table below C/D/E).

**Elderly**: Fall prevention, nutritional assessment / failure to thrive, vaccinations, poly-pharmacy, dementia, consent and capacity.
B) Prenatal Visit:

*Pregnancy*:

see objectives listed above.

Prevention, Screening and Counseling Issues (relevant to more than one age group):

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<thead>
<tr>
<th>C) Prevention:</th>
<th>D) Screening:</th>
<th>E) Counseling:</th>
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</table>
| ➢ Accident / Injury prevention | ➢ Abuse, Neglect and Violence -  
  ➢ Child  
  ➢ Incest  
  ➢ Spousal  
  ➢ Rape/Sexual  
  ➢ Elder  
  ➢ Blood Pressure  
  ➢ Cancer -  
  ➢ Breast  
  ➢ Cervical (pap smear)  
  ➢ Colon  
  ➢ Genetic  
  ➢ Prostate  
  ➢ Skin  
  ➢ Dental Hygiene  
  ➢ Hearing Assessment  
  ➢ Lipids/CV Risk Factors/DM  
  ➢ Osteoporosis  
  ➢ STIs  
  ➢ Substance Abuse -  
  ➢ Drugs  
  ➢ EtOH  
  ➢ Smoking  
  ➢ Tuberculosis  | ➢ Birth control counseling  
  ➢ Lifestyle -  
  ➢ Nutrition  
  ➢ Exercise  
  ➢ Weight loss  
  ➢ Menopause/HRT  
  ➢ Preconception  
  ➢ Safe Sex  
  ➢ Substance Abuse -  
  ➢ Drugs  
  ➢ EtOH  
  ➢ Smoking  
  ➢ Sun Protection |
| o Automotive  
  o Boat/Water  
  o Bicycle  
  o Home  
  o Atherosclerosis  
  o Immunizations  
  o Osteoporosis  | | |

iv. Physical Examination Skills:

It is expected that the clinical clerk will consolidate their physical exam skills in the following areas:

➢ Vital signs;
➢ Skin examination;
➢ Neurological examination;
➢ Mental status examination;
➢ Head and neck examination;
➢ Ophthalmological examination;
➢ Respiratory examination;
➢ Breast examination;
➢ Cardiovascular examination (including peripheral vascular examination);
➢ Abdominal examination;
➢ Genito-urinary (male and female) and pelvic examination (female);
➢ Rectal examination; and
➢ Musculo-skeletal examination.
v. Procedures:

The student is expected to have an awareness of the indication for and appropriate technique to observe, assist, or perform the following procedures with their preceptors or other members of the health care team. Only the items with an asterix are mandatory for the student. The other items listed are those students MAY see in clinic.

Diagnostic Procedures:

*Must be logged in Case Log

- DRE (Digital Rectal Examination)
- ECG Interpretation
- PAP Smear*
- Pregnancy Test (urine)
- Stool for Occult Blood
- Throat Swab*
- Urine Dip
- Vaginal/Cervical Cultures

Therapeutic Procedures:

- Breast: Cyst Aspiration
- Ear: Curette/Syringe
- Eye: Flip and eyelid
- Injections: Immunizations, Intradermal, Intramuscular, Subcutaneous
- OB/GYN: IUD Fitting Insertion
- MSK: Casting, Joint Injection/Aspiration, Apply Splint
- Nose: FB Removal
- Operating Room Assist
- Skin: Abscess I+D, Dressing, Application, Cryotherapy, Excision, FB Removal, Ingrown Toenail Resection, Punch Biopsy, Skin Tag Removal, Subungal Drainage, Suture Removal, Suturing
YEAR 3 CLINICAL CLERKSHIP 2014-2015
CLASS OF 1T6

<table>
<thead>
<tr>
<th>ROTATION</th>
<th>2014</th>
<th>2015</th>
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<tbody>
<tr>
<td>A</td>
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<td>PSYCH</td>
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<td>B</td>
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<td>FAMILY</td>
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<tr>
<td>C</td>
<td>FAMILY</td>
<td>OB/GYN</td>
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<tr>
<td>D</td>
<td>ANAESOP</td>
<td>OB/GYN</td>
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<tr>
<td>E</td>
<td>MEDICINE</td>
<td>SURGERY</td>
</tr>
<tr>
<td>F</td>
<td>SURGERY</td>
<td>ANAESOP</td>
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</table>

TTC: TRANSITION TO CLERKSHIP

- **NO PSYCH**
- **NO FAMILY**
- **NO OB/GYN**
- **NO PAEDS**

HOLIDAYS/SIGNIFICANT DATES (September 2014 - August 2015)

- **LAMOUR DAY:** Monday, September 1, 2014
- **ROSH HASHANAH:** Wednesday, September 24 (p.m.) - Friday, September 26, 2014
- **YOM KIPPUR:** Friday, October 3 (p.m.) - Saturday, October 4, 2014
- **EID AL-ADHA:** Friday, October 3 (p.m.) - Tuesday, October 7, 2014
- **SUKKOT:** Wednesday, October 8 (p.m.) - Friday, October 10, 2014
- **THANKSGIVING:** Monday, October 13, 2014
- **SHEMINI ATEFET:** Monday, October 20, 2014
- **SHABAN:** Wednesday, October 22, 2014
- **HANUKKAH:** Tuesday, December 16 (p.m.) - Wednesday, December 17, 2014
- **WINTER BREAK:** Saturday, December 20, 2014 - Sunday, January 4, 2015 (2 weeks)
- **CHRISTMAS (Orthodox):** Wednesday, January 7, 2015
- **CHRISTMAS (Orthodox):** December 25, 2014
- **NEW YEAR:** Monday, February 16, 2015
- **ASH WEDNESDAY:** February 25, 2015
- **INTERNI IOSCE:** Monday, March 2 (Form A) & Tuesday, March 3 (Form B), 2015
- **MARCH BREAK:** Saturday, March 7 - Sunday, March 15, 2015
- **WINTER BREAK:** Saturday, March 21, 2015
- **MARCH BREAK:** Monday, March 23, 2015
- **MAundy THURSDAY:** April 2, 2015
- **GOOD FRIDAY:** April 3, 2015
- **FIRST TWO DAYS OF PASSOVER:** Friday, April 3 (p.m.) - Sunday, April 5, 2015
- **EASTER SUNDAY (Western):** April 5, 2015
- **EASTER MONDAY:** April 6, 2015
- **LAST TWO DAYS OF PASSOVER:** Thursday, April 9 (p.m.) - Saturday, April 11, 2015
- **HOLY FRIDAY:** April 10, 2015
- **EASTER SUNDAY (Orthodox):** April 12, 2015
- **VICTORIA DAY:** Monday, May 18, 2015
- **RAMADAN:** Thursday, June 18 (p.m.) - Friday, July 17, 2015
- **SUMMER BREAK:** Monday, June 22, 2015
- **ABORIGINAL DAY OF PRAYER:** Monday, June 22, 2015
- **CIVIC HOLIDAY:** Monday, August 3, 2015
- **FINAL IOSCE:** Monday, August 17 (Form A) & Tuesday, August 18 (Form B), 2015

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<table>
<thead>
<tr>
<th>Block # Rotation</th>
<th>Rotation Dates 2014 - 2015</th>
<th>MONDAY Orientation 9:00 – 10:00 Global Health 10:00 – 12:00 Geriatrics 1:00 – 4:00</th>
<th>TUESDAY Family Violence 9:00 – 12:00 Motivational Interviewing 1:00 – 4:00</th>
<th>WEDNESDAY Palliative Care 9:00 – 11:30 Paeds 12:30 – 2:30</th>
<th>Dermatology Exam 9:00 am – 10:00 am</th>
<th>Family Medicine Exam 10:00 am – 12:00 pm Exam Wrap Up 12:00 pm – 1:00 pm</th>
<th>Portfolio Dates 4:00 pm – 6:00 pm</th>
<th>IOSCE</th>
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<tr>
<td>1/C</td>
<td>September 8 – October 19</td>
<td>September 8</td>
<td>September 9</td>
<td>September 10</td>
<td>September 11</td>
<td>October 14</td>
<td>September 18 October 18</td>
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<tr>
<td>2/B</td>
<td>October 20 – November 30</td>
<td>October 20</td>
<td>October 21</td>
<td>October 22</td>
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<tr>
<td>3/A</td>
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<td>January 27</td>
<td>January 28</td>
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<td>March 3</td>
<td>February 26 February 11 March 2 March 3</td>
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<td>4/F</td>
<td>March 16 – April 29</td>
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<td>March 18</td>
<td>March 19</td>
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<tr>
<td>5/D</td>
<td>April 27 – June 7</td>
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<td>April 30</td>
<td>June 2</td>
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<td>6/E</td>
<td>July 20 – August 30</td>
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<td>August 17 August 18</td>
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(Revised: May 16, 2014)
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<tr>
<th>AM/PM</th>
<th>Week 1</th>
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<td>Clinic</td>
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<tr>
<td>PM</td>
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<td>Clinic</td>
<td>12:30-1:30 PM</td>
<td>Shelter Experience</td>
<td>Dermatology half-day</td>
<td>Clinic</td>
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<tr>
<td>AM</td>
<td>Week 4</td>
<td>Community Experience</td>
<td>Clinic</td>
<td>1:00-1:30 PM</td>
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<tr>
<td>PM</td>
<td></td>
<td>Community Experience</td>
<td>Clinic</td>
<td>1:00-1:30 PM</td>
<td>Clinic</td>
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</tr>
<tr>
<td>AM</td>
<td>Week 5</td>
<td>Community Experience</td>
<td>Clinic</td>
<td>9:00-11:30 AM</td>
<td>9:00-11:30 AM</td>
<td>Project Presentation, Dr. K. Weyman, 200 Victoria St. Rm. 407 (Dr. G. Holmes - guest)</td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td>Community Experience</td>
<td>Clinic</td>
<td>9:00-11:30 AM</td>
<td>9:00-11:30 AM</td>
<td>Project Presentation, Dr. K. Weyman, 200 Victoria St. Rm. 407 (Dr. G. Holmes - guest)</td>
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<tr>
<td>AM</td>
<td>Week 6</td>
<td>Thanksgiving - OFF</td>
<td>Clinic</td>
<td>Cardiac Rehab</td>
<td>Dermatology half-day</td>
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<tr>
<td>PM</td>
<td></td>
<td>Thanksgiving - OFF</td>
<td>Clinic</td>
<td>Cardiac Rehab</td>
<td>Dermatology half-day</td>
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<tr>
<td>AM</td>
<td>Week 7</td>
<td>Study Day</td>
<td>Family Medicine Exam</td>
<td>Clinic</td>
<td>9:00 AM</td>
<td>Global Health &amp; Family Medicine 9:00 AM - Dr. K. Koutou</td>
</tr>
<tr>
<td>PM</td>
<td></td>
<td>Study Day</td>
<td>Clinic</td>
<td>Clinic</td>
<td>1:00 PM</td>
<td>Rodicym Evaluation 5:00 Victoria St. Rm. 407</td>
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**Family Practice Sites:**
- Family Practice Unit - 64 Queen St. E., 3rd Fl.
- St. Lawrence Health Centre - 140 The Esplanade (2nd Floor)
- Family Health Centre - 400 Sherbourne St., 8th Floor
- St. James Town Health Centre - 400 Sherbourne St., Main Floor
- 10 Bond Family Practice Unit, 10 Bond St.
## Sample Clerk Schedule - Mount Sinai Hospital

<table>
<thead>
<tr>
<th>MON</th>
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<th>WED</th>
<th>THURS</th>
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<tbody>
<tr>
<td><strong>DATE</strong></td>
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<td></td>
<td>Sept 15&lt;sup&gt;th&lt;/sup&gt; 2011</td>
<td>Sept 16th</td>
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<tr>
<td><strong>DATE</strong></td>
<td></td>
<td></td>
<td>Sept 19&lt;sup&gt;th&lt;/sup&gt;</td>
<td>20</td>
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<tr>
<td><strong>AM</strong></td>
<td>Dr. Carroll (9:00)</td>
<td>D. Lower (Dr. Forte) (9:00)</td>
<td>No Family Medicine Grand Rounds</td>
<td>Dr. Talbot (9:00)</td>
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<tr>
<td><strong>PM</strong></td>
<td>Dr. Nutik (1:30)</td>
<td>Dr. Biringer (1:30)</td>
<td>Dr. Sparrow (1:30)</td>
<td>Dermatology</td>
</tr>
<tr>
<td><strong>DATE</strong></td>
<td>26</td>
<td>27</td>
<td>28</td>
<td>29</td>
</tr>
<tr>
<td><strong>AM</strong></td>
<td>Dr. Carroll (9:00)</td>
<td>Developmental Disabilities Day</td>
<td>Family medicine Grand Rounds 8:00-9:00 am</td>
<td>Dr. Talbot (9:00)</td>
</tr>
<tr>
<td><strong>PM</strong></td>
<td>Dr. Rubenstein (1:30)</td>
<td>Developmental Disabilities Day</td>
<td>Dr. Biringer (2:00)</td>
<td>Dr. Sparrow (1:30)</td>
</tr>
<tr>
<td>DATE</td>
<td>Oct 3rd</td>
<td>4</td>
<td>5</td>
<td>6</td>
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</tr>
<tr>
<td>AM</td>
<td>Dr. Carroll (8:30)</td>
<td>Dr. Carroll (9:00)</td>
<td>Family medicine Grand Rounds 8:00-9:00 am Dr. M. Nutik (9:00)</td>
<td>Dr. Talbot (9:00)</td>
</tr>
<tr>
<td>PM</td>
<td>Dr. Rubenstein (1:30)</td>
<td>Interprofessional Seminars 1:30-3:00 pm Mid Unit Review 3:00-4:30 pm</td>
<td>Dr. Biringer (1:30)</td>
<td>Dr. Sparrow (1:30)</td>
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>AM</td>
<td>Thanksgiving Day</td>
<td>Dr. Rubenstein (9:00)</td>
<td>Academic Projects 8:00-9:00 am Case Based Seminars 9:00-12:00 pm</td>
<td>Dermatology</td>
<td>Dr. Nutik (9:00)</td>
</tr>
<tr>
<td>PM</td>
<td>Thanksgiving Day</td>
<td>Dr. Biringer (1:30)</td>
<td>Dr. Sparrow (1:30)</td>
<td>Palliative Care</td>
<td>Anna Hack (Dr. Greig) 1:45</td>
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</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
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<tbody>
<tr>
<td>AM</td>
<td>Dr. Carroll (9:00)</td>
<td>Family Medicine Exam 9:00am - 11:00 am Dermatology Exam 11:00am-12:00:pm</td>
<td>Family medicine Grand Rounds 8:00-9:00 am Dr. Rubenstein (9:00)</td>
<td>Dr. Talbot (9:00)</td>
<td>Dr. Nutik (9:00)</td>
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<tr>
<td>PM</td>
<td>Study Time</td>
<td>Dr. Biringer (1:30)</td>
<td>Dr. Sparrow (1:30)</td>
<td>Dr. Sparrow (1:30)</td>
<td>End of Rotation Feedback &amp; Evaluation with Dr. Nutik 2:30-4:30 pm</td>
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</table>
## Sample Clerk Schedule – Toronto Western Hospital

### Block #2

#### Example

| Toronto, ON |

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
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<tbody>
<tr>
<td><strong>WEEK #1</strong></td>
<td><strong>WEEK #2</strong></td>
<td><strong>WEEK #3</strong></td>
<td><strong>WEEK #4</strong></td>
<td><strong>WEEK #5</strong></td>
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<tr>
<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
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<tr>
<td>9:00 AM - 10:45AM WBC/PRENATAL SEMINAR 3W-424 10:45-ROUNDS 2W201</td>
<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
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<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
<td>BREAKFAST MTG 8:15-9:00 2W442</td>
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<tr>
<td>8:30AM - 10:45AM MSK SEMINAR 3W424 10:45-ROUNDS 2W201</td>
<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
<td>(Mid Point Evaluation)</td>
<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
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<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
<td>CLINIC TIME/OP OR COMMUNITY PHYSICIAN</td>
<td>CLERK PROJECTS PRESENTATIONS 10:45AM 2W-201 (Main Auditorium)</td>
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<td>9:00AM-10:45AM CASE SEM 3W424 10:45-ROUNDS 2W201</td>
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<td>10:45AM-ROUNDS 2W201</td>
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</tbody>
</table>

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# Undergraduate Education Committee (UEC)

Meeting Dates: 2014 – 2015

*Note: UEC Meetings are usually held on the first Tuesday of every month. For September, December and March, the meetings will take place on alternate Tuesdays, to prevent conflicts with Clerkship events (seminars and exams), Program Director’s meetings and University closures.*

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Notes</th>
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<td>September 16, 2014</td>
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<td>DFCM Room 365</td>
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<tr>
<td>October 7, 2014</td>
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<td>DFCM Room 365</td>
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</tr>
<tr>
<td>November 4, 2014</td>
<td>8:00 am - 10:00 am</td>
<td>DFCM Room 365</td>
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</tr>
<tr>
<td>December 9, 2013</td>
<td>9:00 am - 1:00 pm</td>
<td>TBD</td>
<td>UEC Holiday Party</td>
</tr>
<tr>
<td>January 6, 2015</td>
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<td>DFCM Room 356</td>
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<tr>
<td>February 3, 2015</td>
<td>9:00 am - 3:00 pm</td>
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<td>13/14 YEARENDE MEETING</td>
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<td>April 7, 2015</td>
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<td>May 5, 2015</td>
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<td>June 9, 2015</td>
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<td>July 7, 2015</td>
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<td>August 4, 2015</td>
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# EVALUATION OF ORAL PRESENTATION

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<td>0-59%</td>
<td>60-69%</td>
<td>70-74%</td>
<td>75-79%</td>
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<tr>
<td>CONSTRUCTION OF QUESTION 10%</td>
<td>0-59%</td>
<td>60-69%</td>
<td>70-74%</td>
<td>75-79%</td>
<td>80-100%</td>
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<tr>
<td>APPROPRIATENESS OF RESOURCES 10%</td>
<td>0-59%</td>
<td>60-69%</td>
<td>70-74%</td>
<td>75-79%</td>
<td>80-100%</td>
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<tr>
<td>JUSTIFICATION OF USE OF RESOURCE 10%</td>
<td>0-59%</td>
<td>60-69%</td>
<td>70-74%</td>
<td>75-79%</td>
<td>80-100%</td>
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<tr>
<td>RESULTS 20%</td>
<td>0-59%</td>
<td>60-69%</td>
<td>70-74%</td>
<td>75-79%</td>
<td>80-100%</td>
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<tr>
<td>CRITIQUE &amp; DISCUSSION 20%</td>
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<td>60-69%</td>
<td>70-74%</td>
<td>75-79%</td>
<td>80-100%</td>
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<tr>
<td>SUMMARY &amp; CONCLUSIONS 10%</td>
<td>0-59%</td>
<td>60-69%</td>
<td>70-74%</td>
<td>75-79%</td>
<td>80-100%</td>
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<tr>
<td>DELIVERY 10%</td>
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<td>60-69%</td>
<td>70-74%</td>
<td>75-79%</td>
<td>80-100%</td>
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**PRESENTATION SCORE**

\[ \frac{X \times 0.80}{100} = \frac{80}{100} \]

**Consensus**

---

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## EVALUATION OF ABSTRACT

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<td>0 - 5.5</td>
<td>- Question/objectives not defined</td>
<td>6 - 6.5</td>
<td>7</td>
<td>7.5</td>
<td>8 - 10</td>
</tr>
<tr>
<td></td>
<td>- Subject not applicable to Fam Med</td>
<td>- Question/objectives defined</td>
<td>- Applicable to Fam Med</td>
<td>- Hypothesis/objectives clearly defined and relevant to Fam Med</td>
<td>- 1 or 2 sentences</td>
<td>/10</td>
</tr>
<tr>
<td>METHODOLOGY 25%</td>
<td>0 - 5.5</td>
<td>- Does not define methodology</td>
<td>6 - 6.5</td>
<td>7</td>
<td>7.5</td>
<td>8 - 10</td>
</tr>
<tr>
<td>RESULTS/FINDINGS 25%</td>
<td>0 - 5.5</td>
<td>- Does not provide adequate results</td>
<td>6 - 6.5</td>
<td>7</td>
<td>7.5</td>
<td>8 - 10</td>
</tr>
<tr>
<td></td>
<td>- Reasonable description of results and findings</td>
<td>- Lucid and concise description of appropriate methodology and rationale for use of resources</td>
<td>/10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONCLUSION 25%</td>
<td>0 - 5.5</td>
<td>- Does not provide any conclusion</td>
<td>6 - 6.5</td>
<td>7</td>
<td>7.5</td>
<td>8 - 10</td>
</tr>
<tr>
<td></td>
<td>- Reasonable conclusion provided</td>
<td>- Clear description of findings</td>
<td>- Applicable to original objectives</td>
<td>- Excellent breadth</td>
<td>/10</td>
<td></td>
</tr>
</tbody>
</table>

Signature of Evaluator for Abstract ________________________________ Date __________________
☐ Consensus ☐ Individual

### ABSTRACT SCORE /40

### Total Score - Academic Project

#### Presentation

<table>
<thead>
<tr>
<th>/80</th>
<th>Fail (&lt;48)</th>
<th>Pass (48.0 – 80.0)</th>
</tr>
</thead>
</table>

#### Abstract

<table>
<thead>
<tr>
<th>/40</th>
<th>Fail (&lt;24.0)</th>
<th>Pass (24.0 – 40.0)</th>
</tr>
</thead>
</table>

### Final Mark

<table>
<thead>
<tr>
<th>X 0.1</th>
<th>Fail (&lt;7.2)</th>
<th>Pass (7.2 – 12.0)</th>
</tr>
</thead>
</table>

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### Mandatory Form - Clerkship Ward/ Clinical Skills Evaluation

**Student Name/Number:**

**Supervisor:**

**Base Hospital:**

**Rotation Dates:**

*Please check the descriptors that best represent the student’s competencies. Please note that if a student receives a level 1 - unsatisfactory in any one category within a competency that it may be grounds for a failing grade.*

<table>
<thead>
<tr>
<th>Medical Expert/Skilled Clinician</th>
<th>Unsatisfactory 1</th>
<th>Below Expectations 2</th>
<th>Meets Expectations 3</th>
<th>Exceeds Expectations 4</th>
<th>Outstanding 5</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge (Basic Science and Clinical)</strong></td>
<td>○ All or most aspects of knowledge base are observably lower than expected at this level of training (i.e. Major gaps).</td>
<td>○ Large gaps in knowledge base for stage of training. Sometimes recognizes own limitations and curricular success at remediation.</td>
<td>○ Appropriate knowledge base for stage of training. Demonstrates an understanding of the Core Content. Able to provide DDx and Mgt plan for most cases encountered. Recognizes and attempts to correct for limitations.</td>
<td>○ Very few knowledge gaps identified. Able to provide DDx and Mgt plan for nearly every case encountered. Very good grasp of therapeutics and common preventative care interventions.</td>
<td>○ Exceptional knowledge base for level of training. Able to provide comprehensive DDx and Mgt plans (including an understanding of the 4 Principles of FM) for nearly every case encountered. Exceptional grasp of therapeutics and common preventative care interventions.</td>
</tr>
<tr>
<td><strong>History Taking</strong></td>
<td>○ Incomplete, inaccurate, and/or misses significant aspects of history. Doesn't recognize patient's agenda. Often asks irrelevant questions.</td>
<td>○ Often misses many aspects of history. Provides cursory detail. Generally disorganized.</td>
<td>○ Elicits and appropriately attends to patient's agenda. Appropriate detail. Usually logical, organized and focused. Recognizes and attempts to correct for limitations.</td>
<td>○ Consistently proficient, organized and thorough.</td>
<td>○ Exceptional ability to elicit relevant detail with efficient use of time.</td>
</tr>
<tr>
<td><strong>Physical Examination</strong></td>
<td>○ Incomplete or inappropriate physical exam skills. Poor technique and/or misses or misrepresents findings. Lack of concern for patient comfort.</td>
<td>○ PE skills are often less than adequate or inappropriate. Often unable to elicit most of the relevant findings.</td>
<td>○ Appropriate technique, usually complete and accurate in interpretation of findings. Generally organized approach. Shows concern for patient comfort. Recognizes and attempts to correct for limitations.</td>
<td>○ Consistently accurate, complete, appropriately focused on relevant system and organized. Demonstrates concern and sensitivity for patient's comfort.</td>
<td>○ Exceptional technique. Thorough and well organized. Detects subtle or difficult signs. Demonstrates exceptional concern and sensitivity for patient comfort.</td>
</tr>
<tr>
<td><strong>Diagnostic Test Interpretation</strong></td>
<td>○ Grossly inappropriate use of diagnostic tests; unable to interpret or apply results.</td>
<td>○ Use of diagnostic tests often inappropriate. Often unable to interpret or apply results.</td>
<td>○ Usually orders appropriate tests for clinical scenario. Able to interpret and apply results of common investigations to patient care. Recognizes and attempts to correct for limitations.</td>
<td>○ Consistently orders appropriate tests for clinical scenario. Able to interpret and apply results of nearly all common investigations.</td>
<td>○ Exceptional understanding and awareness of the availability of diagnostic tests and application of that knowledge in patient care. Proficient interpretation and application of test results even in challenging situations.</td>
</tr>
<tr>
<td><strong>Problem Formulation and Management Plan (Clinical Judgement)</strong></td>
<td>○ Assessments incomplete or inaccurate. Great difficulty generating DDx, diagnostic and/or therapeutic plans. Management inappropriate for clinical setting. Fails to incorporate prevalence in primary care.</td>
<td>○ Assessments often incomplete or inaccurate. Limitations in ability to integrate data and arrive at DDx, and/or appropriate management. Often fails to incorporate prevalence in primary care.</td>
<td>○ Assessment and management plans are reasonable and appropriate and account for biological, psychological, and social factors. Understands prevalence and relevance of cases in Family Medicine context. Recognizes and attempts to correct for limitations.</td>
<td>○ Consistently accurate and thorough in assessment of management plan. Incorporates Family Medicine perspective in all cases. Deals well with uncertainty when the Dx is unclear.</td>
<td>○ Exceptional judgment in complex problems. Recognizes impact of undifferentiated problems on patient, family and provider. Provides continuity of care and initiatives follow up.</td>
</tr>
</tbody>
</table>
### Medical Expert/Skilled Clinician (continued)

| Technical and Procedural Skills | ○ Unable to perform basic procedures without assistance. Avoids procedural experience. | ○ Technique and skill often inadequate. Requires a great deal of assistance with required procedures. | ○ Knows and can independently perform required procedures safely and correctly. Recognizes and attempts to correct for limitations. | ○ Confident and efficient in required procedures. Able to perform some advanced procedures. | ○ Exceptional performance even with advanced procedures and/or in difficult situations. Inspires confidence in patients. |
| Use of Evidence-Based Medicine | ○ Unaware of basic guidelines and EBM tools. Inability to apply evidence to patient’s management. | ○ Often unaware of basic guidelines and EBM tools. Often unable to apply evidence to patient’s management. | ○ Usually able to apply evidence and guidelines at the point of care. Aware of relevant evidence for management of common presenting problems. (e.g. sore throat rules, Ottawa ankle rules, Framingham etc.). Recognizes and attempts to correct for limitations. | ○ Proficient ability to find relevant evidence and incorporate it into patient care while meeting patient’s agenda. | ○ Clearly exceptional ability to consistently apply EBM in providing patient centred care. |

### Communicator/Doctor-Patient Relationship

<table>
<thead>
<tr>
<th>Communication with Patients/Families/Community</th>
<th>Unsatisfactory 1</th>
<th>Below Expectations 2</th>
<th>Meets Expectations 3</th>
<th>Exceeds Expectations 4</th>
<th>Outstanding 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Remote, insensitive, little rapport. Lack of concern for patients and families. Unable to deal with common or routine situations.</td>
<td>○ Often has difficulty in establishing rapport and relating to patients and families. Often unable to identify patient agenda or deal with common or routine situations.</td>
<td>○ Conveys interest and concern for patient and families. Patient-centered. Establishes rapport; empathetic and respectful. Culturally sensitive and age appropriate. Uses non-verbal skills effectively. Recognizes and attempts to correct for limitations.</td>
<td>○ Consistently able to effectively communicate with patients and families. Patient centered. Very effective in establishing rapport and finding common ground. Conveys above average sense of confidence.</td>
<td>○ Exceptional ability to attend to patient agenda and establish good rapport with patients and families even in the most challenging situations. Exceptionally warm and empathetic, wins confidence and cooperation of patients and families.</td>
<td></td>
</tr>
<tr>
<td>Written Records</td>
<td>○ Incomplete, disorganized or inappropriate notes.</td>
<td>○ Notes are often incomplete, inaccurate, illegible or disorganized.</td>
<td>○ Notes are generally complete, accurate, legible, and organized. Uses SOAP format correctly. Recognizes and attempts to correct for limitations.</td>
<td>○ Notes are consistently complete, accurate, legible, well organized, and very clear and easy to follow. Uses SOAP format correctly.</td>
<td>○ Notes are exceptionally well organized, clear, and accurate. Thorough but concise. Uses SOAP format correctly.</td>
</tr>
<tr>
<td>Oral Reports</td>
<td>○ Incomplete, illogical or incoherent presentation.</td>
<td>○ Many omissions of relevant information and/or inaccuracies. Often disorganized.</td>
<td>○ Presentations are generally complete and appropriate information is given clearly and in organized manner. Recognizes and attempts to correct for limitations.</td>
<td>○ Consistently presents all relevant information in a clear concise and logical manner.</td>
<td>○ Exceptional ability to present all relevant information clearly, concisely and logically.</td>
</tr>
</tbody>
</table>
### Communicator/Doctor-Patient Relationship (continued)

<table>
<thead>
<tr>
<th>Patient Education</th>
<th>Unsatisfactory 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Consistent inability to recognize patient’s grasp of clinical situation.</td>
<td></td>
</tr>
<tr>
<td>○ Provides incorrect information.</td>
<td></td>
</tr>
<tr>
<td>○ Generally does not meet patient’s needs (too much / too little information).</td>
<td></td>
</tr>
<tr>
<td>○ Often provides incorrect information.</td>
<td></td>
</tr>
<tr>
<td>○ Explains Dx and management plans in a manner which patient can understand.</td>
<td></td>
</tr>
<tr>
<td>○ Provides correct information.</td>
<td></td>
</tr>
<tr>
<td>○ Provides reassurance and addresses concerns of patients and families. Recognizes</td>
<td></td>
</tr>
<tr>
<td>and attempts to correct for limitations.</td>
<td></td>
</tr>
<tr>
<td>○ Consistently communicates information to patients and families that is</td>
<td></td>
</tr>
<tr>
<td>appropriate, clear, comprehensive, and demonstrates an understanding of their</td>
<td></td>
</tr>
<tr>
<td>needs and concerns.</td>
<td></td>
</tr>
<tr>
<td>○ Exceptional ability to communicate appropriate information to patients and</td>
<td></td>
</tr>
<tr>
<td>families. Handles difficult situations with sensitivity. Exceptional ability</td>
<td></td>
</tr>
<tr>
<td>to find common ground even in challenging situations.</td>
<td></td>
</tr>
</tbody>
</table>

### Collaborator

<table>
<thead>
<tr>
<th>Team Participation (Contribution within Interdisciplinary Team)</th>
<th>Unsatisfactory 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Uncooperative and poorly integrated team member.</td>
<td></td>
</tr>
<tr>
<td>○ Often uncooperative or poorly integrated into team.</td>
<td></td>
</tr>
<tr>
<td>○ Generally functions well as team member.</td>
<td></td>
</tr>
<tr>
<td>○ Consistently makes extra effort to be part of the team in the provision of care.</td>
<td></td>
</tr>
<tr>
<td>○ Consistently offers to take on extra tasks to help the team provide effective</td>
<td></td>
</tr>
<tr>
<td>care.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provision of Patient Care in Collaboration with All Health Care Providers</th>
<th>Unsatisfactory 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Unaware of need for communication with other health care providers involved in patient care.</td>
<td></td>
</tr>
<tr>
<td>○ Often unable to integrate provision of primary care with care provided by consultants and allied health professionals.</td>
<td></td>
</tr>
<tr>
<td>○ Generally appropriate provision of patient care (referral to and follow-up from) in collaboration with other health professionals (e.g., appropriate use of consultants and other resources).</td>
<td></td>
</tr>
<tr>
<td>○ Consistently provides appropriate steps in the referral to and follow-up from care provided by other health professionals. Communications (oral and written) are thorough and concise.</td>
<td></td>
</tr>
<tr>
<td>○ Exceptional ability to integrate appropriate community resources and allied health professionals in difficult and challenging clinical scenarios.</td>
<td></td>
</tr>
</tbody>
</table>

### Manager

<table>
<thead>
<tr>
<th>Awareness of and Appropriate Use of Healthcare Resources</th>
<th>Unsatisfactory 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Unaware of appropriate use of health care resources.</td>
<td></td>
</tr>
<tr>
<td>○ Often unaware of appropriate use of health care resources.</td>
<td></td>
</tr>
<tr>
<td>○ Appropriately aware of the generally available health care resources and knows how to access these.</td>
<td></td>
</tr>
<tr>
<td>○ Consistently aware of the generally available health care resources and employs them in appropriate situations.</td>
<td></td>
</tr>
<tr>
<td>○ Exceptionally wise stewardship of available resources in the context of resource allocation and individual patient care.</td>
<td></td>
</tr>
</tbody>
</table>
### Health Advocate

<table>
<thead>
<tr>
<th>Recognition of Important Determinants of Health and Principles of Disease Prevention</th>
<th>Unsatisfactory 1</th>
<th>Below Expectations 2</th>
<th>Meets Expectations 3</th>
<th>Exceeds Expectations 4</th>
<th>Outstanding 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Does not recognize the importance of determinants of health and principles of disease prevention as they apply to ‘practice’ population and the individual patient.</td>
<td>○ Often fails to recognize the importance of determinants of health and principles of disease prevention as they apply to ‘practice’ population and the individual patient.</td>
<td>○ Usually recognizes and incorporates determinants of health and principles of disease prevention in care of the individual.</td>
<td>○ Consistently recognizes and incorporates determinants of health and principles of disease prevention in care of the individual.</td>
<td>○ Exceptional ability to recognize and incorporate determinants of health and principles of disease prevention in care of the patient. Participates in community activities directed at improving health and utilizing best evidence.</td>
<td></td>
</tr>
</tbody>
</table>

### Patient Advocacy

| ○ Does not advocate for patients when appropriate situations arise. | ○ Often misses the opportunity to provide patient advocacy. | ○ Usually advocates on behalf of patients in an appropriate manner and in the right situations. | ○ Consistently advocates on behalf of patients in an appropriate manner and in the right situations. | ○ Exceptional ability to advocate on behalf of patients in an appropriate manner and in the right situations. |

### Scholar

<table>
<thead>
<tr>
<th>Self-Directed Learning</th>
<th>Unsatisfactory 1</th>
<th>Below Expectations 2</th>
<th>Meets Expectations 3</th>
<th>Exceeds Expectations 4</th>
<th>Outstanding 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Does not assume responsibility for own learning. Resists or fails to respond to constructive feedback.</td>
<td>○ Generally lacking in responsibility for own learning. Resists or fails to respond to constructive feedback.</td>
<td>○ Assumes responsibility for own learning. Requests and accepts regular feedback. Reads around and follows up on interesting cases. Questions and appraises medical information.</td>
<td>○ Keenly interested in learning. Consistently requests, accepts and acts on feedback. Reads around and follows up on interesting cases. Efficiently questions and appraises medical information. Consistently volunteers for extra learning situations.</td>
<td>○ Exceptional interest in learning. Outstanding effort to request and learn from all feedback and patient encounters. Seeks knowledge with great independence, efficiency and demonstrates an understanding of this information.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contribution to Rounds, Seminars and Other Learning Events</th>
<th>Unsatisfactory 1</th>
<th>Below Expectations 2</th>
<th>Meets Expectations 3</th>
<th>Exceeds Expectations 4</th>
<th>Outstanding 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>○ Unreasonably late or absent for clinical or teaching sessions.</td>
<td>○ Usually requires direction and reminders regarding attendance, contribution and fulfillment of course responsibilities.</td>
<td>○ Prepares and contributes to rounds and seminars. Occasionally volunteers for tasks and learning situations.</td>
<td>○ Prepares and contributes to all learning events without prompting. Regularly volunteers for extra tasks and events. Shares knowledge with others.</td>
<td>○ Exceptional preparations and contributions to all learning events. Exceptionally reliable in meeting all course responsibilities. Volunteers for extra responsibilities and sets an example for peers.</td>
<td></td>
</tr>
</tbody>
</table>
### Mandatory Form – Professionalism Form

<table>
<thead>
<tr>
<th>Altruism</th>
<th>Meets professional expectations</th>
<th>Observed 1 or 2 minor lapses of professional behaviour</th>
<th>Observed 1 major lapse or 3 or more minor lapses of professional behaviour</th>
<th>Was not in a position to observe professional/unprofessional behaviour (N/A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates sensitivity to patients’ and others’ needs</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Takes time and effort to explain information to patients and others</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Takes time and effort to comfort the sick patient</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Listens with empathy to patients’ concerns</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Gives priority to patients’ interests</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Shows respect for patients’ confidentiality</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Duty: Reliability and Responsibility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Timely completion of assigned tasks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fulfills obligations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Takes on appropriate share of team work</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Fulfills call duties</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Reports accurately and fully on patient careivities</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Always ensures transfer of responsibility for patient care</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Informs supervisor/team when mistakes occur</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Informs supervisor/team when faced with a conflict of interest</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Excellence: Self Improvement and Adaptability</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Accepts constructive feedback</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Recognizes own limits and seeks appropriate help</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Incorporates feedback to make changes in behaviour</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Comes prepared to academic and clinical encounters</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Prioritizes rounds, seminars and other learning events appropriately</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Respect For Others: Relationships with Students, Faculty &amp; Staff</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Maintains appropriate boundaries in work and learning situations</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Relates well to fellow students in a learning environment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Relates well to faculty in a learning environment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Relates well to other health care professionals in a learning environment</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Honour and Integrity: Upholding Student and Professional Code of Conduct</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Refers to self accurately with respect to qualifications</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Uses appropriate language in discussions with patients and colleagues</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Resolves conflicts in a manner that respects the dignity of those involved</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Behaves honestly</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Respects diversity of race, gender, religion, sexual orientation, age, disability, intelligence and socio-economic status</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Maintains appropriate boundaries with patients</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Dresses in an appropriate professional manner (context specific)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Critical Event:**
- Yes
- No

**Critical Comments:** (note if there was a critical event, please document it here)

- 
- 

**Areas of praise**

- 
- 

**Areas for improvement**

- 
- 

**Was this discussed with the student?**
- Yes
- No
# Manual Case Log

## FAMILY & COMMUNITY MEDICINE

Use this sheet to manually record your patient encounters/procedures. Then transfer the data to Case Logs accessed through MedSIS at http://medsis.utoronto.ca/ at a more convenient time.

<table>
<thead>
<tr>
<th>ENCOUNTERS</th>
<th>Goal</th>
<th>Real</th>
</tr>
</thead>
<tbody>
<tr>
<td>abdominal pain</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>anxiety disorders/symptoms</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>asthma</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>chest pain</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>contraceptive methods</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>coronary artery disease</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>cough/dyspnea</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>diabetes mellitus - type 2</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>dizziness</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>fatigue</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>female periodic health exam</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>fever</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>headache</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>hypertension</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>low back pain</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>male periodic health exam</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>mood - depression</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>palliative care</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>prenatal care</td>
<td>1</td>
<td>R</td>
</tr>
<tr>
<td>well baby/child care</td>
<td>1</td>
<td>R</td>
</tr>
</tbody>
</table>

**Student**

1. Please input all entries into Case Logs on a regular basis.
2. Mid Rotation – Please bring an updated printout of your rotation.
3. End Rotation – Please email an updated printout of your rotation to the Course Director

## Patient Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Real?</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Procedures

<table>
<thead>
<tr>
<th>PROCEDURES</th>
<th>Goal</th>
<th>Real</th>
<th>Level of Involvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunization</td>
<td>1</td>
<td>R</td>
<td>C</td>
</tr>
<tr>
<td>Pap test</td>
<td>1</td>
<td>R</td>
<td>B</td>
</tr>
<tr>
<td>Throat swab</td>
<td>1</td>
<td>R</td>
<td>C</td>
</tr>
</tbody>
</table>

**Legend**

- **Goal** - Number of Encounters/Procedures
- **Real** - "R" - must be a real patient
- **Level of Involvement (Minimum)**
  - A. Observe procedure
  - B. Perform with assistance or assist someone else
  - C. Perform independently

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### Family Medicine Clinical Evaluation Exercise (FM-CEX)

<table>
<thead>
<tr>
<th>Student's Name:</th>
<th>Patient Presentation:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evaluator's Name:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td>Base Hospital:</td>
</tr>
<tr>
<td>Patient Complexity:</td>
<td>□ Low □ Moderate □ High</td>
</tr>
</tbody>
</table>

#### HISTORY

<table>
<thead>
<tr>
<th>A. Medical Interviewing Skills</th>
<th>Focused hx of complaint</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relevant PMHx, Social Hx, Family Hx</td>
<td></td>
</tr>
<tr>
<td>Medications and Allergies</td>
<td></td>
</tr>
<tr>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Communication/ Rapport Skills</th>
<th>Questioning and listening techniques appropriate for the situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responds to patient's cues</td>
<td>Uses non-verbal skills effectively</td>
</tr>
<tr>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
</tbody>
</table>

#### PHYSICAL EXAM

<table>
<thead>
<tr>
<th>C. Physical Exam</th>
<th>□ not performed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3</td>
<td>4 5 6</td>
</tr>
</tbody>
</table>

#### OTHER

<table>
<thead>
<tr>
<th>D. Organization Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Clinical Judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Overall Clinical Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3</td>
</tr>
</tbody>
</table>

Professionalism

☐ No concerns

☐ Concerns – please elaborate under areas for improvement

For the categories above, please provide specific comments and examples regarding areas of strength and areas for improvement.

**Areas of Strength**

**Areas for Improvement**

Evaluator’s signature:

Please fax completed form to __________________________

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Teacher Guide for the Family Medicine Clinical Evaluation Exercise (FM-CEX)

Purpose of the FM-CEX:
A performance-based assessment of students' clinical and communication skills to be used as a component of the Family Medicine Clerkship Evaluation.

Process:
- Teacher directly observes student during a focused real-time patient encounter (new complaint or F/U visit)
- Teacher may ask student questions to evaluate clinical judgment and overall clinical competence
- Teacher completes form (on reverse)
- Comments about areas of strength and areas needing improvement shared verbally with student to assist students in improving their performance in the clinical setting
- Completed form and “marks” NOT shared to encourage objective evaluation
- Completed form faxed or delivered to hospital program director or administrative assistant within 48 hours

Family Medicine Clerkship Course Requirements:
- Students must complete 4 FM-CEX during their rotation (one encounter during each of weeks 2, 3, 4 and 5)
- Ideally more than one teacher will complete FM-CEXs on any particular student

Marking Scheme:

Domains evaluated:
- Medical interviewing skills
- Communication/Rapport skills
- Physical exam (includes box for “not performed”)
- Organization skills
- Clinical judgment
- Overall clinical competence
- Professionalism - evaluated as “no concerns” or written comments if concerns (e.g. professional attitude, courteous with patient etc.)

Numeric values:

<table>
<thead>
<tr>
<th>Domain</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unsatisfactory</td>
<td>1=50%</td>
</tr>
<tr>
<td></td>
<td>2=55%</td>
</tr>
<tr>
<td></td>
<td>3=60%</td>
</tr>
<tr>
<td></td>
<td>4=65% (less than 65% is a fail)</td>
</tr>
<tr>
<td>Satisfactory</td>
<td>5=70% (student should be flagged for a mark of less than 70%)</td>
</tr>
<tr>
<td></td>
<td>6=75% (typical student will get this mark)</td>
</tr>
<tr>
<td>Superior</td>
<td>7=80%</td>
</tr>
<tr>
<td></td>
<td>8=85%</td>
</tr>
<tr>
<td></td>
<td>9=90%</td>
</tr>
</tbody>
</table>

- FM-CEX combined contribute 16% to the overall Family Medicine Clerkship Evaluation
- If > 4 FM-CEX are completed during a rotation then marks will be averaged to total 16%
- An overall grade of 65% is required to pass the FM-CEX component of the course

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Family Medicine Clinical Evaluation Exercise (FM-CEX)
Hospital Program Director Summary Sheet

Student’s Name ________________ Rotation # ________________ Rotation Dates ________________
Hospital Program Director Name ________________ Hospital ________________

<table>
<thead>
<tr>
<th>Assigned Teacher</th>
<th>Week 2 (FM-CEX #1)</th>
<th>Week 3 (FM-CEX #2)</th>
<th>Week 4 (FM-CEX #3)</th>
<th>Week 5 (FM-CEX #4)</th>
<th>Average score for each domain  9</th>
<th>% Grade normalized  † (see conversion nomogram below)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form Received</td>
<td>☐ yes</td>
<td>☐ yes</td>
<td>☐ yes</td>
<td>☐ yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date completed</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreting</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Exam (PE)</td>
<td>☐ Not performed</td>
<td>☐ Not performed</td>
<td>☐ Not performed</td>
<td>☐ Not performed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization Skills</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Judgment</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Clinical</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td>/9</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Competence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionalism</td>
<td>☐ No Concerns</td>
<td>☐ No Concerns</td>
<td>☐ No Concerns</td>
<td>☐ No Concerns</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Concerns</td>
<td>☐ Concerns</td>
<td>☐ Concerns</td>
<td>☐ Concerns</td>
<td>Total Marks # Possible Marks ‡</td>
<td></td>
</tr>
</tbody>
</table>

Conversion nomogram †

<table>
<thead>
<tr>
<th>Unsatisfactory</th>
<th>Satisfactory</th>
<th>Superior</th>
</tr>
</thead>
<tbody>
<tr>
<td>Numeric value /9</td>
<td>% Grade</td>
<td>Numeric value /9</td>
</tr>
<tr>
<td>1</td>
<td>1.25</td>
<td>1.5</td>
</tr>
</tbody>
</table>
*** Weighting correction for physical exam when less than 4 physical exams performed:
   If 3 physical exams performed → % grade normalized x 0.75
   If 2 physical exams performed → % grade normalized x 0.5
   If 1 physical exam performed → % grade normalized x 0.25

Total marks
Add % grade normalized for each domain
(Medical Interviewing Skills + Communication/Rapport Skills + weight corrected physical exam *** +
Organization Skills + Clinical Judgment + Overall Clinical Competence)

* Possible Marks will depend on whether physical exam was performed or not
   If physical exam performed 4 times/4, possible mark = /800
   If physical exam performed 3 times/4, possible mark = /575
   If physical exam performed 2 times/4, possible mark = /550
   If physical exam performed 1 time/4, possible mark = /525
   If physical exam performed 0 times/4, possible mark = /500

Total Marks / Possible Marks *

\[
\frac{\text{Total Score}}{800} \times 16 = \text{Final Mark out of 16}
\]

### FM-CEX - Final Mark

<table>
<thead>
<tr>
<th>Final Mark</th>
<th>Un satisfactory/Fail (&lt;10.4)</th>
<th>Satisfactory/Pass (10.4 – 12.7)</th>
<th>Superior/Honours (12.8 – 16)</th>
</tr>
</thead>
<tbody>
<tr>
<td>/16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Comments:

Hospital program director signature ____________________________
Family Medicine Clerkship
Mandatory Form – Student Summary Checklist

STUDENTS: PLEASE COMPLETE AND SIGN THIS FORM WITH YOUR HOSPITAL PROGRAM DIRECTOR

Student’s Name: __________________________ Base Hospital: __________________________

Dates: From __________________________ to __________________________

MID-UNIT EVALUATION:

I have reviewed the following with my Hospital Program Director:

☐ Clinical Evaluation Form categories (including feedback from preceptors if available)
☐ Academic Project: my question and search strategy
☐ Discussed Report 62 from T-Res
☐ Discussed a case from my T-Res log

I have completed the following:

☐ Completed two clinical evaluation exercises (FM-CEX) by end of week 3

Areas of Concern identified and action plans:


Student (Sign and Date) __________________________ Hospital Program Director (Sign and Date) __________________________

END OF ROTATION EVALUATION:

I have reviewed the following with my Hospital Program Director:

☐ Clinical Evaluation Form
☐ Academic Project Evaluation Form (with signatures)
☐ Professionalism Evaluation Form
☐ Report 64 from T-Res

I have completed the following:

☐ Four Clinical Evaluation Exercises (FM-CEX) by the end of week 6

I have provided my Hospital Program Director with the following:

☐ Copy of Report 64 from T-Res
☐ Academic Project:
  ☐ Electronic copy of abstract and handouts
☐ Discussed online faculty and course evaluations by student

Student (Sign and Date) __________________________ Hospital Program Director (Sign and Date) __________________________

FINAL MARKS WILL NOT BE RELEASED UNTIL ALL OUTSTANDING SIGNATURES AND DOCUMENTATION IS RECEIVED.

NOTE: HOSPITAL PROGRAM DIRECTORS – PLEASE RETURN ALL STUDENT DOCUMENTATION WITHIN 1 WEEK OF THE END OF THE ROTATION TO: Dr. Ad Mourad, DFCM, 550 University Ave., 5th Floor, Toronto, ON, M5G 1V7
MedSIS Guide for Site Coordinators
Family and Community Medicine

Assigning teachers for students to evaluate
[Course Management] > [Student Groups] > Clerkship Assignment tab

Why is this important? This provides feedback to teachers about their teaching letting them know what they are doing well and if something could be improved. It also allows DFCM to centrally monitor the teaching for individuals and for sites as a whole. Finally, these evaluations are used to generate Teaching Effectiveness Scores (TES) which are a key component of individual teacher promotions.

How do the Community Preceptors get paid? Once a Coordinator has been assigned to a student in MedSIS, the rotation gets imported into the T-IME system. Only the following information is transferred to T-IME: student, course, start date, end date, validation and assignment of supervisors for payment of the rotation then can take place in T-IME. More information contact the Office of Integrated Medical Education: http://ime.utoronto.ca/Faculty/PreceptorPayments.html

What is done at DFCM centrally?
family.undergrad@utoronto.ca
- Assignment of student to site
- Entry of Exam/Seminars into schedule
- Assignment of Coordinator
- Adding new supervisors:
  - CPSO
  - Last name, First name
  - Title
  - University Rank
  - Gender
  - Email Address
  - University affiliation(s) [w/ division (optional)]
  - Hospital Privileges w/ dept/division
- Scheduling evaluations
- Student Marks

What is done at UME centrally?
medsis.ume@utoronto.ca
- Defining rotation schedule
- Assignment of student to course
- Adding new supervisors:
  - CPSO
  - Last name, First name
  - Title
  - University Rank
  - Gender
  - Email Address
  - University affiliation(s) [w/ division (optional)]
  - Hospital Privileges w/ dept/division
- Adding new sites/locations
Retrieving TES from MedSIS

To retrieve their TES, a supervisor should login to MedSIS (medsis.utoronto.ca), then:

1) Go to TES Score on the left hand menu

![Teacher/Tutor Effectiveness Score - Report](image)

2) Select Session, Course and Form from the drop-down lists

![Teacher/Tutor Effectiveness Score - Report](image)

3) If there is a published TES report available for the teacher for the selected criteria, the report will appear.

Forgotten login details or never logged on to MedSIS before? Go to medsis.utoronto.ca, click “Login to MedSIS”. Below the login fields, click on the link “Forgot your password?” Enter your email into the address field and click “Submit”. You will be emailed your PIN and password. Questions? Contact medsis.umo@utoronto.ca