FAMILY MEDICINE

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General Description

Required Rotation
The required rotation in Family Medicine is a core experience for Year III students within the College of Osteopathic Medicine. In year three, students spend two four-week sessions or eight (8) continuous weeks in a structured, predominantly ambulatory experience intended to develop the student’s decision-making and cognitive skills, and to apply didactic material in a clinical setting.

Elective Rotation
The elective rotation in Family Medicine is a four (4) week rotation during which the student will be given opportunities to further develop clinical skills as described for the required rotation. Most students electing to take this rotation will be in the fourth year of osteopathic medical school.

Purpose
A major goal of this rotation is to impress upon students the contexts in which a family medicine physician provides care for both acute and chronic illness while emphasizing the value of prevention and wellness. Students are expected to assist in the management of adult, pediatric and geriatric patients. The student will also be given opportunities to perform basic procedures, among them OMT, collection of vaginal specimens and Pap smears, performance of breast, rectal and bimanual examinations, suturing simple lacerations, splint and simple cast application, treatment of verrucae, and skin lesion removal. In select settings, the student may be exposed to more complex procedures such as upper and lower endoscopy, colposcopy, or nasal endoscopy.

Principles
There are five principles of Family Medicine that define our profession and guide care given to our patients:

- **Biopsychosocial Model (Patient-Centered)**
  - Family Medicine is based on a biopsychosocial model that is patient-centered and teaches students to approach patients with sensitivity and responsiveness to culture, age, gender, and disabilities and develops their ability to collect and incorporate appropriate psychosocial, cultural, and family data into patient-centered management plans.

- **Comprehensive Care (Whole Person Care)**
  - Family Medicine emphasizes the importance of caring for the whole person by providing opportunities for students to participate in longitudinal, integrated, preventive services and treatment of common acute and chronic medical problems for patients and families in all phases of the life cycle.

- **Continuity of Care (Continuous Health Relationships)**
  - Family Medicine values and promotes continuous healing relationships by providing a personal medical home for patients and their families and maintaining ongoing responsibility for the health care of patients and families and facilitating transitions between the primary care provider, referral agencies, and consultants.

- **Context of Care (Evidence-Based)**
  - Family Medicine emphasizes the development of patient- and family-centered treatment plans that are evidence-based, safe, and designed to produce high-quality results that enhance functional outcome and quality of life in a culturally responsive manner.

- **Coordinator/Complexity of Care (Integration)**
  - The family physician functions as the integrator of complex care and collaborates as a health care team member in disease management, health promotion, and patient education.
Objectives

We recognize that four to eight weeks is insufficient time to cover a comprehensive list of objectives; experience gained is dependent on the numbers of patients and types of disease entities presenting to a particular clinic. Nevertheless, certain minimum content must be addressed, either by clinical exposure or by didactic material to assist the student in preparing for Board examinations and other evaluations.

Objectives have been formulated with the goal of incorporating the seven Core Competencies of the Osteopathic Profession. It is assumed that appropriate increases in knowledge, skills and attitude/awareness will take place to improve mastery of these competencies. By the end of the Family Medicine clerkship, students will be able to meet the following objectives:

1. Osteopathic Philosophy and Osteopathic Manipulative Medicine
   - Perform an appropriate structural evaluation.
   - Outline a plan of treatment utilizing the appropriate modality (HVLA, muscle energy, facilitated release, Still techniques, etc).
   - Carry out the treatment under supervision.

2. Medical Knowledge
   - Discuss the anatomic/physiologic natural history of the most common problems/illnesses seen in family medicine as outlined under core topics.
   - Reflect upon the complexity of providing longitudinal comprehensive and integrated care for patients with chronic medical problems.
   - Identify prevalent diseases, injuries and conditions in which prevention plays a role.
   - Define primary, secondary and tertiary prevention.
   - List characteristics of a good screening test.
   - Describe the principles of behavioral change strategies (e.g. smoking cessation).
   - Recognize the impact of cultural diversity on health promotion and disease prevention issues at the individual and community level.
   - Recognize relevant laws relating to protection and promotion of public health.

3. Patient Care
   - Collaborate with other health care professionals to provide patient-centered care and preventive services across the lifespan.
   - Collect and incorporate appropriate psychological, cultural, and family data into a patient management plan.
   - Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment.
   - Develop and implement a management plan for common, acute illnesses using a focused, problem-oriented assessment.
   - Perform office-based procedures under supervision of a physician.
   - Apply screening protocols based on guidelines and recommendation schedules for children and adults.
   - Recite immunization schedules for children and adults.
   - Use appropriate technology to support patient education and disease prevention strategies.

4. Interpersonal and Communication Skills
   - Create and sustain therapeutic and ethical relationships with patients and families using a patient-centered approach.
   - Document appropriate information for acute and continuing care in the patient record.
   - Participate in consultations and referrals to other health care professionals.
   - Demonstrate effective, respectful communication with other health care providers and clinical staff.
   - Translate epidemiologic findings and guidelines into patient recommendations for a specific disease – prevention intervention.

5. Professionalism
   - Demonstrate respect for patients and families both inside and outside of the care facility.
   - Uphold regulations regarding patient confidentiality and privacy.
   - Conduct him/herself at all times in a manner consistent with a member of the medical community.

6. Practice-Based Learning and Improvement
   - Research current evidence and incorporate it into the plan of care for patients.
   - Consider the impact of ethnicity, socioeconomic, and environment on adherence to treatment plans and lifestyle changes.
   - Remain up-to-date with standard clinical guidelines/pathways.
7. Systems-Based Practice
   - Describe the role of the family physician as coordinator of care.
   - Understand barriers to delivery of health care and recommend means of improving this.
   - Recognize the various settings in which family physicians provide care (office, in-patient, nursing home, home visits, etc) and the integration of care that must occur.
   - Be aware of methods of controlling health care costs and allocating resources that do not compromise quality of care.
   - Discuss the implications of managed care, billing and coding, and third-party payer issues in the practice of Family Medicine.

Core Diseases and Topics

The student should become familiar with each of the topics below, many of which are topics in common with other disciplines. The post-rotation examination will be structured around these topics. The numbers listed after each disease/topic refer to page numbers from the required text book Current Diagnosis & Treatment in Family Medicine by South-Paul, Matheny and Lewis, second edition. The asterisks refer to the disciplines that share these topics.

For each of the following core disease/disorder areas, the student should be able to apply osteopathic principles and practices to:
   - understand the clinical presentation.
   - understand incidence, etiology, and pathophysiology.
   - list available therapeutic methods and specific risks, costs, and side effects of each.
   - understand the natural course of the disease and the prognosis.

1. Cardiovascular ★ pp. 190-212; 370-379 ★ Internal Medicine
   - angina pectoris and its differential diagnosis ★ ★ Obstetrics/Gynecology
   - arrhythmias ★ Pediatrics
   - coronary atherosclerosis ★ Psychiatry
   - heart failure
   - syncope
   - systemic hypertension

2. Dermatology pp. 58-62; 453-457; also Fitzpatrick (required Dermatology text)
   - acne
   - dermatitis (many etiologies)
   - skin cancer (actinic keratosis, basal cell, squamous cell and melanoma)
   - verruca
   - ulcers (venous, pressure)

3. Emergencies (not otherwise listed)
   - burns
   - trauma

4. Endocrinology ★ pp. 380-402
   - diabetes mellitus
   - thyroid disease

5. Gastroenterology ★ pp. 310-328; 343-360
   - GI bleeding
   - GI neoplasia
   - inflammatory bowel disease
   - peptic ulcer disease
   - functional disorders
   - cholecystitis
   - appendicitis
   - diverticulitis

6. Hematology/oncology ★ pp. 329-342
   - anemias
   - lymphadenopathy
7. Infectious disease ★ pp. 36-52; 146-164
   - sexually transmitted diseases
   - strep screening
   - tuberculosis skin testing
   - influenza
   - HIV/AIDS
8. Musculoskeletal disease / Orthopedics ★ pp. 233-269; 298-309; 403-432; 457-461
   - arthritides (rheumatoid, etc)
   - osteopathic structural examination and treatment
   - casting and immobilization methods
   - simple orthopedic diagnosis and management (e.g. minor fractures, etc)
   - sports injuries
   - urology
   - hematuria, proteinuria
   - renal stone diseases
   - sexual dysfunction
   - urinary tract infection
    - central nervous system disorders (e.g. stroke, TIA)
    - cephalalgias
    - peripheral neuropathy
    - seizure disorder
    - dizziness
11. Obstetrics and Gynecology★★ pp. 29-35; 133-145; 165-181; 270-273; 361-369
    - amenorrhea and dysmenorrhea
    - cancer screening (cervix, endometrium, breast)
    - contraception
    - pelvic pain
    - prenatal care
    - menopause
    - infertility
12. Otolaryngology ★ pp. 499-518
    - audiology screening
    - otitis
    - pharyngitis
    - rhinitis
    - sinusitis
13. Pediatrics ★ pp. 1-164
    - childhood diseases
    - growth and development
    - immunizations
    - nutrition
    - well child examinations
14. Preventive Medicine (Adult) ★ pp. 63-71; 103-123; 433-451; 566-576; 664-673
    - immunizations
    - nutrition and exercise recommendations
    - risk factor analysis and screening for specific diseases (e.g. cardiac risk factors, prostate specific antigen, etc.)
15. Psychiatry ★★★ pp. 72-87; 113-123; 473-478; 577-625
    - anxiety and depression
    - sexual dysfunction
    - suicide risk assessment
16. Pulmonary medicine ★ pp. 274-288
    - asthma
    - acute bronchitis and pneumonia
    - chronic obstructive lung disease
17. Substance abuse ★ pp. 614-633
Texts and Resources

Required Text:
Current Diagnosis & Treatment in Family Medicine by South-Paul, Matheny and Lewis. For specific questions in other disciplines we recommend:

- Internal medicine: Harrison or Cecil, current edition
- Obstetrics: Cunningham (Williams), or Copeland, current edition

Post-rotation Examination and Evaluations

Des Moines University Department of Family Medicine will require a mandatory, comprehensive examination for students completing their required Family Medicine clerkship rotation(s) during Year 3. Post-Rotation exams will be available online through Des Moines University’s Portal on Angel and should be arranged, by the student, through the DME’s office, library or clinical education office at each institution. This exam will provide the student an opportunity to be informed of his or her progress in the clerkship. It is highly recommended to take the exam during the last week of the 2nd four-week block of the Family Medicine rotation, and it must be completed within 1 week of completion of the rotation.

Passing score for the initial exam is 70%.

A retake exam will be available to those who fail the initial exam; 70% is the passing score for the retake. The retake is to be taken within 2 weeks of the initial exam date. Those failing the retake will be required to complete an oral exam with at least two members of the DMU Family Medicine faculty. The student will need to notify the Chair or his or her secretary immediately following the failure of the retake exam so that an oral exam may be scheduled at DMU. The final exam grade will be determined by the Department of Family Medicine at the completion of the oral exam. The student is responsible to make all arrangements, including the scheduling of the exam time with the Department of Family Medicine; scheduling time away from their rotation that they are presently on; and travel expenses. The oral exam will be video-taped.

Assignments

Supplemental readings may be assigned to address diseases and disorders of patients seen during clinic hours. During this rotation, the student must make continuing efforts to review and understand all material listed in order to be adequately prepared for licensure examinations and College evaluations and must do so by all means available.

New! Family Med Cases will be available. A total of 8 cases will be required as part of successful completion of your family medicine rotation. Further information will be updated on Angel before the start of rotations.