



Northwestern Department of Family and Community Medicine Elective **EXPERIENCE** Form

Current Date: _____ FSOM Student Name and Email: _____

Title of Elective: _____ Elective Preceptor: _____

Dates of Elective: _____ Elective Health System Name: _____

Elective Preceptor's Email: _____ Elective Preceptor's Phone Number: _____

Elective Address: _____

Please check the following box that best describes your elective rotation. Please note the corresponding paperwork for your type of elective rotation which is required to receive approval/credit for your elective.

Northwestern Medical Group Family Medicine Elective (Grayslake, IL) w/Lake Forest Hospital Inpatient Experience Family 4059
If proficient in Spanish, we do have the opportunity to rotate through Erie HealthReach Waukegan FQHC)

- ✓ This Elective Experience Form Completed
- ✓ FSOM Away Elective Application Form *Included in this Packet*
- ✓ Family Medicine Elective Application Form *Included in this Packet*
- ✓ Completed Evaluation Form signed by Preceptor (upon completion of the elective)
 - https://www.feinberg.northwestern.edu/md-education/docs/current-students/Student_Evaluation_Worksheet_v2.pdf

Northwestern Medical Group Family Medicine Elective (Geneva, IL) w/Delnor Hospital Inpatient Experience Family 4060

- ✓ This Elective Experience Form Completed
- ✓ FSOM Away Elective Application Form *Included in this Packet*
- ✓ Family Medicine Elective Application Form *Included in this Packet*
- ✓ Completed Evaluation Form signed by Preceptor (upon completion of the elective)
 - https://www.feinberg.northwestern.edu/md-education/docs/current-students/Student_Evaluation_Worksheet_v2.pdf

Erie Family Health Family Medicine Elective - Humboldt Park Family 4058
Must be proficient in Spanish in order to take patient history independently for this elective.

- ✓ This Elective Experience Form Completed
- ✓ FSOM Away Elective Application Form *Included in this Packet*
- ✓ Family Medicine Elective Application Form *Included in this Packet*
- ✓ Letter of Good Standing in order to gain Erie access (example attached)
- ✓ Completed Erie Representative Checklist in order to gain Erie access *Included in this Packet*
- ✓ Completed Evaluation Form signed by Preceptor (upon completion of the elective)
 - https://www.feinberg.northwestern.edu/md-education/docs/current-students/Student_Evaluation_Worksheet_v2.pdf

Non Northwestern Family Medicine Experience (with no rural health experience)

- ✓ This Elective Experience Form Completed
- ✓ FSOM Away Elective Application Form *Included in this Packet*
- ✓ Family Medicine Elective Application Form *Included in this Packet*
- ✓ Application/Documentation needed for elective's institutional access (Elective Rotation will provide this information if needed)
- ✓ Host Institution will need to abide by AAMC Uniform Clinical Training Affiliation Agreement (a copy is listed on <https://www.aamc.org/professional-development/affinity-groups/gsa/clinical-training-affiliation-agreement>)
- ✓ Completed Evaluation Form signed by Preceptor (upon completion of the elective)

Non Northwestern Family Medicine Experience (with global health or rural health experience)

- ✓ This Elective Experience Form Completed
- ✓ FSOM Away Elective Application Form *Included in this Packet*
- ✓ Family Medicine Elective Application Form *Included in this Packet*
- ✓ Complete the Rural Medicine Funding Application provided through Northwestern
 - Questions / Contact: [Sara Caudillo / sara.caudillo@northwestern.edu](mailto:sara.caudillo@northwestern.edu) 312.503.9000
- ✓ Application/Documentation needed for elective's institutional access (Elective Rotation will provide this information if needed)
- ✓ Completed Evaluation Form signed by Preceptor (upon completion of the elective)
 - https://www.feinberg.northwestern.edu/md-education/docs/current-students/Student_Evaluation_Worksheet_v2.pdf
- ✓ Application/Documentation needed for elective's institutional access (Elective Rotation will provide this information if needed)
- ✓ Host Institution will need to abide by AAMC Uniform Clinical Training Affiliation Agreement (a copy is listed on <https://www.aamc.org/professional-development/affinity-groups/gsa/clinical-training-affiliation-agreement>)
- ✓ Reflection statement focused on access to care and social determinants of health in this elective location and what have you gained from your elective experience in this rural and/or underserved area.



Away Elective Application Form

Please return to:

Medical School Registrar
Augusta Webster Office of Medical Education, Ward Building 1-003
303 E. Chicago Avenue, Chicago, IL 60611, Fax: (312) 503-0715
s-miller8@northwestern.edu

Please Note:

This form must be completed prior to the beginning of assignment. It is also necessary to pick up a NUF SOM evaluation form before beginning any extramural electives. A completed evaluation is required for credit.

Except under compelling circumstances the required senior sub-internship, two-week PMR, four-week ER and four-week ICU clerkships must be completed within the Northwestern system.

- Request credit for an away elective (U.S.)
- Request credit for an away elective. (International - www.feinberg.northwestern.edu/education/global-health/)
- Request credit for an elective at NUF SOM outside of the clerkship catalog.
- Request credit for a non-credit independent study (must be approved by the Dean's administration).

Name

Start Date

End Date

Number of Weeks

Institution

Major Preceptor

Address

Department

Title and description of elective, clerkship, or independent study

In my estimation the elective sought is worthy of credit towards Feinberg medical degree.
Clerkship Director's Signature (required)

Date:



Northwestern Department of Family and Community Medicine
Elective **APPLICATION** Form

Elective Name: _____

Current Date: _____

Dates of Elective: _____

FSOM Student Name: _____

FSOM Family Medicine Contact Information:

Department of Family and Community Medicine Elective Advisor: Dr. Deborah S. Clements
dclemen1@nm.org or 312.503.1273

Department of Family and Community Medicine Elective Coordinator: Sybil Chadwick (schadwic@nm.org or 312.503.1273)
Tim Doyle (t-doyle@northwestern.edu or 312.503.1273)

Elective / Course Description: *(Example: 4 week elective in XXXX, information about the clinical site, community, social determinants of health in the area)*

Elective / Course Objectives: *(Example: Gain exposure to (rural, community, etc) family medicine, Improve clinical reasoning and physical exam skills in a resource-limited practice setting, Understand the community health needs specific to the patient population in XXXX. Strengthen knowledge of preventive health practices and guidelines particularly in a practice setting not directly affiliated with a hospital, Design and implement a patient-education or quality improvement process for implementation in the health center, etc.)*

Method of Evaluation: *(Example: FSOM Elective Evaluation Form, Reflection Statement if rural/global health elective, etc.)*

Number of Weeks / Number of Credits:

Feinberg School of Medicine - Medical Student Evaluation Worksheet

Student Name:
Evaluator:

Clerkship:
Resident Attending Nurse

Date:
Rotation:

Please circle the level of student performance in each competency. Only 20% of students should be =>7. **Please provide specific comments for any area that requires attention or is rated as below or exceeding expectations** (x = not observed)

Patient Care		below expectations			met expectations			exceeded expectations		
History Taking	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> Often unable to obtain a complete history due to insufficient or inadequate information Has trouble organizing the history and frequently leaves out pertinent negatives and positives Relies upon history obtained by others 			<ul style="list-style-type: none"> Able to perform complete history on uncomplicated cases, missing critical information only on complicated cases Histories usually well organized, rarely missing pertinent positives and negatives 			<ul style="list-style-type: none"> Consistently produces complete, well organized histories, even on complicated cases Obtains pertinent information from the prior medical record without prompting 		
Physical Exam	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> Does not consistently demonstrate proper technique in PE Cannot consistently identify important aspects of the PE in the context of the patient's illness Sometimes overlooks obvious abnormal findings Tends to adopt bad habits(listening through clothes, touching before talking, etc.) 			<ul style="list-style-type: none"> Consistently uses proper technique and identifies most abnormalities and pertinent negative findings Consistently tries to link the exam to the history Tries to go beyond simple description of finding (1/6 holosystolic apical murmur radiating to the back consistent with MR", rather than "systolic flow murmur") 			<ul style="list-style-type: none"> Always performs PE using proper techniques and appropriately focuses exam as needed Able to identify subtle or more difficult findings Often the first team member to identify changes in the exam Familiar with advance diagnostic maneuvers to elicit findings 		
Record Keeping	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> Notes sometimes incomplete and/or contain inaccurate data Difficulty discerning the amount of detail needed in different types of write-ups 			<ul style="list-style-type: none"> Notes usually accurate, missing only minor details Able to balance detail w/ conciseness but may have trouble with complicated cases 			<ul style="list-style-type: none"> Notes always complete and well-organized Able to discern important details while staying concise even in complicated patients 		
Communication										
Oral Case Presentations	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> Presentations frequently disorganized. Hinders the flow of patient care. Difficulty discerning the amount of detail needed in different types of presentations 			<ul style="list-style-type: none"> Presentations generally organized and helpful to patient care, missing only minor points. Able to balance detail with conciseness but may have trouble with complicated pts 			<ul style="list-style-type: none"> Presentations smooth, well-organized, and contributes to efficient patient care Able to discern important details while staying concise even in complicated patients 		
Knowledge										
Fund of Knowledge	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> Fund of knowledge below that expected for student at this level Reading is superficial 			<ul style="list-style-type: none"> Fund of knowledge appropriate to address common clinical problems Reads consistently and tries to apply it to patient care 			<ul style="list-style-type: none"> Exceptional level of knowledge of basic and clinical sciences with comprehensive understanding of complex relationships and mechanisms of disease Reads extensively and often from the most current sources 		
Practice-Based Learning										
Problem Solving/ Clinical Applications	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> Difficulty consistently developing a core differential diagnosis for common disease presentations Ability to use information technology sometimes a concern Unable to interpret basic laboratory studies Has trouble critically appraising new information or applying Evidenced Based Medicine (EBM) skills 			<ul style="list-style-type: none"> Able to generate a core differential diagnosis for most clinical presentations Uses information technology efficiently Able to interpret basic studies and integrate data to help formulate a differential diagnosis Makes reasonable effort to critically appraise new information and shares it with the team 			<ul style="list-style-type: none"> Consistently complete and thoughtful differentials. Creatively and efficiently utilizes information technology Able to integrate history, PE and lab data to generate a complete differential and working diagnosis Critical appraisal / EBM skills well above average 		

Professionalism		below expectations			meets expectations			exceeds expectations		
	x	1	2	3	4	5	6	7	8	9
Accountability		<ul style="list-style-type: none"> • Frequently late for rounds/clinic • Does not complete assigned tasks on time • Frequently misses conferences/lectures • Unprepared for rounds, small groups 			<ul style="list-style-type: none"> • Shows up on time for rounds • Completes assigned tasks on time • Occasionally misses conferences/ lectures • Prepared for rounds and small groups 			<ul style="list-style-type: none"> • Presents on time for rounds. Makes certain that he/she is available and accessible if needed • Always prepared. Completes all tasks on time and anticipates assignments • Fully participates in all conferences or lectures and notifies others of needed absences 		
Self-Improvement	x	1	2	3	4	5	6	7	8	9
Adaptability		<ul style="list-style-type: none"> • Defensive when given feedback • Does not make use of feedback • Unaware of how his/her behavior affects others 			<ul style="list-style-type: none"> • Asks for feedback • Uses feedback to improve performance • Accepts criticism in a mature manner 			<ul style="list-style-type: none"> • Regularly asks for feedback in a mature manner and makes changes in behavior directly related to feedback • Aware of how behavior impacts others and modifies it. 		
Relationship with patients	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> • Difficulty or hesitancy in connecting with patients (even if due to shyness or immaturity) • Exhibits any unacceptable behavior toward patients (antagonizing, condescending, inappropriate) 			<ul style="list-style-type: none"> • Able to develop a good working relationship with patients • Introduces himself/herself appropriately • Patients often identify the student as one of their health care providers 			<ul style="list-style-type: none"> • Always comfortable and able to develop a mature treatment relationship including family members and difficult patients • Patients comment about student's interest in their welfare 		
Relationship with Healthcare Team	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> • Difficulty establishing relationships with others on the team, including condescending attitude towards nursing or ancillary staff • Difficult time working cooperatively with other students on the team • Disregards the hierarchy of the team in problem solving 			<ul style="list-style-type: none"> • Demonstrates ability to get along with other members of the team, including nursing and ancillary staff • Worked cooperatively with other members of the team and respected the hierarchy • Worked for the good of the team instead of him/herself. 			<ul style="list-style-type: none"> • Demonstrates ability to get along with all other team members (nursing staff and other comment on student's value to the team) • Invaluable team member, put extra effort into helping others, especially other students • You would request this student on your team again 		
Initiative	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> • Required encouragement to finish tasks • Did bare minimum • Unable to work without constant oversight 			<ul style="list-style-type: none"> • Finished tasks on time • Interested in learning and took on learning issues that were assigned • Asked appropriate questions, completed assigned tasks 			<ul style="list-style-type: none"> • Did not need any reminders to complete tasks and consistently gave maximum effort • Volunteered to research topics and presented new knowledge to the team without being asked • Worked independently, anticipated what needed to be done 		
Professional demeanor	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> • Occasionally used unprofessional language or derogatory statements in describing patients • Dress was too casual, provocative or otherwise inappropriate • Appeared "cocky" and overly self-assured 			<ul style="list-style-type: none"> • Language and behavior was respectful. • Dress was appropriate 			<ul style="list-style-type: none"> • Consistently presented him/herself professionally, both in language and deportment • Always spoke respectfully to and about patients. • Manner with patients was always professional reflecting a character of honesty and integrity 		
Behavior under Stress	x	1	2	3	4	5	6	7	8	9
		<ul style="list-style-type: none"> • Became critical or irritable when faced with a situation that was not expected • Occasionally argumentative with the team or with staff. Behavior sometimes unpredictable. • Difficulty dealing with challenging situations such as delivering bad news. 			<ul style="list-style-type: none"> • Usually handled challenging situations well • Maintained composure in challenging situations or situations that were unexpected. 			<ul style="list-style-type: none"> • Student was a positive influence on the team when things were stressful • Remained calm and exerted a calming influence on those around, including patients and families • Student had a maturity not commonly seen in dealing with challenging situations 		

Please List 3 strengths for this student

1 _____

2 _____

3 _____

Please List 3 areas of improvement for this student

1 _____

2 _____

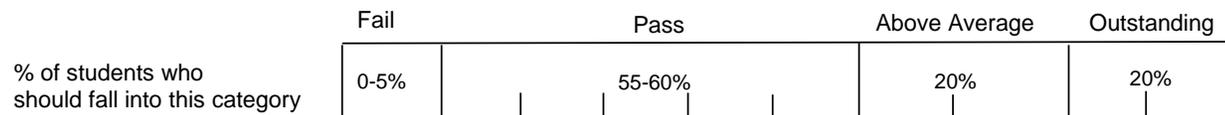
3 _____

Comments (In addition to general comments, please comment on areas in which this student rated below or exceeded expectations)

Confidential comments not to be included in the MSPE

Please indicate the frequency of your observance of this student: daily weekly occasional infrequent

Please make an overall assessment of this student's clinical performance by placing an "x" along this continuum



Print Evaluator's Name: _____

Signature of Evaluator: _____

Please Circle One: Resident Fellow Attending

FINAL GRADE FOR CLERKSHIP (circle one): Pass Fail Honors

Please send completed form to:

Medical School Registrar
 Feinberg School of Medicine
 Augusta Webster, MD, Office of Medical Education
 303 E Chicago Ave, Ward Building 1-003
 Chicago, IL 60611-3008



Erie Representative Checklist

Full Name: _____

Job Title: _____

School/Org. Name: _____

Dates at Erie: Start Date: _____ End Date: _____

Supervisor Name: _____

Department: _____

Site Hosting Student: Amundsen Foster Lake View West Town
 Clemente Helping Hands Teen Center
 Division Humboldt Park Waukegan
 Evanston/Skokie Johnson West Side

Site Director approval, Name: _____

Site Director approval, Sig.: _____

Medical/Department Head or Supervisor approval, Name: _____

Medical/Department Head or Supervisor approval, Sig.: _____

HR approved there is a current agreement on file between Erie & Institution

Individual is Bilingual (Spanish/English): Yes No, N/A



EMR Access Type (5 business days' notice required prior to start date): _____

List email groups to be added to: _____

List shared drive folders to be added to: _____

If direct line is needed, list extension here or "purchase" from IT: _____

Fax Machine Location/Number, Personal/Shared: _____

Is the person replacing someone? List their name: _____

List someone with the same access rights as this person: _____

Please contact Steven Stojak, HR Coordinator at sstojak@eriefamilyhealth.org with any questions regarding this process

ERIE LETTER OF GOOD STANDING TEMPLATE FOR ANY ERIE HEALTH ELECTIVE ROTATIONS

LETTER ON OFFICIAL SCHOOL/ORGANIZATION LETTERHEAD

Date

Human Resources Department
Erie Family Health Center
1701 W. Superior
Chicago, IL 60622

Dear Human Resources Department,

This letter serves as verification that the Contracted Employee/Volunteer/Student/Erie Representative listed below meets standards for their experience including:

- A clear Criminal Background Check
- A clean Drug Screen and/or Drug Free Policy in place at School
- Completed HIPAA Training
- Up-to-date on all immunizations and titers:
 - Varicella vaccines, titer or proof of clinical disease
 - Completion of Hepatitis B vaccine series or positive titer
 - Tdap (once in lifetime) and Td within the last 10 years
 - Tuberculosis screening within 12 months
 - Flu Vaccination (applicable October 1st - March 1st)

Individual's Name	Start Date	End Date

The school/organization verifies the above information to be accurate and adequate to attend external activities. Erie reserves the right to request copies of proof of immunizations, criminal background checks, etc. in case of an audit. Request for copies of health records can be directed to our administration at _____.

Sincerely,

<SIGNATURE>

Coordinator of Program