Pennsylvania State University
College of Medicine

ACADEMIC YEAR 2012-2013

THIRD-YEAR
PRIMARY CARE CLERKSHIP IN UNDERSERVED COMMUNITIES
PCMED 731

COURSE SYLLABUS

COURSE CO-DIRECTORS:

Patricia Gordon, M.D. **	**Department of Pediatrics**
Dennis Gingrich, M.D.	**Department of Family and Community Medicine**
Lawrence Jones, M.D.	**Department of Medicine/Div. General Internal Medicine**
Linda Chambers, M.D.	**Department of Family and Community Medicine**
Linda Kanzleiter, D.Ed., M.Ps.Sc	**Department of Family and Community Medicine**

****Lead Co-Director**

ALL QUESTIONS REGARDING COURSE REQUIREMENTS SHOULD BE DIRECTED TO DIANE FERRON, COURSE COORDINATOR AT dferron@hmc.psu.edu or 717-531-1534.

TABLE OF CONTENTS

COURSE INFORMATION AND CONTACT PERSONS 3

ACADEMIC YEAR 12 -13 ROTATION DATES 4

AHEC REGIONS AND CONTACT PERSONS 5 - 6

ACADEMIC INTEGRITY 7

COURSE OVERVIEW 7 - 8

LEARNING OBJECTIVES 8 - 9

EXPECTATIONS 9 - 10

REQUIREMENTS 10 - 11

REQUESTING TIME OFF 11

ON-CALL GUIDELINES 11

DISABILITY STATEMENT 11

EVALUATION AND GRADING 12

HOW TO FORWARD EMAILS TO YOUR "PSU" EMAIL ACCOUNT 12 - 13

REQUIRED READING 13

RECOMMENDED READING AND LEARNING TOPICS 13 - 14

PRIMARY CARE LEARNING OBJECTIVES 15

I. PRINCIPLES OF PRIMARY CARE 15
- A. First-Contact Medicine and the Role of Diagnostician 15
- B. Patient management 16
- C. Continuity 16
- D. Comprehensiveness 16

II. SKILLS OF PRIMARY CARE 16
- A. Interviewing 16 - 17
- B. Organization and Time Management 17
- C. Referral Management 17
- D. Outpatient Procedures 17
- E. Preventive Care 17 - 18
- F. Telephone Medicine 18
- G. Management of Hospitalized Patients 18

III. PRACTICAL ASPECTS OF PRIMARY CARE 18
- A. Practice Organization 18
- B. Business Aspects 19
- C. Lifestyle 19

IV. PSYCHOSOCIAL ASPECTS OF PRIMARY CARE 19
- A. Multiple Roles of the Primary Care Physician 19
- B. Community / Social Aspects of Primary Care 19

HOUSING 20

STUDENT PRESENTATIONS 20

PRE WORKSHOP ASSIGNMENT 20 - 21

FAMILY PROJECT ASSIGNMENT 22 - 25

COMMUNICATION SEMINAR 26 - 27

DEBRIEFING & FINAL EXAM 27 - 28

CRIMINAL BACKGROUND CHECKS 29

PATIENT ENCOUNTER REQUIREMENTS 30

NEW INNOVATIONS INSTRUCTIONS 31

OFFICE MANAGEMENT TRAINING ASSIGNMENT 32 - 35
STUDENT PRESENTATIONS 36

-- COURSE INFORMATION & CONTACT PERSONS –

Course Description:	Course Designation & Number	PCMED 731
	Course Credits	5
	Prerequisites	Third-year standing
	Length of Clerkship	4 weeks
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(717) 531-1534
My office is located directly across from the library – C1613
dferron@hmc.psu.edu

AY 2012 -2013 Rotation Dates

July 2 – July 27, 2012
Communication Seminar – July 26 Debriefing & Test – July 27

July 30 – August 24, 2012
Communication Seminar – August 23 Debriefing & Test – August 24

August 27 – September 21, 2012
Communication Seminar – September 20 Debriefing & Test – September 21

September 24 – October 19, 2012
Communication Seminar – October 18 Debriefing & Test – October 19

October 22 to November 16, 2012
Communication Seminar – November 15 Debriefing & Test – November 16

November 19 to December 14, 2012
Communication Seminar – December 13 Debriefing & Test – December 14

January 7 to February 1, 2013
Communication Seminar – January 31 Debriefing & Test – February 1

February 4 – March 1, 2013
Communication Seminar – February 28 Debriefing & Test – March 1

March 4 – March 29, 2013
Communication Seminar – March 28 Debriefing & Test – March 29

April 8 to May 3, 2013
Communication Seminar – May 2 Debriefing & Test – May 3

May 6 to May 31, 2013
Communication Seminar – May 30 Debriefing & Test – May 31

June 3 – June 28, 2013
Communication Seminar – June 27 Debriefing & Test – June 28

Area **H**ealth **E**ducation **C**enter = **AHEC**

Free housing is provided for all sites requiring greater than a one hour drive from HMC/COM

Region	Contact Person	Contact Information	
NORTHWEST (NW)	*Mark Stockard*	Phone:	814.217.6046
NW-AHEC counties include: Butler, Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, Lawrence, McKean, Mercer, Potter, Venango, Warren		Fax:	814.864.4077
		Email:	mstockard@nwpaahec.org

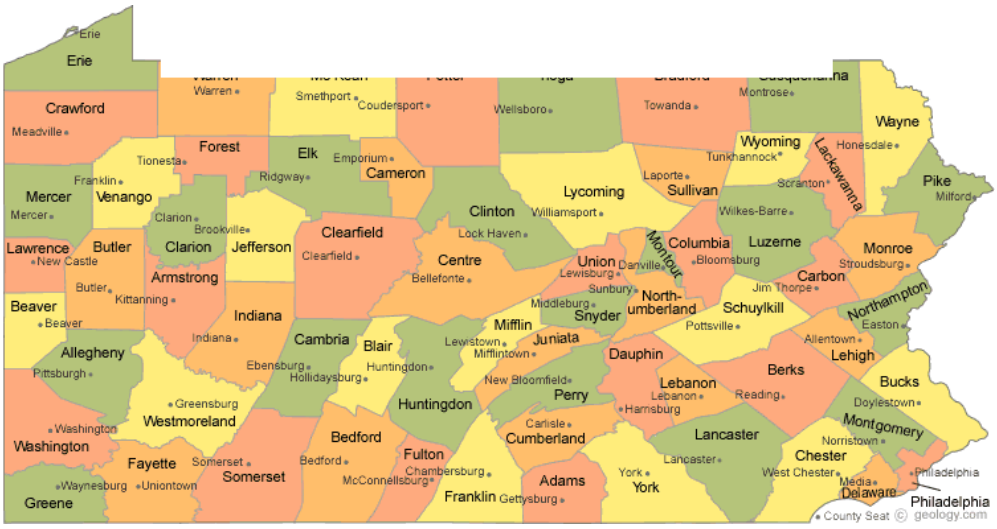
SOUTHCENTRAL (SC)	*Sherri Platt*, RN Health Educator / Site Coordinator	Phone:	814.344.2222 ext 4
SC-AHEC counties include: Adams, Bedford, Blair, Cambria, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Indiana, Juniata, Lancaster, Lebanon, Perry, Somerset, York		Fax:	814.344.2221
		Email:	studentrotations@scpa-ahec.org

All PC MED 731 Clerkship rotations must be completed in the state of Pennsylvania in one of the counties listed above.

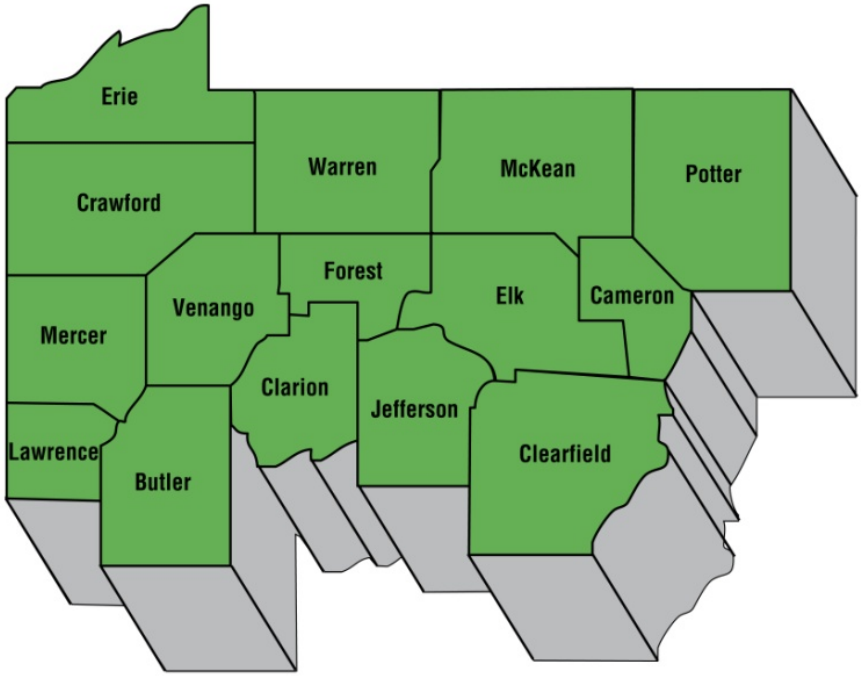
Course Coordinator Diane Ferron

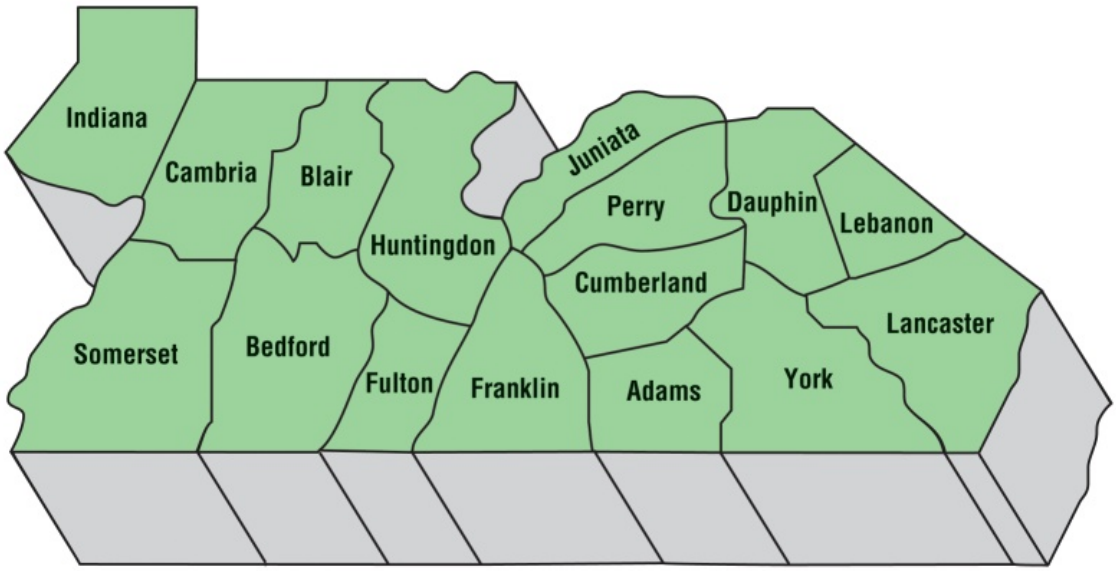
Diane's office is located directly across from the library.

Phone: 717.531.1534
Fax: 717.531.4353
Email: dferron@hmc.psu.edu



↓ **NW AHEC Counties**





↑ **SC AHEC Counties**

ACADEMIC INTEGRITY
Pennsylvania State University

Academic Integrity at Penn State is defined by Faculty Senate Policy 49-20 as "the pursuit of scholarly activity in an open, honest, and responsible manner." The University Code of Conduct states, "all students should act with personal integrity; respect other students' dignity, rights, and property; and help create and maintain an environment in which all can succeed through the fruits of their efforts. Academic integrity includes a commitment not to engage in or tolerate acts of falsification, misrepresentation, or deception. Such acts of dishonesty violate the fundamental ethical principles of the University community and compromise the worth of work completed by others." Academic dishonesty (including, but not limited to cheating, plagiarism, or falsification of information) will not be tolerated and can result in academic or disciplinary sanctions such as a failing grade (F) in the course.

COURSE OVERVIEW

The Primary Care Clerkship is unique and distinct from the other clerkships you will have in the primary care fields. It is a community-based rotation, in which you will be embedded in a primary care practice and have a mentorship experience with a physician in an outpatient setting. This clerkship is in partnership with the Pennsylvania Area Health Education Center Program [PA AHEC]. The clinical objectives will focus on the complexity of patient care within rural and urban communities emphasizing care for the Commonwealth's uninsured, underinsured and at-risk populations.

The community-based training sites are located in what are designated as health professions shortage and medically underserved communities. The clinical training sites include practice models such as single physician practices, federally qualified health centers, rural health clinics, multi-physician practices and local health systems. The remaining sites are in suburban areas or small towns. Patient panels are representative of diverse and disenfranchised populations.

What is the portrait of a "medically underserved" site? It is not necessarily a single practitioner office in a rural, remote location with bears knocking over the garbage cans (although, it may be). The designation of "medically underserved" is based on federal guidelines and includes various parameters which measure the availability and accessibility of primary health care:

- The number of primary care physicians per population: 1physician;3,000 patients
- The infant mortality rate
- The percentage of the population below the poverty level
- The percentage of the population 65 years of age and older
- Economic, cultural and/or linguistic barriers to accessing primary care medical services
- Unusual local conditions which are barriers to access or availability of personal health services, such as public transportation, literacy rate, etc…

When you are embedded in the community for your Primary Care Clerkship, you should strive to learn the reason(s) why your site is a medically underserved one and to appreciate the complexities these reasons add to the provision of primary care and the access to primary care.

Due to the types of practices and their locations, students will practice in clinical environments that do not have a wealth of technical support and specialty networks. Resources may be limited for both the

practice and the patient. Therefore, critical thinking and decision making skills will be sharpened in these challenging situations and students will be encouraged to further develop clinical skills in outpatient diagnosis and therapy with the limitations presented by the situation. In addition, patient interaction and compliance are often complicated by issues of cultural diversity, literacy, and economics.

Clinical supervision is provided by a community-based preceptor approved by the Pennsylvania State University College of Medicine.. The clerkship is based upon an Apprenticeship model of learning where students most often work one-to-one with a preceptor. .

The educational focus of the clerkship will be on:

1. The unique approach of primary care physicians in underserved communities with an undifferentiated patient.

2. The core concepts of comprehensive care and longitudinal care in underserved communities.

<u>Medically Underserved Learning Environment</u>

Definitions of Underserved

- Underserved – Definitions in terms of patients
  - Patients with family incomes below 200% of the federal poverty level
  - Patients with medical disabilities or chronic illness
  - Patients residing in geographically isolated or medically underserved areas
  - Patients with limited literacy
  - Patients confined to residential settings
- Health Professional Shortage Areas
  - Single practitioner / partnership
- Medically Underserved Areas
  - Based upon geography/terrain of the community
- Safety Net Practices
  - Health Centers

LEARNING OBJECTIVES OF THE CLERKSHIP

The course was designed for the students to:

1. Apply the principles of primary health care by participating in the care of at-risk populations to improve clinical skills and patient care in ambulatory settings, especially limited health care environments.

2. Explore the complexity and diversity of health care needs in these community settings to understand the integration of health and public health issues.

3. Develop an appreciation for the complexity of systems based care through the Office Management Training module to understand efficient clinic operations.

4. Develop and refine the following clinical skills as these skills relate to the primary care setting: patient interviewing, the physical examination, patient management, patient education, and health promotion to provide quality health care services.

5. Develop and refine communications skills in challenging patient encounters through the Communication Seminar to improve compliance with clinical interventions and maintain professional integrity in physician-patient relationships.

6. Apply the core concept of Practice Based Learning and Improvement through self directed learning to advance lifelong learning skills.

EXPECTATIONS

- Students will exhibit professionalism in dress, presentation, punctuality, communication, and conduct
- Students will demonstrate ethical behavior and cultural awareness with all interactions
- Students will demonstrate autonomy consistent with their level of training (this will change over the course of the academic year) in areas of patient care and clinical skills
- Students will obtain histories and perform physical examinations independently
- Students will present their findings in an organized manner (consisting of the following as appropriate for the clinical visit: CC, HPI, PMH, FMH, personal and social history, medications, allergies, PE)
- Students will develop a differential diagnosis list and preliminary plan on assigned patients
- Students will write up patient histories and physical examinations in an organized manner
- Students will complete independent reading and topic-driven inquiries based on patient cases and/or assigned by the preceptor.
- Students will complete four lecture presentations
- Students will complete the Family Project, including a home visit
- Students will seek and appropriately respond to feedback
- Students will inform the AHEC student coordinator of any concerns regarding their learning environment, preceptor interactions or housing issues as soon as possible and before the mid rotation, allowing sufficient time for evaluation of the concern and follow up. The AHEC student coordinator will be responsible for maintaining open communication with Diane Ferron at the Primary Care Office.

REQUIREMENTS

- Dress appropriately and demonstrate professionalism in all interactions.
- Discuss your clinical experiences with your preceptor in the first few days of the rotation; share your personal and learning goals for the rotation and offer some insight on what you would like to accomplish during the four weeks.
- Ask your preceptor to set time aside to provide feedback on your performance during the rotation and suggestions for improvement should the need arise.
- Gain an understanding of primary care in underserved communities.
- Participate in the care of assigned patients under the supervision of a primary care physician.
- Demonstrate interest and enthusiasm in learning.
- Use references and suggested readings (on Angel) to support your educational experience and to help you to prepare for the IPA exam cases.
- Use standard medical texts and references to increase your knowledge of the clinical problems presented in the process of patient care.
- Document clinical hours on New Innovations and submit a print out of total hours the morning of the clerkship exam (expectation is a total of > or equal to 140 hours).
- Complete the **Student Presentations** described on pages 20 and documented on page 37 (last page of Office Management Training Assignment.
- Complete the **Communication Seminar Pre Workshop Assignment** described on pages 20-21.
- Complete the **Family Project Assignment** described on pages 22 – 26
- Complete the **Patient Encounters Assignment** described on pages 30.
- Complete the **Office Management Training** described on pages 32-35.
- **Arrange time to review the Final Evaluation form with your preceptor on your last day at the clinical training site.**
- The preceptor has been made aware that we would like him/her to complete the form, review it with you and give it to you to hand deliver on Exam Day. <u>However, the preceptor has the option to submit the evaluation on line, mail or fax the form if he/she prefers.</u>

- Complete AHEC forms (CR 1 & CR 2) and return on Debriefing/Exam Day.

- Mail a thank you note to your preceptor and office staff at the end of the rotation.

REQUEST FOR TIME OFF

Anticipated time off during the rotation requires a "letter of request" written to the attention of the Course Co-Directors. The letter should explain, in detail, the need and dates for the time off. Submit the letter, one month prior to the rotation, to Diane Ferron, Course Coordinator, Center for Primary Care, (hand delivered, faxed, mailed or emailed). You will be notified of the Co-Director's decision.

If approved, the Preceptor will be sent a letter regarding your request for time off. On the first day of your rotation, you should discuss with the preceptor the approved time off and arrange the makeup date(s).

Unanticipated time off during the rotation for illness, etc. must be reported to your preceptor and Diane Ferron, Course Coordinator in the Center for Primary Care.

Students who miss more than **one (1) day** during the rotation will be directed to make up the additional days.

ON-CALL GUIDELINES

Preceptors have been informed that each student should be involved in the process of care as it is delivered to the patients and, within reason, on-call hours during the week are appropriate. Requesting the student to take one on-call weekend during a four-week rotation also is reasonable. Any additional on-call weekends should be negotiated with the student when instructional plans are made to meet the course goals.

DISABILITY STATEMENT

Note to students with disabilities: It is Penn State's policy to not discriminate against qualified students with documented disabilities in its educational programs. If you have a disability-related need for modifications in this course, contact the Disability Services Coordinator, at (717) 531-8487.

EVALUATION and GRADING

The student's final grade will be determined as follows:

Preceptor's Evaluation of student performance	60%
Final Exam	20%
Family Project assignment	20%
	100%

*Grading scale to determine final grade is:

4.5 – 5.0 = Honors

3.8 – 4.4	= High Pass
3.0 – 3.7	= Pass
2.5 – 2.9	= Low Pass
2.4	= Fail

The Course Co-Directors reserve the right to use some discretion when assigning the final grade in certain situations

* All paperwork (including Family Project assignments, Office Management Training assignment, Patient Encounters log, Hours Log and student presentations) is due the final day of the rotation. Attendance at the Communication Seminar and Debriefing is mandatory. Failure to meet the deadline or to attend the mandatory components may result in failure of the clerkship, but at a minimum will cap the students grade at a "Pass" level.

HOW TO FORWARD E-MAIL TO YOUR "PSU" EMAIL ACCOUNT

To complete course requirements during this month-long rotation, you will need to access your PSU email account. Please follow these instructions prior to your rotation:

1. Log onto the Internet.

2. Start your web browser.

3. Go to https://www.work.psu.edu
   (Note the "s" on https. DO NOT TYPE HTTP://.
   HTTPS:// MEANS THAT THIS IS A SECURE SERVER.)

4. On the right side of the screen under Directory Services, select "Change your email forwarding address."

5. The next screen will ask you to log in with your User Name and Password. This is your Penn State Access ID. If the password doesn't work, call 531-6281 (IRT – help #).

6. The next screen, at the top says, Change Forwarding Address.

7. There is a window at the bottom of the screen. The window will say deliver email to:

8. Change the information in the window to the email address form, which you are now receiving email. For example, if your email address is:
   GeorgeBush@whitehouse.gov then CHANGE the email address to:
   GeorgeBush@whitehousegov.

9. Click the change button.

10. The next screen will say, Forwarding Address Changed.

11. If for some reason you typed in the wrong email address, click the button that says Reset. This will restore the email address you were given when you obtained your Access Account.

12. Quit your browser. There is no special command to log out of the screen you were in.

NOTE:
The above information was provided by Department of Student Affairs, which you may contact at 531-4103 if questions regarding these directions.

REQUIRED READING

One folder on ANGEL is marked as "Required Reading." These references should be reviewed during the rotation.

RECOMMENDED READING and LEARNING TOPICS

A second folder on ANGEL is marked as Recommended Reading." These articles are good references and may supplement your self-directed learning. Many of these articles are specific to practicing in underserved areas and the challenges encountered.

ADULT PATIENTS:

Barker, L.R., Burton, J. R., and Zieve, P.D. (1999). Principles of Ambulatory Medicine, 4th ed. Baltimore: Williams and Wilkins.
(Chapters 1 - 10)

** ***This recommended reading is available on ANGEL or at the George T. Harrell Library***

PEDIATRIC PATIENTS:

Behrman, R. & Kliegman, R. (2002). Nelson -- Essentials of Pediatrics,
Philadelphia: W.B. Saunders, Co.
(Chapters on growth, behavioral and developmental pediatrics, chapters on newborn and adolescent medicine, and parts of chapters on nutrition.)

** ***These issues are covered in other pediatric textbooks as well.***
** ***The George T. Harrell Library has reference copies and several copies to be checked out. Books may be placed on hold for checkout when needed.***
** ***Oski's Pediatrics – an electronic book – is available online at the PSU Library.***
Use your E-Pass to access:
http://www.hmc.psu.edu/library/DigRes/elecbooks.htm.

RECOMMENDED LEARNING TOPICS

(Articles available on ANGEL)

1. Abnormal Fluid/Electrolyte Finding
2. Abdominal Pain
3. Altered Mental Status
4. Anemia
5. Back Pain
6. Chest Pain
7. Cough
8. Dehydration
9. Depression
10. Developmental Delay (child)
11. Dysmenorrhea/Amenorrhea
12. Dysuria
13. Failure to Thrive (child)
14. Fatigue
15. Fever
16. Headache
17. Heart Murmur
18. Joint Pain
19. Limp
20. Lymphadenopathy
21. Short Stature
22. Skin Rash
23. Somatization
24. Vaginal Discharge/Bleeding
25. Vomiting
26. Wheezing

PRIMARY CARE LEARNING OBJECTIVES

Review the Primary Care Learning Objectives before the start of the clerkship. Be prepared to discuss them with your preceptor during the clerkship. If you need clarification on any of these learning objectives, you should direct your questions to your preceptor.

When a patient presents to the primary care physician's office, his/her symptoms often are nonspecific and the differential diagnoses may be very broad. The primary care physician must possess the skills to: (1) make the diagnosis; (2) decide on the appropriate treatment; (3) take into account the personal and financial cost of the diagnosis and treatment; and, (4) consider the psychosocial impact on the patient, the family, and society. Building a trusting relationship with the patient is vital for the primary care physician.

It will be important for the student to observe the preceptor in terms of how he/she handles complicated patients, manages time, and interacts with other organizations in the present health care environment. In addition, the student will use the clerkship time to learn the office practice management and to understand how other support staff are crucial to the functioning of a primary health care system.

These skills are detailed in the following four major primary care learning objectives: principles of primary care, skills of primary care, practical aspects of primary care, and psychosocial aspects of primary care.

I. PRINCIPLES OF PRIMARY CARE

A. First-Contact Medicine and the Role of Diagnostician

The primary care physician is the portal of entry into the health care system for most patients. This requires the physician to be skilled in problem assessment and diagnostics in order to determine the proper evaluation and eventual treatment of the patient.

Specific learning should include:

1. The definition and demonstration of the skills critical to this task, including the approach to the patient with a new problem.
2. History taking and physical diagnosis.
3. Medical reasoning and problem solving.
4. Incorporation of research and the literature into decision-making.
5. Development of a diagnostic algorithm, assessment of the need for additional testing or referral, and the rationale and plan for treatment.
6. The discussion of the assessment, the plan, and its implications with the patient. The following website has helpful information on evaluation techniques to help you improve your skills http://stilllearning.unl.edu

B. Patient Management

Extending beyond the first contact, primary care patient management continues indefinitely and deals with both acute and chronic problems.
This primary care role should be defined and demonstrated, placing emphasis on the physician's skills in dealing appropriately with the broad range of problems encountered in a primary care practice, particularly in an underserved community with limited resources.

C. Continuity

The value of a continuing relationship with the patient should be a major focus both in terms of medical issues and the psychosocial aspects of patient care. Emphasis should be placed on the many ways an established physician-patient relationship can affect patient care, including:

1. Interval changes in physical findings.
2. A clearer understanding of the complex interactions of disease in a complicated patient.
3. The ability to direct attention to time-specific health maintenance issues.
4. The unique trust and confidence of the physician-patient relationship that deal with the more difficult or less tangible aspects of medical care.

D. Comprehensiveness

The primary care physician's role is characterized by a comprehensive view of the patient, both medically and psychosocially.

Specific emphasis for learning should be placed on the following:

1. The ability of the primary care physician to develop a broad overview of the patient.
2. A comprehensive approach includes medical aspects where the interaction between signs, symptoms, abnormal laboratory studies and input from specialists is assessed, coordinated and put into perspective relative to the individual patient.
3. Comprehensive care allows the physician to understand the effects of illness on the psychosocial aspects of a patient's life (and vice versa), and to deal with these issues accordingly.

II. SKILLS OF PRIMARY CARE

A. Interviewing

The ability to establish a therapeutic relationship with patients should be a major focus throughout the rotation. The critical importance of the physician-patient interaction to the goals and effectiveness of primary care should be demonstrated.

1. Interview skills should range from the basics of personal interaction and data gathering, to the art of dealing with difficult patients and sensitive clinical issues.
2. The physician should demonstrate the practical aspects of primary care interviewing, such as determining how much time is appropriate for a given patient, interacting personally

with a patient while concurrently dealing with medical issues, and managing patients with new psychosocial issues.

B. Organization and Time Management

Because most primary care physicians care for a large number of patients of differing complexity, organizational and time management skills are very important in primary care practice. The student should gain an appreciation for the roles that organization and time management play in primary care practice sites.

Specific learning should include:

1. How the physician organizes his/her time and includes patient care.
2. Chart completion, business concerns, reading and continuing education.
3. Personal and community considerations.

C. Referral Management

Managing referrals is an important skill in primary care practice. Issues that are important to understand in referral management are: (1) the indications for referral; (2) the development of a referral "threshold" for specific problems; (3) relationships and communication with specialists and sub-specialists; (4) the appropriate use of the input from referral sources; and, (5) the coordination of patient care when multiple referral resources are involved.

Specific learning should include identifying the important issues regarding the use and coordination of referral resources in a setting where referral resources may be limited or may require significant travel and burden to the patient.

D. Outpatient Procedures

Students should participate in routine ambulatory procedures when considered appropriate by the supervising physician.

Specific learning should include:

1. Identifying the indications for specific procedures and the contribution of the procedures to overall patient care.
2. Differentiating diagnostic from screening procedures.
3. Understanding the technical aspects of performing procedures.
4. Understanding the concept of informed consent and safety issues for outpatient procedures.
5. Understanding the cost-effective use of procedures and testing.

E. Preventive Care

Educating patients concerning health promotion and disease prevention is an important aspect in primary care.

Specific learning should include:

1. Understanding the theoretical aspects of preventive care.
2. Understanding the data underlying the recommendations from various organizations for health screening and how the data differs.
3. Developing an individual approach to health maintenance based on these recommendations.
4. Understanding how to individualize preventive care activities for patients with specific risk factors and limited resources.

F. Telephone Medicine

Management of patient care issues via telephone and other forms of communication is part of the primary care experience.

Specific learning should include understanding the mechanics of how patient calls are handled, how the screening of calls is performed, and the approach toward effectively dealing with difficult problems over the telephone and during off-hours.

G. Management of Hospitalized Patients

Primary care physicians are responsible for managing inpatients and outpatients.

Specific learning should include:

1. Knowing the concept of the parallel management of inpatients and outpatients, and focusing on the mechanics of how hospital coverage is performed.
2. Setting priorities in caring for inpatients and outpatients, and utilizing hospital resources.
3. Understanding issues related to the appropriate post-hospitalization care.

III. PRACTICAL ASPECTS OF PRIMARY CARE

A. Practice Organization

Specific considerations in organizing a primary care practice include how patients are recruited and from where, the practical aspects of how patients are seen, the division of labor among health care providers, and the role and appropriate use of other medical personnel, i.e., physician assistants, nurse practitioners, and record-keeping staff.

Specific learning should include:

1. Understanding the context in which primary care is being provided and how a practice is organized.
2. Appreciating the structure of the practice itself and its relationship to health care delivery in the underserved community.

B. Business Aspects

How medical care is financed influences the provision of preventive, diagnostic and treatment services.

Specific learning should include:

1. Knowing general issues of concern for the business aspects of primary care; including the third party reimbursement system, Medicare, medical assistance and managed care programs.
2. Understanding the role of the physician in dealing with reimbursement issues in the context of providing primary care.

C. Lifestyle

Lifestyle concerns are important to those potentially considering a career in primary care.

Specific learning should include:

1. Appreciating issues regarding time constraints, "on call" requirements, remuneration of other lifestyle issues.
2. Understanding how primary care physicians continue learning, keep abreast of medical advancements and incorporate change into their practices.

IV. PSYCHOSOCIAL ASPECTS OF PRIMARY CARE

A. Multiple Roles of the Primary Care Physician

Primary care physicians assume multiple roles relative to the medical and "non-medical" problems commonly encountered in primary care practice. In addition to the physician role, other roles include counselor, advisor and supporter, social service coordinator, patient advocate, and others.

Students should:

1. Appreciate the many roles assumed by the primary care physician.
2. Recognize the clinically appropriate settings for these roles, their correct use, and their influence on patient care.

B. Community/Social Aspects of Primary Care

There are many available opportunities for primary care physicians to influence the community and the social aspects of medicine. Primary care physicians can shape public health policy and develop community resources.

Specific learning should include recognizing the many opportunities for primary care physicians to influence health care in the community.

Housing during your PC MED 731 Clerkship

Students are notified by email from the AHEC region they have been placed in by Student Affairs when housing and site arrangements are confirmed. Housing criteria states that free housing will be provided for all sites that are > 1 hour commute from the HMC/COM.

STUDENT PRESENTATIONS

There are no regularly scheduled lectures or didactic sessions during this clerkship. While some preceptors may provide such opportunities, in most cases students will augment their knowledge base through patient encounters and discussion of diagnosis and treatment with their preceptors. Required and suggested readings have been provided to students to address topics relevant to the provision of quality primary care, particularly in an underserved community. However, this clerkship provides an ideal time for students to develop the competency of practice based learning and improvement. Students are asked to develop their own specific learning objectives and to become proficient in self-directed learning. In order to help students become familiar with this process, students are asked to select a clinical encounter, identify a learning objective, and present a topic to their preceptor one time per week. Presentations should be clinically relevant to a particular patient encounter. Presentations may be brief, between two and ten minutes, and must expand on a students' knowledge base of a previously encountered clinical problem. One topic must be central to the underserved community in which the student is embedded: such as a specific health care risk for many community members (e.g. mining and lung disease) or an issue pertinent to healthcare in underserved communities (e.g. obstacles to medication compliance, limited dental care, etc. The preceptor must document the content of the clinical presentation and sign that the presentations were completed (Please see last page of Office Management Training document).

PRE-WORKSHOP ASSIGNMENT

Your preceptor for the Primary Care Clerkship probably has excellent communication skills. In addition to learning clinical medicine from your preceptor, we ask that you also pay attention to those skills. To help you focus on the communication elements of the clinical encounter, please review and discuss the following questions with your preceptor and prepare answers to **two (2)** of them. ***Your response to each question should be one paragraph long. Email the assignment on or before the 3rd Friday of the Rotation – to:***

Larien Bieber, M.D. - lgbieber@comcast.net

1. How does your preceptor establish rapport with the patient, especially a new patient or one rarely seen at the office?
2. How does your preceptor encourage adherence with his/her recommendations?
3. What role does physical contact with the patient have in the interaction? Does it have therapeutic value? When is it inappropriate?

4. Trust is an important element in the doctor/patient relationship. What serves to enhance trust? What can act to diminish it?
5. In order for a patient encounter to be successful, the patient has to feel truly "heard." How does your preceptor ensure this happens?

The ultimate goal of any patient interaction is healing. The concept of what healing really is and how we can help a patient achieve it will also be a topic for discussion at the workshop. Feel free to discuss this with your preceptor. Please ***prepare <u>at least one paragraph</u> on "your concept of healing and how communication helps encourage healing in our patients." Email this paragraph, along with those above, to Larien Bieber, M.D. (lgbieber@comcast.net).***

FAMILY PROJECT ASSIGNMENT
OVERVIEW AND GUIDELINES

BACKGROUND

The Family Project builds on the first-year Patient Project to help students gain an appreciation for:

- how social circumstances and stressors affect a patient's health
- how patients experience illness and the health care system
- how limited resources for healthcare providers and patients/families/communities affect evaluation, treatment, adherence, and outcomes

The continuity of care that patients experience in the primary care setting allows the physician to uncover these issues. The purpose of this project is for students to have an experience with continuity of care and to explore the multiple factors that affect a particular patient's and family's experience of health, illness, and treatment.

SELECTING A PATIENT

The preceptor should select a patient for the student whose experience will serve to educate the student, who may personally benefit from and enjoy interacting with the student, and who would agree to a home visit. Some examples of the types of patients for this assignment include:

- challenging patients, such as those who appear to be noncompliant, or who seem to have psychogenic illnesses, or who have difficulties with the health care system
- patients who are coping with a chronic illness, whether well or poorly
- seniors who live alone or with family members
- families whose children suffer chronic diseases, developmental delays, or who may have difficult or complicated social situations.

The preceptor should select a patient by the end of the first week of rotation from patients seen by the student during that first week. The student should make contact with the patient at least weekly thereafter. At least one of these contacts must be a home visit; the others may be by telephone or some other form of personal interaction.

Seeing a patient in the office reveals only part of the picture of the impact illness has on a patient and family and how a patient is responding to his/her medical condition and treatment. Office visits may not fully explain why a particular patient fails to respond to therapy, cannot follow medical regimens or dietary changes, or experiences family stress with the onset of illness. Seeing a patient in his/her home may give insight as to how effectively a patient is coping with his/her medical problem. This insight may help the health care provider(s) adjust or enhance the treatment plan for the patient.

The student's role is to try to understand how different aspects of the patient's life interact with his/her health care. To fully appreciate these multiple influences, the student must schedule a home visit with the patient. In addition, other kinds of experience such as: going food shopping with someone with hypercholesterolemia, diabetes or hypertension may enhance a student's learning.

If a student is apprehensive about the home visit, such concerns should be discussed with the preceptor. In such a case, the preceptor might choose a patient requiring house calls and then go with the student, or choose a patient who sees a visiting nurse whom the student can accompany. However, students are not required to have a chaperone to do a home visit. Most patients are very happy and willing to have the extra attention that medical students provide.

The family project will be returned to the preceptor and may, with the patient's consent, be incorporated into the patient's medical record. **Remember that the preceptor may change his/her approach to a patient or family or even alter treatment based on the information you share with him/her. Therefore** it is incumbent upon the student to be as accurate as possible. Just as one would not fabricate physical findings for the medical record, the student should not embellish social findings.

GRADING CRITERIA EXPECTATIONS

The project should be completed in essay format. Section one may contain a list format for medical problems and physical exam, or it may be done in essay form.
It is acceptable to break the essay into four sections as outlined in the Assignment Guidelines. Abbreviations should not be used.

The goal of this project is to come to a better understanding of a patient's experience of health, illness, and the health care system, in the context of their family, background, belief systems, and the underserved community. Included in the analysis should be reflection on the interplay between these factors and how they affect the patient.

The home visit is crucial to understanding a patient as a person outside the medical setting. Failing to complete a home visit will affect the student's grade. Medical conditions should be discussed in the context of the patient and how they affect the patient's life experience. Do not include long discussions of the disease process or treatments without relating it to your patient. In the final section, remember, the person reading your paper does not have a copy of your first year project.

ASSIGNMENT GUIDELINES

The student's write-up for the Family Project should include four (4) sections, and should be no more than ten (10) pages in length. It should be typed, using a one-inch margin, double-spaced with a 12-font character size. Names should be coded to ensure patient confidentiality, e.g., substitute "Mr. B" ("Jim B.," if a child) for the full name of the patient.

Section One should be one half (1/2) page in length and devoted to a brief history, physical exam, and problem list.

Section Two should address the ***relevant***, ***not necessarily all***, patient descriptors listed on pages 20 and 21. Begin Section Two by indicating the time(s) and place(s) you saw your patient. In your narrative make sure that you convey a sense of this patient ***as a person***.

Section Three should address the following questions:

1. What are the patient's major assets and major barriers to ensuring good health?
3. How have the patient's health and healthcare been impacted by living in

an underserved community?

3 What recommendations would you make to the preceptor about how to improve the patient's health? (The student will be expected to take into consideration the social, psychological, and other factors that were uncovered.)

Section Four, which should be one-to-two (1-2) pages in length, gives you the chance to reflect on differences between your experience of the first-year Patient Project and the third-year Family Project. To help you do this, we have provided you with a copy of your Patient Project essay.

Consider such questions as the following in your response:

(1) In what way were the two patients similar; and in what way different?

(2) How has increasing professionalization changed your perception of patients and their families?

(3) Has there been any interaction, positive or negative, that you have observed between a preceptor and a patient that has changed how you interact and communicate with patients and their families?

DUE DATE

The assignment is due, **in duplicate*** on Debriefing/Exam Day (the last day of your Primary Care Clerkship rotation). Assignments turned in late will result in a final course grade of no greater than a PASS.

If the requirements are not met, this will result in a FAILING grade for the course.

***One copy of your assignment will be reviewed and graded.**
The other copy will be mailed to your preceptor after the grading process is completed.

PATIENT DESCRIPTORS TO CONSIDER IN THE FAMILY PROJECT ASSIGNMENT

The following are topics to consider exploring with your patient. This list is not an exhaustive one, nor is it a checklist that you should feel obligated to complete. For example, asking the patient if he/she is on a fixed income may be too personal, or too direct a way to state this question. An initial, open-ended question, such as, "Do concerns about money increase your stress or affect your health," is always better. Try to conduct your interview as a conversation with the patient.

The questions that follow each topic are meant for you to consider but not to read verbatim to the patient.

1. Home Visit

Evaluate the living circumstances, including housing and environment. Are there environmental risk factors (tobacco smoke, safety risks, etc.)? Who are the members of the household? What does this home tell you about this patient, i.e., hobbies, lifestyle, etc.?

2. Family Members

Whom does the patient consider part of the family? (May be different from those individuals identified in #1 above or #3 below). A genogram may be useful.

3. Support Systems

Describe the patient's support system, i.e., partner/spouse, children, friends, neighbors, church, visiting nurse, etc.

4. Current Stressors

Include perceived stressors in the patient's life and any family stressors.

5. Nutrition

Who does the meal planning and preparation? Is buying groceries or preparing food a problem? Number of meals per day? If geriatric, consider a geriatric nutrition assessment. Are there special dietary needs?

6. Medications

Include prescriptions as well as non-prescription medications. Consider calculating total cost per month. Does insurance help pay for medications? Is there a restricted number per month? Do they need to be mailed? How does the patient remember to take all medications or all doses? Does the cost of medications impact which prescriptions are filled?

7. Medical Equipment or Devices

Does the patient require any medical equipment? Is he/she comfortable using it?

8. Transportation

What is the distance to the doctor? What is the mode of travel, i.e., bus, car, etc.? Must the patient arrange transportation?

9. Finances

Is the patient on a fixed income? Is he/she having financial difficulties? Does the patient have "adequate" health insurance?

10. Health Care Team

What is the role of the primary care physician in this patient's medical care?
Who are the other professional providers involved in the patient's and family's health care; include physical therapists, home health agencies, specialists, and alternative health care, etc. Can the patient communicate effectively with any or all of them? Is he/she satisfied with the medical care received? Why or why not?

11. Activities of Daily Living (ADLs)

Is help needed with dressing, cleaning, cooking, etc.? Who assists with ADLs?

12. Social and Cultural Issues

Consider national origin, language, health beliefs, or religion, for example.
What is the patient's occupation?
What is the patient's educational level?

<u>Examples of Family Projects can be found on ANGEL.</u>

COMMUNICATION SEMINAR

RATIONALE

As a medical student, you were taught interviewing skills during the first and second years. During the third year, and especially during the Primary Care Clerkship, you've had a chance to practice and further develop those techniques. This day-long Seminar is designed to serve as a "graduate level" course, with discussion of how to deal with problem encounters and then practice actually putting those ideas to work utilizing standardized patients.

Common sense and many academic studies demonstrate that a physician's communication skills have a major impact on patient satisfaction, compliance with treatment recommendations, and lower malpractice rates. Effective communication means being able to really hear what patients are telling you and being able to transmit information back to them about their diagnosis and treatment. Basic skills in communication are used in every patient encounter. Some situations are difficult because of various impediments, which make the interaction less comfortable. In this seminar we aim to help you learn how to deal with a variety of challenging encounters, and at the same time provide further instruction on techniques of effective communication, which can be put to daily use.

GOAL

To assist Third-Year students with further development of interpersonal and communication competencies.

OBJECTIVES

By the end of the Seminar students will be able to demonstrate the ability to:

1. Create and sustain a therapeutic and ethically sound relationship with patients
2. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
3. Learn and practice strategies for dealing with problem encounters.

REFERENCE MATERIALS

There are several articles on communicating in the communication folder on ANGEL.

SEMINAR SCHEDULE

Sessions on Observation/Reflection

Hershey Campus students, the morning session starts promptly at 8 AM and wraps up at Noon in **Room CG623** (lower level of the Hershey College of Medicine Library) the last Thursday of your Primary Care Rotation.

University Park Campus students, the morning session starts promptly at 8 AM and wraps up at Noon -- please contact Denise Rill at (814) 272-4426 or crill@hmc.psu.edu for location.

Didactics and role-playing with standardized patients
Hershey Campus students, the afternoon session is held 1 PM – 5:00 PM in the **Simulation Center** (upper level of the Hershey College of Medicine Library) the last Thursday of your Primary Care Rotation.

University Park Campus students, the afternoon session is held 1 PM – 5:00 PM -- please contact Denise Rill at (814) 272-4426 or crill@hmc.psu.edu for location.

Attendance is mandatory and professional behavior is expected. NOTE: All electronic devices must be turned off and out of sight.

If you were involved in a clinical encounter which was difficult or made you feel uncomfortable, be prepared to recount it during the morning workshop. Ways of dealing with such a situation will be discussed and your experience may be used as an example for the class.

STUDENT PERFORMANCE EXPECTATIONS

In the afternoon you will have the opportunity to be the doctor. You will encounter communication-problem situations with three standardized patients during role-play sessions. Problem scenarios include the following:

- Angry Patient
- Giving Bad News to a patient
- Internet-Savvy Patient
- Manipulative Patient
- Talkative Patient

Instructions for the role-play sessions will be distributed before the lunch hour. Although this is a formative experience, if serious concerns are raised by a facilitator or Standardized Patient regarding a student's performance, the student may be required to complete some additional experiences with Standardized Patients and/or with his/her Clinical Skills Advisor.

Your role-play experiences can be videotaped just let Diane know prior to the afternoon session.
Past experience indicates that videotaping, while a bit threatening, may be very useful in improving communication skills. Upon request, an instructor will be available to review your videotape with you at the end of the afternoon session.

If you have any questions, you may contact Diane Ferron by:
email: dferron@hmc.psu.edu
phone: 717.531.1534

Office hours are: Monday thru Friday, 8:00 am – 5:00 pm.
An answering machine is on whenever the office is closed. You will receive a response on the next business day.

DEBRIEFING and FINAL EXAMINATION

The Debriefing and Final Examination are scheduled on the final day of your Primary Care Clerkship Rotation and will be held at the College of Medicine.

Attendance is mandatory

The **Debriefing** will give you an opportunity to provide feedback on the educational aspects of the rotation and share the overall experience with classmates and course co-directors.

LOCATION:

Hershey Campus students -- **CG623** (lower level of the library) -- **8:00 – 9:00 am**

University Park Campus Students -- **8:00 – 9:00 am** -- please contact Denise Rill at (814) 272-4426 or crill@hmc.psu.edu location.

The **Final Examination** is designed to test your clinical reasoning. It is case-based and uses problems commonly encountered in a primary care setting. You will be given two (2) cases to analyze. A case scenario will be presented. In a multi-step process, you will be asked to gather further clinical data, generate a problem list, develop a differential diagnosis, and arrive at a working diagnosis of the presenting problem based on the available information.

- Students returning from Pediatric Practices will be given two pediatrics cases.
- Students returning from Internal Medicine Practices will be given two adult cases
- Students returning from Family Medicine Practices will have a choice of two adult cases or one adult and one pediatric case.

You will have two hours to complete both cases. It is a computerized case-based exam. There are no oral or multiple-choice questions.

LOCATION:

Hershey Campus students -- **C2610** (upper level of the Library) -- **9:00 to noon**

University Park Campus students **9:00 to noon** -- please contact Denise Rill at (814) 272-4426 or crill@hmc.psu.edu for location.

NOTE:
Attendance at the Communication Seminar and Debriefing/Exam Day is mandatory. Any unexcused absence will result in the student having to attend the session(s) during a subsequent clerkship (the student will be responsible for obtaining permission from the appropriate Clerkship Director) and the final grade will be no higher than "Pass."

PENNSTATE HERSHEY
College of Medicine

Office of Medical Education
Penn State College of Medicine
Milton S. Hershey Medical Center
500 University Drive, H176
Hershey, PA 17033-0850
Tel: (717) 531-6915
Fax: (717) 531-3925

February 23, 2011

To Whom It May Concern:

In January 2009, the Penn State College of Medicine amended its policies to require criminal background checks on its medical students.

I send this letter as official confirmation that all third-year medical students enrolled at The Pennsylvania State University College of Medicine have completed the following three background checks as of August 1, 2009:

1. Pennsylvania Criminal History,
2. Child Abuse History Clearance, and
3. Federal Criminal History/Fingerprinting.

The results of the background checks have been reviewed. Thereby, consider this letter as the College of Medicine's approval that our third-year medical students may continue their clinical responsibilities in the clinical rotations that are required in the College of Medicine's educational program.

Please contact me at the above number if you have any questions concerning this information.

Sincerely,

(Electronic Signature)

Glenda H. Shoop
Senior Director, Educational Affairs

c: Richard J. Simons, M.D., Vice Dean for Educational Affairs
Dwight Davis, M.D., Associate Dean for Admissions and Student Affairs
Eileen M. Moser, M.D., Associate Dean for Clinical Education
Barbara Blatt, M.Ed., Curriculum Coordinator, Pre-clinical Curriculum
Diane Gill, Registrar
Susan L. Kelley, M.Ed., Director, Office of Student Affairs
Lureye R. Myers, M.S., Curriculum Coordinator, Clinical Curriculum

An Equal Opportunity University

Primary Care Patient Encounter Requirements w/examples

Cardiac condition (2 total)

CAD	Murmur
Hypertension	

Chronic condition - Maintenance visit (5 total)

Chronic condition - Acute exacerbation (3 total)

Dermatoligic condition (2 total)

Contact dermatoses	Skin cancer
Exanthems	

Endocrine condition (2 total)

Diabetes	Obesity
Hyperlipidemia	Thyroid disorders

ENT condition (2 total)

Allergy	URI/OM/pharyngitis
Hearing loss	

Evaluation of yet defined illness (4 total)

Dizziness	Non-specific abdominal pain
Fatigue	Non-specific chest pain

Gastrointestinal condition (2 total)

Cirrhosis/hepatitis	PUD/GERD
Inflammatory or infectious bowel disorders	

Genitourinary condition (2 total)

BPH	UTI
Menstrual disorders	

Musculoskeletal condition (2 total)

Arthritis	Injuries-strains/sprains/fractures
Autoimmune disorders	

Neurologic condition (2 total)

Headache	TIA/stroke
Seizure	

Preventative Health visit (5 total) - Infant (0 - 24 m); Child (3 - 11y); Adolescent (12 - 18y); or Adult

Includes WCC/General Physicals

Must include screening via history and/or testing

Must include counseling such as:

- Anticipatory guidance
- Healthy lifestyles (nutrition, exercise, risk reduction)
- Substance use/abuse/cessation

Psychiatric/behavioral condition (2 total)

ADHD

Learning disorders

Mood disorders

Substance abuse

Pulmonary condition (2 total)

Asthma	Pneumonia
COPD	

NEW INNOVATIONS

www.newinnov.com

Add Case Logs

1. At the New Innovations Welcome Page Click on Add Case Log
2. Click Enter a Case Log
3. Pick your rotation from the drop down box
4. Enter the date performed
5. Pick your procedure from the drop down box
6. Enter Diagnosis
7. Case Location
8. Role in Case
    - For Office of Medical Education, you will not see the role as an option.
    - All other clerkships pick the appropriate role.
9. Supervisor
10. Patient ID (check with each clerkship as to what they want entered for the patient ID)

***Take Note that anything with a red asterisk beside it is a required field**

View Case Logs

1. To change the date range and add columns of information
   Click on Customizing your view
2. Click on Procedure at the top of the column to arrange the procedures in alpha order, this will work for all headings at the top of each column

Print Case Logs

1. Be sure to print the procedures in alphabetical order
2. To Print a report, click on Export to Excel

Duty Hours

1. At the New Innovations Welcome Page Click on Add Student Work Hours
2. Paint your hours into the grid by clicking and dragging

Please print the report, sign/date and submit to the clerkship director/coordinator on Exam Day.

OFFICE MANAGEMENT TRAINING ASSIGNMENT

INSTRUCTIONS and CHECKLIST

As physicians, we must learn about our health care system and have the ability to use system resources to provide quality care. This exercise is designed to introduce you to the workings of your preceptor's clinic site, while also teaching you something about systems of care. Please answer the following set of questions during this experience.

You should expect to spend about 15-30 minutes at each desk observing and learning about the major functions of that job. The suggested questions should be posed to the staff. If the staff is too busy or unavailable, you may observe and then refer the unanswered questions to your preceptor. The questions should be reviewed with your preceptor who will sign that you have completed the task in a satisfactory manner. Feel free to keep a copy for your own reference.
The original form must be turned in on Exam Day.

A list of areas to be visited is provided below. Recognize that offices do not usually have all of these services on site. In those cases, you may want to ask your preceptor how you would refer a patient or get in contact with that particular service (i.e., social worker or dietician).

1. Registration/Receptionist/Scheduler
2. Medical Records
3. Nursing
4. Laboratory
5. Financial counselor/Billing clerk
6. Social worker
7. Triage nurse
8. Referrals clerk
9. Check out Receptionist
10. Site/office manager
11. Dietician
12. Pharmacy
13. Translation services
14. Preceptor

It is our hope that you will introduce yourself to the many staff members who help make an office successful and have fun in the process. You will certainly look to these staff members for assistance during the time you work and learn at this site. Also, remember that the most successful offices have an efficient team approach to excellent patient care.

Registration/Receptionist/Scheduler (Name)_____

1. What data must be collected by the receptionists to check a patient in to their visit?

2. When is preauthorization of the visit necessary?

3. What are common reasons that a patient cannot be checked in?

4. Who answers the phone?

***Medical Records Technician* (Name)_____**

1. How are charts filed?

Nursing (Name/s)_____

1. What questions are asked or activities performed as the patient is brought to the room?

2. Describe the procedure for the following activities: (i.e. where is equipment stored, how is a procedure performed, how is it ordered and documented)

    a. Immunizations/consents
    b. Medication administration
    c. Oximetry/peak flow/Spirometry
    d. Audiometry
    e. Vision Screening
    f. Tympanometry
    g. Ear irrigation/eye kit/wound care
    h. Setting up for procedures
    i. Code box

Laboratory Technician (Name)_____

1. List on site tests and who performs them, processes them, how are results documented? (accucheck, urine dip, hemoccult, rapid strep, etc.)

2. Send out labs: How are specimens collected, processed, transported, and how is procedure documented?

3. What are your QA policies?

4. X-rays: How are they ordered and where are they obtained?

5. How are test and/or x-ray results returned to site and ordering physician?

Financial Counselor (Name)_____

1. Which patients do you need to see?

Social Worker (Name)_____

1. How are patients screened for social service needs?

2. How do you want to be consulted?

3. How do you want to be consulted in emergencies?

    a. Abuse: Child, domestic, elder?
    b. Mental health crisis?
    c. Financial crisis? (no food or electricity)

Triage Nurse (Name)_____

1. How do you arrange urgent appointments?

2. How do you complete medication refills? Are there different procedures for different kinds of medications? (chronic care meds vs. prn meds)

3. How do you contact the physician for refill requests for scheduled drugs? (stimulants, narcotics)

Referrals Clerk (Name)_____

1. How do you schedule referrals?

2. How far in the future are the next available appointments for common consults and tests? (cardiology, hearing test)

3. How should a physician handle an appointment that needs urgent scheduling?

4. How do you let the patients know about the appointments?

Check Out Receptionist (Name)_____

1. What duties are you responsible for?

Site/Office Manager (Name)_____

1. How many patient slots are on an appointment template? What are the types of visits? (preventative care, acute, follow up, etc.)

2. Do patients get reminders for their scheduled appointments?

3. What happens when a patient misses an appointment?

4. How do you resolve personnel issues?

5. What are your duties?

Dietician (Name)_____

1. How do you want to be consulted?

Pharmacy (Name)_____

1. What are the rules for filling urgent prescriptions, refills for chronic medications, and medications for patients who can't pay?

2. How should I contact you when there is a question or problem?

Translation Services (Name)_____

1. How do you access on site translators? For which languages?

2. How do you use the AT&T translation line?

3. How do you use a TTY relay for deaf patients?

Preceptor (Name)_____

1. How does the computer system work?

2. How am I to do chart documentation?

3. What procedures are done in the office? (LP, suturing, dermabond, etc.)

4. Who follows up on lab tests/studies that have been ordered?

PRECEPTOR EVALUATION

The student has completed the Office Management Training. The objective of this activity is to both teach and evaluate the workings of a health care microsystem. This exercise reflects competence in the system-based practice competency.

_____Satisfactorily completed **_____Needs further work/study**

Preceptor Signature: _____

STUDENT PRESENTATIONS

(please see page 17 of syllabus for project details)

Week	Date	Topic	Physician Signature
1			
2			
3			
4			