

American University of Beirut Medical Center

Department of Family Medicine

FAMILY MEDICINE CLERKSHIP MANUAL FOR MEDICAL STUDENTS



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Clerkship Director's Welcome

Dear student,

All the members of the Department and I want to welcome you to the Family Medicine clerkship.

The specialty of Family Medicine has a long history of caring for people of all ages in their communities through a patient-centered and team-based approach. We want to share this practice with you.

During the 4 weeks clerkship we intend to teach you Family Medicine in a community oriented primary care setting. You will have the opportunity to develop your skills and understanding of the comprehensive approach in clinical medicine. We have confidence that the knowledge you can assimilate in this rotation will be of value to you throughout your career, whatever field of specialty you choose.

You will be working alongside the primary health care team, at the Family Medicine Practice Center, in the University Health Services and in other settings. The clerkship is based on active interaction between you and those you are working with.

We try to make your time with us educational. Keep in mind that every student learns best in a different way, and that if you feel that your educational experience could be improved, we are here to listen to your suggestions.

We all hope that you enjoy your clerkship with us and get the most out of it.

Sincerely,

Beatrice KHATER, M.D.

Clerkship Director



Key contact Personnel

Program Coordinator: Mrs. Maha Fathallah El Mofti

Clerkship Director: Dr. Beatrice Khater

Chief resident in charge

Clerkship Goals and objectives

Goals

1. Provide a learning experience in ambulatory care through observing, assessing and/or performing direct patient care
2. Help students identify the dimensions of the role of the family physician and the problem-solving approach of the family medicine, community medicine.
3. Provide students with an experience which will help them make an informed career decision.

Specific Objectives

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

1. Diagnose and manage common, undifferentiated problems in ambulatory and community settings
2. Approach the patient as a whole person, with emphasis on wellness and health promotion by integrative health and lifestyle medicine.
3. Develop primary care-problem solving skills.
4. Be able to establish an effective physician-patient relationship.
5. Take into consideration the care of the family as a unit.
6. Take into consideration the impact of the community and occupation in the outcome.
7. Use consultations and referrals in a continuity-of-care model.
8. Learn the appropriate utilization of community resources for patients.

Clerkship design general description, teaching modalities, sample inpatient weekly schedule

Organization

Seven to ten students will rotate monthly in the Department of Family Medicine. During the clerkship you will receive didactic instructions, provide supervised patient care in different ambulatory settings, conduct case discussions after their patient encounters, present an AAFP article, and attend site visits when available and possible. You are required to attend all departmental activities. Upon completion of the clerkship, you will receive a "Lifestyle Medicine Coaching" certificate.

Orientation

At the beginning of the rotation, you will attend a mandatory orientation with the chief resident in charge and the clerkship director.

Request for Changes

Flexibility for change will be minimal. Advance warning and permission are mandatory.

Didactic Instruction

This will be in the format of lectures, seminars or case discussion which will cover the principles and common problems in Family Medicine. The case discussion will be moderated by Family Medicine Faculty and/or a senior resident and presented by students.

Ambulatory Clinics

University Health Services (UHS)

You will shadow attendings in their clinics. You will be supervised by different UHS physicians and attendings. You will get the chance to be actively involved in the management of the patients seen.

FMPC (Family Medicine and Primary Care)

You will be allocated at least 2 patients per session, depending on the load. You will be assessed on your history taking, physical examination, management and chart recording by the preceptor. At the end of each session you will attend the “**check-out-round**” where cases will be discussed with all the group.

Satellite Clinics

You will be assigned sessions in the different Satellite Clinics per availability. Currently students go to the Zarif medical center and to Tahaddi Clinic where they actively see patients under direct supervision.

Family Medicine Inpatient Service (FMS/AUBMC)

On-call guidelines

You will assist in the care of admitted patients to Family Medicine Services (FMS). You will take overnight duties on the team and will be excused to leave the next day at 12 noon. On average you will take a duty 1 day per week. The morning round starts at 7:30 with a sitting round with the inpatient team, followed by a walking round with the attending on-call. You will be doing daily rounds and charting progress notes for each patient. In addition you will be admitting patients with the resident. While on duty you will act as an active intern and you will be the first one to be called for complaints, orders, etc. You will have an on-call room available for you to use during your duty.

During weekends you are allowed to leave the hospital at 8 am.

The only exception will be the day before your OSCE, when the student on-call will be allowed to leave the hospital at 10 pm.

Pager number for students: 0890

Pager number for the inpatient team: 0211

Weekly Departmental Activities

In addition to your scheduled teaching activities, you must attend our departmental activities:

- Monday 12:00-1:00 pm → Patients from our Practice
- Wednesday 7:30-8:30 am → Core Content/Grand Round
- Friday 7:30 – 8:30 am → Resident Journal Club

Grading and evaluation

Clerkship Evaluation

Will be based on the students' completion of required tasks for each rotation and for their active participation in all aspects of the clerkship.

1. Students will successfully pass this clerkship upon successful completion of the following:
2. Completion of four weeks of clinical duties
3. Satisfactory clinical preceptor evaluations from all supervising attending and resident physicians (at least three)
4. Successful completion of clinical performance examination (OSCE)
5. The grade of the Family Medicine Clerkship is distributed as follows:
 - ✓ Evaluations of students: 25%
 - ✓ OSCE: 30%
 - ✓ NMBE exam: 45%

Evaluation of Students

Attendings and resident will do the evaluation. Different modalities of evaluation will be used. Evaluations will be based on observing the student's interaction with patients. It will include a formal written evaluation at the end of the rotation as well as completing a Mini CEX during the rotation.

Students who do not achieve satisfactory evaluation will be asked to repeat the clerkship totally or partly.

Evaluation of the Rotation by Students

At the end of the rotation, you will be asked to complete evaluations on myevaluations.com on the family medicine faculty and residents.

Common Topics Encountered in Family Medicine

1. Contraception Counseling
2. Cough
3. Diabetes Mellitus
4. Difficult Patient
5. Dizziness
6. Headache
7. Hypertension
8. Human Sexuality
9. Low Back Pain
10. Obesity
11. Palliative Care in the Community
12. Tuberculosis Screening
13. Targeted Physical Exams
14. Integrative Health and Complementaty and Alternative Medicine
15. Catch-up Immunizations
16. Traveler's Health
17. Adolescent Encounter

CONTRACEPTION COUNSELING

LEARNING OBJECTIVES:

- 1- State the aim and importance of counseling for contraception
- 2- List the various forms of contraception available and discuss their:
 - ✓ Mode of action
 - ✓ Indications / Contraindications
 - ✓ Advantages / Disadvantages
- 3- Elaborate on how to counsel a patient (couple) for the following types of contraception (use cases to illustrate).
 - ✓ Natural family planning
 - ✓ Barriers (male and female)
 - ✓ Hormonal (pills, depots, implants)
 - ✓ IUCD
 - ✓ Surgical procedures
- 4- Discuss contraception for:
 - ✓ premenopausal women
 - ✓ lactating women
 - ✓ emergency contraception

REFERENCES:

- 1- Lesnewski, R. (2021). Initiating Hormonal Contraception. American Family Physician, 103(5), 291-300.
- 2- Smoley, B. A., & Robinson, C. M. (2012). Natural family planning. American family physician, 86(10), 924-928.
- 3- Family Planning and Contraception - American Family Physician.
<https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=71>

COUGH

LEARNING OBJECTIVES:

- 1- Differentiate acute cough from chronic cough.
- 2- Explain the pathophysiology of cough in basic clinical terms.
- 3- Differentiate by age and respiratory tract site (upper vs. lower) the diagnosis of cough which are:
 - a. Most likely or common
 - b. High pay-off diagnosis, i.e., early detection and therapy will markedly improve an otherwise serious prognosis
- 4- Construct a plan to manage patients with diagnosis as determines in objective 3a and 3b.

REFERENCES:

- 4- Coughlin, L. (2007). Cough: Diagnosis and management. *American Family Physician*, 75(4), 567.
- 5- Michaudet, C., & Malaty, J. (2017). Chronic cough: evaluation and management. *American family physician*, 96(9), 575-580.
- 6- Irwin, R. S. (2007). Guidelines for treating adults with acute cough. *American family physician*, 75(4), 476.

DIABETES MELLITUS

OBJECTIVES:

- 1- State diagnostic criteria
- 2- Acquire skills needed in disclosing the diagnosis
- 3- Educate patients on non-pharmacologic treatment
- 4- State the do's and don'ts of foot care
- 5- Teach insulin dependent patients to handle this hormone

REFERENCES:

- 1- Pippitt, K., Li, M., & Gurgle, H. E. (2016). Diabetes mellitus: screening and diagnosis. *American family physician*, 93(2), 103-109.
- 2- Howard-Thompson, A., Khan, M., Jones, M., & George, C. M. (2018). Type 2 diabetes mellitus: outpatient insulin management. *American family physician*, 97(1), 29-37.
- 3- Diabetes: Type 2 - American Family Physician.
<https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=7>

DIFFICULT PATIENTS

OBJECTIVES:

- 1- Definition of a “Difficual Patient”
- 2- List characteristics
- 3- List classification as described by “Groves”
- 4- Discuss causes of a difficult doctor-patient relationship (with examples and suggest how to deal with these)
- 5- Consequences of “Difficult Patient” for the:
 - a- Doctor
 - b- Patient
 - c- Health Care Services
- 6- Discuss different management strategies proposed in the literature
- 7- Use examples of cases to illustrate your points

** This session works best when an interactive approach is used**

REFERENCES:

- 1- Lorenzetti, R. C., Jacques, C. M., Donovan, C., Cottrell, S., & Buck, J. (2013). Managing difficult encounters: understanding physician, patient, and situational factors. *American family physician*, 87(6), 419-425.
- 2- AR Teo, YB Du, JI Escobar (2013) How can we better manage difficult patient encounters. *J Fam Pract*, 62 (8), 414-421

DIZZINESS

OBJECTIVES:

- 1- Describe the approach to the dizzy patient at the initial office evaluation.
- 2- Distinguish between central and peripheral causes of dizziness
- 3- Describe testing for benign position and how this helps in the evaluation of dizziness

REQUIRED READINGS:

- 1- Muncie Jr, H. L., Sirmans, S. M., & James, E. (2017). Dizziness: approach to evaluation and management. *American family physician*, 95(3), 154-162.
- 2- Dommaraju S, Perera E. (2016). An approach to vertigo in general practice. *Australian Family Physician*, 45(4), 190-194

HEADACHE

OBJECTIVES:

- 1- Characterize the different types of headaches, including atypical features.
- 2- Compare and contrast features of tension, vascular, traction, and secondary headache.
- 3- Describe the psychosocial approach for determining the cause of the headache.
- 4- List and understand at least five important symptoms suggesting a “Secondary” headache.

REQUIRED READINGS:

- 3- Headache - American Family Physician.
<https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=10>
- 4- Hainer, B. L., & Matheson, E. (2013). Approach to acute headache in adults. American family physician, 87(10), 682-687
- 5- Walling, A. (2020). Frequent Headaches: Evaluation and Management. American family physician, 101(7), 419-428.
- 6- Yancey, J. R., Sheridan, R., & Koren, K. G. (2014). Chronic daily headache: diagnosis and management. American family physician, 89(8), 642-648.

HYPERTENSION

LEARNING OBJECTIVES:

- 1- Definition + classification and causes of Hypertention.
- 2- Aims of treating hypertension. Consequences of uncontrolled hypertension.
- 3- Outline how to work-up a patient with newly diagnosed hypertension when seen in outpatients.
- 4- Outline treatment strategies for management of patients with hypertension:
 - (a) Non pharmacological
 - (b) Pharmacological
- 5- Therapy:
 - (i) Discuss recommended 1st line drugs for treatment of hypertension
 - (ii) Discuss alternative major classes of antihypertensive medication
 - (iii) Discuss the side effects profile of each
 - (iv) State special indications for each drug class if known
- 6- Mention the significance of diagnosing and treating isolated systolic hypertension in the elderly
- 7- Define white coat hypertension and how one might attempt to manage it
- 8- Discuss the indications for ambulatory blood pressure monitoring

REFERENCES:

- 1- Whelton, P. K., Carey, R. M., Aronow, W. S., Casey, D. E., Collins, K. J., Dennison Himmelfarb, C., ... & Wright, J. T. (2018). 2017 ACC/AHA/AAPA/ABC/ACPM/AGS/APhA/ASH/ASPC/NMA/PCNA guideline for the prevention, detection, evaluation, and management of high blood pressure in adults: a report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines. *Journal of the American College of Cardiology*, 71(19), e127-e248.
- 2- James, P. A., Oparil, S., Carter, B. L., Cushman, W. C., Dennison-Himmelfarb, C., Handler, J., ... & Ortiz, E. (2014). 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). *Jama*, 311(5), 507-520.
- 3- Smith, D. K., Lennon, R. P., & Carlsgaard, P. B. (2020). Managing hypertension using combination therapy. *American family physician*, 101(6), 341-349.
- 4- Kronish, I. M., Hughes, C., Quispe, K., & Viera, A. J. (2020). Implementing Ambulatory Blood Pressure Monitoring in Primary Care Practice. *Family practice management*, 27(3), 19-25.
- 5- Charles, L., Triscott, J., & Dobbs, B. (2017). Secondary hypertension: discovering the underlying cause. *American family physician*, 96(7), 453-461.
- 6- AFP by topic: Hypertension. Editors' Choice of Best Available Content. <https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=12>

HUMAN SEXUALITY

OBJECTIVES:

- 1- Clarify common misconception related to anatomy and behavior.
- 2- Describe the PLISSIT model of sexual problems management.
- 3- Empower students to comfortably explore sexual problems with patients.

FORMAT:

- 1- Student presentation
- 2- Attending presentation
- 3- Discussion
- 4- Handout

REFERENCES:

- 1- Savoy, M., O'Gurek, D., & Brown-James, A. (2020). Sexual health history: techniques and tips. *American family physician*, 101(5), 286-293.
- 2- Rew, K. T., & Heidelbaugh, J. J. (2016). Erectile dysfunction. *American family physician*, 94(10), 820-827.
- 3- Faubion, S. S., & Rullo, J. E. (2015). Sexual dysfunction in women: a practical approach. *American family physician*, 92(4), 281-288.

ISSUES RELATED TO DEATH

OBJECTIVES:

- 1- State the different types of euthanasia
- 2- Recognize the importance of advanced directives
- 3- Appreciate the importance of home based palliative care
- 4- Know the position of the law in Lebanon from Euthanasia and Organ Donation
- 5- Illicit strategies to encourage organ donation

REFERENCES:

- 1- Nowels D., VandeKieft G., Moore Ballentine J. (2018) Medical Aid in Dying. American Family Physician, 97(5):341-343

TUBERCULOSIS SCREENING

OBJECTIVES:

- 1- Describe the Epidemiology of Tuberculosis
- 2- List the indications of Tuberculosis Screening
- 3- Describe the relation between HIV infection and Tuberculosis
- 4- Describe the administration and interpretation of Tuberculin skin testing
- 5- List the causes of False-Positive and False-Negative tests
- 6- List the criteria for initiating prophylactic treatment

REFERENCES:

- 1- Croke, L. M. (2018). Tuberculosis: Guidelines for Diagnosis from the ATS, IDSA, and CDC. *American family physician*, 97(1), 56-58.
- 2- Hartman-Adams, H., Clark, K., & Juckett, G. (2014). Update on latent tuberculosis infection. *American family physician*, 89(11), 889-896.
- 3- Sterling, T. R., Njie, G., Zenner, D., Cohn, D. L., Reves, R., Ahmed, A., ... & Belknap, R. (2020). Guidelines for the treatment of latent tuberculosis infection: recommendations from the National Tuberculosis Controllers Association and CDC, 2020.
- 4- Nahid, P., Mase, S. R., Migliori, G. B., Sotgiu, G., Bothamley, G. H., Brozek, J. L., ... & Seaworth, B. (2019). Treatment of drug-resistant tuberculosis. An official ATS/CDC/ERS/IDSA clinical practice guideline. *American journal of respiratory and critical care medicine*, 200(10), e93-e142.
- 5- CDC. Managing Drug Interactions in the Treatment of HIV-Related Tuberculosis [online]. 2013. Available from URL: http://www.cdc.gov/tb/TB_HIV_Drugs/default.htm
- 6- Araj, G. F., Saade, A., Itani, L. Y., & Avedissian, A. Z. (2016). Tuberculosis Burden in Lebanon: Evolution and Current Status. *Le Journal medical libanais. The Lebanese medical journal*, 64(1), 1–7. <https://doi.org/10.12816/0023824>

LOW BACK PAIN

OBJECTIVES:

- 1- State the magnitude of the problem
- 2- List factors which contribute to development of L.B.P.
- 3- Describe how to distinguish between the various causes (specific reference to musculoskeletal vs disc disease)
- 4- Summarize essential physical examination required when evaluating a patient with L.B.P. (and explain the significance of each test)
- 5- List major therapies available for L.B.P. in general

REFERENCES:

- 1- Casazza, B. A. (2012). Diagnosis and treatment of acute low back pain. *American family physician*, 85(4), 343-350.
- 2- Herndon, C. M., Zoberi, K., & Gardner, B. J. (2015). Common questions about chronic low back pain. *American Family Physician*, 91(10), 708-714.
- 3- Will, J. S., Bury, D. C., & Miller, J. A. (2018). Mechanical low back pain. *American family physician*, 98(7), 421-428.
- 4- Becker, B. A., & Childress, M. A. (2019). Nonspecific Low Back Pain and Return To Work. *American family physician*, 100(11), 697-703.
- 5- AFP by topic: Back Pain. Editors' Choice of Best Available Content. <https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=109>

OBESITY

OBJECTIVES:

- 1- Describe the major long term sequale of obesity
- 2- Detail the etiology, prevalence, demographic features, and pathophysiology of obesity
- 3- Describe the most practical, the most common and the most accurate methods for determining whether or not a patient is obese
- 4- Describe the basic principles of dieting and discuss the success rate for obese patients who diet

REFERENCES:

- 1- Curry, S. J., Krist, A. H., Owens, D. K., Barry, M. J., Caughey, A. B., Davidson, K. W., ... & US Preventive Services Task Force. (2018). Behavioral weight loss interventions to prevent obesity-related morbidity and mortality in adults: US Preventive Services Task Force recommendation statement. *Jama*, 320(11), 1163-1171.
- 2- Chang, K. L., Orlando, F. A., & Donahoo, W. T. (2020). How to Manage a Patient with Weight Regain. *American Family Physician*, 102(9), 567-570.
- 3- AFP by topic: Obesity. Editors' Choice of Best Available Content. <https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=19>

Targeted Physical Exams

OBJECTIVES:

Learn about and master performing the a complete focused physical exam. Some of the exams covered by lectures throughout the rotation include:

- 1- Hip exam
- 2- Knee exam
- 3- Ankle exam
- 4- Back exam
- 5- Shoulder exam
- 6- Neurology exam
- 7- Lymph nodes and thyroid exam

OBJECTIVES:

- 1- Define lifestyle medicine
- 2- Describe the importance of lifestyle medicine in prevention and management of diseases
- 3- Understand the best behavior change coaching modalities
- 4- Apply motivational interviewing techniques
- 5- Demonstrate ability to prescribe nutrition to manage chronic disease
- 6- Perform a basic nutrition assessment
- 7- Develop an exercise prescription plan for patients
- 8- Understand the basic skills for self-care and stress management
- 9- Understand the sleep's role in a healthy lifestyle and chronic disease management
- 10- Demonstrate ability to assist patients in developing smoking cessation plans
- 11- Define integrative medicine, list the integrative medicine categories, and understand the evidence-based complementary and alternative modalities use

REFERENCES:

- 1- AFP by topic: Complementary and Alternative Medicine. Editors' Choice of Best Available Content.
<https://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=60>
- 2- Kligler, B., Teets, R., & Quick, M. (2016). Complementary/integrative therapies that work: a review of the evidence. *American family physician*, 94(5), 369-374.
- 3- National Center for Complementary and Integrative Health. Health Information.
<https://www.nccih.nih.gov/>
- 4- National Center for Complementary and Integrative Health. Health Information: Complementary, Alternative, or Integrative Health: What's In a Name? 2018.
<https://www.nccih.nih.gov/health/complementary-alternative-or-integrative-health-whats-in-a-name>

Adolescent Encounter

OBJECTIVES:

1. Understand why adolescents are different
2. Know what challenges are encountered in the interview
3. Integrate tips for better communication with adolescents
4. Apply the HEADDSS questionnaire

REFERENCES

1. Klein D, Paradise S, Landis C. Screening and Counseling Adolescents and Young Adults: A Framework for Comprehensive Care- Am Fam Physician. 2020;101(3):147-158
2. Lim SW, Chhabra R, Rosen A, Racine AD, Alderman EM. Adolescents' views on barriers to health care: a pilot study. J Prim Care Community Health. 2012 Apr 1;3(2):99-103
3. Sawyer S, Azzopardi P, Wickremarathne D, Patton G. The age of adolescence (2018). The Lancet: Child and Ado Health, vol 2(5),223-228

RECOMMENDED READINGS

Textbooks

1. Essentials of Family Medicine; ed. Sloane PD, Slatt LM, Baker RM. Lippincott Williams & Wilkins; 6th edition (May 20, 2011)
2. Guide to Clinical Preventive Services. USPS Task Force 2014
<https://www.ahrq.gov/sites/default/files/publications/files/cpsguide.pdf>

Journals

You are encouraged to familiarize yourselves with medical journals pertaining to Family Medicine.

- 1) American Family Physician
- 2) Australian Family Physician
- 3) British Journal of General Practice
- 4) Canadian Family Physician

The clerkship allows time for private study when one of your tasks is to reinforce your clinical and seminar experience with relevant readings.