COURSE SYLLABUS

Kansas City University

College of Osteopathic Medicine

Academic Year 2025-26

Faculty

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Course Identification

Course Code: FMED 301
Course Name: Core Family Medicine

Term:
Block:
Track:

Instructional Delivery Mode:
Instructional Format: Clinical

Program

☐ Anesthesiologist Assistant
☐ Bioethics
☐ Biomedical Sciences
☐ Biomedical Sciences Research
☐ Clinical Psychology
☐ Dental Medicine
☒ Osteopathic Medicine

Curricular Course Type:
Core Requirement

Course Description

This required clerkship provides students with clinical exposure, observation, and training to further their understanding of family medicine, which has been described as caring for the patient across the lifespan (includes pediatric to geriatric patients). Students will focus on ambulatory management of common acute and chronic medical problems within a primary care setting.

Days/Time/Location

Prerequisites

Engagement

Credit Hours: 4
Contact Hours:

Course Dates

Start:
End:

Required Resources

Syllabus content and language are subject to change.

Required Textbooks and Readings

Bickley LS, Szilagyi, PG: *Bates' Guide to Physical Examination and History Taking*, 13th Edition 2021, Lippincott, Williams & Wilkins, Baltimore, Maryland

Chila AG: *Foundations of Osteopathic Medicine*, 4th edition, 2018, Lippincott, Williams & Wilkins, Baltimore, Maryland

Nelson KE, Glonek T: *Somatic Dysfunction in Osteopathic Family Medicine*, 2015, Lippincott, Williams & Wilkins, Baltimore, Maryland

Nicholas AS, Evan A. Nicholas EA Atlas of Osteopathic Techniques, 4e, 2023, Lippincott, Williams & Wilkins, Baltimore, Maryland

Smith MA, Schrager S and WinklerPrins V eds. Essentials of Family Medicine, 7e, 2019 Wolters Kluwer

South-Paul JE, Matheny SC, Lewis EL. eds. CURRENT Diagnosis & Treatment: Family Medicine, 5e New York, NY: McGraw-Hill

Recommended Resources

BATES' Visual Guide to Physical Examination Videos (good for head-to-toe assessments of adult, child and infant) http://batesvisualguide.com/

The United States Preventive Services Taskforce is a reference source for evidence-based health promotion/disease prevention plans.

Centers for Disease Control and Prevention for immunization schedules: https://www.cdc.gov/vaccines/imz-schedules/index.html

Grading Scale

H (Honors) are reported when all the following are met (Core clerkships only):	• Student achieves honors score on the first attempt COMAT Exam (Core Clerkships) • Clinical Competency Assessment receives a "meets expectations" or "exceeds expectations" in all areas of the evaluation including comments • Enrollment Verification, Clerkship Reflection, Evaluation of Preceptor are completed • CANVAS requirements are successfully met (Core Clerkships)

P (Pass) is reported when:	• Student achieves a passing score on the COMAT Exam on first attempt (Core Clerkships) • Clinical Competency Assessment receives a "meets expectations" or "exceeds expectations" • Enrollment Verification, Clerkship Reflection, Evaluation of Preceptor are completed • CANVAS requirements are successfully met • Student achieves a Pass after remediating a failed clerkship
F/P (Fail/Pass of Course) is reported when the student received an F (Failure of the Course) but then passes the course upon remediation:	• Student fails COMAT once, then successfully remediates ○ This includes if you honor second attempt • Clinical Competency Assessment receives a recommended fail on first attempt of the clerkship, then successfully remediates the clerkship • Student fails same COMAT Exam twice and successfully passes the remediation of the clerkship and COMAT • Student achieves honors score on COMAT Exam, but fails the clerkship, then successfully repeats clerkship
F (Failure of Course) is reported when student fails both the course and remediation:	• Student fails clerkship remediation • Student fails the same COMAT Exam twice, then fails remediation of clerkship and/or COMAT Exam

Course Goals

Health care provided by family physicians has several unique characteristics that are shown in the table below. These characteristics are highly interwoven with one another and include the importance of knowing your patient, provisions of care within a community versus tertiary-care setting, and having the opportunity to provide different types of care within the same visit. Although many types of physicians provide first-contact care, the characteristics listed below are not always present. Understanding how to provide acute and chronic disease care within this context is of benefit to all medical students.

Key Characteristics of Family Physicians
Prior knowledge of the patient – allows a thoughtful staged, tailored approach
Care for a diverse population
Provide care in a community setting
Multipurpose visits – e.g. address health promotion in an acute visit
Staged diagnostic approach
Opportunity for follow-up care

Learning Objectives

Please reference the Clinical Education Guidelines for:

- AOA Core Competencies
- EPA's (Core Entrustable Professional Activities)

Acute Care

Learning Objectives for Acute Presentations		
At the end of the clerkship, for each common symptom, students should be able to:	**AOA Core Competency** *Appendix #1*	**AAMC Entrustable Professional Activity** *Appendix #2*
Perform appropriate structural evaluation and osteopathic manipulative treatment under supervision (A & C)	3, 4, 5	3, 4, 11, 12
Differentiate among common etiologies based on the presenting symptom.	2, 3	2
Recognize "don't miss" conditions that may present with a particular symptom	2, 3.	2
Demonstrate performance of a focused history and physical examination.	1, 3, 4	1
Interpret information for a patient's history and physical exam to determine most likely diagnosis.	1, 2, 3	1, 2
Discuss the importance of a cost-effective approach to the diagnostic work-up.	3, 5	3, 4, 9
Describe the initial management of common and dangerous diagnoses that present with a particular symptom.	1, 2, 3	3, 4
Document an acute care, chronic care, or health maintenance visit.	3, 4, 6	5

Chronic Care

The percentage of patients who have chronic disease is large and increasing with the aging of the population. Care for patients with chronic diseases requires substantial health care resources. Family physicians provide a large portion of this care, often coordinating this care among many types of subspecialists. Every student benefits from learning about chronic disease management. General components of the approach to chronic care, appropriate for a third-year medical student, include diagnosis, surveillance, treatment, and shared goal-setting. Important characteristics of chronic disease management provided by family physicians are shown here:

Key Features of Chronic Disease Management by Family Physicians
Chronic disease management knowledge and skill
Attention to comorbidities

Continuity context
Relationship with the patient
Patient empowerment and self-management support

Many patients have more than one chronic disease. In caring for those patients, continuity increases efficiency and improves patient outcomes. Similar to diagnosis in acute care, continuity allows the family physician to address multiple issues in stages. Students should understand, however, that a follow-up visit with a patient is different than the initial visit with a patient and is also different from an acute problem visit. Students should also learn that a therapeutic physician-patient relationship facilitates negotiation and improves physician and patient satisfaction and outcomes.

Learning Objectives for Core Chronic Presentations		
At the end of the clerkship, for each core chronic disease, students should be able to:	**AOA Core Competency** *Appendix #1*	**AAMC Entrustable Professional Activity** ***Appendix #2***
Find and apply diagnostic criteria.	1, 2, 3	1, 2, 3, 7
Find and apply surveillance strategies.	2, 3	3, 4, 7
Elicit a focused history that includes information about adherence, self-management and barriers to care.	1, 3, 4, 5	1
Perform a focused physical examination that includes identification of complications.	3	1
Assess improvement or progression of chronic disease.	3	3
Describe major treatment modalities.	2, 3	3, 4
Propose and evidence-based management plan that includes pharmacologic and non-pharmacologic treatments and appropriate surveillance and tertiary prevention	2, 3, 7	3, 4, 7
Communicate appropriately with other health professionals that are involved in the patient's care (e.g. physical therapists, nutritionists, counselors).	4	5, 6, 8, 9
Communicate respectfully with patients who do not fully adhere to their treatment plan.	4	1, 2, 3, 4
Educate a patient about an aspect of his/her disease respectfully, using language that the patient understands. When appropriate, ask the patient to explain any new understanding gained during the discussion.	4	1, 2, 3, 4

The table in Appendix #3 offers details regarding topic-specific objectives, common and serious complications, and related osteopathic skills.

Health Promotion & Preventive Care

Health promotion is an essential component of every person's health care. Family physicians provide health promotion to all patents regardless of life stage or gender. The United States Preventive Services Task Force

recommendations are the most appropriate for students to learn in the family medicine clerkship. Creating an individualized health promotion plan requires a preventive medicine knowledge base and skills in negotiation and patient education. Family physicians are skilled in prioritization and must partner with patients to determine which preventive services are appropriate, important, and affordable. Clinical prevention can be included in every office visit. Learning to "juggle," i.e. prioritize or co-manage, acute, chronic, and prevention agendas, is an advanced skill that even practicing family physicians are continually trying to improve.

CORE HEALTH PROMOTION/PREVENTION TOPICS		
Children and Adolescents	Abuse and neglect	Diet/exercise
	Family/social support	Growth and development
	Hearing	Lead exposure
	Nutritional deficiency	Potential for injury
	Sexual activity	Tuberculosis
	Vision	Recommended immunizations
Adults	Breast cancer	Cervical cancer
	Colon cancer	Coronary artery disease
	Depression	Fall risk in elderly patients
	Type 2 diabetes	Obesity
	Osteoporosis	Prostate cancer
	Sexually transmitted infections	Substance use/abuse
	Intimate partner and domestic violence	
	Recommended immunizations	

Learning Objectives for Health Promotions and Preventive Care		
At the end of the clerkship, for each core chronic disease, students should be able to:	**AOA Core Competency** *Appendix #1*	**AAMC Entrustable Professional Activity** ***Appendix #2***
Define wellness as a concept that is more than "not being sick."	1, 2, 3	2, 3, 7,
Define primary, secondary, and tertiary prevention.	2, 3	3
Identify risks of specific illnesses and behaviors that affect screening and treatment strategies	3	2, 3
Develop a health promotion plan for a patient of any age or either gender that addresses the core health promotion conditions listed in topic table below.	3	4
Identify and perform recommended age-appropriate screenings.	3	3
Elicit a gynecological and obstetric history for appropriate screening and treatment.	3, 4	1

Conduct a physical examination on a child and recognize normal and abnormal physical findings in various age groups.	3	1
Apply the stages of change model and use motivational interviewing to encourage lifestyle changes to support wellness (weight loss, tobacco cessation, safe sexual practices, physical activity, nutrition, diet).	3, 4	7, 9, 12
Provide counseling related to health promotion and disease prevention.	3	12
Provide pediatric patients and their families with anticipatory guidelines based on developmental stage and health risks.	3	12
Discuss an evidence-based, stepwise approach to counseling for behavior change, including tobacco cessation.	3	12
For each core health promotion condition in the topic table below, discuss who should be screened and methods of screening.	3	12
Find and apply the current guidelines for immunizations, including protocols to "catch-up" a patient with incomplete prior immunizations.	2, 3	12
Communicate effectively with children, teens, and families.	4	1, 4, 12

Topic	Topic-Specific Objectives	Common Complications	Emergent/ Serious Complications	Osteopathic Clinical Skills
Abdominal Pain	Recognize the need for emergent versus urgent versus non-urgent management for varying etiologies of abdominal pain. Obtain appropriate history and physical including acute vs. chronic duration and associated symptoms.	Gastro-esophageal reflux disease (GERD), gastritis, gastroenteritis, irritable bowel syndrome, dyspepsia	Appendicitis, diverticulitis, cholecystitis, inflammatory bowel disease, ectopic pregnancy, and peptic ulcer disease	Differentiate the signs and symptoms of a surgical versus non-surgical abdomen. Utilize appropriate OMT modalities to address non-urgent etiologies of abdominal pain
Abnormal Vaginal Bleeding	Elicit an appropriate menstrual history Recognize when vaginal bleeding is abnormal	Pregnancy, cervical polyp, endometrial hyperplasia, medication related	Ectopic pregnancy, endometrial cancer, hormone producing tumors	
Chest Pain	Describe how age and comorbidities affect the relative frequency of common etiologies Apply clinical decision rules that use pretest probability to guide evaluation Recognize indications for emergent versus urgent versus non-urgent management for varying etiologies of chest pain Recognize cardiac ischemia and injury on electrocardiogram	Gastrointestinal (e.g., GERD), musculoskeletal (e.g., costochondritis), cardiac (e.g., angina and myocardial infarction), and pulmonary (e.g., pulmonary embolism, pneumothorax)	Myocardial infarction, aortic dissection, pulmonary embolism, pneumothorax	

Topic	Topic-Specific Objectives	Common Complications	Emergent/ Serious Complications	Osteopathic Clinical Skills
Common Skin Lesions	Describe a skin lesion using appropriate medical terminology	Actinic keratosis, seborrheic keratosis, keratoacanthoma, melanoma, squamous cell carcinoma, basal	Melanoma	

Common Skin Rashes	Describe the characteristics of the rash Prepare a skin scraping and identify fungal elements	Atopic dermatitis, contact dermatitis, scabies, seborrheic dermatitis, and urticarial		
Cough	Understand how pretest probability and the likelihood of test results altering treatment can be used to guide diagnostic testing Recognize pneumonia on a chest X-ray Conduct an appropriate pulmonary examination including auscultation,	Infections: pneumonia, bronchitis, or other upper respiratory syndromes, and sinusitis Non-infectious causes: asthma, GERD, and allergic rhinitis	Lung cancer, pneumonia and tuberculosis	Consider MFR to anterior cervical fascia, ME or HVLA to cervicals or thoracics, open thoracic inlet, dome diaphragm, treat ribs
Dementia (acute symptoms)	Describe the difference between acute delirium and dementia Perform a screening test for cognitive decline (e.g. the clock drawing test or the Mini-Mental Status Examination) Select appropriate initial diagnostic tests for a patient presenting with memory loss, focusing on tests that identify treatable causes	Infection (UTI, respiratory, etc.), electrolyte disturbance, urinary retention, pain, substance use/abuse, medication effect, depression	Acute cerebrovascular accident	
Depression (initial presentation)	Appreciate the many presentations of depression in primary care (e.g. fatigue, pain, vague symptoms, sleep disturbance, and overt depression) Use a validated screening tool for depression Assess suicide risk	Depression in elderly patients, depression associated with serious medical illness (e.g. MI, cancer, CHF, DM etc.), drug use, thyroid dysfunction, major depressive disorder	Intimate partner violence, child abuse/neglect, hypothyroidism, drug use, bipolar disease, suicide risk assessment	Release OA, rib raising, MFR to cervical/, thoradic/, lumbar, cranial (vault hold, CV4)

	Recognize when diagnostic testing is indicated to exclude medical conditions that may mimic depression Recognize the role of substance use/abuse in depression and the value of identifying and addressing substance use in depressed patients Recognize the potential effect of depression on self- care and ability to manage complex comorbidities			
Dizziness	Distinguish between vertigo, disequilibrium, pre-syncope, and lightheadedness Identify cardiogenic causes of dizziness on EKG	Benign positional vertigo (BPV), labyrinthitis, medications, arrhythmia, psychiatric, autonomic dysfunction, and orthostatic dizziness	Cerebral vascular disease (CVA), brain tumor, Ménière's Disease, and cardiogenic causes (e.g. arrhythmia)	Consider cranial (address temporal bone, periauricular drainage technique)
Dysuria	Interpet a urinalysis Discuss when to consider ordering further testing	Urethritis, bacterial cystitis, pyelonephritis, prostatitis, STI, and vulvovaginal candidiasis		Sacral base inhibition, OA release, assess and treat innominates and psoas
Fever	Describe a focused, cost-effective approach to evaluation and diagnostic testing Propose prompt follow-up to detect treatable causes of infection that appear after the initial visit	Viral upper respiratory syndromes, viral GI syndromes, streptococcal pharyngitis, influenza, and otitis media, medications	Meningitis, sepsis, fever without localizing signs, fever in special populations (immunosuppressed, infants age < 3 mo., returned traveler, unimmunized or under-immunized patient)	
Headache	Form a differential diagnosis based on patient history and physical exam Determine when imaging is appropriate	Tension, migraine and sinus headaches	Meningitis, subarachnoid hemorrhage, and temporal arteritis	OMT if indicated: Cranial technique, cervical and thoracic BLT, Stills, FPR, MFR, ME, HLVA

Joint Pain and Injury	Describe the difference between acute and overuse injuries Elicit an accurate mechanism of injury Perform an appropriate musculoskeletal examination Apply the Ottawa decision rules to determine when it is appropriate to order ankle radiographs Apply the Ottawa decision rules to determine when it is appropriate to order knee radiographs Detect a fracture on standard radiographs and accurately describe displacement, orientation, and location (e.g., nondisplaced spiral fracture of the distal fibula) Perform a large joint aspiration or injection	Ankle sprains and fractures, knee ligament and meniscal injuries, shoulder dislocations and rotator cuff injuries, hip pain, Carpal Tunnel Syndrome, osteoarthritis, and overuse syndromes (e.g., Achilles' tendinitis, patella-femoral pain syndrome, subacromial bursitis/rotator cuff tendinosis)	Septic arthritis, acute compartment syndrome, acute vascular compromise associated with a fracture or a dislocation	Consider S-CS technique for sprains, ME to increase ROM, lymphatics, MFR. HVLA to areas above or below affect3ed joints.
Leg Swelling	Recognize the need for urgent versus non-urgent management for varying etiologies of leg swelling, including when a Doppler ultrasound test for DVT is indicated	Venus stasis and medication-related edema, low albumin states	Deep venous thrombosis (DVT), obstructive sleep apnea, CHF	Note OMT contraindicated in DVT For edema, consider lymphatic technique and addressing diaphragms
Low Back Pain	Describe indications for plain radiographs in patients with back pain Conduct an appropriate musculoskeletal examination that includes inspection, palpitation, range of motion, and focused neurologic assessment	Muscle strain, altered mechanics including obesity, and nerve root compression	Aneurysm rupture, acute fracture infection, spinal cord compromise, and metastatic disease	Consider S-CS, MFR, ME, HVLA to L-spine, treat psoas contracture, piriformis stretch
Male genitourinary symptoms	Select appropriate laboratory tests for a male patient with urinary complaints	Inguinal hernia, cystitis/prostatitis, benign prostatic hypertrophy, erectile dysfunction, hydrocele, varicocele	Testicular torsion, prostate or testicular cancer	
Pregnancy (initial presentation)	Recognize that many family physicians incorporate prenatal care and deliveries			Sacral inhibition, OA release, assess

	into their practices and studies support this practice Recognize common presentations of pregnancy, including positive home pregnancy test, missed/late period, and abnormal vaginal bleeding Appreciate the wide range of responses that women and their families exhibit upon discovering a pregnancy			and treat sacral lesions, psoas and piriformis contractures
Shortness of Breath/ Wheezing	Assess a patient with dyspnea for signs of clinical instability Describe the role of laboratory testing and imaging in diagnosis of CHF and pulmonary embolism Locate and apply evidence-based guidelines for pharmacologic management of asthma Teach patients appropriate technique and use of maintenance medications and rescue inhalers Develop and asthma action plan for patients Recognize typical radiographic findings of COPD, CHF, and pneumothorax Interpret pulmonary function testing to distinguish between asthma, COPD, and restrictive lung disease	Asthma, chronic obstructive pulmonary disease (COPD), obesity, angina, and congestive heart failure (CHF), bronchiolitis	Exacerbations of asthma or COPD, pulmonary embolus, pulmonary edema, pneumothorax, and acute coronary syndrome	For asthma or COPD: Open inlet, rib raising, pec traction for lymphatic treatment
Upper Respiratory Symptoms	Recognize that most acute upper respiratory symptoms are caused by viruses and are not treated with antibiotics Determine a patient's pretest probability for streptococcal pharyngitis and make appropriate treatment decision (e.g., empiric treatment, test, or	Infections: viral upper respiratory infection, bacterial sinusitis, streptococcal pharyngitis, otitis media, mononucleosis Non-infectious causes: allergic rhinitis		Open inlet, sinus milking, periauricular drainage technique, galbreath technique, vault hold, CV4

	neither treat nor test)			
Vaginal Discharge	Discuss the interpretation of wet prep and potassium hydroxide (KOH)	Bacterial vaginosis, candida vulvovaginitis, sexually transmitted infections		

Topic	Topic-Specific Objectives	Common Complications	Emergent/ Serious Complications	Osteopathic Clinical Skills
Multiple Chronic Illnesses (e.g. Depression, Hypertension, Hypothyroidism, Type 2 diabetes, Mellitus)	Assess status of multiple diseases in a single visit List important criteria to consider when prioritizing next steps for management of patients with multiple uncontrolled chronic diseases Document an encounter with a patient who has multiple chronic diseases using a SOAP note and/or chronic disease flow sheet or template	One or more conditions not well-controlled Symptoms related to illness or medication side effect Nonadherence to diet, medications, exercise or other disease-controlling behavior	Thoughts of harm to self or others, hypertensive urgency, diabetic ketoacidosis, thyroid storm, myxedema, hypoglycemia, hyperglycemia with electrolyte or acid/base disturbance	Recognize interdepen-dence of body systems, gather patient history, perform relevant physical examination
Anxiety	Describe how an anxiety disorder can compromise the ability for self-care, function in society, and coping effectively with other health problems	Interruption of sleep, effect on relationships, palpitations, panic attacks		Address OA, cervicals and ribs with FPR, MFR, consider cranial technique especially CV4

Asthma/ Chronic Obstructive Pulmonary Disease (COPD)	Discuss the difference between asthma and COPD, including pathophysiology, clinical findings, and treatments Elicit environmental factors contributing to the disease process Recognize an obstructive pattern on pulmonary function tests Recognize hyperinflation on a chest radiograph. Discuss smoking cessation	Exacerbation	Respiratory failure	OA release, Seated ME or MFR for cervical/ thoracic SDs, rib raising, dome the diaphragm
Chronic Artery Disease	Identify risk factors for coronary artery disease Use an evidence-based tool to calculate a patient's coronary artery disease risk Counsel patients on strategies to reduce their cardiovascular risks	Angina, claudication	Myocardial infarction, stroke, renal failure, ischemia of extremities	
Chronic Back Pain	Obtain a medication use history Anticipate the risk of narcotic-related adverse outcomes Guide a patient in setting goals for pain control and function	Exacerbation limiting ADLs Lost work days Affection relationships.	Unintentional opioid overdose	Evaluation and OMT using any modality tolerated by patient

Depression (previously diagnosed)	Assess suicide risk Describe the impact of depression on a patient's ability for self-care, function in society, and management of other health problems	Limitation of ADLs Impact on relationships Lost days at work	Suicide	OA release and rib raising, address SDs of cervical, thoracic and lumbar spine, consider cranial

Heart Failure	List underlying causes of HF Recognize the signs/symptoms of HF Recognize signs of HF on a chest radiograph	Cough, edema, dyspnea, tachycardia	Malnutrition, confusion	Lymphatic techniques (pedal pump, rib raising), address thoracic SDs with modality tolerated by patient
Hyperlipidemia	Determine a patient's cholesterol goals based on current guidelines and the individual's risk factors Interpret lipid laboratory measurements	Coronary artery disease, peripheral vascular disease		
Hypertension	Take an accurate manual blood pressure Recognize the signs/symptoms of end-organ disease	Headache, fatigue, anxiety, LVH	Intracranial hemorrhage, thromboembolic stroke, hypertensive emergency, retinopathy	Head: OA release and/or v-spread, rib raising, address thoracic SDs with any modality tolerable to patient
Obesity	Obtain a dietary history Collaborate with a patient to set a specific and appropriate weight loss goal	Arthritis, DM2, hypertension, hyperlipidemia, OSA, GERD, skin infections		
Osteoporosis/Osteopenia	Recommend prevention measures	Fractures		Gentle techniques only, HVLA CONTRA-INDICATED
Substance Use, Dependence and Abuse	Obtain an accurate substance use history in a manner that enhances the student-patient relationship Differentiate among substance use, misuse, abuse, and dependence Discuss the typical presentations for	Effect on relationships, missed days at work, health effects of substance consumed (e.g. cirrhosis, lung cancer), accidents sustained while impaired	Myocardial infarction, respiratory failure, psychosis	

	withdrawal from tobacco, alcohol, prescription pain medications, and common street drugs Assess a person's stage of change in substance use/abuse cessation Communicate respectfully with all patients about their substance abuse			
Type 2 diabetes mellitus	Perform a diabetic foot examination Document an encounter using a diabetes mellitus flow sheet or template Recognize the signs/symptoms associated with hypoglycemia or hyperglycemia	Peripheral neuropathy, kidney disease, slow wound healing,	Myocardial infarction, retinopathy, stroke, Peripheral vascular disease requiring amputation, kidney failure	

Note: The majority of the above content was adapted from the 2018 National Clerkship Curriculum, designed by the Society of Teachers of Family Medicine (STFM) to offer medical students across the country an ideal experience in Family Medicine. It has been modified to fit the KCU students' specific information needs and is used with complete permission by the developers.

Assessments

The final grade Pass/Fail/Honors for the core clerkship is derived from the following components:

Component	Evaluation Tool	Minimum Score Required
Standardized Case Log	Case Log via CANVAS	Upon completion of this clerkship, student is responsible for completing the case checklist in CANVAS with preceptor confirmation.
Standardized Assessment	COMAT Exam	Scaled Score of 95 or greater Honor's Score is 113 or greater
Clinical Competency Assessment from Preceptor	Clinical Clerkship Evaluation via eValue	Upon completion of this clerkship students should perform the behaviors outlined within the "expected" level of each competency rated on the clinical clerkship evaluation and the AACOM Osteopathic Core Competencies for Medical Students. Student evaluations with ratings of below expected for any competency may result in failure.
End of Clerkship Evaluations from the Student	Evaluation of Clerkship Evaluation of Preceptor Via eValue	Upon completion of this clerkship student is responsible for completing evaluations of clerkship and preceptor via eValue.

All of above items are mandatory for successful course completion. Professionalism and work habits are a significant portion of the clinical assessment. These include the student's demonstration of respectful behavior towards others, respect for patient privacy, accountability, and integrity. Please note that professional behaviors which are below

expectations, at the discretion of the clerkship director, may result in failure of rotation for non-professional student conduct. Be punctual, be prepared, and represent KCU well.

Course Schedule

Based on the individual core-site location.

Case Log
In order to reasonably standardize the family medicine experience for all KCU students across many sites, **students will be required to complete a case checklist of common acute and chronic problems, and health maintenance visits.** If a student has been unable to see a patient with a particular problem, the student can supplement their experience with content from AMBOSS or receive case-based instruction about that problem or visit type from their preceptor.

COMAT Exam (End of Clerkship)
Students must pass a National Board of Osteopathic Medical Examiners (NBOME) Comprehensive Osteopathic Medical Achievement Test (COMAT) upon completion of each 3rd year core discipline.

Students are expected to study for these exams with similar rigor as all other high stakes examinations.

Exam Blueprint

Students are awarded a grade of Fail, Pass or Honors for COMAT Exams based on academic year norms established by the NBOME in combination with minimum standards set by KCU. Exam scores and Examinee Performance Profiles (EPP) are made available to students within 10 business days following the Exam date through www.nbome.org. NBOME Percentile Scores provide normative information about the relative rank of test takers' performance in comparison to others who took the Examination.

When a student does not achieve a passing score on a COMAT Exam, a retake is required. The exact date and time of the remediation Exam will be communicated by the Assessment Department and students are expected to retake the Exam as scheduled.

End of Clerkship Reflections
Students are responsible to complete End of Clerkship Reflections through at the end of every clinical experience to include:

- Evaluation the Clerkship
- Evaluation of the Preceptor

Completion of these reflections are required prior to receiving a final grade or credit for any clerkship. Students are encouraged to provide accurate comments regarding the preceptor/clerkship experience. All information submitted in the reflections is anonymous and will be de-identified for anonymity before being released to the site or preceptor the following academic year.

POLICIES

Program policies are available in the University Catalog & Student Handbook:

- College of Osteopathic Medicine

Additional course policies may be displayed below:

Class Attendance and Absences

Please refer and adhere to the following sections in the Clinical Education Guidelines.

- Clinical and Educational Work Hours
- Absence from Clerkships

Assistance

Course	Technical	Comprehension	Health and Wellness
Your instructor is the first line of support for course-related questions. Contact them by KCU email, KCU phone, or Canvas Inbox messaging.	IT Helpdesk helpdesk@kansascity.edu 816-654-7700 Library Services (KC) library@kansascity.edu 816-654-7260 Library Services (Joplin) dawsonlibrary@kansascity.edu 417-208-0686	Learning Enhancement https://bit.ly/KCU-AcademicSupport Tutoring Services Student.Success@kansascity.edu Academic Accommodations accommodations@kansascity.edu	Counseling Services https://bit.ly/KCU-CounselingResources Counseling Services (Distance Education) https://timelycare.com/KCU New Users Click "Get Registered" Student Affairs (KC) KCStuAffairs@kansascity.edu Student Affairs (Joplin) JoplinStuAffairs@kansascity.edu

UNIVERSITY POLICIES

All KCU courses adhere to policies and procedures within KCU's University Catalog & Student Handbook for the respective academic year, available online at https://catalog.kansascity.edu/. References to a selection of these policies are found below:

Health and Wellness

KCU is committed to student wellness. Through student leadership and support from the University's administration, programming on and off campus is designed to encourage self-care, resilience, and personal growth to address the health of the body, mind, and spirit. Reference: Student Health & Wellness

Academic Integrity, Honesty, and Plagiarism

The University holds its students to the highest intellectual and professional integrity standards. Therefore, the attempt of any student to pass an assessment by improper means, present work that the student has not performed, or aid and abet a student in any dishonest act will result in disciplinary action, which may include dismissal. Reference: Academic Dishonesty

Grievances

KCU is committed to treating all university community members fairly regarding their personal and professional concerns. The student grievance policy ensures that concerns are promptly dealt with and resolutions are reached fairly and justly. The University's grievance procedure enables students to bring complaints and problems to the attention of the University's administration. KCU forbids retaliatory action against students presenting concerns and complaints in good faith. Reference: Student Grievances

Accommodations

KCU is committed to non-discrimination based on disability and allowing equal access to programs, services, and activities following applicable federal, state, and local laws. Reference: Student Disability Services & Resources

Equity, Diversity, and Inclusion

KCU is deeply committed to cultivating diversity and inclusion on its campuses and challenging our students to embrace cultural proficiency and adeptness. Reference: Diversity & Inclusion

Emergency Procedures

KCU has instituted certain security measures for student safety. To reach the Office of Safety & Emergency Management, call 816.654.7911 (Kansas City) or 417-208-0800 (Joplin). Reference: Campus Security & Facilities

ADDENDUMS

Addendum B

DO not complete Curriculum B unless notified by a member of the Clinical Education Department.

Curriculum B provides both an in-person and online component. It is given when a clerkship is shortened due to unforeseen circumstances. This scenario will include two-weeks of online curriculum and two-weeks of an in-person clerkship.

In the event a student is assigned to Curriculum B, the following are the additional clerkship requirements:

ADDITIONAL CURRICULUM B REQUIREMENTS

- *Students will be required to complete the additional components listed below*
  - *Completion of Case Presentation 1*
  - *Completion of Case Presentation 2*
  - *Completion of PowerPoint Presentation*

Completion of Case Presentation 1

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the history and physical, the clinical, laboratory, and diagnostic findings, an assessment with differential diagnosis, and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. **Please utilize the template in Canvas to guide your presentation.**

The student will select one of the following cases:

Student Last Name Begins with A-I:

1. Abdominal pain: DX-Viral Gastroenteritis, DD-Food Poisoning vs Bacterial
2. Candida Dermatitis: Pt is New Onset DM

Student Last Name Begins with J-P:

1. Pharyngitis + Chest/Abdominal Pain: DD- Strep Pharyngitis-R/O Rheumatic Fever, Post Streptococcal Glomerulonephritis
2. COPD vs Pulmonary Fibrosis

Student Last Name Begins with Q-Z:

1. Chest Pain: Cardiac vs GI vs Musculoskeletal
2. Peripheral Neuropathy: Vitamin Deficiency DD-Neurologic / DM /

Completion of Case Presentation 2

The student shall develop **one [1] case** considering a given scenario. The student will record themselves doing the presentation and submit in Canvas for faculty review. Accepted file types include .mov, .mp4, pptx, and .wmv. Other file types may not be accepted if they cannot be opened by the grader. Professional dress and white coat is required.

A **complete** history and physical exam will be prepared in the Power Point presentation (as it would be documented in the patient's medical record, including the osteopathic structural exam). The students should record themselves presenting the case as they would present the case to their attending physician.

Presentation must include the history and physical, the clinical, laboratory, and diagnostic findings, an assessment with differential diagnosis, and a plan for workup and treatment. Discharge and/or follow-up planning will be presented as well as preventive and long-term goals. **Please utilize the template in Canvas to guide your presentation.**

The student will select one of the following cases:

Student Last Name Begins with Q-Z:

3. Abdominal pain: DX-Viral Gastroenteritis, DD-Food Poisoning vs Bacterial
4. Candida Dermatitis: Pt is New Onset DM

Student Last Name Begins with A-I:

3. Pharyngitis + Chest/Abdominal Pain: DD- Strep Pharyngitis-R/O Rheumatic Fever, Post Streptococcal Glomerulonephritis
4. COPD vs Pulmonary Fibrosis

Student Last Name Begins with J-P:

3. Chest Pain: Cardiac vs GI vs Musculoskeletal
4. Peripheral Neuropathy: Vitamin Deficiency DD-Neurologic / DM /

Completion of PowerPoint Presentation

The student shall develop **one [1] PowerPoint** presentation on one of the following Family Medicine topics:

1. Interpreting Spirometry
2. Delivering bad news
3. Interpreting EKG
4. Discussing end-of-life planning
5. Family planning counseling

6. Developmental milestones
7. How to choose depression/anxiety medication
8. How to choose diabetic medications

Presentation must be a minimum of 10 slides and submitted in Canvas. P**lease utilize the template in Canvas to guide your presentation.**

Evaluation & Grading for Curriculum B

To be successful in Curriculum B the student must complete the additional components listed below.

Component	Evaluation Tool	Minimum Score Required
Case Presentation 1	Canvas – Curriculum B	Completion of presentation
Case Presentation 2	Canvas – Curriculum B	Completion of presentation
PowerPoint Presentation	Canvas – Curriculum B	Completion of PowerPoint