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**Introduction**

Welcome to the Primary Care Clerkship (PCC): Ambulatory Family Medicine and General Internal Medicine!

In redesigning the Legacy Curriculum PCC, we sought to retain those educational experiences that will result in a focused introduction to community-based ambulatory primary care. Although modified in length, the curriculum is structured to provide you with rich clinical experiences and stimulating self-directed learning.

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

- **Challenged:** because the content of primary care is vast, and human reactions to their illnesses are widely varied.
- **Intrigued:** because you will never know exactly what awaits you behind the exam room door.
- **Motivated:** because you will see the opportunities to impact health on a personal and community level.
- **Delighted:** because you will witness the rewarding longitudinal relationships that define the care we provide.

**The primary goals of the clerkship are to:**

- understand the work of primary care physicians in the care of persons and communities
- develop and practice clinical assessment skills pertinent to the care of all patients
- participate in team-oriented, patient centered and evidence-based care
- apply critical thinking skills to formulate appropriate differential diagnoses
- practice enhanced communication skills including motivational interviewing.

In the spirit of the **Wisconsin Idea**—that the boundaries of the campus are the boundaries of the state—students have opportunities to learn from patients and doctors in Janesville, Eau Claire, Green Bay, La Crosse, Lakeland / Lake Geneva, Madison, Milwaukee and TRIUMPH and WARM regional sites.

The primary learning activity of the clerkship is working one-on-one with primary care preceptors in their offices. We are thankful and fortunate to have a group of outstanding community physicians who are dedicated to teaching the next generation. Weekly small group sessions complement this hands-on learning, and help students assess their growth in communication skills.

On behalf of our regional staff, preceptors and central administration, best wishes for a wonderful four weeks.

David Deci, MD – PCC Director
Mark Beamsley, MD – PCC Assistant Director
Kelly Herold, MD – PCC Assistant Director, Internal Medicine

Contact us:
Christie.Legler@fammed.wisc.edu
PCC Coordinator

PCC Expectations

The following expectations are provided to assist you in being successful on the clerkship. The PCC grading rubric contains 5% professionalism points. Students receive these points at the start of the clerkship. Failure to follow stated policies and/or meet expectations as outlined in the PCC syllabus may result in the loss of half your professionalism points.

1. Watch the PCC orientation video and the How to Success in the Outpatient clinic video prior to starting the rotation. Send any questions to Christie Legler (Christie.legler@fammed.wisc.edu)
2. Attend the regional site orientation if applicable. Pick up a copy of the required text, Motivational Interviewing in Health Care from your site coordinator (Madison students see Christie Legler).
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 within the first week of the clerkship) so appropriate arrangements can be made. Failure to do so may result in a delay of the exam being administered.
4. 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.
5. Contact PCC Administrative staff as early as possible with problems. Do not wait until the end of the clerkship to report problems.
6. Read and understand the clerkship goals and objectives. Read, understand and adhere to the clerkship and school policies.
7. Report to clinics, Problem Based Learning and Dr/Pt Communication sessions on time as scheduled. Adhere to the PCC Attendance Policy.
8. Prepare in advance for each half day of clinic. Work with your preceptor to select patients that meet your learning objectives and those of the clerkship.
9. Complete required FMCases as assigned. Complete PBL, Dr/Pt Communication assignments as assigned.
10. Complete community health activities as assigned. Submit required summary table to your preceptor for review and sign off.
11. Throughout the rotation complete the required paperwork/forms and regularly track requirements on OASIS. Submit all required forms and complete all required documentation prior to the deadline (see check list). If you are having any difficulty getting preceptors to observe and provide feedback, contact Christie Legler (Christie.legler@fammed.wisc.edu).

12. Regularly elicit feedback from your clinical preceptors on your performance.

13. 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. These forms are not used when calculating your grade. They are for your benefit only.

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

15. Complete the NBME exam, OSCE as scheduled.

2017-2018 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.
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.

2017-2018 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 exam, 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.

**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

Case 1: 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 PBL 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 2 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 3: 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:
   o Actinic keratosis
   o Seborrheic keratosis
   o Keratoacanthoma
   o Melanoma
   o Squamous cell carcinoma
   o Basal cell carcinoma
   o Warts
   o 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.

Policies

Standard ADA/Access to Accommodations

Our commitment to provide equal access: The University of Wisconsin-Madison and School of Medicine and Public Health (SMPH) support the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with documented disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities are a shared faculty and student responsibility.

Contacting SMPH for access to accommodations: To ensure access to any SMPH course, clerkship or program, please contact SMPH Student Services at 608-263-4920 to schedule an appointment and engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings. SMPH also works with McBurney Disability Resource Center (mcburney@studentlife.wisc.edu, 608/263-2741). Accommodations are not provided retroactively.
Forms and process for requesting accommodations: The SMPH *Request for Accommodations*, and *Instructions for Requesting Accommodations*, are found in OASIS>General Information>Forms & Instructions>Accommodations Request Form & Instructions. Disability information, including instructional accommodations as part of a student’s educational record, is confidential and protected under FERPA.

**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. Thus, full and continual participation in the Primary Care Clerkship is essential.

Planned absences are strongly discouraged. Per the medical school 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. The Request for Absence Form is available on Learn@UW (forms) or OASIS (Notices - General Information - Forms and Instructions - Y3 & 4 - Absence Request).

**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, you must notify Christie Legler, christie.legler@fammed.wisc.edu and your site coordinator (if different) in 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 Two (2) 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 two (2) days or less, remediation may include additional scheduled sessions, completion of online cases or other learning opportunities.

**Total Absence of More Than (2) Days (including WARM and TRIUMPH students):**
For absences greater than two (2) 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):
   
   *(608) 262-6720 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 may 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 taking 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 found the same is true across the nation.

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 Assistant Dean for Students (Dr. Gwen McIntosh gkmcinto@wisc.edu) and the Assistant Dean 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** (Please note: “work hours” does not include study time or travel time)

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,
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

Primary Care Clerkship Learning Activities

During the Primary Care Clerkship students will spend their time working on three main activities:

1. Clinic with preceptors (8 half days)
2. Small group Problem Based Learning sessions with motivational interviewing (1 half day)
3. Self-directed learning (1 half day)
4. Self-study and documentation (1 -2 half days)

A sample weekly schedule is below.

<table>
<thead>
<tr>
<th></th>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td></td>
<td>Clinic with FM Preceptor</td>
<td>Clinic with FM Preceptor</td>
<td>PBL small group</td>
<td>Clinic with Preceptor</td>
<td>Clinic with Preceptor</td>
<td>Document requirements</td>
</tr>
<tr>
<td>PM</td>
<td>Clinic with FM Preceptor</td>
<td>Clinic with FM Preceptor</td>
<td>Self-directed learning</td>
<td>Clinic with Preceptor</td>
<td>Clinic with Preceptor</td>
<td>Self-study</td>
<td></td>
</tr>
</tbody>
</table>

The Clinical Experience

Each student works with community-based family physicians and general internists. 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 or family medicine; you will be at each 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.

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. If you find your preceptor has you seeing every patient – talk with him/her or contact your site coordinator/Christie right away.

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. Have your preceptor sign off on the Required Observation and Feedback skills form as you complete them.
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.

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

**How to Elicit Feedback From Your Preceptor**

Feedback does not directly contribute to grading. Students 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 preceptors how s/he 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 second 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.

**Problem Based Learning**

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.

There are three PBL cases that will be discussed during the clerkship, covering 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.

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. Students will receive the case materials from the faculty moderator/mentor. At the end of each case, you will find practice exam questions and reference to practice OSCE scenarios. The answers to the practice exam questions will be provided at the end of the following case. Practice OSCE scenarios are on Learn@UW.

**PBL Blended Learning Modules**

Recently, the PCC introduced new learning experiences – that involved blended learning environments, linking on-line learning with in-clinic learning and problem-based-learning (PBL) group discussion activities.

There are four blended learning modules:

1. Dermatology Primer
2. Diabetic Foot Exam (also a required observed skill to be signed off on by faculty in clinic)
3. Musculoskeletal Exam (two required observed skills to be signed off on by faculty in clinic)
4. Evidence-Based-Medicine Curriculum

Learning Activities consist of:

A. Initial on-line learning material review. This typically consists of required article reading, online tutorial completion, or video review.
B. In-clinic skills practice. In most of the learning modules, students will practice a new skill in clinic (some with documented observation by a preceptor).
C. Dedicated discussion time during a PBL session. Students and their PBL leader review general questions that arise about the topic at hand that day (dermatology primer, diabetic foot exam, musculoskeletal exam) as well as questions about exam technique.

While three of the above modules 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.**

Students will be advised about which PBL sessions address which specific skills/topics, so they know to review on-line material and do in-clinic skills practice prior to that PBL session. The prompts for the first PBL session are below. The remainder of prompts will be provided in the student handouts received at the PBL sessions – from the PBL leader.
Students should review these two resources prior to PBL Session 1:

1. On-line PowerPoint EBM module at https://docs.google.com/presentation/d/1jmxjlrG3HUK4OpvyYaAwh-HM9Z1BPRI4PYRpylgWeY/edit?usp=sharing

2. The EBM finding information web site at: 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 are at your preceptor’s office or during case discussions in PBL sessions). 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).

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.

**Doctor/Patient Communication Sessions**

Along with Problem Based Learning sessions, 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. Students are expected to read the entire book (your leader when direct you regarding when you should have this completed).

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.

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 (your leader will provide you with the form) 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 loaned a copy for the rotation. 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.

PCC students in Madison will need to pick up a copy of the text from Christie Legler (see email). Students at other sites will receive a copy at their site orientation.

Community Health Activities

Overview of Community Health Activities:
“By taking a person’s pulse, you take the pulse of their community.” This statement reflects the fact that the vast majority of health outcomes for individual patients result from factors outside of traditional clinical care.

PCC Legacy Clerkship explores community health with a variety of online activities designed to reinforce and build upon your previous knowledge, as well as to familiarize you with new skills and online resources that can be used to analyze the health of a community. The timing of the modules is flexible and designed to be completed individually. These tools and skills will equip you with basic approaches and resources to improve the health of your patients and their communities.

These three activities are required before completion of the clerkship:

- Activity 1: Voices from the Community  ~15 minutes video
- Activity 2: Perform a Community Health Assessment (a “checkup”) for your PCC Community/County in Wisconsin  ~1.25 hours
- Activity 3: What can a doctor do? Video and reading  ~1 hour

Overall Goals for Community Health Activities:
- Describe the role of physicians in community health
- Explain various ways to define a community
- Describe the steps and resources one can use to conduct a community health assessment
- Perform a community health assessment for your PCC community/county and identify a priority health problem
- Outline key steps in stakeholder engagement to promote successful community health engagement

***Failure to complete and submit this exercise on time will result in loss of professionalism points for the clerkship***
Please see the Community Health Activities module on Learn@UW for specifics.

**MedU – fmCASES & SIMPLE cases**

MedU is a virtual learning environment that contains multiple patient cases and resource library. The virtual patient cases were designed by the nation's leading medical educators. Cases help students acquire much needed critical reasoning, diagnostic, and communication skills.

Each case consists of multiple pages or “cards” that contain information important to the diagnosis and management of the patient. The “Case Summary” card appears at the end of each case. **You must click past this card to the “Summary of your case session” screen in order for the system to consider the case completed.** A self-assessment follows each case. Each case also includes an engagement meter to give you (and us) an idea of how engaged you are in the learning process.

Students must complete 5 cases. They are not graded, but are required. You must register to gain access to MedU using your wisc.edu log in. Please see the MedU module on Learn@UW for details.

**Additional Self-Directed Learning**

There are many opportunities to enhance your learning through self-directed learning. You will find links to the EKG Curriculum, evidence based medicine learning tools, and videos of MSK exams below. These links are available on Learn@UW [under Content].

**EKG Curriculum**


**Evidence Based Medicine**

- PPT of EBM Principles is at: [https://docs.google.com/presentation/d/1jmxjlrG3HUK4JopvyYaAwh-HM9Z1BPRI4PYRpyjgWeY/edit?usp=sharing](https://docs.google.com/presentation/d/1jmxjlrG3HUK4JopvyYaAwh-HM9Z1BPRI4PYRpyjgWeY/edit?usp=sharing)

- PCC Finding Information clinical Tool website (EBM) is at: [https://sites.google.com/site/pblpractice4115/](https://sites.google.com/site/pblpractice4115/)

**Video of General Knee Exam**

- [https://www.youtube.com/watch?v=eRPvoNe9Aho](https://www.youtube.com/watch?v=eRPvoNe9Aho)

**Videos of General Shoulder Exam**

- [https://www.youtube.com/watch?v=VSRlBzZzJU8](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.pediatrics.wisc.edu/education/derm/text.html)
- [http://www.dermatlas.net/](http://www.dermatlas.net/)

Optional PCC Textbooks & Resources

There is no officially recommended textbook for this course; rather, we suggest that you concentrate on the resources (PDF files) listed on Learn@UW under ‘required reading’. If you do find that textbooks enhance your learning, the following are resources that other students have used:

  A problem-oriented textbook addressing adult medicine.

  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.

  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

The PCC recognizes that many students prefer specific recommendations for resources to be used in preparation for the NBME examination. We have 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](http://www.aafp.org) You must register for this as a med student. It is free. It will take 3-5 days to receive your login, 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)
4.  [Link to UIC Medicine website]
5.  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.

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

7.  NBME website sample questions [http://www.nbme.org/students/Subject-Exams/subexams.html](http://www.nbme.org/students/Subject-Exams/subexams.html)

8.  MedU cases: [https://www.med-u.org](https://www.med-u.org)

**Documentation and Requirements**

Much of the required documentation (outside of clinic and PBL/DrPt communication sessions) will occur on OASIS. All required forms are on Learn@UW. Detailed instructions and a checklist with deadlines are also on Learn@UW. You must submit/complete all of the documentation requirements by 4:00 PM the day before the OSCE (usually the last Wednesday of the rotation). You will receive reminders from Christie Legler.

**Documentation requirements include:**

- **Clinic Log**: students are required to document each half day/full day of clinic you attend on OASIS. This information will be used to calculate your clinical grade (weighing each preceptor evaluation based on the number of half days spent with each) so it’s important this information is accurate.

- **Mid Rotation Feedback Forms**: students are required to submit 2 mid rotation feedback forms – each from a different discipline/clinic.

- **Direct Observation and Feedback Requirements**: there are 13 primary care skills required including one Community Health Activity. Students are required to track the observation and feedback by entering the date observed and checking that you were observed.

- **Direct Observation and Feedback Log/Form**: there are 13 primary care skills required. Students are required to be observed and receive feedback from their preceptor on each skill and obtain his/her signature/initialed on the form.

- **MedU Cases (not on OASIS)**: students are required to complete 5 cases.
If you have any questions about the requirements or deadlines, contact Christie (christie.legler@fammed.wisc.edu) as soon as possible - to assure you maintain all your professionalism points.

Primary Care Clerkship Final Exams

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

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.

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

   Students will complete the OSCE in small groups starting at 7:50 AM. The PCC OSCE consists of 5 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. National Board of Medical Examiners (NBME) Subject Exam 10% of final grade

   All PCC students will take the Adult Ambulatory Medicine NBME exam. The exam is on-line and consists of 100 questions. Students will have 2 hours and 30 minutes to complete the exam.

Practice OSCE and Exam Review

Practice OSCE scenarios are available on Learn@UW along with other exam study resources.

Sample Exam Schedule

End times may vary based on the number of students taking the OSCE. The times listed below are based on a total of 32 students (5-6 in each group).
### Last Thursday of the clerkship - Morning

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:50 am</td>
<td>Orientation to the OSCE – Group A and B</td>
</tr>
</tbody>
</table>
| 8:00 - 9:15 am | OSCE Group A  
|              | OSCE Group B                                 |
| 9:15 - 9:25 am | Orientation to the OSCE – Group C and D     |
| 9:25 - 10:40 am | OSCE Group C  
|              | OSCE Group D                                 |
| 10:40 - 10:50 am | Orientation to the OSCE – Group E and F |
| 10:50 - 12:20 pm | OSCE Group E  
|              | OSCE Group F                                 |

### Last Friday of the clerkship

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>~ 2:00 pm</td>
<td>NBME Exam (2.5 hours)</td>
</tr>
</tbody>
</table>

### 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)
- 35% Final Exams (25% OSCE; 10% NBME exam)
- 10% Small Group Leader evaluations (Problem Based Learning and Dr/Pt Communication sessions)
- 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. 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.

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:

<table>
<thead>
<tr>
<th>Advanced</th>
<th>Competent</th>
<th>Needs Improvement</th>
<th>Unacceptable: Needs Attention</th>
<th>Not Evaluated</th>
</tr>
</thead>
</table>

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)  

<table>
<thead>
<tr>
<th></th>
<th>Number of half days</th>
<th>23.0</th>
<th>20.0</th>
</tr>
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<tbody>
<tr>
<td>History</td>
<td></td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>PE</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Differential</td>
<td></td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Tx Plan</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Knowledge</td>
<td></td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>EBM</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Teamwork</td>
<td></td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Multisystem</td>
<td></td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Comm Resources</td>
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<tr>
<td>Comm Pt/Family</td>
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<td>3</td>
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<tr>
<td>Written comm.</td>
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<tr>
<td>Respect</td>
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<tr>
<td>Feedback</td>
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<tr>
<td>Accountable</td>
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</table>

Scores converted to 5 point scale

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<thead>
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<th>Number of half days</th>
<th>23.0</th>
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<tbody>
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<tr>
<td>Differential</td>
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<td>5.0</td>
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<td>3.8</td>
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<td>Comm Pt/Family</td>
<td></td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Written comm.</td>
<td></td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Oral present</td>
<td></td>
<td>5.0</td>
<td>3.8</td>
</tr>
<tr>
<td>Respect</td>
<td></td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Feedback</td>
<td></td>
<td>3.8</td>
<td>3.8</td>
</tr>
<tr>
<td>Accountable</td>
<td></td>
<td>3.8</td>
<td>3.8</td>
</tr>
</tbody>
</table>

Weighted scores: 2.36  
= 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.

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Weighted Score</th>
<th>% weight</th>
<th>Reported Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical score (preceptors)</td>
<td>4.22</td>
<td>50%</td>
<td>2.11</td>
</tr>
<tr>
<td>Small group score (PBL)</td>
<td>4.58</td>
<td>10%</td>
<td>0.46</td>
</tr>
<tr>
<td>Professionalism score</td>
<td>5.00</td>
<td>5%</td>
<td>0.25</td>
</tr>
<tr>
<td>Final exams</td>
<td>4.18</td>
<td>35%</td>
<td>1.46</td>
</tr>
</tbody>
</table>

**Final score**  
4.28

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

<table>
<thead>
<tr>
<th>Grade</th>
<th>Final Score Range</th>
<th>EPC Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.56 and up</td>
<td>&lt;= 25 % of students</td>
</tr>
<tr>
<td>AB</td>
<td>4.40 - 4.55</td>
<td>&lt;= 25 % of students</td>
</tr>
<tr>
<td>B</td>
<td>4.00 - 4.39</td>
<td></td>
</tr>
<tr>
<td>BC</td>
<td>3.50 - 3.99</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>3.00 - 3.49</td>
<td></td>
</tr>
<tr>
<td>F</td>
<td>&lt; 3.00</td>
<td></td>
</tr>
</tbody>
</table>
Grade Reporting

Your scores will be reported in a summary evaluation on OASIS in the following way:

- Items 2-16 on the summary evaluation: these items will all be marked as “not evaluated”. Please see individual clinical evaluations for clinical scores as these are used to calculate your final grade.

- Item 17 on the summary evaluation will appear as follows:

  17. Exam Grade (if applicable)

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

Each reported score is listed followed by the weighted score and percentage of weigh (see table above). For example: reported exam score 1.46 (weighted exam score 4.18 divided by percentage 35%).

- Item 18 on the summary evaluation will appear as follows:

  18. Clinical Grade (if applicable)

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

Each reported score is listed followed by the weighted score and percentage of weigh (see table above). For example: reported clinical score 2.11 (weighted clinical score 4.22 divided by percentage 50%). The final score is then listed along with the letter grade corresponding to the score.

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.

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.

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.
   - NBME: If a student has a concern regarding the scoring of the NBME examination, they 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.