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:

- Complete the Fm Cases as outlined under assignments
- Be able to recognize the signs and symptoms, differential diagnosis, management and treatment of the diseases and medical conditions within the FM Cases
- Understand osteopathic philosophy and osteopathic manual medicine as it applies to family medicine
- Perform appropriate structural evaluation and treatment under supervision
- Make informed decisions about diagnostic and therapeutic interventions using patient information and preferences, scientific evidence, and clinical judgment
- Collaborate with other health care professionals to provide patient-centered care
- Demonstrate effective communication with patients, families and health care professionals
- Demonstrate respect for patients and their families both inside and outside of the care facilities
- Recognize the impact of cultural diversity on health promotion and disease prevention issues at the individual and community level
- Consider the impact of ethnicity, socioeconomics, and environment on adherence to treatment plans and lifestyle changes
- Experience continuity of patient care in a community setting
- Participate in health maintenance and patient education activities
- Participate in attending to the emotional as well as physical health needs of the patient and family
- Be able to generate a SOAP note on an acute or chronic case for your preceptor by the end of your initial 4 week Family Medicine rotation (using the format learned in your Clinical Medicine and Clinical Reasoning courses). Sample SOAP note formats and guidelines are on Desire2Learn. Please also submit this note to the clerkship dropbox by 5 PM central time on the last Friday of your initial 4 week family rotation.
- Develop and submit a case presentation (at least 10 minutes or 8 slides in length) following the format laid out in the course site in Desire2Learn, by the end of your second 4 week Family Medicine rotation (5 PM Central time on the last Friday of your second 4 week rotation).

Texts and Resources

Suggested References:

Clinical Clerkship in Inpatient Medicine by Saint, Lippincott Williams & Wilkins 3rd Edition 2010


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.

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. You must take the examination during the last week of the 2nd four-week block of the Family Medicine rotation, and it must be completed the last Thursday or Friday of the rotation. Passing score for the initial examination is 70%. The post-rotation examination is posted on D2L (Family Medicine Clerkship DO17) on the DMU pulse along with all pertinent clerkship information. Arrangements for taking the examination should be made, by the student, with DMU’s Family Medicine academic
In addition to passing the post-rotation exam, students are required to complete the **40 assigned FM cases by the last day (Friday) of your 2nd four week Family Medicine Rotation**. The Family Medicine Department Clerkship Director and Academic assistant will electronically monitor student progress and verify that all cases have been completed by the end of the student's last four weeks of rotation.

The cases are interactive web-based cases. FM cases are meant to be a learning tool for the student, and should be treated that way. Since there are 40 required cases, students are encouraged to complete one case per day on their Family Medicine rotation. Each case takes between 30 and 60 minutes to complete. Inadequate time spent on the cases will place the student at risk for not doing well on the post-rotation examination.

The Family Medicine Post-rotation Examination as well as the remediation retake are based on the FM Cases, so the more time spent on these; the better your chances will be to obtain a higher score on the examination.

There will **NOT** be a substitute or make-up for incomplete FM cases. See "Instructions" below:

**Instructions for Registering with FM Cases**

1. FM Cases are run by i-InTime and Med-U just as are the WISE-MD (surgery) and CLIPP (peds) cases. If you have previously registered for either of these, you do **NOT** need to register again. You will use the same user name and password for all modalities. If you have not previously registered, please continue to #2.
2. Go to the Med-U Homepage ([www.med-u.org](http://www.med-u.org)).
3. Select 'FM Cases'.
4. Select 'Go to Cases'.
5. Click the 'First Time User' tab on the right hand side of the screen margin.
6. Follow the prompts to complete your registration.
7. Because institutional access is controlled by email domain, you must use your institutional email address when registering (dmu.edu) Your **email address will then become your log-in**. Also as a student, you select your own password when registering.
8. Review and accept the FM Cases Site User Terms and Conditions. Type the security password which appears in the lower window. Select Send.
9. Expect to receive an email with a link to confirm your registration. By clicking on this link you will finalize the registration process. (These emails could be from CASUS or i-In Time. Please be sure to OPEN and complete any instructions these emails could contain.)

**SOAP Note**

SOAP notes are to follow the SOAP note format you utilized in SPAL. Please see the course section on Desire2Learn for sample acute or chronic SOAP notes for the type of case you choose. Please submit this SOAP note to your preceptor.
early enough so that he/she can utilize it in formulating your evaluation. Additional points for submission will be granted by the clerkship director based on timely submission of the note and adherence to the format as utilized in SPAL.

Presentation.

Case presentations are based on a case seen with your current preceptor (either first or second required rotation). It may be based on a common or unusual diagnosis. It is to be rendered in slide format, with the patient’s chief complaint and history on the first 1-2 slides, then physical examination on the following 1-2 slides. A discussion of salient points of either the history or physical should follow, with the diagnosis and resolution of the case on the last 1-2 slides. References should be on the final slide, with at least three texts or journal articles cited. This is to be uploaded to the course dropbox by 5 PM Central time on the Friday of your second rotation. A grading rubric will be posted on the course site in Desire2Learn. The name of your preceptor and site/month of the rotation should be included on the first slide.