Welcome to the Primary Care Clerkship (PCC)!

Over the next eight weeks, we sincerely hope that you are challenged, intrigued, frustrated and delighted by this rotation.

- Challenged, because the content of primary care is vast, and human reactions to their illnesses are widely varied.
- Intrigued, for the same reasons. You will never know exactly what awaits you behind the exam room door.
- Frustrated, because our health care system has many inequities and barriers to care, payment processes that are often counter-productive, and often seems geared more toward fixing problems than preventing them. If you don't ever feel frustrated, you are probably not 'getting it'.
- Delighted, by the mutual caring between primary care physicians and their patients, the opportunities to help people improve and maintain their health, and the many ways that primary care physicians can make a difference for their patients and communities.

This guide to the Clerkship Requirements lays out the 'nuts and bolts' of the course. Using it will enhance your learning and performance. Many questions that you may have are answered therein. Please do not hesitate to contact us with any other questions.

Best wishes,

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PCC Director

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Primary Care Clerkship Expectations

During the third year of the MD program curriculum, medical students at the University of Wisconsin School of Medicine and Public Health will complete their Primary Care Clerkship. The following expectations are provided to assist you in being successful on the clerkship. Failure to follow stated policies and/or meet expectations as outlined in the PCC syllabus may result in the loss of professionalism points.

1. Attend Madison Orientation and, if applicable, the regional site orientation.

2. Contact PCC Administrative staff as early as possible with problems.

3. If you are registered at the Medical School to receive special accommodations at the final exam, it is your responsibility to provide this information to Christie Legler (Christie.legler@fammed.wisc.edu within the first two weeks of the clerkship) so appropriate arrangements can be made. Failure to do so may result in a delay of the exam being administered.

4. Report to clinics, Problem Based Learning and Dr/Pt Communication sessions as scheduled and on time. Adhere to the PCC Attendance Policy (see page 4).

5. Maintain the highest standards of professionalism during the Primary Care Clerkship. You will be expected to have respect for the people around you and keep in mind the positive effects of reliability and selflessness when attending to the needs of patients and working on a team. Your ethical responsibilities include honesty on medical school examinations and in write-ups (see page 7).

6. Regularly elicit feedback from your clinical preceptors on your performance (see page 20, How to Elicit Feedback From Your Preceptor).

7. Review your Mid Rotation Feedback forms with each primary preceptor. It is helpful to keep the behavioral anchors in mind when viewing your mid rotation feedback forms, also specifically noting that advanced versus competent may not be clearly determined at the midterm. Scan your completed forms and upload to OASIS or email to Christie Legler (Week 5). See your site coordinator for assistance with scanning documents.

8. Meet with the AHEC representative and choose a project by the end of the second week. Actively participate in your chosen community engagement project (minimum 24 hours). At the end of the rotation, present a description of the community, the project, background and project impact on the community, with focus on interest in working with underserved communities (see page 20).

9. Throughout the rotation regularly track PCC experience requirements on your paper Direct Observation and Feedback Form and on OASIS. If you are having any difficulty getting preceptors to observe and provide feedback, contact Christie Legler (Christie.legler@fammed.wisc.edu).

10. Throughout the rotation regularly track each half day clinic that you attend (on OASIS). Required documentation includes: the date, name of the faculty and clinic attended (Family Medicine, General Internal Medicine, Pediatrics). You should not log PBL and Dr/Pt Communication sessions or time spent on your community engagement project. Changes to clinical logs will not be accepted after 4:00 PM on the last Wednesday of the rotation (see page 19).

11. Complete all required documentation accurately and completely by stated deadlines. Failure to do so will result in the loss of half of your professionalism points (for more, see page 31).

Deadline: 4:00 PM the last Wednesday of the rotation

- ☐ Clinic Log on OASIS - each half day documented (not PBL, Dr/Pt communication sessions or community engagement project time)
- ☐ Documentation the Direct Observation and Feedback skills have been completed (13) on OASIS
- ☐ Community Engagement Project individual reflection paper uploaded to OASIS

Deadline: Prior to the OSCE, last Thursday of the rotation (turn in to Christie)

- ☐ Paper copy of Direct Observation and Feedback Form signed off by preceptor(s).
- ☐ 2 Mid Rotation Feedback Forms (each from a different clinics and/or disciplines). Students are encouraged to submit required forms as soon as they are completed. Forms can be scanned and emailed to Christie Legler (Christie.legler@fammed.wisc.edu). Site Coordinators can assist students with scanning documents if needed.

12. By the end of the clerkship, be able to demonstrate competency of the PCC Learning Objectives.

13. Complete the NBME exam and OSCE as schedule.

Primary Care Clerkship Policies

Attendance Policy

The learning objectives of your Primary Care Clerkship center on the principles of longitudinal care of patients and community engagement. The course is designed to build upon clinical experiences with your preceptors as well as weekly faculty facilitated small group learning sessions that highlight key course objectives. In addition, you will be joining a community partner agency in designing or implementing your community engagement project over an eight week period. Thus, full and continual participation in the Primary Care Clerkship is essential.

Planned absences are strongly discouraged. Please review the medical school policy regarding clerkship absences (posted on OASIS). Per the policy, social engagements are not considered excused absences. If unforeseen circumstances arise that are not covered under excused absences, the Primary Care Clerkship Director will review these individually. Additional education opportunities not defined/not part of the clerkship will not be approved. Also per UWSMPH Clinical Years Attendance Policy, "For all clerkships, residents or faculty directly working with the student are NOT allowed to grant approval for absence. Please do not approach these individuals and realize approval granted by them is NOT official. Approval MUST be obtained as specifically designated for each clerkship. Information regarding contact person for this approval is available on the request form."

Planned Absence from Primary Care Clerkship (including WARM and TRIUMPH students):
Any planned absence request must be submitted using the approved form to Christie Legler christie.legler@fammed.wisc.edu no later than 30 days prior to beginning the Primary Care Clerkship. Submission does not imply approval. Late requests may not be considered.

Unplanned Absence from Primary Care Clerkship (including WARM and TRIUMPH students): In the event of an unplanned absence, please notify your clinic preceptor as soon as possible. In addition, all students are required to send Christie Legler, christie.legler@fammed.wisc.edu and your site coordinator (if different) an email with the reason for the absence and estimated time away from the clerkship. Any absences not approved by the PCC clerkship office in Madison will likely result in a failing or incomplete grade for the rotation.

Total Absence of Three (3) Days or Less (including WARM and TRIUMPH students):
Because your clinical experience in the Primary Care Clerkship does not include night call or weekend patient care, it is difficult to make up time due to absences. For absences of three (3) days or less, remediation may include additional scheduled clinic sessions, completion of online cases or other learning opportunities.

Total Absence of More Than (3) Days (including WARM and TRIUMPH students):
For absences greater than three (3) days, consultation with the Clerkship Director, Clerkship Coordinator, and a representative from Student Services will take place. The student may be asked to take a leave of absence and then repeat the Clerkship in its entirety at a later date.

Bloodborne Pathogen Exposures

Exposure to bloodborne pathogens can occur in many ways. Although needlestick and other sharps injuries are the most common means of exposure for health care workers, bloodborne pathogens also can be transmitted through contact with mucous membranes and non-intact skin. Hospitals and clinics must evaluate and manage exposure incidents that occur in their *employees*, and usually (but not always) provide the same services to students on clinical rotation at their facility. These guidelines are designed to assist you in the event that you sustain a bloodborne pathogen exposure.

If you have an exposure incident:

1. Seek care for your injury (immediately)

At UWHC, go to Employee Health Services during daytime hours and to the Emergency Room after hours. At some sites, baseline testing may be offered to you; however, this is no longer recommended for exposed persons and does not need to be done routinely.

2. Notify the facility's coordinator for employee health and/or infection control issues (immediately).
3. Notify your preceptor or clinical instructor (as soon as practical)
4. Contact your school or program office (the next business day) for the MD programs: (608) 263-4920.
5. Contact University Health Services for advice, consultation, or follow-up (prn):
   Craig Roberts PA-C (608) 262-6720 pager 265-7000, # 4555
   UHS appointments/info (608) 265-5600 8:30 a.m. - 5 p.m. weekdays.

Employee health staff at most facilities are generally very experienced in the management of exposures and in the issues that surround them. For follow up care, you should use University Health Services (UHS). UHS provides primary care for students enrolled at UW-Madison, but does not cover services provided elsewhere. If it is not practical to come to UHS for care, the cost of services incurred is the responsibility of the student or the student's insurance.

Clerkship Exam Release Policy

All students will return to Madison for their OSCE and NBME exam. Students within a 60 mile radius of the exam site will be released from clinical duties no later than 5:30 pm the day before the exam. Students outside of a 60 mile radius of exam site will be released no later than 2:00 pm the day before the exam. Please note many sites outside the 60 mile radius will release students from clinical duties at noon to limit disruption in the clinical setting. This also allows students the opportunity to check out of housing and return items to the site coordinator as indicated.

Mobile Devices on Clinical Rotations - Policy on Using

Students must act appropriately and professionally on each clinical rotation regarding use of mobile devices. Respecting peers, faculty, staff and patients in lecture, conference settings, on the hospital wards, and in the clinics, students should:

1. Turn cell phone to vibrate.
2. Refrain from text messaging, checking email, or talking on the phone while engaged in patient care and educational activities.
3. Use iPads or other digital/electronic notepads exclusively for educational purposes or relevant patient care.

4. Ask permission of faculty, attendings, residents and/or patients if he/she may use the digital device for referencing or note taking while working with them.
5. Refrain from takin photographs of patients and transmitting any confidential information via text message or email.

Professionalism Policy

Students are expected to maintain the highest standards of professionalism during the Primary Care Clerkship. It is a privilege to be invited into the practice of community physicians. You are an ambassador of the UW School of Medicine and Public Health. We rely on you to respect teachers, preceptors and patients and to display ethical behavior. The use of good judgment is critical to your professional reputation.

Professional behavior also includes attitude, dress, punctuality, engagement and completion of administrative tasks. Your clinical site will determine acceptable attire. At some sites, you are housed in shared homes, apartments or call rooms. Check with Christie Legler (Christie.Legler@fammed.wisc.edu) or your site coordinator for further details if you have any questions about professional expectations.

Social Media and Social Networking Policy

Interacting with Patients

Students will not interact with current or past patients on email, social networking sites or online.

Privacy/Confidentiality

Patient privacy and confidentiality must be protected at all times. This includes social media and social networking websites. These sites have the potential to be viewed by many people and any breaches in confidentiality could be harmful to the patient. Posting of any patient information on social media or social networking sites is a violation of federal privacy laws, such as HIPAA. Students should not post any patient information on social media or social networking sites. Violation of this policy is considered a major violation of professional conduct. Any student violating this policy will be reviewed by the SPC and may receive a formal reprimand for unprofessional behavior.

Professionalism

Students should be aware that any information they post on a social networking site might be widely disseminated (whether intended or not) to a larger audience including patients and residency programs. Such posted information may remain publicly available online in perpetuity. When posting content online, students should always remember that they are representing the UWSMPH. Students should take caution not to post information that is unprofessional, ambiguous or that could be misconstrued.

To use social media and social networking sites professionally, students should adhere to the following guidelines:

- Follow the same principles of professionalism online as they would offline
- Avoid posting any depictions of intoxication, alcohol misuse, drug use or sexually explicit behavior

- Avoid any use of discriminatory or disrespectful language or depiction of discriminatory practices online
- Avoid posting any patient information
- Report any unprofessional behavior that is seen online to Student Services

Any student posting depictions of intoxication, drug use, sexually explicit behavior or discriminatory language will be reviewed by the SPC and may receive a formal reprimand for unprofessional behavior.

Student Academic Misconduct Policy
Your ethical responsibilities also include honesty on medical school examinations and in write-ups. Examples of academic misconduct include:

- Submitting a paper or assignment as one's own work when a part or all of the paper or assignment is the work of another.
- Submitting a paper or assignment that contains ideas or research of others without appropriately identifying the sources of these ideas.

If plagiarism is identified, disciplinary sanctions will be taken in accordance with the UWSMPH Academic Misconduct Policy and Procedures. Please see Clerkship Directors' Consensus on Application of UWS 14 in Cases of Plagiarism for more information (on OASIS).

Transportation Policy
Students are responsible for their own transportation and parking and associated costs during this rotation.

Unfortunately, recruiting volunteer preceptors has become more and more difficult, and we have had to go farther afield from our regional campuses to obtain strong learning sites. This is particularly true in the Madison area, where we regularly use preceptors as far away as Beloit, and in Milwaukee, where Kenosha is a frequent site.

The regional coordinators do take driving distance into account in making preceptor assignments, and do make an attempt to limit driving through assignment and schedule adjustments. However, since continuity of care is one of the major learning goals of the PCC, it is not possible to make driving distances completely equal for every student.

We regret that mileage reimbursement is not available through the UWSMPH for student commutes to training sites. A national survey of primary care clerkships done in early 2008 did not identify any schools that reimburse students for driving unless this was funded through an external source.

Weather and Safety Emergencies Policy
Medical students participating in patient care activities are considered non-essential workers in cases of public safety emergencies. Weather emergencies fall into this category.

When there is a weather emergency (defined by the National Weather Service) declared in a Wisconsin county or municipality where students are participating in clerkship activities, students

who need to drive to the clerkship site should be excused from the clerkship until the weather emergency is over. Local school closures alone do not necessarily mean students should be excused, particularly if they do not have to drive to the clinical site.

The decision to excuse students from clinical responsibilities outside of Madison (in the event the Madison campus is open, but a weather emergency is occurring elsewhere) should be made by the regional site director and should be communicated to the Associate Dean for Students (Dr. Patrick McBride pem@medicine@wisc.edu) and/or Assistant Dean for Students (Dr. Gwen McIntosh gkmcinto@wisc.edu) and the Director of Clinical Education (Dr. Shobhina Chheda sgc@medicine.wisc.edu) in Madison. The Medical Education Office will inform the Clerkship Directors/Administrators in Madison if a site has chosen to excuse students.

If the UW-Madison campus is declared closed due to a weather emergency, all UW students - including medical students on clerkships statewide - are excused from on-site clerkship activities. However, students are strongly encouraged to report to the site if:

1) The site is located in a county or municipality included in the weather emergency but they do not need to drive to the site; or
2) There is no weather emergency in the county or municipality where their clerkship is located.

If a student has a concern regarding their safety in traveling to their clinical site and they will be late or are unable to report for their clinical duties, they must communicate with their site clerkship coordinator and their clinical team.

The Student Services office will notify all students, courses, and clerkships of the status of campus and closures via school listservs. Included will be:

- Students: ssmedall@lists.wisc.edu
- Course directors:
  - Year 2 Course Directors: year2-coursedirectors@lists.wisc.edu
  - Year 1 Course Directors: year1-coursedirectors@lists.wisc.edu
  - Clerkship Directors and Staff (Statewide Campus and Clerkship Curriculum Committee) clerkship-directors@lists.wisc.edu; clerkship_curriculum_committee@lists.wisc.edu

Work Hour Policy – Clinical Rotations

The UWSMPH Clerkship Curriculum Committee developed a policy regarding the amount of time students spend in required activities, including the total required hours spent in clinical and educational activities during clinical rotations.

The Committee resolved to base the medical student work hour policy on the ACGME general guidelines. All clerkships must be committed to and be responsible for promoting patient safety and medical student well-being and provide a supportive educational environment. Clerkships must ensure that faculty provide appropriate supervision of medical students in patient care activities. ACGME: Duty hours are defined as all clinical and academic activities related to the program; i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent inhouse during call activities, and scheduled activities, such as conferences. Duty hours do not include reading and preparation time spent away from the duty site.

UWSMPH Clerkship Duty Policy

1. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
2. No duty shift shall exceed 24 hours, plus 6-hour sign-off.
3. Students are required to have at least one 24-hour period off per week on average.
4. All students are advised to report overages to the designated clerkship administrator, or the Associate Dean of Students, or the Ombudsperson.

Students will be made aware of this policy during Transitional Clerkship at the start of their 3rd year. It will also be posted on the Clerkship Web site, and included in all clerkship orientations. In addition, it will be included in the Student Handbook.

Reference: ACGME Web site: Information Related to the ACGME's Effort to Address Resident Duty Hours and Other Relevant Resource Materials
http://www.acgme.org/acWebsite/dutyhours/dh_index.asp
Accessed on 3/10/09

2015-2016 Primary Care Clerkship Goals

Knowledge for Practice (KP)

1. Interpret the clinical features, differential diagnosis, and management of common acute and chronic medical conditions seen in the ambulatory medical setting.
2. Recognize the impact of select chronic conditions at the individual patient and societal levels.
3. Compare preventive strategies for common acute and chronic medical conditions seen in the ambulatory setting, in the clinic, and at the population level.

Problem Solving and Clinical Skills/Patient Care (PC)

1. Perform focused histories and physical exams relevant to common acute and chronic medical conditions.
2. Perform comprehensive wellness exams relevant to patient's age and comorbidities.
3. Formulate treatment plans for common acute and chronic ambulatory medical problems.
4. Use test characteristics, predictive values, and likelihood ratios to enhance clinical decision making.
5. Distinguish preventive screening tests for individual patients, acknowledging prevalence, risk factors, and outcomes.
6. Formulate answerable clinical questions from patient interactions.

Practice Based Learning and Improvement (PL)

1. Practice life-long learning skills, including the use of evidence based medicine at point of care.
2. Differentiate and appraise preventive service guidelines and recommendations from various organizations.
3. Identify individual learning goals, and self-assess knowledge and behaviors.

Systems Based Practice (SBP)

1. Identify community assets and system resources to improve the health of individuals and populations.
2. Demonstrate a clinical perspective that recognizes the impact of multiple systems on patient health.

Interpersonal and Communication Skills (IC)

1. Present cases to preceptor in a patient-centered manner, integrating further testing recommendations, diagnostic probabilities, and evidence-based treatment recommendations as indicated.
2. Document clinical encounter in written SOAP note form.
3. Establish effective relationships with patients and families using patient-centered communication skills.
4. Ascertain patient and family beliefs regarding common acute and chronic medical conditions.
5. Educate patients and families regarding common acute and chronic medical conditions.

6. Demonstrate the process of negotiating management plans with patients, incorporating patient needs and preferences into care.
7. Check for patient's understanding of follow-up plan, including treatments, testing, referrals, and continuity of care.

Professionalism (PR)

1. Recognize and address self-care and personal issues that affect one's ability to fulfill the professional responsibilities of being a physician.
2. Assume responsibility, behave honestly, and perform duties in a timely, organized, respectful, and dependable manner.
3. Seek, accept, and apply constructive feedback appropriately.

2015-2016 PCC Activity Level Objectives

Outpatient Clinic

1. Conduct a focused history appropriate for common acute and chronic medical conditions seen in the ambulatory medical setting.
2. Perform a focused physical exam appropriate for common acute and chronic medical conditions seen in the ambulatory medical setting.
3. Formulate a differential diagnoses appropriate for common acute and chronic medical conditions seen in the ambulatory medical setting.
4. Perform comprehensive wellness exams, identifying screening and preventive recommendations relevant to patient's age and comorbidities.
5. Create written notes to document a patient encounter for an acute problem and for a comprehensive, preventive care visit.
6. Demonstrate use of test characteristics, predictive values, and likelihood ratios in formulating assessments and treatment plans appropriate to patient's situation.
7. Formulate clinical questions during patient encounters and demonstrate understanding of evidence-based resources for point-of-care use.
8. Explain and negotiate treatment plans with patients and family, using a perspective and language that are patient-centered.
9. Perform comprehensive, well-organized, and appropriately succinct verbal presentations to the preceptor.
10. Explain the indications for use of EKG, Chest X-ray, stress testing, and echocardiogram in the evaluation of patients presenting with chest pain.
11. Be able to interpret an EKG.
12. Describe imaging test options and indications for their use in the evaluation of patients presenting with abdominal pain, back pain, headache, and musculoskeletal pain, including options such as CT scan, ultrasound, and plain films.
13. Explain initial treatment options for GERD, IBS, constipation, diarrhea, back pain, migraine headaches, carpal tunnel syndrome, shoulder impingement, sprains/strains, and Acute Otitis Media.
14. Describe indications to screen for asthma, depression, diabetes, lipid disorders, hypertension, and substance abuse.
15. Perform screening for asthma, depression, diabetes, lipid disorders, hypertension, and substance abuse.
16. Identify staging scales used to grade asthma and depression severity.
17. Explain initial treatment options and long-term treatment options for asthma, depression, diabetes, hyperlipidemia, hypertension, obesity, and substance abuse

Community Engagement Project

1. Effectively form a partnership with a Wisconsin AHEC system and a community organization.
2. Identify needs of the community and the partner organization.

3. Discuss the impact of the project on the community, the partner organization, and the student.
4. Synthesize the project experience and describe challenges and lessons learned.

Self-directed Learning

(Use the course syllabus, on-line reading resources, and clinical questions as guides)

1. Describe the pathophysiology, differential diagnosis, diagnostic testing, and treatment options for the following medical conditions:
    a. Abdominal Pain
    b. Chest Pain
    c. Headache
    d. Musculoskeletal pain
    e. Respiratory Infections
    f. Asthma & COPD
    g. Depression
    h. Diabetes
    i. Hyperlipidemia
    j. Hypertension
    k. Substance Abuse
    l. Skin lesions/Dermatology

Motivational Interviewing Exercise

1. Demonstrate motivational interviewing techniques to help influence patient behavior.
2. Discuss challenges, successes, and strategies in assisting a patient in making behavioral changes.

Problem Based Learning

<u>Case 1: Young woman with abdominal pain</u>

1. Use history and physical findings to differentiate among common causes of abdominal pain, diarrhea, and headache in primary care.
2. Identify 'red flags' for abdominal pain and headache.
3. Select appropriate laboratory and diagnostic evaluations in the work-up of abdominal pain and diarrhea in the primary care setting.
4. Formulate and present an effective management plan for a patient with irritable bowel syndrome.
5. Apply epidemiologic evidence to determine indications for imaging or other ancillary testing in headache, and counsel patients about this.
6. Formulate an effective management plan for a patient with migraine headache.
7. Identify ways to counsel adolescent patients about health promotion, screening, disease and injury prevention.
8. Demonstrate strategies for discussing sensitive topics with teens.
9. Adequately describe a rash and use on-line resources to develop a differential diagnosis and treatment plan.

Case 2: 54 year old man with type 2 diabetes mellitus

1. Perform an appropriately focused history and physical to diagnose signs, symptoms and sequelae of Type 2 Diabetes.
2. List the appropriate laboratory tests, preventive measures, and monitoring involved in diabetes disease management.
3. Discuss how clinicians can use disease management to enhance patient care.
4. Formulate and present an effective management plan for a patient with diabetes, including properties of commonly-used medications.
5. Describe how diabetes impacts treatment of dyslipidemia and hypertension (lipids and hypertension covered more fully in the next CBL case).
6. Discuss the rationale for and different approaches to alcohol use disorders in the ambulatory setting.
7. Demonstrate Motivational Interviewing for weight loss efforts with overweight/obese patients.
8. Counsel patients regarding nutrition and exercise, medication options, and surgical treatment of obesity.
9. Recommend appropriate health promotion for men over 50.
10. Discuss evidence and counsel a patient regarding the pros and cons of prostate cancer screening and digital rectal exam stool testing.
11. Describe evaluation of sleep-disordered breathing.
12. Diagnose common cutaneous fungal and yeast rashes and provide appropriate treatment.

Case 3: 48 year old woman sub-sternal chest pain

1. Differentiate among common causes of chest pain using history and physical findings; identify risk factors for coronary artery disease and determine pretest prevalence (calculate difference with and without smoking – can we use this information to motivate patients to quit?).
2. Apply test sensitivity, specificity, pretest probabilities and likelihood ratios to select and interpret appropriate tests for the evaluation of chest pain and cardiac risk assessment.
3. Describe appropriate screening, diagnosis and treatment of hyperlipidemia.
4. Diagnose, evaluate and treat a patient with hypertension.
5. Discuss diagnosis and management of GERD.
6. Effectively counsel a patient to change a behavior, and counsel patients on assistive medications and techniques for smoking cessation.
7. Screen patients for domestic violence/abuse, discuss how to locate and refer to available resources.
8. Identify ways to counsel adult woman on health promotion.

Case 4: 17 month old with running nose and cough

1. Determine major causes of respiratory distress in children, and discuss the role of infectious disease versus airway disease.
2. Describe the diagnosis and management of asthma, allergies, and upper respiratory infections, including acute and serous otitis media.

3. Discuss which aspects of the physical exam might be helpful in developing a plan of treatment for each disease state in Objective #2.
4. Apply the "Guidelines for Diagnosis and Management of Asthma," including the use of environmental/trigger control and medications. Demonstrate how to create an asthma action plan and how to revise the plan if control is not achieved.
5. Teach a patient how to use a peak flow meter and interpret the results as well as how to use a metered dose inhaler with a spacing device.
6. Identify common pediatric skin rashes including eczema and impetigo and suggest appropriate treatments.
7. Identify appropriate health promotion/disease prevention issues for pre-adolescent children.
8. Identify ways to counsel parents about pediatric nutrition/exercise/weight management.

Case 5: 78 year old woman with back pain

1. Describe history (including 'red flags'), physical examination and treatment of back pain.
2. List indications for imaging for back pain.
3. Discuss screening, diagnosis and treatment of depression.
4. Counsel patients on pharmacologic treatment for depression.
5. Outline screening, diagnosis and treatment of osteoporosis.
6. Explain results of bone mineral density testing.
7. Illustrate a stepwise approach to chronic pain management.
8. Describe controversies in management of patients with non-cancer pain, and discuss methods for patient monitoring.
9. Recognize common skin cancers (basal cell, squamous cell, melanoma) and counsel patients regarding surgical excision.
10. Describe challenges faced by elderly patients, including access to services, loss of independence, physical limitations and financial concerns, and how these affect their health.
11. Identify ways to counsel an elderly patient regarding health maintenance, including when to cease screening and discussing end-of-life issues.

Dermatology

1. Describe a skin lesion using appropriate medical terminology.
2. Utilize on-line and text resources to identify common skin lesions including:
    - Actinic keratosis
    - Seborrheic keratosis
    - Keratoacanthoma
    - Melanoma
    - Squamous cell carcinoma
    - Basal cell carcinoma
    - Warts
    - Inclusion cysts

Diabetic Foot Exam

1. Explain the importance of the diabetic foot exam
2. Describe the key components of a diabetic foot exam
3. Perform an appropriate diabetic foot exam and recognize key findings
4. Describe how the exam is incorporated into primary care practice (such as how often is exam done, who performs the exam, how it is recorded in the medical record, and how normal and abnormal results could affect further work-up and management of the patient with diabetes).

Evidence Based Medicine

1. Identify knowledge gaps that arise in the course of patient care.
2. Explain the levels of evidence and strength of recommendations available to guide decision making.
3. Formulate clinical questions and categorize these as foreground or background.
4. Acquire an evidence-based answer to clinical questions.
5. Integrate information searches into clinical care utilizing the most appropriate on-line information resources.

Musculoskeletal

1. Describe the essential basic exam components for any painful joint.
2. Explain the special test maneuvers specific to the knee and shoulder and the significance of these tests.
3. Perform an appropriate knee and shoulder exam.

The Primary Care Clerkship Clinical Experience

Each student works with community-based family physicians, general internists or pediatricians. These physicians volunteer their time to provide students exposure to primary care. Students are expected to take advantage of the many learning opportunities available during the rotation. Student-patient encounters frequently afford independent learning opportunities for the student to explore in depth when not in clinic. Students will also discuss selected topics in depth in small group problem based learning sessions.

In addition to learning from patient issues encountered during the clinical sessions, students are encouraged to take time to note the importance of the physician-patient relationship, to assess the health problems and resources of the community in which they practice, and to participate in the coordination of health care.

Generally, students are scheduled to work in two clinics, one family medicine and the other either internal medicine, pediatrics or family medicine; you will be at each 3-4 half days a week. Most clinics serve a broad spectrum of patient needs. Some clinicians may have areas of particular interest that serve a more specialized group of patients. Be sure to take advantage of both of these opportunities. The level of student independence may vary from clinic to clinic. Current Medicare guidelines restrict student documentation to the following: students may enter a patient's past, family, social history and review of systems; in some locations, students may be allowed to dictate, noting that they are "dictating as a scribe for Dr. ____." Each of our partnering institutions interprets Medicare guidelines slightly differently, so expect some variability. You are encouraged to get permission from your preceptor to enter background information and write orders and prescriptions in either paper or electronic records.

Your clinical experience should be a mix of observing clinical encounters as well as independent activities. Preceptors often have their student shadow at the beginning of the rotation to determine the student's level of clinical expertise. Your level of independence should increase as the preceptor becomes more familiar with your strengths and weaknesses. Students are required to have preceptors observe and give feedback on their history taking, physical examination, discussion of the plan with the patient and written notes. All students should have both supervised and independent patient interactions throughout the rotation. Students are also strongly encouraged to assist your preceptor and office staff in clinical procedures.

Sample weekly schedule:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	Self study	Clinic with Preceptor	Clinic with Preceptor	PBL small group	Clinic with Preceptor	Clinic with Preceptor	Document requirements
PM		Clinic with Preceptor	Clinic with Preceptor	Community Project	Community Project	Clinic with Preceptor	

Helpful Hints When Working in a Clinic

1. **Get to know the clinic staff.** Interactions with the clinic staff will allow a better understanding of the demands of ambulatory medicine.

2. **It is not necessary for you to see every patient.** Try to see every second or third patient (3-4 per half day) and spend time between patients looking up clinical care information to discuss with the preceptor. This can be a particularly useful strategy if you are working with a very busy clinician who has limited time for discussions between patients.

3. **Arrange to see patient conditions that meet your educational needs.** Work with your preceptor to identify patient visits that are most valuable to your learning as well as any potential problems with seeing the required conditions.

4. **Respect differences in patient care decisions.** Occasionally you may observe patient care decisions that seem to be in conflict with the information you discover when completing your learning objectives. If done tactfully, these can be significant opportunities for learning with your preceptor. If, for example, you see a patient whose cholesterol is higher than would seem appropriate based upon your understanding of the current guidelines, it would be better to ask a general question such as "Dr. X, could you explain to me how you use the NCEP guidelines in cholesterol management?" and not "Doctor X, according to what I read you should be treating Mrs. Smith's cholesterol more aggressively." Please remember that you are a guest in your preceptor's office and that such discussions are probably best to have away from the patient.

5. **Be prepared to take advantage of valuable learning opportunities.** Preceptors may require students to accompany them on hospital visits, home visits or evening call. Students are expected to take advantage of these valuable learning opportunities. Contact your site coordinator if your preceptor reduces your schedule to less than three half-days a week.

6. **Bring your stethoscope.** The only equipment you are likely to need is your stethoscope.

Tracking Experience Requirements

While in clinic, you will be required to track 13 primary care skills in conjunction with your preceptor.

Skill	Date(s) of Observation and Feedback	Faculty Initials
Review 2 written SOAP notes 1 acute problem and 1 preventative care using standard SOAP note format.		
Observed Physical: Wellness exam - Adult Male or female. Age/sex appropriate history, physical exam and preventative counseling.		
Observed Physical: Wellness exam – Child Male or female. Age/sex appropriate history, physical exam and preventative counseling.		
Observed Physical: HEENT Includes proper (pencil-grip) use of otoscope: distinguish normal/abnl TM; use of ophthalmoscope, distinguish nl/abnl throat findings.		
Observed: Interpretation of EKG		

Discuss role of EKG and Basic EKG interpretation (rate, rhythm, axis, intervals, hypertrophy, ischemia).		
Observed Physical: MSK - Shoulder Includes IPReSS (as in, 'When it hurts, IPReSS'!): Inspection, Palpation, ROM (active then passive), Strength, Special Tests.		
Observed Physical: MSK - Knee Includes IPReSS (as in, 'When it hurts, IPReSS'!): Inspection, Palpation, ROM (active then passive), Strength, Special Tests.		
Observed Physical: Cardiovascular Includes cardiac PMI, detect dysrhythmias, perceive S3/S4, describe murmurs including response to maneuvers, palpate peripheral pulses, take BP accurately.		
Observed Physical: Abdomen Includes detection of HSM, ascites, masses.		
Observed Physical: GU Male or female. Inspection, palpation, description of common variants, student appears comfortable.		
Observed Physical: Diabetic Foot Exam Includes separating toes, position sense of great toe, checking sensation with use of monofilament line testing, checking circulation by checking pulse or capillary refill.		
Observed Physical: Psych Includes Mini-Mental Status, screening for depression.		
Communicate plan of care with patient		

Students are required to track the observations listed above in two ways:

1. Direct Observation and Feedback Form (paper copy, preceptor signatures required – see page 31)
2. OASIS (no faculty sign off required).

Note: when documenting SOAP notes, please do not include confidential data. For example, when documenting an acute problem, *54 year old female with chest pain* is sufficient.

Required tracking should take place as soon as the observation is completed. The PCC Coordinator will contact students who appear to not be keeping up to date with tracking on OASIS.

Failure to complete documentation of required Direct Observation and Feedback items on OASIS (Deadline: 4:00 PM, the last Wednesday of the rotation) AND turn in the paper Direct Observation and Feedback Form (Deadline: prior to the OSCE, last Thursday of the rotation) will result in loss of half your professionalism points.

You will also be required to document each half day of clinic you attend on OASIS. Required documentation includes: date of clinic, AM/PM, name of the faculty/resident and the clinic discipline (Family Medicine/General Internal Medicine/Pediatrics). You should not log PBL and Dr/Pt Communication sessions or time spent on your community engagement project. Changes to clinical logs will not be accepted after 4:00 PM on the last Wednesday of the rotation.

How to Elicit Feedback From Your Preceptor

Feedback does not directly contribute to grading. Student should ask for specific feedback regarding their performance and are expected to respond appropriate and productively to the feedback they receive.

Preceptors have different approaches to teaching and providing feedback to students. Most preceptors have busy clinical practices and must adapt their teaching styles to meet the time constraints of their practice. Here are ways in which you can elicit feedback from a busy physician.

- **Ask.** Start by asking your preceptor how he/she would like to provide you with feedback (between patients, with patient, at the end of the day). When convenient, ask your preceptor specific questions as "Would you like for me to do something different in my presentations". This will more likely elicit constructive feedback than a more general 'How am I doing?'

- **Review your Mid Rotation Feedback forms with your preceptors.** Toward the end of the third week of the rotation ask each of your primary preceptors to suggest a time when you could sit down to go over your Mid Rotation feedback form. Scan and email the completed forms to Christie (Christie.Legler@fammed.wisc.edu) or upload to OASIS, preferably by the end of Week 5. Your site coordinator will assist you with scanning. A minimum of two mid rotation feedback forms must be submitted – from different clinics and/or disciplines.

The Community Engagement Project

In 2011-12 the PCC began partnering with the statewide AHEC system to enhance the community project component of the clerkship.
The AHEC representatives will help facilitate connections between students and community partners for such projects as:

- Health Careers mentoring
- General health curricula in schools or community settings
- Enhancing care at free clinics/community health centers
- Community health initiatives
- Representing underserved communities

Each student is required to:

- ❑ Choose a project by the end of the second week;
- ❑ Actively participate in chosen community project (minimum 24 hours);
- ❑ At the end of the rotation, present a description of the community, the project, background and project impact on the community, with focus on elements and dynamics of working with underserved communities. *Students may work together on a project, but each is expected to create their own presentation and write their individual reflection paper.* The presentations will be timed and must be completed in 8 minutes, with 1-2 minutes for questions.

PCC Community Project presentation should include (5-8 minutes, audiovisual equipment will be provided and the presentations will be recorded):

- Introduce yourself and your regional site
- Identify the setting and community partners involved in the project
- Note the goals of the project, description of service work
- Discuss challenges you ran into, insights into topic or community gained
- How did the project impact you?

PCC Community Project reflection paper should (be about one page in length) and include:

- What was learned
- How the student was impacted by this project
- Description of Community and Project
- Student role(s) and how time was spent (minimum 24 hours)
- Impact of the project on the community

The Community Projects is graded as pass/fail.

Working with preceptors is the bedrock of the primary care clerkship. Students are provided with dedicated time to work on community project activities. These activities should be conducted during times when students are not scheduled to be with a preceptor.

Occasionally a key, pre-scheduled component of the student community project will conflict with a scheduled preceptor session. In this case, the student should:

- Determine if it is feasible to reschedule the community session; if not,
- Discuss with his or her preceptor and determine if a replacement clinic time is available; if not,
- Discuss with (small group leader; clerkship director) whether the community session merits missing a preceptor session and how to best resolve the issue.

Problem Based Learning and Doctor/Patient Communication Sessions

One morning or afternoon each week, PCC students at your site will come together and discuss a series of cases in the problem -based learning (PBL) sessions. Students are expected to develop a differential diagnosis, decide what further tests are needed and determine a patient care plan. This process is intended to reflect the clinical interactions of information-gathering, processing, formulating and narrowing hypotheses. Each case should generate a set of learning points that require further investigation. Students will present the answers to the learning topic they choose to investigate to the group during the next PBL session. The PBL sessions are student-directed and driven. A faculty moderator is present to provide minimal guidance and direction to the group.

There are five PBL cases that will be discussed during the clerkship, covering all of the learning topics in the course. The cases will help you master the clerkship objectives. Students will discuss

the same patient scenarios regardless of the location of their clinical experience. Each week, we will email your clinical preceptors to inform them of the PBL case you will be discussing that week. Ask your preceptors if they expect to see a patient with a problem similar to your PBL case. Arrange to spend some time with your preceptor to discuss these patients.

Student Guide for PBL Learning Modules:

This upcoming year ('15/'16) will see new learning experiences which we are excited to introduce to the Primary Care Clerkship. These activities involve blended learning environments, linking on-line learning with in-clinic learning and problem-based-learning (PBL) group discussion activities. This guide explains the format of these modules.

There are four blended learning modules for the '15/'16 year: "Dermatology Primer, Diabetic Foot Exam, Musculoskeletal Exam, and Evidence-Based-Medicine Curriculum" (heretofore known as DP, DFE, ME, and EBM). This guide discusses the general approach of these modules and what is involved in the PBL setting. Please see attached documentation for the specific on-line learning materials and links that you will complete as part of this learning.

General Learning Activities Format (Including learning settings and sequence of activities)

- Step One: Initial on-line learning material review. This typically consists of required article reading, online tutorial completion, or video review. See attached separate documents for these links.
- Step Two: In-clinic skills practice. In most of the learning modules, students then practice a new skill in clinic (often with documented observation by a preceptor).
- Step Three**:** Dedicated discussion time during a PBL session. Students and their PBL leader review general questions that arise about the topic at hand that day (DP, DFE, ME) as well as questions about exam technique.
- NOTE: The PBL portion of the learning modules is not designed to be a setting for practicing exam skills. Rather, it is a setting to review questions from learning materials or from in-clinic skills practice.

Linking of modules to PBL cases (aka- when do I need to prepare and/or do this?)

- The ME and DFE modules will be discussed at only one session each (see below).
- The DP is different from ME and DFE: DP discussion is integrated within *each* PBL case. In the DP module, students will initially review on-line about nomenclature of skin growths and lesions, as well as background information about skin growths commonly encountered in primary care clinics.
- In PBL case discussions, you will review images of skin growths/lesions/rashes, to discuss differential diagnosis.

Sequence of topics/skills discussion in relation to PBL sessions

The DP, DFE, ME are linked to specific PBL cases. Students have the flexibility to do initial on-line learning and in-clinic skills practice at their own pace prior to these sessions. ***However, you need to review the relevant on-line materials and complete the in-clinic skill practice prior to the assigned PBL session.**

Prior to PBL session #1:

- 1st: complete the survey on EBM.
- 2nd: review the on-line powerpoint EBM module.

Prior to PBL Session 2:

- 1st: Review on-line learning materials regarding the diabetic foot exam
- 2nd: Practice the DFE on at least one patient in clinic: NOTE: this can even be on a non-diabetic patient, if needed.
- During PBL Session 2: Review any questions you have related to the Diabetic Foot Exam

Prior to PBL Session 5:

- 1st: Review on-line learning materials regarding the knee and shoulder exam (ME)
- 2nd: practice the knee and shoulder exam on at least one patient at your preceptor's clinic: this can be on a patient with OR without a current musculoskeletal condition (ie- it could be at a routine physical exam)
- During PBL session 5: Review any questions you have related to the knee or shoulder exams

PBL Sessions 1-5: *Dermatology case discussions*. Review on-line learning materials regarding dermatology by the start of week 3.

On the following pages you will find the links/learning materials for all topics (DP, DFE, ME, EBM).

Additional information about the EBM module:

As noted above, you will need to complete a survey and review the EBM powerpoint prior to PBL session #1.

The PCC EBM website is found here**:** https://sites.google.com/site/pblpractice4115/

This website provides a visual schematic approach to help classify questions that often arise in point-of-care settings (clinic or small group simulated patient cases). Review this website and its links.

The intent of the website is to help identify useful and efficient evidence-based-resources that you can access during patient care encounters (whether these at your preceptor's office or in during case discussions with your PBL). Use of this website is purely optional, though you are encouraged to access it as a resource during your clinical work at the preceptor sites. This website may also be

highlighted and used in your PBL group settings during case discussions. The website has links through Ebling Library at UW (you will need to log in to access this).

EBM Module - Student Guide

End of Clerkship Objectives:

At the end of the clerkship, students will be able to:

- Identify knowledge gaps that arise in the course of patient care
- Explain the levels of evidence and strength of recommendations available to guide decision making
- Formulate clinical questions and categorize these as foreground or background
- Acquire an evidence-based answer to clinical questions
- Integrate information searches into clinical care utilizing the most appropriate on-line information resources

Learning Activities:

1. Prior to PBL session 1 students will:
   (a) Complete pre-test related to EBM at https://uwmadison.co1.qualtrics.com/jfe/form/SV_1Xk7EC7w13n7kZD

   (b) Review power-point of EBM principles and clinical applications: https://docs.google.com/presentation/d/1jmxjlrG3HUK4JopvyYaAwh-HM9Z1BPRI4PYRpyJgWeY/edit?usp=sharing

   (c) Familiarize yourself with PCC Finding Information clinical tool website: https://sites.google.com/site/pblpractice4115/

2. Student/PBL Group Activity during PBL Sessions
   - Students and PBL leader can answer questions in "real-time," using the PCC Finding Information website tool as needed, to help formulate and categorize questions, and identify appropriate information resources.
   - In the final week of the clerkship, repeat the above-listed EBM assessment. Completion of this post-test is required, due by the final Wednesday of the clerkship.

3. Individual Student learning and practice in clinic
   - Use the Finding Information website as needed, to help answer clinical questions

Diabetic Foot Exam Module - Student Guide

End of Clerkship Objectives:

1. Explain the importance of the diabetic foot exam
2. Describe the key components of a diabetic foot exam
3. Be able to perform an appropriate diabetic foot exam and recognize key findings
4. Describe how the exam is incorporated into primary care practice (such as how often is exam done, who performs the exam, how it is recorded in the medical record, and how normal and abnormal results could affect further work-up and management of the patient with diabetes).

Learning Activities:

1. Individual Student Out of Class Preparatory Learning Prior to PBL Session 2
   -Read ADA guide on Preventive Foot Care
   -View online video of foot exam (view only minutes 6:12-12:25).

2. Individual Student In-Clinic Skills Practice to be Completed Prior to PBL Session 2
   -Practice diabetic foot exam on at least one patient at a preceptor clinic (this can be performed on a non-diabetic patient, if needed).
   -Have this exam documented on the required skills checklist for PCC.

3. PBL discussion follow up at Session 2
   Be prepared to discuss questions about diabetic foot exam indications, technique, findings.

Resources:

- ADA guide on Preventive Foot Care
  http://care.diabetesjournals.org/content/27/suppl_1/s63.full
- Online video of foot exam (**view only minutes 6:12-12:25).**
  https://www.youtube.com/watch?v=XaBMJXASzf8
  - Note: a "PadNet" (a proprietary device shown in video) is a peripheral artery screening tool that some clinicians use instead of calculating ankle: brachial indices manually.

Knee and Shoulder Exam Module (aka Musculoskeletal Exam) – Student Guide

End of Clerkship Objectives

1. Describe the essential basic exam components for any painful joint.
2. Explain the special test maneuvers specific to the knee and shoulder and the significance of these tests.
3. Perform an appropriate knee and shoulder exam.

Learning Activities:

1. Individual Student Out of Class Preparatory Learning Prior to PBL Session 5.

- Read articles on knee exam and shoulder exam
- View online videos of knee and shoulder exams as well as Thessaly knee exam video

2. Individual Student In-Clinic Skills Practice to be Completed Prior to PBL Session 5

- Practice knee and shoulder exam with at least one patient in clinic prior to PBL session 5. This can be on a patient with OR without a current musculoskeletal condition (ie- it could be at a routine physical exam)

3. At PBL Session 5

   Be prepared to discuss questions about knee and shoulder exam indications, techniques, findings.

Learning Resources:

- Knee exam and shoulder exam articles
  - Knee: http://www.aafp.org/afp/2012/0201/p247.html
  - Shoulder: http://www.aafp.org/afp/2008/0215/p453.html
- Online videos of knee and shoulder exams, as well as Thessaly knee exam video:
  - Knee general exam: https://www.youtube.com/watch?v=eRPvoNe9Aho
  - Review Knee Thessaly exam video: this is embedded in AAFP knee article: http://www.aafp.org/afp/2012/0201/p247.html
  - Shoulder: https://www.youtube.com/watch?v=VSrLbzZzJU8

Dermatology Module - Student Guide

Clerkship Objectives:

1. Describe a skin lesion using appropriate medical terminology.
2. Utilize on-line and text resources to identify common skin lesions including:
   - Actinic keratosis
   - Seborrheic keratosis
   - Keratoacanthoma
   - Melanoma
   - Squamous cell carcinoma
   - Basal cell carcinoma
   - Warts
   - Inclusion cysts

Learning Activities:

Prior to 3rd PBL Session:

- Complete on-line module "Primary Care Dermatology Nomenclature of Skin Lesions".
- Complete online modules "Skinsight" relating to melanoma, squamous cell skin cancer, basal cell cancer, atypical nevi, and seborrheic keratoses.

PBL discussions at sessions 1,2,4,5

- Be prepared to review images of skin growths, lesions, rashes in simulated clinical cases and discuss differential diagnosis.

Resources:

"Primary Care Dermatology Nomenclature of Skin Lesions"
http://www.pediatrics.wisc.edu/education/derm/text.html
http://www.dermatlas.net/
http://www.skinsight.com/info/for_professionals/skin-cancer-detection-informed/skin-cancer-_education

Doctor/Patient Communication Curriculum

Students at each site come together for, structured Doctor/Patient Communication sessions. These sessions are designed to develop competencies related to communication issues commonly encountered in most patient care settings, with an emphasis on use of Motivational Interviewing (MI) techniques to assist patients in changing behavior. The Doctor/Patient Communication curriculum builds the skills initially learned in PDS. The required text for this curriculum is *Motivational Interviewing in Health Care*. You will be loaned a copy of this required text at the general clerkship orientation in Madison or at your specific site orientation.

The first Dr/Pt communication session will provide an overview of effective communication skills, including a review of history taking skills and discussion of skills to enhance patient adherence to recommendations. You will compare and contrast MI with more directive approaches. Your small group instructor may email you with a more specific schedule for this activity. This might include presenting an outline of one or two assigned chapters from the required text. Leaders will expect that students have read the entire book.

Each student will interview a patient in the clinical setting using Motivational Interviewing techniques. Your preceptor will assist you in selecting an appropriate patient for this activity. Students will write a brief reflection outlining the experience with particular attention to:

1. The Spirit of Motivational Interviewing
   As you think about your interview, rate how well you were able to keep within the 'Spirit of MI' including: rapport; collaboration; evoking patient motivation for change and understanding the patient's goals; honoring the patient's autonomy. Be prepared to give specific examples.

2. Core Skills of Listening and Asking
   As you think about your interview, were you able to incorporate specific skills in the following? Open-ended inquiry; agenda setting; asking permission before informing; considering the patient's perspective when informing; elicit-provide-elicit; reflective listening; summary statements. Be prepared to give specific examples of each behavior.

3. Change Talk and Commitment Language
   Did you hear specific examples of change talk and commitment language?
   - Desire ("I want to…")
   - Ability ("I know I can…..")
   - Reasons ("It will help me to….")
   - Need ("I have to because……..")
   - Commitment ("I am planning to…..")

   Be prepared to discuss examples of each type of change talk that you heard.

   (a) What went well in this interview?

   (b) What are your strengths?

   (c) What is your most important area in need of improvement?

   (d) Do you feel that this interaction has helped to move the patient toward behavior change? Why or why not?

   (e) How would you rate your current level of clinical skill in practicing MI? (How ready do you feel to use MI?)
   Scale: 1 (not at all ready) 10 (very ready).
   1 2 3 4 5 6 7 8 9 10

   (f) Why are you at this number?

   (g) Why here and not a lower number?

   (h) What might it take to move you from here to a higher number?

   (i) What do you plan to do to continue improving your MI skills?

Students are not required to turn in the written reflection, but should be prepared to discuss your experience with the group.

Motivational Interviewing Books

You will be provided with a copy of the required test at orientation. These books must be returned to the coordinator you received it from. Students must pay for any lost or damaged Motivational Interviewing book to receive their final grade.

2015-2016 Checklist of Documentation Requirements

Students are encouraged to document Direct Observation and Feedback of skills on OASIS as they are completed. We also encourage you to submit required forms as soon as they are completed. Options include: scan and email to Christie (christie.legler@fammed.wisc.edu - your site coordinator can assist you); fax to Christie at 608-265-1103; take a picture with your smart phone and email to Christie.

You will receive email reminders regarding the requirements and deadlines. Failure to meet the deadlines below will result in loss of (minimum) half your professionalism points.

Students should expect to be in clinic 7-8 half days per week; in PBL and Dr/Pt communication sessions 1 half day per week, and working on a community engagement project for 1-2 half days per week. Please read pages 20-27 carefully. The requirements and learning activities for each PBL module are outlined. Please check with your small group leader regarding the schedule to work on each case.

Wk:	Mon	Tues	Wed	Thurs	Friday	Saturday	Sunday	General To Do
Wk 1	* Orientation * Prior to PBL session 1- complete survey & prep- see pg 23 PCC syllabus	* Site Orientation as applicable				Study		• Document clinic log • Document observed skills
Wk 2	* Prior to PBL session 2 - complete prep- pg 24 PCC syllabus				* Have project selected – begin work	Study		• Document clinic log • Document observed skills
Wk 3	* Prior to PBL session 3 – complete prep pg 24 PCC syllabus					Study		• Document clinic log • Document observed skills
Wk 4	* Schedule feedback session with your preceptor this week					Study		• Document clinic log • Document observed skills

PCC Syllabus 2015-2016, Page 29

	Mon	Tues	Wed	Thurs	Friday	Saturday	Sunday	General To Do
Wk 5	* Prior to PBL 5 – complete prep pg 25 PCC syllabus		* Two Mid rotation feedback forms due to Christie this week			Study		• Document clinic log • Document observed skills
Wk 6						Study		• Document clinic log • Document observed skills
Wk 7						Study		• Finalize clinic log before 4:00 pm Wed • Complete observed skills before 4:00 pm Wed • Submit reflection paper before 4:00 pm Wed • Submit skills log form and mid rotation feedback forms if possible
Wk 8	* Complete clerkship and faculty evaluations this week	* Remember to return MI book loaned to you - if not already returned	* Finished with clinical duties. See page 5 of PCC syllabus for release times. **4:00 PM Deadline**: * clinic log completed on OASIS; * observed skills documented on OASIS; * project reflection paper due	**Before the OSCE Deadline:** * signed skills log; * 2 mid rotation feedback forms-if not submitted **Report at 7:45 am for OSCE and Project Presentation**	**Report to 1306 HSLC for NBME as instructed**			

PRIMARY CARE CLERKSHIP
2015 – 2016 Direct Observation and Feedback Form

University of Wisconsin SCHOOL OF MEDICINE AND PUBLIC HEALTH

Each student is required to be observed and receive feedback on all or part of each skill listed below

I, _____ state that the clinical care skills indicated have been completed with honesty and integrity.

Skill	Date(s) of Observation & and Feedback	Faculty Initials
Review 2 SOAP Notes 1 acute concern and 1 preventative care using standard SOAP note format.		
Observed Physical: Wellness exam - Adult Male or female. Age/sex appropriate history, physical exam and preventative counseling.		
Observed Physical: Wellness exam – Child Male or female. Age/sex appropriate history, physical exam and preventative counseling.		
Observed Physical: HEENT Includes proper (pencil-grip) use of otoscope: distinguish normal/abnl TM; use of ophthalmoscope, distinguish nl/abnl throat findings.		
Observed: Interpretation of EKG Discuss role of EKG and Basic EKG interpretation (rate, rhythm, axis, intervals, hypertrophy, ischemia).		
Observed Physical: MSK - Shoulder Includes IPReSS (as in, 'When it hurts, IPReSS'!): Inspection, Palpation, ROM (active then passive), Strength, Special Tests.		
Observed Physical: MSK – Knee Includes same as above (MSK shoulder)		
Observed Physical: Cardiovascular Includes cardiac PMI, detect dysrhythmias, perceive S3/S4, describe murmurs including response to maneuvers, palpate peripheral pulses, take BP accurately.		
Observed Physical: Abdomen Includes detection of HSM, ascites, masses.		
Observed Physical: GU Male or female. Inspection, palpation, description of common variants, student appears comfortable.		
Observed Physial: Diabetic Foot Exam Includes separating toes, position sense of great toe, checking sensation with use of monofilament line testing, checking circulation by checking pulse or capillary refill.		
Observed Physical: Psych Includes cognitive function/screening for depression/anxiety/ADD.		
Communicate plan of care with patient		

This form must be submitted to Christie Legler before prior to the OSCE – last Thursday of the rotation.

Student's Name_____Date:_____

PCC Mid-Rotation Student Feedback Form (this form is not used when calculating grades) 2015-2016

Each student must submit two forms, each from a different clinic and/or discipline. ***Students****: Complete the Self-Assessment before reviewing with preceptors you have spent significant time with during your rotation.*

FEEDBACK ON STUDENT PERFORMANCE	**Student Self Assessment**		**Supervisor Assessment**		
	Competent: At or above expected performance	Needs Improvement	Competent: At or above expected performance	Needs Improvement	Unacceptable: Requires Attention
Patient Care					
Takes an effective history					
Performs appropriate physical exam					
Generates differential diagnosis					
Generates and manages treatment plan					
Medical Knowledge					
Exhibits knowledge of diseases and pathophysiology					
Practice-Based Learning and Improvement					
Demonstrates skills in evidence-based medicine					
Systems-Based Practice (demonstrates awareness of larger context and system of health care and effectively calls on system resources to provide optimal care)					
Teamwork					
Multi-system Perspective					
Community & System Resources (CSR)					
Interpersonal & Communication Skills					
Communication with patients and families					
Written communication					
Oral presentation skills					
Professionalism					
Respect/Compassion					
Response to feedback					
Accountability					

***Student*: What am I doing well?**

***Student:* What skills do I need to improve? What can I do to advance my performance?**

***Supervisor*: What is student doing well?**

***Supervisor:* What skills does student need to improve? What can student do to advance their performance?**

***Supervisor:* Do you have any concerns regarding student performance? Yes No**

If yes, please email Christie.legler@fammed.wisc.edu as soon as possible to discuss.

Preceptor's Name: _____Date_____

Student's Name_____Date:_____

PCC Mid-Rotation Student Feedback Form (this form is not used when calculating grades) 2015-2016

Each student must submit two forms, each from a different clinic and/or discipline. ***Students****: Complete the Self-Assessment before reviewing with preceptors you have spent significant time with during your rotation.*

FEEDBACK ON STUDENT PERFORMANCE	**Student Self Assessment**		**Supervisor Assessment**		
	Competent: At or above expected performance	Needs Improvement	Competent: At or above expected performance	Needs Improvement	Unacceptable: Requires Attention
Patient Care					
Takes an effective history					
Performs appropriate physical exam					
Generates differential diagnosis					
Generates and manages treatment plan					
Medical Knowledge					
Exhibits knowledge of diseases and pathophysiology					
Practice-Based Learning and Improvement					
Demonstrates skills in evidence-based medicine					
Systems-Based Practice (demonstrates awareness of larger context and system of health care and effectively calls on system resources to provide optimal care)					
Teamwork					
Multi-system Perspective					
Community & System Resources (CSR)					
Interpersonal & Communication Skills					
Communication with patients and families					
Written communication					
Oral presentation skills					
Professionalism					
Respect/Compassion					
Response to feedback					
Accountability					

***Student*: What am I doing well?**

***Student:* What skills do I need to improve? What can I do to advance my performance?**

_____

***Supervisor*: What is student doing well?**

***Supervisor:* What skills does student need to improve? What can student do to advance their performance?**

***Supervisor:* Do you have any concerns regarding student performance? Yes No**

If yes, please email Christie.legler@fammed.wisc.edu as soon as possible to discuss.

Preceptor's Name: _____Date_____

Request for Absence from a Clerkship

Planned Absence from Primary Care Clerkship (including WARM and TRIUMPH students):
Any planned absence request must be submitted using the approved form (on OASIS – example below) to Christie Legler christie.legler@fammed.wisc.edu no later than 30 days prior to beginning the Primary Care Clerkship. Submission does not imply approval. Late requests may not be considered.

Request for Absence from Clerkship (2014-2015)

Save this document with your name in the title and email the completed form to your Clerkship Administrator

- **Please note the attendance policies stated in the Student Handbook, including those related to excused absences. (See Attendance Policy—Notices/General Information/Policies).**
- **Your request will be considered, but not necessarily granted. You must have "approval granted" status from the clerkship director to have an excused absence. An unexcused absence may result in failure of the clerkship.**
- **Students are expected to make their request as soon as they learn of a need to be absent. Students will be notified via e-mail within a reasonable period of the clerkship's decision.**

*****(Please type your information into the appropriate tan-colored fields, and leave all other fields blank)*****

Date: *(mm/dd/yyyy)*			**Student Level:** *(M3 or M4)*		
Last Name:			**First Name:**		
Rotation: *Please type an 'X' next to your current Clerkship*		Anesthesiology kfrawley@wisc.edu	**Location:** *Please type an 'X' next to the location of your current Clerkship*		Appleton
		Medicine tloushine@medicine.wisc.edu			Chippewa Falls
		Neurology m.dunning@neurosurgery.wisc.edu			Decorah, IA
		Ob-Gyn jmshort@wisc.edu			Eau Claire
		Pediatrics cmnicholson@pediatrics.wisc.edu			Green Bay
		Preceptorship zelm@wisc.edu			Green Bay - Bellin
	x	Primary Care Christie.Legler@fammed.wisc.edu			Howards Grove
		Psychiatry kmworrall@wisc.edu			LaCrosse
		Radiology cpoole@uwhealth.org			Madison
		Surgery bingman@surgery.wisc.edu			Marshfield
					Merrill/Mosinee
					Milwaukee
					Minocqua
					Plymouth
					Rice Lake
					Shawano
					Tomah
					Two Rivers
					Viroqua
					West Union, IA
					Whitehall
					Other:
Dates Requested From: *(mm/dd/yy)*			**To:** *(mm/dd/yy)*		
Number of hours absent: *(If less than 1 day)*			**Number of days absent:** *(If 1 or more)*		
Reason for absence:					
What activities will you miss? *(Be specific - include call, rounds, clinic, procedures, attending rounds, required conferences, lectures, student presentations, etc.):*					
I don't know: *(Type an 'X' if applicable)*					
I will be missing the following activities: *(Activity 1, Activity 2, etc.)*					
Make-up you (student) propose: *(Most excused absences will require a make-up)*					
No make-up: *(type an 'X' if you think this applies to you)* *(may be appropriate if absent for less than 5 hours, or for some excused absences)*					
FOR OFFICE USE ONLY					
Approval granted— **Required make up:** **Comments:** **Signature:** **Administrator: Forward copy of completed form to studentservices@medwisc.edu**					

Self Directed Learning

There are many opportunities to enhance your learning through self directed learning. You will find links to the EKG Curriculum and Simulated Cases on Learn@UW. The practice OSCE cases are on Lear@UW under content/exams. Practice exam questions are also on Learn@UW under the heading of Exams (on top right).

EKG Curriculum

The link to the EKG Curriculum is: http://www.fammed.wisc.edu/medstudent/pcc/ecg/index.html

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Evidence Based Medicine:

- PCC EMB Web site is at: https://sites.google.com/site/pblpractice4115/
- PPT of EBM Principles is at: https://docs.google.com/presentation/d/1jmxjlrG3HUK4JopvyYaAwh-HM9Z1BPRI4PYRpyJgWeY/edit?usp=sharing
- PCC Finding Information clinical Tool website is at: https://sites.google.com/site/pblpractice4115/

Video of General Knee Exam https://www.youtube.com/watch?v=eRPvoNe9Aho

Video of General Shoulder Exam https://www.youtube.com/watch?v=VSrLbzZzJU8

Primary Care Dermatology Nomenclature of Skin Lesions

http://www.pediatrics.wisc.edu/education/derm/text.html
http://www.dermatlas.net/
http://www.skinsight.com/info/for_professionals/skin-cancer-detection-informed/skin-cancer-_education

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Optional PCC Textbooks & Resources

There is no officially recommended textbook for this course; rather, we suggest that you concentrate on the resources listed in the Required Reading and Resources list (see pages 38-41). If you do find that textbooks enhance your learning, the following are resources that other students have used:

- Goroll AH, May LA, Mulley AG. *Primary Care Medicine* (5th Ed). Philadelphia, J.B. Lippincott, 2006.

  A problem-oriented textbook addressing adult medicine.

- Reilly BM. *Practical Strategies in Outpatient Medicine.* 2nd Ed. Philadelphia: WB Saunders, 1991.

  Not a comprehensive textbook, but instead offers detailed, readable, and practical discussion of 22 selected common problems in adult ambulatory care. Has not been updated since 2nd edition however.

- Barker LR, Burton JR, Zieve PD. *Principles of Ambulatory Medicine*, (6th Ed). Baltimore, Williams and Wilkins, 2002. (1900 pp)

  A readable and coherently organized text; useful overall for general internal medicine and family medicine issues, but doesn't address pediatric issues. The first section, "Issues of general concern in ambulatory care," could stand alone as a treatise on the craft of practicing primary care medicine.

NBME "Shelf" Examination Study Resources

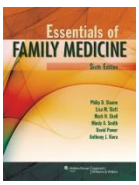
During the Spring Semester of 2015, all PCC students took both an internally generated multiple choice examination as well as the NBME examination for ambulatory primary care. Statistical analysis revealed no significant difference in performance, thus assuring that the current curricular content and existing study resources were in alignment.

Nonetheless, it is recognized that many students prefer specific recommendations for resources to be used in preparation for the NBME examination. The PCC utilized data from a national survey of clerkship directors and coordinators and these are the top recommendations for test preparation:

1. Review articles on specific conditions from AAFP Journal – **jump drive provided at orientation.**
2. Sample board questions from American Academy of Family Physicians - **www.aafp.org You must register for this as a med student. It is free. It will take 3-5 days to receive your log on, so do not wait until the last week to do this.**
3. University of Illinois, at Chicago, Department of Family Medicine Medical Student Education website which has a list of AAFP articles that are organized by the STFM Family Medicine National Curriculum list of acute and chronic conditions. (some overlap with #1 resource)

http://chicago.medicine.uic.edu/cms/One.aspx?portalId=506244&pageId=18009237

4. Sixth Edition, Essentials of Family Medicine is a comprehensive introduction to family medicine for clerkship students. It is organized into three sections—principles of family medicine, preventive care, and common problems—and includes chapters on evidence-based medicine and complementary therapies. The text has a user-friendly writing style, focuses on common



clinical problems, and uses case studies to show practical applications of key concepts. A companion website offers the fully searchable text.

5. Current sample questions and sample OSCE scenarios on Learn@UW and in PBL cases.

Practice OSCEs

Practice OSCE scenarios are available on Learn@UW (under content/exams).

Practice Exam Questions

Practice exam questions are found at the end of each PBL case and on Learn@UW, under PCC Exam (top right on home screen).

Simulated Cases:

In addition to the weekly PBL sessions, students can review additional online simulated cases. These cases and questions were collected to provide an alternative for students who do not encounter a required core condition in the clinic, as well as to enhance learning for all students.
https://www.fammed.wisc.edu/med-student/pcc/learning-topics

ABBREVIATIONS LIST

ABD	Abdominal
BMI	Body mass index
BP	Blood pressure
CC	Chief Concern
CV	Cardiovascular
Dx	Diagnosis
ENT	Ears, nose, throat
EOMI	Extraocular motions intact
EXT	Extremities
FH	Family history
HEENT	Head, ears, eyes, nose, throat
HPI	History of present illness
HR	Heart rate
Ht	Height
PERRLA	Pupils equal, round, reactive to light and accommodation
PHM	Past medical history
ROS	Review of systems
RR	Respiratory rate
Rx	Treatment
SH	Social history
T	Temperature
TM	Tympanic membranes
VS	Vital signs
Wt	Weight

Abdomen	
NABS	Normal, active bowel sounds
NBS	Normal bowel sounds
NO HSM	No hepatosplenomegaly
S/NT	Soft, non-tender (abdomen)
Cardiac	
LLSB	Left lower sterenal border
LUSB	Left upper sternal border
RRR	Regular rate and rhythm
RUSB	Right upper sternal border
$\overline{S}$ M	Without murmurs
Extremities	
ROM	Range of motion
Neurologic	
CM (II-XII)	Cranial nerves
DTR	Deep tendon reflexes
Pulmonary	
CTA	Clear to auscultation (lungs)

Required Reading and Resources

1. **Abdominal pain**
   a. Cartwright SL, Knudson MP. Evaluation of acute abdominal pain in adults. Am Fam Physician 77(7):971-978, 2008 Apr. [full-text] http://www.aafp.org/afp/2008/0401/p971.pdf

   b. Cayley WE Jr. Irritable bowel syndrome. BMJ. 2005 Mar 19;330(7492):632. Review. PubMed PMID: 15774992; PubMed Central PMCID: PMC554909. http://www.bmj.com/content/330/7492/632.full

   c. Ford AC, Talley NJ, Veldhuyzen van Zanten SJ, Vakil NB, Simel DL, Moayyedi P. Will the history and physical examination help establish that irritable bowel syndrome is causing this patient's lower gastrointestinal tract symptoms? JAMA. 2008 Oct 15;300(15):1793-805. Review. Erratum in: JAMA. 2009 Apr 15;301(15):1544. PubMed PMID: 18854541. http://jama.jamanetwork.com/article.aspx?articleid=182747

   d. Hardin DM Jr. Acute appendicitis: review and update. Am Fam Physician. 1999 Nov 1;60(7):2027-34. Review. PubMed PMID: 10569505. http://www.aafp.org/afp/1999/1101/p2027.html

   e. Wilkins T, Pepitone C, Alex B, Schade RR. Diagnosis and management of IBS in adults. Am Fam Physician. 2012 Sep 1;86(5):419-26. Review. PubMed PMID: 22963061. http://www.aafp.org/afp/2012/0901/p419.html

2. **Back Pain**
   a. Casazza, Brian A., Diagnosis and Treatment of Acute Low Back Pain. *Am Fam Physician.* 2012 Feb 15;85(4):343-350. http://www.aafp.org/afp/2012/0215/p343.html

   b. http://www.choosingwisely.org/doctor-patient-lists/imaging-tests-for-lower-back-pain/

   c. Opiods for Chronic Back Pain: Short Term Effectiveness, Long-term Uncertain. http://www.aafp.org/afp/2014/0815/od5.html

3. **Chest Pain**
   a. Online ECG curriculum http://www.fammed.wisc.edu/medstudent/pcc/ecg/index.html

   b. Cayley WE Jr. Chest pain--tools to improve your in-office evaluation. J Fam Pract. 2014 May;63(5):246-51. PubMed PMID: 24795903. http://www.jfponline.com/articles/editor-s-pick/article/chest-pain-tools-to-improve-your-in-office-evaluation/a48c14ba150da0e57563a48747c26535.html

   c. Breen DP. Stress tests: how to make a calculated choice. J Fam Pract. 2007 Apr;56(4):287-93. Review. PubMed PMID: 17403327. http://www.jfponline.com/index.php?id=22143&tx_ttnews[tt_news]=172356

d. Knox MA. Optimize your use of stress tests: a Q&A guide. J Fam Pract. 2010 May;59(5):262-8. PubMed PMID: 20544045. http://www.jfponline.com/index.php?id=21643&cHash=071010&tx_ttnews[tt_news]=175064

4. Headache

a. Detsky ME, McDonald DR, Baerlocher MO, et al. Does this patient with headache have a migraine or need neuroimaging? *JAMA* 296(10):1274-1283, http://jama.jamanetwork.com/article.aspx?articleid=203344

b. Kernick D, Stapley S, Campbell J, Hamilton W. What happens to new-onset headache in children that present to primary care? Cephalalgia. 2009 Dec;29(12):1311-6. http://www3.interscience.wiley.com/cgi-bin/fulltext/122353866/PDFSTART

5. MSK Pain

a. Ivins D. Acute Ankle Sprain: An Update. *Am Fam Phys* 2006;74:1714-20, 1723-4, 1725-6. http://www.aafp.org/afp/2006/1115/p1714.pdf

b. Sinusas, Keith. Osteoarthritis: Diagnosis and Treatment *Am Fam Physician.* 2012 Jan 1;85(1):49-56. http://www.aafp.org/afp/2012/0101/p49.html

c. Physical Exam Videos
   i. http://www.fammed.wisc.edu/our-department/media/623/shoulder-exam
   ii. http://www.fammed.wisc.edu/our-department/media/623/knee-exam

6. Respiratory Infections

a. Overview: See AAFP Topic Modules: http://www.aafp.org/afp/topicModules/viewTopicModule.htm?topicModuleId=29

b. Guidelines for the use of antibiotics in acute upper respiratory tract infections. Wong DM, Blumberg DA, Lowe LG. *Am Fam Physician* 74(6):956-966, 2006 Sep. [full-text] http://www.aafp.org/afp/2006/0915/p956.pdf

c. Am Academy Family Physician Acute Otitis Media Review: http://www.aafp.org/afp/2007/1201/p1650.html

d. Acute Rhinosinusitis: Acute Rhinosinusitis in Adults. Aring AM, Chan MM. *Am Fam Physician.* 2011 May 1;83(9):1057-1063. http://www.aafp.org/afp/2011/0501/p1057.html

e. 2012 Updated Infectious Diseases Society Antibiotic Choice Recommendations: (see pages 1-4 of article): http://cid.oxfordjournals.org/content/early/2012/03/20/cid.cir1043.full.pdf+html:

f. Pertussis: Clinical Decision Rules for Diagnosis: Paul B. Cornia, MD; Adam L. Hersh, MD; Benjamin A. Lipsky, MD; Thomas B. Newman, MD, MPH; Ralph Gonzales, MD, MSPH: Jama Aug 25, 2010 http://jama.jamanetwork.com/article.aspx?articleid=186473

g. Wisconsin Department of Public Health website

Pertussis: http://www.dhs.wisconsin.gov/immunization/pertussis.htm

Influenza: http://www.pandemic.wisconsin.gov/

h. Benich, J, Carek, P, American Family Physician 2011, Evaluation of the Patient with Chronic Cough, http://www.aafp.org/afp/2011/1015/p887.html

7. Asthma / COPD

a. Global Obstructive Lung Disease. Pocket Guide to COPD Diagnosis, Management, and Prevention. Downloadable at http://www.goldcopd.org/guidelines-pocket-guide-to-copd-diagnosis.html

b. NHLBI Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma http://link.springer.com/article/10.1007%2Fs12016-011-8261-3

8. Depression

a. Screening and Treatment for Major Depressive Disorder in Children and Adolescents: Recommendation Statement**,** *Am Fam Physician.* 2010 Jul 15;82(2):178-179 http://www.aafp.org/afp/2010/0715/p178.html

b. Isaac Margaret, Paauw Douglas. Medically Unexplained Symptoms. *Medical Clinics of North America* - Volume 98, Issue 3 (May 2014) http://www.medical.theclinics.com/article/S0025-7125(14)00028-5/fulltext

c. DOUGLAS M. MAURER, DO, MPH, Carl. R. Darnall Army Medical Center, Fort Hood, Texas, *Am Fam Physician.* 2012 Jan 15;85(2):139-144. http://www.aafp.org/afp/2012/0115/p139.html

9. Diabetes Mellitus Type 2

a. Mendoza M, Rosenberg T. Self-management of type 2 diabetes: a good idea—or not ? J Fam Pract. 2013 May;62(5):244-8. Review. PubMed PMID: 23691535. http://www.jfponline.com/fileadmin/jfp_archive/pdf/6205/6205JFP_Article3.pdf

b. American Diabetes Association. Standards of medical care in diabetes--2014. Diabetes Care. 2014 Jan;37 Suppl 1:S14-80. doi: 10.2337/dc14-S014. PubMed PMID: 24357209. http://care.diabetesjournals.org/content/37/Supplement_1/S14.long

10. Dyslipidemia

a. 2013 AHA Cholesterol Management Guidelines: (summary page 11-20) http://circ.ahajournals.org/content/early/2013/11/11/01.cir.0000437738.63853.7a

b. To down load the Pooled Cohort Risk Assessment Equations tools (apps): https://my.americanheart.org/professional/StatementsGuidelines/PreventionGuidelines/Prevention-Guidelines_UCM_457698_SubHomePage.jsp

c. NHLBI: National Cholesterol Education Program (ATP III, replaced by above but still relevant to current clinical practice): http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm

11. Hypertension

a. James PA, et al. 2014 evidence-based guideline for the management of high blood pressure in adults: report from the panel members appointed to the Eighth Joint National Committee (JNC 8). JAMA. 2014 Feb 5;311(5):507-20. http://jama.jamanetwork.com/article.aspx?articleid=1791497

b. Whalen KL, Stewart RD. Pharmacologic management of hypertension in patients with diabetes. Am Fam Physician. 2008 Dec 1;78(11):1277-82. http://www.aafp.org/afp/2008/1201/p1277.html

12. Obesity

a. American Academy of Pediatrics. Dietary Recommendations for Children and Adolescents: A Guide for Practitioners. PEDIATRICS Vol. 117 No. 2 February 2006, pp. 544-559 (doi:10.1542/peds.2005-2374) http://pediatrics.aappublications.org/cgi/reprint/117/2/544.pdf

b. Adult weight management evidence-based nutrition practice guideline. Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2011 Apr. 98 p. [295 references]. http://www.guideline.gov/content.aspx?id=32825&search=adult+and+obesity

13. Substance Abuse

a. Helping Patients who Drink Too Much. http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf

b. Treating Tobacco Use and Dependence: http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/index.html

14. Doctor/Patient Communication

a. Rollnick, S. Motivational Interviewing in Health Care. New York: Guilford, 2008.

15. Evidence-Based Medicine

a. EBM tutorial http://www.hsl.unc.edu/services/tutorials/ebm/index.htm

b. Steinbrook R. Guidance for Guidelines. *New England Journal of Medicine* 356(4):331-333, 2007 Jan. http://www.nejm.org/doi/full/10.1056/NEJMp068282

16. Preventative Services / Health Promotion/ Disease Prevention

a. http://epss.ahrq.gov/ePSS/search.jsp

b. The Geriatric Assessment" http://www.aafp.org/afp/2011/0101/p48.html

Primary Care Clerkship Final Exam

PCC exams are given on the final Thursday and Friday of the clerkship. Students will receive their final exam schedule from Christie Legler approximately two weeks prior to the exam. There are three components to the final exam:

1. OSCE exam: 25% of final grade
2. Community Engagement Project Presentation and Reflection paper: pass/fail (successful completion required to pass the clerkship)
3. National Board of Medical Examiners (NBME) Subject Exam: *Adult-Pediatric Ambulatory Medicine* exam: 10% of final grade

1. **OSCE - 25% of final grade**
   The OSCE is a clinical or practical examination. Each station tests performance of a set of clinical skills from the clerkship objectives. Students are provided with a brief case scenario and specific tasks to complete. The student then interacts with a standardized patient trained to provide a similar experience for each student. In most stations an assessor is present and uses a checklist of competencies to evaluate the student's performance.

   As with the YEPSA and other clerkship OSCEs, students may not bring anything with them into the examination room. Please Do NOT bring smart phones, cameras, PDAs, communication or recording devices, or notes, books, references etc.

   Students will complete the OSCE in two groups, one starting at 8:00 AM and one starting at approximately 9:40 AM. The PCC OSCE consists of 6 stations, each lasting 10-12 minutes and, because the OSCE is used for evaluation, students will receive minimal feedback on their performance in the station itself. Examples of skills that might be tested are: delivery of a problem assessment, negotiating a treatment plan, performing a focused physical exam, taking the history of a common primary care problem. Students will take the OSCE on the last Thursday of the rotation.

2. **Community Engagement Project Presentation & Reflection- pass/fail**
   Students will complete their community engagement project presentations opposite the OSCE timeline; first group starting at 8:00 AM, second group starting at approximately 9:40 AM. Reflection papers will be evaluated and returned.

3. **National Board of Medical Examiners (NBME) Subject Exam (2 hours & 30 minutes)**
   All PCC students will take the NBME *Adult-Pediatric Ambulatory Medicine* exam. The exam is on-line and consists of 100 questions. Students will have 2 hours and 30 minutes to complete.

Practice OSCE an Exam Review
Practice OSCE scenarios are available on Learn@UW. Please see page 35 of the syllabus for NBME study resources.

Sample Exam Schedule
Start times may vary based on the number of students taking the OSCE/presenting their Community Engagement Project. The start times listed below are based on a total of 32 students (8 in each group).

Last Thursday of the clerkship	
7:45 am	All students report to HSLC Clinical Teaching and Assessment Center
8:00-9:45 am	OSCE Group A OSCE Group B
8:00-9:45 am	Community Project Presentations Group D Community Project Presentations Group C
9:45-10:00 am	Switch and Break
10:00-11:55 am	Community Project Presentations Group A Community Project Presentations Group B
10:00-11:55 am	OSCE Group C OSCE Group D
Last Friday of the clerkship	
~ 2:00 pm	NBME Exam (2.5 hours)

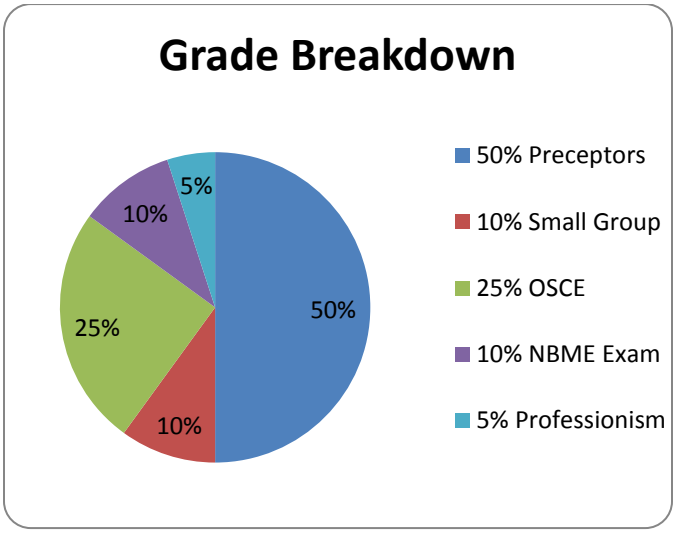
Evaluation and Grading

Student grading is an important aspect of the clerkship learning experience, and we take grade assignment very seriously.

The Primary Care Clerkship follows the UWSMPH Educational Policy Council directive on grade distribution, which states that no more than fifty percent of students may receive an A or AB, and no more than thirty percent of these may be A's (over the course of the year – not each block).

Final Grade:

- 50% Clinical (average of all preceptors)
- 10% Small Group Leader evaluations (Problem Based Learning and Dr/Pt Communication sessions)
- 35% Final Exam (25% OSCE; Pass/Fail Community Project Presentation and Reflection; 10% NBME exam)
- 5% Professionalism (attitude, dress, punctuality, engagement, completion of administrative tasks, required documentation)



Grading Process

Near the end of the rotation, your primary clinical preceptors and other preceptors who have worked with you three or more half-days will evaluate your clinical performance using the clinical evaluation form supplied by the Medical School's education office (see page 50). The small group leader will evaluate the student's performance in the Problem Based Learning and Doctor/Patient Communication sessions using the PBL evaluation form (page 53).

If you worked with several preceptors at a clinic, the primary preceptor may summarize the evaluation ratings for the clinic. Those grading you will receive an evaluation form and an accompanying grid for guidance. Each area is graded on the following scale:

Advanced	Competent	Needs Improvement	Unacceptable: Needs Attention	Not Evaluated

Typically, preceptors grade students as "Competent" or "Needs Improvement" unless the student has exemplary performance. If a preceptor's verbal feedback has been "You are doing great!!" it does not necessarily mean the preceptor will check boxes under "Advanced". It is the student's responsibility to elicit comprehensive feedback.

Preceptor evaluations are weighted based on the number of half-days with the student. In other words, the evaluation from a preceptor who worked with a student for 21 half days will count three times as heavily as an evaluation from a preceptor who worked with a student for 7 half days.

Grade Calculation

Scores from each preceptor evaluation and the small group evaluation are entered into a spreadsheet and converted to a 5 point scale, as the example below demonstrates.

Scores from MSPE (advanced-4, competent-3, needs improvement-2)

Number of half days	23.0	20.0
History	4	3
PE	3	3
Differential	4	3
Tx Plan	3	3
Knowledge	4	3
EBM	3	3
Teamwork	4	3
Multisystem	3	3
Comm Resources	3	3
Comm Pt/Family	3	3
Written comm.	3	3
Oral present	4	3
Respect	3	3
Feedback	3	3
Accountable	3	3

Scores converted to 5 point scale

Number of half days	23.0	20.0
History	5.0	3.8
PE	3.8	3.8
Differential	5.0	3.8
Tx Plan	3.8	3.8
Knowledge	5.0	3.8
EBM	3.8	3.8
Teamwork	5.0	3.8
Multisystem	3.8	3.8
Comm Resources	3.8	3.8
Comm Pt/Family	3.8	3.8
Written comm.	3.8	3.8
Oral present	5.0	3.8
Respect	3.8	3.8
Feedback	3.8	3.8
Accountable	3.8	3.8
Weighted scores:	2.36	1.86
		= 4.22

The weighted scores from these components of your grade are divided by the appropriate percentage and totaled to determine the final score as shown below. Final scores will be rounded to the nearest hundredth, i.e. 4.393 would be rounded down to 4.39 and 4.396 would be rounded up to 4.40.

Student Name	Weighted Score	% weight	Reported Score
Clinical score (preceptors)	4.22	50%	2.11
Small group score (PBL)	4.58	10%	0.46
Professionalism score	5.00	5%	0.25
Final exams	4.18	35%	1.46
		Final score	**4.28**

The conversion of final score to letter grade is as follows:

Grade	Final Score Range	EPC Requirement
A	4.56 and up	</= 25 % of students
AB	4.40 - 4.55	</= 25 % of students
B	4.00 - 4.39	
BC	3.50 - 3.99	
C	3.00 - 3.49	
F	< 3.00	

Grade Reporting

Your individual preceptor evaluations and small group evaluation will be posted on OASIS. You should review each of these for feedback on your performance. When all evaluations have been submitted, a summary evaluation will be completed and posted on OASIS. The summary evaluation will include a breakdown of your scores (clinical, small group, professionalism and exam) and your final grade for the clerkship.

Please note items 2-16 on the summary evaluation are a composite of the individual evaluations submitted by your preceptors and are not used to calculate your final grade. *Only scores from the individual evaluations are used to calculate the final grade*.

The breakdown of your final grade will be reported as follows in the summary evaluation on OASIS. Please see the example below: reported score = (weighted score divided by percentage).

17. Exam Grade (if applicable)

Exam Score: 1.46 (4.18/35%) Small Group: .46 (4.58/10%) Professionalism: .25 (5/5%)

18. Clinical Grade (if applicable)

Clinical Score: 2.11 (4.22/50%) Final Score: 4.28 (B)

Missing Evaluations: We make every effort to obtain an evaluation from all preceptors whom the student worked with for three or more clinic sessions. Occasionally, however, we simply cannot obtain an evaluation within the allotted schedule; in this case we will generally submit the student's grade excluding that evaluation. If the missing evaluation contributes more than 25% of the clinical grade (typically 10 or more clinic sessions), the Clerkship Director will discuss options with the student, including a temporary incomplete grade or grade assignment without that evaluation.

Policy on Grade Inquiries

PCC final grades are determined by components carefully selected to reflect medical student performance. Grading components and grading distribution are reviewed on an annual basis.

Students are not to contact their preceptor, site director or site coordinator to discuss performance evaluations and/or grades. Failure to follow the policy on grade inquiries will result in loss of professionalism points.

A student wishing to request a formal review of any portion (exam, OSCE, clinical) of his/her final grade must do so by writing a one page (maximum) letter outlining the reason(s) for the request. Send the request to Christie Legler (Christie.Legler@fammed.wisc.edu). This request and the students file (all clinical grades and written assignments from the Primary Care Clerkship) will be forwarded to the Clerkship Director for review.

Requests for grade inquiries must be received **no later than 30 days after the final grade has been posted on OASIS**. The student will be notified of the Clerkship Director's decision within 10 working days. We are happy to review grades with students upon request as follows:

1. **Overall performance:** If a student has a concern that their grade may have been miscalculated or seeks clarification on the breakdown of the evaluation components, they should contact the Clerkship Coordinator, Christie Legler.

2. **Examinations**: Students who wish to review their OSCE should contact the Clerkship Coordinator, Christie Legler.

    - OSCE: If a student has a concern regarding an OSCE station scoring, he/she should submit a letter outlining the reason(s) to Christie Legler. The letter will be forwarded to the Testing Director who will review the videotape of the station and other representative stations. If it appears that the station scoring is incorrect, the Testing Director may rescore the station or calculate an OSCE grade without the station.
    - Community project: Given the nature of the scoring, there is no appeal process feasible for the community project evaluation.
    - NBME: If a student has a concern regarding the scoring of the NBME examination, the should contact the UWSMPH NBME testing administrator directly.

3. **Preceptor Evaluation**: If a student has a concern about a particular preceptor evaluation, he or she should contact Christie Legler as soon as possible. In this event, all of the student's clinical evaluations will be reviewed by the Clerkship Director.
    - An example of a valid concern would be the following: A student writes to the Clerkship Coordinator (*before grades are submitted*), indicating that he/she was concerned about a particular preceptor evaluation because that preceptor expressed that 'No M3 student should ever get an Advanced.'
    - Students are not to contact preceptors, site directors or site coordinators regarding clinical evaluations.
    - Because most of our preceptors are volunteers, and there is some inherent variability in preceptor grading, we will not ask an individual preceptor to review or modify his/her evaluation.
    - Changes to clinical logs will not be accepted after 4:00 PM on the final Wednesday of the rotation.

4. **Problem Based Learning and Doctor/Patient Communication Evaluation**: Given the nature of the interaction as well as the high level of engagement of the small group leaders in the clerkship, there is no appeal process feasible for the small group leader's evaluation.

Only if a student is able to provide new or revised information about his/her performance will a final grade change be considered. These requests must be submitted in writing as stated above, with appropriate documentation provided to the Clerkship Coordinator.

We welcome feedback on our grading procedures as we do on all aspects of the Primary Care Clerkship.

UWSMPH 2015-2016
Primary Care Clerkship
Preceptor Evaluation of Student

Please return to: Christie Legler
Christie.legler@fammed.wisc.edu
Fax: 608-265-1103

University of Wisconsin SCHOOL OF MEDICINE AND PUBLIC HEALTH

Student: _____

Evaluator: _____

Please evaluate the performance of the student in the following competencies using the anchors described below:

Advanced: Highly commendable performance, top 5-10% of students evaluated
Competent: Capable; at expected performance for level
Needs Improvement: Demonstrates initial growth; opportunity for improvement
Unacceptable: Needs Attention

	Advanced	Competent	Needs Improvement	Unacceptable: Needs Attention	Not Evaluated
1. Evaluator role: **Attending** or **Combined Faculty**					
Patient Care: Students are expected to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.					
2. Takes an effective history	☐ Identifies and fully characterizes all patient concerns in an organized fashion. Recognizes and attends to biopsychosocial issues.	☐ Identifies and characterizes most patient concerns in an organized fashion.	☐ Sometimes misses important information. History generally not fully characterized.	☐ Often misses important information. Patient concerns poorly characterized.	☐ Not observed.
3. Performs appropriate physical exam	☐ Able to efficiently focus exam based on differential diagnosis. Attentive to detail.	☐ Demonstrates correct technique with an organized approach.	☐ Does not always demonstrate correct technique. Not consistently organized.	☐ Disorganized. Frequently not thorough. Misses and/or misinterprets findings.	☐ Not observed.
4. Generates differential diagnosis	☐ Consistently generates a complete differential diagnosis. Able to demonstrate clinical reasoning.	☐ Consistently generates a complete differential diagnosis.	☐ Cannot consistently generate a complete differential diagnosis.	☐ Poor use of data. Misses primary diagnoses repeatedly.	☐ Not observed
5. Generates and manages treatment plan	☐ Independently generates treatment plans and manages patients with minimal oversight.	☐ Contributes to the treatment plan and management of patients.	☐ Does not consistently contribute to treatment plan or management of patients.	☐ Contributes little to the treatment plan and management of patients. May suggest inappropriate treatment options.	☐ Not observed.
Medical Knowledge: Students are expected to demonstrate knowledge of established and evolving biomedical, clinical and social sciences.					
6. Exhibits knowledge of diseases and pathophysiology	☐ Has fund of knowledge that is beyond expected level of training. Applies knowledge to patient care.	☐ Demonstrates expected fund of knowledge for level of training.	☐ Has gaps in basic fund of knowledge.	☐ Fund of knowledge inadequate for patient care.	☐ Not observed.
Practice-Based Learning and Improvement: Students are expected to investigate and evaluate their patient care practices by appraisal and assimilation of scientific evidence.					
7. Demonstrates skills in evidence-based medicine	☐ Routinely accesses primary and review literature. Applies evidence to patient care. Able to judge quality of evidence.	☐ Routinely accesses primary and review literature. Applies evidence to patient care.	☐ Reads only provided literature. Inconsistently applies evidence to patient care.	☐ No evidence of outside research or reading. Unable to access basic databases.	☐ Not observed.
Systems-Based Practice: Students are expected to demonstrate an awareness of the larger context and system of health care and effectively call on system resources to provide optimal care.					
8. Teamwork	☐ Well-integrated with team. Communicates important issues to appropriate team members in a timely fashion.	☐ Respectful of team members. Understands role and communicates effectively with team. Identifies appropriate team member for patient care issues.	☐ Occasional misunderstanding of student role in team. Does not always communicate effectively with team.	☐ Disrespectful to team members. Disrupts team dynamic.	☐ Not observed.

9. Multisystem Perspective: Recognizing the impact of social, economical and environmental systems on patients' health	☐ Takes initiative to address impact of social, economic and environmental influences to advance patient care	☐ Spontaneously recognizes impact of social, economic and environmental influences	☐ Recognizes impact of social, economic and environmental influences if prompted	☐ Rarely if ever considers impact of social, economic and environmental influences, even when prompted	☐ Not observed.
10. Community & System Resources: Identifying and utilizing community and system resources	☐ Takes initiative to seek out community and system resources to advance patient care	☐ Spontaneously recongnizes opportunities and asks apppropiate quesitons about avaialble community and system resources	☐ Recognizes opportunities for using community and system resouces if prompted	☐ Rarely if ever recognizes opportunities to include community and system resources in patient care, even when prompted.	☐ Not observed.

	Advanced	**Competent**	**Needs Improvement**	**Unacceptable: Needs Attention**	**Not Evaluated**
Interpersonal & Communication Skills: Students are expected to effectively communicate and collaborate with patients, their families and health professionals.					
11. Communication with patients and families	☐ Identifies nonverbal cues and hidden patient concerns. Consistently demonstrates empathy.	☐ Consistently identifies and responds to patients' concerns, perspectives and feelings. Uses language effectively, without jargon.	☐ Sometimes misses patients' concerns and emotional cues. Often uses medical jargon.	☐ Often misses patients' concerns. Does not recognize emotional cues. Frequent use of medical jargon.	☐ Not observed.
12. Written communication	☐ Thorough and precise written record. Integrates evidence-based information into assessment and plan.	☐ Thorough and precise written record. Clearly stated assessment and plan.	☐ Incomplete and poorly organized written record.	☐ Inaccurate or absent written record.	☐ Not observed.
13. Oral presentation skills	☐ Concise but thorough. Assigns priority to issues. Organized and polished, with minimal written prompts.	☐ Communicates clearly and concisely. Information complete	☐ Communication disorganized. Information not clearly presented.	☐ Poor presentation. Misses key information.	☐ Not observed.

Please rate the student's performance in each subject below by choosing a box with the most accurate descriptor.

Try to think of specific witnessed events and behaviors when rating each subject. Competent: At expected performance for level.

Needs Improvement: Opportunity for improvement. **Unacceptable:** Requires remediation.

Professionalism: Students are expected to demonstrate a commitment to carrying out professional responsibilities, and to be responsive, compassionate, and honest.

	Competent	**Needs Improvement**	**Unacceptable: Needs Attention**	**Not Evaluated**
RESPECT AND COMPASSION: Consider how the student shows respect and compassion for others and tolerates differences.	☐ Nonjudgmental. Responds with empathy and demonstrates balanced treatment of others. Seeks to understand values and belief systems of others.	☐ Needs to improve ability to demonstrate empathy or demonstrate respect. Careless with confidential information.	☐ Disrespectful of others. Intolerant of others' attitudes or beliefs. Treats people preferentially depending on position. Considered untrustworthy. Breaches confidentiality.	☐ Not observed.
RESPONSE TO FEEDBACK: Consider how the student accepts feedback from faculty, staff and peers.	☐ Accepts feedback without personal offense. Uses feedback to improve performance.	☐ Accepts feedback with resistance, or takes feedback too personally.	☐ Denies issues or attempts to blame others.	☐ Not observed.

ACCOUNTABILITY: Consider whether the student is prepared, can be relied upon to take responsibility for assigned tasks and is punctual.	☐ Readily assumes responsibility. Dependable. Completes tasks on time and is organized. Punctual.	☐ Assumes responsibility only when asked. Not always dependable. Has some difficulty organizing and completing tasks on time. Sometimes late.	☐ Does not accept responsibility. Not dependable. Rarely able to get tasks completed on time. Disorganized. Rarely punctual.	☐ Not observed.

Comments Section

Please comment on this student's overall performance. These comments will be included VERBATIM in the Medical Student Performance Evaluation (MSPE, formerly known as the Dean's Letter). ***Attach sheets if necessary*.**

Please comment on areas where the student's performance will benefit from enhanced skill development. These comments will NOT appear in the MSPE. (**FOR STUDENT ONLY**) ***Attach sheets if necessary*.**

If this student needs attention in any of the following areas, please check appropriate area. Please provide comments on each section checked. Comments are mandatory. ***Attach sheets if necessary*.**

☐ Patient Care

☐ Practice-Based Learning and Improvement

☐ Interpersonal and Communication Skills

☐ Medical Knowledge

☐ Systems-Based Practice

☐ Professionalism

I have concerns about this student's performance. The Dean for Students should review his/her record: ____Yes _____No

I have reviewed this evaluation with the student: ____Yes _____No

_____ _____ _____ _____

Signature of evaluator Date Signature of student Date

2015-2016 UWSMPH Primary Care Clerkship

University of Wisconsin SCHOOL OF MEDICINE AND PUBLIC HEALTH

Problem Based Learning and Dr/Pt Communication Evaluation *Evaluator: Please combine feedback from PBL and Dr/Pt Communication Sessions and complete one evaluation for each student in your small group.*

Students name: _____ **Evaluator:** _____

1. Medical Knowledge
Contributed to others' learning through effective teaching and inquisitive listening.

☐ Nearly Always ☐ Most of the time ☐ Some of the time ☐ Rarely

2. Patient Care
Made their learning directly applicable to care of patients. Discussed how they used what they were learning with patients they were seeing in clinic.

☐ Nearly Always ☐ Most of the time ☐ Some of the time ☐ Rarely

3. Interpersonal & Communication Skills
Shared thought processes actively, encouraged everyone to stay engaged, and appropriately challenged others. Worked to make the sessions interesting and enjoyable.

☐ Nearly Always ☐ Most of the time ☐ Some of the time ☐ Rarely

4. Professionalism
Was fully prepared and ready to begin on time, respected and valued everyone on the team, and demonstrated sensitivity and humility to differences.

☐ Nearly Always ☐ Most of the time ☐ Some of the time ☐ Rarely

5. Problem Based Learning & Improvement
Looked for evidence to support or challenge their thinking. Asked for and gave others timely, constructive and specific feedback, and responded positively to feedback from others.

☐ Nearly Always ☐ Most of the time ☐ Some of the time ☐ Rarely

6. Systems-Based Practice
Looked for systematic barriers to optimal health as well as ways to systematically improve care. Considered how to use community resources to enhance the health of their patients.

☐ Nearly Always ☐ Most of the time ☐ Some of the time ☐ Rarely

Please comment on this student's overall performance. These comments will be included VERBATIM in the Medical Student Performance Evaluation (MSPE, formerly known as the Dean's Letter). ***Attach sheets if necessary*.**

The following items are not used in configuring the student's grade:

Attendance

Number of sessions absent: _____ Number of sessions excused absent: _____

UWSMPH Primary Care Clerkship
Community Project Evaluation Form

Student: **Date** **Rotation:** 1 2 3 4 5 6
Site:

Project Title: ***Partner Agency:***

Project Logistics

1 Needs Improvement	2	3 Meets Expectations	4	5 Exceptional
Does not identify partner agency *No clear goals of project* *Seems to not have put in the required time/effort* *Takes credit for someone else's work*		*Clear understanding of the target population and their needs* *Clear objectives for project* *Recognizes the potential impact of the project on public health* *Clear role in project*		*Moved the project forward in a significant way* *Brought own ideas to the project* *Made an impact / went beyond the scope of project expectations* *Established sustainable / mutually beneficial role*

Presentation

1 Needs Improvement	2	3 Meets Expectations	4	5 Exceptional
Dramatically over or under time *Boring* *Inappropriate use of media* *Unable to answer questions*		*Good flow, well timed and paced* *Clear voice* *Appropriate use of media (PowerPoint, photos, etc)*		*Entertaining and educational*

Reflection

1 Needs Improvement	2	3 Meets Expectations	4	5 Exceptional
Shallow, minimal self reflection		*Describes the impact of the student on the project and/or the project on the student in a meaningful way*		*Demonstrates personal growth*

Overall Grade: **[ ] Pass** **[ ] Fail**

Feedback Comments:

Faculty Assessor: _____