

CHRONIC & PREVENTIVE CARE (CPC)

2021 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. Phase 2 and CPC can be 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, and community health.
- 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 contact us with any questions.

Best wishes,

Mark Beamsley, MD
CPC IBL

Joe Orman
Phase 2 Educational Coordinator, Medical Education Office

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 day)

Note: Weeks have time designated as Asynchronous Learning Activity time (ALA). This time is intended for work on the Community Health Engagement Project (CHEP) or other 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	Clinic	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 (or a Medical Sub-Specialty), Psychiatry, and Neurology. Note that a physician's practice may sometimes include patients or conditions that are not part of the core learning topics identified for CPC (ex- pediatric or obstetric patients). Students are expected to participate in care of these patients if advised by their faculty.

We work with faculty to promote opportunities for students to be involved in direct patient care as much as possible. However, the level of student independence may vary from clinic to clinic, depending on the nature of the specialty and patient conditions seen by that physician. Students should independently perform histories and/or exams whenever possible, but occasionally, you may be observing your faculty physician in order to learn from their approaches.

In general, our goal is for you to write at least 1 note per ½-day, whether that is entered to the electronic health record or simply written as a Word document and reviewed with your preceptor. Your faculty member may request you to complete more than one note per session, however.

Clinical faculty members may advise their student to shadow at the beginning of CPC. Your level of independence should increase as the clinical faculty member becomes more familiar with you and your clinical skills. 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 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 team approaches used at that site.
- 2. It is not advisable for you to see every patient. The CPC goal is for you to see 3-4 patients (on average) in a ½-day.** This # may vary based on your preceptor's judgment, however. *If you find your clinical faculty member has you seeing every patient – talk with him/her to review your and their understanding of CPC goals for patient care. If you are still experiencing difficulties, then contact your site coordinator to discuss this further.*
- 3. Try 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 conditions related to the required skills observation form. Have your faculty member sign off on the Required Observation and Feedback skills form as you complete these.
- 4. Respect differences in patient care decisions and use these as opportunities for learning.** Occasionally you may observe patient care decisions that seem to be in conflict with what you have learned or previously observed. If done tactfully, these can be significant opportunities for discussions with your clinical faculty member. If, for example, you see a patient whose cholesterol is higher than would seem appropriate based upon 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. Take advantage of learning opportunities.** Faculty members may ask students to accompany them on hospital rounds before/after clinic, home visits or evening call. Participating in after-hours activities is optional though we encourage students to take full advantage of these opportunities as a way to increase your understanding of each specialty's and individual physician's scope of practice.
- 6. The only equipment you are likely to need is your stethoscope.**

How to Elicit Helpful Feedback From Your Clinical Faculty

Student should ask for specific feedback regarding their performance and are expected to respond appropriately 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. (Ex- "Do you have any recommendations regarding my presentations (vs differential diagnoses, etc))?". This will more likely elicit constructive feedback than a 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 Engagement -- Field Work in CPC

There is a required community health engagement project (CHEP) in CPC, with its own student guide. Refer to this for further information. **Attendance at all CHEP meetings is mandatory.**

CPC Small Group Learning Sessions

These occur one ½-day per week. **Attendance is mandatory.** Most sessions involve case-based learning, and some have skills-building practice and enrichment activities. The cases focus on knowledge of history, exam, differential diagnosis, and clinical decision making. **Pre-work completion is required for the CBL session.**

Course Educational Goals and Objectives:

- Refer to the Canvas Website for **Learning Objectives** related to 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 and behavioral health. For some students, this will also include time spent 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 are expectations on CPC. Refer to Canvas Phase 2 & Phase 3 Orientation for additional guidelines around professionalism points.

Professionalism points may be deducted at the discretion of the CPC IBL based on unique situations not outlined in the phase 2 rubric.

General expectations of students on CPC include:

1. Be on time and be prepared for all clinic sessions, small group learning sessions, and community health learning activities.
2. You are required to attend all Community Health Engagement Project (CHEP) check-in meetings.
3. Contact CPC Administrative Staff as early as possible with problems. Do not wait until the end of the course to report problems.
4. Adhere to the SMPH Attendance Policy.
5. Regularly elicit feedback from your clinical faculty members on your performance.
6. Throughout the rotation complete and submit assignments on time.
7. You are required to treat all students, medical providers, clinical and school support staff, and community partners in CPC respectfully and as colleagues.

Professionalism Expectations Specific for CPC:

CPC and the SMPH have worked with AHEC for years to cultivate relationships with community partners. As participants in these projects you are ambassadors to the SMPH. Your designated time for project work is equivalent to clinical training in terms of expectations for your professionalism, attendance, and engagement. Professionalism points may be deducted by CPC for breaches of professionalism.

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.

Other Policies:

- Refer to Phase 2 Policies on Canvas

Assignments in CPC:

Completion of all assignments is mandatory to pass CPC. Many assignments on CPC have points attached, though not all do. See CPC Assignments on CANVAS for an outline of points.

Some assignments require uploading of a document, whereas other assignments serve only as a verification that you have completed a step towards progress on an activity. This verification helps us and you to know that things are on track with a longer timeline activity.

Required Experiences (FACET List and Directly Observed Experiences):

The FACET list is a comprehensive list of patient conditions and skills you should see or accomplish during your time on CPC. A subset of this list has required, direct faculty observation with feedback, while other items on the list don't require faculty observation. The FACET list is found on OASIS, and you should document items as you complete these.

The items which require direct faculty observation are termed "Required Observed Clinical Activities and Skills" and there is a separate check-list for faculty to sign (see below). Not all faculty have online access to this form, however, so please keep a copy of this with you in clinic so faculty can sign this when they observe you doing an activity.

The conditions and skills on the required observed list are common and should be identifiable in various clinic specialties (you can complete these in any clinic type where you encounter that condition).

You must upload your completed Required Observed Clinical Activities and Skills Form to Canvas: see Assignments for details on timing of this. Please refer to OASIS for the FACET list.

CPC REQUIRED OBSERVED CLINICAL ACTIVITIES & SKILLS

ACTIVITY OR CLINICAL SKILL	YES	NO	FEEDBACK (Also provide faculty signature & Date)
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 (Please also provide faculty signature & Date)
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			

ASSESSMENTS and GRADING:

CLINICAL ASSESSMENTS:

- 1) **Interim Assessment forms:** Interim feedback is meant to help students identify and develop goals and skills. There is a standard Phase 2 Interim Feedback form you should use for this process. The interim feedback is not part of your grade for CPC.

CPC students have the flexibility to pick the timing and determine which faculty provide interim feedback. However, we suggest that you meet around the mid-point of your clinical work with a preceptor. For example, if you work with a faculty member throughout the 12 weeks, then it would be ideal to meet for interim feedback around week six. You should ask your faculty member if they can meet with you for interim (aka mid-point) feedback. Because this form is somewhat detailed, it would be best to meet after or before a patient care session, when there is sufficient time to have a discussion.

You should identify three faculty members from whom to get interim feedback, and ideally they should be from three different medical specialties in CPC if possible, so as to gain perspective from different areas (General Internal Medicine, a Medical Subspecialty, Family Medicine, Neurology, or Psychiatry).

Please note that the interim feedback form (noted below) has a self-assessment you should complete prior to meeting with the faculty member. Bring this form with your self-assessment to the meeting with your faculty member.

While interim feedback does not contribute to your grade, we do want to confirm that students are getting this feedback- please upload these to Canvas when you have them completed.

- 2) **Final Assessment forms:** refer to standard Phase 2 guide for information regarding Final Assessment forms and process.

SMALL GROUP ASSESSMENT:

Your CBL leader will assess your medical history skills, differential diagnosis knowledge, and team dynamic.

CHEP ASSESSMENTS:

Faculty will assess your CHEP reflection paper and presentation

Your CHEP community organization leader and project Faculty Mentor will assess your professionalism and engagement in the CHEP. This includes preparation for the check-in meetings and participation at the meetings.

NBME Shelf Exams:

All students on CPC will have the following NBME Shelf exams:

- **Ambulatory Care**
- **Clinical Science Exam (CSE)**

Students may also complete the following shelf exams, if they are eligible based on SMPH phase 2 guidelines:

- **Psychiatry**
- **Neurology**

OSCEs:

CPC will have five OSCE stations with a similar format to all Phase 2 courses. The stations will typically require you to perform a focused/pertinent history and exam, and will also assess your decision making and communication skills. There is a written note station as well. The content of these stations reflects core topics and skills addressed in CPC.

Grading in CPC: Refer to Phase 2 policies.

SHELF EXAM RESOURCES:

The weekly content in CPC ELOs is a guide to the core topics in the course shelf exams. These ELO resources, in addition to the library/optional resources in CPC, will provide a foundation in your preparation for NBME exams. In addition, the following resources for NBME exam preparation were recommended by Department Faculty Leads and medical students.

General Internal Medicine & Family Medicine Topics:

- Blueprints Medicine or Step-Up to Medicine: each offers a relatively concise review of a wide range of Medicine topics, spanning both ambulatory and inpatient conditions.
- Sixth Edition, Essentials of Family Medicine is a comprehensive introduction to family medicine for clerkship students. It focuses on common clinical problems, and uses case studies to show practical applications of key concepts. **Note: no OB or Pediatric content is needed for the Adult Ambulatory Shelf Exam.**
- AAFP question bank- more than 1,000 review questions. Requires becoming AAFP member (free). <https://www.aafp.org/cme/cme-topic/all/bd-review-questions.html>

Neurology:

- Case Files Neurology or Blueprints Neurology

Psychiatry:

Psychiatry QBank questions.

[*American Psychiatric Publishing Textbook of Psychiatry*](#)

[*Diagnostic and Statistical Manual, 5th edition \(DSM-5\)*](#)

[*Massachusetts General Hospital Comprehensive Clinical Psychiatry*](#)

Conclusion:

We hope you enjoy your time on CPC! You will see a wide variety of conditions and have the opportunity to view how patients are cared for in a variety of clinical and community settings. We hope that this experience is rewarding and helpful as you consider your future career.

Please contact us with any questions or concerns.

Best regards--