


Primary Care Clerkship



PCC ORIENTATION

Agenda

- **Clerkship Overview:** David Deci
- **Documentation Requirements:**
Christie Legler
- **Review of Syllabus:** Kelly Herold
- **Community Project and AHEC
Collaboration:** Keri Robbins, David Deci
- **Patient Experience Study:** Nancy Pandhi,
Meg Gaines, Rachel Grob



PCC Goals/Questions

Attentive Listening Exercise

- Partner A: (Birthday coming up soonest)
 - Talk for 1 minute about the clerkship
 - What you are looking forward to (goals)
 - What you are concerned about (questions)
- Partner B: **Listen Attentively**
- Switch when directed
- Write down questions



Clerkship Overview

- What is Primary Care?:
- What do we want you to learn?
- How does a person learn all of this and how are we going to teach it?
- How are we going to know if you learned it?
- What is a typical day/week like?

WHAT IS PRIMARY CARE?



AAFP: Care Coordination

“Patient advocacy in the health care system to accomplish cost-effective care by coordination of health care services...[with] the patient as a partner”



AAFP: Health Promotion

“...health promotion, disease prevention, health maintenance, counseling, patient education... in a variety of health care settings”

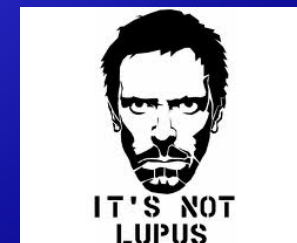
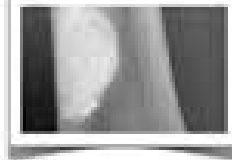


From American Academy of Family Physicians (AAFP)

The Undifferentiated Patient

“...Comprehensive first contact and continuing care for persons with any undiagnosed sign, symptom, or health concern....”

Sclerotic bone lesions		
I	Iatrogenic	
V	Vascular	Bone infarct - Hemangioma
I	Infection	Chronic osteomyelitis
N	Neoplasm	Osteoid matrix Osteosarcoma Parosteal osteosarcoma Osteoma Osteoid osteoma Osteoblastic metastases
		Chondroid matrix Endochondroma Chondrosarcoma Osteochondroma
D	Drugs	Vitamin D - Fluoride
I	Degenerative	
I	Inflammatory	Melanheostosis
I	Idiopathic	
C	Congenital	Bone island - Osteopikilosis
A	Autoimmune	
T	Trauma	Stress fracture
E	Endocrine	Paget's disease



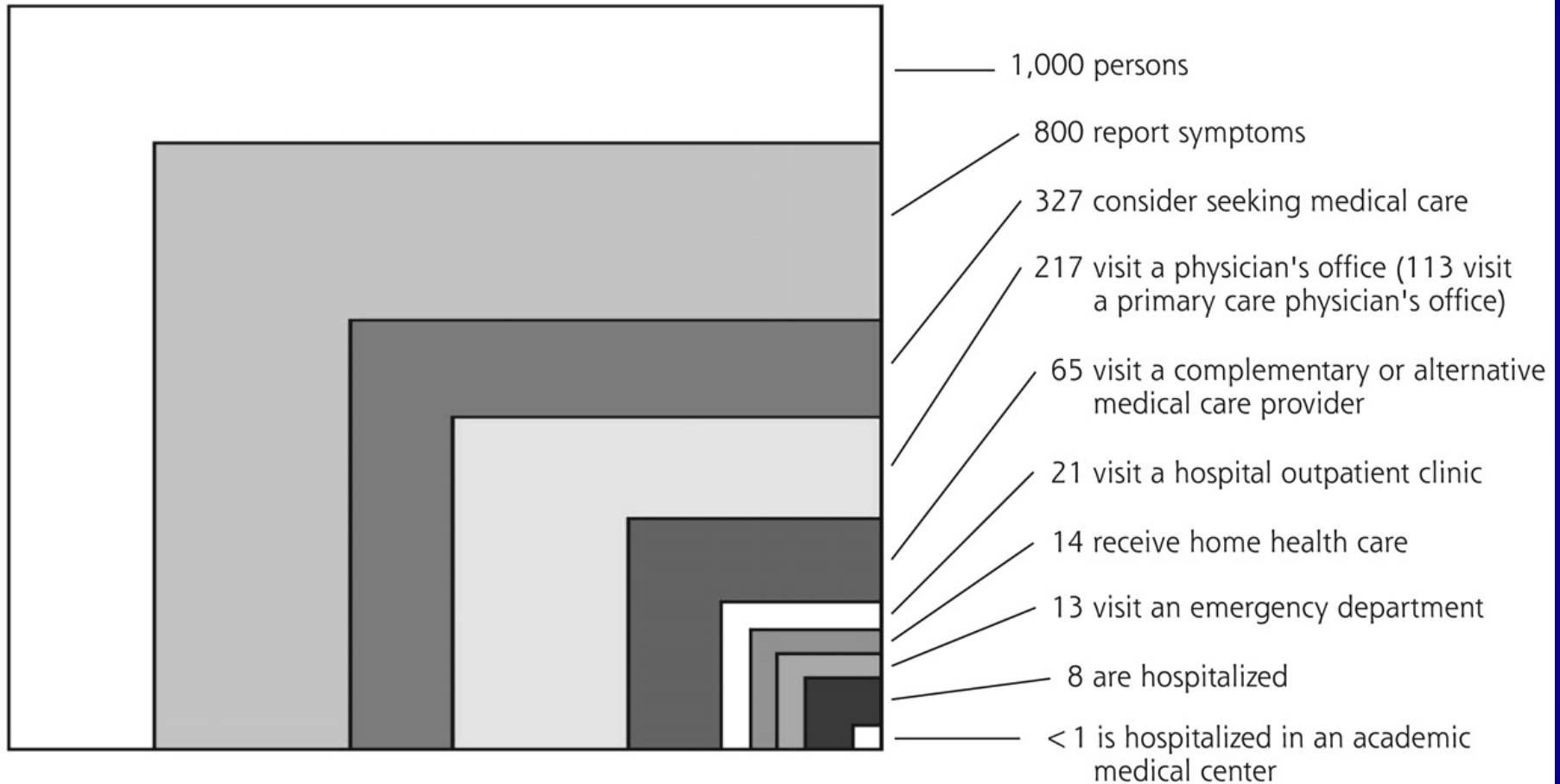
Johns Hopkins: Entry of Care and Continuity

“Primary care ...provides entry into the system for all new needs and problems, provides **person-focused** (not disease-oriented) care over time.... It is the means by which the two main goals of a health services system, **optimization and equity** of health status, are approached.”

IOM Definition

“Primary care is the provision of *integrated, accessible health care services* by clinicians who are accountable for addressing a large *majority of personal health care needs*, developing a *sustained partnership* with *patients*, and practicing in the *context of family and community.*”

IN ONE MONTH



based upon original work of Kerr
White





Primary Care Transformation



- Time of rapid structural, operational and financial change
- Every clinic affected
- You will have front row seat
- Exciting and challenging times

Primary Care 2.0

OLD

- Physician driven care
- Fee for service
- Volume based care
- Anecdotal care
- Individual patient metrics
- Uncoordinated care
- Independent practice

NEW

- Team based care
- Blended payment with risk assumption
- Value based care
- Evidence-based management
- Dashboards and population health
- Health care integration

The Interstitial Space of Health Care

Electronic Health Record



GOALS?



PCC GOALS

1. Describe the **nature and scope of primary care practice** and how it interacts with other health professions.
2. Assess and manage **common acute and chronic** ambulatory medical problems.
3. Determine the **health risks** of patients and populations and make recommendations for **screening and health promotion**.
4. Identify **community resources** available to enhance patient care as well as **barriers** to optimal care.
5. Establish **effective relationships** with patients and families using **patient-centered communication** skills.
6. Practice **life-long learning** skills, including the application of scientific evidence in clinical care.

PCC Core Learning Elements

- 1) 13 Primary Care Medicine Topics
 - Symptomatic Conditions
 - Chronic Conditions
 - (refer to syllabus)
- 2) Systems of Care and Learning
- 3) Documented, required observation & feedback experiences
- 4) Community Engagement Project



Symptomatic Conditions

- Abdominal Pain
- Back Pain
- Chest Pain
- Headache
- Musculoskeletal Pain
- Respiratory Infections

Chronic Conditions

- Asthma/COPD
- Depression
- Diabetes
- Dyslipidemia
- Hypertension
- Obesity
- Substance Abuse

Systems of Care & Learning

- Preventive Services
 - Well Child Checks
 - Adult Physical Exams

Observed Feedback Experiences

- Refer to syllabus
 - Please note: observation of history or physical does not mean your preceptor watches an entire "Bates" encounter.

Community Engagement Project

- Weekly sessions with partner organization
- Develop or adopt an existing project that addresses a health need(s) of the community
- Reflection paper and presentation at the end of the clerkship

Questions on Learning elements?

Learning Settings

- Clinic
- Small Group (PBL) Sessions
- Community Agency
- Self-directed Learning (*no textbook)
- Opportunities unique to your clinic, community

Clinical Preceptorship

- 2 Primary Preceptors
 - Family Medicine
 - Gen IM/ Pediatrics/Family Medicine
- Most students work at least occasionally with preceptor's partners
- Some clinic sites may have residents, others do not

Typical Week

- 7-8 half-days with preceptor
- 1 half-day with small group/PBL
- 1-2 half-day for community project, small group assignments, regional offerings, optional learning activities

*weekends, nights generally are open

Typical Day

- 3-4 patients per ½ day
- Review Schedule at Start of Session
- Present to preceptor, reassess/review with patient – see “One-Minute Learner” tool
- Visits maybe done in parallel fashion or sequential, depending on timing, need for observation

Physical Exam in PCC

- Discuss with preceptor key elements of physical exam
- Ask your preceptor to demonstrate an exam skill or to watch your exam
- Often a focused exam (and history) only

Small Group Learning

- Problem Based Learning
 - 5 cases
 - Each student completes a topic review weekly
- Doctor/Patient Communication
 - Motivational Interviewing Focus
 - 3 sessions (overview, pre-learning module, book chapter outlines, guide)
- Skills and Dermatology content



Self-Directed Learning

- Learning Topics
 - 13 Common Primary Care Conditions/Subjects
 - These are guides to priority areas
 - Use simulated cases for any missing learning experiences or to enhance your knowledge
 - EKG web modules
 - Adult learning model – no one source or way to learn

Questions on Learning settings?

How are we going to know if you learned it?

1. PCC Experience Tracking
2. End of Clerkship Evaluation
 1. OSCE
 2. NBME "shelf exam" =
AMBULATORY ADULT MEDICINE



PCC Experience Tracking

- 13 Required Observation/Feedback Experiences
- Clinical Log (OASIS)
- Mid-Rotation Feedback Forms (2 – OASIS)
- Community Project Upload

All due by 4:00 PM the last Wednesday of the clerkship. Failure to complete on time will result in loss of professionalism points.



Preceptor Evaluation

- Evaluation form directions indicate most students should be 'competent' in most areas
- If concerns arise regarding clerkship grade or evaluations, please address these with clerkship coordinator and not with preceptors

Small Group Evaluation

- Case-Based Learning
 - Evaluation based on participation, reports
- Dr – Pt Communication sessions
 - Graded on self-assessment, observation and participation



Additional Evaluations

- Professionalism
 - attitude, dress, punctuality, engagement, on time completion of administrative tasks
- Community Project Reflection Paper
(ungraded)
- Community Project Presentation
(ungraded)

ASSESSMENT PREPARATION

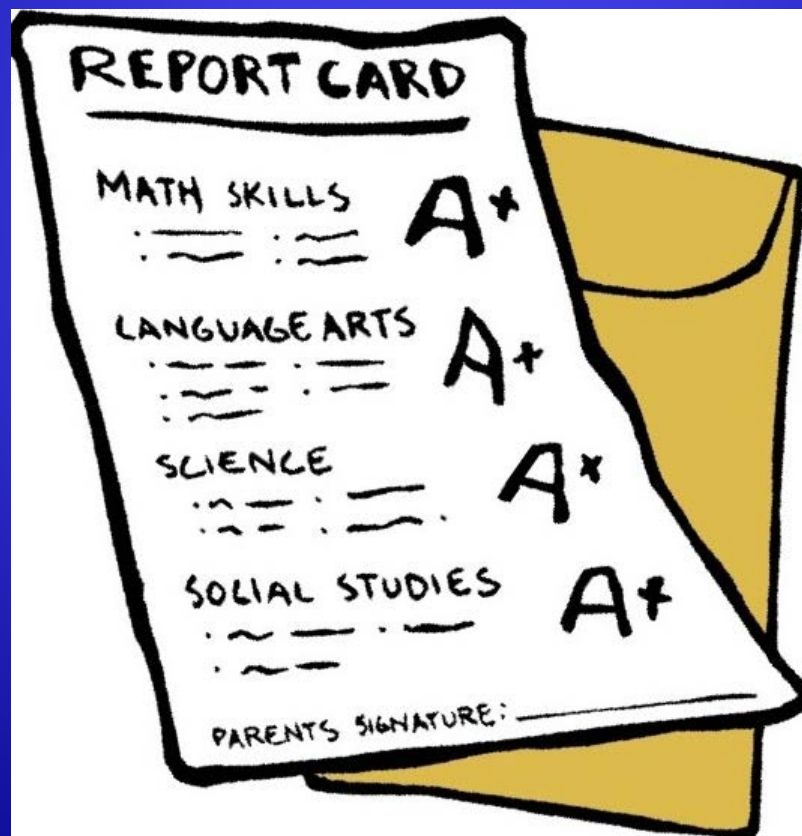
- Website
 - OSCE Practice Scenarios
 - Practice Written Exams
 - AFP Journal jump drive
 - AAFP Board review questions
 - Univ of Illinois – Chicago website link
 - Community Project examples

SHELF EXAMINATION AMBULATORY MEDICINE

- 100 Questions
- Clinical Vignette stems
- Do not need to know drug dosages
- Acute care and chronic disease management
- No Pediatrics

Clerkship Grading

- Refer to syllabus – outlined in detail





Who do you think is going to get the best evaluation?



Questions
on

Clerkship evaluation?

PCC

Trouble Shooting

1. Preceptor
2. Site Director/Coordinator
3. Central Director/Coordinator
4. Dean's Office

Tips on How to Have a Good PCC rotation

- Take advantage of learning opportunities as they arise in clinic
- Actively participate in small groups
- Use Learning Topics as a guide to priorities.
- Seek feedback on your skills
- Refer often to the website and contact coordinator pre-emptively with concerns

Introducing...



healthexperiencesusa.org



Patient Experience Study

- New model of clinical learning
- Uses voices/faces of patients to help better understand health and illness
- Funded by Josiah Macy Foundation
- Modeled after Oxford University – DIPex
- Collaboration with UWSMPH, Hopkins, Yale and Oregon Health Sciences Univ.

Patient Experience Study

- IRB approved and exempted
- Principle investigators and your learning partners:
 - Meg Gaines, JD – Director UW Center for Patient Partnerships
 - Rachel Grob, PhD – Director of National Initiatives UW CPP
 - Nancy Pandhi, MD, PhD – Dept. of Family Medicine and Community Health

What Does This Mean to YOU?

- Students in **Block 1** serve as pilot
- Students in **Blocks 3 and 5** serve as control
- Students will complete a survey at the beginning and end of the clerkship that will assess knowledge and attitudes about a health condition.
- Completion of the survey is **expected** but not graded.
- Estimated time of each survey completion is 30 minutes.

What Does This Mean to YOU?

- **Students in Blocks 2 and 4** will serve as intervention groups.
- Students will receive a brief presentation about the study and website during orientation.
- Students will complete a survey at the beginning and end of the clerkship that will assess knowledge and attitudes about a medical condition.
- Completion of the survey is **expected** but not graded.
- Estimated time of each survey completion is 30 minutes

What Does This Mean to YOU?

- Students will explore and learn more about the topic of depression using the online resources and patient video narratives.
- Knowledge self-assessment and self-reflection is required but not graded.
- Estimated time of self- directed learning is **3 hours.**

Self-Directed Learning

- Explore own experience/knowledge of depression
- Learn from patients who tell *their own stories*
- Reflect upon your learning experience
- Receive prompting and feedback from experts in the field

What Does This Mean to YOU?

- Opportunity to shape cutting edge curricular innovation
- Opportunity to enhance your knowledge on a key clinical condition
- Opportunity for asynchronous self-paced multimedia learning
- Opportunity to explore and grow as a health professional

TIME REWARD
EFFORT

The REWARD

- Contribute to educational research
- Add enrollment in this study to CV and residency application
- \$10 gift card to Amazon

An Even *BETTER* REWARD!

- In recognition of participation in the intervention group, students in **Blocks 2 and 4** will have their end of clerkship assessment (OSCE, Shelf, Community Project Presentations) scheduled to allow for **a three day weekend**.

Questions?

PCC Director

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Commercial Break



Patient Safety

Clinical Activity Requirement: Medication Reconciliation

Goal:

To supplement the M3 Patient Safety Longitudinal Curriculum by providing a clerkship linked patient care exercise directly related to patient safety. This activity is required of all third-year medical students. The Medication Reconciliation activity should be completed by **April 22, 2016**.

Medication Reconciliation

Assignment details:

- Complete the online module on *Medication Reconciliation* on Learn@UW.
- Select *either* the inpatient *or* outpatient Medication Reconciliation activity*.
 - Each element of the Inpatient activity needs to be completed on the same patient.
 - Each element of the Outpatient activity may be completed on different patients.
- Refer to the *Compiling the Best Possible Medication History* document to facilitate the activity.
- Turn in completed worksheet to **dropbox** at Learn@UW **by April 22, 2016**.
- **Plan accordingly! Don't wait for last clerkship rotations to complete this.**
- You will receive feedback on your completed activity from Dr. Bart Caponi.

*There are separate worksheets for the Inpatient activity and the Outpatient activity.

Medication Reconciliation

Outpatient options for completing the medical reconciliation activity – coordinate with medical assistant.

- New patient
- Hospital follow up
- Recent medicine changes

Medication Reconciliation

The Medication Reconciliation activity is designed to help medical students achieve skills in:

- Obtaining a best possible medication history
- Performing medication reconciliation on a hospitalized patient or ambulatory clinic patient
- Performing discharge medication counseling for a patient using the teach-back method.

Medication Reconciliation

For questions on the Patient Safety Curriculum, please contact:

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