

Each patient has a story.

A Patient's Story, including the description, reflection, and slide with image (described below)—all must be submitted to the Clerkship Coordinator **by 8 am on Friday of Week 7 of the Clerkship**. To receive credit, your story must meet all criteria and be written using appropriate grammar, spelling, and punctuation.

You may be asked to present your story and reflection as part of a class exercise.

STEPS TO TAKE

Select a patient to interview. Consider a patient you want to understand better or get to know better. Choose someone who faces challenges associated with a **Social Determinant** known to affect health, including, but not limited to:

- Financial problems that affect having enough to eat; getting medical care or medication; stable housing; utilities; transportation to work, school; getting childcare.
- Feeling unsafe in home, community, school, or workplace.
- Current or past experience of trauma significantly affecting their life.
- Mental health conditions making it more difficult for the person to function.
- A disability of any kind making it more difficult for the person to function.
- Social isolation, lack of social or emotional support.
- Someone who has experienced stigma, negative stereotypes, discrimination, or violence based on religion, race, ethnicity, gender, sexual orientation, age, body size, physical or systemic powerlessness, medical or mental health problems.

Obtain consent. Your supervising faculty or resident may be helpful as you select your patient to interview; please seek their advice and consent to interview the patient. Interviews often take place after the visit or patient encounter, often by telephone. Students sometimes feel awkward broaching these topics; they worry about revisiting painful experiences or making the patient uncomfortable. Invite the patient to participate in an interview with you – tell them the purpose is to get to know a patient better and understand them as a whole person. Describe this as an important part of your medical education. Give clear permission for the patient to decline or stop at any time. You may share the assignment description with them by reading it. When approached with real interest, patients feel listened to and validated, rather than exposed.

You may be asked to present your story and reflection as part of a class exercise.

Example Stories (this does not include the reflection you will write in addition)

I am Sharice

I am more than a Black, single mother of 3 with 3 jobs; more than Monoclonal gammopathy of undetermined significance (MGUS); more than herpes; more than depression. The most important thing for me is my kids and having a home of my own. “I can’t stand to watch how my father treats my mother, or how she takes it. I want to raise my children in a home with no yelling.” “My oldest is 18, same age I was when I had him. I have worked and gone to school my whole life. I would finish my degree right now, if I had time, but if I don’t pay on my student loans, they take it out of my check.” “I work at the hospital full time and part-time shop for people who get groceries online. I used to work at Amazon at night, but it got too much. I went back to cleaning at night, because it is easier on my body.” “My youngest is 12 and she is beautiful, my joy. I just want to make sure no one hurts her.”

I am Nashua

I am 62 years old, a native of Oklahoma, but I have lived in this area since the early 80s. I am more than a childless old man. I am more than a terminal diagnosis of esophageal cancer. I am an artist, and my paintings, sculptures, and photographs are on display throughout the city. Teaching painting classes at my church brings me joy because I challenge my students to be better painters and better people. I challenge them to pay attention and see the world around them. I am in love with a woman I plan to marry. “I think I’ve got it right this time.” I hope to be remembered for my art and good will.

Example Image Slides

Remediation Guidelines for Any Family Medicine Clerkship Failure (FM Clerkship Appendix F)

Please refer to the Grading Tabulations Form in this syllabus.

Procedures

Patient logging instructions for JayLog, Mid-Clerkship Feedback, NBME Subject Exams (general information, remediation and make-ups, extenuating circumstances, reporting of exam scores)

Clerkship Competency Assessment

Surgery Clerkship Competencies and Learning Objectives

Assessment of graduation competencies will take place throughout the clerkships. The subject exams assess knowledge for practice. Faculty ratings during small group activities, preceptor visits, clinical skills and simulation exercises as well as other activities will evaluate your skills and abilities in additional competencies as you apply your knowledge and collaborate with patients and colleagues. Competency evaluations will be aggregated into ratings of Meets Expectations or Below Expectations.

[KU SOM Graduation Competencies](#)

Surgery Learning Objectives	General Competency/Domain	SOM ACE Competencies
Students will demonstrate competent skill in basic surgical techniques and know the proper application of those skills.	Patient Care (PC)	PC1. Demonstrate proficiency in performing selected clinical procedures. (see Table #.)
Students will acquire History and Physical Exam skills which lead to accurate assessment and planning of Surgical Care	Patient Care (PC)	PC2. Elicit thorough medical histories using questions appropriate for the patient's presenting concerns.
Students will acquire History and Physical Exam skills which lead to accurate assessment and planning of Surgical Care	Patient Care (PC)	PC3. Perform both comprehensive and focused physical exams with sensitivity to patient comfort. Select techniques appropriate to the complexity and acuity of the patient.
Students will integrate obtained clinical encounter data	Patient Care (PC)	PC4. Interpret core laboratory data, imaging studies, and

points into a cogent, evidence based treatment recommendation		other tests required for the area of practice.
Students will justify problem oriented differential diagnoses over a variety of clinical scenarios	Patient Care (PC)	PC5. Develop a logical prioritized differential diagnosis as the basis for informed decisions about diagnostic and therapeutic interventions.
Students will acquire knowledge of common disease processes in which standard treatment includes surgical considerations.	Patient Care (PC)	PC6. Develop evidence-based patient management plans.
Students will differentiate appropriate surgical repairs of common skin and soft tissue defects	Patient Care (PC)	PC6. Develop evidence-based patient management plans.
Students will delineate examples of efficient and complete transitions of care	Patient Care (PC)	PC7. Demonstrate an effective handoff of a patient from one level of care to another.
Students will be able to incorporate social determinants of health to promote patient education and enablement of wellness regardless of patient or population based needs	Patient Care (PC)	PC8. Counsel and educate patients and their families about health conditions and disease prevention.
Students will provide justifications for interventions aimed at diagnosis and management of surgical maladies	Knowledge for Practice (KP)	KP1. Apply investigative and analytical approaches to address clinical situations.
Students will research and present evidence based recommendations for surgical diagnoses	Knowledge for Practice (KP)	KP2. Apply scientific principles and knowledge to provide evidence-based health care for patients and populations.

Students will engage in self reflection to identify practice strengths and weaknesses, with emphasis on methods of improvement	Practice-Based Learning/Improvement (PBLI)	PBLI1. Identify strengths, deficiencies, and limits in his/her knowledge and performance.
Students will develop knowledge, skills, attitudes and behaviors toward learning, which perpetuate lifelong learning inquisitiveness and evidenced based practice	Practice-Based Learning/Improvement (PBLI)	PBLI2. Set personal goals to improve performance and demonstrate progress in achieving them.
Students will integrate feedback from management of a standardized patient scenario to prospective interactions	Practice-Based Learning/Improvement (PBLI)	PBLI2. Set personal goals to improve performance and demonstrate progress in achieving them.
Students will illicit feedback from peers, residents, and faculty and constructively incorporate this information into their performance	Practice-Based Learning/Improvement (PBLI)	PBLI3. Solicit and incorporate appropriate feedback into patient care.
Students will routinely track clinical encounters, diagnoses, and duty hours throughout the clerkship	Practice-Based Learning/Improvement (PBLI)	PBLI4. Integrate information technology to optimize learning and performance.
Students will assimilate leading scientific evidence into formulated patient treatment plans	Practice-Based Learning/Improvement (PBLI)	PBLI5. Access and appropriately incorporate new knowledge, guidelines, standards, technologies, products, or services to improve outcomes.
Students will share information accurately in clinical settings with patients and caregivers	Interpersonal and Communication Skills (ICS)	ICS1. Demonstrate interpersonal and communication skills that result in the effective exchange of information with patients, families, peers and / or other team members.
Students will communicate and collaborate with peers, mentors	Interpersonal and	ICS2. Communicate effectively and appropriately

and allied health care personnel in an effective and professional manner	Communication Skills (ICS)	with peers, supervisors, other health professionals, and representatives of health related agencies.
Provide adequate documentation of procedural events	Interpersonal and Communication Skills (ICS)	ICS3. Maintain comprehensive, accurate, timely, and legible medical records.
Students will obtain informed consent based on ethical principles and ensure understanding from patients	Professionalism (P)	P1. Demonstrate compassion, integrity, and respect for others in patient care and educational environments.
Students will demonstrate professional appearance, attendance and behavior consistent with that expected of a physician in training	Professionalism (P)	P3. Respect patient privacy and autonomy.
Students will appreciate the influence of social determinants of health in various populations	Professionalism (P)	P4. Demonstrate sensitivity and responsiveness to a diverse patient population.
Students will understand the roles of medical students on the Surgery Clerkship and the role of Surgeons in health care delivers	Systems-Based Practice (SBP)	SBP1. Work effectively in various health care delivery settings and systems.
Students will assist clinical teams in the acquisition of information and physical items needed to deliver patient care	Systems-Based Practice (SBP)	SBP2. Contribute to the coordination of patient care within the health care system.
Students will analyze options of surgical management with regard to risk calculation and economic implications of care	Systems-Based Practice (SBP)	SBP3. Incorporate cost effectiveness and risk-benefit analysis in patient and/or population-based care.
Students will assist clinical teams in the acquisition of information and physical items needed to deliver patient care	Interprofessional Collaboration (IPC)	IPC1. Work with other health professionals to establish and maintain a climate of mutual respect, inclusion, ethical integrity, and trust.