

Family Medicine Clerkship

<https://www.uthsc.edu/Medicine/medicaleducation/clerkships/descriptions/family.php>

Memphis/Jackson/Nashville (Murfreesboro) – Placed through the Memphis Office

Memphis Clerkship Director: Sarah Tiggelaar, MD (stiggela@uthsc.edu) 901-448-0276

Jackson Clerkship Director: Ira Keith Ellis, MD (ijellis@uthsc.edu) 731-423-1932

Education Coordinator: Sharon Tabachnick, PhD (stabachn@uthsc.edu) 901-448-7574

Website: <http://www.uthsc.edu/fammed/>

Students experience traditional office-based practice under the supervision of a community-based family physician preceptor and rotate on inpatient services with faculty and residents. With the office practice as a base, the family physician serves all aspects of patient care involving both inpatient and outpatient settings, ranging from the hospital to the nursing home. Students are placed with family physicians who practice the full breadth of the discipline, including obstetrical care, whenever feasible.

The department maintains a wide array of approved clinical training sites throughout the state of Tennessee, including sites in Jackson, Covington, surrounding states, and Murfreesboro. The department works closely with students to identify mutually agreeable clinical assignments that are located throughout the state and in neighboring states. In order to enable us to consider students' placement preferences, students are strongly encouraged to fill out our Family Medicine (FME) Placement Survey at https://uthsc.co1.qualtrics.com/jfe/form/SV_dp5w2R0Ay6fL8wZ. The Survey may be completed at any time prior to the FME Clerkship, and the sooner the better.

The clerkship is a full-time learning experience, typically mirroring the family physician preceptor and including both weekend responsibilities and night calls. Students attend a variety of lectures and workshops and give an Evidence Based Medicine Presentation at the end of the block. Students may be assigned additional readings, written reports and presentations by their Preceptors.

A relatively new Family Medicine Residency program in Nashville/Murfreesboro started accepting one M3 student per Block. Students placed in Murfreesboro generally receive full housing. The FME Memphis office places students in Memphis, Covington, Jackson, the surrounding states, and Murfreesboro.

Clerkship Goals

The goal of the Family Medicine Clerkship is to teach the concept and practice of family-centered primary health care in the ambulatory, inpatient, and extended care settings in urban, rural, and/or inner-city populations. Upon completing the clerkship, the student should be able to perform the following goals and objectives.

Patient Care

- Identify the etiology, appropriate intervention, treatment, and possible complications of patients presenting with common problems in the clinical setting, both inpatient and outpatient, utilizing current scientific evidence and performing routine technical procedures.
- Explain the role of health assessment and health maintenance in primary care practice for the prevention of illness thus promoting health by recommending appropriate screening and preventive measures for patients of all ages.
- Provide compassionate care for all patients, without judgement.
- Optimize patient centered by working effectively with other health professionals.

Medical Knowledge

- Recognize patterns of normal human development for patient from the time of birth until advanced age.
- Understand the biopsychosocial model as pertains to health and disease.
- Demonstrate knowledge of the symptoms, diagnosis, and treatment of diseases commonly encountered in the primary care setting with ability to analyze data, order, and interpret diagnostic tests.
- Apply current guidelines for health maintenance and preventive medicine including screening tests and vaccinations for patients of all ages.
- Explain differences in traditional and non-traditional medical care with an understanding of the integrative approach to prevention, evaluation, and management of disease.

▪ Practice-Based Learning and Improvement

- Access current guidelines from reputable online sources and/or medical journals concerning appropriate screening intervals for disease and schedules for vaccines.
- Utilize evidence based medicine approaches to patient care including study of Family Medicine peer reviewed journals, review articles and original research.

▪ Interprofessional and Communication Skills

- Develop rapport with the patient and family to ensure effective communication and care regardless of social and culture differences that may exist.
- Be a counselor and advisor to patients.
- Describe the advantages of an integrated and ongoing physician-patient relationship and the value of a centralized approach in an ambulatory setting to clinical case management;

- Effectively communicate in both oral and written form with other members of the healthcare team including consultants and staff.

▪ **Professionalism**

- As the primary provider, be a patient advocate, demonstrating integrity and compassion in all patient care and communication with patients and their families as well as with consultants involved in their care.
- Understand ethical issues that may arise at any point in a patient or family's care from birth until end of life.
- Demonstrate sensitivity to all races, cultures, and religions with regard to patient wishes and care.
- Maintain patient confidentiality and understand how to manage special circumstances that may arise.
- Understand the importance of lifelong learning and teaching for the betterment of self and patients.
- Recognize possibility of burnout or impairment, care for self, and seek help early, accessing support services as needed.

▪ **Systems-Based Practice**

- Learn how to practice primary care in a socially responsible way with regard to requesting consultations, tests, and prescribing medications.
- Understand the roles that various managed care and health care delivery systems play in the delivery of primary care and how best to access available resources for the patient.
- Recognize potential for medical errors that may occur within the system and develop strategies to prevent and correct mistakes that may harm the patient.

The clerkship accomplishes these objectives primarily through supervised clinical experiences. In addition, the tasks include directed readings, didactic sessions including hands-on skills workshops, regular conferences, an evidence based medicine student presentation, and the final examination.

Clerkship Objectives

At the end of the rotation the student will be able to recognize and evaluate the following:

ACUTE PRESENTATIONS

- Upper respiratory symptoms
- Joint pain and injury
- Initial presentation of pregnancy
- Abdominal pain

- Common skin lesions
- Common skin rashes
- Abnormal vaginal bleeding
- Low back pain
- Cough
- Chest pain
- Headache
- Vaginal discharge
- Dysuria
- Dizziness
- Shortness of breath/wheezing
- Fever
- Initial presentation of depression
- Male urinary symptoms/prostate
- Dementia
- Leg swelling

CHRONIC PRESENTATIONS

- Multiple chronic illnesses
- Hypertension
- Asthma/COPD
- Hyperlipidemia
- Anxiety
- Arthritis
- Chronic back pain
- Coronary artery disease
- Obesity
- Heart Failure
- Depression

- Osteoporosis
- Substance abuse

HEALTH PROMOTION/SCREENING

- Breast cancer
- Cervical cancer
- Colon cancer
- Coronary artery disease
- Depression
- Fall risk in elderly
- Domestic violence
- Obesity
- Osteoporosis
- Prostate cancer
- Sexually transmitted infections
- Substance abuse
- Diabetes
- Anemia
- Growth and Development
- Hearing
- Lead exposure
- Nutritional deficiencies
- Injury prevention
- Sexual activity
- Tuberculosis
- Vision
- Vaccinations

PROCEDURES/SKILLS

- Pelvic exam/pap smear/vaginitis
- Clinical breast exam
- Prostate/rectal exam
- Simple skin procedures: cryotherapy, punch biopsy
- IUD insertion/removal
- Simple interrupted sutures
- Fundoscopic exam
- Plain film Xray interpretation
- Interpret pulmonary function test
- Interpret tympanogram
- EKG interpretation
- Newborn and well child examination

Attendance

Attendance in all aspects of the Clerkship is MANDATORY. There will be sign-in sheets for each lecture to insure required attendance. Emergency absences will be considered on a case-by-case basis.

Grading

Clinical Performance 50%

Written Exam (NBME Shelf Exam) 30%

PowerPoint Presentation 20%

Preceptor Assignments and Evaluations

Every effort will be made to match the student with the requested preceptor or geographic area; however, once the student has been assigned to a preceptor, assignments will not be changed.

Chattanooga

Clerkship Director: J. Mack Worthington, MD, Professor and Chair, Department of Family Medicine

Contact: Elissa McCoy (elissa.mccoy@erlangers.org) 423-778-2957

Medical student education is a major focus of the Department of Family Medicine in Chattanooga. The goals, objectives and projects for the Family Medicine Clerkship are the same at all UT sites (Memphis, Knoxville, and Chattanooga). Students can register for each eight week block for the Family Medicine Clerkship. The unique aspect of the rotation in Chattanooga is that the required lecture series is done one-half day per week throughout the two months. An experienced faculty gives the lectures and the number of students is small, providing an environment that allows students to interact with the faculty. There are two types of experiences in which the student will participate. These include the student working with the faculty and residents at the UT Family Practice Center and with a community family physician. Both options provide excellent educational opportunities for students to learn comprehensive and compassionate care of the whole family. Students are involved in patient care with their attending physicians (and/or residents) in the outpatient setting as well as with hospitalized patients. In addition, they attend resident conferences and have informal teaching interactions with the faculty members - including community physicians.

The Chattanooga Unit, through the generosity of the hospital, provides living arrangements (modestly furnished apartments with local phone service and cable) and meals for all students who participate in rotations in Chattanooga - all at no cost to the student.

The Department of Family Medicine in Chattanooga sponsors one of nine residency programs based at Erlanger. The Department of Family Medicine was founded with the purpose of providing residents and medical students with the cognitive and procedural skills necessary to provide excellent care for their patients. The department focuses on giving the very best care to our patients and seeks to attract residents and students who are excited about learning. The Family Medicine Residency is a three-year program that provides training to 18 residents (six at each level). The UT Family Practice Center is a premier health care facility, offering quality patient care through 20,000+ patient visits last year. The center is located just across the street from the main hospital, Erlanger.

For other information about our clerkships (housing, meals, etc.) or residency programs, go to the [UT College of Medicine Chattanooga](#) website.

Knoxville

Clerkship Director: William Dabbs, MD (wdabbs@utmck.edu) 865-0305-9352

Coordinator: Missy Maples (mmaples@utmck.edu) 865-305-9618

The Family Medicine Clerkship in Knoxville sits among a constellation of physician learners and teachers with 30 residents, 6 fellows, and 15 faculty. Students work with a community family physician, attend discussion groups, give presentations, co-manage patients on the inpatient team, and see patients at a variety of community sites. Workshops by faculty assist students in learning to interpret ECG's and chest x-rays, managing common complaints and diseases of adults and children, and deciding on appropriate cancer screening strategies among others. One week of inpatient care at UT Medical Center includes call nights with a supervising family medicine resident. Students may work and ride with the Life Star helicopter transport team

during this week. A small group presentation regarding a clinical question from their outpatient work orients students to evidence-based medicine and assists them in developing PowerPoint skills.

Since family physicians address the diverse health needs of both individuals and families, the learning experience with clinical preceptors provides the optimal opportunity to consolidate and integrate information from the biological, clinical, and behavioral sciences learned in the M1 and M2 years. The majority of students' time will be spent exploring the professional life of their community family physician preceptor, including supervised patient care.

Teaching Strategies

Number of active learning sessions: 38 broken down into preceptor time at clinic or hospital, evidence based medicine presentations, lectures, workshops. Special in Knoxville: Colposcopy clinic, Nursing home visit, Homeless clinic, vasectomy clinic, clinic for working insured. In Memphis and Chattanooga these experiences will vary.

Current Didactic Series for Memphis/Jackson all available on Blackboard for away students

- Abnormal uterine bleeding
- Basic dermatology lesion identification
- Dermatology workshop: suturing, skin biopsies
- Pediatric metabolic syndromes
- Office orthopedics
- Chest pain
- Diabetes
- HTN
- Mood disorders
- Pediatric respiratory disease
- EKG/CXR workshop
- Advanced directives/resuscitation
- Thyroid disease
- Various topics one half day per week during the resident's routine block of lectures-all sites
- Various topics during inpatient rounds daily with cases that pertain to inpatient census-all sites

Current Evidence Based Medicine Component

- Student power point presentations of journal articles at all sites

Logs

- Students are expected to log their hours and procedures.

Evaluation/Grades

- Clinical performance 50%--UT Faculty/clinical preceptors final evaluation
- Written Exam 30%--NBME Family Medicine Shelf exam
- Evidence Based Medicine Presentation 20%

Preceptor, Clerkship and Hall Tacket Evaluations

Students are expected to provide us feedback regarding their Preceptors, Clerkship, etc. This feedback influences our choice of community preceptors, choice of lectures for series, and the education of preceptors and residents involved in teaching.

Midmonth Evaluations of Students

Although these evaluations do not count toward the final grade in the FME Clerkship, they are very desirable, because they help students to make changes to performance/behaviors prior to final evaluation and grade assignment.

UTHSC Family Medicine Interest Group (FMIG)



The Family Medicine Interest Group (FMIG) at the [University of Tennessee](#) is a student-run organization designed to promote professionalism, create interest in Family Medicine, disseminate information about Family Medicine, and promote medical student leadership in Family Medicine.

We achieve these goals by providing a periodic lunch seminar series highlighting various areas of Family Medicine, providing evening workshops for medical students on splinting, suturing, codes, and other medical techniques, and promoting student-faculty interaction. We are also involved in the [AAFP's](#) national community service projects, and sponsor students to attend the annual *AAFP National Conference of Family Medicine Residents and Students*, held in Kansas City MO, where students can interact with Family Medicine Residency representatives from around the country.

The FMIG Leadership consists of an [FMIG President](#) and an [FMIG Leadership Council](#). The FMIG President and Leadership Council Members are appointed (or re-appointed) every year at the [beginning of May](#). The FMIG faculty advisor is Dr. Sarah Tiggelaar (stiggela@uthsc.edu), and the FMIG coordinator is Dr. Sharon Tabachnick (stabachn@uthsc.edu). Please contact us if you are interested in joining the FMIG!

Current FMIG President

Justin Turner, M4 (jturne54@uthsc.edu)

Current FMIG Leadership Council Members

Alexander Scherelis, M4 (alexander.scherelis@gmail.com)

Tatevik Minasyan, M4 (tminasya@uthsc.edu)

Lawrence Devereux, M3 (ldevereu@uthsc.edu)

Sienna Nelson, M2 (snelso37@uthsc.edu)

Craig Bullington, M2 (craigbullington@gmail.com)

Christina Hunley, M2 (cnorwoo4@uthsc.edu)

American Academy of Family Physicians (AAFP)

<http://www.aafp.org>

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