



Learning Topics and Objectives

The **Learning Topics** are the most frequent issues encountered in primary care. The associated objectives should guide your clinical care and studying.

Symptomatic Conditions

1. Abdominal Pain
2. Back Pain
3. Chest Pain
4. Headache
5. Musculoskeletal pain
6. Respiratory Infections

Chronic Diseases

7. Asthma/COPD
8. Depression
9. Diabetes
10. Dyslipidemia
11. Hypertension
12. Obesity
13. Substance Abuse

Systems of Care & Learning

14. Doctor Patient Communication
15. Evidence-Based Medicine (EBM)
16. Preventive Services

Symptomatic Conditions Objectives: By the end of this clerkship, students will be able to:

1. Abdominal Pain

Objective	Where Taught	Where Evaluated	Sample Evaluation
Obtain history to generate a complete description of patient's symptoms, identifying any 'danger' symptoms that should prompt urgent imaging or surgical evaluation, such as severe localizing pain, hematemesis, rectal bleeding, weight loss, fever.	Preceptor PBL Readings 1a-b	Preceptor OSCE	Practice Exam #s 1, 2, 14, 18, 19, 22 OSCE Scenarios: A, B, D
Ascertain patient/family beliefs regarding abdominal pain causes and home treatment efforts.	Preceptor PBL Readings 1a-b	Preceptor OSCE	Practice Exam #s 5, 7 OSCE Scenarios: B, D, E, G
Perform appropriately focused physical exam, noting any 'red flag' signs, including hepatosplenomegaly, ascites, guarding, rebound tenderness, masses, melena.	Preceptor Readings 1a-b	Preceptor OSCE	Practice Exam #s 2, 4, 19 OSCE Scenarios: C
Succinctly present patient case to Preceptor, applying knowledge of epidemiology to generate & defend weighted differential diagnosis. Consider most common/most dangerous causes of abdominal pain by age/gender.	Preceptor	Preceptor	Practice Exam #s 1, 2, 3, 4, 6, 7, 15, 18, 19, 20, 21, 22 OSCE Scenarios: A, B, C, G
Present assessment in patient-centered manner, integrating diagnostic probabilities and evidence-based treatment recommendations, including pros/cons of lab testing, ultrasound, CT, endoscopy.	Preceptor Dr/Pt comm. sessions	Preceptor OSCE Written exam	Practice Exam #s 6, 7, 15, 20 OSCE Scenarios: D, E, F, G
Appreciate process of negotiating management plan and incorporating patient needs and preferences into care, eg ER transfer, monitoring.	Preceptor PBL Dr/Pt comm. sessions	Preceptor OSCE	Practice Exam #s 3, 6, 7, 8, 10, 12, 15 OSCE Scenarios: D, E, F, G
Educate patient and family regarding monitoring (e.g. symptoms of dehydration in GE), danger signs, self-cares (e.g. GERD, constipation) & community resources (eg IBD support groups).	Preceptor PBL	Preceptor OSCE	Practice Exam #s 1, 4, 5, 6, 7, 8, 18, 20 OSCE Scenarios: D, E, F, G
Check for understanding of follow-up plan, including treatments, testing, referrals, & continuity of care.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 11, 12 OSCE Scenarios: D, E, F, G

Resources

- a. Lyon C. Clark DC. Diagnosis of acute abdominal pain in older patients. *Am Fam Physician* 74(9):1537-1544, 2006 Nov. [full-text] <http://www.aafp.org/afp/2006/1101/p1537.pdf>
- b. Cartwright SL. Knudson MP. Evaluation of acute abdominal pain in adults. *Am Fam Physician* 77(7):971-978, 2008 Apr. [full-text] <http://www.aafp.org/afp/2008/0401/p971.pdf>

2. Back Pain

Objective	Where Taught	Where Evaluated	Sample Evaluation
Obtain history to generate a complete description of patient's back pain, identifying any 'danger' symptoms such as urinary retention, stool incontinence, pelvic numbness, 'ripping' quality, systemic symptoms.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 1, 2, 14, 19 OSCE Scenario: A, B, D
Ascertain patient/family beliefs regarding back pain causes and home treatment efforts. Note beliefs regarding pain avoidance. Determine job duties and requirements for lifting/bending/pushing/pulling/carrying.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 3, 10 OSCE Scenario: B, D, E, G
Perform appropriately focused physical exam, noting any 'red flag' signs such as weakness, loss of reflexes.	Preceptor	Preceptor OSCE	Practice Exam #s 4, 14, 19 OSCE Scenario: C
Succinctly present patient case to Preceptor, applying knowledge of epidemiology to generate & defend weighted differential diagnosis. Discuss when to consider metastases, AAA, spinal infection.	Preceptor	Preceptor	Practice Exam #s 2, 5, 6, 7, 11, 13, 15 OSCE Scenario: A, B, C, G
Present assessment in patient-centered manner, integrating diagnostic probabilities and evidence-based treatment recommendations, including when/how to image/refer, use of NSAID/muscle relaxants, laboratory studies.	Preceptor Dr/ Pt comm. session	Preceptor OSCE Written exam	Practice Exam #s 3, 8, 9, 10, 13 OSCE Scenario: D, E, F, G
Appreciate process of negotiating management plan and incorporating patient preferences into care, including manipulation, physical therapy, work limitations.	Preceptor PBL Dr/Pt comm. sessions	Preceptor OSCE	Practice Exam #s 3, 8, 10, 12 OSCE Scenario: D, E, F, G
Educate patient and family regarding monitoring, danger signs, self-cares, & community resources, including pain diaries, work hardening programs, disability resources. Discuss role of ice and heat. Explain importance of staying active.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 11, 12 OSCE Scenario: D, E, F, G
Check for understanding of follow-up plan, including treatments, testing, referrals, & continuity of care. Determine when pain is becoming chronic and implications for treatment plan.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 11, 12 OSCE Scenario: D, E, F, G

Resources

- a. Chao R. Qaseem A. Snow V. Diagnosis and treatment of low back pain: a joint clinical practice guideline from the American College of Physicians and the American Pain Society. *Annals Internal Medicine* 147(7):478-491, 2007 Oct. [\[full-text\]](#)
- b. [Assessment and management of chronic pain.](#) Institute for Clinical Systems Improvement 2008 Jul.
http://www.guidelines.gov/summary/summary.aspx?doc_id=12998&nbr=006693&string=pain+AND+management
http://www.icsi.org/pain_chronic_assessment_and_management_of_14399/pain_chronic_assessment_and_management_of_guideline.html

3. Chest Pain

Objective	Where Taught	Where Evaluated	Sample Evaluation
Obtain history to generate a complete description of patient's symptoms, identifying any 'danger' symptoms such as pain with exertion/emotion, progressive symptoms, pressure or ripping type, dyspnea. Determine cardiac risk factors.	Preceptor PBL Readings 3a-b	Preceptor OSCE Written exam	Practice Exam OSCE Scenario: A, B, D
Ascertain patient/family beliefs regarding chest pain causes and home treatment efforts, including whether similar to prior episodes.	Preceptor PBL	Preceptor OSCE	Practice Exam OSCE Scenario: B, D, E, G
Perform appropriately focused physical exam, noting presence/significance of any 'red flag' signs including S3/4, rales, crackles, JVD, HJR, pulsatile abdominal mass, edema, unequal pulses, pulsus paradoxus, unilaterally absent breath sounds.	Preceptor	Preceptor OSCE Written exam	Practice Exam OSCE Scenario: C
Succinctly present patient case to Preceptor, applying knowledge of epidemiology to generate & defend weighted differential diagnosis including Musculoskeletal, GI, cardiac, pulmonary, psychiatric origin. Discuss role of EKG and Basic EKG interpretation (rate, rhythm, axis, intervals, hypertrophy, ischemia).	Preceptor ECG tutorial Readings	Preceptor OSCE Written exam	Practice Exam OSCE Scenario: A, B, C, G
Present assessment in patient-centered manner, integrating diagnostic probabilities and evidence-based treatment recommendations, including pros/cons of EKG, CXR, Stress testing, Echocardiogram.	Preceptor Dr/Pt comm. sessions	Preceptor OSCE Written exam	Practice Exam OSCE Scenario: D, E, F, G
Appreciate process of negotiating management plan and incorporating patient preferences into care, including inpatient/outpatient evaluation, monitoring vs invasive testing, use of cardiac rehabilitation.	Preceptor PBL Dr/Pt comm. sessions	Preceptor OSCE	Practice Exam OSCE Scenario: D, E, F, G
Educate patient and family regarding monitoring, danger signs, self-cares, & community resources; including CHF exacerbation, unstable angina.	Preceptor PBL	Preceptor OSCE	Practice Exam OSCE Scenario: D, E, F, G
Check for understanding of follow-up plan, including treatments, testing, referrals, & continuity of care. Describe use of nitroglycerin and ASA in acute pain.	Preceptor PBL	Preceptor OSCE	Practice Exam OSCE Scenario: D, E, F, G

Resources

- a. Cayley, WE*. Diagnosing the cause of chest pain. *Am Fam Physician* 72(10):2012-2021, 2005 Nov. [full-text] <http://www.aafp.org/afp/2005/1115/p2012.pdf>
- b. Online ECG curriculum <http://www.fammed.wisc.edu/medstudent/pcc/ecg/index.html>

4. Headache

Objective	Where Taught	Where Evaluated	Sample Evaluation
Obtain history to generate a complete description of patient's headache, identifying any 'danger' symptoms such as headache that wakens from sleep, neurological symptoms, vomiting, worsening with exercise.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 1, 2, 14, 19 OSCE Scenario: A, B, D
Ascertain patient/family beliefs regarding headache causes and home treatment efforts; investigate potential secondary gain issues.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 3, 10 OSCE Scenario: B, D, E, G
Perform appropriately focused physical exam, noting any 'red flag' signs such as papilledema, temporal artery tenderness, abnormal neurologic exam.	Preceptor	Preceptor OSCE	Practice Exam #s 4, 14, 19 OSCE Scenario: C
Succinctly present patient case to Preceptor, applying knowledge of epidemiology to generate & defend weighted differential diagnosis, including features of common primary headache syndromes.	Preceptor	Preceptor	Practice Exam #s 2, 5, 6, 7, 11, 13, 15 OSCE Scenario: A, B, C, G
Present assessment in patient-centered manner, including indications for imaging, complementary/alternative treatments. Describe migraine pathophysiology in lay terms.	Preceptor Dr/Pt comm. sessions	Preceptor OSCE Written exam	Practice Exam #s 3, 8, 9, 10, 13 OSCE Scenario: D, E, F, G
Appreciate process of negotiating management plan and incorporating patient preferences into care, including counseling re need for imaging.	Preceptor PBL Dr/Pt comm. sessions	Preceptor OSCE	Practice Exam #s 3, 8, 10, 12 OSCE Scenario: D, E, F, G
Educate patient and family regarding monitoring, danger signs, self-cares, & community resources; including use of headache diary.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 11, 12 OSCE Scenario: D, E, F, G
Check for understanding of follow-up plan, including treatments, testing, referrals, & continuity of care. Use 'headache management plan' with trigger controls, preventive and acute medications.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 11, 12 OSCE Scenario: D, E, F, G

Resources

- a. Detsky ME, McDonald DR, Baerlocher MO, et al. Does this patient with headache have a migraine or need neuroimaging? *JAMA* 296(10):1274-1283, 2006 Sep. [full-text] <http://sfx.wisconsin.edu/wisc?sid=Entrez:PubMed&id=pmid:16968852>
- b. Kernick D, Stapley S, Campbell J, Hamilton W. What happens to new-onset headache in children that present to primary care? *Cephalalgia*. 2009 Dec;29(12):1311-6.

<http://www3.interscience.wiley.com/cgi-bin/fulltext/122353866/PDFSTART>
<http://sfx.wisconsin.edu/wisc?sid=Entrez:PubMed&id=pmid:19911465>

5. Musculoskeletal Pain

Objective	Where Taught	Where Evaluated	Sample Evaluation
Obtain history to generate a complete description of patient's symptoms, identifying any 'danger' symptoms such as morning stiffness, hematuria, fever, joint 'pop' or instability.	Preceptor PBL	Preceptor OSCE	Practice Exam OSCE Scenario: A, B, D
Ascertain patient/family beliefs regarding pain causes and home treatment efforts, including use of complementary/alternative treatments, ice/heat, ointments.	Preceptor PBL	Preceptor OSCE	Practice Exam OSCE Scenario: B, D, E, G
Perform appropriately focused physical exam, using IPReSS mnemonic (Inspect, Palpate, Range of motion, Strength, Special tests) noting any 'red flag' signs such as joint erythema, unstable joint.	Preceptor Videos	Preceptor OSCE	Practice Exam OSCE Scenario: C
Succinctly present patient case to Preceptor, applying knowledge of epidemiology to generate & defend weighted differential diagnosis. Discuss use of laboratory tests (ANA, RF, Lyme titer) in evaluation of joint pain.	Preceptor	Preceptor	Practice Exam OSCE Scenario: A, B, C, G
Present assessment in patient-centered manner, integrating diagnostic probabilities and evidence-based treatment recommendations including Ottawa rules.	Preceptor Dr/Pt comm. sessions	Preceptor OSCE Written exam	Practice Exam OSCE Scenario: D, E, F, G
Appreciate process of negotiating management plan and incorporating patient preferences into care. Discuss initial management of common diagnoses: carpal tunnel, shoulder impingement, sprains/strains.	Preceptor PBL Dr/Pt comm. sessions	Preceptor OSCE	Practice Exam OSCE Scenario: D, E, F, G
Educate patient and family regarding monitoring, danger signs, self-cares, & community resources.	Preceptor PBL	Preceptor OSCE	Practice Exam OSCE Scenario: D, E, F, G
Check for understanding of follow-up plan, including treatments, testing, referrals, & continuity of care. Explain when/how to refer to Physical Therapy.	Preceptor PBL	Preceptor OSCE	Practice Exam OSCE Scenario: D, E, F, G

Resources

- a. Ivins D. Acute Ankle Sprain: An Update. *Am Fam Phys* 2006;74:1714-20, 1723-4, 1725-6.
<http://www.aafp.org/afp/2006/1115/p1714.pdf>
<http://www.aafp.org/afp/2006/1115/p1723.html>
<http://www.aafp.org/afp/2006/1115/p1725.html>
- b. National Collaborating Centre for Chronic Conditions. Osteoarthritis. The care and management of osteoarthritis in adults. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 22 p. (Clinical guideline; no. 59).
<http://bookshop.rcplondon.ac.uk/contents/d87b4537-b333-4b8a-a2d8-5e96b7f4b65a.pdf>

6. Respiratory Infections

Objective	Where Taught	Where Evaluated	Sample Evaluation
Obtain history to generate a complete description of patient's symptoms, identifying any 'danger' symptoms such as dyspnea, neurologic symptoms, inability to handle secretions.	Preceptor PBL Readings	Preceptor OSCE	Practice Exam #s 1, 2, 14, 19 OSCE Scenario: A, B, D
Ascertain patient/family beliefs regarding RI causes and home treatment efforts, including complementary/alternative treatments.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 3, 10 OSCE Scenario: B, D, E, G
Perform appropriately focused physical exam, noting any 'red flag' signs such as drooling, deviated uvula, crackles, wheezing. Perform pulse oximetry to determine need for supplemental oxygen. Describe exam findings in AOM/OME.	Preceptor	Preceptor OSCE	Practice Exam #s 4, 14, 19 OSCE Scenario: C
Succinctly present patient case to Preceptor, applying knowledge of epidemiology to generate & defend weighted differential diagnosis, including common respiratory pathogens (viral and bacterial). Discuss indications for antibiotics in sinusitis and bronchitis.	Preceptor	Preceptor	Practice Exam #s 2, 5, 6, 7, 11, 13, 15 OSCE Scenario: A, B, C, G
Present assessment in patient-centered manner, integrating diagnostic probabilities and evidence-based treatment recommendations, including rationale for avoiding antibiotics and sensible use of over-the-counter medications.	Preceptor Dr/Pt comm. sessions	Preceptor OSCE Written	Practice Exam #s 3, 8, 9, 10, 13 OSCE Scenario: D, E, F, G
Appreciate process of negotiating management plan and incorporating patient preferences into care, including 'Wait and See' antibiotic strategies.	Preceptor PBL Dr/Pt comm. sessions	Preceptor OSCE	Practice Exam #s 3, 8, 10, 12 OSCE Scenario: D, E, F, G
Educate patient and family regarding monitoring, danger signs, self-cares, & community resources.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 11, 12 OSCE Scenario: D, E, F, G
Check for understanding of follow-up plan, including treatments, testing, referrals, & continuity of care. Demonstrate correct use of inhalers.	Preceptor PBL	Preceptor OSCE	Practice Exam #s 11, 12 OSCE Scenario: D, E, F, G

Resources

- a. Institute for Clinical Systems Improvement (ICSI). Diagnosis and treatment of otitis media in children. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2008 Jan.
http://www.guidelines.gov/summary/summary.aspx?doc_id=12292&nbr=006367&string=otitis+AND+media
http://www.icsi.org/otitis_media/diagnosis_and_treatment_of_otitis_media_in_children_2304.html
- b. Wong DM, Blumberg DA, Lowe LG. Guidelines for the use of antibiotics in acute upper respiratory tract infections. *Am Fam Physician* 74(6):956-966, 2006 Sep. [full-text] <http://www.aafp.org/afp/2006/0915/p956.pdf>
- c. Aring AM, Chan MM. Acute Rhinosinusitis in Adults. *Am Fam Physician*. 2011 May 1;83(9):1057-1063.
<http://www.aafp.org/afp/2011/0501/p1057.html>

Chronic Conditions Objectives: By the end of this clerkship, students will be able to:

7. Asthma/COPD

Objective	Where Taught	Where Evaluated	Sample evaluation
Apply knowledge of prevalence, risk factors, and outcomes to make informed recommendations for screening for asthma/COPD. Describe use of spirometry/clinical exam/imaging for diagnosing asthma/COPD.	Preceptor PBL	Preceptor Write Up PBL	Practice Exam #s 18, 22 OSCE Scenario: F
Differentiate among various levels, stages and complications of asthma/COPD, e.g. mild-severe/persistent-intermittent asthma; use of FEV1 to characterize severity of COPD.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 24, 27 OSCE Scenario: E
Generate list of conditions that might mimic/secondarily cause asthma/ COPD, such as asbestosis, cystic fibrosis, immunodeficiencies, vocal cord dysfunction; when to consider these; and how to evaluate for them.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 17, 24 OSCE Scenario:
Assess patients' abilities to participate in treatment planning and integrate patient preferences into management, particularly regarding trigger avoidance. Formulate and counsel patient on Asthma Action Plan. Describe effect of smoking cessation on COPD.	Preceptor PBL	Preceptor OSCE PBL	Practice Exam #s 16, 23, 25, 27 OSCE Scenario: D, E, F, G
Systematically monitor for asthma/COPD control and complications. Demonstrate use of Asthma Control Test. Discuss strategies for prevention of and early intervention in COPD exacerbations.	Preceptor PBL	Preceptor PBL	Practice Exam #s 16, 23, 25, 26, 27 OSCE Scenario: E
Investigate barriers to asthma management and overall health and use Motivational Interviewing to assist patients in recognizing and overcoming barriers. Understand stepped treatment for asthma.	Preceptor PBL	Preceptor	Practice Exam #s 16, 25 OSCE Scenario: E, F
Analyze public health impact of asthma/COPD including school absences, effectiveness of clinic and population-level interventions, and risk factor reduction programs.	PBL	Write up	Practice Exam #s 36 OSCE Scenario: F

Resources

- a. Global Obstructive Lung Disease. Pocket Guide to COPD Diagnosis, Management, and Prevention. Downloadable at http://www.goldcopd.org/uploads/users/files/GOLD_Pocket_2010Mar31.pdf
- a. NHLBI Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma - Summary Report 2007. <http://www.nhlbi.nih.gov/guidelines/asthma/asthsumm.htm>

8. Depression

Objective	Where Taught	Where Evaluated	Sample evaluation
Apply knowledge of prevalence, risk factors, and outcomes to make informed recommendations for screening children and adults for depression. Demonstrate use of PHQ-2 and other screening instruments.	Preceptor PBL	Preceptor Write Up PBL	Practice Exam #s 18, 22 OSCE Scenario: F
Differentiate among various levels, stages and complications of depression. Assess for suicidality and access to methods of harming self. Discuss relation of medications to suicide in adolescents.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 24, 27 OSCE Scenario: E
Generate list of conditions that might mimic or secondarily cause depression, including endocrine disease, dementia and bipolar disorder, and understand when to consider these and how to evaluate. Describe connection of depression with other chronic diseases.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 17, 24 OSCE Scenario:
Assess patients' abilities to participate in treatment planning and integrate patient preferences into management, including therapy/medications, complementary/alternative modalities. Counsel patients on effect, onset and duration of therapy with SSRIs. Discuss role of exercise in depression.	Preceptor PBL	Preceptor OSCE PBL	Practice Exam #s 16, 23, 25, 27 OSCE Scenario: D, E, F, G
Demonstrate use of PHQ-9, Beck inventories. Describe diagnosis and management of treatment-resistant depression.	Preceptor PBL	Preceptor PBL	Practice Exam #s 16, 23, 25, 26, 27 OSCE Scenario: E,
Investigate barriers to depression management and overall health and use Motivational Interviewing to assist patients in recognizing and overcoming.	Preceptor PBL Dr/Pt comm. sessions	Preceptor	Practice Exam #s 16, 25 OSCE Scenario: E, F
Analyze public health impact of depression, effectiveness of clinic and population-level interventions and risk factor reduction programs.	PBL	Write up	Practice Exam #s 36 OSCE Scenario: F

Resources

- a. Zuckerbrot RA. Cheung AH. Jensen PS. et al. Guidelines for Adolescent Depression in Primary Care (GLAD-PC): I. Identification, assessment, and initial management. *Pediatrics* 120(5):e1299-1312, 2007 Nov. [\[full-text\]](http://pediatrics.aappublications.org/cgi/content/full/120/5/e1299)
<http://pediatrics.aappublications.org/cgi/content/full/120/5/e1299>
- b. Major depression in adults in primary care. Institute for Clinical Systems Improvement 2009 May
<http://www.guideline.gov/content.aspx?id=23857&search=major+depression%2c+adults>
http://www.icsi.org/depression_5/depression_major_in_adults_in_primary_care_3.html

- c. Privitera MR, Lyness JM. *Depression*, in *Practice of Geriatrics*, ed Duthie, Katz, & Malone*. Elsevier, 4th Edition, Ch. 27, pp 345-358
http://www.mdconsult.com.ezproxy.library.wisc.edu/das/book/body/203153569-2/0/1532/229.html?tocnode=53846132&fromURL=229.html#4-u1.0-B978-1-4160-2261-9..50030-6_583

9. Diabetes

Objective	Where Taught	Where Evaluated	Sample evaluation
Apply knowledge of prevalence, risk factors, and outcomes to make informed recommendations for screening of children and adults for diabetes, and pros/cons of various screening strategies.	Preceptor PBL	Preceptor Write Up PBL	Practice Exam #s 18, 22 OSCE Scenario: F
Differentiate among various levels, stages and complications of diabetes, including cut-off values for diagnosing DM and assessing control.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 24, 27 OSCE Scenario: E
Generate list of conditions that might mimic or secondarily cause diabetes, such as PCOS, Cushings and medications; describe when to consider these.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 17, 24 OSCE Scenario:
Assess patients' abilities to participate in treatment planning and integrate patient needs and preferences into management, such as oral/injectable medications, weight loss, home monitoring. Discuss effects, side effects and combinations of frequently-used diabetes medications.	Preceptor PBL	Preceptor OSCE PBL	Practice Exam #s 16, 23, 25, 27 OSCE Scenario: D, E, F, G
Systematically monitor for disease control and complications, including indications for home monitoring, discrepancies between home/laboratory glycemic control, adjusting medications, recommended periodic monitoring and prevention.	Preceptor PBL	Preceptor PBL	Practice Exam #s 16, 23, 25, 26, 27 OSCE Scenario: E,
Investigate barriers to diabetes management and overall health and use Motivational Interviewing to assist patients in recognizing and overcoming.	Preceptor PBL	Preceptor	Practice Exam #s 16, 25 OSCE Scenario: E, F
Analyze public health impact of diabetes, effectiveness of clinic and population-level interventions, and risk factor reduction programs.	PBL	Write up	Practice Exam #s 36 OSCE Scenario: F

Resources

- a. Executive Summary: Standards of Medical Care in Diabetes—2010, *Diabetes Care*, January 2010
http://care.diabetesjournals.org/content/33/Supplement_1/S4.full.pdf+html

10. Dyslipidemia

Objective	Where Taught	Where Evaluated	Sample evaluation
Apply knowledge of prevalence, risk factors, and outcomes to make informed recommendations for screening of children and adults for dyslipidemia, and role of random/fasting labs	Preceptor PBL	Preceptor Write Up PBL	Practice Exam #s 18, 22 OSCE Scenario: F
Differentiate among various levels, stages and complications of dyslipidemia, including LDL cut-off levels for treatment in various circumstances. Discuss treatment of primary hypertriglyceridemia and low HDL.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 24, 27 OSCE Scenario: E
Generate list of conditions that might mimic or secondarily cause dyslipidemia, including endocrinopathies, medications effects, genetic/dietary, and understand when to consider these.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 17, 24 OSCE Scenario:
Assess patients' abilities to participate in treatment planning and integrate patient preferences into management, including dietician referrals, weight loss. Describe pros/cons of common medication classes and expected effects upon lipid panel. Discuss effects of common complementary/alternative medications, such as omega-3 supplements.	Preceptor PBL	Preceptor OSCE PBL	Practice Exam #s 16, 23, 25, 27 OSCE Scenario: D, E, F, G
Systematically monitor for disease control and complications, including monitoring for medication adverse effects. Use Framingham data to calculate a patient's risk of CAD.	Preceptor PBL	Preceptor PBL	Practice Exam #s 16, 23, 25, 26, 27 SCE Scenario: E,
Investigate barriers to dyslipidemia management and overall health and assist patients in recognizing and overcoming.	Preceptor PBL	Preceptor	Practice Exam #s 16, 25 OSCE Scenario: E, F
Analyze public health impact of dyslipidemia, effectiveness of clinic and population-level interventions, and risk factor reduction programs.	PBL	Write up	Practice Exam #s 36 OSCE Scenario: F

Resources

- a. NHLBI: National Cholesterol Education Program <http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm>

11. Hypertension

Objective	Where Taught	Where Evaluated	Sample evaluation
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Apply knowledge of prevalence, risk factors, and outcomes to make informed recommendations for screening for hypertension. Describe accurate determination of blood pressure.	Preceptor PBL	Preceptor Write Up PBL	Practice Exam #s 18, 22 OSCE Scenario: F
Differentiate among various levels, stages and complications of chronic disease: pre-hypertension, Stage 1, Stage 2, Malignant hypertension. Explain how stage at diagnosis effects treatment and prognosis.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 24, 27 OSCE Scenario: E
Generate list of conditions that might mimic or secondarily cause hypertension, and understand when to consider these and what workup to do to exclude them.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 17, 24 OSCE Scenario:
Assess patients' abilities to participate in treatment planning and integrate patient preferences into management, particularly considering use of DASH diet, weight loss. Explain pros/cons of common medication classes (ACEs, alpha-blockers, ARBs, Beta-blockers, calcium channel blockers, diuretics, nitrates).	Preceptor PBL	Preceptor OSCE PBL	Practice Exam #s 16, 23, 25, 27 OSCE Scenario: D, E, F, G
Systematically monitor for HTN control and complications including initial evaluation and periodic screening. Explain use/limitations of home monitoring. Describe side effects of common medication classes.	Preceptor PBL	Preceptor PBL	Practice Exam #s 16, 23, 25, 26, 27 OSCE Scenario: E,
Investigate barriers to hypertension management and overall health and assist patients in recognizing and overcoming. Use Motivational Interviewing and other proven strategies to assist with medication adherence.	Preceptor PBL	Preceptor	Practice Exam #s 16, 25 OSCE Scenario: E, F
Analyze public health impact of hypertension, effectiveness of population-level interventions and risk factor reduction programs.	PBL	Write up	Practice Exam #s 36 OSCE Scenario: F

Resources

- a. Seventh Report of the Joint National Committee on Preservation, Detection, Evaluation and Treatment of High Blood Pressure-- The JNC 7 Report. *JAMA* 289(19):2560-2572, 2003 May.
<http://sfx.wisconsin.edu/wisc?sid=Entrez:PubMed&id=pmid:12748199>
- b. The ACCORD Study Group. Effects of Intensive Blood-Pressure Control in Type 2 Diabetes Mellitus. *NEJM* 362:1575-1585, 4/29/2010
<http://sfx.wisconsin.edu/wisc?sid=Entrez:PubMed&id=pmid:20228401>

12. Obesity

Objective	Where Taught	Where Evaluated	Sample evaluation
Apply knowledge of prevalence, risk factors, and outcomes to make informed recommendations for	Preceptor	Preceptor	Practice Exam #s 18, 22

screening for obesity. Describe use and limitations of BMI.	PBL	Write Up PBL	OSCE Scenario: F
Differentiate among various levels, stages and complications of chronic disease, e.g. overweight, obesity, morbid obesity. Demonstrate use of BMI percentile in children.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 24, 27 OSCE Scenario: E
Generate list of conditions that might mimic or secondarily cause obesity, including endocrine disorders, genetic syndromes, and understand when to consider these and how to test for them.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 17, 24 OSCE Scenario:
Assess patients' abilities to participate in treatment planning and integrate patient preferences into management, considering diet, exercise, medication and surgical options. List indications for and use of medications and bariatric surgery.	Preceptor PBL	Preceptor OSCE PBL	Practice Exam #s 16, 23, 25, 27 OSCE Scenario: D, E, F, G
Systematically monitor for disease control and complications, including obstructive sleep apnea, diabetes, dyslipidemia. Counsel patients about caloric limitation and exercise requirements for desired weight loss.	Preceptor PBL	Preceptor PBL	Practice Exam #s 16, 23, 25, 26, 27 OSCE Scenario: E
Investigate barriers to weight management and overall health and use Motivational Interviewing to help patients recognize and overcome.	Preceptor PBL	Preceptor	Practice Exam #s 16, 25 OSCE Scenario: E, F
Analyze public health impact of obesity, effectiveness of school, clinic and population-level interventions, and risk factor reduction programs.	PBL	Write up	Practice Exam #s 36 OSCE Scenario: F

Resources

- a. American Academy of Pediatrics. Dietary Recommendations for Children and Adolescents: A Guide for Practitioners. PEDIATRICS Vol. 117 No. 2 February 2006, pp. 544-559 (doi:10.1542/peds.2005-2374)
<http://pediatrics.aappublications.org/cgi/reprint/117/2/544.pdf>
- b. Adult weight management evidence-based nutrition practice guideline. American Dietetic Association 2006 May.
http://www.guideline.gov/summary/summary.aspx?doc_id=12820&nbr=006622&string=obesity

13. Substance Abuse

Objective	Where Taught	Where Evaluated	Sample evaluation
Apply knowledge of prevalence, risk factors, and outcomes to make informed recommendations for screening of children and adults for substance use, including use of written/oral questions. Describe effects of alcohol use on common laboratory studies.	Preceptor PBL	Preceptor Write Up PBL	Practice Exam #s 18, 22 OSCE Scenario: F
Differentiate among various levels, stages and complications of substance use, using Stages of change model to evaluate readiness to quit. Assess for alcohol use, misuse, dependence,	Preceptor PBL	Preceptor Write Up	Practice Exam #s 24, 27 OSCE Scenario: E

addiction or abuse using 5 A's model (Ask, Assess, Advise, Assist, Arrange).			
Generate list of conditions that might secondarily cause substance use, including depression/anxiety, and understand when to consider these.	Preceptor PBL	Preceptor Write Up	Practice Exam #s 17, 24 OSCE Scenario:
Assess patients' abilities to participate in treatment planning and integrate patient preferences into management, including use of adjuncts to smoking cessation, participation in support groups.	Preceptor PBL	Preceptor OSCE PBL	Practice Exam #s 16, 23, 25, 27 OSCE Scenario: D, E, F, G
Systematically monitor for use of alcohol and tobacco. Discuss relapse and maintenance stages. Describe benefits, drawbacks and use of common medications for smoking cessation. Discuss weight gain after smoking cessation.	Preceptor PBL	Preceptor PBL	Practice Exam #s 16, 23, 25, 26, 27 OSCE Scenario: E,
Investigate barriers to cessation and overall health and use Motivational Interviewing to assist patients in recognizing and overcoming.	Preceptor PBL	Preceptor	Practice Exam #s 16, 25 OSCE Scenario: E, F
Analyze public health impact of substance use, including contribution to QALYs, effectiveness of school, clinic and population-level interventions, and risk factor reduction programs.	PBL	Write up	Practice Exam #s 36 OSCE Scenario: F

Resources

- a. Helping Patients who Drink Too Much. <http://pubs.niaaa.nih.gov/publications/Practitioner/CliniciansGuide2005/guide.pdf>
- b. Treating Tobacco Use and Dependence: 2008 Update. AHCPR Supported Clinical Practice Guidelines.
<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat2.chapter.28163>

Systems of Care & Learning Objectives: By the end of this clerkship, students will be able to:

14. Evidence-Based Medicine (EBM)
15. Doctor Patient Communication
16. Preventive Services

Objective	Where Taught	Where Evaluated	Sample Evaluation
14. Evidence-Based Medicine			

Use test characteristics, predictive values, and likelihood ratios to enhance clinical decision making.	PBL Preceptor Readings	PBL Preceptor Written Exam	Practice Exam #s OSCE
Formulate answerable clinical questions from your patient interactions, and answer these questions in the exam room whenever possible.	PBL Preceptor	Preceptor	Practice Exam #s 28, 30 OSCE Scenario: F
Discuss features of the Medical Home model and the role of primary care physicians in population health efforts.	PBL	PBL	Practice Exam #s 20, 21 OSCE Scenario: E, F, G
15. Doctor-Patient Communication			
Incorporate understanding of patient's state of mind, beliefs, preferences and background into verbal and written communication.	PBL Dr/Pt comm. sessions Preceptor	Preceptor Small Group	Practice Exam #s 29, 30 OSCE Scenario: D, E, F
Create your own learning goals; self-assess your own skills, behaviors; and seek and respond appropriately to feedback	ILP	Preceptor Small Group Mid Rotation Feedback Forms	
16. Preventive Services			
Differentiate preventive service guidelines from various organizations and critique recommendations	PBL Preceptor	PBL	Practice Exam #s:30, 31 OSCE Scenario: F

Resources

14 Evidence-Based Medicine

- a. EBM tutorial <http://www.hsl.unc.edu/services/tutorials/ebm/index.htm>
- b. Steinbrook R. Guidance for Guidelines. *New England Journal of Medicine* 356(4):331-333, 2007 Jan. [full-text] <http://sfx.wisconsin.edu/wisc?sid=Entrez:PubMed&id=pmid:17251529>

15 Dr/Pt Communication

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

16 Health Promotion/ Disease Prevention

- a. USPSTF. Guidelines for screening and preventive interventions. *Electronic Preventive Services Selector* [Download for PDA] AHRQ Preventive Medicine Guidelines <http://www.ahrq.gov>
- b. Spalding MC, Sebesta SC. Geriatric Screening and Preventive Care, *Am Fam Physician*. 2008 Jul 15;78(2):206-215. <http://www.aafp.org/afp/2008/0715/p206.html>
<http://www.aafp.org/afp/2008/0715/p206.pdf>
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