



McGill University Family Medicine Clerkship Information for teachers and site coordinators

The core clerkship in Family Medicine at McGill University is a program distinguished by the richness of experience provided to medical students. With our large number of different teaching sites, clear communication becomes essential in order to provide all our teachers with the information needed to ensure an appropriate learning experience for the students. Consequently, the purpose of this letter is to share with you, our valued teachers in Family Medicine, the general policies and requirements related to the McGill core clerkship in Family Medicine.

The Family Medicine Undergraduate Committee consists of Drs. Leonora Lalla (Chair), Mark Karanofsky and Marisa Zampini at the Herzl Family Practice Center of the Jewish General Hospital, Dr. Nebojsa Kovacina at the St. Mary's Hospital Family Medicine Center, Dr. Sabine Manoli representing the CLSC Cote-des-Neiges, Dr. Douglass Dalton at the CLSC Metro, Dr. David Luckow (community physician), our undergraduate teaching coordinator Ms. Susanne Gomes, and 3 student representatives.

Structure and Learning Objectives of the Family Medicine Clerkship

The Family Medicine clerkship course comprises 8 weeks of the 16-week integrated Family Medicine-Mental Health block during core clerkship. During their Family Medicine course, students work as part of a team, whose members may include a staff physician, family medicine residents, nurses, and other allied health care practitioners. Students assess and follow patients under the supervision of team members. The degree of responsibility for patient care may vary, depending on the level of training and previous experience during clerkship. The Family Medicine experience occurs in two different contexts:

1. Urban Family Medicine
 - Students will complete four non-consecutive weeks of urban Family Medicine, as part of a combined eight-week longitudinal ambulatory Family Medicine-Psychiatry experience. Over the course of this eight-week period, students will alternate between one week of Family Medicine and one week of psychiatry, with a common academic half-day every Tuesday afternoon.
 - During their urban time, medical students will participate in clinical activities in one or more Family Medicine settings including, but not limited to, Family Medicine Units, Family Medicine Groups, CLSCs, and community practices.
2. Rural Family Medicine
 - Students must complete four consecutive weeks of their Family Medicine clerkship in a rural setting. This usually occurs at a McGill-affiliated site, though may occur outside of the McGill community with approval from the course director.

Learning Objectives for this course are derived from the shared Canadian Curriculum in Family Medicine (SHARC-FM) Clerkship competency objectives with reference to the McGill MDCM clerkship educational objectives and the assigned Medical Council of Canada (MCC) Clinical Presentation.

A student completing the Family Medicine Clerkship Course will be able to:

Medical Expert – Knowledge

- 1.1.1. Consolidate their approach to common and urgent problems as defined by the Medical Council of Canada (MCC) Clinical Presentations, the SHARC-FM Objectives by applying knowledge of etiology, patient history and physical findings to arrive at diagnoses and develop investigation and management plans.
- 1.1.2. Demonstrate knowledge of the most frequent clinical, laboratory, x-ray, ultrasound, and pathologic manifestations of common maladies encountered in Family Medicine.
- 1.1.3. Consider the effect of demographic considerations on the sensitivity and specificity of diagnostic tests.

- 1.1.4. Appropriately select, prescribe (with countersignatures), and counsel patients on the use of common medications, demonstrating understanding of their pharmacologic effects, clinical indications, contraindications, major side effects, dosages and interactions with other drugs or foods.
- 1.1.5. Consider the role of complementary and alternative medicine in managing patients.
- 1.1.6. Demonstrate patient-centered medicine (including exploring the illness experience and social context, and shared decision-making to reach common ground).

Medical Expert – Skills

- 1.2.1. Obtain and document an accurate medical history in SOAP format (Communicator - SHARC-FM Clerkship Competency Objectives), including issues related to age, gender, and socio-economic status, that is appropriate to the age of the patient and the nature of the clinical problem(s) presented.
- 1.2.2. Perform and document an accurate complete or organ-system specific physical examination, including a mental status examination, which is appropriate to the age of the patient and the nature of the clinical problem(s) presented.
- 1.2.3. Modify the history and physical exam according to the severity and urgency of the presenting problem and to the setting (e.g. Emergency Department vs. outpatient clinic vs. inpatient ward).
- 1.2.4. Differentiate between life threatening conditions, serious but non-emergency situations and benign conditions and initiate therapy appropriate to the situation
 - 1.2.4.1 Identify management priorities for patient with multiple morbidities (Medical Expert - SHARC-FM Clerkship Competency Objectives)
- 1.2.5. Recognize when to screen for abuse, do so appropriately, and counsel and intervene when abuse is suspected.
- 1.2.6. Provide a clear definition of the patient’s problems upon which to base further investigation, diagnosis and ongoing management and synthesize additional patient information (e.g. lab results, old charts, consult reports, pharmacy records, family member, etc.) when indicated (Manager - SHARC-FM Clerkship Competency Objectives).
- 1.2.7. Interpret pertinent data, signs and symptoms in order to:
 - 1.2.7.2. Diagnose specific common diseases.
 - 1.2.7.3. Diagnose more rare, but life threatening diseases.
 - 1.2.7.4. List and prioritize a meaningful and relevant differential diagnosis for all MCC Clinical Presentations, demonstrating the ability to express the relative certainties of a differential diagnosis.
- 1.2.8. Select and interpret appropriate common laboratory and other diagnostic procedures that confirm the diagnosis; exclude other important diagnoses or determine the degree of dysfunction
- 1.2.9. Provide and document a clear definition of the patient’s problems by recording and/or summarizing specific findings about a patient that highlights the clinical reasoning upon which to base further investigation, diagnosis and ongoing management.
- 1.2.10. Incorporate uncertainty explicitly into clinical decision-making.
- 1.2.11. Formulate a treatment plan and write the orders (with appropriate countersignature) directing the further care of the patient in a clear and timely manner.
- 1.2.13. Perform succinct, focused oral presentations of patient cases to team members and consultants.
- 1.2.14. Describe, observe or perform routine common technical procedures.
- 1.2.15. Participate in obtaining informed consent by describing any discomfort, harm, inconvenience or side-effects associated with the proposed course of action, the expected course for the patient without the proposed investigation or therapy, and reasonable alternatives if available.
- 1.2.16. Evaluate the response to therapy and other management and adjust treatment plans accordingly.
- 1.2.17. Help enhance quality of care and patient safety and incorporate related principles in the provision of care and professional responsibilities.
- 1.2.18. Recognize occurrences of an adverse event or close call and respond appropriately.
- 1.2.20. Appropriately select, prescribe (with counter signatures), and counsel patients on the use of common medications, demonstrating understanding of their pharmacologic effects, clinical indications, contraindications, major side effects, dosages and interactions with other drugs or foods.
- 1.2.21. Report to someone more senior if substance abuse is suspected or confirmed.

Communicator – Knowledge

- 2.1.2. Describe the key elements of an effective doctor-patient relationship (Medical Expert - SHARC-FM Clerkship Competency Objectives) (socio-cultural and individual) and their impact on the delivery of medical recommendations and patient responses to illness.
- 2.1.4. Describe the key elements (Medical Expert - SHARC-FM Clerkship Competency Objectives) of alliance building and use this knowledge to build effective doctor-patient relationships.

Communicator – Skills

Students will share information with patients in a clear manner (e.g. pathophysiology and treatment options) by (Communicator - SHARC-FM Clerkship Competency Objectives):

- 2.2.1. Demonstrating attentive listening and observation skills.
- 2.2.2. Eliciting the concerns of the patient using non-directive (open-ended) and directive (closed-ended) questions, paraphrasing and summarizing when appropriate.
- 2.2.3. Effectively employing narrative competency, i.e. oral, written and electronic communication with patients, patients’ families, and other health care workers. Specifically:

- 2.2.3.1. Provide clear information on procedures, e.g. what a patient might experience, how a patient will be informed of results,
- 2.2.3.2. Determine the amount and type of information to be given by identifying the extent of the patient's wish for information,
- 2.2.3.3. Aide accurate recall and understanding of the information provided to patients,
- 2.2.3.4. Quantify and communicate the degree of certainty associated with specific items of scientific & clinical information to patients,
- 2.2.3.5. Select and utilize information resources for professional and patient education.
- 2.2.4. Discussing information, including sensitive issues, at the appropriate intellectual level for all ages and conditions.
- 2.2.5. Discussing complementary and alternative medicine (CAM) with patients in an informed and non-judgmental manner.
- 2.2.6. Dealing effectively with difficult situations (e.g. excessively talkative, reticent, crying, or hostile patients).
- 2.2.7. Presenting and discuss "bad news" with patients and loved-ones, in an empathic manner, including the discussion of "code status", "level of intervention" and advance directives.
- 2.2.9. Demonstrating effective communication across cultural and socioeconomic boundaries.
- 2.2.11. Providing clear and accurate written documentation for any requisition of investigations to work-up patients; prescription for patients; AND effective request for consultations

Communicator – Attitudes

Students will share information with patients in a clear manner (e.g. pathophysiology and treatment options) by (Communicator - SHARC-FM Clerkship Competency Objectives):

- 2.3.1. Demonstrating a compassionate interest, respect, and understanding of the patient as an individual, while maintaining a professional relationship.
- 2.3.2. Recognizing that an attitude of openness, respect, and accommodation is the approach most likely to contribute positively to health outcomes for patients from diverse backgrounds, based on current evidence.

Professional – Knowledge

Students will reflect on specific aspects of professional behaviour with regards to how well they performed and how they could do better by demonstrating knowledge of (Professional - SHARC-FM Clerkship Competency Objectives):

- 3.1.1. The theories and principles that govern ethical decision-making, and of the major ethical dilemmas in medicine, particularly those that arise at the beginning and end of life and from the rapid expansion of knowledge of genetics.
- 3.1.2. Legal, ethical, and medical issues surrounding patient documentation, including confidentiality and data security.
- 3.1.3. Principles of informed consent, including consent in minors or those deemed otherwise incompetent to give consent.
- 3.1.4. The duty to warn (individuals discovered to be at risk through disclosures made in confidence).
- 3.1.5. The right of patients to know relevant information.
- 3.1.6. The attributes of the professional and the healer.
- 3.1.7. The principles of self-regulation and duties to society (e.g. youth protection and mental health acts).
- 3.1.8. The historical roots and primary tenets of professionalism as defined by:
 - 3.1.8.1. The "International Charter on Medical Professionalism";
 - 3.1.8.2. The Canadian Medical Association Code of Ethics;
 - 3.1.8.3. The « Code de déontologie des médecins du Québec »;
 - 3.1.8.4. The Faculty of Medicine's Code of Conduct.

Professional – Skills

Students will reflect on specific aspects of professional behaviour with regards to how well they performed and how they could do better (Professional -SHARC-FM Clerkship Competency Objectives):

- 3.2.1. Discussing the principles of medical jurisprudence, biomedical ethics, and the psychological, social, ethical, and spiritual aspects related to common practice situations.
- 3.2.2. Obtaining informed consent from a patient for a proposed investigation or treatment, with appropriate supervision.
- 3.2.3. Incorporating the patient's perspective and preferences into the management plan.
- 3.2.4. Effectively utilizing a variety of self-assessment tools to determine personal learning needs.
- 3.2.5. Recognizing their own limitations in knowledge and clinical skills, and effectively direct their own learning in consequence.
- 3.2.6. Recognizing and acknowledge suffering, and address it effectively and compassionately.
- 3.2.7. Respecting patient confidentiality.
- 3.2.8. Demonstrating altruism.
- 3.2.9. Demonstrating personal behaviors consistent with the standards of professionalism including appropriate self-care.

Professional – Attitudes

Students will reflect on specific aspects of professional behaviour with regards to how well they performed and how they could do better (Professional -SHARC-FM Clerkship Competency Objectives):

- 3.3.1. Demonstrating a commitment to act in the best interest of the patient.
- 3.3.2. Demonstrating ethical sensitivity and act appropriately in situations of potential conflicts of interest.
- 3.3.3. Demonstrating compassionate treatment of patients, and respect for their privacy and dignity.
- 3.3.4. Demonstrating honesty and integrity in their professional work.
- 3.3.5. Demonstrating responsibility in performing clinical duties.

3.3.6. Maintaining an appropriate appearance.

Health Advocate – Knowledge

Students will be able to identify issues (social, economic, and resource) for patients and communities that may adversely affect health and access to health care (Health Advocate -SHARC-FM Clerkship Competency Objectives):

- 4.1.2. Recognizing and adapting to various approaches to the organization, financing, and delivery of health care.
- 4.1.3. Demonstrating understanding of the concept of public health and how local and global socio-cultural, economic, political and environmental factors affect health.
- 4.1.4. Demonstrating knowledge of determinants of health on a population level, including demography, culture, socioeconomic status, race, ethnicity, gender, and circumstances of living.
- 4.1.5. Recognizing and respond to issues related to health care for vulnerable populations, including disabled people, and individuals with low socioeconomic status.
- 4.1.6. Recognizing and respond to issues related to health care for Canadian indigenous populations.
- 4.1.7. Applying their understanding of the underlying tenets and functioning of the Canadian Health Care System to their understanding of health care systems.
 - 4.1.7.1. Appropriately access online resources related to legislation, political advocacy, and local healthcare policy setting.
- 4.1.8. Demonstrating knowledge of resources related to patient advocacy and how they can be made available to patients.

Health Advocate –Skills

Students will be able to identify issues (social, economic, and resource) for patients and communities that may adversely affect health and access to health care by (Health Advocate -SHARC-FM Clerkship Competency Objectives):

- 4.2.1. Identifying medical, socioeconomic, environmental, cultural, and other factors that place individuals at risk for disease or injury, and screen and respond appropriately.
- 4.2.2. Proposing approaches to resolving identified issues through prevention and behavior change appropriate for specific populations.
- 4.2.3. Incorporate preventive measures into their management strategies.
- 4.2.4. Apply the principles of quality improvement, including participating in the reporting of incidents/accidents.
- 4.2.5. Demonstrating reflection around issues related to diversity and medical practice, including the development of self-awareness with respect to their own cultural identities.

Scholar - Knowledge

Students will be able to conduct focused literature searches around clinical questions that arise from patient care by (Scholar –SHARC FM Clerkship Competency Objectives):

- 5.1.1. Using medical information resources and tools to support decision-making, research and life-long learning.
- 5.1.4. Applying knowledge of seminal clinical research findings to their care of patients.
- 5.1.5. Using the principles and methods of Evidence-Based Medicine (EBM) and evaluating the quality and relevance of scientific literature to specific patient scenarios (Scholar- SHARC-FM Clerkship Competency Objectives)
- 5.1.6. Applying knowledge of information systems, biostatistics, epidemiology, and the "logic of inference" when reading medical literature while evaluating the quality and relevance of scientific literature to specific patient scenarios (Scholar- SHARC-FM Clerkship Competency Objectives).

Scholar - Skills

Students will be able to evaluate the quality and relevance of scientific literature to specific patient scenarios by (Scholar –SHARC FM Clerkship Competency Objectives):

- 5.2.1. Building on skills in EBM developed during FMD and TCP by finding and critically appraising articles that address real clinical questions.
- 5.2.2. Identifying appropriate clinical practice guidelines and understand their derivation.

Scholar - Attitudes

Students will be able to develop and implement a basic self-directed learning plan when a personal learning need is identified and will by (Scholar -SHARC-FM Clerkship Competency Objectives):

- 5.3.5. Appreciate the exponential expansion of medical knowledge (clinical and basic science) and demonstrate commitment to staying informed about new developments.

Collaborator- Knowledge

Students will be able to describe the roles of consultant physicians and other health professionals for a given patient, including the indications for referral by (Collaborator -SHARC-FM Clerkship Competency Objectives):

- 6.1.1. Demonstrate understanding of the roles, responsibilities, and competences of professionals within the health care team, including their own.
- 6.1.2. Demonstrate knowledge of indications for specialized care and/or consultation.
- 6.1.3. Demonstrate knowledge of the components of highly effective teams and behaviours that facilitate teamwork.

Manager – Skills

Students will be able to propose initial patient-centered management plans, including follow-up and use of any community resources by (Manager/Health Advocate -SHARC-FM Clerkship Competency Objectives):

- 7.2.1. Incorporate economic and resource-scarcity considerations in clinical decision-making.
- 7.2.6. Complete tasks reliably and be on time.
Protect personal health and safety in family medicine settings (Manager #3, SHARC-FM Clerkship Competency Objectives).

Manager – Attitudes

Students will be able to propose initial patient-centered management plans, including follow-up and use of any community resources by (Manager/Health Advocate -SHARC-FM Clerkship Competency Objectives):

- 7.3.1. Recognizing the importance of just allocation of healthcare resources, balancing effectiveness, efficiency and access with optimal patient care.

CanMEDS-FMU: Undergraduate Competencies from a Family Medicine Perspective. College of Family Physicians of Canada. 2009. Accessible at www.cfpc.ca.

These objectives are complementary to the Undergraduate Medical Education objectives which can be found at <http://www.mcgill.ca/ugme/curriculum/general-information/objectives>

Program Requirements

The program requirements for the Family Medicine Clerkship are summarized here:

1. **Readings:**

All students are expected to complete readings:

Required:

- SHARC FM Clerkship Clinical Scenarios (<https://sites.google.com/site/sharcfm/>)
- Adults with Developmental Delay
- Aboriginal Health:
 - SOGC Guidelines for Health Professionals taking care of Aboriginal patients
http://sogc.org/wp-content/uploads/2013/06/June-JOGC-2013-CPG293_Supplement_Eng_Online-Final_NO-cropmarks_REV-F.pdf
 - Diabetes in Aboriginal Peoples- CDA guidelines
(<http://guidelines.diabetes.ca/Browse/Chapter38>)
- Canadian Guide to Clinical Preventive Health Care: The Canadian Task Force on the Periodic Health Examination. (www.canadiantaskforce.ca).
- INNESS (Reference website : www.cdm.gouv.qc.ca/site/guides_cliniques.phtml)

Recommended:

- McWhinney, Ian R. (2009). A Textbook of Family Medicine (3rd ed.)

2. **Patient Encounter/ Procedure Log Checklist**

During their Family Medicine Clerkship, students must see patients representing certain key diagnoses (in addition to other patients habitually seen in Family Medicine settings). The students are required to keep track of their clinical encounters online in their myMed Portfolio in the form of a patient encounter/procedure log (see checklist below). In the case of a student who has not been able to meet these minimum requirements over the course of their rotation, supplemental clinical time must be arranged by the site coordinator.

Competency Items	Total Required	Setting
Level C		
Urine dipstick	1	Outpatient
IM Injection	1	Outpatient
SC Injection	1	Outpatient
Female pelvic examination	1	Outpatient
Level D		
Depression (MCC 59)	1	Outpatient
Anxiety	1	Outpatient

(MCC 69)		
Hearing Loss/Deafness (MCC 40)	1	Outpatient
Sleep Disorders (MCC 98)	1	Outpatient
Skin Rash (MCC 97)	2	Outpatient
Hypertension (MCC 9-1)	2	Outpatient
Cough (MCC 18)	1	Outpatient
Diabetes Mellitus (MCC 37-2)	2	Outpatient
Abnormal Serum Lipids (MCC 51)	1	Outpatient
Periodic Health Exam (MCC 74)	1 adult, 1 child/infant	Outpatient
Sore throat/rhinorrhea (MCC 100)	1	Outpatient
Headache (MCC 39)	1	Outpatient
Taking a temperature	1	Outpatient

Levels: A – Simulation, B – Observation but no execution, even with direct supervision, C – Execution under direct observation with proactive supervision, D – Execution without direct observation but with proactive supervision (i.e. Supervisor doesn't watch the interaction but reviews the case and returns to the "beside"), E – Execution with reactive supervision (i.e. Supervisor does not watch the interaction, reviews the case, but only returns to the "beside" upon request of the student to verify a finding) and F – Supervision at a distance and/or post hoc.

3. **Core Learning Sessions:**

Students are required to attend all core learning sessions, which are presented during the McGill Urban rotation. The core learning sessions are scheduled on Tuesday afternoons.

4. **Online vignettes:**

All students must complete a number of online vignettes. These are based on course objectives and graded by members of the Family Medicine Undergraduate education committee.

5. **P-MEX:**

Professionalism Mini-Evaluation Exercise (P-MEX): During their Family Medicine rotation, students are required to complete two self-directed ratings related to their professional behaviour. These assessments, entitled P-MEX, can be completed by any member of the clinical team including physicians, residents, nurses or other professionals. Clinical team-members approached by a student to complete a P-MEX would have access to an assessment grid. The student would be observed in some type of clinical/teaching situation (patient encounter, small group session, multidisciplinary meeting) and their performance would be rated by the evaluator, using the pre-established assessment grid.

Midpoint Feedback, Final Feedback and Assessment Forms

Every student MUST receive feedback at the midpoint and end of each clinical experience (i.e. both after 2 weeks and 4 weeks during the rural rotation and after 4 weeks and 8 weeks during the urban rotation). This feedback should be given in person and should be documented. Feedback is generally provided by the site coordinator but may be delegated to another supervising physician should the site coordinator be unavailable. Feedback should be specific and constructive. Patient encounter/procedure logs should be verified during feedback sessions to ensure that the student is meeting his/her requirements. Final written evaluations should be completed by the site coordinator (or other delegated supervising physician) within ten days of the completion of each four-week block (for rural rotations) or eight-week block (for urban rotations) via the One45 system. Please note that mid-rotation and end of rotation feedback should NOT take the place of ongoing daily feedback to the student. Preferably, daily feedback should be documented on a form designed for this purpose which includes an area for the student to describe the cases which were seen that day.

The assessment of the student should reflect the student's knowledge, skills and attitudes. The physician compiling the student's assessment form should consider feedback from multiple sources when relevant including residents, nurses and support staff. A document is available to guide clinical supervisors in their assessment of clerkship students: "Clerkship Clinical Assessment Criteria" <http://www.mcgill.ca/ugme/academic-policies/evaluation-promotion/clerkship-clinical-assessment-criteria-class-2017> .

Workload Policy

Please remember that the students' workload policy is to be respected at all times and is described in detail on the Faculty of Medicine website: (<http://www.mcgill.ca/ugme/academic-policies/workload-policy>).

Student Mistreatment

The Faculty of Medicine of McGill University has a zero-tolerance policy towards student mistreatment. The Faculty of Medicine Code of Conduct is available at <http://www.mcgill.ca/ugme/academic-policies/code-conduct>. Please familiarize yourself with this document. All complaints of student mistreatment will be addressed according to protocols established by the McGill University Faculty of Medicine Office of Student Affairs.

Of importance, any individual who becomes aware of an issue/incident related to student mistreatment should alert the SITE COORDINATOR immediately, who will set in motion relevant protocols. At no point should this individual attempt to take action independently to try to resolve the issue.

Orientation

For site coordinators, please remember that students must receive a site-specific orientation session on the first day of their rotation. Please ensure that every student has access to a locker. In general, the adequacy of physical facilities (call rooms, lockers, etc) should be verified on a regular basis. Furthermore, students should be given the name of a designated person who can be contacted should problems arise with the facilities.

Absences – Sick Days

Students who have been granted an approved leave by the Faculty of Medicine should alert the Undergraduate teaching coordinator of the Department of Family Medicine. Students who are absent due to illness should alert the Family Medicine Undergraduate teaching coordinator, their rotation supervisor and any other relevant personnel at their site depending upon local protocols. In these cases, students will also complete an online form as per protocols established by the Faculty of Medicine.

Supervising physicians and /or site coordinators should alert the department of Family Medicine teaching office of any unexplained or unapproved absences immediately. Please consult the following site for more details:

<http://www.mcgill.ca/ugme/academic-policies/absences-and-leaves>

Please note that ALL ABSENCES for ANY REASON, including absences with prior approval from the Faculty of Medicine, must be documented on the student's assessment form.

Evaluation of the Teaching Site

All site coordinators will receive a summary report of students' evaluations of their site on a yearly basis. The information contained in this report should be communicated in an appropriate manner to all teachers at that site, ideally in person at a staff meeting. At all times, information regarding students' site evaluations should be communicated in such a manner to preserve the student's anonymity.

In conclusion, please allow me to take this opportunity to thank you for your ongoing contribution to the training of medical students in the discipline of Family Medicine. Your devotion and dynamism have truly made this a training program steeped in excellence and diversity.

For more information, please contact:

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Revised: June 2015