

## Structure of the Longitudinal Component of the Primary Care Clerkship

The longitudinal, or continuity, clinical experience is an important aspect of the Primary Care/Family Medicine clerkship; we hope it will be an enjoyable and productive experience for you. You will report to your assigned clinical site one half day per week (always the same day of the week) for 24 weeks, throughout your Medicine, Primary Care/Family Medicine, Surgery, two-week elective, and Anesthesiology rotations. Those clerkships have been notified that the longitudinal outpatient experience takes precedence over inpatient activities or clerkship responsibilities on the afternoon assigned. If you still encounter questions about your obligation to leave each week, please notify your clerkship director or site director **immediately**. The longitudinal experience is an important part of the Primary Care clerkship: **you cannot pass the Primary Care clerkship unless you satisfactorily complete and achieve a passing grade for the longitudinal component.**

### Expectations and Requirements

**Basic requirements.** The longitudinal component of the Primary Care/Family Medicine clerkship will be graded on a Pass/Fail basis. However, you must pass this component in order to pass the overall clerkship. In order to pass, **at a minimum**, you must:

Be present and punctual for at least 20 of the 24 half-days you are assigned – have your preceptor sign your attendance log each time you attend

Follow your preceptor's instructions and those of his/her staff

Make an effort to see patients as independently as possible

Function without disrupting the practice or creating patient dissatisfaction

Demonstrate the ability to conduct all aspects of the patient visit in an acceptable fashion for at least two patients in an afternoon.

**Attendance.** Have your preceptor sign your attendance log each time you are present for your half-day. At your preceptor's discretion, you may be excused from attending your half-day session up to four times in the semester if you have notified your preceptor within what s/he defines as adequate advance notice for what s/he considers to be an adequate reason. Please note that the medical school does not provide students with "study days" during their Medicine and Surgery clerkships and studying for the final examinations in these clerkships does not constitute a reason to be absent from clinical duties. Absences should be confined to episodes of illness or personal/family emergencies. In addition, the longitudinal experience is an institutional priority of the medical school and the clerkship directors are aware that this activity takes precedence over inpatient or other clerkship duties. Thus, you should not be repeatedly late because you "cannot leave". You are also not required to return to inpatient duties after the ambulatory half-day even if your team is admitting new patients. Transportation issues may cause occasional late arrivals but if you are repeatedly late or leaving early, because of conflicts with the clerkship, you will be in danger of failing your Primary Care Clerkship if that conflict is not resolved.

Again, bring the issue immediately to one of the following for resolution: the Site Director, Medicine, Anesthesiology, or Surgery Clerkship Director, Course Director for electives, Associate Dean for Clinical Medicine, medical school ombudsman, or the Student Affairs office.

You are not automatically excused from the longitudinal experience during your two-week elective even if your assigned afternoon conflicts with a scheduled event in the elective. If this type of conflict presents a serious problem for you (e.g. you are contemplating Dermatology as a career, are taking an early Dermatology elective, and the only day the Dermatologists see outpatients falls on your longitudinal half-day) your preceptor may have you come on a different afternoon (this applies **only for the two-week elective**, no changes please to your assigned afternoon during the Medicine, Anesthesia, or Surgery clerkship) or may excuse you from attending as long as your total absences will be four or less.

If you are using the two-week elective period as vacation, please inform your preceptor of your planned absence as soon as you arrive at the practice.

**Work hours.** The longitudinal half-day is meant to be scheduled from 1PM to 5PM. If office hours are variable we have requested that preceptors try to have you work for approximately four hours between 1PM and 6PM and avoid keeping you late into the evening.

**Non-physician staff.** It is desirable that you spend some time with the non-physician staff at the site, e.g. nursing, clerical, or billing staff, if possible. This should only be done for an amount of time that you find educational – it should not be a frequent substitute for clinical work.

**Preceptor absence.** If your preceptor will be absent from the site you can either 1) go as usual and work with another clinician if one is available or 2) go to the site and perform work (clinical reviews or research, follow-up phone calls) related to patients you have seen or 3) spend time with the non-physician team members or 4) be excused from attending as long as the requirement of 20 sessions is met. Any of these is a reasonable plan to make with your preceptor.

## Goals of the Course

The longitudinal experience is a setting in which you will be able to achieve many of the curricular goals of the medical school. Most important, we want you to form meaningful bonds with patients and families over several visits instead of the usual brief encounters you are more likely to have with patients on the inpatient services; to see patients within their unique bio-psychosocial urban contexts; to understand chronic care management and the coordination of care; and to learn what primary care is and what primary care doctors do. An important anticipated lesson will be how continuity of care (with the same provider) can improve health outcomes and prevent hospital admissions.

We would also like the longitudinal experience to provide you with an extended opportunity to prepare for the USMLE Step 2 Clinical Skills Examination that you will take during your fourth year. In this examination, you will interact with 12 standardized patients who each present with a new complaint. You must take a history, perform a physical examination, and write a note within a rigid time frame. Your ability to gather data and reason about your findings is judged by your encounter note; you are required to list three possible diagnoses to explain the patient's complaint with pertinent positives and

negatives for each. You will also be rated on your communication skills in questioning, information-sharing, and professional manner and rapport. Practice these things during your longitudinal experience!!

Finally, we hope you will enjoy the experience of seeing patients yourself and start to feel like a “real doctor”!

## Specific Longitudinal Experience Learning Objectives

1. Obtain an accurate, focused history in 20 minutes
2. Complete an accurate, focused physical examination in 10 minutes
3. For a new complaint, formulate a reasonable differential diagnosis with at least three possible diagnoses and supporting pertinent positives and negatives for each.
4. Develop reasonable diagnostic plans. Identify economic and risk features among test options. Elicit and account for the patient’s perspective in diagnostic planning.
5. Interpret the results of common tests.
6. Develop and implement appropriate management plans within the context of the insurer for the specific patient. Describe key features in choosing among options, including risks, cost, and efficacy. Write prescriptions accurately. Monitor response to therapy. Involve the patient in therapeutic decision-making, explaining risks and benefits of treatments. Involve the patient as an active participant in his/her care.
7. Make a logical, orderly oral case presentation within 3 minutes.
8. Write an appropriate encounter note within 10 minutes.
9. Demonstrate skills in coordination of care and work as an effective member of the patient care team.
10. Demonstrate effective communication skills
11. Demonstrate professional behavior.

The specific communication skills you should be focusing on are delineated by the National Board of Medical Examiners on their web site ([www.nbme.org](http://www.nbme.org)) as follows:

### Questioning skills

#### Examples include:

- *use of* open-ended questions, transitional statements, facilitating remarks
- *avoidance of* leading or multiple questions, repeat questions unless for clarification, medical terms/jargon unless immediately defined, interruptions when the patient is talking
- *accurately summarizing* information from the patient

### Information-sharing skills

#### Examples include:

- *acknowledging* patient issues/concerns and clearly responding with information
- *avoidance of* medical terms/jargon unless immediately defined
- *clearly providing:* counseling when appropriate / closure, including statements about what happens next

## Professional manner and rapport

### Examples include:

- *asking about* expectations, feelings, and concerns of the patient / support systems and impact of illness, with attempts to explore these areas
- *showing* consideration for patient comfort during the physical examination / attention to cleanliness through hand washing or use of gloves
- *providing* opportunity for the patient to express feelings/concerns
- *encouraging* additional questions or discussion
- *making* empathetic remarks concerning patient issues/concerns / patient feel comfortable and respected during the encounter

It is likely that you will not be able to stay within the desired time limits initially and the preceptors are aware of this. You may only be able to see one or two patients in an afternoon when you begin. However the pace of work defined in the objectives is a target that you and your preceptor should be aware of and working toward. Judging by the experience at other medical schools with similar courses, most students should be able to see three or four patients per afternoon by the end of the 24 weeks. Remember that you will have a four week block of Primary Care/Family Medicine somewhere during the 24 week longitudinal experience. During that block experience you will be seeing out-patients nine half-days per week. Toward the middle or end of that block it is likely that you will experience a sudden increase in functionality in addition to the steady progress we would expect for you throughout the longitudinal experience.

## Student Evaluation and Grading

A formal evaluation of every student is required for each clinical activity, including the longitudinal experience. We have asked the preceptors to give you clearly identified formative feedback around Week 12 of the experience, based on your performance. Please help to prompt that conversation by giving your preceptor the mid-rotation feedback form. At the end of the 24 weeks you will receive an evaluation as you do for your clerkships. It will be a paper evaluation available in the Primary Care office, the grade will be pass or fail and the comments will be included in the Medical Student Performance Evaluation (formerly Dean's letter) under the Primary Care Clerkship heading. We have asked the preceptors to include in their summary comments a notation of how many patients you are able to see per afternoon by the end of the longitudinal experience. As noted above, if you fail the longitudinal experience, your Primary Care block grade will be changed to a Fail and you will need to remediate. Don't let that happen!

## Independent study and Assigned Reading or Study

As issues arise that you are not familiar with, it is expected that you will read on these subjects, either in the office or clinic within the longitudinal half-day or at home during the week. Your preceptor may direct this reading or assign pertinent topics for you to review. We have specifically asked them to be reasonable in their expectations both in regard to the amount of assigned reading and the practical

relevance of the subject. In some portions of the 24-week period, assigned topics in Ambulatory Care may mesh very well with the subject matter of your inpatient clerkship, e.g. Medicine rotation, but in other weeks we understand that you may be studying intensively for your Surgery final examination and some ambulatory care topics may be less directly helpful. The preceptors have been asked to avoid assigning topics that are esoteric or too complex to be helpful to you at this stage of your training and in view of your shelf exam preparation. On the other hand, it is very reasonable and helpful to you to be expected to find the answer to an appropriately focused clinical question and to succinctly summarize your search strategy and findings. It is also reasonable to expect you to identify appropriate clinical questions or topics to review and research. Use the longitudinal experience to help with your shelf exam preparation and clinical study skills!