



PRIMARY CARE CLERKSHIP (PCC) PRECEPTOR **GUIDEBOOK**

INTRODUCTION:

Thank you for participating as a preceptor in the University of Wisconsin School of Medicine and Public Health Primary Care Clerkship (PCC)! This clerkship, and UWSMPH as a whole, is privileged to work with physicians statewide. Students truly benefit from your commitment and enthusiasm and we are sincerely grateful for your help in training the next generation of physicians. This document will describe the overall clerkship goals, FAQs, preceptor roles and requirements. It also contains contact information for any questions or concerns that may arise.

More than 300 preceptors throughout Wisconsin participate in the PCC and there about 165 students each year on the clerkship. A key objective for 3rd year medical students is self-guided learning. As a preceptor, however, you have a vital role in student learning and development. Therefore, a good understanding of clerkship goals and your role as a teacher is fundamental to a successful experience. This resource will outline the PCC logistics and learning experience for students and preceptors. In addition to this guide, there is an informational email sent each week to preceptors who currently have a student. This email has helpful updates on student learning topics, reminders about evaluations, and other timely information.

We hope that you enjoy your PCC teaching experience and find that participating in the education of future physicians enriches your practice. Please see information below regarding contact information and let us know if you have any suggestions, questions, or concerns. We look forward to working with you!

Sincerely,

David Deci, MD

Primary Care Clerkship
Director

Mark Beamsley, MD

Assistant Primary Care
Clerkship Director

Kelly Herold, MD

Assistant Primary Care
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OVERVIEW OF PRIMARY CARE CLERKSHIP (PCC):



Current Format:

PCC is a required, 8 week 3rd year clerkship at UWSMPH. Students may participate in this clerkship at any time during their 3rd year and thus arrive at your clinic with varying depths of clinical experience. All students have already participated in a “primary preceptorship” program during their 1st and 2nd years. During that experience, they were paired with a physician in clinic settings and began to practice basic clinical skills. In addition, all PCC students have already participated in the Patient, Doctor, and Society (PDS) Course during years 1 and 2. In this course, they learned and practiced clinical skills with history and exam, and began to develop assessment and presentation skills.

PCC consists of 4 broad learning areas for students:

- 1) Clinical Preceptorship (seven or eight ½-days per week)**
- 2) Small group/problem-based learning sessions (one ½-day per week)**
- 3) Participation in a community engagement project (one or two half days per week)**
- 3) Self-directed Learning.**

In addition, students are encouraged to participate in learning experiences with their preceptor outside of clinic, depending on preceptor availability, student interests, and scheduling ability.

Examples of outside of clinic learning are accompanying preceptors on hospital rounds, obstetrical deliveries, nursing home patient visits, sporting event/team health care events, etc.

*****Of note, there is no call experience requirements for PCC**

Future Format:

The current format of PCC has been in place for many years. Currently UWSMPH is in the midst of a major redesign of its curriculum, with the goal of implementation in 7/2016. This curriculum transformation is in line with changes at many medical schools, and seeks to achieve many goals. While the details of this are still in development, it is certain that the new curriculum will include primary care clinic settings as a focal point for student education.

PCC LEADERSHIP AND STRUCTURE:

PCC has multiple regional sites which are affiliated with community clinics throughout Wisconsin. Each of these regional sites has a regional clerkship director and coordinator, who work in conjunction with the central PCC office at the UWSMPH in Madison.

The regional site offices are located in:

- **Appleton**
- **Eau Claire**
- **Green Bay-Bellin**
- **La Crosse**
- **Lakeland/Lake Geneva**
- **Madison**
- **Milwaukee**

***Questions that arise can typically be addressed at the regional site office level, though can always be directed to the central PCC office in Madison.**

While the majority of UWSMPH students spend their time at clinics affiliated with these regional sites, some students participate in the “WARM” Program at UWSMPH (Wisconsin Academy for Rural Medicine). This program is a comprehensive training track which focuses on rural medicine learning experiences. “WARM” students spend their PCC time at clinics which are affiliated with specific WARM coordinating sites located in:

- **La Crosse**
- **Green Bay**
- **Marshfield**

Another cohort of students participates in the UWSMPH urban medicine training track, TRIUMPH. These students spend their PCC experience at clinics that are coordinated by, and associated with, the Milwaukee PCC regional office.

CONTACTS for Clerkship Directors and Coordinators by Region:

CENTRAL PCC OFFICE: Madison

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PCC EDUCATIONAL COMPONENTS:

Students on PCC spend the majority of their time (about 80%) in clinic settings working directly with preceptors. The rest of their time is spent in small group learning sessions, working on a community engagement project, and doing independent learning.

Clinic Experience Overview:

Students typically spend their time in at least two clinics: one is a family medicine clinic and the other will either be a general internal medicine clinic or a pediatric clinic.

At each clinic, preceptors generally will have a student work with them 3-4 half-days per week for the 8-week clerkship. A student may spend time with more than one preceptor at a given clinic, though they should have one primary preceptor at each clinic (who is responsible for reviewing mid-rotation and end-of clerkship evaluation with students, and submitting these evaluations to the PCC central office).

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. The PCC syllabus outlines learning resources for student learning, with required readings that focus on common primary care acute and chronic medical conditions. Students are given the flexibility to learn about these topics in whatever order they see fit. Students are encouraged to see patients who have these conditions. They are also prompted to see as wide a variety of patient conditions as possible to gain a sense of the scope of primary care medicine.

Learning Goals and Expectations for Students in Clinic:

In the PCC clinic setting, our goal is for students to have a variety of experiences where they see patients both independently and also as observed by the preceptor. We also recognize that shadowing experiences offer vital learning for students, though we encourage students to try as often as possible to independently see patients and develop assessments and plans.

***Key patient encounters types and skills for students to focus on in clinic are:**

- Seeing a variety of patients with common primary care acute and chronic conditions
- Participating in wellness exams, with particular attention to evidence-based health maintenance recommendations
- Practicing focused history and exam skills
- Development of differential diagnoses for common primary care acute conditions
- Selection of appropriate tests to help diagnose acute conditions and to manage chronic conditions.
- Development of appropriately succinct oral presentation skills
- Writing patient clinic notes in SOAP note format
- Doctor Patient Communication Skills, with use of motivational interviewing as a tool to promote behavioral changes

***Students are encouraged to independently interview, examine, and formulate assessments and treatment plans for about 3-4 patients in a typical ½-day session.** We recognize that clinics have multiple factors which affect the integration of student teaching into daily workflow, which may make a goal of 3-4 patients in a ½ day not always possible. However, whenever possible, we do encourage students to see this volume. This goal is felt to provide adequate experience volume and also allow for time with pre-visit or post-visit point-of care reading. This volume also allows students time to formulate presentations and propose testing and treatment plans.

*** Students must be observed by and receive feedback from their preceptor on 13 required skills. Preceptors will be asked to sign off on these skills verifying completion.**

***Students are also required to interview two patients during the 8 week clerkship, where they practice motivational interviewing skills.** Previously students were required to record themselves interviewing a patient, however more and more hospital systems were disallowing the recording and thus this exercise has been discontinued. Students are however instructed to complete a form prompting reflection of the patient interview and motivational interviewing process that they discuss in their small group sessions.

Each week preceptors receive an email with highlights on what students are currently learning in their small group sessions, as well as reminders about evaluations and other updates.

LEARNING ACTIVITIES WHEN STUDENTS ARE NOT IN CLINIC:

Community Engagement Project:

Students typically spend two ½-days per week working on their community engagement project. Since 2009, M3 students on PCC have been required to complete a community project during their 8-week rotation. Since the 2011-12 academic year, PCC has partnered with the statewide AHEC (Area Health Education Centers) system to enhance the community project component of the clerkship.

The AHEC representatives will help facilitate connections between students and community partners for such projects as:

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

Each student is required to:

- Choose a project by the end of the second week;
- Actively participate in chosen community project (minimum 24 hours);
- At the end of the rotation, present a description of the community, the project, background and project impact on the community, with focus on interest in working with underserved communities. This can be done singly or as a group.

The Community Projects is graded as pass/fail.

PROBLEM BASED SMALL GROUP LEARNING SESSIONS:

Each week students meet with a small group in your region. These sessions usually involve case reviews which have multiple embedded topics relevant to the required learning topics for PCC. Some of these sessions are also devoted to Doctor-Patient communication skill development (with review of a textbook and group discussion). These sessions emphasize Motivational Interviewing (MI), particularly as applied to working with patients with chronic health problems and behavioral change. The students are required to use the book Motivational Interviewing in Health Care.

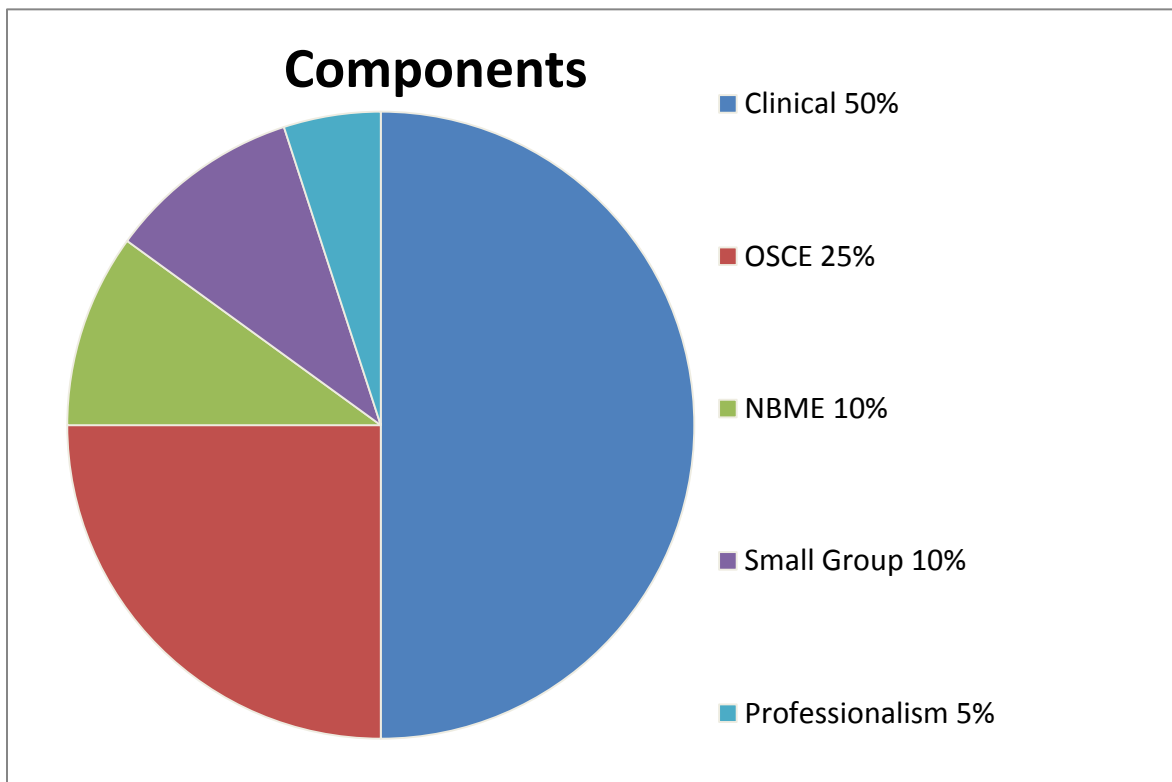
<http://www.guilford.com/cgi-bin/cartscript.cgi?page=pr/rollnick.htm>

This is an excellent and very readable introduction to the lifelong challenge of MI. Unfortunately we do not have funds to provide copies for all of our preceptors at this time, but it is around \$20 if you would like to purchase a copy.

PCC STUDENT EVALUATION:

There are five components to a student's final evaluation on the PCC, each with the following weight:

- **Clinic preceptor evaluations:** 50% of the final evaluation
- **Small group session grade:** 10% of the final evaluation
- **End of clerkship evaluation:** (NBME (shelf) exam and specific skills testing using standardized patients): 35%
- **Professionalism points** (assigned for attitude, dress, punctuality, engagement and completion of administrative tasks): 5%
- A pass/fail component to the clerkship grade for the **community engagement project**



*As noted above, a large % of the student final evaluation is based on their performance in clinic. The UWSMPH uses a standardized evaluation form for all clerkships, which outlines clinical skills and competencies. ***While the final outcome of the evaluation process is a letter "grade" for the students, the PCC and UWSMPH encourages preceptors to view student performance through the lens of competencies when completing evaluations.***

*****The final evaluation form also has qualitative feedback that can be given in two areas:**

- **One area of written feedback is “above the line” (comments are copied verbatim to the “Dean’s letter”)**
- **One area of written feedback is “below the line” (comments that UWSMPH will not include in the “Dean’s Letter” but which are given to students for constructive feedback).**

There is also a **midterm evaluation** that measures skills and competencies. This form has a component for the student to fill out, as well as a component for the main preceptor at each clinic (the preceptor who has worked the most with the student). The student and their preceptor should agree on a time to review both the mid-term and final evaluation forms together. These forms will be sent via email to the preceptor. The following pages have copies of these forms. ***Students are responsible for scheduling a time with their preceptor(s) to review the mid-term evaluation, and students will provide the mid rotation feedback form.

Both the mid-term and final evaluation forms are available for review on the PCC web site at: <http://www.fammed.wisc.edu/med-student/pcc/forms>

Key points to consider when completing student clinical skills evaluation forms:

- When reviewing the **final evaluation** competencies and assessing students, our goal is to compare a student’s skill in each particular area to what you would expect of any 3rd year student. ***Therefore, by definition, the majority of students at the end of the clerkship would be assessed as “competent” in most skills.***
- The **midterm evaluation** is framed recognizing that students are still developing skills. ***Therefore, by definition, many students will have some skills that are assessed as “needs improvement” on the midterm assessment.***

Clinical Performance Evaluations:

- PCC requests that any preceptor who has worked with a student for 3 or more ½-day sessions complete a form. The weight of each evaluation form is adjusted to the # of ½-days a student spends with a preceptor.
- The final evaluation form contains items related to public health competencies and health systems competencies. See link with information related to these areas if you have questions regarding how to perform these assessments.
<https://www.youtube.com/watch?v=nXAg0BK0IUE&noredirect=1>

- **UWSMPH and PCC have formal policies that students are advised to follow for grade reviews.** Students have 30 days to request a review after their clerkship grade is posted, and they must contact the clerkship coordinator to initiate this. Students are directed to not contest grades with preceptors. **Please notify PCC coordinator or director if a student directly contacts you regarding their clerkship evaluation or grade.**
- The PCC recognizes that preceptors may occasionally have circumstances which require them to revise a clinic evaluation form for a student. We respectfully request that such requests and revisions are completed prior to the posting of the student's final clerkship grade (which is typically about a month or so after the end of the rotation).

STUDENT FEEDBACK:

Students consistently emphasize the importance of preceptor feedback on their learning experience. PCC encourages students to seek feedback throughout the clerkship experience, related to their specific skills with history taking, exam, presentations, assessment and plan making.

We recognize the dynamics of a busy clinic can present challenges with time for providing feedback, and we also encourage students to seek opportunities before or after patient sessions and whenever fits best in the clinic schedule. There are a variety of strategies that preceptors may find helpful to construct and deliver feedback in a fashion that fits into their busy clinic day. The "one minute preceptor" identifies some key strategies to efficient and effective feedback, and the following link may be of interest:

<http://www.stfm.org/fmhub/fm2003/jun03/stevens.pdf>

Preceptors are strongly encouraged to provide regular (formative) feedback on the student's clinical performance throughout the clerkship. Please try to make time to observe your student interviewing, examining and delivering assessments to patients. Feedback regarding your observations is critical to the student's progress. Questions about patient care issues or interactions frequently arise. Encourage your student to make a list of these for independent research, or to discuss these during breaks or at the end of the day. Students will have the

chance to present patients that they have encountered in the clinics in their weekly small groups led by faculty mentors for more in depth discussion.

RESOURCES:

PCC provides a subscription to the **Teachingphysician.org** website for preceptors. This is an excellent online resource with practical tips and strategies related to many aspects of clinical student teaching which we think you will find helpful. Teachingphysician.org will send periodic teaching educational updates to you, and CME credit is available for use of this website.

PCC also makes effort to visit new clinic teaching sites as well as periodic return visits to existing sites. Visits for established sites may be in the form of regional site visits. These visits are primarily meant to be an opportunity to meet one another and to review in person any questions preceptors and site/regional administrators may have.

WHEN PROBLEMS ARISE:

If you feel your student is having problems during the rotation that warrants further discussion or if you have questions about your role as preceptor, please contact the Primary Care Clerkship Director or your Regional Site Director **as soon as possible**. Please let us also know if you have suggestions for improving this clerkship experience.

FURTHER GENERAL INFORMATION:

An Overview of the Preceptor's Role in the Primary Care Clerkship:

The Preceptor's roles are to:

- Serve as a role model primary care clinician and teacher
- Serve as clinical teacher of individual students in the Primary Care Clerkship
- Orient the student to the clinical facility, staff and additional preceptors
- Orient the students to clinical expectations
- Facilitate Patient care
 - Discuss Student goals for the clerkship and assist in selection of patients to meet those goals
 - Understand the goals and objectives of the clerkship and assist student in selection of patients to meet those goals
 - Facilitate Student-Patient Communication
 - Assist your student in asking one of your patients for consent to be videotaped (some sites audiotape) for review in Doctor/Patient Communication small group learning sessions. You will be provided with patient consent forms.
- Provide Feedback and Evaluation
 - Provide specific verbal feedback to the student regarding their progress throughout the rotation.
 - At mid-point in the rotation, schedule a time to meet with the student and provide specific feedback using the UWSMPH Mid Rotation Feedback form.
 - The preceptor will provide summative feedback to the student at the end of the rotation using the UWSMPH Clinical Evaluation Form. You will not be asked to provide a grade or score, but to evaluate the student using anchors on the form.

The Preceptor As A Role Model:

While students participate in a verity of core curriculum activities in the PCC, the majority of student time and learning occurs in the clinical setting. Clinical patient encounters provide opportunities for students to learn both the process and content of primary care.

“Example is not the main thing in influencing others. It is the only thing”.

A. Schweitzer¹

Medical students observe and emulate physician role models to develop their own standards for appropriate behavior.² From hand washing to the conduct of interviews and physical examinations, students notice the nuances of physician behaviors toward patients, staff, and colleagues. Many of these behaviors will be incorporated into the student’s professional identity. Witnessing non-judgmental interviewing and cultural competence, as well as the application of medical science to patient problems, allows student to appreciate the importance of integrating the art and science of medicine in the delivery of high quality patient care.

Physician role models may convey powerful messages which are difficult to cover in the formal medical school curriculum. How does the physician cultivate the doctor-patient relationship, respond to patient emotion, convey empathy, or motivate patients to change behavior? How does the physician use their knowledge of the unique qualities of the patient, family, and community to improve health? When is physician self-disclosure useful in patient care? How does a physician address the problem of uninsured patients in their practice? To what extent is the physician involved in the community? How do physicians manage time in a busy clinical practice and balance their professional and personal lives? Generalist physicians can dispel myths which portray them as triage physicians who manage only simple problems through demonstration of the complexity and skills required for the delivery of comprehensive primary care.³

Through working with you and your patients, students will experience the real world challenges and scope of primary care. By watching and working with you, students develop an understanding of the importance of excellent communication, continuity of care and coordination skills for the establishment of effective physician-patient relationships. Since the PCC occurs in communities around the state, we hope students become more aware of the role of family, cultural and community influences on health and that students consider health risks and resources available in the community.

¹ Schweitzer, A. *The World of Albert Schweitzer*. Harper & Brothers, 1995.

² Haferty, N. and T. Schwenk. *Preceptors as teachers: A Guide to Clinical Teaching*. Salt Lake City: University of Utah School of Medicine, Department of Family and Preventative Medicine. 1995.

³ Cassell, E. J. *Doctoring: The Nature of Primary Care Medicine*. New York: Oxford University Press Inc. 1997.

1) The Preceptor's Role in the Student's Clinical Experience:

There are as many approaches to teaching students as there are preceptors; however, there are several key functions that are central to precepting in the PCC:

a) Provide opportunities for supervised practice

As you get to know the student, he/she should be allowed to take part in selected aspects of the patient care process. For example, you may have a student take part or all of a history or do all or parts of the physical exam. By the end of the PCC, students should have had the opportunity to present diagnostic assessments and follow-up plans to patients under the close guidance of their preceptor.

Most preceptors find that they can teach efficiently if the student sees patients in parallel with them. While the preceptor is with one patient, the student is in with another. Once the preceptor is done with their own patient, the student presents findings regarding the patient they have seen to the preceptor. The preceptor then returns with the student to review the history, re-examine the patient, and develop an assessment and plan.

We strongly encourage you to allow the student to work actively in the care of your patients at the level appropriate for them. Many of the main educational goals of the clerkship cannot be realized without the student's active participation in patient care. However, we realize that the degree of direct involvement and independence allowed students depends on a number of factors, including the individual patient's preferences, the student's previous training and experience, your comfort level with the student, and the day-to-day or even hour-to-hour demands on your clinic schedule. It is entirely up to you to decide how rapidly the student is allowed to progress and what level of independence is appropriate.

b) Direct the student to learning resources

Students are encouraged to seek out any additional learning resources including other texts, journals, and CME materials which you have at your clinic.

c) PCC Clinic Log and Skills Log Form

Students are required to track the names and disciplines of the physicians they work with during the clerkship. This log will help us prepare the most accurate grade reports for the students, and provide data regarding the actual amount of time students spend in clinic. Student must also be observed and receive feedback on 13 specific skills. Your student should ask you to sign off on/initial all or some of these skills.

2) Preceptors Role in the Students Individual Learning Plan:

At the beginning of the rotation, students are encouraged to talk with their preceptor(s) about their individualized learning goals. Please take time to review these goals with your student as soon as you can.

As you know, practicing physicians are constantly faced with new situations requiring ongoing learning. The breadth of primary care requires physicians to be aware of the limitations of their training and vigilant about unusual patient problems for which they may need additional information. Rapid development of new information and practice guidelines also requires physicians to keep up to date and continue lifelong learning.

An important goal of the PCC is to encourage students to develop skills for self-directed, lifelong learning. Each student comes to the clerkship with a unique personality, history, strengths, weaknesses, learning style preferences and interests, and at different stages of their clinic training. These factors influence what students would like to accomplish during the clerkship.

While all students share common goals, development of individualized learning goals allows them to articulate their unique objectives for the clerkship. For this to be useful, students must engage in critical self-reflection and be willing to share their specific objectives and needs with their teachers. Components important during the third year of medical school and which are stressed during the clerkship include:

- Physician-Patient Communication Skills and Motivational Interviewing
- Physical Exam Skills
- Diagnosis and Management
- Patient Education

Other potential goals students might identify include demonstrating more self-confidence with patients, reducing anxiety over certain parts of the interview or physical exam, mastery of a particular procedure, reading on a more regular basis, or keeping a healthy balance as a busy medical student.

What to Expect of M3 Students Over the Course of a Year:

Rotation 1 (July/August) PCC Student

Students who choose to begin their third year clinical rotations with the Primary Care Clerkship may be considering primary care as a career choice. They may be particularly curious about what primary care is really like. Other students may have chosen to begin with the Primary Care Clerkship because they want to expand their exposure to common clinical programs. Still others may consider it a safe beginning.

Nearly all students will have had the 1st and 2nd year preceptorship (formerly called the GPP - Generalist Partners Program) where they have been assigned to a primary care physician – either a family physician, a general internist or a general pediatrician. Most students have spent 12 half days with their 1st and 2nd year preceptorship physician over the first two years of medical school and have developed some ideas about primary care. As part of 1st and 2nd year preceptorship, student will have also discussed primary care issues in small groups this past spring.

There is also a relatively small group of students each year who enter the clinical rotations after taking time out from the medical school curriculum to participate in MD-PHD research.

Students will have learned history and physical exam skills in a CMP (Clinical Medicine and Practice) small group during the spring semester of their first year and fall semester of their second year. Students are likely to have developed an understanding of primary care that incorporates parts of the views of their 1st and 2nd year preceptorship preceptor, 1st and 2nd year preceptorship small group leader, and the CMP small group instructor.

Focus the student on simple tasks initially, gradually progressing to more complex skills. Students may need extra guidance and encouragement about what to do, how to present or what to examine. Many have very limited experience writing clinic notes and need feedback on content, organization and appropriate detail. Students at this early stage in clinical learning will typically need to develop skills with problem focused history and exams that are common in primary care settings. This type of patient encounter is distinct from the complete history and physical model that students are more familiar with from year 1&2 teaching.

We expect that the Primary Care Clerkship will allow students to solidify their view of primary care., At times, however, this may create some anxiety for them as they see the diversity and complexity of the specialty.

Rotation 2 (September/October) PCC Student

Most medical students who take the Primacy Care Clerkship in September and October are in their second clinical rotation of the third year of medical school. Many have completed a surgical or internal medicine rotation, and may have had limited experience in primary care. They should be more comfortable in the clinical setting, but may have difficulty communicating smoothly and efficiently.

While all students completed the 1st and 2nd year preceptorship in the first and second year of medical school in which they spent 12 half days in a generalist physician's office, they have had very limited opportunities to complete visits or to make decisions about diagnoses or management plans. Choosing one patient per day in which the student can actually deliver the diagnosis and develop a follow up plan allows them to become familiar with these important tasks.

Most students should be comfortable with basic interviewing and physical exam skills but will need time to practice to become both reliable and efficient with these skills. Most students have had limited opportunities for completion of breast or genital exams and require careful supervision of these tasks. Students appreciate direct observation and feedback regarding their history and physical exam skills with discussion and identification of areas for improvement.

Typically, students at this stage of training have some difficulty deciding what needs to be addressed in a particular outpatient visit, and may need some direction from the preceptor and patient regarding setting priorities for a visit. Taking a focused history and attending to the patient's chief concern should be emphasized.

We expect that the Primary Care Clerkship will allow students to elaborate their view of primary care, and at times, will create some anxiety for them as they see the diversity and complexity of the specialty.

Rotation 3 (November/December) PCC Student

Most medical students who take the Primary Care Clerkship in November/December are in their third clinical rotation of the third year of medical school. The majority have completed an internal medicine rotation and a surgical rotation. Although they are more comfortable in the clinical setting, they still need practice communicating smoothly and efficiently.

While all students completed the 1st and 2nd year preceptorship in the first and second year of medical school in which they spent 12 half days in a generalist physician's office, they have had very limited opportunities to complete visits or to make decisions about diagnoses or management plans. Choosing one patient per day in which the student can actually deliver the diagnosis and develop a follow up plan allows them to become familiar with these important tasks.

Most students should be comfortable with basic interviewing and physical exam skills but will need time to practice to become both reliable and efficient with these skills. Most students have had limited opportunities for completion of breast or genital exams and require careful supervision of these tasks. Students appreciate direct observation and feedback regarding their history and physical exam skills with discussion and identification of areas for improvement.

Typically, students at this stage of training still have some difficulty deciding what needs to be addressed in a particular outpatient visit, and may need some direction from the preceptor and patient regarding setting priorities for a visit. Taking a focused history and attending to the patient's chief concern should be emphasized. Additionally, many students are ready to integrate prevention, health promotion and motivational interviewing into visits.

We expect that the Primary Care Clerkship will allow students to elaborate their view of primary care, and at times, will create some anxiety for them as they see the diversity and complexity of the specialty.

Rotation 4 (January/February) PCC Student

Most medical students who take the Primary Care Clerkship in January/February are in their fourth clinical rotation of the third year of medical school. The majority have completed a series of rotations including Pediatrics, Obstetrics and Gynecology, Psychiatry, Neurosciences, Surgery, Internal Medicine, Radiology and Anesthesiology. Because some students have had limited experience in the ambulatory clinical setting, they will need guidance and practice in order to perform smoothly and efficiently.

All students completed the 1st and 2nd year preceptorship in the first and second year of medical school in which they spent 12 half days in a generalist physician's office, observing visits and practicing interviewing and physical exam skills. Most students should be comfortable with these basic skills but will need time to practice to become both reliable and efficient. Most students have had limited opportunities for completion of breast or genital exams and require careful supervision of these tasks. Students appreciate direct observation and feedback regarding their history and physical exam skills with discussion and identification of areas for improvement.

Students at this stage of training may still have difficulty deciding what needs to be addressed in a particular outpatient visit, and may need some direction from the preceptor and patient regarding setting priorities for a visit. Taking a focused (rather than comprehensive) history and attending to the patient's chief concern should be emphasized. We have encouraged students to look for opportunities to efficiently integrate prevention, health promotion and education into patient visits. However, students may need to be reminded not to try to accomplish too much in a particular visit.

While most students are comfortable with basic skills, most have rarely been able to construct differential diagnoses, present assessments to patients, negotiate management and follow-up plans or to conduct any of the final portions of visits. Choosing one patient per day in which the student can actually deliver the diagnosis and develop a follow up plan allows them to become familiar with these important tasks. Identifying a few patients with new diagnoses of a chronic disease that the student can follow will allow them to practice patient education and continuity, skills rarely practiced in other rotations. Participating in home visits, nursing home visits or hospital rounds are additional experiences valued by students.

If you feel your student is having problems during the rotation that warrants further discussion or if you have questions about your role as preceptor, please contact the Primary Care Clerkship Director or your Regional Site Director.

We expect that the Primary Care Clerkship will allow students to elaborate their view of primary care, and at times, will create some anxiety for them as they see the diversity and complexity of the specialty.

Rotation 5 (March/April) PCC Student

Most medical students who take the Primary Care Clerkship in March/April are in their fifth clinical rotation of the third year of medical school. The majority have completed a series of rotations including Pediatrics, Obstetrics and Gynecology, Psychiatry, Neurosciences, Surgery, Internal Medicine, Radiology and Anesthesiology. The Primary Care Clerkship gives students the opportunity to integrate and apply all the knowledge they have learned so far in medical school. Most preceptors find these students a real asset.

All students completed the 1st and 2nd year preceptorship in the first and second year of medical school in which they spent 12 half days in a generalist physician's office, observing visits and practicing interviewing and physical exam skills. Most students should be comfortable with these basic skills but will need time to practice to become reliable and efficient. Most students have had limited opportunities for completion of breast or genital exams and require careful supervision of these tasks. Students appreciate direct observation and feedback regarding their history and physical exam skills with discussion and identification of areas for improvement.

Students at this stage of training may still have difficulty deciding what needs to be addressed in a particular outpatient visit, and may need direction in setting priorities for a visit. Taking a focused (rather than comprehensive) history and attending to the patient's chief concern should be emphasized. We have encouraged students to look for opportunities to efficiently integrate prevention, health promotion and education into patient visits. However, students may need to be reminded not to try to accomplish too much in a particular visit.

While most students are comfortable with basic skills, most have had limited opportunities to develop differential diagnoses, present diagnoses to patients, negotiate management and follow-up plans or to conduct the final portions of visits. Choosing one patient per day in which the student can complete the visit under your supervision allows them to practice these important tasks. Selecting patients with new diagnoses of a chronic disease will allow the students to practice patient education and experience continuity, skills rarely practiced in other rotations. Participating in home visits, nursing home visits or hospital rounds are also greatly valued by students.

If you feel your student is having problems during the rotation that warrants further discussion or if you have questions about your role as preceptor, please contact the Primary Care Clerkship Director or your Regional Site Director.

We expect that the Primary Care Clerkship will allow students to elaborate their view of primary care, and at times, will create some anxiety for them as they see the diversity and complexity of the specialty.

Rotation 6 (May/June) PCC Student

Most medical students who take the Primary Care Clerkship in May/June are in their sixth and final clinical rotation of the third year of medical school. The majority have completed a series of rotations including Pediatrics, Obstetrics and Gynecology, Psychiatry, Neurosciences, Surgery, Internal Medicine, Radiology and Anesthesiology. The Primary Care Clerkship gives students the opportunity to integrate and apply all the knowledge they have learned so far in medical school. Most preceptors find these students a real asset.

All students completed the 1st and 2nd year preceptorship in the first and second year of medical school in which they spent 12 half days in a generalist physician's office, observing visits and practicing interviewing and physical exam skills. Most students should be comfortable with basic skills and will need time to practice to become reliable and efficient. Most students have had limited opportunities for completion of breast or genital exams and require careful supervision of these tasks. Students appreciate direct observation and feedback regarding their history and physical exam skills with discussion and identification of areas for improvement.

Students at this stage of training may still have difficulty deciding what needs to be addressed in a particular outpatient visit, and may need direction in setting priorities for a visit. Taking a focused (rather than comprehensive) history and attending to the patient's chief concern should be emphasized. We have encouraged students to look for opportunities to efficiently integrate prevention, health promotion and education into patient visits.

While most students are comfortable with basic skills, most have had limited opportunities to develop differential diagnoses, present diagnoses to patients, negotiate management and follow-up plans or to conduct the final portions of visits. Choosing one patient per day in which the student can complete the visit under your supervision allows them to practice these important tasks. Selecting patients with new diagnoses of a chronic disease will allow the students to practice patient education and experience continuity, skills rarely practiced in other rotations. Participating in home visits, nursing home visits or hospital rounds are also greatly valued by students.

We expect that the Primary Care Clerkship will allow students to elaborate their view of primary care, and at times, will create some anxiety for them as they see the diversity and complexity of the specialty.

CONCLUSION:

Thank you again for your enthusiasm and willingness to participate as a preceptor in the Primary Care Clerkship. PCC preceptors spend a significant amount of time one-on-one with students and thus have a vital impact on the learning experience. We are privileged and indebted to you for your generosity. We hope that you find this experience to be rewarding and we look forward to working with you. Please don't hesitate to contact us with any thoughts, questions, or recommendations.

Sincerely yours,

David Deci, MD
Primary Care Clerkship
Director

Mark Beamsley, MD
Assistant Primary Care
Clerkship Director

Kelly Herold, MD
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