

*Ensuring and Evaluating the Delivery of Core Family Medicine  
and Geriatric Medicine Content in a Shortened  
Family Medicine LIC Experience.*

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# Objectives

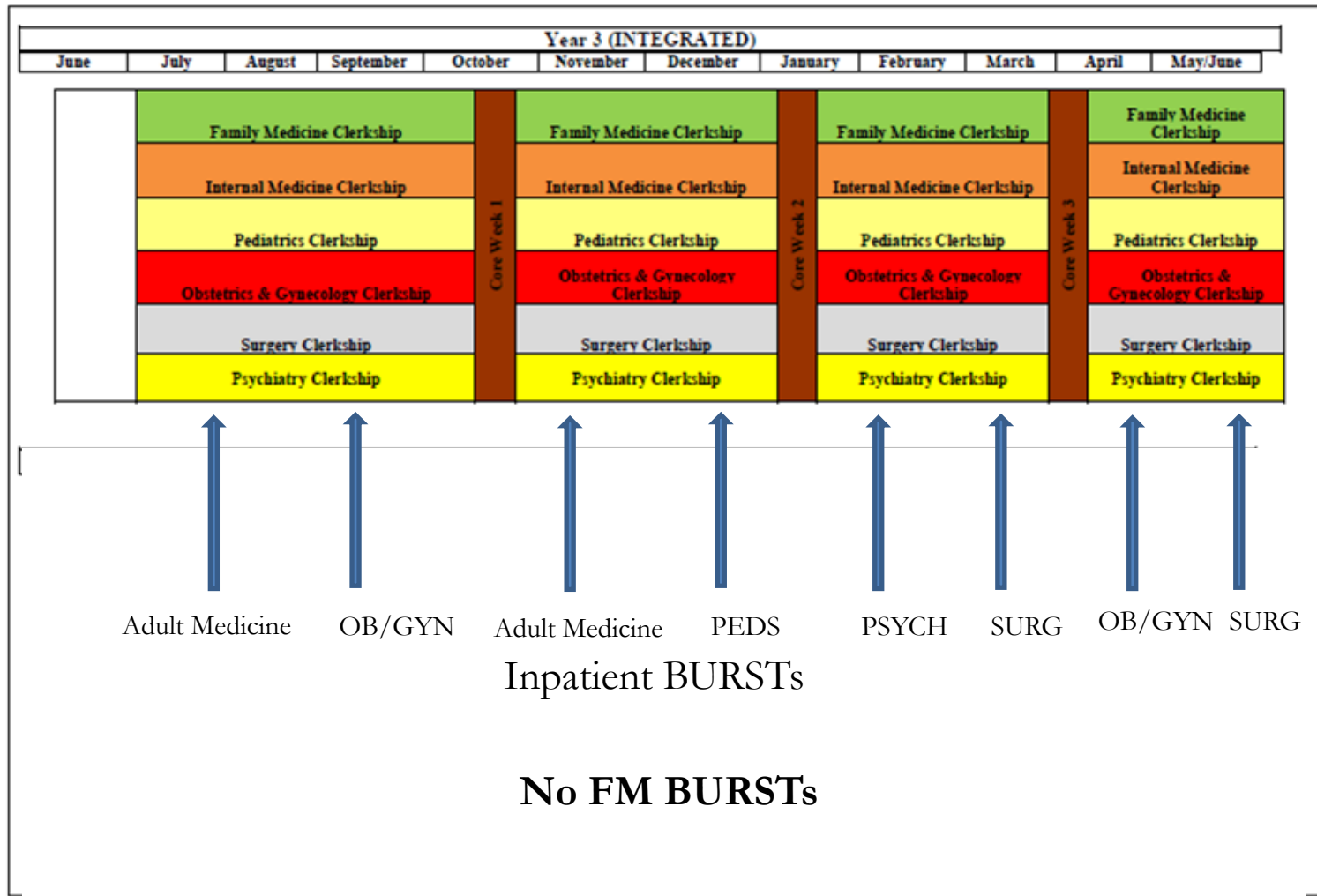
- Discuss the change in structure of our 3<sup>rd</sup> year LIC experience
- Illustrate the impact of the change on the Family Medicine LIC experience
- Discuss the changes made to augment the Family Medicine and Geriatric Medicine Course content
- Discuss the future plan to assess performance

# Campuses Currently

- 4 Regional Campuses
- 110 students
  - All LIC
- Preceptors
  - volunteer



# Previous Year 3 Curriculum





# Challenges

- 4 Regional Campuses
- Class size increased from 62 (class of 2013) to 100 (class of 2018)
  - Would necessitate increasing volunteer faculty from 450 to 700 for LIC, exceeding capacity
- Multiple interruptions
  - Limited and fragmented in-patient and outpatient experiences
    - concerns by students, faculty and LCME

# 2013-14, 2014-15 Clinical Education Day (CED)

- Every Friday through year
- FM q 6 weeks
  - Student Presentation Case/ICF Model
  - TBL (ex. Delirium/Dementia, Wheezing/Stridor, Fatigue, Abdominal Pain)
- MedU-fmCASES – Complete 6



- Self-Directed Learning Modules to Build Proficiency in the Core Competencies, Values & Attitudes of Family Medicine
  - build clinical problem-solving skills
  - evidence-based, patient-centered approach to care
- Cases encompass the learning objectives of the National Family Medicine Clerkship Curriculum

# MD3 Year

Longitudinal Curriculum (LIC)						Blocks							
July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	April	May	June		
<b>Outpatient Internal Medicine</b> <b>Outpatient Family Medicine</b> <b>Outpatient Surgery</b> <b>Outpatient Pediatrics</b> <b>Outpatient OB/GYN</b> <b>Outpatient Psychiatry</b>						<b>Inpatient Adult Medicine</b>	<b>Inpatient Surgery</b>	<b>Anesthesia</b>	<b>Inpatient Pediatrics</b>	<b>Inpatient OB/GYN</b>	<b>SELECTIVE</b>	<b>Inpatient Psychiatry</b>	<b>ELECTIVE</b>

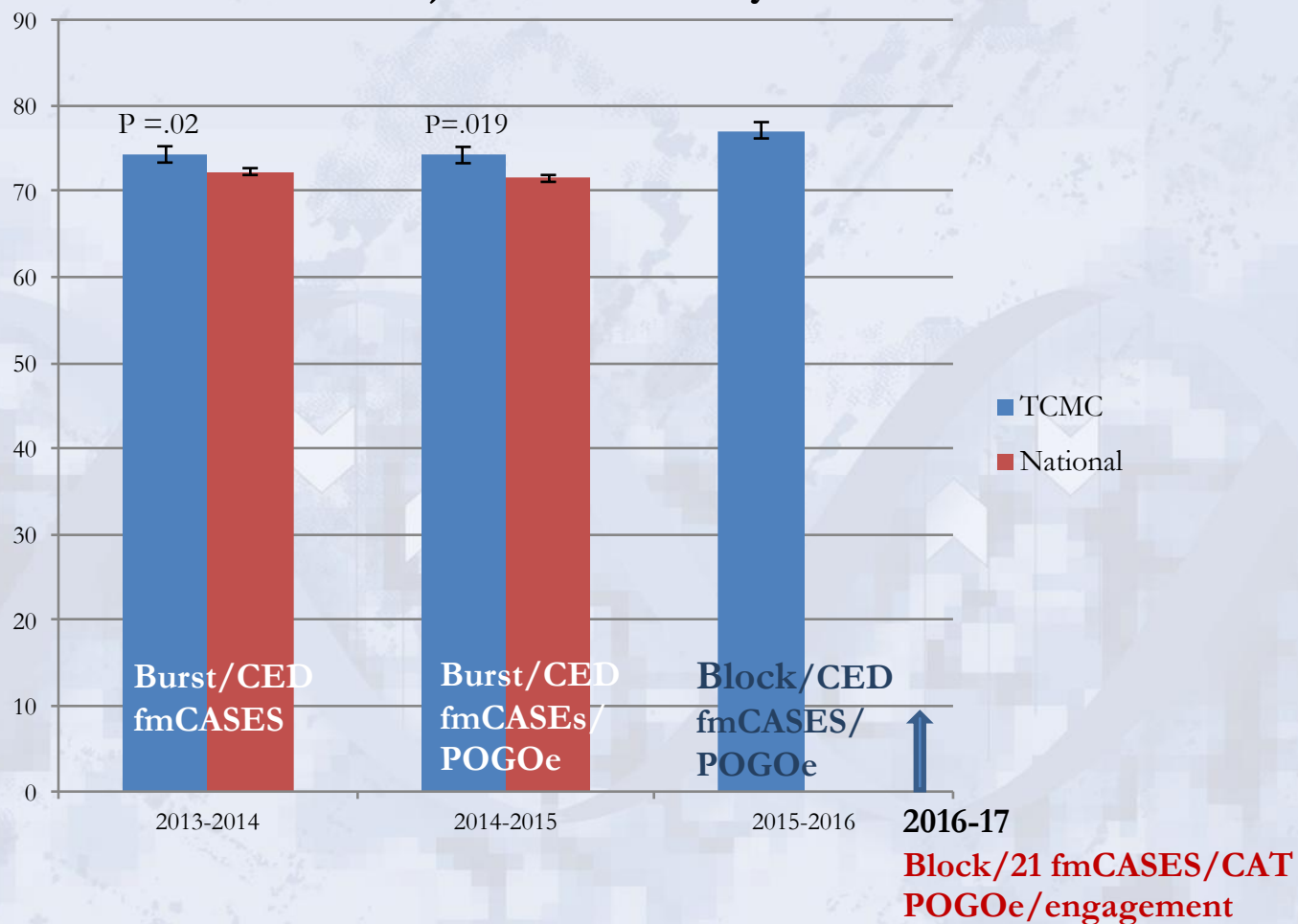
**NO FM Inpatient**



# FM LIC

- Prior to 2015-2016
  - 33 half day sessions
- Current
  - 23 half-day sessions

## NBME Subject Exam Family Medicine



# 2016-17 Clinical Education Day

- Every Friday through year
- FM q 6 weeks
  - ~~Student Presentation Case/ICF Model~~
  - TBL
- MedU-fmCases -6 → 21 with adequate engagement
- Case Analysis Tool (CAT)
- POGOe (Portal of Online Geriatric Education)
  - 10 → 11 with adequate engagement



fmCASES

# Complete Over Entire Year

- **Case #1:** 45 year old female annual exam – Mrs. Payne
- **Case #2:** 55 year old male annual exam – Mr. Reynolds
- **Case #4:** 19 year old female with sports injury – Christina Martinez
- **Case #7:** 53 year old male with leg swelling – Mr. Smith
- **Case #8:** 54 year old male with elevated blood pressure – Mr. Martin
- **Case #9:** 50 year old female with palpitations – Ms. Yang
- **Case #15:** 42 year old male with right upper quadrant pain – Mr. Keenan
- **Case #16:** 68 year old male with skin lesion – Mr. Fitzgerald
- **Case #18:** 24 year old female with headaches – Ms. Payne
- **Case #20:** 28 year old female with abdominal pain – Ms. Bell
- **Case #27:** 17 year old male with groin pain – Andrew Hailey
- **Case #28:** 58 year old male with shortness of breath – Mr. Barley
- **Case #31:** 66 year old female with shortness of breath – Mrs. Hernandez
- **Case #33:** 28 year old female with dizziness – Mrs. Saleh

# CED

## fmCASES & Case Analysis Tool(CAT)

Family Medicine TBL Topic	fmCases to be completed for TBL
Dementia	Case #29: 72 year-old male with dementia- Mr. Marshall
Abdominal Pain	Case #19: 39 year-old male with epigastric pain – Mr. Rodriguez
Wheezing and Stridor	Case #13: 40 year-old male with a persistent cough – Mr. Dennison
Diarrhea	
Neurology	Case #22: 70 year –old male with new onset unilateral weakness- Mr. Wright
Back Pain/Joint Pain	Case #10: 45 year- old male with low back pain – Mr. Payne
Fatigue/Sleep Disorders	Case #26: 55 year-old male with fatigue – Mr. Cunha

- CAT
  - takes students' ability to problem-solve to the next level
  - Similar to note write up for an OSCE and the Step CS exam.



## Case Analysis Tool Worksheet

Student's Name: \_\_\_\_\_ Case ID: **fmCases # 19**

### I. Epidemiology/Patient Profile

39 YO Latino farm worker

### II. Prioritized Cues from Hx and PE. (Do not include lab, x-ray, or other diagnostic test results here.)

- Tier 1: The cues (may be positive or negative) that contribute most to the diagnosis of the active problem.
- Tier 2: These are cues of intermediate importance (list only positive cues).
- Tier 3: Of least importance (list only positive cues).

Tier 1	Tier 2	Tier 3
Epigastric burning pain	Alcohol use	Farm worker
Chronic	Only recently quit smoking	No insurance
No warning signs		
Epigastric tenderness		
No peritoneal signs		
Chronic/daily NSAID use		

### III. Problem Statement

Mr. Rodriguez is a previously well 39-year-old latino immigrant who presents with chronic progressively worsening epigastric burning pain. He denies any vomiting, hematemesis, hematochezia, melena or association with meals. He recently quit smoking, consumes alcohol occasionally, takes NSAIDs daily and traditional herbal teas. On physical exam there is mild epigastric tenderness without guarding, rebound, mass or organomegaly.

### IV. Differential Diagnosis

Based on what you have learned from the history and physical examination, list up to 3 diagnoses that might explain this patient's complaint(s). List your most likely diagnosis first, followed by two other reasonable possibilities. For some cases, fewer than 3 diagnoses will be appropriate. Then, enter the positive or negative findings from the history and the physical examination that support each diagnosis.

Leading dx:

GERD

History Finding(s)	Physical Exam Finding(s)
Epigastric pain	Epigastric tenderness
Burning quality	no peritoneal signs
No vomiting	no
No warning signs	

Alternative dx:

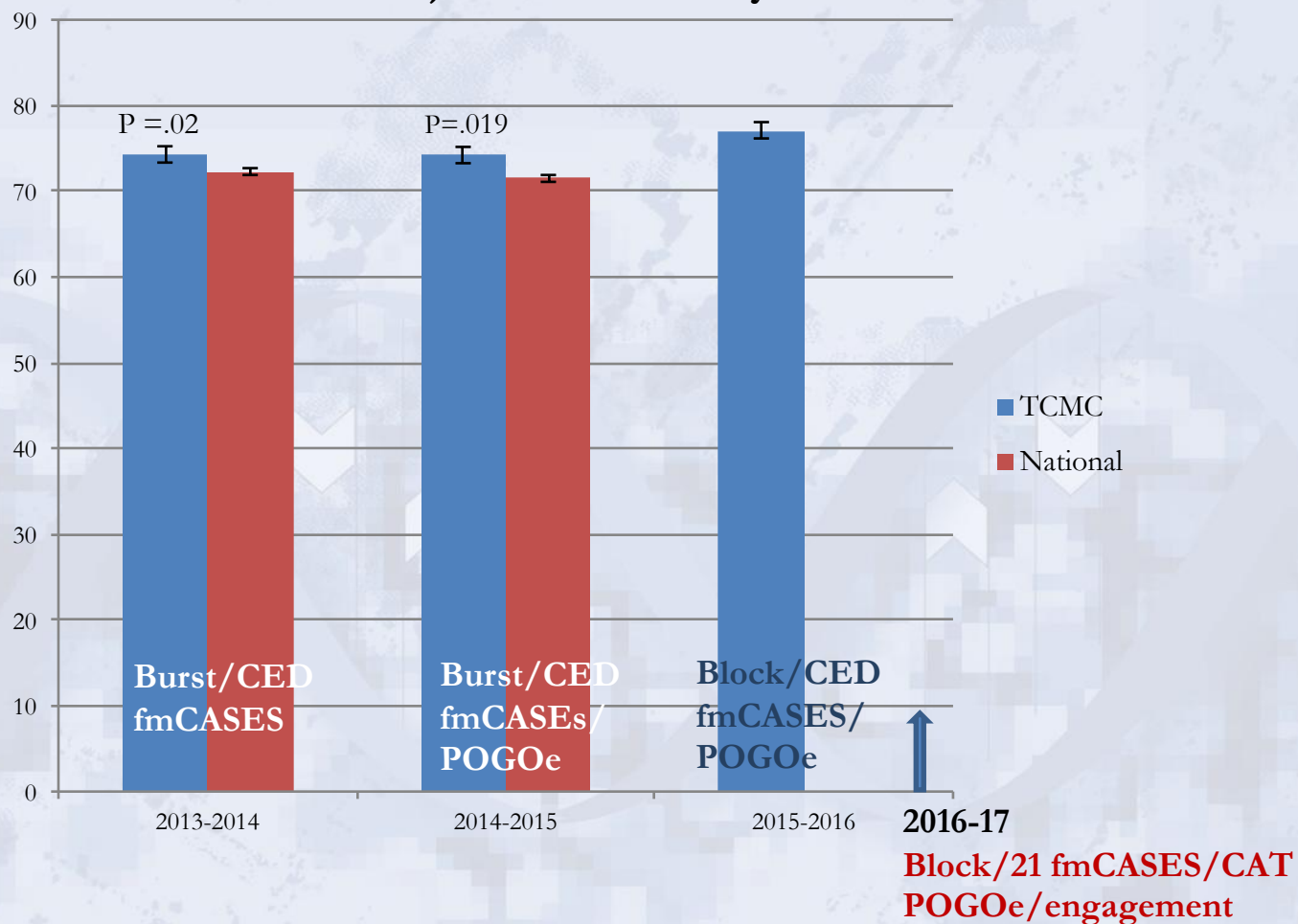
PUD

History Finding(s)	Physical Exam Finding(s)
Epigastric pain	Epigastric tenderness
Burning quality	no other PE findings
NSAID use daily	



- Atypical Presentation of Pneumonia (Mrs. Mahmoud)
- Behavioral and Psychiatric Symptoms of Dementia (Mrs. Williams- Owens)
- Elder Abuse (Mrs. James)
- Falls (Mrs. Pierce)
- Functional Status and Home Safety (Mrs. Purcell)
- Medication Management in Elders: Hypoglycemics (Mrs. Green)
- Pressure Ulcers (Mrs. Jones)
- Prognosis and Screening (Mr. and Mrs. Walters)
- Urinary Concerns in Older Men (Mr. Thompson)
- Urinary Incontinence (Mrs. Street)
- Depression (Mr. Rodriguez)

## NBME Subject Exam Family Medicine



# Questions/Comments/Suggestions?



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