

## Chronic & Preventive Care (CPC)

### Clinic Faculty Guide

2018

#### **Introduction:**

Thank you for your commitment to medical student education and for working with a CPC student! This guide will provide background on the course in general and also answer some common questions about working with CPC students in clinic.

#### **Background:**

CPC is a 12 week “Phase II” course at the UW School of Medicine and Public Health (SMPH). The SMPH launched a new curriculum beginning in the summer of 2016, and training is now divided into “phases.” Phase 1 lasts 1.5 years, and addresses basic sciences along with foundational clinical skills. Phase II lasts 1.25 years, includes the bulk of clinical training, and in many ways is similar to the 3<sup>rd</sup> year clerkships of a traditional medical school curriculum. However, Phase II courses integrate medical specialties rather than having specialty-specific clerkships in order to highlight common themes and system-level approaches to health care. Phase III lasts 1.25 years, and includes electives and residency preparation.

You may be working with a CPC student for a limited time during his/her 12 weeks on the course, or you may be working with him/her throughout the 12 weeks.

CPC blends clinical training in a variety of primary care and specialty clinics so that students can see how a wide range of conditions are treated. It is a critical part of student training as it is the only phase II course which is entirely outpatient. We know that outpatient care is the cornerstone for patients and health systems, and thus, students gain critical training and exposure during their time with you. CPC also includes immersion experiences in community health. The overall goal of this course is for students to develop clinical skills vital to outpatient care, and to learn how physicians, interprofessionals, health systems, and communities work together towards better health.

#### **What are the goals for CPC students in clinic?**

The primary goal for CPC students is active participation in patient care in order to practice clinical skills and increase medical knowledge. Students receive training in history taking and physical exam prior to Phase II. They also have limited training in differential diagnosis. During Phase II, they work to further develop these skills and also begin to develop basic treatment & plan-making skills.

In order to ensure students see certain key conditions and practice core clinical skills, there is a list of Required Observed Clinical Activities and Skills students are required to accomplish during the 12 weeks. It is up to the student to track his/her progress towards completing this list, though they may ask you to help identify patients or opportunities to practice certain clinical skills. These key activities require faculty observation and brief feedback . (See Appendix A)

We advise students to try to see an average of 3-4 patients in a half-day session. However, this # may vary depending on the complexity of the patient, the flow of your day, and your judgement about the student's abilities. The type of patients/conditions students see on any given day can be decided by you, with the goal that over time they see a wide representation of patients and conditions in your practice. Students spend one year in Phase II, which begins in January. Your CPC student in January will be at a beginner level, whereas students in the mid-late calendar year should be more efficient and clinically adept. Students early in the calendar year or just beginning at your clinic may benefit from some shadowing. However, we encourage students to try to perform some parts of patient encounters independently, and encourage you to allow this based on your judgement of the individual student's skills and the flow of your day.

### **What are documentation requirements for clinical encounters with students?**

We ask that students be able to write at least 1 note per ½-day in clinic. Ideally this would be on the electronic health record, so they can develop skills with that. However, we recognize various organizations may have different levels of access for students, and it would be acceptable for a student to submit a note for your review on a Word document or any other method that protects patient confidentiality.

### **What are students doing when they aren't in clinic?**

Students spend an average of 7-8 half-days per week in various clinic settings (including Family Medicine, General Internal Medicine, Medicine specialty clinics, Psychiatry and other behavioral health providers). For many patients on CPC, there is also time spent in Neurology clinic.

One 1/2-day per week, students also participate in a community health engagement project at a local community organization. As a clinic preceptor, we don't request that you have any formal role with the community health project, though you may find it of interest to ask your student about his/her project.

Students have online learning activities that address medical topics each week (See **Appendix B** for a list of the topics by week). Please note that students can see any type of patient/condition on a given day and week, and this doesn't have to align with the "topics by week" in CPC. We recognize that your clinic may not have patients with certain conditions, and this list is merely presented a reference for you. When possible, however, you and the student may find it beneficial to identify some patients that correspond with the topics of the week.

Students have a small group activity ½-day per week that typically involves a case-based learning session, in which they work through a mystery case related to the topics of the week.

### **Are there activities students can/should do when they aren't seeing patients?**

A goal for CPC students is to learn about health care systems and clinical models as a whole to see how these function. Therefore, students can learn by observing and assisting clinic staff (nursing, lab, xray, reception, etc.). It is helpful for students to learn about the flow a patient from the start to the end of a

visit at your clinic, as well as communication and follow-up outside of clinic visits. It is very reasonable for students to spend some time in these areas of your clinic to see how it functions to provide care for patients.

### **How will I assess my student?**

There are Two Clinic Assessments students have on CPC:

- 1) An Interim Assessment which is filled out only by a limited # of faculty. This feedback form is meant to provide feedback on progress and skills during the 12 weeks, and students obtain this only for a very limited # of faculty on the course. Your student may or may not approach you with a paper form and ask you to provide this feedback.
- 2) A Final Clinical Evaluation, which all CPC clinic faculty are asked to complete. This will be sent to you on the UW OASIS site (if you are at a training site that uses this) OR will be provided as a paper form. The form assesses student skills and competencies in a “yes/no” fashion, to measure key milestones.

### **Who should I contact if I have concerns about a student?**

Please contact Megan Walsh-Rodgers, CPC Course Coordinator [walshrodgers@wisc.edu](mailto:walshrodgers@wisc.edu) or Mark Beamsley, Course Director (aka Integrated Block Leader) [Mark.beamsley@uwmf.wisc.edu](mailto:Mark.beamsley@uwmf.wisc.edu) as soon as possible if you have any concerns or questions.

Teaching in outpatient settings offers unique joys and challenges, and we rely on the generosity of countless clinicians to make CPC work and provide this indispensable experience for UW SMPH students. Thank you again for your time and interest! We look forward to partnering with you.

Sincerely,

Mark Beamsley, MD

Megan Walsh-Rodgers, MBA

## Appendix A: Student required observed skills

<b>CPC REQUIRED OBSERVED CLINICAL ACTIVITIES &amp; SKILLS</b>			
<b>ACTIVITY OR CLINICAL SKILL</b>	<b>YES</b>	<b>NO</b>	<b>FEEDBACK</b>
<b>1. Perform a focused wellness exam on an adult</b>			
Student identifies appropriate aspects of a focused wellness exam to perform, based on patient age, comorbidities, and context of visit			
Student appropriately communicates with patient during exam, to provide guidance and feedback to patient			
<b>2. Perform an HEENT exam</b>			
Proper technique with otoscope & ophthalmoscope			
Able to distinguish normal vs abnormal TM and abnormal findings on throat exam			
<b>3. Perform a knee exam</b>			
Proper exam technique, including inspection, palpation, ROM testing, strength, special testing when indicated.			
<b>4. Perform a shoulder exam</b>			
Proper exam technique, including inspection, palpation, ROM testing, strength, special testing when indicated			
<b>5. Perform a cardiovascular exam</b>			
Proper technique, including detecting PMI, rhythm, extra heart sounds, peripheral pulses			
<b>6. Perform a blood pressure check</b>			
Proper technique			
<b>7. Evaluate and present/or write a note for a patient presenting with a dermatologic concern</b>			
<i>History is appropriately focused and exam technique is appropriate</i>			
<i>Student is able to generate an appropriate differential diagnosis</i>			
<b>8. Obtain a cognitive assessment in a clinical setting</b>			
Student identifies and completes an appropriate screening tool			
Student is able to interpret results in context of patient's clinical presentation			
<b>9. Perform suicidality and homicidality screening when clinically indicated in encounters with patients</b>			
Student appropriately identifies situation when suicidality and homicidality screening is indicated			
Student is able to identify the important factors necessary to accurately assess risk for suicide or homicide			
<b>10. Evaluate an EKG in clinic</b>			
<i>Student is able to discuss the role of EKG for the clinical situation, and identify key features including rate, rhythm, axis, intervals, and evaluate for abnormalities</i>			

## CPC REQUIRED OBSERVED CLINICAL ACTIVITIES & SKILLS

ACTIVITY OR CLINICAL SKILL	YES	NO	FEEDBACK
<b>11. Complete 2 written notes</b> (1 acute problem and 1 preventative care), including a cultural competency-focused approach (can be part of notes for anxiety, mood, or substance use disorders encounters noted below)			Note 1:
Note is succinct, with appropriate order of information and pertinent information included			Note 2:
<b>12. Evaluate and present/or write a note on a patient with an anxiety disorder</b>			
Evaluation addresses key information and is differential – driven			
Presentation or Note is succinct, with appropriate order of information and pertinent information included			
<b>13. Evaluate and present/or write a note on a patient with a mood disorder</b>			
Evaluation addresses key information and is differential – driven			
Presentation or Note is succinct, with appropriate order of information and pertinent information included			
<b>14. Evaluate and present/or write a note on a patient with a substance use disorder</b>			
Evaluation addresses key information and is differential – driven			
Presentation or Note is succinct, with appropriate order of information and pertinent information included			
<b>15. Write a medication prescription accurately and safely in a clinical setting.</b>			
Student addresses key components of prescription (e.g. appropriate refill amount, detailed instructions to patient and to pharmacist when indicated)			
<b>16. Communicate the plan of care with a patient by generating thorough and understandable patient instructions portion of the after visit summary.</b>			
Note includes the pertinent points from the visit			
Note uses patient-friendly language			
<b>17. Use clinical decision support to enhance patient care.</b>			
Effectively uses information technology during clinical care, especially with clinical decision-making			

# Appendix B:

## CPC Topics by Week

### 2018

#### WEEK 1: CARE OF PATIENTS AND COMMUNITIES

Topics:

- Physician and health system approaches to patient care
- Community health engagement
- Health Advocacy
- Prevention approaches
- Promoting Adherence
- Working with interpreters

#### WEEK 2: APPROACH TO COMMON, LIFE-STYLE RELATED CONDITIONS

Topics:

- Motivational interviewing
- Obesity
- Hypertension
- Overview of Common Dyslipidemias & Lipid Medications Background
- Diabetes type II

Fundamental science concepts:

- Digestion and Absorption

#### WEEK 3: CARDIOVASCULAR CONDITIONS & SBIRT

Topics:

- Palpitations
- Atrial fibrillation management in outpt settings
- Congestive heart failure management in outpt settings
- Stable coronary artery disease
- Hyperlipidemia: Clinical Approaches
- SBIRT

Fundamental science concepts:

- Common Valvular Disorders (and approach to murmurs)
- Cardiac Membrane Channels

#### WEEK 4: NEUROLOGIC CONDITIONS

Topics:

- Epilepsy
- Neuromuscular disorders
- Migraine and other headaches
- Movement disorders
- Cognitive Decline
- Dizziness

Fundamental science concepts:

- Excitation Contraction Coupling
- Synaptic Transmission and Neuromuscular Junction

**WEEK 5: PSYCHIATRIC CONDITIONS Part I**

Topics:

- Mood disorders
- Anxiety disorders
- Psychotic disorders
- Stressor disorders
- Insomnia, Parasomnia
- Substance use disorders treatment
- Communication in Outpatient Care

**WEEK 6: PSYCHIATRIC CONDITIONS Part II**

Topics:

- Continuation of week 6 topics

**WEEK 7: DERMATOLOGIC, RENAL, and HEMATOLOGY CONDITIONS**

Topics:

- Benign vs Malignant skin growths
- Approach to dermatitis and common skin chronic conditions
- Common nephrology and non-surgical urologic conditions
- Common hematology conditions: anemia, Fe-deficiency, WBC disorders, HIV

Fundamental science concepts:

- Waste and Toxin Disposal
- Nitrogen Balance
- Blood Cell Functions
- Oxygen-Hgb Dissociation Curve

**WEEK 8: PULMONARY CONDITIONS**

Topics:

- Common pulmonary conditions: Breathing-related sleep disorders, COPD, Latent TB, chronic cough, tobacco use, pulmonary nodules

Fundamental science concepts:

- Spirometry and Pulmonary Function Tests

**WEEK 9: COMMON MUSCULOSKELETAL & RHEUMATOLOGIC CONDITIONS, CHRONIC PAIN**

Topics:

- Approach to a patient with polyarthralgias
- Chronic low back pain
- Osteoarthritis evaluation and treatment
- Polymyalgia rheumatica and temporal arteritis
- Gout evaluation and treatment
- Chronic pain: treatment principles

**WEEK 10: COMMON GI CONDITIONS**

Topics:

- Chronic diarrhea and constipation
- Abnormal liver tests
- GERD
- IBD
- IBS
- Celiac Disease
- Infectious prophylaxis and Travel Medicine

**WEEK 11: COMMON ENDOCRINOLOGY CONDITIONS, FATIGUE**

Topics:

- Non-surgical thyroid conditions
- Parathyroid conditions
- Adrenal conditions
- Osteoporosis
- Approach to non-specific fatigue



