University of Wisconsin
SCHOOL OF MEDICINE
AND PUBLIC HEALTH

Essential Information for
Residents Who Teach Primary Care Clerkship Students
2014-2015

I. CURRICULUM and ASSESSMENT:

A. Clerkship Organization

PCC is a required 8-week experience for M3 students. Students can select from regional sites in Appleton, Eau Claire, Green Bay, La Crosse, Madison, and Milwaukee. The regional sites assign each student to work with community-based family physicians, general internists or pediatricians. Generally, students are scheduled to work in two clinics, one family medicine and one internal medicine or pediatrics; 3-4 half days a week each.

One half-day a week, PCC students at each regional site come together to discuss a series of case -based learning (PBL) cases and Doctor-Patient Communication, focusing on Motivational Interviewing. A faculty moderator is present to provide guidance and direction to the group.

B. Primary Care Clerkship Educational Goals

By the completion of this clerkship the student is expected to possess the knowledge, attitudes and skills to:

Medical Knowledge (MK)

1. Understand 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. Be able to perform focused histories and physical exams relevant to common acute and chronic medical conditions.
2. Be able to 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 (SB)

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 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 doctor.
2. Assume responsibility, behave honestly, and perform duties in a timely, organized, respectful, and dependable manner.
3. Seek, accept, and apply constructive feedback appropriately.

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

Motivational Interviewing Videotape 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.

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.

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 appropriate health promotion/disease prevention issues for pre-adolescent children.
7. 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. Describe challenges faced by elderly patients, including access to services, loss of independence, physical limitations and financial concerns, and how these affect their health.
10. Identify ways to counsel an elderly patient regarding health maintenance, including when to cease screening and discussing end-of-life issues.

II. LOGISTICS:

Contacts:

- Mark Beamsley, MD: Statewide Clerkship Director
- David Deci, MD: Assistant Statewide Clerkship Director
- Christie Legler : Statewide Clerkship Administrator & Madison Site Coordinator Christie.Legler@fammed.wisc.edu
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III. POLICIES:

- Absences: Students should never ask residents/preceptors for time off; this requires the Clerkship Director's approval. In illness or emergency, students should contact their scheduled preceptors and regional site coordinator. If a student calls you because of illness, please remind them to also call the coordinator.
- Holiday Schedule: Students are excused for the following holidays: Martin Luther King Day, Memorial Day, 4th of July, Labor Day, Thanksgiving. M3 students have a winter break from the 3rd Friday in December until the 2nd Monday in January.
- Dismissal on Core Days: Students are excused from their rotations during all (3) Core Days. Details are included in the Core Day Dismissal policy.
- Work Hour Policy: The policy describes the limited duty hours students are required to spend in clinical and educational activities during clinical rotations. Violations must be reported to clerkship administrator, dean of students, or the ombudsperson.
- Using Mobile Devices on clinic rotations: Students must act appropriately and professionally on each clinical rotation regarding use of mobile devices. Students must demonstrate respect for peers, faculty, staff and patients in lecture, conference settings, on the hospital wards, and in the clinics.
- Weather and safety policy: 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: 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 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.

IV. GENERAL EXPECTATIONS:

A. Teaching expectations

The preceptor's role is to supervise the student in their development of skills in patient interviewing, physical exam, presentation and use of the medical literature. In the M3 year, the students' focus should be on diagnosis. Initially, you should orient the student to the office, discuss your role, review student goals and progress to date, and review your expectations. Go over your schedule for the clinic session, noting patients that would be particularly desirable for the student to see, and drafting a plan for how the session will go. Preceptors may have their student shadow at the beginning of the rotation to determine the student's level of clinical expertise; the level of independence should increase as the preceptor becomes more familiar with your student's strengths and weaknesses. At our residency sites, a challenge is that students frequently work with multiple residents/faculty; if each preceptor "starts from scratch" with the student, the student may often end up merely

shadowing. Thus it is very important to communicate with the preceptors as a team, talk with your student about her/his roles and experiences, and ensure an appropriately graduated level of autonomy. PCC preceptors are encouraged to observe their student performing all aspects of patient care: history acquisition, physical examination, care plan development and discussion of the plan with the patient. Students are also strongly encouraged to assist in clinical procedures

B. General teaching tips See http://www.fammed.wisc.edu/medstudent/pcc/preceptor/resources

- Adult learning: The seven key factors found in learning programs that stimulated adult development are:
  1) An environment where students feel safe and supported, where individual needs and uniqueness are honored, where abilities and life achievements are acknowledged and respected.
  2) An environment that fosters intellectual freedom and encourages experimentation and creativity.
  3) An environment where faculty treats adult students as peers--accepted and respected as intelligent experienced adults whose opinions are listened to, honored, appreciated. Such faculty members often comment that they learn as much from their students as the students learn from them.
  4) Self-directed learning, where students take responsibility for their own learning. They work with faculty to design individual learning programs that address what each person needs and wants to learn in order to function optimally in their profession.
  5) Pacing, or intellectual challenge. Optimal pacing is challenging people just beyond their present level of ability. If challenged too far beyond, people give up. If challenged too little, they become bored and learn little. Pacing can be compared to playing tennis with a slightly better player; your game tends to improve. But if the other player is far better and it's impossible to return a ball, you give up, overwhelmed. If the other player is less experienced and can return none of your balls, you learn little. Those adults who reported experiencing high levels of intellectual stimulation--to the point of feeling discomfort--grew more.
  6) Active involvement in learning, as opposed to passively listening to lectures. Where students and instructors interact and dialogue, where students try out new ideas in the workplace, where exercises and experiences are used to bolster facts and theory, adults grow more.
  7) Regular feedback mechanisms for students to tell faculty what works best for them and what they want and need to learn--and faculty who hear and make changes based on student input.

  In contrast, in learning programs where students feel unsafe and threatened, where they are viewed as underlings, life achievements not honored, those

students tend to regress developmentally, especially in self-esteem and self-confidence. In programs where students are required to take identical lockstep courses, whether relevant to professional goals or not, and where they are often expected to spend several years working on a dissertation that is part of a professor's research project instead of on a topic of their choice, they grow less. In other words, students grow more in student-centered as opposed to faculty centered programs.

Seven Characteristics of Highly Effective Adult Learning Programs by Dorothy D. Billington

- **One Minute Preceptor resources**: The "One-minute Preceptor" is a widely accepted teaching model that summarizes five important tasks or "microskills." http://www.stfm.org/fmhub/fm2003/jun03/stevens.pdf
  1) Get a commitment,
  2) Probe for supporting evidence,
  3) Teach general rules,
  4) Reinforce what was done right, and
  5) Correct mistakes.

- Bedside teaching tips: an ambulatory adaptation of bedside rounds is

  PRESENTING IN THE PRESENCE OF THE PATIENT

  1) Learner presents to resident/faculty in exam room
  2) Learner should be skilled at basic presentation
  3) Inform learner in advance
  4) Learner should use language understandable to patient
  5) Patient should be actively involved in clarifying or adding to presentation

- Professional expectations – honor/integrity, confidentiality, accountability, respect for others, appearance (see appendix A: Stanford School of Medicine *Guidelines for Optimal Resident Interactions*)

Appendix A. Stanford School of Medicine Guidelines for Optimal Resident Interactions

Residents should:

- Introduce students and provide a description of their role to patients, families, and other health care staff.
- Inform students of expectations and their role in the group at the beginning of a rotation.
- Include students so they feel like active members of the team.
- Encourage students to take "ownership" of their patients.
- Give students an appropriate amount of responsibility in caring for patients.
- Discuss with students how to present themselves professionally; this includes dress, demeanor, language, punctuality, etc.
- Provide appropriate and constructive feedback based on observed student interactions with patients and other members of the health care team.
- Be patient with students.
- Encourage questions.
- Be accessible to students.
- Give specific feedback frequently.
- Give praise and thanks liberally.
- Make sure tasks assigned to students have learning value.
- Focus on teaching pertinent physical findings.
- Lead by example. Residents are important role models for students.
- Treat all health care providers (nurses, therapists, administrative assistants, techs) with respect at all times.
- Observe patient confidentiality at all times.
- Show empathy and compassion for patients and families, both in their presence and when discussing patients with colleagues.
- Always behave in a respectful manner with honor and integrity.
- Teach cultural sensitivity and follow ethical principles.
- Share a "pearl" daily.
- Explain the purpose behind ordering labs, studies, or consults.
- Admit when they don't know the answer.
- Teach something about each patient every day.

Residents should not:

- Take credit for students' work.
- Talk disrespectfully about other healthcare providers (i.e., ancillary staff, other medical specialties).
- Use inappropriate language.
- Introduce students as "Doctors."

- Make negative or disparaging comments about students in front of other students or patients.
- Interrupt or joke during student presentations.
- Have confrontations in front of patients and families.
- Reprimand students in a publicly humiliating fashion.
- Say "You should know that by now."
- Compare different students' knowledge in front of other students.
- Ask questions in a belittling manner.
- Have unfair expectations of students' medical knowledge or ask questions beyond the scope of students' knowledge.
- Send students on menial errands that have no learning value.
- Allow interactions with pharmaceutical representatives to defer from practicing evidence-based medicine.
- Make sexual advances or references to students.