

## **Chronic & Preventive Care (CPC) Clinic Faculty Guide**

### **Introduction:**

Thank you for your commitment to medical student education and for your willingness to work with our Chronic and Preventive Care (CPC) student! This guide will provide background on the course in general and answer some common questions about what to expect working with CPC students as a Preceptor (in clinic).

Teaching in an outpatient settings offers unique joys and challenges, and we rely on the generosity of countless clinicians to provide this indispensable experience for UW-SMPH students. We could not make CPC a success without your help and support.

### **Background:**

CPC is a 12 week course within the ForWard curriculum at UW-School of Medicine and Public Health (SMPH). The ForWard curriculum was launched in the Summer of 2016, and the 4 years of medical school are now divided into 'phases' rather than medical school years. Phase 1 is 18 months in length and addresses basic science concepts along with foundational clinical skills. Phase 2 is 12 months in length and includes the bulk of required clinical learning experiences similar to a third year clerkship curriculum of medical school. However, Phase 2 courses integrate medical specialties rather than having specialty-specific clerkships which allows us to highlight common themes and system-level approaches to healthcare. Phase 3 lasts 18 months in length and includes time for basic science, public health and clinical electives as well as residency preparation. CPC occurs in phase 2.

You may work with a CPC student for a limited amount of time in week blocks during his/her 12 weeks on the course, or you may work with a student longitudinally 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 managed and treated. It is a critical part of student training as it is the only Phase 2 course which occurs entirely in an outpatient/ambulatory setting. We know that outpatient settings are the foundation of care for patients and health systems, and students gain critical training and exposure during their time with you. CPC also includes immersion experiences in community health, where students learn important principles and skills. The overall goal of this course is for students to develop clinical skills vital to outpatient care, and to learn how physicians, inter-professionals, 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 skills prior to Phase 2. They also have limited training in differential diagnosis. During Phase 2, students work to further develop these skills and begin to develop basic treatment planning and clinical reasoning skills.

**See link with information regarding the Course Objectives for CPC:**

<https://www.med.wisc.edu/education/md-program/curriculum/phase-2/course-descriptions/learning-objectives/#cpc>

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 that EACH student is required to complete 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, signoff, and brief feedback.

**Students are advised to see an average of 3-4 patients during a half-day clinic session.** However, this number may vary depending on the complexity of the patient, the flow of your day, and your judgement regarding the student's abilities. The type of patients and conditions a student sees on any given day can be decided by you keeping in mind that the goal that over time they will see a wide representation of patients and conditions in your practice. **However, we do NOT advise that students see every patient on your schedule if this would exceed ~5 patients during a half-day in clinic.**

Students spend one year in Phase 2, 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 level of structured 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 tasked with writing AT LEAST one note per half-day spent in clinic. Ideally, this would be in the electronic health/medical record, so they can develop those skills. 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 outpatient settings (including Family Medicine, General Internal Medicine, Medicine Specialty Clinics, Psychiatry, and other behavioral health providers). For many students on CPC, they also spend time in Neurology and Specialty outpatient clinic settings.

One half-day per week, students also participate in a Community Health Engagement Project (CHEP) at a local community organization. As a clinic preceptor, there is no expectation for you to be involved with this project, though you may find it of interest to ask your student about his/her project.

Students have structured and assigned online learning activities (videos, articles, etc.) that address medical topics and conditions each week. Regardless of weekly topic content students can see any type

of patient/condition on a given day and week, their patients do NOT have to align with the topic/condition of the week in CPC curriculum.

We recognize that your clinic may not have patients with certain conditions. When possible, however, you and the student may find it beneficial to identify some patients that correspond with the weekly topics.

Students have a small group Case-Based Learning (CBL) activity half-day per week, in which they work through a mystery case related to the weekly topics.

**Are there activities students can/should do when they are not seeing patients in MY clinic?**

A goal for CPC students is to learn about healthcare systems and clinical models as a whole to learn how these function. Therefore, students can learn by observing and assisting clinic staff (nursing, lab, x-ray, reception, etc.). It is helpful for students to learn about the flow of a patient encounter from the start through 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.

Students will also need some time to conduct chart reviews, read up on clinical conditions and for note writing.

**How will I provide assessment or feedback on my assigned student?**

There are two methods of clinical assessments on CPC:

- 1) Interim Feedback Form which is filled out by a limited number of faculty. Your student may or may not approach you and ask that you complete the documentation and feedback.  
PLEASE NOTE: This is NOT used for overall course grading
- 2) Clinical Assessment, will be sent to you through and completed in OASIS  
PLEASE NOTE: This IS used for overall course grading

**Whom should I contact if I have question and/or concerns about a student, the curriculum, or CPC in general?**

Please contact course leadership as follows:

Mark Beamsley, Course Director-Integrated Block Leader (IBL) (aka Course Director)

[Mark.beamsley@uwmf.wisc.edu](mailto:Mark.beamsley@uwmf.wisc.edu) 608-263-1214

Joe Orman, Phase 2 Educational Coordinator, Medical Education Office

[orman@wisc.edu](mailto:orman@wisc.edu) (608) 263-6149

# CPC Topics by Week

## 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 outpatient settings
- Congestive heart failure management in outpatient 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 / WEEK 6: PSYCHIATRIC CONDITIONS Part I and Part II**

Topics:

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

**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, tob 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

## Chronic and Preventive Care (CPC)

### REQUIRED OBSERVED CLINICAL ACTIVITIES & SKILLS (ROCAS)

ACTIVITY OR CLINICAL SKILL	YES	NO	FEEDBACK: (Please also provide faculty signature in this box)
<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>			
History is appropriately focused and exam technique is appropriate			
Student is able to generate an appropriate differential diagnosis			
<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			

## Chronic and Preventive Care (CPC)

### REQUIRED OBSERVED CLINICAL ACTIVITIES & SKILLS (ROCAS)

ACTIVITY OR CLINICAL SKILL	YES	NO	FEEDBACK: (Please also provide faculty signature in this box)
<b>10. Evaluate an EKG in clinic</b>			
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			
<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			