

**MED 823: Primary Care Preceptorship 2 (PCP)**  
*Spring 2018*

Tuesdays & Thursdays  
8:00 a.m. to 12:00 p.m.

Location: *Clinical Sites to be Assigned*

Course Chair:

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**Course Description and Learning Objectives:**

The Primary Care Preceptorship (PCP) runs concurrently with the Doctoring 2 and NV Community Medicine 2 courses. This five-month portion of the eighteenth month longitudinal course is a community-based rotation that provides students with protensive exposure to the role physician's in clinical and primary care settings throughout the Foundations Phase of the medical school curriculum. Each student participates in weekly, half-day rotations in a continuity out-patient primary care setting, and partake in clinical encounters to develop clinical reasoning, patient interviewing, physical diagnosis, physical exam, patient history-taking and write-up skills, as well as doctor-patient relationships.

The educational focus of the Primary Care Preceptorship 2 is to provide students with unique approaches to primary care practices with undifferentiated patients, and introduce core concepts of comprehensive and longitudinal care.

- Demonstrate the principles of primary health care by participating in the care of diverse populations for the development of clinical and patient care skills in ambulatory settings and/or limited health care environments.
- Explore the complexity and diversity of health care needs in community settings to understand the integration of health and public health issues.
- Develop an understanding of the complexity of systems-based care through exposure to office management and efficient clinic operations.
- Cultivate and refine communication skills in challenging patient encounters to foster compliance with clinical interventions and directives, as well as maintain professional integrity in physician-patient relationships.
- Apply core concepts of practice-based learning and improvement through self-directed learning to advance lifelong learning skills.
- Elicit a complete and accurate medical history, including the patient's narrative, the impact of the illness, and specific topics including the sexual, functional, chronic pain, substance use histories, and health promotion to provide quality health care services.

**Required and Recommended Materials & Textbooks:**

Required

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. 11<sup>th</sup> ed. Wolters Kluwer.
- Henderson, M., Tierney, L. M., & Smetana, G. W. (2012). *The Patient History: Evidence-Based Approach to Differential Diagnosis*. New York, NY: McGraw-Hill Medical.
- *Medication Reference* – Gomella, P. T. (2013). *EMS Pocket Drug Guide*. 2<sup>nd</sup> ed. McGraw-Hill Medical Education.

Required Materials

- Stethoscope
- Reflex hammer
- Pen light
- Medication reference (Epocrates phone app or pocket guide)
- White coat (short length – professional attire)

#### Recommended

- Drake, R. L., Vogl, W. A., & Mitchell, A. W. (2015). *Gray's Anatomy for Students*. 3<sup>rd</sup> ed. Elsevier Saunders.
- Fletcher, R., & Fletcher, S. (2013). *Clinical Epidemiology: The Essentials*. 5<sup>th</sup> ed. Wolters Kluwer.

*Additional journals/articles may be recommended at the onset & through the duration of the course.*

### **Principles & Skills of Primary Care**

Primary care physicians are often patients' initial encounter into the health care system. This requires that primary care physicians to not only be skilled in problem assessment and diagnostics, but in establishing therapeutic relationships to determine the appropriate evaluation and proposed treatment of the patient. Learning objectives in PCP 2 include those identified in PCP 1 (physician role, patient management, continuity and comprehensiveness of care), but expand with deeper emphasis on physician-patient interactions.

#### **A. Interviewing**

- Define and demonstrate advanced skill approaches critical for the intake, evaluation, and assessment of patients.
- Demonstrate advanced history-taking and physical diagnosis.
- Develop medical reasoning and problem-solving skills.
- Develop interviewing skills to range from basic personal interaction to data gathering, and communicating with difficult patients and sensitive clinical issues.
- Use and refine communication skills to discuss diagnosis, assessment, treatment plan and implications with the patient.
- Demonstrate practical aspects of primary care interviewing, *e.g.* appropriate timing, interacting personally while addressing medical issues, and managing patients with psychosocial issues.

#### **B. Examination, History-taking, and Procedures**

- Identify indicators for specific procedures and the contribution of procedures to overall patient care.
- Differentiate diagnostic from screening procedures.
- Demonstrate the technical aspects of performing procedures.
- Explain the concept of informed consent and safety issues for outpatient procedures.
- Determine cost-effective uses of procedures and testing.

#### **C. Organization and Management**

Primary care physicians care for a large number of patients differing in complexity. As such, organization and time management skills are critical to primary care practice.

- Demonstrate ability to effectively chart completion, business concerns, as well as lifelong learning/continuing education skills.
- Analyze how primary care practices organize patient care and physician time.
- Assess personal and community considerations.

**D. Patient Education**

- Deliberate the theoretical aspects of preventative care.
- Analyze data underlying recommendations from various organizations for health screening, and how the data may differ.
- Develop individual approaches to health maintenance based upon data gathered from health screening organizations.
- Determine how to individualize preventative care activities for patients with specific risk factors.

**Longitudinal Primary Care Patient Encounter Requirements and Examples:**

| <b>Patient Encounter</b>  | <i>Example</i>  |
|---|---|
| Cardiac condition<br><ul style="list-style-type: none"> <li>✓ Coronary Artery Disease (CAD)</li> <li>✓ Hypertension</li> </ul>                              | Murmur  |
| Chronic Condition – maintenance   |   |
| Chronic Condition – Acute exacerbation (COPD)   |   |
| Dermatologic Conditions<br><ul style="list-style-type: none"> <li>✓ Contact Dermatoses</li> <li>✓ Exanthems</li> </ul>                                      | Skin Cancer<br>Rash   |
| Endocrine Conditions<br><ul style="list-style-type: none"> <li>✓ Diabetes</li> <li>✓ Hyperlipidemia</li> </ul>  | Obesity<br>Thyroid disorders  |
| Ears, Nose, Throat (ENT) Conditions<br><ul style="list-style-type: none"> <li>✓ Allergy</li> <li>✓ Hearing Loss</li> </ul>                                  | Viral Upper Respiratory Infection (URI)<br>Otitis Media (OM) infection<br>Pharyngitis |
| Evaluation of Yet Defined Illness<br><ul style="list-style-type: none"> <li>✓ Dizziness</li> <li>✓ Fatigue</li> </ul>                                       | Non-specific abdominal pain<br>Non-specific chest pain                                |
| Gastrointestinal Conditions<br><ul style="list-style-type: none"> <li>✓ Cirrhosis / Hepatitis</li> <li>✓ Inflammatory/infections bowel disorders</li> </ul> | Peptic Ulcer Disease (PUD)<br>Gastroesophageal Reflux Disease (GERD)                  |
| Genitourinary Conditions<br><ul style="list-style-type: none"> <li>✓ Benign Prostatic Hyperplasia (BPH)</li> <li>✓ Menstrual disorders</li> </ul>           | Urinary Tract Infection (UTI)   |
| Musculoskeletal Conditions<br><ul style="list-style-type: none"> <li>✓ Arthritis</li> <li>✓ Autoimmune disorders</li> </ul>                                 | Injuries – strains/sprains/fractures  |
| Neurologic Conditions<br><ul style="list-style-type: none"> <li>✓ Headache</li> <li>✓ Seizure</li> </ul>  | Transient Ischemic Attack (TIA)<br>Stroke   |
| Preventative Health –   | Well Child Care (WCC)   |

|  |  |
|--|--|
| Infant, Child, Adolescent & Adult<br>✓ General Physicals<br>✓ Screening via History and/or Testing<br>✓ Counseling | Anticipatory Guidance<br>Health Lifestyle practices –<br>nutrition/exercise/risk reduction)<br>Substance use/abuse/cessation |
| Psychiatric/Behavioral Conditions<br>✓ Mood disorders<br>✓ Learning disorders<br>✓ Substance abuse                 | Attention-deficient/hyperactivity disorder<br>(ADHD)   |
| Pulmonary Conditions<br>✓ Asthma<br>✓ Acute exacerbation (COPD)  | Pneumonia  |

**Course Schedule Overview:**

When patients present to primary care physicians’ offices, his/her symptoms are often non-specific, and differential diagnoses broad. Hence, a primary care physician must possess the skills to make an accurate diagnosis, appropriate treatment plan, account for the personal and financial costs of diagnosis and treatment, and consider the psychosocial impact of care on the patient, his/her family, and community.

Primary care skills are divided into four major learning objectives: principles, skills, practical and psychosocial aspects. The Primary Care Preceptorship 2 develops students’ history and note-taking skills, as well as exposes students to organizational and patient management practices of primary care physicians.

Week 1: Tuesday, January 9 & Thursday, January 11, 2018

- Standardized patient cases (3 cases: dermatology, MSK, and breaking bad news)
- **Formative Objective Structure Clinical Examination (OSCE)**

Week 2: Tuesday, January 16 & Thursday, January 18, 2018

- Gastrointestinal (GI) History
- Physical Examination

Week 3: Tuesday, January 23 & Thursday, January 25, 2018

- Nutrition/BMI/Obesity
- Functional Medicine Lifestyle

Week 4: Tuesday, January 30 & Thursday, February 1, 2018

- Cultural Competency
- Role Play
- Reflection

Week 5: Tuesday, February 6 & Thursday, February 8, 2018

- Endocrine History
- Physical examination (diabetic foot)

Week 6: Tuesday, February 13 & Thursday, February 15, 2018

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- Cost Effective Care (Insulin case)
- Alternative Medication (Armour Thyroid case)

### Week 7: Tuesday, February 20 & Thursday, February 22, 2018

- Reproduction & Sexual History, *i.e.* contraception history, STDs, screening
- Domestic Violence
- Cultural Competency

### Week 8: Tuesday, February 27 & Thursday, March 1, 2018

- Breast & Pelvic Exams

### Week 9: Intersession 2

### Week 10: Tuesday, March 13 & Thursday, March 15, 2018

- Gastrointestinal (GI)/Reproduction/Endocrine Standardized Patient (SP) Assessments

### Week 11: Tuesday, March 20 & Thursday, March 22, 2018

- CV/Peripheral Vascular Disease (PVD) History
- Chest Pain Case
- Cost Effective Care

### Week 12: Tuesday, March 27 & Thursday, March 29, 2018

- CV/Peripheral Vascular Disease (PVD) Exam using ventrilloscope
- BP, pulse, and orthostatics

### Week 13: Tuesday, April 3 & Thursday, April 5, 2018

- Difficult patients and pain contracts
- Legal, alternative, and integrative medicine

### Week 14: Tuesday, April 10 & Thursday, April 12, 2018

- Cultural Competency and Alternative Medicine
- Lifestyle Modifications
- Reflection

### Week 15: Tuesday, April 17 & Thursday, April 19, 2018

- Pulmonary History

### Week 16: Tuesday, April 24 & Thursday, April 26, 2018

- Pulmonary Exam using ventrilloscope

### Week 17: Tuesday, May 1 & Thursday, May 3, 2018

- **Ventrilloscope Quiz**

### Week 18: Intersession 2

Week 19: Tuesday, May 15 & Thursday, May 17, 2018

- Renal History
- Interpreting urinalysis unstable angina (UA), *e.g.* Proteinuria and Hematuria

Week 20: Tuesday, May 22 & Thursday, May 24, 2018

- Male History, *i.e.* prostate, testicular, erectile dysfunction (ED), and STDs
- Prostate Specific Antigen (PSA) Cost Effective Care

Week 21: Tuesday, May 29 & Thursday, May 31, 2018

- Standardized Patient (SP) assessment of Cardio, Pulmonary, and Renal systems
- Reflection: Patient Care

Week 22: Intersession 3**Course Requirements & Evaluation:**

Active participation is an integral part of the primary care preceptorship. Students must engage in individual, preceptor, small group, and primary care discussions to effectively contribute to active patient care and learning activities, as well as offer and receive constructive feedback for self-assessment. Formative assessments of narrative patient encounters and notes are conducted at the mid-point and end of the course.

Students are expected to arrive on time to all patient care sessions prepared to participate actively and engage in all learning opportunities. Students are expected to be respectful, take responsibility and accountability for their own choices, actions, and/or decisions. This includes the demonstration of personal and professional integrity. Any student with a serious or multiple violations of professional behavior will be referred to the Medical Student Progress Committee (SPC) for review and potential action.

Attendance will be excused for matters pertaining to serious illness or in the event of a family emergency per the review and approval of the Senior Associate Dean for Student Affairs.

**Grading:**

A pass/fail (P/F) grade is based upon satisfactory participation in individual, preceptor and primary care exercises, including the timely completion of essays/written assignments, doctor mentor meetings, and satisfactory formative assessments (narrative) of patient encounters. Grading will be assessed per quarterly preceptor evaluations, weekly journal entries, patient visits documented in the electronic health record, essays/write-ups, evaluation of oral presentations, and journal article reviews. Passing grades entail a satisfactory passage of the Objective Structured Clinical Examination (OSCE) and relevant patient encounters.

Students who fall below the minimum standards described, or who receive an 'Incomplete' grade, will undergo a formal remediation process. Students will coordinate and work with their assigned Clerkship Director(s) to develop a plan that addresses knowledge gaps, lack of competency and/or behaviors with specified activities, timelines and deadlines. (The plan will be submitted and presented to the UNLV SOM's Dean of Academic Affairs and Education for review, and subsequently referred to the Student Promotion and Conduct Committee, SPCC, for presentation by the Clerkship

Director(s). Approval, and/or requested revisions will be determined by the SPCC given the complexity and suitability of the remediation plan.

**Dress Code:**

Students represent not only themselves, but also the medical profession to those with whom they have contact. **Appropriate and professional attire should be worn, especially when students are in patient care settings or when contact with patients is anticipated.** Students should be aware that personal appearance may serve to inspire or hinder the establishment of the trust and confidence that are essential in the doctor-patient relationship. Jeans, sandals, and shorts (and other casual attire) are not considered professional dress. Scrubs are worn in the operating room, in the anatomy lab or in other clinical circumstances to protect the operator's clothing from soilage. Scrubs, in general, should not be worn outside of the lab or hospital, and scrubs worn in the operating room should not be worn outside of the operating room. *(Please refer to Section 6: Professionalism in the UNLV SOM Student Handbook for guidelines pertaining specifically to dress.)*

**University Expectations and Resources:**

Academic Misconduct – Academic integrity is a legitimate concern for every member of the campus community; all share in upholding the fundamental values of honesty, trust, respect, fairness, responsibility and professionalism. By choosing to join the UNLV community, students accept the expectations of the Academic Misconduct Policy and are encouraged when faced with choices to always take the ethical path. Students enrolling in UNLV assume the obligation to conduct themselves in a manner compatible with UNLV's function as an educational institution. An example of academic misconduct is plagiarism. Plagiarism is using the words or ideas of another, from the Internet or any source, without proper citation of the sources. See the Student Academic Misconduct Policy (approved December 9, 2005) located at: <http://studentconduct.unlv.edu/misconduct/policy.html>.

Copyright – The University requires all members of the University Community to familiarize themselves and to follow copyright and fair use requirements. You are individually and solely responsible for violations of copyright and fair use laws. The university will neither protect nor defend you nor assume any responsibility for employee or student violations of fair use laws. Violations of copyright laws could subject you to federal and state civil penalties and criminal liability, as well as disciplinary action under University policies. Additional information can be found at: <http://www.unlv.edu/provost/copyright>.

Disability Resource Center (DRC) – The UNLV Disability Resource Center (SSC-A 143, <http://drc.unlv.edu/>, 702-895-0866) provides resources for students with disabilities. If you feel that you have a disability, please make an appointment with UNLV SOM's Senior Associate Dean for Student Affairs, as well as a Disabilities Specialist at the DRC to discuss appropriate options. If you are registered with the UNLV Disability Resource Center, please submit your Academic Accommodation Plan from the DRC to UNLV SOM's Office of Student Affairs to develop strategies for implementing an accommodations plan that meets both your needs and UNLV SOM requirements. Any information provided is private and confidential. To maintain confidentiality, please do not approach course chairs or instructors before or after class to discuss accommodation needs.

Religious Holidays Policy – Any student missing class quizzes, examinations, or any other class or lab work because of observance of religious holidays shall be given an opportunity during that semester to make up missed work. The make-up will apply to the religious holiday absence only. It

shall be the responsibility of the student to notify the Senior Associate Dean for Student Affairs and the course chair or faculty preceptor no later than the end of the first two weeks of classes, January 31, of his or her intention to participate in religious holidays which do not fall on state holidays or periods of class recess. This policy shall not apply in the event that administering the test or examination at an alternate time would impose an undue hardship on the instructor or the university that could not have reasonably been avoided. For additional information, please visit: <http://catalog.unlv.edu/content.php?catoid=6&navoid=531>.

Incomplete Grades – Course or clerkship/elective faculty share responsibility with individual students to monitor their performance in the curriculum. The Student Progress Committee (SPC) follows student performance in the curriculum, and is responsible for approving all remediation plans once students have been assigned an insufficient grade, *e.g.* ‘Incomplete’ or ‘Fail.’ Remediation plans are developed by individual course directors, based upon individual student’s identified academic and professional deficits, and tailored by both the course director and the SPC. The SPC determines deadlines for the adequate remediation of the course and provides final approval of the remediation plan. Students have the option, upon request, to appear before the SPC when plans for remediation are being considered.

*Please note:* In Phase 3 of the curriculum, any remediation of elective or advanced clerkship deficits must be completed prior to April 1 to meet the School of Medicine’s graduation requirements. Students are not permitted to remediate more than two (2) course grades of ‘Incomplete’ during a single academic year. Students who receive more than two incomplete grades must be reviewed by the SPC. (*Please refer to Section 7: Academic Policies in the UNLVSOM Student Handbook for guidelines pertaining specifically to academic progress and actions.*)

Tutoring & Academic Resources – The Academic Skills Team (AST) provides academic assistance for all UNLVSOM students taking UNLVSOM courses. Students are encouraged to stop by the AST to utilize a variety of academic services, including test-tasking skills and strategies, coping with test anxiety, and improving self-study skills in preparation for USMLE and board exams. The AST is located at: 2040 West Charleston Boulevard, 89102.

UNLV E-mail – By policy, faculty and staff should e-mail students’ UNLV e-mail accounts only. All UNLV students receive a Rebelmail account after they have been admitted to the university. It is one of the primary ways students receive official university communication such as information about deadlines, major campus events, and announcements. Students’ e-mail prefixes are listed on class rosters, and the suffix is: @unlv.nevada.edu.