The Family Medicine 1 Course Syllabus should be used by students as an outline of the Clerkship experience and to define rotation expectations. Students are expected to read this Syllabus via Blackboard prior to attending Orientation.

The entire content of this handbook is available on Blackboard: [http://blackboard.umkc.edu](http://blackboard.umkc.edu) under the Family Medicine August 2014 Syllabus tab.
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Welcome Family Medicine I Clerkship Students!

As the Affordable Care Act changes the face of American Medicine, the dedication of family physicians continues to expand the fullest form of medicine - comprehensive care for the entire family throughout the life cycle.

In preparation for addressing the country's need for more than 12,000 additional primary care physicians, the UMKC-SOM curriculum enhances your exposure to primary care during two required Family Medicine rotations:

In Year IV, the Family Medicine I Clerkship (FM I) exposes you to a variety of Family Medicine experiences at TMC-Lakewood, a community hospital in a suburban location. You will be assigned to clinical rotations in the ambulatory, inpatient and community settings. This experience is in an academic environment where you work alongside Family Medicine faculty, community preceptors, and/or residents.

In Year V, the Family Medicine II Preceptor rotation (FM II) is in a rural setting where you work one-on-one with a Family Medicine physician in a private practice learning environment. The experience highlights the unique opportunities for continual, comprehensive care for patients and their families in the context of their community.

These two rotations complement one another and are considered a continuation of Family Medicine education in the UMKC-SOM 6 year program curriculum.

This Course Syllabus serves as a guide to facilitate student learning experiences in the Family Medicine I Clerkship. It includes the Course Description, Goals and Objectives, UMKC-SOM Competencies, Special Assignments and Methods of Evaluation.

The separate Student Handbook contains descriptions of Goals and Objectives for the inpatient, outpatient and ambulatory clinical assignments, Focused History and Physical and the requirements for the CLEX Journal Patient Encounter and Procedure log.

The Department of Community and Family Medicine faculty and resident staff are interested in providing an outstanding educational experience for medical students. We challenge your interest in primary care, in particular Family Medicine and look forward to the participation of all medical students as active members of the TMC-Lakewood healthcare team in our community hospital.

Rose Zwerenz, MD Director of Predoctoral Education  
Family Medicine I Clerkship Director  
Assistant Dean of Truman Medical Center-Lakewood Educational Programs

Please view the online video on Blackboard for complete orientation instructions.
COURSE EXPECTATIONS

The information contained in this syllabus will help you navigate course requirements and your individual responsibilities. You are expected to review this Syllabus on Blackboard prior to orientation and as needed throughout the Clerkship.

The Family Medicine I Clerkship offers a variety of learning opportunities. You will be given clinical assignments in various outpatient areas where you will be exposed to the philosophy and management of Family Medicine patients in the acute and chronic settings. You will have two inpatient overnight calls. In these two settings, you will be exposed to Family Medicine residents and faculty in the context of caring for the pregnant female (Mother Baby Unit) and the acutely more seriously ill Family Medicine inpatients. There are written assignments, classroom interactive didactic sessions, a work shop, and online fmCASES that will enhance your exposure to and understanding of our specialty. All patient encounters and procedures are to be recorded in the daily CLEX journal. Orientation, all clinical encounters, assignments, classroom activities and CLEX minimum requirements are mandatory. The final examination is given only on the specific day scheduled each month.

You are representing UMKC School of Medicine and TMCL hospital while you are on location. It is expected you will behave in a professional manner. Professionalism encompasses values that are held in high priority by medical educators, your peers, and the general public. Professionalism is expected of you in every aspect of your medical education, including your time on this clerkship. As a reminder, an individual demonstrating professional behavior, as defined by the AGME, is someone who “demonstrates compassion, integrity, and respect for others as well as adherence to the ethical principles relevant to the practice of medicine”. Furthermore, the AGME states that for a student to become a graduate from medical school, he/she should “demonstrate behavior that conveys caring, honesty, genuine interest and tolerance when interacting with a diverse population of patients and families”.

CONTACT INFORMATION AND COMMUNICATION

Clerkship Director
Rose Zwerenz, MD
816-292-1967 (pager)
rose.zwerenz@tmcmed.org

Medical Student Coordinator
Gayle Price
816-404-7146
Gayle.price@tmcmed.org

To communicate with us, please use the TMC email address and not the UMKC email addresses.

It is your responsibility to keep track of any schedule changes or inclement weather cancellations as well as maintaining a working email address. It is recommended you check your email at least twice a day, (once after 1700) as some changes may occur with less than 24 hour notice.

Our offices are located in the Professional Services Building (PSB) third floor down the hall from the Family Medicine Department area.

Office hours for Dr. Zwerenz are by appointment.

COURSE DESCRIPTION AND SCHEDULE

Prior to Orientation

- Read the entire Course Syllabus carefully.
- Log on to your TMC e-mail to verify that you have access. If you do not have access, email gayle.price@tmcmed.org right away using the subject line, “Clerkship Rotation”.
- Upon invitation from Dr. Miranda Huffman, join the Yammer group for the current month Family Medicine clerkship (e.g., June Family Medicine Clerkship). Students that join the wrong group will not receive the maximum number of points available.
- Go to the MedU website (http://www.med0u.org/fmcases) and create an account using your UMKC email. If you already have an account, verify that your login is active. **Please note the following System Requirements for using MedU:**
  - Latest version of QuickTime
  - Desktop: Internet Explorer 8.0 or higher, Safari 5.0 or higher, Firefox 18.0 or higher, Chrome 13 or higher.
  - Mobile: iOS 5.0 or higher, most Android Versions
  - Monitor resolution set 1024 X 768 (recommended)
During Orientation

- Bring your laptop/electronic devices to orientation. This will ensure that you can access all electronic areas needed.
- The individual student clinical rotation schedule will be with specific assignment due dates will be distributed.
- Review your specific student schedule and notify the student coordinator immediately of any conflicts.
- Choose two Sunday afternoons during the month to work at Sojourner Clinic
- Identify and write three personal goals for the FM I Clerkship in the space provided in the Student Handbook.

During the Rotation

The Family Medicine I Clerkship is a 4 week rotation scheduled during Year 4. At various times throughout the year, an externship is offered to medical students from UMKC and outside institutions. UMKC students are given priority for scheduling for the clerkship activities. Externs are given a separate and unique curriculum/schedule from the clerkship students. The clerkship student will be exposed to the skills, knowledge, and attitudes that shape the discipline of Family Medicine. The clerkship will focus on:
- Outpatient management of medical conditions commonly encountered by Family Physicians
- Management of medical conditions of all ages and both genders
- Screening, prevention and health maintenance issues

There are approximately 8 hours of interactive didactic sessions, two 1/2 days of Sojourner Clinic, 1 workshop, two weeks of ambulatory Family Medicine I preceptor assignment’s, one week of Family Medicine supervised ambulatory clinics, and two over-night calls. Make it a habit to arrive early and expect to stay late. If you arrive over 15 minutes late, this may be considered an unexcused absence and result in an unprofessional behavior evaluation.

The development and review of three personal goals, the online MEDU 20 fmCASES, a professionalism paper and an integrative medicine research assignment is also required. Each student will have 8 to 10 half days for self-study. Keeping an up to date CLEX journal is expected.

The Family Medicine I Clerkship Student Handbook gives individual goals and objectives, times, location and expectations for each clinical and/or other assignment's.
Section 2 Goals and Objectives

The Family Medicine I Clerkship Objectives have been created by the STFM and are based on the recommended national Family Medicine Clerkship Curriculum. The curriculum has been endorsed by STFM, the AAFP, the ADFM, the AFMRD, and the NAPCRG. The specific objectives for the UMKC clerkship have been modified but are heavily weighted to reflect the national committees’ recommendations.

The ACGME corresponding competency has not been highlighted for medical knowledge, patient care, and interpersonal communication because it is believed all the following objectives incorporate these three competencies. The remaining three competencies appear as abbreviations in parenthesis for the competencies of problem-based learning and improvement (PBLI), professionalism (PR), and systems-based practice (SPB).

At the end of the clerkship, the student will be able to:

- Discuss the principles of family medicine care
- Gather information, formulate differential diagnosis, and propose plans for the initial evaluation and management of patients with common presentations
- Manage follow-up visits with patients having one or more chronic problem
- Develop evidence-based health promotion/disease prevention plans for patients of any age or gender
- Demonstrate competency in advanced elicitation of history, communication, physical examination, and critical thinking skills.

Learning Objectives for the Principles of Family Medicine

**Biopsychosocial model**

**Patient-Centered communication skills**

- Demonstrate active listening skills and empathy for patients
- Demonstrate setting a collaborative agenda with the patient
- Demonstrate the ability of elicit and attend to patients’ specific concerns
- Explain history, PE, and test results in a manner the patient can understand
- Clarify information obtained by a patient from such sources as popular media, friends and family, or the Internet
- Demonstrate validation of the patient’s feelings by naming emotions and expressing empathy
- Effectively incorporate psychological issues into patient discussions and care planning
- Use effective listening skills and empathy to improve patient adherence to medications and lifestyle changes
• Describe the treatment plans for prevention and management of acute and chronic problems to the patient

Psychosocial awareness
• Discuss why physicians have difficulty in situations such as patients’ requests for disability documentation, non-adherence, and chronic narcotic use.
• Discuss the influence of psychosocial factors on a patient’s ability to provide a history and carry out a treatment plan

Patient education
• Discuss mechanisms to improve adherence to and understanding of screening recommendations and/or treatment modalities of acute or chronic problems

Comprehensive Care

Information gathering and assessment
• Use critical appraisal skills to assess the validity of resources
• Formulate clinical questions important to patient management and conduct an appropriate literature search to answer clinical questions
• Use EBM (evidence based medicine) to determine a cost effective use of diagnostic imaging in the evaluate of core, acute presentations

Lifelong learning
• Assess and remediate one’s own learning needs

Contextual Care

Person in context of family
• Demonstrate caring and respect when interacting with patients and their families even when confronted with atypical or emotionally charged behaviors
• Demonstrate interpersonal and communications skills that result in effective information exchange between patients of all ages and their families
• Demonstrate health disparities and their potential causes and influences

Person in context of their culture
• Communicate effectively with patients and families from diverse cultural backgrounds

Continuity of Care

Barriers to access
• Describe the barriers to access and personal barriers affect health care
Coordination/Complexity of Care

Team approach
- Become aware of the value of teamwork in the care of primary care patients
- Participate as an effective member of a clinical care team

Quality and safety
- Describe how one of the core chronic diseases is monitored at the assigned clinical site

APPROACH TO FAMILY MEDICINE PATIENT PRESENTATIONS

Learning Objectives for Acute Presentations

At the end of the clerkship, for each common symptom, the student should be able to:

- Differentiate among common etiologies based on the presenting symptoms
- Recognize “don’t miss” conditions that may present with a particular symptom
- Elicit a focused history and perform a focused physical examination
- Discuss the importance of a cost-effective approach to the diagnostic work-up (SBP)
- Describe the initial management of common and dangerous diagnosis that present with a particular symptom

A non-inclusive list of common acute presentations the student may see during the clerkship:
- Upper respiratory symptoms
- Joint pain and injury
- Initial presentation of pregnancy
- Abdominal pain
- Common skin lesions
- Common skin eruptions
- Abnormal vaginal bleeding
- Low back pain
- Cough
- Chest pain
- Headache
- Vaginal discharge
- Dysuria
- Dizziness
- Shortness of air/wheezing
- Fever
- Initial presentation of depression
- Male urinary symptoms/prostate
- Dementia
Leg swelling

Learning Objectives for Chronic Disease Presentation

At the end of the clerkship, the student should be able to:
• Find and apply diagnostic criteria
• Find and apply surveillance strategies
• Elicit a focused history that includes information about adherence, self-management, and barriers to care
• Perform a focused physical examination that includes identification of complications
• Describe major treatment modalities
• Document a chronic care visit
• Communicate respectfully with patient who do not fully adhere to their treatment plan (PR)
• Communicate appropriately with other health professionals (PR, SBP)

A non-inclusive list of common disease presentations the student may see during the clerkship:
• Multiple chronic illnesses presenting in one patient
• Hypertension
• Type 2 DM
• COPD
• Hyperlipidemia
• Anxiety
• Arthritis
• Chronic back pain
• Coronary artery disease
• Obesity
• Heart Failure
• Previously diagnosed depression
• Osteoporosis/osteopenia
• Substance abuse, use and dependence

Learning Objectives for Adult Preventative Care Presentations

• Define wellness as a concept that is more than “not being sick”
• Define primary, secondary and tertiary prevention
• Identify risks for specific illnesses that affect screening and treatment strategies (PBLI)
• For women: elicit a full menstrual, gynecological and obstetric history
• For men: identify issues and risks relation to sexual function and prostate health
• Use motivational interviewing to encourage lifestyle changes to support wellness (weight loss, smoking cessation, safe sexual practices, exercise, activity, nutrition, diet (PR)
• Find and apply the most current guidelines for adult immunizations (PVLI, SBP)
Learning Objectives for Well Child and Adolescent Preventive Care Presentations

- Conduct a physical exam on a child
- Identify developmental states and detect deviations from anticipated growth and development levels
- Recognize normal and abnormal physical findings in the various age groups
- Learn and apply the current guidelines for immunizations (PBLI, SBP)
- Identify and perform recommended age-appropriate screenings
- Communicate effectively with children, teens and families (PR)

SPECIFIC DISEASE ENTITIES

- See above objectives for patient presentations

PROCEDURES

- Complete the required patient procedures listed in the CLEX minimum requirements for the Clerkship prior to the final examination.

UMKC SCHOOL OF MEDICINE COMPETENCIES AND LEARNING OBJECTIVES

In 2012, the Council on Curriculum merged the original 9 UMKC competencies to be in line with the six ACGME competencies. In 2011, the Council comprehensively reviewed the entire curriculum to map the new six UMKC competencies and learning objectives across all required courses and clerkships. The revised competencies are:

UMKC/SOM EXPERIENCED-BASED CURRICULUM COMPETENCIES

This course is designed to insure the following UMKC-SOM Experienced-Based Curriculum Competencies are evaluated:

1. Interpersonal and Communication Skills
2. Professionalism
3. Medical Knowledge (including Applications of Basic Science and “Problem Solving”)
4. Practice-Based Learning and Improvement (including Lifelong Learning and Self-Appraisal)
5. Systems-Based Practice
6. Patient Care (including History-Taking, Physical Exams, Procedures, Diagnosis, Management, Prevention)
The full version of the UMKC SOM Experienced-Based Curriculum Guide is available on the school of medicine website or the student may follow this link: http://www.med.umkc.edu/curriculum/ebc.shtml

### ADDITIONAL CLERKSHIP-SPECIFIC LEARNING OBJECTIVES BASED ON THE REQUIRED UMKC SOM COMPETENCIES

I. **Interpersonal and Communication Skills**

**Goal:**

Gain an appreciation for the importance of Interpersonal and Communication Skills and the doctor/patient relationship.
Objectives:

1. Observe, describe, and demonstrate communication and relationship skills that influence patient compliance, patient satisfaction, and therapeutic outcome.

2. Describe and demonstrate appropriate interviewing, patient education, and counseling skills.

3. Develop and demonstrate competency in using the written language effectively by medical record documentation in all clinical areas.

4. Develop and demonstrate competency in using oral language and listening effectively by communicating with patients and families in all assigned clinical areas.

II. Professionalism

Goal:

Demonstrate Professionalism in the clinical and non-clinical setting while interacting with patients and their families, peers and the healthcare team.

Objectives:

1. Attend noon conferences or student interactive didactic sessions and participate in the discussion.

2. Complete all clinical and written assignments as directed.

3. Write a personal experience reflection paper describing an observed clinical encounter where professional and/or non-professional behaviors were observed

4. Create three distinct personal and/or professional goals, write in Student Handbook and be prepared to discuss with the Clerkship Director or Clerkship Preceptor.

5. Be prepared to discuss strengths and weaknesses of performance during the midmonth assessment, including minimum requirements for patient encounters and performance of minimum procedural requirements, from cases assignments and clinical activities.

6. Provide honest and reliable information when presenting patients to the attending, preceptors and residents.

7. Interact with patients on a level consistent with clinical experiences and expertise.

8. Interact appropriately with individuals, their families and the medical team when offering palliative/end of life care if needed.
III. Medical Knowledge (including Application of Behavioral Basic Science and “Problem Solving”)

Goal:
Learn the diagnosis and management of common problems encountered in the medical field of Family Medicine and demonstrate the use of Behavioral and Basic Science and Problem Solving in medicine. You will learn effective clinical skills methods of data collection, record keeping, and Problem Solving.

Objectives:
1. Gain appreciation for cost-effective medicine.
2. Utilize Family Medicine problem-solving approaches such as observation over time, therapeutic trials, use of follow-up visits, and knowledge of family dynamics.
3. Interpret standard diagnostic studies, history and physical examination data, and develop a differential diagnosis of common problems in Family Medicine.
4. Apply knowledge of the behavioral and basic sciences when giving patient presentations and developing medical treatment plans.
5. Identify and use community resources available to the family physician in the care of patients.
6. Take personal responsibility for discussing non-biological factors as part of routine history taking to include those issues, as appropriate, in the formation of problem lists and management plans.
7. Demonstrate skills in gathering patient information with emphasis on problem-specific history taking and physical examination.
8. Display competence in problem solving skills with common clinical problems utilizing a limited knowledge base.

IV. Practice-Based Learning and Improvement (including Lifelong Learning and Self-Appraisal)

Goal:
Gain insight regarding consideration/implementation of integrative and complementary medicine in the clinical setting and at the same time acquire skills for Lifelong Learning such as accessing reliable information and performing an efficient and effective literature search.

Objectives:
1. Understand the history and evolution of Integrative Medicine.
2. Demonstrate skills in accessing reliable information regarding Integrative use of supplements.


5. Formulate an Integrative approach to a specific clinical management problem.

6. Perform a computerized literature search as it applies to herbal medicines and treatment modalities for back pain.

V. Systems-Based Practice

Goal:

Understanding of the importance of appropriate and reliable clinical skills in the patient care.

Objectives:

1. Be familiar with specialized laboratory and diagnostic tests utilized in the Family Medicine environment.

2. Meet and document the CLEX Journal minimum requirements for patient encounters, procedures and skill sets.

VI. Patient Care (including History-Taking, Physical Exams, Diagnosis, Management and Prevention)

Goal:

Demonstrate understanding of the importance of appropriate and reliable clinical skills in Patient Care and learn principles of wellness, health promotion, and prevention in the provision of patient care.

Objectives:

1. Perform a comprehensive and/or targeted history and physical examination of a patient in the preceptor setting.

2. Be familiar with specialized laboratory and diagnostic tests utilized in the Family Medicine environment.

3. Apply methods of health promotion and disease prevention through the use of written protocols, risk identification, screening for disease, and counseling asymptomatic patients.

4. Review the preventive care approach to prenatal health and well child care.
5. Learn the role of fitness, nutrition, stress reduction, smoking cessation, and avoidance of substance abuse in health promotion.

6. Participate in the required weekly on-line interactive fmCASES and quizzes.

Section 3 Learning Opportunities/Non-Clinical

LECTURES, WORKSHOPS AND SIMULATIONS

During the Month

- **CLEX Journal** - It is strongly recommended you enter patients every 1 to 2 days due to high volume experiences on this rotation.
  - Document every patient you come in contact with during the clerkship. This could be in the outpatient or the inpatient areas. This includes Sojourner Clinic. If a patient has more than one problem, include all active problems that are addressed. Include patients in walking rounds if you hear/participate in the discussion and actually see the patient. Include the patients you admit, make daily progress visits on, etc.
  - Meet the minimum requirements listed for CLEX; however, after you meet those minimum requirements, continue to add to the list as you have more encounters or perform additional procedures.
  - If no entries are made by your mid-rotation evaluation with Dr. Zwerenz, two extra points will be deducted from the Clerkship exam. These points can be earned back by completing 50 additional CLEX encounters and/or procedures beyond the minimum requirement.
  - A printed copy of your completed electronic CLEX Journal should be turned in prior to taking your final exam. Failure to completed CLEX requirements will reduce your grade by one level (i.e. Honors to High Pass). This includes the Skill Sets.
  - To be considered for Honors, student must have at least 20 additional patient encounters and/or procedures entered in the CLEX Journal database.

- **Professionalism Reflection** - Identify one physician encounter during the Clerkship that has "made a difference" in practice style or perception of the doctor-patient relationship.
  - Develop and upload a typed, 1-2 page, double spaced paper on the Yammer website that clearly demonstrates the scenario, and how it will affect your practice style in the future.
  - Provide one comment on at least two other students' papers; review comments made on your paper by other students and the Course Director.
  - The content of what you share will be reviewed and evaluated by the Clerkship Director and a final grade will be provided at the end of the clerkship.
  - Your responses are included in the final Professional Experience grade. Providing the professional experience and the two responses on Yammer are both required for the 4.0% grade; less than this results in 0% grade for this assignment.
**Personal Goals Reflection** – During orientation, develop 3 personal goals based on a minimum of two UMKC SOM competencies. Write the goals in the designated place in the student handbook.

**Mid-month** – meet with Course Director or designee
- Bring a printed copy of your updated electronic CLEX journal.
- Bring your handbook and be prepared to discuss your personal goals and objectives as well as progress on your Skill Sets.
- The Clerkship Director will:
  - Review the CLEX Journal minimum encounter and procedure log and make recommendations for 100% completion prior to the end of the rotation.
  - Review the clinical performance evaluations submitted by residents and faculty during the first half of the month.
  - Discuss your personal goals and plans for attainment.
  - Review the assignments and documentation in your handbook and sign off on completed work.
  - If you are performing at less than satisfactory pass level, the course director and you will establish specific behavioral criteria to enhance improvement. A minimum of weekly re-evaluation sessions will take place to monitor performance improvement.

**Integrative Medicine Learning Case**

This is designed as an ongoing assignment. You will have a manual medicine afternoon to complete portions of the learning assignment on Blackboard and Yammer.

*Conventional Approach to Back Pain*
Read through virtual patient Chris Williams’ Chart (Blackboard). Reflect on the questions below to understand the key elements of the conventional diagnosis and management of acute and chronic back pain which is one of the most common health problems encountered in ambulatory medicine. This case will be discussed in the Didactics Interactive Learning Session.

1. What are the most significant issues in the history that help with diagnosis?
2. What are the most important parts of the physical exam that could change the treatment plan of the patient?
3. What is your diagnosis? What diagnostic studies would you recommend?

*Integrative and CAM (Complementary and Alternative Medicine) Approaches to Back Pain*
Many Americans, nearly 40 percent, use health care approaches developed outside of mainstream Western, or conventional, medicine for specific conditions or overall well-being.

**Why should I ask my patients about their use of complementary health practices?**
- Most patients do not proactively disclose use to their physicians.
- Patients with chronic and acute medical conditions—including cancer, diabetes, back pain, and depression—turn to complementary health practices in large numbers.**
- As more patients use these practices, you need a full picture of all conventional and complementary practices they are using so that you can effectively manage their care.

*Manual Medicine Approach to Back Pain: Osteopathic, Chiropractic and Myofascial Approaches*

Watch osteopathic approach to Back Pain Video (Black Board).

1. How does an osteopathic physician approach the patient and physical exam differently than an allopathic physician?
2. What is TART?
3. Observe a resident or faculty performing OMT on one patient either in FMC (Family Medicine Center) or in Osteopathic Medicine clinic (Tue and Thur in Sports Medicine clinic).

*Other CAM Approaches to Back Pain*

Explore online resources for evidence based CAM modalities: Complete Learning Assignment.

- Go to the following link: [http://nccam.nih.gov](http://nccam.nih.gov) and complete Learning Assignment questions. Briefly look at NCCAM’s Clinical Digest: Chronic Low-Back Pain and Complementary Health Approaches.
- Complete Sam Cooper Video and Learning Assignment questions to see how other practitioners approach Back pain
- Complete Yoga for Back Pain:
  - Attend Yoga for Back Pain with Dr. Duryea or watch her video and complete learning assignment questions.
- Complete Online Databases/Patient supplements Assignment
  - Review options to look up patient supplements in online databases(blackboard).
  - Complete and upload assignment

*Application of Integrative Medicine*

- Identify what your favorite online database(s) for learning about CAM and post to Yammer under Dr. Barnett’s comment.
- Go to Yammer **website** and see sample article/format for Integrative Medicine Treatment Choice that Dr. Huffman has loaded. (Can launch on Blackboard as well).
- Load article with supporting comments that review the evidence. Review and make comments on at least two (2) of your peers articles. But since so many people answer such interesting questions, feel free to comment on more if desired!
- There is an option for extra credit by doing a field trip to a local health food store on Blackboard.

- **Didactic Interactive Learning Sessions**

There will be three half days assigned for didactics during the Clerkship. The sessions are led by residents, fellows and/or faculty. Attendance is mandatory unless you are notified otherwise. This includes pre call. It does not include post call days. If the afternoon session(s) is (are) scheduled on the student’s day of continuity clinic, it is expected the student will inform his or her clinic docent of the mandatory attendance and timely arrival as scheduled. Unexcused absences
or tardiness will be viewed as unprofessional behavior in the overall assessment. It is expected the student will interact with the leader of the sessions and other medical students.

REQUIRED TEXTBOOK

There is not a specific textbook for the Clerkship. However, several resources are available:

Recommended Learning Materials:

Recommended Reading:
Williams Obstetrics, 23e online version
http://umkc.summon.serialssolutions.com/search/results?q=williams+obstetrics&spellcheck=true

Recommended Websites:
American Academy of Dermatology www.aad.org
American Academy of Pediatrics www.aap.org
American College of Obstetricians & Gynecologists www.acog.org
American College of Surgeons www.facs.org
American Podiatric Medical Association www.apma.org
American Psychiatric Association www.psych.org
British Broadcasting Corporation http://news.bbc.co.uk
CancerNet www.cancernet.nci.nih.gov
Clinical Trials.gov www.clinicaltrials.gov
Communities in Cyberspace www.fergusonreport.com
Comprehensive Men’s Health site www.menshealthnetwork.org
eMedicine http://emedicine.medscape.com/
General Health Information www.healthcentral.com
Guide http://cpmecnct.columbia.edu/texts/guide
Health Online: www.webmd.com
Home Page for Dr. Susan Love http://dslrf.org/actwithlove/
Infectious Diseases Society of America www.idsociety.org
InfoPOEMs www.infopoems.com
InteliHealth www.intelihealth.com
Join Together http://www.drugfree.org/join-together
Medicine www.nccam.nih.gov
Memorial Sloan Kettering Cancer Center www.mskcc.org
National Cancer Institute www.nci.nih.gov
National Committee for Quality Assurance www.ncqa.org
The fmCASES, virtual online interactive cases studies produced by the Society of Teachers of Family Medicine (STFM), are used as a supplement to the clinical activities during the Family Medicine I Clerkship. They represent the principals of the specialty of Family Medicine and enhance the actual clinical experiences represented in the inpatient and outpatient assignments, help build clinical competency and fill in education gaps that might be missing for individual student experiences, and instill the core values and attitudes of Family Medicine physicians and practice. Additionally, the computer-assisted simulations encompass the learning objectives of the UMKC-SOM Family Medicine Clerkship as well as the recommended STFM Clerkship curriculum.

Of the 40 cases available for online interactive learning, 20 have been selected for the Family Medicine I Clerkship. The additional 20 cases are available to use as a further resource to augment learning and independent study skills; however, they are not required and are not part of the final examination. All 40 cases foster self-direction, build clinical solving skills, and teach evidence-based and patient-centered approaches to patient care.

The quizzes are put in place to help you recognize areas of weakness and improve performance during the clerkship and on the final examination. It is expected that students do not share the questions, in any format, with other students. Students are expected to complete the quizzes by themselves, but are welcome to use the fmCASES and any other resources while taking the quiz.

If it is found that questions and/or answers are shared with anyone at any time, this will be considered violation of the SOM’s Honor Code, and will be reflected in the Oasis evaluation as unprofessional activity.

You are required to complete specific fmCASES (20 out of 40 are assigned) while on the clerkship and complete the weekly quiz. It is expected that to work through these thoughtfully you should dedicate 60 to 90 minutes of study time per case; some will take considerably longer. Do not simply rush through them. You may print the case summaries for the final exam review.

Week 1: Complete 5 fmCASES 1, 2, 6, 10, 30 (MedU)
    Complete Weekly Quiz (Blackboard)
Week 2: Complete 5 fmCASES 8, 11, 16, 23, 29 (MedU)
    Complete Weekly Quiz (Blackboard)
Week 3: Complete 5 fmCASES 3, 13, 14, 19, 25 (MedU)
Complete Weekly Quiz (Blackboard)
Week 4: Complete 5 fmCASES 9, 12, 17, 18, 24 (MedU)
Complete Weekly Quiz (Blackboard)

2 points will be added to the final exam score for completing all twenty cases prior to the final examination.

1 point will be added to the final exam if you complete of all four fmCASES quizzes and earn an average score of greater than or equal to 60%.

In order to preliminarily qualify for a final grade of Honors, all four quizzes must be completed with a total average score of 80%

If you complete 0 to 3 weekly quizzes and/or do not meet the minimum average total score ≥60% you will receive 0% for that portion of your final grade.

Section 4 Learning Opportunities-Clinical

The Clerkship motto is, “This clerkship is what YOU make it!”
A substantial amount of learning opportunities takes place in the clinical areas. It is imperative that the student actively engages with the patient and family, the team, and the supervising physician. Stepping outside of one’s comfort zone is sometimes necessary. Getting comfortable being uncomfortable is a good philosophy to follow. Be mindful of the busy clinicians, introduce yourself, offer assistance, get involved, and show eagerness to learn. Put your best foot forward and learn from others. Ask questions when it is appropriate, and volunteer to try new things with the supervision of residents and/or faculty. First impressions count…do your best to make it a good one.

Instructions and guidance for the clinical assignments can be found in the Family Medicine I Clerkship Handbook. The student should refer to the Handbook for clarification of responsibilities and expectations.

- Complete two Sundays at Sojourner Clinic
  - Active participation with the team is expected. Interaction with the Family Medicine faculty will yield a better opportunity for clinical reasoning and review of the fmCASES.

- Perform a focused H & P during the two-week Preceptorship rotation.
  - The H&P form in the student handbook will be used as the evaluation tool by the preceptor.
  - Be sure to have the complete history AND physical signed off by the preceptor. This will count as 5% of your final evaluation grade.
YOUR FIRST DAY

Students will all have similar assignments during the Clerkship. Not all students are doing the same assignment at the same time. Most of the clinical assignments are arranged so that the student works one on one with a resident, fellow or faculty clinician. This provides an opportunity for individualized teaching and the opportunity to be involved with the patient assessments and management. The student should arrive early and be prepared to stay late if the clinical situation calls for it.

The student should refer to the individual schedule and Student Handbook daily and sometimes twice a day. **If there are questions or concerns, conflicts or cancelled clinics, illness or other issues, contact the Medical Student Coordinator, gayle.price@tmcmd.org or 816-404-7146. The student should NOT leave the building without checking first with her. Glitches happen but they do not equate leaving for the day.**

YOUR SUBSEQUENT DAYS

Some assignments will be longer than others. Some require early mornings and later evenings. It is good to expect some days will be new and different with a wide variety of new experiences. Sometimes clinics are slow. It is important for the student to use the time (with permission of the supervising physician) to work on the 20 fm CASES, Integrative Medicine research, papers, etc.) The student must be available if things pick up so as to not miss out on learning experiences. Every patient presents unique opportunities.

The Student Handbook has instructions for overnight call preparation on the Mother Baby Unit and the Family Medicine Inpatient Unit. The student should refer to this section prior to presenting for call.

Approximately 8 to 10 half days are given for self-study. The student will need to keep up with non-clinical assignments as well as prepare for the final examination. It is expected the student will use the time to enhance his or her knowledge, prepare assignments and increase fund of knowledge for clinical practice and the final examination. **TIME MANAGEMENT is essential during the Clerkship.** The self-study assignments should be used as such in order to complete all expectations of the Clerkship.

CLERKSHIP SPECIFIC CLINICAL ENCOUNTERS

See the Student Handbook for the specific patient encounter and procedures minimum requirements.
OTHER CLINICAL OPPORTUNITIES

The two week preceptor experience is structured so the individual student has 8 full days with one specific Family Physician or a small group of Family Medicine physicians in the same setting. This unique ambulatory experience allows the student to witness the key characteristics of Family Physicians and appreciate how the characteristics influence patient outcomes and well-being. Those key characteristics are as follows:

- Prior knowledge of the patient
- Care for a heterogeneous patient population
- Multiple settings with different diagnostic prevalence
- Multi-purpose visits
- Staged diagnostic approach
- Opportunity for follow-up care

Section 5 Requirements and Grading

CLERKSHIP GRADING CRITERIA

Final Summative Evaluation/
Grading Criteria Final Grade

You must pass the UMKC-SOM Professionalism Competency in order to pass the course.

Being a successful physician requires meeting certain expectations above and beyond those of the non-physician. In addition to the complete discussion of professional responsibilities that are included in this course syllabus, please consider the following: Responding in a timely manner to communications, thoughtfully preparing for and completing assignments with minimal reminders, demonstrating a positive attitude, having a tidy appearance, following the schedule, (completing clinical assignments and being present at the scheduled times), demonstrating behaviors such as honesty, relating well to patients, peers, teachers, supervising physicians, etc. Being a professional also means being aware of yourself and how you are doing and how you are asking for help if needed. i.e., accepting responsibility for your actions and your performance.

We expect you will meet these high professional standards in all matters relating to the Family Medicine I Clerkship

<table>
<thead>
<tr>
<th>% toward final grade:</th>
<th>25%</th>
<th>17%</th>
<th>32%</th>
<th>15%</th>
<th>4%</th>
<th>7%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grading Component:</strong></td>
<td>Clinical Performance Evaluation – Attendings &amp; Residents</td>
<td>Clinical Performance Evaluation – Preceptor</td>
<td>Clerkship Exam</td>
<td>CAM Research</td>
<td>Professional Experience Reflection</td>
<td>Focused H&amp;P</td>
</tr>
<tr>
<td><strong>Honors ^</strong></td>
<td>3.50 or above</td>
<td>3.50 or above</td>
<td>≥73</td>
<td>35 or above</td>
<td>3.50 or above</td>
<td>4.00</td>
</tr>
<tr>
<td><strong>High Pass</strong></td>
<td>3.00 – 3.49</td>
<td>3.00 – 3.49</td>
<td>66 – 72</td>
<td>30 – 34.9</td>
<td>3.00 – 3.49</td>
<td>3.00</td>
</tr>
<tr>
<td><strong>Satisfactory Pass</strong></td>
<td>2.00 – 2.99</td>
<td>2.00 – 2.99</td>
<td>57 – 65</td>
<td>20 – 29.9</td>
<td>2.00 – 2.99</td>
<td>2.00</td>
</tr>
<tr>
<td><strong>Marginal</strong></td>
<td>1.50 – 1.99</td>
<td>1.50 – 1.99</td>
<td>48 – 56</td>
<td>15 – 19.9</td>
<td>1.50 – 1.99</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Fail</strong></td>
<td>&lt;1.50</td>
<td>&lt;1.50</td>
<td>&lt;48</td>
<td>&lt;15</td>
<td>&lt;1.50</td>
<td>0</td>
</tr>
</tbody>
</table>

**Final Grade:** Please note that the ranges listed above are provided to give students some specific guidance as to a target to aim for within each of the components that make up the final grade. The students’ final points will be calculated by using the formula given above and final grades will be determined by the scale given below. For example: a student could earn an Honors in CPE-attending & residents, High Pass in CPE-preceptor, High Pass on the exam, Satisfactory Pass on the CAM research, Marginal Pass on the professional experience reflection, and Fail the H&P and earn a Satisfactory Pass as the final grade.

The following formula is used to convert students’ grades on each component into their final grade:

\[(\text{Clinical Performance-attending & residents} \times 0.25) + (\text{Clinical Performance-preceptor} \times 0.17) + (\text{Clerkship Exam/25} \times 0.32) + (\text{CAM Research/10} \times 0.15) + (\text{Professionalism Reflection} \times 0.04) + (\text{H&P} \times 0.07)\]

**Final Points Cut Scores:**
- Honors = 3.34 – 4.00
- High Pass = 2.88 – 3.33
- Satisfactory Pass = 2.08 – 2.87
- Marginal Pass = 1.59 – 2.087
- Fail = <1.59

**Clinical Performance:** includes evaluation of the six UMKC clinical competencies. Clinical performance evaluations will be obtained from the student’s preceptor as well as clinical physician faculty and residents supervising the student in the Family Medicine Center, Dermatology Clinic, Procedure Clinic, Mother-Baby Inpatient Unit and Family Medicine Inpatient Unit and Sojourner Clinic. Information influencing the clinical performance may be acquired from other members of the clinical staff, such as nurse and laboratory technicians, other attending staff, course director and course coordinator when deemed appropriate. The student must be observed and evaluated for one focused patient encounter by the Preceptor. This will include evaluation of rapport, interviewing skills, aftercare, patient education and treatment plans. Criteria for appropriate behaviors and interactions are listed in the focused H and P form/Student Handbook.
**Exam Policy:** Students who fail on their first attempt at a Subject Examination or internally written required examination are NOT eligible to receive Honors or High Pass in that Clerkship. Failure to pass the final exam on the second attempt will result in the need to repeat the Family Medicine I Clerkship at a future date per recommendations of the SOM appropriate councils.

**Professionalism:** Students who earn a fail in any one sub-component of the professionalism competency evaluation or who average less than 1.50 on the professionalism competency will Fail the clerkship.

**ClexJournal:** If no entries are made by the mid-rotation meeting two extra points will be deducted from the Clerkship exam. These points can be earned back by completing 50 additional CLEX encounters. If all patient encounters are not entered in the CLEX Journal database prior to sitting for the Clerkship final examination, the student’s grade will be reduced by one level (i.e. Honors to High Pass)

^To earn Honors, student must have at least 20 additional patient encounters and/or procedures entered in the ClexJournal database.

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**INCOMPLETE GRADES**

The School of Medicine and therefore the Family Medicine I Clerkship adheres to the following “Incomplete” grade policy established by the University of Missouri:

An instructor may assign the grade of I (incomplete) to students who have been unable to complete the work of the course because of illness or serious reasons beyond their control. An incomplete grade is appropriate only when enough work in the course has been completed for the students to finish the remaining work without re-enrolling in the course or attending additional classes. The work must be completed within one calendar year or the incomplete grade will automatically lapse to an F.”

This policy applies to all courses, both required and elective. “Incomplete” grades received must be satisfactorily removed within one calendar year. If an “Incomplete” grade remains at the end of the calendar year, the grade will lapse to a “no Credit,” “Fail,” or “F.”

See the “UMKC Subject Matter Policy” for more information. [http://www.med.umkc.edu/curriculum/clerkship.shtml#subject](http://www.med.umkc.edu/curriculum/clerkship.shtml#subject)

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**CLINICAL PERFORMANCE EVALUATION**

- Completion of all evaluations (Oasis Faculty/Resident/Course Content Evaluations) are required to receive summative final grade for the Clerkship.
- All evaluations are anonymous.
WRITTEN EXAM AND WEEKLY QUIZZES

Twenty MED-U fmCases have been selected for the Family Medicine I Clerkship. The student will receive a schedule during orientation for four weekly quizzes over five cases per week. Specific dates and times are given. The student must take the quiz at the scheduled time. The quizzes are written by members of the department.

The final examination is given at the end of the Clerkship. The STFM authors of the selected twenty fmCASES have written 8 to 12 test questions for each case. The final examination is based on 5 randomly selected test questions from each case for a total of 100 questions (100 points) See grading rubric for full explanation of quiz and final examination extra points.

CLEX JOURNAL REQUIREMENTS

The minimum requirements for CLEX Journal entries are posted in the student handbook. 100% of the requirements must be completed and entered in the CLEX Journal prior to taking the final examination. Failure to do so will translate into reducing the student's final grade by one level. (e.g.: High Pass to Sat Pass) The clerkship coordinator and/or clerkship director will not notify the student if this requirement is not met by the due date. It is the student's responsibility to assure the documentation is accurate and is reflected in the CLEX Journal documentation.

The student can access the CLEX Journal website from home. While at Truman Lakewood, the site can be accessed through a link on the E-care main page (lower right-hand corner under corporate links.) It is beneficial to the student to log in each day. A current/up-to-date report must be printed out by the student for the mid-month evaluation. It will be reviewed at that time to assure the student is meeting the minimum requirements.

The encounter and procedural requirements have been selected to help the student fulfill the course objectives, prepare for the Clerkship quizzes and final examination, increase basic fund of knowledge for clinical expertise and board examinations, and fulfill the school of medicine graduation requirements.

CLEX JOURNAL PATIENT TYPES AND PROCEDURE ALTERNATIVES

Based on required paper patient logs from students rotating on the Clerkship over the years prior to an electronic CLEX Journal, the current minimum requirements were selected to reflect the demographics of the Family Medicine settings where the student is assigned. Students' journals are reviewed at midmonth and if not completed, alternative methods of patient experiences or procedures are offered. This assignment may be a You-Tube video, textbook chapter, additional time in a particular clinical area, or a research assignment on a specific topic. Since implementing the CLEX Journal, students who are motivated have consistently been able to meet the requirements.

The student is encouraged to document any and all problems addressed for any given patient he/she has encountered during the Clerkship. An additional twenty encounters and/or procedures qualifies is needed to qualify for Honors in the Clerkship if the student has met all other Honor requirements.
Section 6 Required Forms for Clerkship Completion

The Student Handbook lists dates for all required postings on Yammer, completion of forms, assignments, research, fm Cases quizzes, fm Cases final examination, turning in of keys and parking passes. The Clerkship motto is, “This clerkship is what YOU make it!”

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Section 7 Policies and Procedures

PROCEDURE FOR BLOOD/BODY FLUID EXPOSURE

To assure proper care and follow-up of our health care workers, the Infection Control Committee and the Occupational Health Office have implemented the following procedure:

1. Notify the attending physician, your docent, resident, and/or program director immediately. Complete a Report of Employee Work Injury/Illness form.

2. Go immediately to the Occupational Health Office during normal office hours (7:30 a.m. - 2:30 p.m. Monday through Friday). The phone number is 404-8730. After hours, go to the Emergency Room for treatment. Report to the Occupational Health Office the next business day.

3. All test results and follow-up care will be administered through the Occupational Health Office. If additional care is indicated, arrangements will be made through this office.

Because of Federal requirements for reporting and caring for BBF exposures, strict adherence is required in this process. All information will be provided at the time of your initial care, including the process for obtaining the laboratory specimen from the source patient. Please do not order laboratory tests until you have received proper instructions.

For further information, please contact Occupational Health at 816-404-8730.
Memorandum

DATE: October 15, 2007

TO: Physicians, Fellows, Residents, and Medical Students
    Nurses, Unit Clerks, and Lab Personnel

FROM: Mark T. Steele, M.D., Chief Medical Officer
      Teresa Collins, R.N., Interim Chief Nursing Officer
      Glen Jett, R.N., Corporate Infection Control Officer
      William Prost, Director, Hospital Safety

RE: Food and Drink in Clinical Areas and Visitor Elevators

We have received anecdotal reports of healthcare personnel eating or drinking in patient care areas
and on the Visitor Elevators. Our hospital’s Bloodborne Pathogens Exposure Control Plan, based on
OSHA (Occupational Safety and Health Administration) regulations, “prohibits eating, drinking,
applying cosmetics or lip balm, and handling contact lenses in work areas where there is reasonable
likelihood of occupational exposure” to potentially infectious or hazardous material. These work
areas include patient rooms, hallways, supply and utility rooms and workstations in patient care areas
(i.e. clinic check-in desk, unit clerk stations, etc.) because of potential exposure to blood, body fluids,
or other potentially infectious materials (as defined by OSHA). The hospital can be assessed fines
of up to $70,000 per day by OSHA for violations in this regard. As such, the consumption of all
food and drinks will be limited to non-clinical areas such as conference rooms; employee, resident or
staff lounges; physician or staff offices; and dining facilities.

Adherence to these regulations is mandatory. Should you have any questions regarding these
restrictions please contact your supervisor/coordinator.

Out of respect for our patients and visitors, we would also ask that you not transport food in the
Visitor Elevators, but rather utilize the Service Elevators or stairways. Thank you for your
cooperation in this regard.

cc: John W. Bluford
    Betty M. Drees, M.D.
    Cathy Disch
    Harold Siglar
    Marsha Morgan
    Associate Administrators

2301 Holmes
Kansas City, MO 64108

Primary Teaching Hospital for the University of
Missouri-Kansas City Schools of Health Sciences

An equal opportunity/affirmative action employer.
Services provided on a nondiscriminatory basis.
MEMO

TO: ALL TMC STAFF

FROM: Cathy Disch, Executive Vice President / Chief Operating Officer

DATE: October 18, 2007

RE: Elevator Etiquette

To all TMC staff,

Elevator etiquette creates a positive impression of the Truman Medical Centers for our patients, visitors, and co-workers. Demonstrating very good elevator manners helps to contribute to high patient satisfaction and timely transportation of services.

This memo serves as a reminder for how the Hospital wishes to behave while using the elevators in each Truman Medical Center facility. Please respect the following elevator etiquette principles:

1. Avoid using the visitor elevators when possible and defer to the staff elevators or stairwells. This will help ensure timely access to the elevators for our patients and visitors.

2. Patients being transported on the elevator have priority. Employees should wait for the next elevator.

3. Hold the elevator door for anyone you are escorting on the elevator and allow that person to enter first. When leaving the elevator, allow others to exit first holding the door open.

4. When transporting patients in wheelchairs, always face them toward the elevator door.

5. When exiting an elevator with a patient in a wheelchair or on a bed or stretcher, always ensure that the exit way is clear before pushing the patient into the hallway.

6. When a patient on a bed or stretcher is being transported by an elevator, do not allow the patient to be surrounded by others attempting to enter the elevator. Politely ask the others to wait for another elevator.
7. If you are escorting someone who is leaving the building, walk that person to the elevator.

8. When transporting food, make certain that all food is covered. Do not transport food in the visitor or clinic elevators. This is not only a courtesy; it is an infection control issue.

9. During all elevator usage, do not engage in conversations referencing personal health information. As stated in the TMC Confidentiality policy, “Any discussion or use of patient information that is not required in the normal course of an individual's job duties/patient care responsibilities is expressly forbidden. This rule is especially relevant to casual conversations and to conversations outside patient care units or areas.”

Please contact your supervisor if you have any questions regarding appropriate elevator etiquette.

I thank you for your compliance by demonstrating this demeanor each and every day. Your support in modeling great customer service will allow us to truly be better, for everyone.

cc: John W. Bluford, CEO
STATEMENT ON DISCRIMINATION, INTIMIDATION, AND SEXUAL HARASSMENT

The faculty, administration, staff, and students of the University of Missouri-Kansas City are dedicated to the pursuit of knowledge and the acquisition of skills that will enable us to lead rich and full lives. We can pursue these ends only in a culture of mutual respect and civility. It is thus incumbent upon all of us to create a culture of respect everywhere on campus and at all times through our actions and speech.

As a community of learners, we are committed to creating and maintaining an environment on campus that is free of all forms of harassment, intimidation, and discrimination. Any form of discrimination or coercion based on race, ethnicity, gender, class, religion, sexual orientation, age, rank, or any other characteristic will not be tolerated.

Should you, a friend, or a colleague ever experience any action or speech that feels coercive or discriminatory, you should report this immediately to the Course Director, the Department Chair, the office of the Dean, and/or the Affirmative Action Office. The Affirmative Action Office, which is ultimately responsible for investigating all complaints of discrimination or sexual harassment, is located at 218A Administrative Center, 5115 Oak Street; the office may be contacted at 816-235-1323. All formal complaints will be investigated and appropriate action taken. http://www.umkc.edu/diversity/documents/complaintprocess.pdf

ACCOMODATION
Who is eligible for services?

The Office of Services for Students with Disabilities is available to assist any University of Missouri-Kansas City student with a diagnosed disability that substantially limits them in one or more major life areas. Because each person is unique, we ask that you contact us for an appointment so that we can discuss how best we may assist you. Contact us at 816-235-5612 or at disability@umkc.edu.

Students who receive testing accommodations

If you are eligible to receive testing accommodations, you must provide official written documentation of your need for testing accommodations on the first day of class or clerkship. The clerkship director will make arrangements for your testing accommodations. http://www.umkc.edu/disability/default.asp

ENGLISH PROFICIENCY:

UMKC requires the following Instructional Communication Policy statement to be included in all University course syllabi:

Students who encounter difficulty in their course because of the English proficiency of their instructors should speak directly to their instructors. If additional assistance is needed, they may contact the UMKC Help Line at (816) 235-2222 for assistance.

STANDARDS OF PROFESSIONAL CONDUCT

Details of the policies, procedures, sanctions, and due process for violations of the University of Missouri
School of Medicine Student Conduct Code are found at:

The clerkship director or faculty member shall report any alleged academic dishonesty to the School of Medicine Honor Council.

Examples of academic dishonesty include, but are not limited to, the following:

**Cheating** — 1) use of any unauthorized assistance in taking quizzes, tests, or examinations; 2) dependence upon the aid of sources beyond those authorized by the instructor in writing papers, preparing reports, solving problems, or carrying out other assignments; or 3) acquisition or possession without permission of tests or other academic material belonging to a member of the University faculty or staff; 4) in any way giving assistance to others who are participating in any of the three preceding types of behavior; or, 5) falsifying attendance records or other official documents.

**Plagiarism** — 1) use by paraphrase or direct quotation of the published or unpublished work of another person without fully and properly crediting the author with footnotes, citations or bibliographical reference; 2) unacknowledged use of materials prepared by another person or agency engaged in the selling of term papers or other academic materials; or 3) unacknowledged use of original work/material that has been produced through collaboration with others without release in writing from collaborators.

The detection may involve the use of commercially available software.

**Professional Demeanor**
Details of the policies, procedures, sanctions, and due process for violations of the University of Missouri Student Conduct Code are found in the University of Missouri Kansas City General Catalogue:

**ACADEMIC INQUIRY, COURSE DISCUSSION AND PRIVACY**

**Allowing recording in your classroom**
University of Missouri System Executive Order No. 38 lays out principles regarding the sanctity of classroom discussions at the university. The policy is described fully in Section 200.015 of the Collected Rules and Regulations. In this class, students may make audio or video recordings of course activity unless specifically prohibited by the faculty member. However, the redistribution of any audio or video recordings of statements or comments from the course to individuals who are not students in the course is prohibited without the express permission of the faculty member and of any students who are recorded, including those recordings prepared by an instructor. Students found to have violated this policy are subject to discipline in accordance with provisions of Section 200.020 of the Collected Rules and Regulations of the University of Missouri pertaining to student conduct matters.

**Not allowing recording in your classroom**
University of Missouri System Executive Order No. 38 lays out principles regarding the sanctity of classroom discussions at the university. The policy is described fully in Section 200.015 of the Collected Rules and Regulations. In this class, students may not make any audio or video recordings of course activity (including those recordings prepared by an instructor), except
students permitted to record as an accommodation under Section 240.040 of the Collected Rules. All other students who record and/or distribute audio or video recordings of class activity are subject to discipline in accordance with provisions of Section 200.020 of the Collected Rules and Regulations of the University of Missouri pertaining to student conduct matters. Those students who have written permission from the course instructor to record are not permitted to redistribute any audio or video recordings of statements or comments from the course to individuals who are not students in the course without the express permission of the faculty member and of any students who are recorded, including those recordings prepared by an instructor. Students found to have violated this policy are subject to discipline in accordance with provisions of Section 200.020 of the Collected Rules and Regulations of the University of Missouri pertaining to student conduct matters.


POLICY ON STUDENT DUTY HOURS FOR CLERKSHIPS AND CLINICAL ROTATIONS

Clerkships and clinical rotations must be committed to promoting student well-being and to provide a supportive educational environment.

The learning objectives for the clerkship/clinical rotations should not be compromised by reliance on students to see and manage patients

Didactic and clinical education must have priority in the allocation of students' time.

Duty hour assignments must recognize that faculty and residents collectively have responsibility for the safety and welfare of patients.

Duty hours are defined as all clinical and academic activities related to the program: patient care, administrative duties related to patient care, time spent on-call and scheduled activities, such as conference.

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call.
2. Students must be provided with one day in seven free from all required educational activities and clinical responsibility averaged over a four week period, inclusive of call.
3. Adequate time for rest and personal activities must be promoted. Students should have 10 hours, and must have eight hours, free of duty between scheduled duty periods and after in-house call.

Call definitions/restrictions:

1. Call is defined by individual clerkships and their policies apply.
2. No continuous on-site call duty should exceed 24 consecutive hours.
   i. Students may remain on duty for up to six additional hours to participate in didactic activities, transfer care of patients, conduct outpatient clinics, and maintain continuity of medical and surgical care.
   ii. No new patients may be accepted after 24 hours of continuous duty.
   iii. Strategies to encourage rest and alertness for learning should be employed by the individual clerkship.
iv. Students must communicate any deviation to the above “Call Policy” to their Clerkship Director, Clerkship Coordinator, and/or to their Attending.

3. Home call (pager) is not included in these hours of in-house call but students need to report the hours when called in to count toward the 80 hour limit.

4. Students taking at-home call must be provided with one day in seven off from all educational and clinical responsibilities, averaged over a four-week period.

Students’ evaluations of the clerkship will be used to monitor compliance with this policy. Clerkship directors agree to review student evaluations and are prepared to discuss compliance at the clerkship director subcommittee meetings. Council on Curriculum will also review compliance with this policy through the biennial review process. Students may report directly to the Clerkship Director, education coordinator for the clerkship, or the Council on Curriculum if required clinical duties or educational activities exceed the duty hours set forth by this policy.

**Call Room Accommodations for Continuous Duty**

For any clerkship that requires students to take in-house call for more than 16 hours of continuous duty, students must be provided a call room that allows for student privacy and the opportunity to study or sleep.

http://med.umkc.edu/curriculum/clerkship/#policy

**RESIDENCY INTERVIEWING AND EXCUSED ABSENCES FROM REQUIRED CLINICAL CLERKSHIPS (Continuing Care Clinic clerkship is an exception)**

The school recognizes there may be a need for students to take time away from clinical responsibilities, i.e. emergencies, death in family, hospitalization, and in Year 6, Residency interviewing. For Residency interviewing, the school recommends that students be allowed to interview for a period of no more than 5 working days per month. Excused absences must be approved by the Clerkship Director and will be accommodated only to the extent that such absences do not interfere unreasonably with the goals and objectives established for the clerkship.

Per Council on Evaluation policy, “A student will receive a ‘Fail/No Credit’ grade if s/he is absent for any reason, either excused or unexcused . . . more than 5 working days from a one-month required rotation, or more than 10 working days from a two-month required rotation.”

Students requesting an excused absence from a clinical clerkship for any reason must make arrangements with the Clerkship Director; failure to do so two weeks prior to the clerkship start date may result in an unexcused absence. Students must complete the “Request for Clinical Clerkship Excused Absence” form and follow the procedures as listed below and on the form:

1. Obtain a Request for Clinical Clerkship Excused Absence form from the website or from the student’s ETC.
2. Take the completed form to the Clerkship Coordinator FIRST and the Clerkship Director (or docent, in the case of Docent Rotation or Clinic) for their signatures. (Do not just leave the form to be signed; student must speak directly to the Rotation Coordinator and Director to obtain their signature.
3. The Coordinator will return the signed form to the Student Affairs office (c/o Stephanie Singleton), via fax (816) 235-5514 or mail: UMKC School of Medicine; M5-201; 2411 Holmes; KC, MO 64108-2792 for tracking purposes.

http://med.umkc.edu/curriculum/clerkship/#residency

UNEXCUSED ABSENCES - occur when any of the above conditions are not met. If a student is not excused for an absence the following consequences apply:

1. Students that receive a single unexcused absence will be notified by the clerkship director and will receive a 0.25 deduction in the professionalism section of their overall clinical performance evaluation score.
2. For a second unexcused absence, the student will be notified by the clerkship director and their overall clerkship grade will be reduced by one grade level.
3. For a third unexcused absence, the students will immediately fail the clerkship due to unprofessional behavior.

For any unanticipated absences, students should immediately notify their clerkship director and coordinator by phone AND email at the time of the event or as soon as possible following the event. Upon return the student is required to submit the Request for Clerkship Excused Absence form signed by their Docent and submitted to the Clerkship Director (via Clerkship Coordinator).

HOLIDAY POLICY

1. All students shall receive the following holidays off of rotations:
   * Independence Day
   * Thanksgiving
   * Christmas Day
   * Labor Day
   * New Year’s Day
   * Memorial Day
2. Students shall not take call and will be excused by 5:00 pm the night before each of the above holidays.
3. Students will resume rotation duties the morning after each of the above holidays.
4. Each student may also receive one (1) personal day per school year (defined as June 1 through May 31).
5. With discretion of the Clerkship Director(s) students may also request other days off in keeping with current “Clinical Excused Absence and Interview Policy”.
6. Clinical Clerkship Excused Absence forms must be obtained from the Student Affairs Office and returned to the Student Affairs Office with required signatures.
7. Student Personal Holiday Policy applies to Year 3, 4, 5, or 6 students for clinical experiences only.
8. The Student Personal Holiday Request Form must be filled out for the personal day and turned in at least 30 days before the beginning of their clerkship during which their holiday falls. Example: If your requested date is during a May clerkship (May 1-31), the deadline to submit your Request Form is March 31.
· This deadline also applies to dates requested during the 2nd month of a 2-month clerkship. For example, if your requested date falls in June during a May-June clerkship (May 1-June 30), the deadline to submit your Request Form is March 31.

9. No student will be excused on the date of a scheduled subject, clerkship, elective, or other exam.

**NOTE:** It is the student's responsibility to make sure their holiday does not coincide with an exam.

http://med.umkc.edu/docs/sa/Forms/Personal_Holiday_Request.pdf

**INCLEMENT WEATHER POLICY**

Should the Chancellor determine that classes are to be cancelled and/or the University closed due to inclement weather, the following steps shall be implemented for courses and clerkships by the School of Medicine:

If UMKC Volker campus has closed, there will be no School of Medicine course activities that day. This includes regularly scheduled lectures, laboratories and learning activities.

**Clinical activities will also be suspended in the following way**

1. If notification occurs by 5:30 a.m. using the UMKCAlert! System students are excused from clinical duties. The UMKC SOM will communicate an announcement from the Dean’s office by email to course directors, clerkship directors, program directors, and UMKC faculty and staff when this has occurred. Clerkship directors will also make efforts to communicate to faculty and to students on their rotation either by email or through Blackboard when clinical duties are suspended. Students do not report for clinical duty for that day. Students will also receive communication from the Dean’s office by email but may call or communicate with their clerkship director, attending or supervisory resident, or the coordinator for the clerkship to confirm.

2. If notification occurs during the day or before 3:00 p.m. for evening events and classes, the UMKC SOM will communicate an announcement from the Dean’s office to course directors, clerkship directors, program directors, and UMKC faculty and staff when this has occurred. Specific information regarding the weather status at the School of Medicine will be placed on the SOM website and SOM primary telephone number (816-235-1808) to reflect the same weather closure information on the UMKC primary website. The site and telephone recording will reflect information regarding any testing schedules that may be affected. Students should be excused immediately from clinical duties in order to return home safely. Clerkship directors should also make efforts to communicate to faculty, residents, and to students on their rotation by email or through Blackboard when clinical duties are suspended, especially if students will be coming to the hospital for clinical duties after business hours. Students will also receive communication from the Dean’s office by email but may call or communicate with their clerkship director, or attending or supervisory resident, or the coordinator for the clerkship if before 5:00 pm. If the closure occurs during a scheduled internal clerkship examination, contact the coordinator for information on when the examination will be rescheduled.

3. **Subject examinations**

   a. If classes are cancelled at the time a subject examination is scheduled, the School of Medicine will not administer the subject exam that day, but will reschedule it for the following evening. For CBSE on Saturdays, the school will notify students and proctors by e-mail that it will
be rescheduled and depending on the weather possibly for Saturday afternoon or Sunday afternoon.

b. For students on Preceptorship, refer to the syllabus on the procedure for inclement weather that occurs for your area.

c. Students will be responsible for providing up-to-date e-mail addresses on OASIS and for checking their e-mail for notification

**MID-ROTATION FORMATIVE ASSESSMENT**

Each course and clerkship will provide opportunities for formative assessment so that students can ascertain how well they are meeting the objectives of the course or clerkship and have time to correct identified issues. The formative assessment activities will be the responsibility of course directors and may include individual assignments such as practice questions and group activities such as quizzes, discussion of student questions in lecture, etc. Formative assessment in required clinical rotations/clerkships shall include the following: a director's feedback, delivered in person or electronically, to each student about his/her strengths and weaknesses along with steps to correct deficiencies; a director's completion of the mid-rotation assessment form on OASIS; an electronic or one-on-one discussion with each student about how well they are meeting clerkship expectations for patient encounters/conditions and performance/observation of procedures, and arrangements for alternate means for students to meet these expectations if need be. [http://med.umkc.edu/docs/coe/COE_Policy_Manual.pdf](http://med.umkc.edu/docs/coe/COE_Policy_Manual.pdf)

**COURSE EVALUATION COMPLIANCE POLICY**

The School of Medicine continually and systematically collects, utilizes, and responds to students' feedback regarding medical school courses, rotations, and clerkships. Students' perceptions are a critical component of the curriculum evaluation process. Student ratings and comments are carefully reviewed by faculty, department chairs, and the Council on Curriculum in order to promote positive curricular change.

Therefore, students are required to complete evaluations of all courses, rotations, and clerkships that the School of Medicine requires by using OASIS. The OASIS evaluation form will be available for student use for a total of 14 days, seven prior to the close of the course, rotation, or clerkship and seven after the course, rotation, or clerkship is over. [http://med.umkc.edu/docs/coe/COE_Policy_Manual.pdf](http://med.umkc.edu/docs/coe/COE_Policy_Manual.pdf)

**PATIENT TRACKING POLICY**

The UMKC SOM learning objectives are articulated with the Experience-Based Curriculum and all required clinical clerkships must provide students with sufficient and consistent opportunities to satisfy these objectives. It is the responsibility of the individual clerkship faculty to confirm that their clerkship objectives support the goals of the Experience-Based Curriculum and they accomplish this partially by identifying which disease states/conditions/skills/procedures are essential, and partly by stating what level or responsibility should be achieved by each student, and by defining the appropriate clinical setting. Patient Tracking Software (PTS) exists to assist clerkship directors and clerkship faculty in assessing what students are experiencing during their
clerkship and how closely they have met previously identified clerkship objectives. PTS also provides assistance to clerkships and the school in meeting the LCME ED-2 standard.

The following principles serve to guide clerkships in meeting this responsibility:

1. **Clerkships are responsible for developing a list of clinical encounter content (major disease states or conditions or clinical skills/procedures) that each student can reasonably expect to encounter during their clerkship. Most likely clerkships will identify general categories and provide specific disease states/conditions/skills/procedures which correspond to each of the identified categories.**

2. **The length of the content list(s) should be sufficient to satisfy the core clerkship objectives. At this time there are no specific requirements on numbers of encounters. The clerkship must provide a mechanism for students to encounter this experience regardless of the time of year the clerkship is scheduled for a student.**

3. **The numbers of patients necessary to satisfy clerkship objectives is left to the individual clerkships to decide however these clerkship-defined numbers must be clearly identified for students. Requirements on numbers of experiences should be set consistent with the following:**
   a. The necessary time to experience the required numbers of patients should not exceed reasonable work hours for students.
   b. A single patient may satisfy multiple content items (disease states/conditions/skills/procedures) but the requirements for a meaningful encounter (defined by the clerkship) must be satisfied for each.
   c. The level of student responsibility for each encounter must be defined as well as the clinical setting in which the encounter takes place.
   d. As a component of the required mid-rotation assessment, a mid-rotation review of reported PTS activities should be documented by the clerkship director for all students to determine what each student has already encountered and what he/she is likely to encounter over the remainder of the clerkship. A timely review should allow the clerkship director sufficient opportunity to provide the student with a personalized experience to help them meet all outstanding clerkship encounters which may include use of alternative methodology such as CLIPP Case(s), fmCASE(s), assigned readings, simulation experience, or oral presentation.

4. **All students should enter patient data in the PTS on a weekly basis to provide adequate information for the mid-rotation assessment. Students who do not comply with this requirement will be penalized as defined by the clerkship director. Students must enter all required patient data into the PTS by the seventh calendar day of the month following the end of the clerkship to show their clerkship requirements have been met. **Students who fail to meet this PTS requirement will have their final grade in the clerkship reduced by one level (e.g., honors to high pass).**

5. **Students are responsible to register with the correct course and section numbers in the UMKC Pathway system in order to maintain correct rosters in the Patient Tracking System. Any discrepancies should be reported to the Clerkship Coordinator and the student’s ETC immediately. Failure to register correctly does not excuse a student from this Patient Tracking Policy.**

http://www.med.umkc.edu/curriculum/clerkship.shtml#patient
SUBJECT EXAM POLICY

Number of attempts & time allowance to pass Subject Exam
When a student fails a required subject examination in a clerkship, he/she must post a passing score within a four month period subsequent to the date of the failed examination. A student will be allowed to repeat the subject examination just once during that period. Failure to pass the subject examination within four months will mean failure of and re-enrollment in the clerkship. The subject examination schedule set by the Office of Education Support Services must be followed; no change in the schedule will be allowed except for documented illness or a family emergency.

No-show/unexcused absence
A “no-show/unexcused absence” on the scheduled NBME subject examination or internally-written date scheduled at the end of the rotation results in a forfeiture of one of the two attempts. A second “no-show/unexcused absence” on an examination date scheduled by the student results in a failure of the rotation.

Multiple Subject Examination Failures
Effective for all first-time takers of subject exams:
1. Any student with two outstanding subject exams in different clerkships will not be permitted to enroll in any required clerkships until he/she has no more than one outstanding subject exam to complete. The student will receive remediation to address his/her difficulties and appropriate advising along with revision of his/her curriculum schedule.
2. If the student then has a third outstanding subject exam, he/she will not be permitted to enroll in any further required clerkship until all outstanding subject exams have been successfully completed.

Failure on First Attempt of Subject Examination/Internally Written Final Exam
Students who fail on their first attempt at a Subject Examination or internally written required examination are NOT eligible to receive Honors or High Pass in that Clerkship.
## GRADING MATRIX

**Family Medicine Grading Criteria – 2014-2015**

<table>
<thead>
<tr>
<th>% toward final grade:</th>
<th>25%</th>
<th>17%</th>
<th>32%</th>
<th>15%</th>
<th>4%</th>
<th>7%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Grading Component:</strong></td>
<td>Clinical Performance Evaluation – Attending’s &amp; Residents</td>
<td>Clinical Performance Evaluation - Preceptor</td>
<td>Clerkship Exam</td>
<td>CAM Research</td>
<td>Professional Experience Reflection</td>
<td>Focused H&amp;P</td>
</tr>
<tr>
<td>Honors ^</td>
<td>3.50 or above</td>
<td>3.50 or above</td>
<td>≥73</td>
<td>35 or above</td>
<td>3.50 or above</td>
<td>4.00</td>
</tr>
<tr>
<td>High Pass</td>
<td>3.00 – 3.49</td>
<td>3.00 – 3.49</td>
<td>66 – 72</td>
<td>30 – 34.9</td>
<td>3.00 – 3.49</td>
<td>3.00</td>
</tr>
<tr>
<td>Satisfactory Pass</td>
<td>2.00 – 2.99</td>
<td>2.00 – 2.99</td>
<td>57 – 65</td>
<td>20 – 29.9</td>
<td>2.00 – 2.99</td>
<td>2.00</td>
</tr>
<tr>
<td>Marginal</td>
<td>1.50 – 1.99</td>
<td>1.50 – 1.99</td>
<td>48 – 56</td>
<td>15 – 19.9</td>
<td>1.50 – 1.99</td>
<td>1.00</td>
</tr>
<tr>
<td>Fail</td>
<td>&lt;1.50</td>
<td>&lt;1.50</td>
<td>&lt;48</td>
<td>&lt;15</td>
<td>&lt;1.50</td>
<td>0</td>
</tr>
</tbody>
</table>

**Final Grade:** Please note that the ranges listed above are provided to give students some specific guidance as to a target to aim for within each of the components that make up the final grade. The students’ final points will be calculated by using the formula given above and final grades will be determined by the scale given below. For example: a student could earn an Honors in CPE-attending & residents, High Pass in CPE-preceptor, High Pass on the exam, Satisfactory Pass on the CAM research, Marginal Pass on the professional experience reflection, and Fail the H&P and earn a Satisfactory Pass as the final grade.

The following formula is used to convert students’ grades on each component into their final grade: 

\[( \text{Clinical Performance-attending’s & residents} \times 0.25) + (\text{Clinical Performance-preceptor} \times 0.17) + (\text{Clerkship Exam/25} \times 0.32) + (\text{CAM Research/10} \times 0.15) + (\text{Professionalism Reflection X .04}) + (\text{H&P X .07})\]

**Final Points Cut Scores:**
- Honors = 3.34 – 4.00
- High Pass = 2.88 – 3.33
- Satisfactory Pass = 2.08 – 2.87
- Marginal Pass = 1.59 – 2.087
- Fail = <1.59

**Clinical Performance:** includes evaluation of the six UMKC clinical competencies. Clinical performance evaluations will be obtained from the student’s preceptor as well as clinical physician faculty and residents supervising the student in the Family Medicine Center, Dermatology Clinic, Procedure Clinic, Mother-Baby Inpatient Unit and Family Medicine Inpatient Unit and Sojourner Clinic. Information influencing the clinical performance may be acquired from other members of the clinical staff, such as nurse and laboratory technicians, other attending staff, course director and course coordinator when deemed appropriate. The student must be observed and evaluated for one focused patient encounter by the Preceptor. This will include evaluation of rapport, interviewing skills, aftercare, patient education and treatment plans. Criteria for appropriate behaviors and interactions are listed in the focused H and P form/Student Handbook.
<table>
<thead>
<tr>
<th>Exam Policy</th>
<th>Students who fail on their first attempt at a Subject Examination or internally written required examination are NOT eligible to receive Honors or High Pass in that Clerkship. Failure to pass the final exam on the second attempt will result in the need to repeat the Family Medicine I Clerkship at a future date per recommendations of the SOM appropriate councils.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professionalism</td>
<td>Students who earn a fail in any one sub-component of the professionalism competency evaluation or who average less than 1.50 on the professionalism competency will Fail the clerkship.</td>
</tr>
<tr>
<td>ClexJournal</td>
<td>If no entries are made by the mid-rotation meeting two extra points will be deducted from the Clerkship exam. These points can be earned back by completing 50 additional CLEX encounters. If all patient encounters are not entered in the CLEX Journal database prior to sitting for the Clerkship final examination, the student’s grade will be reduced by one level (i.e. Honors to High Pass)</td>
</tr>
<tr>
<td>^To earn Honors, student must have at least 20 additional patient encounters and/or procedures entered in the ClexJournal database.</td>
<td></td>
</tr>
</tbody>
</table>