



Learning. Caring. Serving. Leading.

PAS 7100: Family Medicine

3.0 Credit Hours

Designated clinical learning site: Family Medicine Clinic

Course Coordinator	Office	Phone	Email
Cindy Bennett, MD	GFC - 219	336-278-6856 O	Cbennett14@elon.edu
Office Hours: M-F by appointment		336-266-9981 C	

Course Description:

The Family Medicine rotation is designed to give students exposure to the spectrum of outpatient medical practice across the lifespan. Students will learn the principles of routine (well) care, management of acute illnesses, and management of chronic/multiple diagnoses.

Prerequisites: PAS 5000-6800

Course goals:

The goals for this course are for students to:

1. To apply the medical content and principles that define the care of primary care patients.
2. To provide opportunities for each student to develop the core PA competencies in a supervised primary care setting
3. To expose each student to an experienced and competent medical provider role model for the primary care of patients.

Learning Outcomes:

The learning outcomes for this course are designated as “LO” with an associated number that corresponds to a program competency (PC) required for all students of Elon PA program. By achieving the course learning outcomes, students are demonstrating progression towards meeting program competencies.

PC1: Clinical and Technical Skills (CTS) PA students will demonstrate proficiency in clinical and technical skills necessary for effective, patient-centered care, including accurate diagnosis, treatment planning, and procedural competence.

- LO1.1 Skillfully conduct personalized patient interviews, ensuring clear communication. (B2.04) (B2.06a-f) (B2.07a)
- LO1.2 Demonstrate proficiency in performing physical examinations with thorough recording of findings to support patient-centered care. (B2.07b)
 - o Comprehensive
 - o Focused
- LO1.3 Utilize diagnostic tools and technologies effectively to support clinical decision-making and enhance individualized patient care. (B2.07d)
- LO1.4 Perform common medical procedures with competence and adherence to safety protocols, prioritizing patient comfort and well-being. (B2.09) (B2.16a,b,d)
- LO1.7 Accurately document patient encounters (demonstrated in this rotation with a SOAP note).



(B2.14b)

PC2: Clinical Reasoning and Problem Solving (CRPS) PA students will develop advanced clinical reasoning and problem-solving skills to accurately assess patient conditions and formulate effective treatment plans.

- LO2.1 Integrate patient history and clinical data to formulate accurate differential diagnoses. (B2.07c)
- LO2.2 Identify and perform an appropriate problem-focused physical examination for a given differential diagnosis. (B2.05) (B2.07b)
- LO2.3 Utilize critical reasoning and problem-solving to prioritize care, including
 - o formulating a diagnosis, (B2.07c) (B2.05)
 - o ordering diagnostic studies, and (B2.07d) (B2.05)
 - o determining the next best steps in treatment. (B2.07e) (B2.05)
- LO2.4 Generate comprehensive patient management plans, addressing both acute and chronic conditions, to ensure effective and continuous care. (B2.07e)
- LO2.5 Refine diagnostic reasoning by interpreting and synthesizing various diagnostic test results. (B2.07d)

PC3: Interpersonal Skills (IPS) PA students will cultivate strong interpersonal skills to effectively communicate and build therapeutic relationships with patients, families, and healthcare team members.

- LO3.1 Demonstrate effective communication skills to build rapport and trust with patients and their families. (B2.04) (B2.06a-f)
- LO3.2 Exhibit active listening and empathy to understand and address patient concerns and needs. (B2.04) (B2.07a)
- LO3.3 Collaborate efficiently with healthcare team members to ensure coordinated and patient-centered care. (B2.10)
- LO3.5 Exhibit cultural humility, providing respectful and individualized care to patients from diverse backgrounds. (B2.06a-f)

PC4: Medical Knowledge (MK) PA students will acquire and apply comprehensive medical knowledge to diagnose and manage a wide range of health conditions effectively.

- LO4.2 Integrate knowledge of pathophysiology and disease mechanisms to
 - o diagnose and (B.02c, e)
 - o manage patient conditions effectively. (B2.02c, e)
- LO4.3 Apply principles of pharmacology to select appropriate therapeutic interventions.
- LO4.4 Demonstrate comprehensive medical knowledge in all organ systems pertinent to patients across the lifespan presenting in the family medicine setting. (B2.03) (B2.08a-e) (B2.11C)
- LO4.5 Utilize knowledge of preventative medicine to promote patient health and wellness. (B2.08b) (B2.15a-d)

PC5: Professional Behavior (PB) PA students will consistently exhibit professional behavior, including ethical practice, accountability, and adherence to the highest standards of patient care and professional conduct.

- LO5.1 Apply ethical principles in clinical decision-making, maintaining patient confidentiality and integrity in all professional activities. (B2.18)
- LO5.2 Analyze the factors that influence patient health and contribute to health disparities. (B2.06f)

Updated KS 2025_09_15



- LO5.6 Maintain an appropriate balance between professional responsibilities and personal wellbeing. (B2.20a-b)

PC6: Professional Development (PD) PA students will develop the ability to create a comprehensive and personalized plan for their continued medical education, ensuring lifelong learning and professional growth beyond graduation.

- LO6.2 Engage in reflective practice to continuously evaluate and improve clinical skills and knowledge, adjusting plans as necessary. (B2.16c) (B2.20)

Teaching Methodologies: The content of this course will be explored through hands-on supervised clinical practicums in the outpatient, primary care setting, serving primarily adult patients.

Accommodations: Students requiring academic accommodations must follow the “Academic Support” policy in the Elon University DPAS Student Handbook.

Academic Honesty: All Elon PA students acknowledged their commitment to abide by the Elon Honor Code by signing the Honor Pledge during orientation.

Use of Generative Artificial Intelligence in the Program

Becoming a PA requires consistently training one’s critical reasoning skills to problem-solve effectively. The use of generative AI in this context can impede your learning. The assignments in our program typically challenge you to develop skills that AI does not have. Our aim is to help you grow, rather than letting technology limit your capacity.

In many contexts AI-assistance can be used as a tool to support and amplify your own skills, and it can sometimes provide us with new understanding. Together we are all learning to navigate complex interactions with AI technologies as they are becoming a crucial component of practicing medicine in the 21st century.

AI-generated text should not be used as the source of content for any assignment in the PA Program unless clearly specified.

Diversity and Inclusion Statement: Elon University’s physician assistant program strives to create a learning environment where diversity, equity, and inclusion are paramount. The Program values and supports diversity of thought, perspective, and experience. Physician assistant students, no matter their race, ethnicity, gender identity, socioeconomic class, sexuality, religion, or disability, are both welcomed and valued in this program. Our goal is that all students feel included so that they may have the best learning experience and outcomes possible. To help accomplish this:

- Please let the program administrative assistant and your course directors know of your preferred name and/or pronouns if these differ from that in your official school records.
- If your performance in class is affected by outside experiences, please do not hesitate to talk with your course director. Please know that program faculty and staff are happy to be a healthy resource for you. If you prefer to speak with someone outside of the course, please contact your academic advisor, the Program Director, the Elon Health and Wellness Center, and/or CREDE office.
- We, along with many other folks, are still in the process of expanding our learning about diverse



perspectives and identities. If something said in class (by anyone) makes you feel uncomfortable, please talk to your course director.

- As a participant in classroom discussions or assignments, please always strive to honor the diversity of your classmates.
- Please let your course director and/or Program Director know if you observe situations in which the above appears to not be the case.

Resources:

Required:

1. All required first year textbooks
2. CURRENT Medical Diagnosis & Treatment in Family Medicine, 62e

Recommended Resources:

1. Harrison’s Principles of Internal Medicine, 21e

Other Helpful Resources:

1. *Moodle and Exxat: Please check sites frequently for new announcements, updated schedules, assignments and other course communication.
2. Practicing physician assistants, physicians, allied health care providers and laboratory teaching aids.

Grade Scale and Grade Points:

Percentage	Letter Grade	Grade points
89.50-100.0	A	4.0
85.50-89.49	B+	3.3
79.50-85.49	B	3.0
75.50-79.49	C+	2.3
69.50-75.49	C	2.0
Below 69.50	U	0

Note: For further information regarding academic standing in the Department of Physician Assistant Studies, please see the DPAS Student Handbook.

Grading Criteria:

1. Demonstrate acquisition of a strong basic science and medical science knowledge base as demonstrated on the written examination/quizzes.
A blueprint and topic list for the FAMILY MEDICINE EOR exam can be found on the course Moodle page.
2. Demonstrate satisfactory self-directed learning skills, clinical reasoning skills, commitment to patient-centered care and professionalism as evidenced by satisfactory performance on the preceptor evaluation.
3. Demonstrate a commitment to learning and professionalism by actively participating in all clinical activities and exceeding the professional behavior standards and minimum requirements for clinical rotations available in the Elon PA Student Handbook.



Assessment Activities: Student progress will be assessed in a variety of ways, which include the following:

Assessment component	Outcome(s)	# per course	% each
PAEA Family Med EOR exam	1.4, 2.1, 2.3-5, 4.2, 4.4-5, 5.2	1	35%
Preceptor Evaluation of Student	1.1-3, 2.1-5, 3.1-3, 3.5, 4.2, 4.4-5, 5.1-2, 5.6	1	55%
Rosh Review assignments	6.2	1	5%
Student site evaluation	5.4	1	0 (C/I)
Longitudinal Skills Assessment Documentation	1.4	1	2.5%
Medical Documentation assignment	1.7	1	2.5%
		TOTAL	100%

Description of Assessment Activities:

- **End of Rotation Exams:** EORs are standardized exams developed and vetted by the PA Education Association. The exams cover topics specific to each supervised clinical practicum experience. Scores are reported as a “scaled score” and converted to a grade using a “z-score” correlation which places “passing” as within 1.5 standard deviations of the national mean.
- **Preceptor Evaluation of Students:** The PES is completed by the preceptor of record or their designee. They may choose to submit it based on their singular experience with students or through gathering and reporting team feedback. The evaluation is aligned with the course learning outcomes. An overall average score is provided as well as a “program competency” score per rotation. Passing is set at 70%. Students must receive a 70% on the overall evaluation AND on each program competency average.
- **Rosh Review:** Students receive two grades on their work with the Rosh Review’s PANCE preparatory materials:
 - Mock EOR: Students complete a mock EOR exam for the rotation to which they are assigned (or a Mock EOR of their choice while on their elective rotation)
 - 200 questions: students complete an additional 200 Rosh Review questions on each 6-week rotation of the curriculum; while on the BH/WH rotation, 100 questions are completed for each.
- **Student Evaluation of Site and Preceptor:** Students complete an evaluation of their clinical site and preceptor during each rotation graded as complete or incomplete.
- **Longitudinal Skills Assessment:** A list of skills and procedures exists for students to complete during the clinical year. The Longitudinal Skills Assessment Book lists all these activities with suggested rotations for the completion of each. During each rotation, students receive a grade for either completing the LSA skills suggested for that rotation or detailing where and when they will



complete the skills.

- **Medical documentation assignment:** For each rotation (except the elective), students complete a medical documentation assignment particular to that rotation which is submitted for a grade and feedback.

Late and Makeup Work: The student will contact the Course Director to determine the content and due dates for any late or make-up work that may be required.

Exam Review: The PAEA EOR exam provides each test-taker with a summary of their performance to guide learning.

Syllabus Modifications: Every attempt is made to construct a complete syllabus that provides an accurate overview of the course. However, circumstances and events may make it necessary for the instructor to modify the syllabus during the semester. This may depend, in part, on the progress, needs and experiences of the students. In special circumstances and at the discretion of the course director, assignments or the point distribution that is used to determine students' grades may be modified. In these instances, modifications must be for common benefit and thus cannot penalize any students or render evaluation (i.e., grading) more severe.

Instructional Objectives:

Instructional objectives (IO) are listed below with a mapping designation, the learning outcome (LO) they support, and the program competency (PC) domain.

Family Medicine

PC1: Clinical and Technical Skills

- (LO1.1) Elicit a comprehensive history from patients across the lifespan in the outpatient setting. (B3.04c) (B2.08a, B3.03b)
- (LO1.1) Using open-ended and focused questions, investigate acute and chronic conditions. (B2.04, B2.07a)
- (LO1.1) Demonstrate active listening and empathy to build rapport and trust with patients from diverse backgrounds. (B2.04)
- (LO1.1) Clarify patient concerns and expectations using reflective and summarizing techniques. (B2.04)
- (LO1.1) Use lay language to explain medical terms and ensure patient understanding. (B2.04)
- (LO1.1) Adapt communication style based on patient literacy, language proficiency, and cultural context. (B2.04, B2.06b)
- (LO1.2) Perform head-to-toe physical exams tailored to common chronic and acute conditions in the outpatient setting. (B2.07b, B2.08b)
- (LO1.2) Identify and interpret normal and abnormal physical findings relevant to primary care. (B2.07b)
- (LO1.2) Modify examination techniques based on patient age, disability status or special health care needs (B2.06a)
- (LO1.2) Accurately document physical exam findings of patients across the life span using standard medical terminology. (B3.04c) (B2.08a, B3.03b)
- (LO1.2) Integrate physical exam findings with history to guide diagnostic reasoning. (B2.05)
- (LO1.3) In the outpatient setting, select appropriate point-of-care tests (e.g., rapid strep, urinalysis, glucose) based on presenting symptoms. (B2.07d, B3.04c)



- (LO1.3) Interpret basic diagnostic studies (e.g., CBC, BMP/CMP, lipid panel, EKG, UA, thyroid panel and HbA1c) in the context of chronic disease management. (B2.07d)
- (LO1.3) Use electronic health records (EHR) to track trends and support preventive care decisions. (B2.15a)
- (LO1.3) Recommend Cost-effective imaging studies (e.g., chest X-ray, abdominal ultrasound). (B2.07d)
- (LO1.3) Educate patients on the purpose and implications of diagnostic tests in the outpatient setting. (B2.04, B2.07f, B3.04c)
- (LO1.4) Collect vital signs on patients across the life span in an outpatient setting. (B3.04c) (B2.08a, B2.09, B3.03b)
- (LO1.4) Collect a point of care testing sample for patients presenting for acute concerns in the family medicine setting (e.g. a nasal swab, oropharyngeal swab, etc.) (B3.04c) (B2.08b, B2.09, B3.03a)
- (LO1.5) Explain diagnoses, treatment options, and preventive strategies to patients and caregivers using language appropriate to the patient's health literacy level. (B2.06a, B2.12a, B2.12b)
- (LO1.5) Engage patients in setting realistic health goals and developing self-management plans for disease prevention and chronic disease management. (B2.07e)
- (LO1.5) Address cultural, socioeconomic, and personal factors that influence health behaviors in the outpatient setting. (B2.06f)
- (LO1.5) Educate patients on healthy coping strategies for managing chronic stress, anxiety, or life transitions (e.g., caregiving, job loss), using evidence-based behavioral health tools such as mindfulness, exercise, and social support. (B2.12c)
- (LO1.5) Document counseling discussions and shared decisions in the medical record. (B2.14b)
- (LO1.7) Document comprehensive and focused patient encounters using the SOAP or H&P format. (B2.14b)
- (LO1.7) Include preventive care measures, chronic disease management plans, and patient education in the patient record (B2.08b, B2.14b)
- (LO1.7) Use appropriate medical terminology and abbreviations while maintaining clarity. (B2.14b)
- (LO1.7) Ensure documentation reflects shared decision-making and follow-up plans. (B2.14b)

PC2: Clinical Reasoning and Problem Solving

- (LO2.1) Gather a thorough patient history and correlate it with physical exam findings to identify likely diagnoses in the outpatient setting. (B2.07c)
- (LO2.1) Incorporate clinical data (history, physical findings, lab/diagnostic findings) to refine differential diagnoses for patients across the life span. (B2.07c, B2.08a, B3.03b, B3.04c)
- (LO2.1) Explain how genetic and molecular mechanisms contribute to common conditions seen in family medicine. (B2.02e)
- (LO2.1) Use clinical decision support tools and guidelines to support diagnostic reasoning. (B2.05)
- (LO2.1) Document differential diagnoses with rationale and plan for further evaluation. (B2.05)
- (LO2.3) Analyze patient history and physical findings to identify the most likely and most serious potential diagnoses for patients across the life span. (B2.05, B2.07c)
- (LO2.3) Select appropriate diagnostic studies based on clinical presentation and cost-effectiveness. (B2.07d)
- (LO2.3) Prioritize management of chronic and acute conditions using evidence-based guidelines. (B2.05, B2.08b)
- (LO2.3) Adjust treatment plans based on patient preferences, comorbidities, and response to therapy. (B2.07e)



- (LO2.3) Reassess and revise care plans during follow-up visits based on new data. (B2.07e)
- (LO2.4) Create individualized management plans for common chronic conditions encountered in the outpatient, family medicine setting (e.g., hypertension, diabetes, asthma) using current clinical guidelines. (B2.07f, B3.04c)
- (LO2.4) Address acute complaints in the outpatient setting while maintaining continuity of care for chronic issues. (B2.08b, B3.04c)
- (LO2.4) Incorporate preventive care measures (e.g., screenings, immunizations) into management plans for patients across the life span (B2.08a, B3.03b)
- (LO2.4) Adjust treatment plans based on patient preferences, comorbidities, and response to therapy. (B2.07e)
- (LO2.4) Coordinate referrals and follow-up care to ensure continuity across care settings. (B2.07f)
- (LO2.5) Interpret electrocardiograms (EKGs) to identify normal sinus rhythm, arrhythmias, ischemic changes, and conduction abnormalities. (B2.07d)
- (LO2.5) Analyze chest X-rays to recognize common findings such as pneumonia, cardiomegaly, pleural effusion, and pulmonary nodules, as well as normal anatomy. (B2.02a, B2.07d)
- (LO2.5) Analyze urinalysis results to detect urinary tract infections, hematuria, proteinuria, and signs of systemic disease. (B2.07d)
- (LO2.5) Interpret thyroid panel results (TSH, T3, T4) to diagnose hypo- or hyperthyroidism and guide treatment decisions. (B2.07d)
- (LO2.5) Evaluate lipid panel results to assess cardiovascular risk and guide lifestyle or pharmacologic interventions. (B2.02d, B2.07d)
- (LO2.5) Interpret hemoglobin A1c (HbA1c) values to diagnose and monitor diabetes and assess long-term glycemic control. (B2.07d)
- (LO2.5) Interpret common laboratory tests (e.g., CBC, CMP, lipid panel, HbA1c) in the context of acute and chronic disease management. (B2.07d)
- (LO2.5) Correlate diagnostic imaging (e.g., chest X-ray, abdominal ultrasound) with clinical findings to support or refute differential diagnoses. (B2.05)

PC3: Interpersonal Skills

- (LO3.1) Elicit comprehensive patient histories using open-ended questions and active listening. (B2.04)
- (LO3.1) Demonstrate empathy and respect when discussing sensitive topics involving lifestyle as encountered in the outpatient setting (e.g. the impact of disability status or special health care needs, ethnicity/race, gender identity, religion/spirituality, sexual orientation, and social determinants of health on lifestyle change). (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f; B3.04c)
- (LO3.1) Use layman's terms to explain diagnoses, treatment plans, and preventive care strategies. (B2.04)
- (LO3.1) Engage patients in shared decision-making by exploring their values and preferences as they relate to ethnicity/race, culture, or religion/spirituality (B2.06b, B2.06d).
- (LO3.1) Provide culturally sensitive communication tailored to diverse patient populations. (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f)
- (LO3.1) Use visual aids, models, or written materials to support patient and caregiver understanding. (B2.04)
- (LO3.2) Demonstrate active listening by summarizing and reflecting patient concerns during routine visits. (B2.04)



- (LO3.2) Use verbal and nonverbal cues to show attentiveness and empathy and validation during discussions of chronic illness or lifestyle challenges with children, adults, and the elderly. (B2.08a, B3.03b)
- (LO3.2) Validate patient emotions and concerns, especially when discussing diagnoses or treatment changes. (B2.04)
- (LO3.2) Encourage patients in the outpatient setting to express their goals and fears and incorporate them into care planning (e.g. motivational interviewing). (B2.04, B3.04c)
- (LO3.3) Communicate clearly with nurses, medical assistants, and administrative staff to ensure smooth patient flow and follow-up (B2.10c)
- (LO3.3) Participate in interdisciplinary case discussions to align care plans with patient goals. (B2.10c)
- (LO3.3) Coordinate referrals and communicate relevant clinical information to specialists. (B2.10c)
- (LO3.5) Demonstrate awareness of personal biases and their potential impact on patient interactions. (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f)
- (LO3.5) Elicit and respect patients' cultural beliefs, values, and health practices during history-taking. (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f)
- (LO3.5) Use interpreter services appropriately to ensure accurate and respectful communication. (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f)

PC4: Medical Knowledge

- (LO4.2) Apply knowledge of common chronic disease mechanisms encountered in the outpatient setting (e.g., hypertension, diabetes, asthma) to develop individualized management plans. (B2.08b, B3.03a) (B3.04c)
- (LO4.2) Differentiate between normal developmental variations and pathological findings in children, adults, and the elderly. (B2.02b, B2.02c, B2.08a, B3.03b) (B2.11c)
- (LO4.2) Interpret clinical findings and diagnostic results in the context of underlying pathophysiology. (2.05, B2.07d)
- (LO4.2) Recognize early signs of disease progression and adjust treatment accordingly. (B2.07b, B2.07e)
- (LO4.2) Educate patients on the pathophysiological basis of their conditions to support adherence and self-management. (B2.07f)
- (LO4.3) Demonstrate knowledge of pharmacologic agents used in the provision of care for patients in the family medicine setting.
- (LO4.4) Apply comprehensive medical knowledge to identify and manage common acute and chronic conditions across all organ systems for children, adults, and the elderly. Specific topics are provided in a topic list. (B2.02c, B2.08b, B3.03a) (B2.08a, B3.03b)
- (LO4.4) Perform age-appropriate preventive care and screenings based on current guidelines. (B2.08b, B2.11c)
- (LO4.4) Formulate differential diagnoses for undifferentiated symptoms (e.g., fatigue, abdominal pain, sore throat, cough) commonly encountered in the outpatient, family medicine setting. (B3.04c)
- (LO4.4) Adjust management plans based on comorbidities and patient preferences. (B2.07e)
- (LO4.5) Apply evidence-based screening guidelines (e.g., USPSTF) for chronic diseases such as hypertension, diabetes, and cancer. (B2.08b)
- (LO4.5) Counsel children, adult and elderly patients on lifestyle modifications including diet, exercise, smoking cessation, and alcohol use. (B3.04c) (B2.08a, B3.03b)
- (LO4.5) Administer and interpret age-appropriate immunizations and screening tests. (B2.08b)



- (LO4.5) Identify social determinants of health and connect patients with community resources. (B2.06f)
- (LO4.5) Develop individualized preventive care plans based on risk stratification in the outpatient setting. (B2.08b)

PC5: Professional Behaviors

- (LO5.1) Demonstrate respect for patient autonomy in shared decision-making, especially in preventive and chronic care as encountered in the outpatient family medicine setting. (B2.18)
- (LO5.1) Maintain confidentiality in verbal and electronic communications, including use of the EHR. (B2.18)
- (LO5.1) Recognize and appropriately manage conflicts of interest (e.g., pharmaceutical influence). (B2.18)
- (LO5.1) Address ethical dilemmas such as non-adherence, requests for unnecessary tests, or disclosure of sensitive information in the care of children, adults, and the elderly. (B2.18)
- (LO5.1) Obtain informed consent for procedures and screenings. (B2.18)
- (LO5.2) Identify social determinants of health (SDOH) during outpatient encounters and document them appropriately. (B2.06f)
- (LO5.2) Assess barriers to care such as transportation, insurance status, and health literacy. (B2.06f)
- (LO5.2) Refer patients to community resources (e.g., food assistance, housing support, financial aid). (B2.06f)
- (LO5.3) Utilize evidence-based communication measures to ensure clear communication with the interprofessional team in the outpatient family medicine setting (e.g. residents, consultants, nurses, medical assistants, social workers and administrative staff) to ensure smooth patient flow and follow-up (B2.10b, B2.10c)
- (LO5.2) Recognize how systemic inequities affect chronic disease prevalence and outcomes as needed. (B2.06a, B2.06b, B2.06c, B2.06d, B2.06e, B2.06f)
- (LO5.6) Demonstrate time management strategies to balance patient care, documentation, and learning. (B2.20b)
- (LO5.6) Recognize signs of burnout and implement self-care practices during routine outpatient clinical duties. (B2.20b, B3.04c)
- (LO5.6) Set appropriate boundaries with patients and colleagues in the outpatient setting while maintaining professionalism. ((B2.20b, B3.04c)
- (LO5.6) Reflect on challenging patient encounters and seek mentorship or support when needed. (B2.20b)

PC6: Professional Development

- (LO6.2) Reflect on outpatient encounters to identify areas for improvement in communication, diagnosis, and follow-up. (B2.16c, B3.04c)
- (LO6.2) Seek and incorporate feedback from family medicine preceptors (e.g. midpoint feedback) and patients to enhance clinical performance. (B2.16c, B3.07a)
- (LO6.2) Utilize previous personal performance data related to topics commonly encountered in the outpatient family medicine setting (e.g. the “gap map”, EOR feedback reports, PACKRAT feedback report) to self-direct study using approved resources (i.e. Rosh Review, Access Medicine, textbooks, etc.). (B2.16c, B3.04c)
- (LO6.2) Participate in outpatient case discussions or debriefings to refine clinical reasoning. (B2.10c, B2.16c, B3.04c)



- (LO6.3) Utilize digital resources (such as Blueprint Rosh Review, StatPearls, or podcasts) to stay informed of the latest medical advancements related to primary care. (B2.13e)