



Heritage College Of Osteopathic Medicine

Elective Clinical Rotation Continuity in Primary Care: Longitudinal Integrated Clerkship

Course Title: OCOM 8202

Instructor of Record: Scott J. Anzalone, MD FAAFP

Credit Hour: 2 credits

Rotation Length: 2 semesters

Student Name: _____

Rotation Specialty: _____

Dates: _____

Rotation Length: _____

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Elective Clinical Rotation

Continuity in Primary Care:

Longitudinal Integrated Clerkship

1. Rotation Description, Purpose, and Philosophy

This course is a one-year rotation, during the third year of medical school, situated within a rural or urban underserved family medicine practice and providing exposure to the continuity of primary care across the continuum of the inpatient and outpatient settings. It will expose students to the breadth of family practice including medical care of all ages, as well as enhance their ability to provide continuity in care. This rotation will also expose students to the collaboration of health care entities in the community, practice, management, practice quality improvement, and possibly research. It will also provide exposure to the direct supervisory role of the physician CNP/PA/MA relationships. Overall, the goal of this rotation is to allow students to develop rural/urban primary health care training by developing a continuity practice of their own under the direction of their supervisory site director. With this knowledge and experience, a better understanding of the scope of rural/urban underserved primary health care will be achieved.

In the continuity model, the student can see diagnosis, treatment, and education occur over a continuum, observing how these either fail or succeed in a patient's life instead of just seeing it in a moment of time with no ability to track long-term outcomes, which is the reality of real-life practice.

In order to provide better continuity between routine clerkships being performed during the CPC:LIC, the on-site preceptor will be instructed to select patients for the student corresponding with the given clerkship. (For example: if the student is on Pediatrics then pediatric patients should be selected) This exercise will complement the assigned clerkship with application in the family medicine realm. Integration and continuity between clerkships and the CPC:LIC will allow for a more mature understanding of the primary focus of study. In addition, any patients of the practice encountered during routine clerkships will be encouraged to follow up with the student in the Family Medicine practice, assuring appropriate discharge planning, reintegration into the care of the primary care practice and continuing care beyond what might otherwise be an episodic illness encounter.

The purpose of this course is to:

1. Increase student awareness of the scope of a family medicine practice in a rural or urban underserved setting learning how adaptability and living with scarcity and limits can affect the care of patients
2. Participate in the care of a continuity panel of patients representing a typical family medicine practice
3. Introduce basic practice business management skills
4. Practice interactive collaboration with other community healthcare providers, building team approach advocacy, benefitting the delivery of patient care in rural/urban settings.

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5. Use reflective practice techniques that will lead to the development of improved research/information/gathering skills and a clear, summarized understanding of clerkship principles.

2. Rotation Objectives

The student will spend one full month beginning in July of the third year of medical school completing the third year Family Medicine Clerkship in the yearlong CPC:LIC office. This office will be one that is in a rural or urban underserved area. They will spend ½ day each week for the whole academic year. During this time the student will observe, assist in all care of the practice's patients including inpatient, outpatient, and procedures performed. Observing how the physician/patient relationship differs in a rural area both in and out of the office setting. They will also follow any of the practice's patients in any inpatient setting during other clerkships being the eyes and ears of the practice providing continuity of care by following that patient when back in the outpatient office setting. Success will be evaluated by the site preceptor. The student will:

- Complete Family Medicine (OCOM 8010) Satisfactorily
- Spend at least ½ day weekly or 1 full day every other week in the practice for one full academic year
- Care for patients along with the site preceptor, both outpatient and inpatient, as indicated, following inpatients into the outpatient setting
- Demonstrate to the preceptor that they can be adaptable and provide alternative care options based on resource availability

The student will show they have been able to develop a continuity practice of 35-75 patients representing all age groups, the scope of diagnoses, and procedures for the assigned primary care specialty. Documentation and quantification in an EXCEL or equivalent model tallying the patient demographics (age/gender/zip code), major diagnoses and procedures performed. Through their year their competency in regards to proper history taking, physical exam, differential diagnosis, treatment, proper documentation of care, professional presentation, and the student's ability to provide continuity of care should show continuous improvement and will be evaluated by the on-site preceptor. The student will:

- Provide documentation of the development of a panel of patients that have been followed over the clerkship showing required demographics and data required
- Show improvement in their history taking, note production, and development of their differential diagnosis abilities.
- Show improved competency in any procedural skills that they are exposed to within in the scope of the practice and their level of training.

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Throughout this clerkship the student will learn how to use proper coding and documentation to properly receive payment for services in the given practice setting. They will spend time with the business manager learning how the physicians, front office personnel, and business managers collaborate in order to make the day to day operations of an office successful in that given practice model. They will learn how the delivery of care needs to be adaptable based on the resources of the office and patients. They will learn by observation, discussion and participation in the collaboration/preauthorization processes with insurance companies learning how this improves and inhibits the delivery of care in rural and urban settings. The student will:

- Show improved skills using EMR, documentation of encounters and developing coding practice with each encounter
- Demonstrate to the preceptor through discussion and practice their understanding of the business model that the practice uses.
- Demonstrate that they can be adaptable in care delivery under the restrictions placed by insurance coverage and available resources

Given the scarcity of resources most rural/urban underserved areas the student will learn how, in the given practice setting, services not provided in-house can be obtained. They will learn how to use the referral process with other medical providers, mental health providers, counselors, and community agencies. By having a whole year the students should be able to demonstrate they have been able to follow this process from diagnosis of need, to the referral, and back to the follow-up post referral. Demonstrating how completing the continuity cycle within primary care can make sure the patient gets the best care possible even if faced with limited resources locally. The student will also learn, observe, and understand how rural/and urban underserved physicians may wear multiple hats within the office and community and how that is balanced.

- The student will demonstrate that they can make logical choices and develop alternative care options for patients working with in-house resources and community agencies

Reflecting on the participating practice and patient panel the student will complete a quality improvement project identifying an area of improvement and gathering data showing before and after implementation of the improvement in practice. Using the American Board of Family Medicine's Maintenance of Certification's Quality Improvement Modules or an equivalent model of the site director's choice.

- The student will satisfactorily complete a Quality Improvement Project and attempt to implement changes then reflecting on the positive or negative impact that these changes make on the given practice

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At the clerkships completion, the student will complete a reflection paper of at least 2-4 pages with the student explaining how they met the objectives and what educational values they acquired from their continuity panel and the business model they worked under. The student will address positives, negatives, how the clerkship shaped their specialty choice decision, and what they may take into their practice of medicine from what they learned in this Continuity in Primary Care: Longitudinal Integrated Clerkship. They should explain how they applied the competencies for underserved practice (Adaptability, Living with scarcity and limits, Resilience, Integrity, Reflective Practice, and Collaboration)

- At the end of the clerkship, the student will complete a reflective paper articulating the student has understood and applied all of the objectives of this clerkship and have an understanding of how continuity of care and the main principles of RUSP are applied in a rural/underserved primary care practice.

3. Orientation to the Rotation

The student should try to meet with the faculty either prior to or on the first day of the rotation. Clarifying the following details with the faculty will help to ensure a rewarding and successful rotation:

- Student responsibilities on the service.
- Faculty expectations of the student on the service.
- Goals, objectives, and the structure of the rotation.
- Required rotation assignments and responsibilities in the faculty's practice (e.g., clinics, lectures, conferences, other didactics, journal clubs, rounds, office hours, morning report).
- Discuss the Evaluation of Student Clinical Performance form.

The student is strongly encouraged to ask for feedback several times during the rotation, especially at mid-rotation. In addition, they should be prepared to share past clinical experiences and personal objectives for this rotation with the faculty.

4. Required Learning Activities, Assignments, and Responsibilities

1. The student will be required to keep track of all patient, procedural documentation keeping it secure and protected per HIPAA guidelines and office policy. All data collection and analysis needed to complete the course objectives are the student's responsibility
2. It will be encouraged the student participates in the Fall RHS Retreat Program and other RUSP activities,

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3. Assigned readings based on the diagnoses and treatments seen in the continuity panel should be ongoing and documented.
4. All local expectations in regards to the student/preceptor need to be discussed at the beginning of the clerkship by the student with his/preceptor and ongoing throughout the year.
5. Any local learning activities/lectures will be at the discretion of the on-site director-preceptor and be the student's responsibility to be compliant with the learning activities assigned
6. The student should always look at their patient schedule and come prepared to clinic to see those assigned patients. Reading up on the problems/procedures stated for the visit and ready to care for such issues within their scope and ability in conjunction with their preceptor.
7. Practice integration – while on other rotations the student should make all attempts to socially round and take part in the care of all the practice's inpatients -minding the practice." Being the eyes and ears of the practice and providing continuity of follow-up care when back in the office setting.

Satisfactory completion of the following activities is required for the student to receive academic credit for this course:

- 1.Summary continuity practice log
- 2.Summary reflection
- 3.Quality Practice Improvement project
- 4.Summary evaluation from supervising site preceptor

5. Student Performance Evaluation

The student's grade is based on the following requirements:

1. Completion of Family Medicine (OCOM 8010) occurring month one of their third year at the assigned LIC office and later Completion of the Primary Care course OCOM 8300 at the same office.
2. Completion of one elective week at the end of the clerkship.
3. Quarterly review of the practice log which should show a proper developing continuity panel.
4. Year-end review of the practice log showing a properly developed continuity panel.
5. Review of the QI project showing good data collection of a quality indicator with before and after implementation data.
6. Review of the reflection paper will reveal the student has understood, accomplished all of the goals set out above and has demonstrated a grasp of providing continuity in primary care.

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7. The final clerkship grade will encompass Family Medicine 8010, the entire year of this clerkship, Primary Care 8300, and the capstone one week at the end of the year. The Family Medicine and Primary Care clerkship grades will be recorded as Progress (PR) until the year-end assessments are completed.

The final grade in this course will be assigned on the following basis:

Successful completion of the third year Family Medicine (OCOM 8010) and Primary Care (OCOM 8300) plus:

1. Satisfactory completion of the following requirements:
 - a. Summary continuity practice log (20%)
 - b. Summary reflection (20%)
 - c. Quality Practice Improvement project 20%
 - d. Summary evaluation from supervising site preceptor (40%)

The Faculty's Written Evaluation

A student must receive a passing grade from the faculty in order to pass the rotation. If the faculty considers the student's progress to be *Marginal*, the Committee on Student Progress, in consultation with the Assistant Dean on the student's assigned clinical education site, will recommend an appropriate remediation plan to the Vice Dean for approval. If the faculty grades the student progress as *Failure*, the student will be given a grade of "F" for the rotation and will be referred to the Committee on Student Progress (CSP).

6. Recommended Resources

Identify three resources recommended for this rotation by the preceptor.

Resources relevant to longitudinal integrated clerkships:

Hirsh DA, Ogur B, Thibault GE, Cox M. "Continuity" as an Organizing Principle for Clinical Education Reform. NEJM 2007; 356:8:858-866.

Rural longitudinal integrated clerkships: changing interests and demographics of medical students. Can J Rural Med 2015;20:83-91.

<https://www.srpc.ca/PDF/cjrm/vol20n3/pg83.pdf>

Latessa R, Schmitt A, Beaty N, Buie S, Ray L. Preceptor teaching tips in longitudinal clerkships. The Clinical Teacher 2015; 12: 1–6.

<http://onlinelibrary.wiley.com/doi/10.1111/tct.12416/epdf>

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Resources relevant to the concept of continuity in patient care:

Stewart M. Continuity, Care, and Commitment: The Course of Patient-Clinician Relationships. Ann Fam Med 2004;2:388-390.

An editorial associated with a theme issue of the Annals of Family Medicine, September/October 2004:

<http://www.annfammed.org/content/2/5.toc>

Stokes T et al. Continuity of Care: Is the Personal Doctor Still Important? A Survey of General Practitioners and Family Physicians in England and Wales, the United States, and the Netherlands. Ann Fam Med 2005;3:353-359.

<http://www.annfammed.org/content/3/4/353.full>

Saultz J, Lochner J. Interpersonal Continuity of Care and Care Outcomes: A Critical Review. Ann Fam Med 2005;3:159-166.

<http://www.annfammed.org/content/3/2/159.full>

Andres C, Cook L, Spenceley S, Wedel R, Gelber T. Improving primary care: Continuity is about relationships. Can Fam Physician 2016;62:116-9.

<http://www.cfp.ca/content/62/2/116.full.pdf+html>

Weir SS, Page C, Newton WP. Continuity and Access in an Academic Family Medicine Center. Fam Med 2016;48(2):100-7.

<http://www.stfm.org/Portals/49/Documents/FMPDF/FamilyMedicineVol48Issue2Weir100.pdf>

Tandeter HB, Vinson DC. Transient Discontinuity of Care: Others Seeing What We Have Missed. Howard B. Journal of Family Practice 1998;47:423.

Contact the Office of Advanced Studies for more details regarding available resources. If the DLIC has a required resource it will be listed in the table below.

Author	Title	Publisher	Place of Publication	Copyright	Edition
Pfenninger/Fowler	Procedures for Primary Care Physicians- ISBN-13 978-0323052672	Mosby			Most Recent
Paul D Chan	Current Clinical Strategies-Family Medicine ISBN 978-1934323304				2011

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Lynn Bickley	Bates Pocket Guide to Physical Exam and History Taking ISBN 13 -978-8184738308	Lippincot/Williams and Wilkins			7th
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7. Standards of Professional Conduct

The Heritage College Honor Code applies to all activities on clinical campuses.

As a member of the medical profession, I will maintain the highest standards of academic and personal behavior. As a medical student I will not cheat or plagiarize or tolerate that behavior in others.

Students are encouraged to study together and to share their knowledge freely with one another during the learning process. During examinations, no assistance from other students or from outside sources is allowed, unless explicitly permitted by the clinical education office. Books, notes and other materials must be left at the periphery of the testing area during examinations.

Professional standards required of a member of the Osteopathic profession are a requirement for passing this rotation, as is compliance with the professional standards of the hospital and outpatient offices of the student's faculty. Students are expected to maintain high professional standards of behaviors. They should exhibit such personal characteristics as honesty and integrity, as well as to maintain patient confidentiality at all times. Unprofessional behavior may result in a failing grade in this rotation, regardless of other academic performance on this rotation, and could subject the student to dismissal from the hospital in which they are based. Professional conduct shall be evaluated by the Assistant Dean through observation of and interaction with the student, their faculty, other hospital attending physicians and staff.

8. Tips for Successfully Completing the Rotation

Success on this rotation requires the student to be proactive. Taking an interest in the specialty and becoming an active team member of the service is critical to learning in a clinical setting. Remember, the clinical learning environment differs from the classroom. The student will be expected to think on their feet and learn as they go. To capitalize on *the learning moment*, seek out opportunities to ask questions and speak up appropriately.

In addition, be sure to:

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- Review the syllabus to understand all requirements.
- Discuss with the faculty previous clinical experiences and personal goals and objectives for this rotation.
- Clarify the faculty's expectations of performance early on in the clerkship.
- Come prepared to take advantage of the opportunities this rotation has to offer.

9. Student Accessibility

Any student who suspects they may need an accommodation based on the impact of a disability should contact the class instructor privately to discuss specific needs and provide written documentation from the Office of Student Accessibility Services. If you are not yet registered as a student with a disability, you should contact the Office of Student Accessibility Services.

If there are any questions, please contact the academic program administrator or assistant dean.