

CHRONIC & PREVENTIVE CARE (CPC)

2018 Student Guide

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Introduction

Welcome to Chronic and Preventive Care (CPC)!

We look forward to working with you during the next 12 weeks and sincerely hope that you find your experience both challenging and rewarding.

- Challenging, because the scope of chronic medical conditions is vast
- Rewarding, as you care for patients in a wide range of settings, and learn how physicians, health systems, and communities work together to promote health
- Challenging, because human reactions to illnesses vary, and each exam room door will hold a different experience
- Rewarding, as you develop skills that will enable you to help patients, regardless of their situation
- Challenging, as you begin to begin to apply knowledge related to patient care, community health, and health advocacy
- Rewarding, as you work in various settings and consider your future roles as a physician

This guide outlines the essential, unique components of CPC. There are additional, core aspects of CPC that are shared with other Phase II courses, and these are addressed separately in Phase II materials.

Please do not hesitate to contact us with any other questions.

Best wishes,

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CPC Learning Activities

During this block, students will spend time working on three main activities in a typical week:

1. Clinical Patient Care with physicians from the specialties involved in CPC (7-8 half days)
2. Small Group Learning sessions (1 half day)
3. Community engagement project (1 half days)

Note: Weeks have flexible time designated as Asynchronous Learning Activity time (ALA). This time is intended for multiple purposes: Students are required to spend 1 half day per week with the community engagement project, and any remaining ALA time during a week is available for assignments and online learning activities.

A sample weekly schedule is below.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM		Clinic	Clinic	Clinic	Clinic	Small Group	
PM		Clinic	Clinic	ALA	ALA	Clinic	

The Clinical Experience

During the 12 weeks, students on CPC will work with outpatient physicians from a variety of specialties. In most cases, you will work with physicians from Family Medicine, General Internal Medicine, Medical Sub-Specialties, Psychiatry, and Neurology. Most clinics serve a broad spectrum of patient needs, though some clinic time may be in specialty areas. A physician's practice may also include patients with conditions that are not part of the core learning topics identified for CPC. Students should take advantage of this opportunity and see patients who may have conditions that are not explored in the formal learning topics of this course. Student-patient encounters frequently afford independent learning topics for the student to explore in depth when not in clinic.

The level of student independence may vary from clinic to clinic. In general, however, students should see 3-4 patients per half-day in clinic. Students should independently do histories and exams with patients whenever possible, but occasionally, you may be observing your faculty physician perform histories and exams in order to learn from their modeling.

In addition to learning from patient issues encountered during the clinical sessions, students are encouraged to take time to note the importance of the physician-patient relationship, to assess the health problems and resources of the community in which they practice, and to participate in the coordination of health care.

Current Medicare guidelines restrict student documentation to the following: students may enter a patient's past, family, social history and review of systems. Each of our partnering institutions interprets Medicare guidelines slightly differently, so expect some variability. You are encouraged to get permission from your clinical faculty member to enter background information and write orders and prescriptions.

Your clinical experience should be a mix of observing clinical encounters as well as independent activities. Clinical faculty members may advise their student to shadow at the beginning of the rotation. Your level of independence should increase as the clinical faculty member becomes more familiar with your strengths and weaknesses. Students are required to have clinical faculty members observe and give feedback on a variety of clinical skills and encounters (see Required Observed Clinical Activities and Skills sheet, noted later in this document). All students should have both supervised and independent patient interactions throughout the rotation. Students are also strongly encouraged to assist your clinical faculty member and office staff in clinical procedures.

Helpful Hints When Working in a Clinic

- 1. Get to know the clinic staff.** Interactions with the clinic staff will allow a better understanding of the demands of ambulatory medicine.
- 2. It is not necessary for you to see every patient.** Try to see every second or third patient (3-4 per half day) and spend time between patients looking up clinical care information to discuss with the clinical faculty member. This can be a particularly useful strategy if you are working with a very busy clinician who has limited time for discussions between patients. If you find your clinical faculty member has you seeing every patient – talk with him/her or contact your site coordinator right away.
- 3. Arrange to see patient conditions that meet your educational needs.** Work with your clinical faculty member to identify patient visits that are most valuable to your learning as well as any potential problems with seeing the required conditions. Have your faculty member sign off on the Required Observation and Feedback skills form as you complete them.
- 4. Respect differences in patient care decisions.** Occasionally you may observe patient care decisions that seem to be in conflict with the information you discover when completing your learning objectives. If done tactfully, these can be significant opportunities for learning with your clinical faculty member. If, for example, you see a patient whose cholesterol is higher than would seem appropriate based upon your understanding of the current guidelines, it would be better to ask a general question such as "Dr. X, could you explain to me how you use the current guidelines in cholesterol management?" and not "Doctor X, according to what I read you should be treating Mrs. Smith's cholesterol more aggressively." Please remember that you are a guest in your faculty member's office and that such discussions are probably best to have away from the patient.
- 5. Be prepared to take advantage of valuable learning opportunities.** Faculty members may ask students to accompany them on hospital rounds before/after clinic, home visits or evening call. Students are expected to take advantage of these valuable learning opportunities. Contact your site coordinator if your faculty reduces your schedule to less than three half-days a week.
- 6. Bring your stethoscope.** The only equipment you are likely to need is your stethoscope.

How to Elicit Feedback From Your Clinical Faculty

Feedback does not directly contribute to grading. Student should ask for specific feedback regarding their performance and are expected to respond appropriate and productively to the feedback they receive.

Clinical faculty members have different approaches to teaching and providing feedback to students. Most physicians have busy clinical practices and must adapt their teaching styles to meet the time constraints of their practice. Here are ways in which you can elicit feedback from a busy physician.

- **Ask.** Start by asking your clinical faculty member how he/she would like to provide you with feedback (between patients, with patient). When convenient, ask your clinical faculty member specific questions as "Would you like for me to do something different in my presentations". This will more likely elicit constructive feedback than a more general 'How am I doing?'
- **Target a good time in the day or week for feedback:** Asking your physician for feedback after the morning or afternoon session may be preferable rather than during the flow of patient care. The end or start of a week can also be good times to review progress and set goals.
- **Seek specific feedback and a determine a plan when you have your interim evaluation with faculty members**

Community Health Learning Activities on CPC

There are two required community health learning activities on CPC:

- 1) The Community Health Engagement Project
- 2) The Health Advocacy Project

***See separate Student Guides for each of these components.**

CPC Small Group Learning Sessions

One morning or afternoon each week, CPC students at your site will come together for a small group learning session. On most of these sessions, your group will discuss a case-based learning (CBL) case. These cases are designed to enhance knowledge about focused history and exam based on patient presentation, differential diagnosis skills, and clinical decision making.

There are nine CBL cases that will be discussed during CPC, covering all of the learning topics in the course. The cases will help you to integrate knowledge from the course learning topics, and allow for discussion of nuances and clinical perspectives on patient care.

Enrichment activities:

Following the CBL case, there will be additional small group learning time devoted to learning activities that focus on the case topics. These activities will involve hands-on skills practice on various weeks, and discussion of topics other weeks.

2018 CPC Goals:

- **Refer to the Canvas Website for Learning Objectives for the core CPC topics.**
- **CPC Course Objectives are as follows:**

Patient Care:

- Participate in providing care to adult patients in ambulatory settings, including primary care, behavioral health, and a “selective” clinical learning experience in a subspecialty area.
- Participate in a community-setting on a health engagement project.
- Reinforce block learning objectives through clinical experiences.

Knowledge related to common chronic and preventive conditions and behavioral health

- Identify the key clinical features of common, chronic conditions managed in the outpatient setting, with attention to initial presentations, disease progression, and potential complications.
- Distinguish the varying causes of common, chronic conditions managed in the outpatient setting, including both modifiable and non-modifiable factors.
- Develop a clinical strategy to evaluate and treat common medical conditions managed in the outpatient setting.
- Describe the disease burden effects of various chronic conditions at the levels of individual patients, families, communities, and society.
- Make evidence-based recommendations for screening and prevention of common conditions encountered in outpatient settings.

Fundamental science:

- Demonstrate ability to link phase I science concepts with clinical knowledge

Practice of medicine:

- Identify the roles of physicians, interdisciplinary providers, health care systems, and communities in screening, treating, and preventing common, chronic conditions. Recognize best practices for collaborating to provide care for patients and populations.
- Communicate effectively with patients and families to identify goals and barriers related to health and arrive at individualized treatment plans.

Community Health:

- Outline the key components, stakeholders, and steps required for a community health intervention.
- Participate in the design, implementation, or assessment of a community health intervention.

CPC Expectations:

The following expectations are provided to assist you in being successful on the clerkship. Like all phase 2 courses, the CPC grading rubric contains 10% professionalism points. Students receive these points at the start of the clerkship. The rubric for loss of professionalism points is noted below. In addition, professionalism points may be deducted at the discretion of the CPC Director based on unique situations not outlined in the phase 2 rubric (see below). General expectations of students on CPC include:

1. Be on time and be prepared for clinic sessions, small group learning sessions, and community health learning activities.
2. Contact CPC Administrative staff as early as possible with problems. Do not wait until the end of the clerkship to report problems.
3. If you are registered at the Medical School to receive special accommodations at the final exam, it is your responsibility to provide this information to the CPC Course Coordinator for your regional campus within the first two weeks of the clerkship so appropriate arrangements can be made. Failure to do so could result in a delay of the exam being administered.
4. Actively participate in your community engagement project (minimum 40 hours).
5. Adhere to the SMPH Attendance Policy.
6. Maintain the highest standards of professionalism during CPC. You will be expected to have respect for the people around you and keep in mind the positive effects of reliability and selflessness when attending to the needs of patients and working on a team. Your ethical responsibilities include honesty on medical school examinations and in write-ups.
7. Regularly elicit feedback from your clinical faculty members on your performance.
8. Throughout the rotation complete and submit assignments on time.

Attendance and Other Polices:

For information on the following, refer to the Phase 2/SMPH polices:

- **Bloodborne pathogen exposure**
- **Clerkship exam release policy**
- **Mobile devices use**
- **Social media and Social networking**
- **Student Academic Misconduct**
- **Weather & Safety Emergencies**
- **Work Hour Policy**
- **Professionalism policies and expectations for all SMPH students**
- **Absence Policies**

Professionalism Expectations Specific for CPC:

Students are expected to maintain the highest standards of professionalism during CPC. It is a privilege to be invited into the practice of community physicians. You are an ambassador of the UW School of Medicine and Public Health. We rely on you to respect teachers, clinical faculty members and patients and to display ethical behavior. The use of good judgment is critical to your professional reputation.

Professional behavior also includes attitude, dress, punctuality, engagement and completion of administrative tasks. Your clinical site will determine acceptable attire. At some sites, you are housed in shared homes, apartments or call rooms. Check with your regional coordinator for further details if you have any questions about professional expectations.

Transportation Policy:

Students are responsible for their own transportation and parking and associated costs during this rotation.

CPC regional sites routinely rely on teaching from physicians who may be in the surrounding areas. This requires that students have transportation to clinic. We regret that mileage reimbursement is not available through the UWSMPH for student commutes to training sites.

Assignments in CPC:

There are 5 assignments while on CPC:

- 1) **Health Advocacy Project summary paper: due at end of day Friday of week 11.** See Health Advocacy Project Guide for details.
- 2) **Community Health Project reflection paper: due at end of day Friday of week 11.** See Community Health Engagement Project Guide for details.
- 3) **Completion and submission of Patient Experiences reflection paper by end of Wednesday of week 5.** See Patient Experiences Small Group Activity Guide for details.
- 4) **Participation in Community Health Project Presentation: week 12,** timing varies based on block of year. Will be coordinated by the CPC coordinator. See Community Health Engagement Guide for details.
- 5) **Health Advocacy Project Participation:** evaluation form completed by community partner at end of this project (**project complete week 10**). See Health Advocacy Project Guide for details.

Required Experiences and Directly Observed Experiences on CPC:

CPC has a number of clinical experiences which are listed on the FACET tracker. By seeking out opportunities as they arise in clinic each week and monitoring your progress on the FACET list, students should be able to accomplish the CPC FACET experiences without difficulty.

Required Direct Observation experiences: some of the experiences and skills listed on FACET require a faculty member to directly observe and provide feedback. Not all faculty may have online access to the Direct Observation forms, so you should keep a copy of your form with you in clinic, for faculty to sign when you have completed activities.

You should upload submit the Direct Observation form to Canvas by the end of Wednesday Week 12 of CPC.

CPC FACET Experiences:

1. Evaluate a patient with chronic obstructive pulmonary disease
2. Perform a diabetic foot exam
3. Evaluate a patient presenting with gait instability
4. Perform at least 1 SBIRT and 1 Motivational Interview with patients in a clinical setting
5. Incorporate screening for substance use disorders as a routine part of clinical practice using evidence based screening tools.
6. Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of metabolic disorders.
7. Counsel patients on behavioral strategies and recommend appropriate treatment to minimize morbidity due to different types of mental health disorders.
8. Assess a patient for the need of an interpreter.
9. Participate in an outpatient addictions group treatment experience, including a 12-step (e.g. - Alcoholics Anonymous or Narcotics Anonymous) or other comparable group (confirm with Clinical faculty member or Faculty Supervisor), and report on experience at Substance Abuse seminar or to faculty supervisor.

CPC REQUIRED OBSERVED CLINICAL ACTIVITIES & SKILLS

ACTIVITY OR CLINICAL SKILL	YES	NO	FEEDBACK
1. Perform a focused wellness exam on an adult			
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			
2. Perform an HEENT exam			
Proper technique with otoscope & ophthalmoscope			
Able to distinguish normal vs abnormal TM and abnormal findings on throat exam			
3. Perform a knee exam			
Proper exam technique, including inspection, palpation, ROM testing, strength, special testing when indicated.			
4. Perform a shoulder exam			
Proper exam technique, including inspection, palpation, ROM testing, strength, special testing when indicated			
5. Perform a cardiovascular exam			
Proper technique, including detecting PMI, rhythm, extra heart sounds, peripheral pulses			
6. Perform a blood pressure check			
Proper technique			
7. Evaluate and present/or write a note for a patient presenting with a dermatologic concern			
<i>History is appropriately focused and exam technique is appropriate</i>			
<i>Student is able to generate an appropriate differential diagnosis</i>			
8. Obtain a cognitive assessment in a clinical setting			
Student identifies and completes an appropriate screening tool			
Student is able to interpret results in context of patient's clinical presentation			
9. Perform suicidality and homicidality screening when clinically indicated in encounters with patients			
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			
10. Evaluate an EKG in clinic			
<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
11. Complete 2 written notes (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:
12. Evaluate and present/or write a note on a patient with an anxiety disorder			
Evaluation addresses key information and is differential – driven			
Presentation or Note is succinct, with appropriate order of information and pertinent information included			
13. Evaluate and present/or write a note on a patient with a mood disorder			
Evaluation addresses key information and is differential – driven			
Presentation or Note is succinct, with appropriate order of information and pertinent information included			
14. Evaluate and present/or write a note on a patient with a substance use disorder			
Evaluation addresses key information and is differential – driven			
Presentation or Note is succinct, with appropriate order of information and pertinent information included			
15. Write a medication prescription accurately and safely in a clinical setting.			
Student addresses key components of prescription (e.g. appropriate refill amount, detailed instructions to patient and to pharmacist when indicated)			
16. Communicate the plan of care with a patient by generating thorough and understandable patient instructions portion of the after visit summary.			
Note includes the pertinent points from the visit			
Note uses patient-friendly language			
17. Use clinical decision support to enhance patient care.			
Effectively uses information technology during clinical care, especially with clinical decision-making			

CPC ASSESSMENTS and GRADING:

Faculty Assessments:

- 1) **Interim Evaluation forms:** refer to the standard Phase 2 guide regarding Interim Evaluation forms and process.
- 2) **Final Evaluation forms:** refer to standard Phase 2 guide for information regarding Final Evaluation forms and process.

NBME Shelf Exams:

Students on CPC will have the following NBME Shelf exams:

- **Adult Ambulatory Medicine:** all students will take this while on CPC
- **Clinical Science Exam:** all students will take this while on CPC
- **Psychiatry:** Students will take this if they finish the 2nd half of Psychiatry on CPC
- **Neurology:** Students will take this if they finish the 2nd half of Psychiatry on CPC

OSCEs:

CPC will have OSCE stations in a similar format and # to all phase 2 courses. The content of these stations reflects core topics and skills in CPC.

Grading in CPC: follows the standard Phase 2 Course Approach, as outlined below:



Determining pass/fail in Phase 2

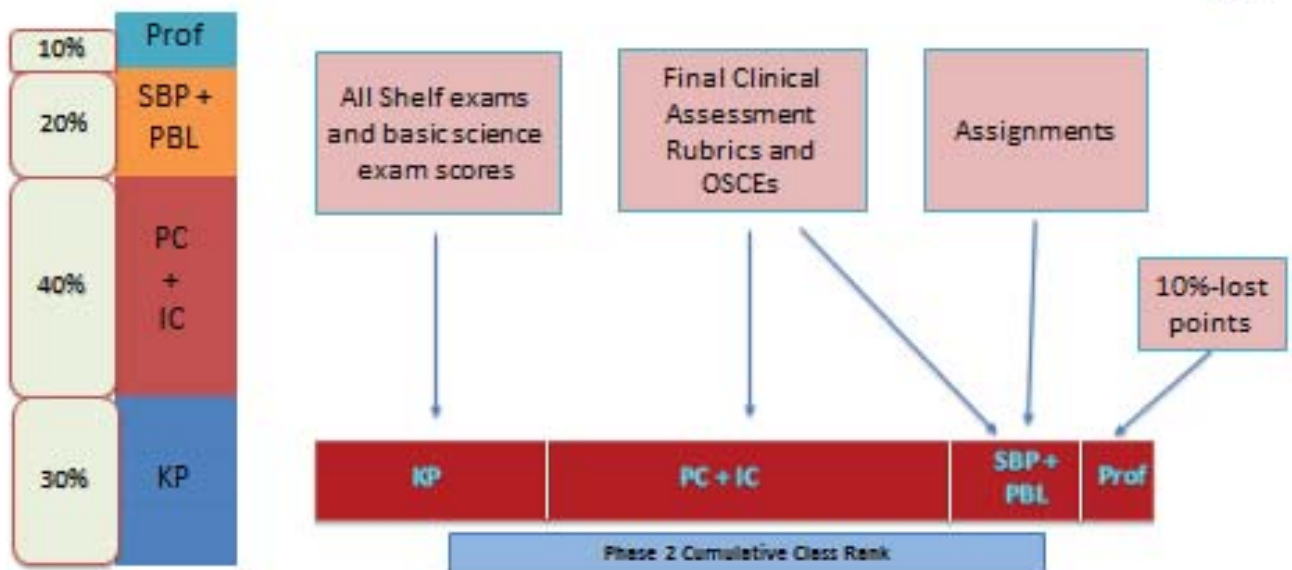
Students must pass all 3 main core elements below:

1. Medical Knowledge
2. Patient Care + Interpersonal Communication
3. Lifelong Learning: Professionalism, Systems Based Practice, & Problem-Based Learning

IBL may change F to IF, if s/he determines deficits are focal rather than global



Phase 2 CCP calculations



Determining pass/fail in Phase 2



3. Lifelong learning: Professionalism, Systems Based Practice, & Problem-Based Learning

- A. PBL + SBP = Assignments will vary by Phase 2 course
 - B. Prof: No more than 4 lost points
 - i. 1 point loss= 1 issue of concern from PR/PBL Final Clinical Assessment Rubric or late submission of assignment
 - a) 1 point loss= within 24 hours of deadline
 - b) 2 points loss= within 1 week of deadline
-

Conclusion:

We hope you have a great 12 weeks on CPC!
Please contact us with any questions or concerns.