Please Note: At MSUCOM, we are constantly working to improve our curriculum and to meet new AOA accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
# Table of Contents

Introduction and Overview.................................................................................................................. 3  
Goals and Objectives................................................................................................................................. 4  
Family Medicine Weekly Case Overviews................................................................................................. 5  
References.................................................................................................................................................. 6  
Student Responsibilities & Expectations................................................................................................. 7  
Family Medicine Grading Requirements................................................................................................. 8  
Rotation Remediation Process............................................................................................................... 8  
Base Hospital Expectations..................................................................................................................... 9  
Special Considerations............................................................................................................................ 10  
Family Medicine Core Competencies.................................................................................................... 10  
Attendance Policy.................................................................................................................................... 12  
Statement of Professionalism.................................................................................................................... 12  
Students’ Rights and Responsibilities...................................................................................................... 12  
Faculty Responsibilities............................................................................................................................ 13  
Course Grades......................................................................................................................................... 13  
Rotation Evaluations............................................................................................................................... 13  
Exposure Incidents Protocol.................................................................................................................... 14
Introduction and Overview

Hello and welcome to Family Medicine. The purpose of this syllabus is to provide you with an overview of your goals and objectives during this rotation. These goals and objectives are designed to help you gain an understanding of the breadth and scope of family medicine. As you progress through the month, you will perform certain activities designed to help you meet the goals and objectives identified. Please make sure you review this entire syllabus to understand the format and content of this syllabus.

Rotation Format: This rotation has been designed to cover primary topics commonly seen in Family Medicine. To accomplish this, each week will focus on one didactic topic of importance. Each week will be centered on a patient-oriented case. Each case will include anywhere from 5-10 questions for you to complete. Questions will have attached recommended readings which will help you to answer each question thoroughly. At the end of each week, you will have an online quiz to take based on the topic and your readings. Quizzes are completed via Desire2Learn (D2L), which is accessed at http://d2l.msu.edu and will require you to have computer access. It is strongly encouraged to take the quizzes at the end of each week as they can serve as a self-study element for your own education. All quizzes must be completed by the end of the rotation. You may also choose to discuss these cases with preceptors you work with and you are encouraged to engage the attending physician in discussion as this will lend a greater understanding of these critical issues.

What’s In This Syllabus: This syllabus is broken down into the following areas:

- Goals & Objectives: A list of learning goals & objective covering the scope of family medicine
- References: A list of recommended reading references for this specialty; these include recommended readings to meet the stated goals and objectives
- Summary of Didactic Requirements: A list of required didactic elements for this month with completion dates and respective percentage of grade (readings will be housed in D2L)
- Core Competencies: A list of core competencies (as identified by the American Osteopathic Association) addressed during this month
- Summary of Clinical Requirements: A list of required activities for this month with required submission method and completion dates
- Special Considerations: Things to remember about rotating in Family Medicine
- Family Medicine COMAT Exam Information: Explanation of the COMAT exam for Family Medicine
- Rotation Remediation Process: An explanation of remediation steps should you not pass the rotation initially
Goals and Objectives

The goals of this rotation are as follows:

• To gain an appreciation for the primary care approach to 4 commonly seen diseases
• To understand how primary care physicians approach these diseases in the outpatient setting

By the end of this rotation, the student will:

• Identify 4 major disease processes seen in Family Medicine
• Recall risk factors for each disease process and relevant questions for screening
• Review appropriate stratification of each disease process, where applicable
• Recognize clinical manifestations of each disease
• Review relevant tests for each disease
• Identify resources for reviewing current guidelines for the management of these diseases from a primary care perspective
• Develop basic strategies for treatment of each disease including first-line recommendations and follow-up strategies
• Consider osteopathic manipulative techniques for specific manifestations of disease where applicable
Family Medicine Weekly Case Overviews

Review each case and then use the associated study questions to identify critical learning points as well as prepare for the end-of-week quiz. Case questions are for self-study, but answers may be required if grading requirements are not met (see ‘Rotation Remediation Process’ below for further details).

Week 1 – Asthma & Chronic Obstructive Pulmonary Disease

The case will focus on a respiratory disorder and cover elements of: differentiation between restrictive and obstructive disease, stratification of asthma and COPD based on accepted criteria and basic treatment options for these conditions.

Week 2 – Hypertension

The case will focus hypertensive disorders and cover elements such as: defining hypertension, hypertensive urgency and hypertensive emergency; Identify stages of hypertension and treatment goals; cover basic classes of medications and suggest non-pharmacologic options for patients.

Week 3 – Dyslipidemia

The case will focus on lipid disease and cover elements including: defining dyslipidemia, metabolic syndrome and familial hyperlipidemia, identify current screening recommendations for dyslipidemia and risk factors for the development of atherosclerotic coronary vascular diseases (ASCVD), identification of primary pharmacologic categories for treatment and non pharmacologic options for patients.

Week 4 – Diabetes Mellitus

The case will focus on the diagnosis and management of Type 2 diabetes mellitus including screening guidelines, testing options and goals of glycemic control. Oral anti-diabetic agents and insulin therapy will also be detailed.
References

Each recommended text or online reference should be reviewed at a reasonable pace. It should take you no longer than 30-45 minutes per night to review these elements. Online references will require an active internet connection to review.

Week 1 – Asthma & COPD

Overview of Changes to Asthma Guidelines: Diagnosis and Screening - *Am Fam Physician*. 2009 May 1;79(9):761-767
ACP Updates Guideline on Diagnosis and Management of Stable COPD - *Am Fam Physician*. 2012 Jan 15;85(2):204-205

Week 2 - Hypertension

Diet and Lifestyle Recommendations Revision 2006 - A Scientific Statement From the American Heart Association Nutrition Committee

Week 3 – Dyslipidemia

AHA Diet & Lifestyle Recommendations 2006 [http://circ.ahajournals.org/content/114/1/82](http://circ.ahajournals.org/content/114/1/82)
Infographic on ACA/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults -
Powerpoint Presentation - 10 Points to Remember on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults (Dr. Melvyn Rubenfire, MD)
US Preventative Services Task Force Guidelines on Screening for Lipid Disorders in Adults –
http://www.uspreventiveservicestaskforce.org/uspstf08/lipid/lipidrs.htm

Week 4 – Diabetes Mellitus

Diabetes Mellitus: Screening and Diagnosis - *Am Fam Physician*. 2010 Apr 1;81(7):863-870
Insulin Management of Type 2 Diabetes Mellitus - *Am Fam Physician*. 2011 Jul 15;84(2):183-190
Type 2 Diabetes Mellitus Medication – Medscape http://emedicine.medscape.com/article/117853-medication#1
http://www.aafp.org/afp/2012/0301/p514.html
**Student Responsibilities and Expectations**

During the course of this month, the student is expected to take a proactive approach to learning about the discipline of family medicine. Students should make every effort to have an initial orientation session with their attending physician in an effort to review goals, objectives and expectations on both the part of the preceptor and student. During this initial orientation meeting, students should present the preceptor with both a copy of their evaluation form as well as review this syllabus with him or her. Doing so will improve the overall rotational experience in terms of training and evaluation. Students should also suggest having a mid-month evaluation during the rotation to gain formative feedback and make adjustments as needed based on commentary from the preceptor. Doing so will encourage active participation and improve summative evaluations that occur at the end of the rotation.

It is expected that the student will meet the following **clinical responsibilities** during this rotation:

- Report to their rotation in a timely fashion, dressed appropriately for each day of work. Be cognizant of any scheduling changes that occur and provide timely communication to the preceptor about excused or unexpected absences.
- Demonstrate an enthusiastic and proactive attitude towards the learning process in general and family medicine specifically.
- Treat all staff members, other rotators and patients with respect and demonstrate professional behavior in all interactions.
- Not engage in behaviors that are either: unprofessional/unethical, illegal or pose a risk to the patient or practice. If there is a question about something you are asked to do, speak with your precepting physician or (if the person you have concern about is the precepting physician) your Student Coordinator and/or Director of Medical Education for your base hospital.
- Complete any and all requested responsibilities in a timely fashion and as directed by your precepting physician excepting behaviors mentioned previously.
- Represent you, fellow students and the College in a positive and professional manner.

It is expected that the student will meet the following **academic responsibilities** during this rotation:

- Complete all College’s curricular elements of the rotation as specified in this syllabus in a timely fashion.
- Regularly access and review content provided within Desire2Learn (D2L) during the rotation to support and supplement your active learning process.
- Attend the C3 didactic sessions (if present) provided during this month as indicated in the C3 (OST 603) syllabus. No exception for this attendance is allowed except as approved by the C3 Director of your base hospital, the Instructor of Record for OST 603 and/or the Director of Medical Education of your base hospital.

Failure to meet the clinical and/or academic responsibilities (as determined by your preceptor, DME and Instructor of Record for FCM 620) may result in a failing grade for this course and require a corrective action plan and/or remediation as outlined below.
Family Medicine Rotation Grading Requirements

<table>
<thead>
<tr>
<th>Didactic Grading Requirements</th>
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<tbody>
<tr>
<td>Requirements</td>
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<tr>
<td>Quiz #1: Asthma/COPD</td>
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<td>Quiz #2: Hypertension</td>
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<td>Quiz #3: Dyslipidemia</td>
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<td>Quiz #4: Diabetes Mellitus</td>
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<td>Attending Evaluation of Student</td>
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<td>Attending Evaluation of Student</td>
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In addition to the evaluations, students must complete all four quizzes to receive a passing grade for the academic portion of this curriculum.

Rotation Corrective Action Process

For any student who does not pass the rotation, the following corrective action plan will go into immediate effect:

1) The student will be required to review and submit answers to the cases provided during the rotation. These submissions must be emailed to the Course Assistant who will deliver them to the Instructor of Record for determination of successful completion, and whether relevant information has been identified.

2) The student will be required to provide an additional essay of no less than 2 pages discussing the impact of primary care on the direction of medicine as it is practiced in this country. The essay may espouse the students’ view, but must include citations for facts provided by the student to support their viewpoint. This must be emailed to the Course Assistant who will deliver it to the Instructor of Record and/or Department Chairperson for review.

3) Upon successful completion of the above, the student will be given a passing grade for the course.

4) If the student fails the rotation for other reasons (poor performance in the eyes of the specialist and/or Director of Medical Education), the student will be subject to an alternate remediation
plan designed by the Director of Medical Education in conjunction with the Dean of Student Services and Clinical Curriculum Director.
Base Hospital Requirements
(To be defined and evaluated by individual hospitals)
Special Considerations

Family medicine is one of the most varied of fields – you can see a wide spectrum of physicians practice an even wider range of medical elements in the sub-specialty. It is important to remember that family medicine represents the frontline of medical care, not only in terms of interaction with the community and society, but also in terms of good stewardship of medical resources, both financial and material. During your time on this rotation, consider discussing with your attending physician(s) aspects of medical care such as: health care reform and its impact, being a financially responsible physician and the delivery of care in a resource-deprived environment. You will find that most family physicians are not only interested, but passionate about these topics and, as a future member of the profession, you should utilize this time to better understand the environment you will be part of in the future.

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Family Medicine Core Competencies

The Core Competencies were developed by the AOA to represent seven defined areas. In 2007, the American Association of Colleges of Osteopathic Medicine developed a document to assist colleges in integrating these same core competencies into medical education at the medical student level. The following core competencies are addressed during the month of Family Medicine:

1) Osteopathic Principles and Practice
   a. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships
   b. Diagnose clinical conditions and plan patient care
   c. Perform or recommend OMT as part of a treatment plan
   d. Communicate and document treatment details

2) Medical Knowledge
   a. Articulate basic biomedical science and epidemiological and clinical science principles related to patient presentation

3) Patient Care
   a. Gather accurate data related to the patient encounter
   b. Develop a differential diagnosis appropriate to the context of the patient setting and findings
   c. Form a patient-centered, inter-professional, evidence-based management plan
   d. Health promotion and disease prevention (HPDP)
   e. Documentation, case presentation, and team communication

4) Interpersonal and Communication Skills
   a. Establish and maintain the physician-patient relationship
   b. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals
   c. Work effectively with other health professionals as a member or leader of a health care team
5) Professionalism
   a. Demonstrate humanistic behavior, including respect, compassion, probity, honesty, and trustworthiness
   b. Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others
   c. Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning

6) Practice-Based Learning and Improvement
   a. Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice
   b. Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care

7) Systems-Based Practice
   a. Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society
   b. Identify and utilize effective strategies for assessing patients
MSU College of Osteopathic Medicine Standard Policies

The following are the standard MSUCOM policies students must adhere to across rotations.

ATTENDANCE POLICY

Attendance at all scheduled Clerkship activities is mandatory.

If a student is unable to be present for a scheduled clerkship activity because of extenuating circumstances, the student is required to complete a Clerkship Excused Absence Request form. In all cases except for emergencies or sudden illness, requests for scheduled absences are to be submitted at least 30 days prior to the date(s) of absence. Absences are not approved until the form is completed with all required signatures. Once approved, the student is required to notify their preceptor of their absence within 24 hours. Failure to complete this form or obtain required signatures will result in an unexcused absence from the rotation. Unexcused absences are considered unprofessional behavior and could be noted as a mark of unprofessionalism on the student’s performance evaluation, and may lead to failure of the rotation.

An absence request for the first or last day of the rotation will be denied. All absences (excused or unexcused) must be made up as specified on the Excused Absence Form as outlined under the conditions of approval. Makeup experience will be determined by the Director of Medical Education and may include additional clinical day(s) or written assignment(s).

If a student has an emergency or sudden illness they should immediately notify the Director of Medical Education and rotation preceptor. The excused absence request form must be submitted to the Medical Education Office within 24 hours of the original emergency or sudden illness notification.

IMPORTANT NOTE: The only exception to this attendance policy is Emergency Medicine, where attendance is based on a shift schedule assigned by the hospital. Please refer to the Emergency Medicine “Introduction and Overview” for more information.

STATEMENT OF PROFESSIONALISM

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed by the student to faculty, peers, patients and colleagues in other health care professions. Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

STUDENTS RIGHTS AND RESPONSIBILITIES

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationship between faculty and student are fundamental to the college's function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.
FACULTY RESPONSIBILITIES

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (and not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.

COURSE GRADES

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department.
- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. In Years 3 and 4, the ET grade is used instead of an “Incomplete (I)” grade. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An “ET” will NOT remain on a student’s transcript.

ROTATION EVALUATIONS

**Attending/Faculty/Resident Evaluation of Student**

Students are responsible for assuring that his/her clinical supervisor receives the appropriate evaluation form. Forms can be accessed via the “Attending Evaluation” link in the student’s Kobiljak online Clerkship schedule.

Students should assertively seek feedback on his/her performance throughout the course of the clinical rotation. Students should also sit down and discuss the formal evaluation with the clinical supervisor. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form.

Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the Office of Student Services. It is important to know that evaluations will not be accepted by the Office of Student Services if submitted by the student. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by the Committee on Student Evaluation (COSE) and/or the College Heading Committee.

Grades are held until all rotation requirements, including evaluation forms, are received. Be sure you are using the correct form.

**Student Evaluation of Rotation**

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak.
EXPOSURE INCIDENTS PROTOCOL

A form has been developed by the University to report exposure incidents. These forms will be on file in your DME's office. You can also access the form at www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf. Please make yourself familiar with the procedure and the form.