At MSUCOM, we are constantly working to improve our curriculum and to meet new American Osteopathic Association (AOA) accreditation guidelines. We need to meet the challenges of modern medicine that force us to innovate. While major changes will generally be instituted at the beginning of the school year, most minor changes may be implemented semester to semester.

Please be mindful of the need to read your syllabi before beginning your rotations.
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Introduction and Overview

Hello and welcome to family medicine. This syllabus provides an overview of rotation goals and objectives designed to help you gain an understanding of the breadth and scope of family medicine. As you progress through the rotation, you will perform certain activities intended to help you meet the identified goals and objectives. Please make sure to review this syllabus in its entirety to ensure understanding of the rotation format and syllabus content.

Rotation Format

This rotation has been designed to cover primary topics commonly seen in family medicine. Each week will focus on one didactic topic of importance and will be centered on a patient-oriented case. Each case will include between five and ten questions for you to complete. Questions will have attached recommended readings that will help you to answer each question thoroughly. You may also choose to discuss these cases with preceptors you work with and you are encouraged to engage the attending physician in discussion as this will lend a greater understanding of these critical issues.

At the end of each week, you will have an online quiz based on the weekly topic and your readings. Quizzes are completed via Desire2Learn (D2L), which is accessed at http://d2l.msu.edu and requires computer access. It is strongly encouraged that you take the quizzes at the end of each week as they can serve as a self-study element for your own education. All quizzes must be completed by the end of the rotation.

*DO/PhD student rotations generally span a period of approximately four months. As such, students on this curricular track should strive toward completing one module every three to four weeks.*

Weekly Case Overview

Review each case and then use the associated study questions to identify critical learning points as well as prepare for the required corresponding quiz. Case questions are for self-study, but answers may be required if grading requirements are not met. See “Rotation Corrective Action Process” for further details.

Week 1 – Asthma & Chronic Obstructive Pulmonary Disease

The case will focus on a respiratory disorder and cover elements of: differentiation between restrictive and obstructive disease, stratification of asthma and COPD based on accepted criteria and basic treatment options for these conditions.
Week 2 – Hypertension

The case will focus hypertensive disorders and cover elements such as: defining hypertension, hypertensive urgency and hypertensive emergency; identify stages of hypertension and treatment goals; cover basic classes of medications and suggest non-pharmacologic options for patients.

Week 3 – Dyslipidemia

The case will focus on lipid disease and cover elements including: defining dyslipidemia, metabolic syndrome and familial hyperlipidemia, identify current screening recommendations for dyslipidemia and risk factors for the development of atherosclerotic coronary vascular diseases (ASCVD), identification of primary pharmacologic categories for treatment and non-pharmacologic options for patients.

Week 4 – Diabetes Mellitus

The case will focus on the diagnosis and management of Type 2 diabetes mellitus including screening guidelines, testing options and goals of glycemic control. Oral anti-diabetic agents and insulin therapy will also be detailed.

**Goals and Objectives**

**Goals**

- Gain an appreciation for the primary care approach to four commonly seen diseases.
- Understand how primary care physicians approach these diseases in the outpatient setting.

**Objectives**

- Identify four major disease processes seen in family medicine.
- Recall risk factors for each disease process and relevant questions for screening.
- Review appropriate stratification of each disease process, where applicable.
- Recognize clinical manifestations of each disease.
- Review relevant tests for each disease.
- Identify resources for reviewing current guidelines for the management of these diseases from a primary care perspective.
- Develop basic strategies for treatment of each disease including first-line recommendations and follow-up strategies.
- Consider osteopathic manipulative techniques for specific manifestations of disease where applicable.
COLLEGE PROGRAM OBJECTIVES

In addition to the above course-specific goals and learning objectives, this clerkship rotation also facilitates student progress in attaining the College Program Objectives. Please refer to the complete list provided on the MSUCOM website.

References

Each recommended text or online reference should be reviewed at a reasonable pace. It should take you no longer than 30-45 minutes per night to review these elements. Online references will require an active internet connection to review.

Week 1 – Asthma and COPD

Overview of Changes to Asthma Guidelines: Diagnosis and Screening - *Am Fam Physician*. 2009 May 1;79(9):761-767


ACP Updates Guideline on Diagnosis and Management of Stable COPD - *Am Fam Physician*. 2012 Jan 15;85(2):204-205


Week 2 – Hypertension
The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (JNC7 Express)  


Diet and Lifestyle Recommendations Revision 2006 - A Scientific Statement From the American Heart Association Nutrition Committee


**Week 3 – Dyslipidemia**

2013 ACC/AHA Guidelines on the treatment of blood cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults -  

AHA Diet & Lifestyle Recommendations 2006 -  
http://circ.ahajournals.org/content/114/1/82

Infographic on ACA/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults -  

Powerpoint Presentation - 10 Points to Remember on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults (Dr. Melvyn Rubenfire, MD) - http://slideplayer.com/slide/1425740/


**Week 4 – Diabetes Mellitus**

Diabetes Mellitus: Screening and Diagnosis - Am Fam Physician. 2010 Apr 1;81(7):863-870

Insulin Management of Type 2 Diabetes Mellitus - Am Fam Physician. 2011 Jul
Student Responsibilities and Expectations

During the course of this rotation, the student is expected to take a proactive approach to learning about the discipline of family medicine. Students should make every effort to have an initial orientation session with the attending physician in an effort to review goals, objectives and expectations on both the part of the preceptor and student. During the orientation meeting, students should present the preceptor with a copy of the Attending Evaluation form as well as review this syllabus together. Doing so will improve the overall rotational experience in terms of training and evaluation. Students should also suggest having a mid-month evaluation during the rotation to gain formative feedback and make adjustments as needed based on preceptor commentary. Doing so will encourage active participation and improve summative evaluations that occur at the end of the rotation.

During the four weeks of the rotation, the student is required to meet clinical and academic responsibilities:

- The student will meet the following clinical responsibilities during this rotation:
  - Report to the rotation in a timely fashion, dressed appropriately for each day of work. Be cognizant of any scheduling changes that occur and provide timely communication to the preceptor about excused or unexpected absences.
  - Demonstrate an enthusiastic and proactive attitude toward the learning process in general and family medicine specifically.
  - Treat all staff members, other rotators and patients with respect and demonstrate professional behavior in all interactions.
  - Do not engage in behaviors that are unprofessional or unethical, illegal, or pose a risk to the patient or practice. If there is a question about something you are asked to do, speak with your precepting physician or (if the person you have concern about is the precepting physician) your Student Coordinator and/or Director of Medical Education for your base hospital.
  - Complete any and all requested responsibilities in a timely fashion and as directed by your precepting physician, excepting any inappropriate behaviors previously mentioned.
• Represent oneself, fellow students and the College in a positive and professional manner.

• Students are expected to function collaboratively on health care teams that include health professionals from other disciplines in the provision of quality, patient-centered care.

• The student will meet the following academic responsibilities during this rotation:
  
  • Complete all College curricular elements of the rotation as specified within this syllabus in a timely fashion.

  • Regularly access and review content provided within Desire2Learn (D2L) during the rotation to support and supplement your active learning process.

  • Students are expected to identify, access, interpret and apply medical evidence contained in the scientific literature related to patients health problems.

  • Students are expected to: assess their personal learning needs specific to this clinical rotation, engage in deliberate, independent learning activities to address their gaps in knowledge, skills or attitudes; and solicit feedback and use it on a daily basis to continuously improve their clinical practice.

Failure to meet the clinical and/or academic responsibilities (as determined by your preceptor, DME and Instructor of Record) may result in a failing grade for this course and require the student to appear before the Committee on Student Evaluation (COSE).

**Rotation Grading Requirements**

<table>
<thead>
<tr>
<th>Requirements</th>
<th>Submission Method</th>
<th>Due Date</th>
<th>Grade Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quiz 1: Asthma/COPD</td>
<td>D2L</td>
<td>Last day of rotation</td>
<td>---</td>
</tr>
<tr>
<td>Quiz 2: Hypertension</td>
<td>D2L</td>
<td>Last day of rotation</td>
<td>---</td>
</tr>
<tr>
<td>Quiz 3: Dyslipidemia</td>
<td>D2L</td>
<td>Last day of rotation</td>
<td>---</td>
</tr>
<tr>
<td>Requirements</td>
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<td>Grade Percentage</td>
</tr>
<tr>
<td>--------------------------------------</td>
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<td>-------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Quiz 4: Diabetes Mellitus</td>
<td>D2L</td>
<td>Last day of rotation</td>
<td>---</td>
</tr>
<tr>
<td>Student Experience Log</td>
<td>D2L</td>
<td>11pm on last day of the rotation</td>
<td>---</td>
</tr>
<tr>
<td>Attending Evaluation of Student</td>
<td>Submit completed evaluation to base hospital Medical Education office</td>
<td>Last day of rotation</td>
<td>---</td>
</tr>
<tr>
<td>Student Evaluation of Attending</td>
<td>“Evaluate” link in Kobiljak schedule (link will activate on final Monday of rotation)</td>
<td>Last day of rotation</td>
<td>---</td>
</tr>
</tbody>
</table>

In addition to the evaluations, students must complete all four quizzes to receive a passing grade for the academic portion of this curriculum.
Corrective Action Process for Deficient Academic Requirements

If a student does not successfully complete the academic requirements of the course, the student will be permitted to go through a “Corrective Action” process.

The steps of the “Corrective Action” process for FCM 620 (Core Family Medicine Clerkship) are as follows:

1. Failure to successfully complete required D2L components of the rotation:
   a. Students that do not successfully pass any, or all, of the individual weekly module requirements will be required to complete a specific corrective action which may take one of a variety formats. The type of corrective action assignment will be determined by the Instructor of Record. Examples include, but are not limited to, a paper on professionalism, review of study questions, submitting self-study elements for grading, etc. It is the student’s responsibility to contact the course assistant to determine the method of corrective action that will be taken.

2. Failure of the rotation for other reasons (poor performance in the eyes of the specialist and/or Director of Medical Education):
   a. The student will be subject to an alternate remediation plan designed by the Director of Medical Education in conjunction with the Dean of Student Services and Clinical Curriculum Director.

If a student completes the corrective action successfully, as determined by the Instructor of Record, the student will receive credit for the deficient academic grading requirement(s).

If a student does not complete the corrective action successfully, as determined by the Instructor of Record, the student will receive an “N” grade for the course and will be required to appear before COSE to determine the next course of action.
Core Competencies/Learning Modules

The Core Competencies were developed by the AOA to represent seven defined areas. In 2007, the American Association of Colleges of Osteopathic Medicine developed a document to assist colleges in integrating these same core competencies into medical education at the medical student level. The following core competencies are addressed during the month of Family Medicine:

1) Osteopathic Principles and Practice
   a. Approach the patient with recognition of the entire clinical context, including mind-body and psychosocial interrelationships
   b. Diagnose clinical conditions and plan patient care
   c. Perform or recommend OMT as part of a treatment plan
   d. Communicate and document treatment details

2) Medical Knowledge
   a. Articulate basic biomedical science, epidemiological and clinical science principles related to patient presentation

3) Patient Care
   a. Gather accurate data related to the patient encounter
   b. Develop a differential diagnosis appropriate to the context of the patient setting and findings
   c. Form a patient-centered, interprofessional, evidence-based management plan
   d. Provide health promotion and disease prevention (HPDP)
   e. Engage in documentation, case presentation, and team communication

4) Interpersonal and Communication Skills
   a. Establish and maintain the physician-patient relationship
   b. Demonstrate effective written and electronic communication in dealing with patients and other health care professionals
   c. Work effectively with other health professionals as a member or leader of a health care team

5) Professionalism
   a. Demonstrate humanistic behavior, including respect, compassion, probity, honesty, and trustworthiness
b. Demonstrate accountability to patients, society, and the profession, including the duty to act in response to the knowledge of professional behavior of others

c. Attain milestones that indicate a commitment to excellence, as, for example, through ongoing professional development as evidence of a commitment to continuous learning

6) Practice-Based Learning and Improvement

a. Describe the clinical significance of and apply strategies for integrating research evidence into clinical practice

b. Critically evaluate medical information and its sources, and apply such information appropriately to decisions relating to patient care

7) Systems-Based Practice

a. Demonstrate understanding of how patient care and professional practices affect other health care professionals, health care organizations, and society

b. Identify and utilize effective strategies for assessing patients

Special Considerations

Family medicine is one of the most varied of fields where you can see a wide spectrum of physicians practice an even wider range of medical elements in sub-specialties. It is important to remember that family medicine represents the frontline of medical care, not only in terms of interaction with the community and society, but also in terms of good stewardship of medical resources, both financial and material. During your time on this rotation, consider discussing with your attending physician(s) aspects of medical care such as: health care reform and its impact, being a financially responsible physician and the delivery of care in a resource-deprived environment, etc. You will find that most family physicians are not only interested, but passionate about these topics. As an aspiring member of the profession, you should utilize this time to better understand the environment you will be part of in the future.

Unsatisfactory Clinical Performance

A student’s clinical performance will be assessed through the Attending Clinical Clerkship Rotation Evaluation. Unsatisfactory Attending Evaluations are governed by the Policy for Retention, Promotion and Graduation (4.e).

An overall “Below Expectations” rating on Section 1 of the Clinical Clerkship Rotation Evaluation will be referred to the Instructor of Record/Department Chairperson for review and grade determination. Students who receive two or more Clinical Clerkship
Rotation Evaluations with an overall “Below Expectations” rating will be referred to the COSE Clerkship Performance Subcommittee for review.

An overall "Below Expectations" rating on Section 2 of the Clinical Clerkship Rotation Evaluation will be referred to the Associate Dean/Student Services. In consultation with the Instructor of Record/Department Chairperson a determination of action will be reached.

Important Note: The student will maintain an Extended (ET) grade until all academic and clinical requirements have been successfully met.
Base Hospital Requirements

(To be defined and evaluated by individual hospitals)
MSU College of Osteopathic Medicine Standard Policies

The following are the standard MSUCOM policies students must adhere to across rotations.

Attendance Policy

Clerkship activities are mandatory and timely attendance is expected at all educational events.

In the event a student must be absent from clerkship activities, he/she must, firstly, have prior approval from the Graduate Medical Education office (DME/DIO, Clerkship Director, and/or Student Clerkship Coordinator per the rotation sites process/policy). The clinical preceptor must also approve the absence, and determine an acceptable make-up plan which may include, but is not limited to: additional time on rotation, additional presentation(s), or written assignment(s). In the event of an emergency, the student must contact the Graduate Medical Education office and clinical preceptor as soon as the situation allows. Any exception to this attendance policy for any given rotation will be noted in the course syllabus.

Abuse of this policy, as determined by the GME office or a clinical preceptor, may be documented in a student evaluation(s) and/or reported to the Associate Dean of Student Services at MSUCOM via the Student Incident Report Form: http://com.msu.edu/Students/Registrar/Policies.htm or via phone call to the Associate Dean of Student Services (517-353-8799).

ROTATION SPECIFIC EXCEPTIONS TO THE ABOVE ATTENDANCE POLICY: NONE

Policy for Medical Student Supervision

Supervisors of the Medical Students in the Clinical Setting

The MSUCOM curriculum includes required clinical experiences in a variety of clinical learning environments. The role of the student is to participate in patient care in ways that are appropriate for the student’s level of training and experience and to the clinical situation. The student’s clinical activities will be under the supervision of licensed physicians. This supervising physician may delegate the supervision of the medical student to a resident, fellow, or other qualified healthcare provider, however, the supervising physician retains full responsibility for the supervision of the medical
students assigned to the clinical rotation and must ensure his/her designee(s) are prepared for their roles for supervision of medical students.

The physician supervisor and his/her designee(s) must be members in good standing in their facilities and must have a license appropriate to his/her specialty of practice and be supervising the medical student within that scope of practice as delineated by the credentialing body of the facility.

**Level of Supervision/Responsibilities**

Clinical supervision is designed to foster progressive responsibility as a student progresses through the curriculum, with the supervising physicians providing the medical student the opportunity to demonstrate progressive involvement in patient care. MSUCOM students will be expected to follow clinical policies of the facility regarding medical records and clinical care. Medical student participation in patient history/physical exam, critical data analysis, management, and procedures will include factors, but not limited to:

- The students demonstrated ability
- The students level of education and experience
- The learning objectives of the clinical experience

First and second year medical students will be directly supervised at all times (supervising physician or designee present or immediately available.

Third and fourth year medical students will be supervised at a level appropriate to the clinical situation and student’s level of experience. For some tasks, indirect supervision may be appropriate for some students. Direct supervision would be appropriate for advanced procedures.

Supervising physicians will provide medical students with timely and specific feedback on performance. The supervising physician will complete a mid-rotation evaluative discussion with the medical student. Supervising physicians will complete a summative evaluation and are encouraged to contact the course/clerkship director with any gaps in student performance.

Medical students with any concern regarding clinical, administrative, and educational or safety issues during his/her rotation will be encouraged to contact the supervising physician or clerkship/course director.
Statement of Professionalism

Principles of professionalism are not rules that specify behaviors, but guidelines that provide direction in identifying appropriate conduct. These principles include the safety and welfare of patients, competence in knowledge and skills, responsibility for consequences of actions, professional communication, confidentiality, and lifelong learning for maintenance of professional skills and judgments. Professionalism and professional ethics are terms that signify certain scholastic, interpersonal and behavioral expectations. Among the characteristics included in this context are the knowledge, competence, demeanor, attitude, appearance, mannerisms, integrity and morals displayed by the student to faculty, peers, patients and colleagues in other health care professions. Students are expected to conduct themselves at all times in a professional manner and to exhibit characteristics of a professional student.

Student Rights and Responsibilities

Each individual student is responsible for their behavior and is expected to maintain standards of academic honesty. Students share the responsibility with faculty for creating an environment that supports academic honesty and principles of professionalism. Proper relationships between faculty and students are fundamental to the college's function and this should be built on mutual respect and understanding together with shared dedication to the education process. It is a fundamental belief that each student is worthy of trust and that each student has the right to live in an academic environment that is free of injustice caused by dishonesty. While students have an obligation to assist their fellow students in meeting the common goals of their education, students have an equal obligation to maintain the highest standards of personal integrity.

Faculty Responsibilities

It is the responsibility of the college faculty to specify the limits of authorized aid (including but not limited to exams, study aids, internet resources and materials from senior students) in their syllabi, and it is the responsibility of students to honor and adhere to those limits. Course instructors shall inform students at the beginning of the semester of any special criteria of academic honesty pertinent to the class or course.

It is the responsibility of the clinical faculty to provide students with ongoing feedback during rotation upon request. Clinical faculty are generally recommended (though not required) to limit student assigned duty hours from 40 to 60 hours weekly (not exceeding 60 hours). Both faculty and students are to be treated fairly and professionally in order to maintain a proper working relationship between trainer and trainee.
Course Grades

- **P-Pass** – means that credit is granted and that the student achieved a level of performance judged to be satisfactory according to didactic and clinical performance by the department.

- **N-No Grade** – means that no credit is granted and that the student did not achieve a level of performance judged to be satisfactory according to didactic and clinical performance by the department. Students who receive an N grade will be required to appear before COSE.

- **ET-Extended Grade** – means that a final grade (“Pass” or “No Grade”) cannot be determined due to one or more missing course requirements. In Years 3 and 4, the Extended (ET) grade is used instead of an Incomplete (I) grade. Once all course requirements have been completed, received, and processed, the ET grade will be changed to a final grade. An ET will NOT remain on a student’s transcript.

N-Grade Policy

- Remediation is not offered for Clerkship courses. Any student who receives an N grade in the Clerkship Program will be required to appear before the COSE Clerkship Performance Subcommittee (COSE).
Rotation Evaluations

**Attending/Faculty/Resident Evaluation of Student**

Students are responsible for assuring that the clinical supervisor receives the appropriate evaluation form. Forms can be accessed via the “Attending Evaluation” link in the student’s Kobiljak online Clerkship schedule.

Students should assertively seek feedback on their performance throughout the course of the clinical rotation. Students should also sit down and discuss the formal evaluation with the clinical supervisor. Note that the clinical supervisor and the DME from the rotation hospital are required to sign the form.

Students should keep a copy of the evaluation and leave the original with the Medical Education Office at the clinical training site where that office will review, sign, and forward the completed form to the COM Office of the Registrar. It is important to know that evaluations will not be accepted by the COM Office of the Registrar if submitted by the student. Any evidence of tampering or modification while in the possession of the student will be considered “unprofessional behavior” resulting in an “N” grade and review by COSE and/or the College Hearing Committee.

Grades are held until all rotation requirements, including evaluation forms, are received. Be sure you are using the correct form.

**Student Evaluation of Rotation**

Students will submit their rotation evaluations electronically at the conclusion of every rotation by accessing their online schedule through Kobiljak.

Exposure Incidents Protocol

A form has been developed by the University to report exposure incidents. The form can be accessed at [www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf](http://www.com.msu.edu/AP/clerkship_program/clerkship_documents/exposure.pdf). Please make yourself familiar with the procedure and the form.
Student Experience Log
FCM 620 Family Medicine

Attending mid-rotation feedback date: __________

Attending Signature: ________________
(Verifying mid-rotation feedback and logs)

Students are required to complete the student experience logs, and submit them via D2L dropbox by 11pm on the last day of the rotation.

On this rotation you are required to encounter the below clinical presentations, if your rotation should not permit the following, you are required to gain the knowledge via modules/readings per syllabus. Place a checkmark where appropriate.

<table>
<thead>
<tr>
<th>Clinical Presentation</th>
<th>Experience via patient on rotation</th>
<th>Experience gained via readings/modules (per syllabus)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma</td>
<td></td>
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<tr>
<td>COPD</td>
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<td>Hypertension</td>
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<td>Dyslipidemia</td>
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<tr>
<td>Diabetes Mellitus</td>
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</tr>
</tbody>
</table>

OMM - briefly describe how you used OMM on one patient during this rotation: ______________________

Student Name: ______________________

Rotation Dates: ______________________

Rotation Site: ______________________

Rotation Attending: _________________

Comments: ______________________

___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

Wellness: An active process of becoming aware of and making choices toward a healthy and fulfilling life.

Have you set one personal wellness goal you would like to accomplish during this rotation?

☐ Yes
☐ No

Did you accomplish this goal by the end of the rotation?

☐ Not at all
☐ Somewhat
☐ Completely accomplished goal or exceeded

I participated in interprofessional collaboration (collaboration on patient care with healthcare workers of different professional backgrounds) on this rotation:

☐ Yes
☐ No

Describe one encounter on this rotation when you collaborated on patient care with a healthcare worker of different professional background. Please identify the profession of the healthcare worker and how you perceived the experience (positive/neutral/negative).

___________________________________________
___________________________________________
___________________________________________
___________________________________________
___________________________________________

Have you set one personal wellness goal you would like to accomplish during this rotation?

☐ Yes
☐ No

Did you accomplish this goal by the end of the rotation?

☐ Not at all
☐ Somewhat
☐ Completely accomplished goal or exceeded