

MED 833: Primary Care Preceptorship 3 (PCP)

Fall 2018

Tuesdays & Thursdays

1:00 to 5:00 p.m.

Location: *Clinical Sites to be Assigned*

Course Chair:

Laura Shaw, MD

laura.shaw@medicine.nevada.edu

Course Description and Learning Objectives:

The Primary Care Preceptorship (PCP) runs concurrently with the Doctoring 3 and NV Community Medicine 3 courses. This portion of the eighteenth month longitudinal course supplements instruction and content presented in the Mind, Brain and Behavior (MED 808) integrated organ systems courses with clinical, primary care experiences in neurology, psychiatry, and behavioral medicine. Each student participates in weekly, half-day rotations in a continuity out-patient primary care setting, and engage in clinical encounters to develop clinical reasoning, patient interviewing, physical diagnosis, physical exam, patient history-taking and write-up skills pertaining to neurological normalities and disorders.

The educational focus of the Primary Care Preceptorship 3 is to provide students with exposure to epidemiological, socioeconomic, behavioral, sociocultural and community factors that impact the care of patients in primary care settings. PCP 3 furthers the development of core concepts affiliated with comprehensive and longitudinal primary care practices.

- 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*. 11th ed. Wolters Kluwer.
- Blumenfeld, H. (2012). *Neuroanatomy through Clinical Cases*. 2nd ed. Sunderland, MA: Sinauer Associates, Inc.
- 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*. 2nd 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*. 3rd ed. Elsevier Saunders.
- Fletcher, R., & Fletcher, S. (2013). *Clinical Epidemiology: The Essentials*. 5th ed. Wolters Kluwer.
- Hope, T. (2004). *Medical Ethics: A Very Short Introduction*. 1st ed. Oxford University Press.
- Sadock, B. J., Sadock, V. A., & Ruiz, P. (2015). *Synopsis of Psychiatry. Behavioral Sciences/Clinical Psychiatry*. 11th ed. Philadelphia, PA: Wolters Kluwer.

Additional texts may be recommended at the onset and throughout the duration of the course to aid/facilitate learning objectives.

Psychosocial Aspects of Primary Care

Primary care physicians assume multiple roles relative to the medical and “non-medical” problems commonly encountered in primary care practice; these roles include counselor, advisor, social service coordinator, advocate, among others. Learning objectives in PCP 3 include those identified in PCP 1 and 2, but address physician-patient interactions involving neurological ailments, advanced directives, palliative health, domestic violence and abuse/neglect.

A. Interviewing, Examination, and History-taking

- Define and demonstrate advanced skill approaches critical for the intake, evaluation, and assessment of patients with neurological conditions.
- Demonstrate advanced history-taking and physical diagnosis of neurological conditions.
- Develop interviewing skills with emphasis on communicating with difficult patients and those with sensitive clinical and neurological issues.
- Differentiate diagnostic from screening procedures.
- 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. Referral Management

Managing care and referrals are fundamental in the practice of primary care. Important issues arise in the coordination of patient care when referral resources are needed.

- Distinguish indicators for the referral of patient's care.

- Develop a referral “threshold” for specific problems/concerns.
- Establish relationships and communication skills with specialists and sub-specialists that aid the transition of care.
- Assess the appropriate use of input from resources, including referral sources.
- Describe the coordination of patient care when multiple referral resources are involved.
- Determine cost-effective uses for referral procedures and care management.
- Evaluate how medical care is financed (cost-effectiveness) influences the provisions of preventative, diagnostic, and treatment service in the community.

Longitudinal Primary Care Patient Encounter Requirements and Examples:

Patient Encounter	Example
Cardiac condition ✓ Coronary Artery Disease (CAD) ✓ Hypertension	Murmur
Chronic Condition – maintenance	
Chronic Condition – Acute exacerbation (COPD)	
Dermatologic Conditions ✓ Contact Dermatoses ✓ Exanthems	Skin Cancer Rash
Endocrine Conditions ✓ Diabetes ✓ Hyperlipidemia	Obesity Thyroid disorders
Ears, Nose, Throat (ENT) Conditions ✓ Allergy ✓ Hearing Loss	Viral Upper Respiratory Infection (URI) Otitis Media (OM) infection Pharyngitis
Evaluation of Yet Defined Illness ✓ Dizziness ✓ Fatigue	Non-specific abdominal pain Non-specific chest pain
Gastrointestinal Conditions ✓ Cirrhosis / Hepatitis ✓ Inflammatory/infections bowel disorders	Peptic Ulcer Disease (PUD) Gastroesophageal Reflux Disease (GERD)
Genitourinary Conditions ✓ Benign Prostatic Hyperplasia (BPH) ✓ Menstrual disorders	Urinary Tract Infection (UTI)
Musculoskeletal Conditions ✓ Arthritis ✓ Autoimmune disorders	Injuries – strains/sprains/fractures
Neurologic Conditions ✓ Headache ✓ Seizure	Transient Ischemic Attack (TIA) Stroke
Preventative Health – Infant, Child, Adolescent & Adult ✓ General Physicals ✓ Screening via History and/or Testing ✓ Counseling	Well Child Care (WCC) Anticipatory Guidance Health Lifestyle practices – nutrition/exercise/risk reduction) Substance use/abuse/cessation
Psychiatric/Behavioral Conditions ✓ Mood disorders ✓ Learning disorders	Attention-deficient/hyperactivity disorder (ADHD)

✓ Substance abuse	
Pulmonary Conditions ✓ Asthma ✓ 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, August 28 & Thursday, August 30, 2018

- Neurological & Psychiatric Histories (including sleep history)
- Identify and apply screening tools
- Substance abuse (legal implications)

Week 2: Labor Day Recess

Week 3: Tuesday, September 11 & Thursday, September 13, 2018

- Psychiatric Exam

Week 4: Tuesday, September 18 & Thursday, September 20, 2018

- Comprehensive Neurology Exam

Week 5: Tuesday, September 25 & Thursday, September 27, 2018

- Family Meetings (Role Play)
- Advanced Directives Case Study

Week 6: Tuesday, October 2 & Thursday, October 4, 2018

- Palliative Care, Hospice & Home Healthcare

Week 7: Tuesday, October 9 & Thursday, October 11, 2018

- Second Victim Phenomenon
- Cultural Competency
- Reflection

Week 8: Tuesday, October 16 & Thursday, October 18, 2018

- Domestic Violence Reporting
- Elderly Abuse & Home Safety

- Assessments & Assessing Gait

Week 9: Nevada Day Recess

Week 10: Intersession 4

Week 11: Veteran's Day Recess

Week 12: Tuesday, November 13 & Thursday, November 15, 2018

- Special Reporting: STDs and infections

Week 13: Thanksgiving Recess

Week 14: Tuesday, November 27 & Thursday, November 29, 2018

- Pain Scale
- Back & Hip Exams
- Cost Effective Care, *i.e.* ordering imaging for back pain without red flags

Week 15: Tuesday, December 4 & Thursday, December 6, 2018

- Dermatology History and exam

Week 16: Recess

Week 17: Winter Recess

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, small group 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 UNLV SOM Student Handbook for guidelines pertaining specifically to academic progress and actions.)*

Tutoring & Academic Resources – The Academic Skills Team (AST) provides academic assistance for all UNLV SOM students taking UNLV SOM 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.