

UW Medicine

UW SCHOOL
OF MEDICINE

OFFICE OF RURAL PROGRAMS

Rural Advanced Patient Care (APC) Clerkship

Site Director and Administrative Guide

FAMED 701 | FAMED 702

Updated May 2021



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Welcome and Thank You

Thank you for providing our students an excellent learning experience through your teaching, role modeling, and support. Students are required to complete two Advanced Patient Care Clerkships (APCs) during medical school, with the expectation that they will function with a higher level of autonomy and competence during these APCs.

Your role as an APC preceptor is to:

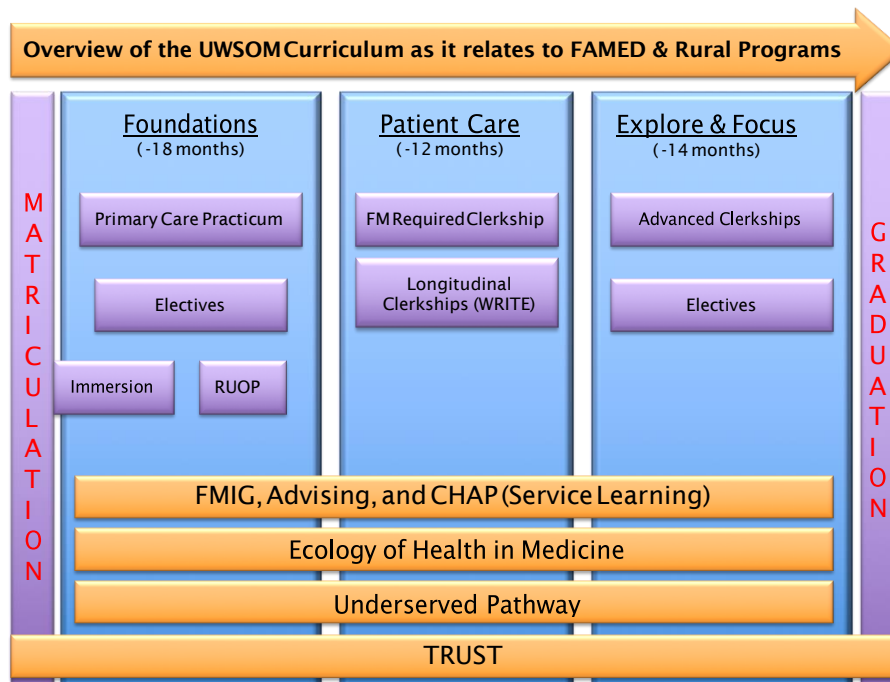
1. Orient student to clinical site, review clerkship goals and clinical expectations
2. Allow the student supervised autonomy in patient care
3. Provide and document **mid-rotation** and **end-of-rotation** feedback
4. Collect/synthesize evaluations and feedback from any educator
5. Submit final evaluation in E-Value within 10 days of rotation end date
6. Communicate promptly any concerns about a student's performance to the FM APC Clerkship Director and/or Office of Rural Programs if they arise

Students need to experience direct patient care under supervision to learn effectively. Educators need to observe students to be able to evaluate their performance and assign grades. There are tools to help you with this process and they are included in this guide.

Please visit the [Rural Programs APC website](#) for additional information. Questions may be directed to APC Education Specialist listed below.

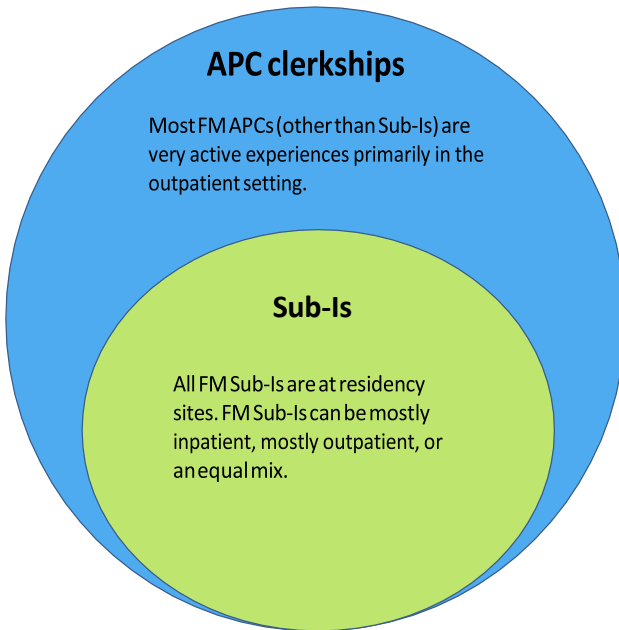
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Advanced Patient Care (APC) Clerkship Requirements

The APC clerkship is a four-week, full-time clinical experience during which the student acts at an advanced level. APCs may take place in an inpatient (sub-internship) or outpatient setting. All students must take two APCs, one of which must be a Sub-internship. The goals and structural requirements are shared across all APCs.



FAMED 701	P-WRITE Advanced Outpatient Clerkship (open to a WRITE student at a WRITE site)
FAMED 702	Advanced Family Medicine Outpatient Clerkships (including any approved WRITE or RUOP sites)

APC rotation structural requirements

- The student must work under the direct supervision of one or more attending physicians or senior residents.
- The rotation must allow the student to become responsible for the care of the appropriate number of patients (e.g., follow in detail more than one inpatient at a time, or be the initial contact person for a number of clinic patients that exceeds the amount seen by a typical Patient Care Phase student).
- The student must have access to regular supervision and feedback while being permitted the opportunity to function somewhat independently as appropriate for the student's skill level.

APC Clerkships: Goals and Objectives

Goals

- Take on primary responsibilities for appropriate aspects of patient care with appropriate supervision
- Refine core clinical skills
- Improve clinical reasoning and expand medical knowledge
- Work as an integral part of the care team
- Apply concepts and skills from the longitudinal Themes in Medicine (TIM) course in a relevant clinical setting.

Objectives

Students will practice these skills through patient care, simulation and/or other instructional methods:

History & Physical Exam

- a. Perform initial assessment of patient
- b. Perform and refine physical examination techniques
 - i. Identify abnormal findings
 - ii. Use clinical reasoning/hypotheses to guide use of advanced maneuvers

Clinical Reasoning Skills

- a. Formulate diagnostic and treatment plans independently
- b. Interpret test results appropriate for the specific patient case
- c. Incorporate high value care principles as part of a care plan
- d. Form clinical questions, and use evidence-based concepts for diagnosis and treatment

Patient-Centered Skills

- a. Determine goals of care with patients
- b. Provide appropriate education to patients and families
- c. Perform informed consent that is clear to the patient
- d. Participate in delivering good and bad news in the best way possible
- e. Facilitate patient/family care conferences

Documentation and Presentation Skills

- a. Provide clear documentation: H&P, daily progress notes, sign-out notes
- b. Conduct oral presentations appropriate to situation: comprehensive H&P, concise daily rounds, etc.

Coordination of Care Skills

- a. Create discharge summaries that facilitate smooth transitions
- b. Engage in effective provider-to-provider communication and handovers
- c. Conduct medication reconciliation that is clear to patients

Team-Based Care

- a. Effectively work with all members of the healthcare team to take care of the patient
- b. Take appropriate responsibility for coordination of care by the team

Professionalism

- a. Recognize that conflicting personal and professional values exist
- b. Recognize limits of knowledge and ask for assistance
- c. Display consistent attitude and behavior that conveys inclusion of diversity (including diversity in race, culture, gender, age, socioeconomic status, religion, disabilities, sexual orientation, and gender identity)

Life-Long Learning

- a. Demonstrate self-directed learning
- b. Use point-of-care, evidence-based information and guidelines to answer clinical questions
- c. Identify system deficits and contribute to a culture of safety and improvement

APC Site Director Roles and Responsibilities

- Serve as the supervisor, main contact for students, and site liaison to the Office of Rural Programs and/or UWSOM FM Department in Seattle
- Recruit, orient, and support the educators and others on the healthcare team at your site who will be teaching the students
- Orient students to the clinical site and expectations for the clerkship
- Provide and document formal mid-rotation and end-of-rotation feedback (can delegate to other educator)
- Collect and synthesize evaluations and feedback from any educators, including residents, who worked with the student into a summary evaluation for the student. Complete E*Value evaluation of student within 10 business days of rotation completion
- Promptly communicate with APC Clerkship Director and/or the Office of Rural Programs (somrural@uw.edu) if there are concerns about a student's performance
- Review yearly student evaluations of clerkship site; make changes as necessary
- Participate in faculty development opportunities provided for APCs and disseminate materials to other site educators

Educator Roles and Responsibilities

- Create a positive learning environment for clinical teaching of students
- Goal-setting for learning at the beginning of time spent together
- Frequent **identified** feedback to students on their performance and goals and brief debrief at the end of session together
- Communication with Site Director if there are any student concerns

APC Site Administrator Roles and Responsibilities

- Act as a liaison between the Office of Rural Programs and/or UWSOM FM Department in Seattle and educators and students at your site
- Maintain updated orientation documentation for the students. This should include the following:
 - Credentialing instructions and deadlines
 - Where and when to report for work on the first day; with whom they will be meeting; educator contact information including pager and/or phone number
 - Calendar/schedule of the rotation (including call if any, different clinics, grand rounds or other educational activities)
 - Any other rotation requirements specific to your site such as badging, parking, transportation, appropriate attire etc.
 - Educational information such as required or suggested readings, commonly seen diagnoses, websites or other electronic resources.
- Email orientation document to the students at least four weeks before the start of the rotation. Please cc Office of Rural Programs (somrural@uw.edu) on this email.
- Provide Evaluator's name to Office of Rural Programs (somrural@uw.edu) by the start of the course to assure evaluation is assigned to correct person. Only physicians can enter evaluations into E*Value per LCME.
- Provide course availability yearly for the upcoming academic year
- Assist with collection of student evaluations from educators after the rotation if necessary

Communication Timeline

- 4 weeks minimum prior to each rotation:
 - Send the student the orientation document, cc Office of Rural Programs (somrural@uw.edu)
 - Send the name and email address of the Evaluator to Office of Rural Programs (somrural@uw.edu)
- 10 business days after a rotation has concluded, Rural Programs may contact you to help collect evaluations for the student if educators have not completed them in a timely manner.
- Yearly, the Office of Rural Programs will contact you for availability for the upcoming academic year and to update any orientation information both on your document and on our website.

Office of Rural Programs Roles and Responsibilities

- Coordinate with UWSOM FM Department, UWSOM Curriculum Office and appropriate Regional Office to process new FAMED 702 site applications
- Conduct APC-specific site visits across WWAMI
- Collaborate with Academic Affairs regarding budget/communication of PO information for APC sites that are hosting students during the corresponding academic year
- Collect site availability for the upcoming academic year
- Ensure site is aware of student add/drops during the academic year
- Initiate communication between student, site director, and site administrator at least 8 weeks prior to start of clerkship to begin credentialing process
- Ensure site director receives all curricular components and information
- Manage evaluation and feedback process
 - Ensure mid-clerkship feedback session occurs during Week 2
 - Generate final evaluation through E-Value and provide evaluation instructions to site director
- Work with Regional WWAMI Office to ensure preceptors have a clinical faculty appointment
- Provide information regarding faculty development opportunities

Setting Goals and Providing Feedback

Students need to provide direct patient care under supervision:

- 1) To learn effectively
- 2) For educators to be able to evaluate performance and assign grade

We expect students to receive frequent concrete feedback in addition to a mid and end rotation feedback. Below are tools and rubrics to help you with this process:

GLEAM: Use this at the beginning. A useful rubric to get to know your learner and set goals.

Daily Feedback Cards: Encourage use for frequent feedback.

Mid-Clerkship Feedback Form: Use the [Entrustable Professional Activities \(EPAs\)](#) form linked here. EPA measures concrete observable skillsets.

PRIME framework: A widely-used developmental framework in medical education.

GLEAM

Goals

- What are your goals and expectations for this rotation? What are your goals and expectations for your career?

Learning

- How do you learn most effectively?
- What has helped you succeed in other rotations? What did you find challenging?
- How do you like to receive feedback?

Experiences

- What previous patient experiences have been meaningful to you?
- What have other clerkships been like? What worked for you and helped you learn? What seemed to derail you? Have the student share a story.
- If there have been no challenges thus far, invite them to talk with you when such challenges arise during your subsequent time together.

Activities

- What activities are you involved in outside of medicine? Consider exploring the student's support system.
- What other roles/responsibilities do you have in your family and community?

More

- What more do I need to know about you to make this an optimal learning experience for you?
- What have I forgotten to ask you?
- Do you have any questions for me?

(Developed by Rick Arnold, Kim O'Connor, Genevieve Pagalilauan, Michelle Terry, Raye Maestes, and Kelly Fryer-Edwards)

Daily Feedback Cards: These are a good way for clerkships with many educators & residents give students frequent feedback. Typical use is for students to be given a set of these at the beginning of the clerkship and have them give them to the educator to review together (5 min) at the end of their time together.

AAMC Entrustable Professional Activities (EPAs): see link. We will use the first 6 EPAs as a grading rubric for APCs. This can be used for students to identify which skill they would like to work on in each half day session, and also used in feedback sessions. We would recommend the EPA form to be given to students on their first day of clerkship and continue working on the EPAs and critical functions throughout their 4 weeks with you.

PRIME framework: This is a variation of a widely used developmental framework in medical education. It can help you gauge the student's general level of performance. Generally, we would expect an APC student to function at least at an Interpreter level.

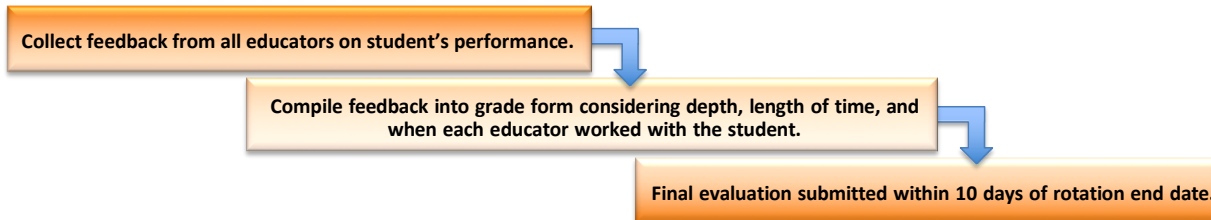
Professionalism	A professional exhibits compassion, responsibility, integrity and respect for patients, colleagues and the interprofessional team.
Reporter	A student at this level can collect data independently and report the information accurately and concisely in oral and written form.
Interpreter	In addition to Reporting skills, students at the Interpreter level can generate a reasonable differential diagnosis for the chief presenting problem(s) and weigh the different possibilities appropriately.
Manager	In addition to Reporter and Interpreter skills, students functioning at the Manager level can generate and carry out a reasonable diagnostic and therapeutic plan for the chief presenting problem(s).

Educator/ Enhanced Communication	<p><u>With patients:</u> avoids medical jargon; can adapt to the patient’s physical, cognitive and cultural needs; uses techniques such as teachback; responds to emotion.</p> <p><u>With colleagues and the interprofessional team:</u> listens actively and encourages ideas and opinions from others; uses closed-loop communication when discussing tasks; responds to emotion.</p>
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(PRIME table by Susan Merel)

Evaluations and Grading

Evaluation Process



Grade assignment

Use these [Grade Anchors](#) and the following criteria to assign students a grade. Site Directors are expected to enter a suggested clinical grade that correlates with the below criteria. We will verify that the suggested clinical grade aligns with the assigned numerical scores. If they don't, we will contact the Site Director to resolve the discrepancy. There is an [Excel template](#) for use when calculating and averaging clinical scores.

Honors (4.7-5.0):

Students must receive at least eight scores of 5 and no score less than a 4 in any category for Honors.

High Pass (4.2-4.6):

Students must receive at least eight scores of 4 and no score less than a 3 in any category for Honors.

Pass (2.8-4.1):

The Pass grade reflects the performance of a student at the expected level for a ***Patient Care Phase student***.

Fail (less than 2.8 or 1 in any category):

A failing grade is based on student's performance taken as a whole and not solely based on any one numeric profile. A 1 in any category will result in a failure. Multiple 2's may result in a failure.

How to complete E*Value Comments

Required feedback comments: The comment boxes after each section (I. Clinical Knowledge and Skills, II. Patient Care Skills, III. Interpersonal Relationships, and IV. Professional / Personal Characteristics) combine to form the "Descriptive Comments Section". These comments should be detailed and address both strengths and areas for growth within the context of Family Medicine. Comments should be relevant to each section's grading categories and the numerical score assigned to the student for each category.

For example, if a student received a 3 and two 4's in the Clinical Knowledge and Skills section then there should be some specific suggested areas for growth relevant to the Clinical Knowledge and Skills scoring categories. If the student received all 5's in Patient Care Skills, then comments would likely focus on strengths, with specific examples highlighted about their exemplary Patient Care Skills. Keep in mind, any direct quotes from individual educator evaluations should be carefully chosen. All comments written in these sections should support summative comments, described below.

Required Summary of Performance: This section will be used in the MSPE letter or Dean's letter. It should be written in PAST TENSE, complete sentences, and focus exclusively on the student's strengths. Similar to the descriptive section of the evaluation, it is important to be specific and use examples of the student's performance. In this section, it is important to pay close attention to the language used to describe the students' performance.

At UWSOM, the summary words are good, very good, excellent, and outstanding: Good and very good are roughly equivalent to a pass, excellent approximates a high pass, outstanding is for an honors performance. While it is not necessary to use these exact words in all your comments, we do ask that you keep these key words in mind when describing student performance.

Medical Student Evaluation of APC Clerkship

Since APCs are now required, we will be requiring students to complete an assessment of their APC clerkships. This [document](#) is the standard form that will be utilized across different disciplines. We will be providing annual reports to you regarding key items from this survey.

APC Faculty Development

- **Site Visits**

The Office of Rural Programs will coordinate with the appropriate Regional Clinical Dean to visit new APC sites or educators prior to hosting the first student. Site visits from a UW faculty or staff member occur on a biennial basis or when a more immediate need arises.

There are many reasons for a site visit including: to answer site questions, offer support, review logistics, educate preceptors on new curricular components, to make sure students are in an excellent learning experience, as well as many others. These visits are not meant to be burdensome, rather to be supportive. Frequently the visitor will offer a faculty development talk for all preceptors within the APC clerkship or a more general clinical presentation targeted to a more general audience within the community.

- **Local & Regional WWAMI CME opportunities**

Faculty Development conferences are typically offered on an annual basis in Seattle (UW Campus) during "the third week in September" which coincides with the highly appreciated [UW Annual Advances in Family Medicine and Primary Care](#) week-long CME conference. There are also regional faculty development conferences in Boise through the Idaho WWAMI Clinical Office and at Chico Hot Springs in Montana through the Montana WWAMI Clinical Office. Travel stipends are frequently available. Please contact the Office of Rural Programs for more information at somrural@uw.edu.

- **Teaching Resources**

[STFM Teaching Physician](#) “...A comprehensive web-based resource that connects medical schools and residency programs to community educators. It provides point-of-need instruction for educators in the form of videos, tips, answers to FAQs, and links to in-depth information on precepting topics.”

username: uwfamedmse **password:** uwfamedpassword

If students ask you, here is a list of study resources that students may utilize:

- Family Medicine Pre Test Self-Assessment And Review, Author: Doug Knutson
- American Academy of Family Practice, practice questions – has free sample questions available at www.aafp.org (note it takes 3-5 days to receive your log in once you register as a medical student)
- Case Files Family Medicine (LANGE Case Files), Authors: Eugene Toy, Donald Briscoe, Bruce Britton
- The Essentials of Family Medicine (Sloane, Essentials of Family Medicine) –focus on algorithms
- Swanson's Family Medicine Review, Authors: Alfred F. Tallia MD MPH, Joseph E. Scherger MD MPH, Nancy Dickey MD
- Step Up to Medicine
- fmCases – offers built in practice exams as you review cases, available through MedU
- Reading about cases seen in the clinic each week

Letter of Recommendation Tips

It is common for students to ask rotation educators for a letter of recommendation for a residency application. Please do this as you feel comfortable. [Here](#) are some writing tips.

UWSOM Medical Student Policies

UWSOM Medical Student Work Hour Policy

Please refer to the UWSOM Work Hours Policy. Briefly, students should not work more than 80 hours per week and should have at least one full day off per week. They should always check in with their team or educator before leaving for the day.

UWSOM Absentee Policy

Please refer to [UWSOM Absentee Policy](#). It is in the students' best interest to be present for all rotation days.

Implicit Bias in the Learning Environment

Understanding implicit attitudes and how they influence behavior is important for healthcare educators. The UWSOM has developed a [training module](#) that discusses what implicit attitudes (biases) are, how they can influence teaching in clinical settings and what instructors can do to mitigate negative interactions related to implicit biases. We strongly recommend that all educators working with UWSOM students complete this module. A UW NetID or a Gmail account is required for access. It takes about 30 minutes to complete.

Student Wellbeing

In the rare event you have a student who is in need of immediate counseling, please direct them to the Seattle or WWAMI UWSOM Counseling and Wellness service. Counseling is available to medical students for a wide range of personal, academic and professional issues in the UW SOM Counseling & Wellness Service. Services are free and **confidential**. Counselors in Seattle are available to consult with regional students and/or faculty by phone or email, and counselors are available at each regional site. The counselors are flexible with scheduling, easy to access, and offer evening appointments. Contact information for Seattle and WWAMI sites is available [on the website](#).

Student Mistreatment

The University of Washington School of Medicine is committed to assuring a safe and supportive learning environment that reflects the institution's values: excellence, respect, integrity, compassion, altruism, and accountability in all endeavors. Diversity of ideas, perspectives and experiences are integral to our mission. All individuals in our UWSOM community are responsible for creating a welcoming and respectful environment where every person is valued and honored. Mistreatment of students by the faculty, staff and peers at UWSOM is prohibited. This mistreatment includes incidents of humiliation; harassment or discrimination based on gender identity, sexual orientation, age; and the use of grading or other forms of assessment in a punitive manner. Expectations of teachers and learners are described more fully in the [Policy on Professional Conduct](#).

If students have an urgent concern about the learning environment that requires an immediate response, e.g. a potentially impaired physician, physical or sexual assault, or other egregious situation in the learning environment, they should contact the associate dean for student affairs directly at 206.685.9076 or via email maestas@uw.edu.

To submit a formal concern, students have the following options:

- Contact any School of Medicine Dean of Student Affairs directly.
- Detail the concern in the confidential comments section of the "Medical Student of Educator" evaluation submitted at the end of each clinical clerkship. The comments from this section are transmitted to the student affairs and curriculum deans.
- Detail the concern in the "non-confidential" comments section of the "Medical Student of Educator" evaluation submitted at the end of each clinical clerkship. The comments from this section are transmitted to the clerkship director.

Students who wish to report mistreatment or a serious concern that doesn't require immediate response are encouraged to use the [Learning Environment Feedback Tool](#).

Office of Rural Programs

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