

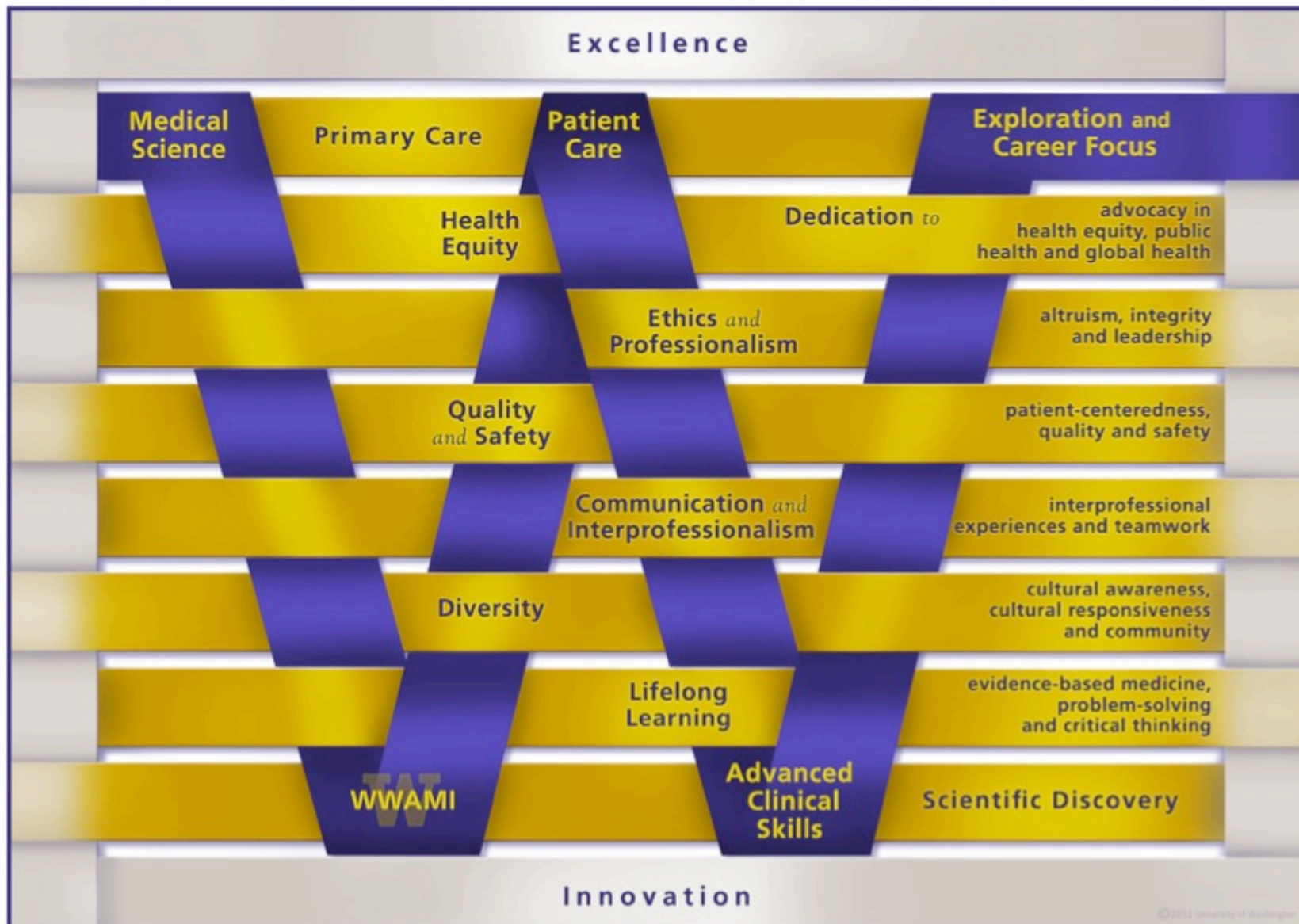
UWSOM Primary Care Practicum E2019 Faculty Development

Jeanne Cawse-Lucas, MD

Learning Objectives

- Describe the objectives of the Primary Care Practicum
- Describe best practices for pre-clinic huddle for student teaching
- Demonstrate at least one method of in-the-moment feedback
- Define the learning environment and locate resources to support you and your students

Fabric of the University of Washington School of Medicine Curriculum



UWSOM Curriculum

Foundations
(~ 18 months)

PCP
January-
December

Patient Care
(~ 12 months)

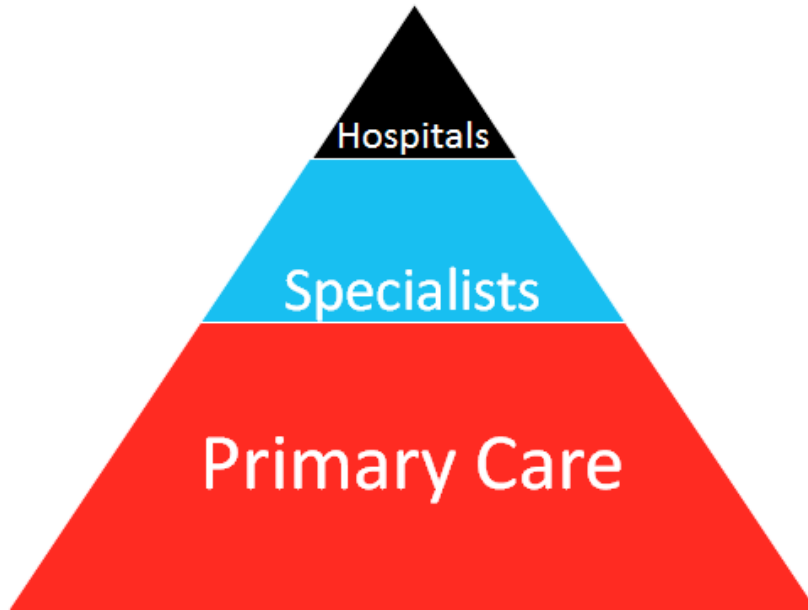
**Career
Exploration**
(~ 14 months)

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"I have been able to use my physical exam, interview, and presentation skills in a supportive learning environment. The time spent with my PCP has been my favorite part of medical school so far."

Primary Care Practicum



- One full day every other week in the same clinic
- Opportunity for students to put the skills learned during clinical skills sessions into practice

“It's been rewarding to develop a relationship with my mentors that allows me to progress each time I come into the clinic.”

PCP Big-Picture Goals

- Hands on opportunities to practice focused H&P and other outpatient clinical skills
- Start to incorporate clinical reasoning into history, physical, differential diagnosis, and treatment
- Describe the role of primary care in our health system

PCP Attendance Policy

All PCP sessions are required.

If a PCP faculty member has to cancel a session, the student may try to arrange an alternate activity for that day (i.e. working with another physician in the clinic or make up the session on another day.)

Please review the PCP schedule with your student early on and try to plan ahead for conflicts

Make sure that the student has good contact info for you and/or a clinic administrator who can operate as a point of contact

“I'd like [my faculty] to ... sit down with
me and go over goals and
expectations.”



What has your student already done?



Immersion

- 2 weeks at the start of foundations
- “deep mental involvement”
- History and physical exam
- Professionalism
- Identity formation



College Tutorials

- Half day sessions in the hospital
- Goal: complete H&Ps
- 1:5 ratio of faculty to students
- Led by College Mentors- UWSOM Faculty



Clinical Skills Sessions



- Sessions designed to teach specific clinical skills using a variety of learning formats
- At the UWSOM
- Taught by college mentors

Clinic Orientation

- Population
- Preceptors
- Contacts
- EHR
- Where is the bathroom, lunch room, coffee maker?

<https://www.teachingphysician.org/content/orienting-a-learner>

Big-Picture Goals: GLEAM

- Goals
- Learning style
- Experiences
- Activities
- More



Day-to-Day Goals: Pre-Clinic Huddle

- Which patients may be good to see?
- What is the student working on?
- Are there any particular goals/expectations (from student or faculty) for that day?



"It's been really rewarding to see patients on multiple occasions.

I felt like I was able to contribute to a patient's care by remembering his story from his last visit and communicating some details to my PCP, which helped expedite the patient's care."

One Minute Learner Overview

1. Goals
2. Getting Going
3. How Much and How Long
4. Presenting
5. Charting
6. Questions
7. Feedback

Used with permission of Miriam Hoffman, MD

<https://www.stfm.org/publicationsresearch/publications/educationcolumns/2013/march/>

An Average Day = 6-8 hours

- Pre-clinic huddle
- Students interview at least 1-2 patients per half day*
 - Take a history
 - Do some or all of the PE
 - Present to you
- Debrief at the end of the day
- Other opportunities based on associated learning goals

*Please see the policy for supervision of medical students. Under supervision, students may participate in anything that you and your institution accept, including history, exam, and procedures. They can be supervised by any professional in your clinic within scope of practice.

Assignment Tracker

- Students should log EVERY session within 48 hours
 - Opportunity for practice
 - Memorable moments
 - Clinical Question
 - Skills based on FCM sessions



PCP team tracks logs and opportunities for practice

We intervene with student and faculty if “no” opportunity for practice x 2

Notice of Concern if not logging and have not communicated absences

Presentations to You

- Oral Case Presentations
 - ID/CC
 - Subjective information including pertinent history and associated symptoms
 - Objective
 - Assessment
 - Plan
- Brief case-based clinical presentation at least once per term
 - This means that they should look up a clinical question from the day and report the answer back to you!

Other Assignments (Graded By College Mentors)

- SOAP Notes – single problem, multiple problem, chronic disease*
- Reflections based on clinical experiences



*SOAP Notes can go in the chart if your institution allows. Medicare now allows us to use student documentation with an attestation. Please check in with your home institution for their policy

CMS Documentation Update

CMS continues to pay only for those services provided by the Teaching Physician, but *after verifying the history of present illness and re-performing the exam and medical decision making, the teaching physician may now verify and attest to the medical student's documentation without having to re-document the findings*

Please confirm with your institutional policy before having students document in the chart

Benefits of Student Charting

- **Saves time:** 15-90 minutes of preceptor charting time
- Students feel part of the team, like their interactions matter
- It helps students understand what is happening and keeps them actively engaged
- It's a critical skill to learn, prepares for PE part of boards

Teaching Physician Attestation

“I attest that I was physically present with the student, verified all student documentation, and performed (or re-performed) the physical exam and medical decision making. [Attending name].”

Student attestation:

“(Student Doctor’s Name, title, date, and time of entry) documented the following service on behalf of Dr. XXX...”

“I would like [my faculty] to **teach me and test me**. Give me a small doable specific task and then evaluate me on the spot.”





“Let’s go in together. You take the history and I’ll be your scribe.”

“I want you to take 10 minutes to interview the patient. I’ll knock on the door and you present what you’ve found.”

“I don’t know what the best next step is. Can you look it up and we can talk after I see the next patient by myself?”*

*this is a case based clinical presentation!

Another way to precept...

1. Student gathers history and physical with the patient
2. Preceptor joins the student, who presents what they have learned
3. Student steps out while the preceptor wraps up with the patient
4. The student does some research to formulate an assessment and plan
5. The preceptor hears the student's assessment and plan after finishing with the patient, and then discusses what was actually done and why. How are they the same or different? What was the thought processes behind the medical decision making?

Active Observation

- When interviewing, ask the student if s/he has any additional questions for the patient
- Include the student in the physical exam. Point out normal and abnormal findings!
- Talk through your clinical reasoning. (Patients like this, too!)
- Ask your colleagues to remember the student when they have good cases!



How can the student help you?

- Interviewing a waiting patient while you're catching up
- Spending additional time with a patient who needs some TLC
- Writing a SOAP note in the chart – you can review it together and provide feedback
- Looking up the answer to a clinical question while you see another patient
- Walking a patient to the lab or front desk to help ensure the plan gets done
- Calling a continuity patient to check in

What can we do to help students appreciate the value of primary care?

- Demonstrate continuity and the joy of relationships with patients
- Demonstrate broad scope of practice and expertise
- Flexibility to pursue passions in a wide range of patient care without having to do more residency or fellowship
- Community health orientation
- Health and health equity
- Broad sense of wellness and health

Opportunities for Student Continuity

(AKA "*Why Primary Care is Awesome*")

- Schedule follow up visits for days that students will be with you
- If students sees a patient in hospital, have the student see them for hospital follow up as well
- Give the students an opportunity to follow patients to specialists, imaging, lab, and therapies
- Assign students to an OB patient and help the student follow that patient through delivery

Assessment of the Student

aka “Grading”

- Attendance
- Tracker logs
- Professionalism
- Milestones



Your feedback will be incorporated by college mentors as one part of the total Foundations of Clinical Medicine course (which is pass/fail)

Milestones – Example

Gather a history and perform and physical exam

- Gather a basic patient history
- Recognize the need to adapt the interview to the clinical setting and to patients' needs across the lifecycle.
- Perform basic physical exam maneuvers

Provide an oral case presentation of a clinical encounter

- Recognize subjective and objective parts of the patient history and physical

Professionalism

- Demonstrate professional demeanor, dress, and attitude.

Educational Attitudes

- Demonstrates enthusiasm for learning and independence in seeking additional information and resources while providing patient care.

Comments

Ask-Tell-Ask

- Ask the trainee to assess his/her own performance
 - What went well? What areas need improvement?
- Tell
 - Share your impression of positive behaviors and areas of concern
 - Provide suggestions for problem solving
- Ask
 - Ask what areas could be improved
 - Allow the trainee to develop a specific plan for improvement
- Add
 - Add any other things you think could be improved
 - Summarize the positives and areas for future growth

<https://www.youtube.com/watch?v=SYXgMobMU8U>

What if the student isn't succeeding in my clinic?

- Check in with the student
 - *“How’s it going?”*
 - *“What could we do to make this a better learning experience for you?”*
- Connect with the college mentor
 - Contact info is in your intro email, or just let us know and we’ll connect you
- You are ALWAYS welcome to reach out to me
 - pcprac@uw.edu
 - cawse@uw.edu

Resources for Teaching and Clinical Practice



Curriculum Updates Every PCP Session

1. Basic Sciences Block
2. FCM Workshop Objectives
3. Associated Tracker Items



"I get really excited when I see a patient with a certain problem and learn about it in class a few days later! For example, I met a patient with a rash on his hands and who had asthma and allergies in childhood. Just a few days later we learned about the "atopic triad." I can remember its clinical manifestations and treatment so much better just by having seen that patient in my PCP."

CLIME

Center for Leadership and Innovation in Medical Education

<http://clime.washington.edu/clinical-teaching-1/>

UW Medicine
UW SCHOOL OF MEDICINE
CENTER FOR LEADERSHIP AND INNOVATION IN MEDICAL EDUCATION

HOME EVENTS & WORKSHOPS NETWORKING & MENTORING RESEARCH & SCHOLARSHIP TEACHING RESOURCES ABOUT

Clinical Teaching

Learning Modules & Resources

Verbal Feedback for Continuous Learning (updated)
Oct 26, 2018

TeachingPhysician.org
Nov 2, 2017

Clerkship Orientation Guide
Nov 2, 2017

Physical Exam Learning Modules
Oct 26, 2017

The "SHORT" technique

Stay Organized:
Transition sentences tell us where you are

Downloaded From: by a University of Washington Libraries User on 10/26/2018

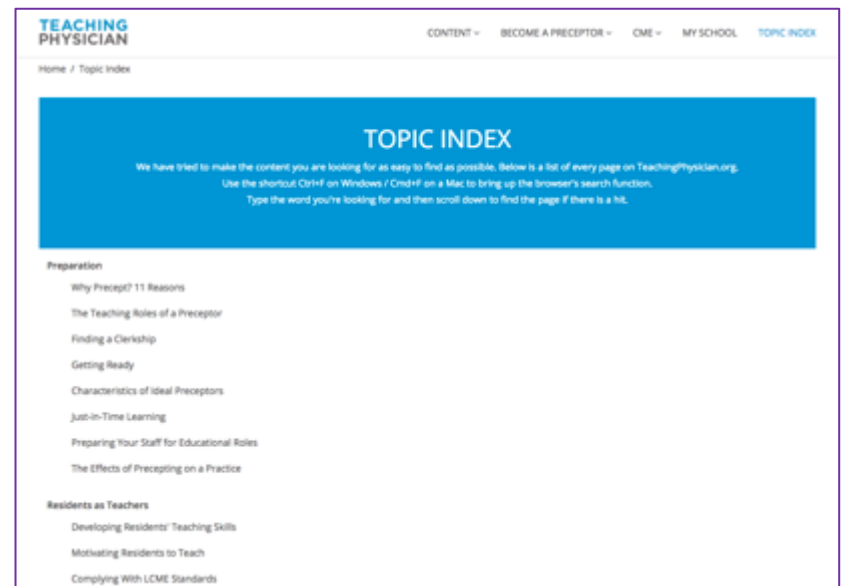
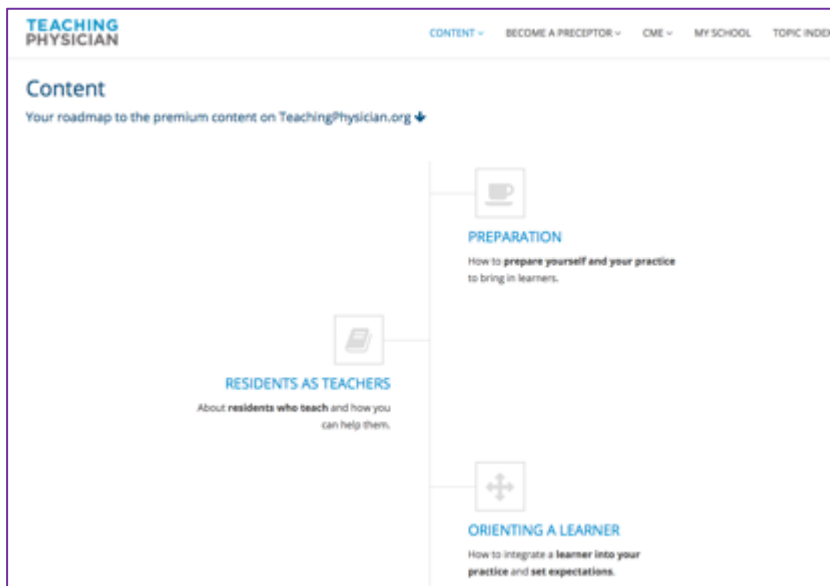
Teaching Physician

Free, online resource for clinical teaching, worth CME Credit

www.teachingphysician.org

username: uwfamedmse

password: uwfamedpassword



Learning Environment

The climate in which faculty, residents, and students teach and learn.

The environment is shaped by the institutional culture, the medical school curriculum (both formal and hidden) and by the behaviors and educational practices of our community of teachers and learners, in Seattle and throughout the WWAMI region.

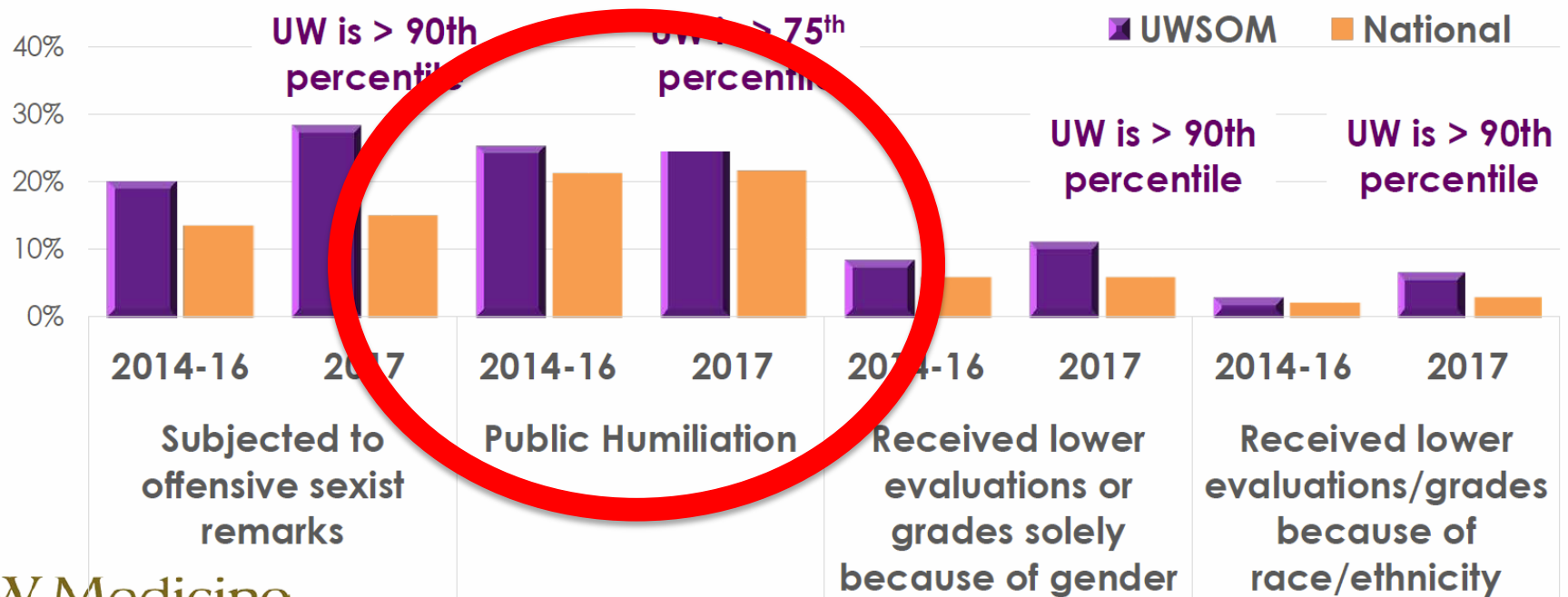


“Having a respectful, inclusive, and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate, and diverse healthcare workforce that will meet the healthcare needs of all.”

AAMC Statement on the Learning Environment

2017 AAMC GRADUATION QUESTIONNAIRE

Type of Mistreatment Students Experienced At Least Once (2017 AAMC National Benchmark Percentile Included)

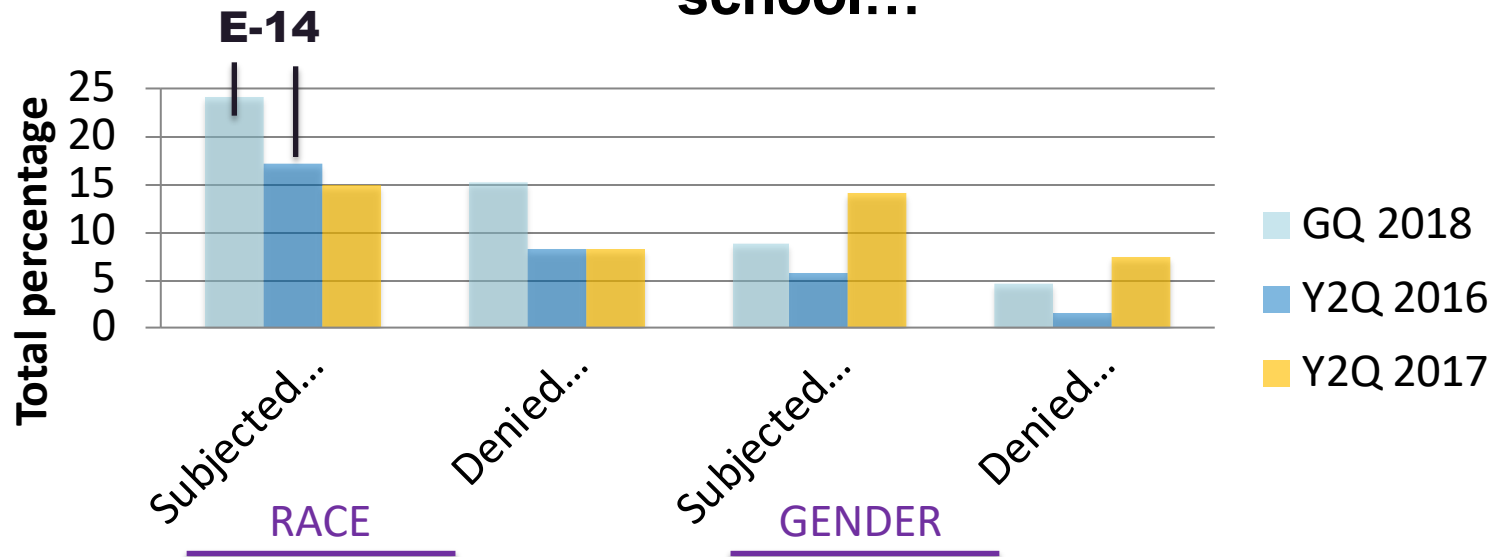


UW Medicine

Humiliation and belittlement are the most commonly reported causes of mistreatment

AAMC GQ and Y2Q Comparison

Percentage of students who personally experienced negative behavior related to gender or race one or more times in medical school...



Have you ever been subjected to offensive remarks/ names? Have you been denied opportunities for training or rewards on basis of...



Microaggression

MACROAGGRESSION



Like a
dripping
faucet,
accumulate
over time



The everyday verbal, nonverbal, and environmental slights, snubs, or insults, whether intentional or unintentional, that communicate hostile, derogatory, or negative messages to target persons based solely upon their marginalized group membership.*

*Diversity in the Classroom
UCLA Diversity and Faculty Development 2014

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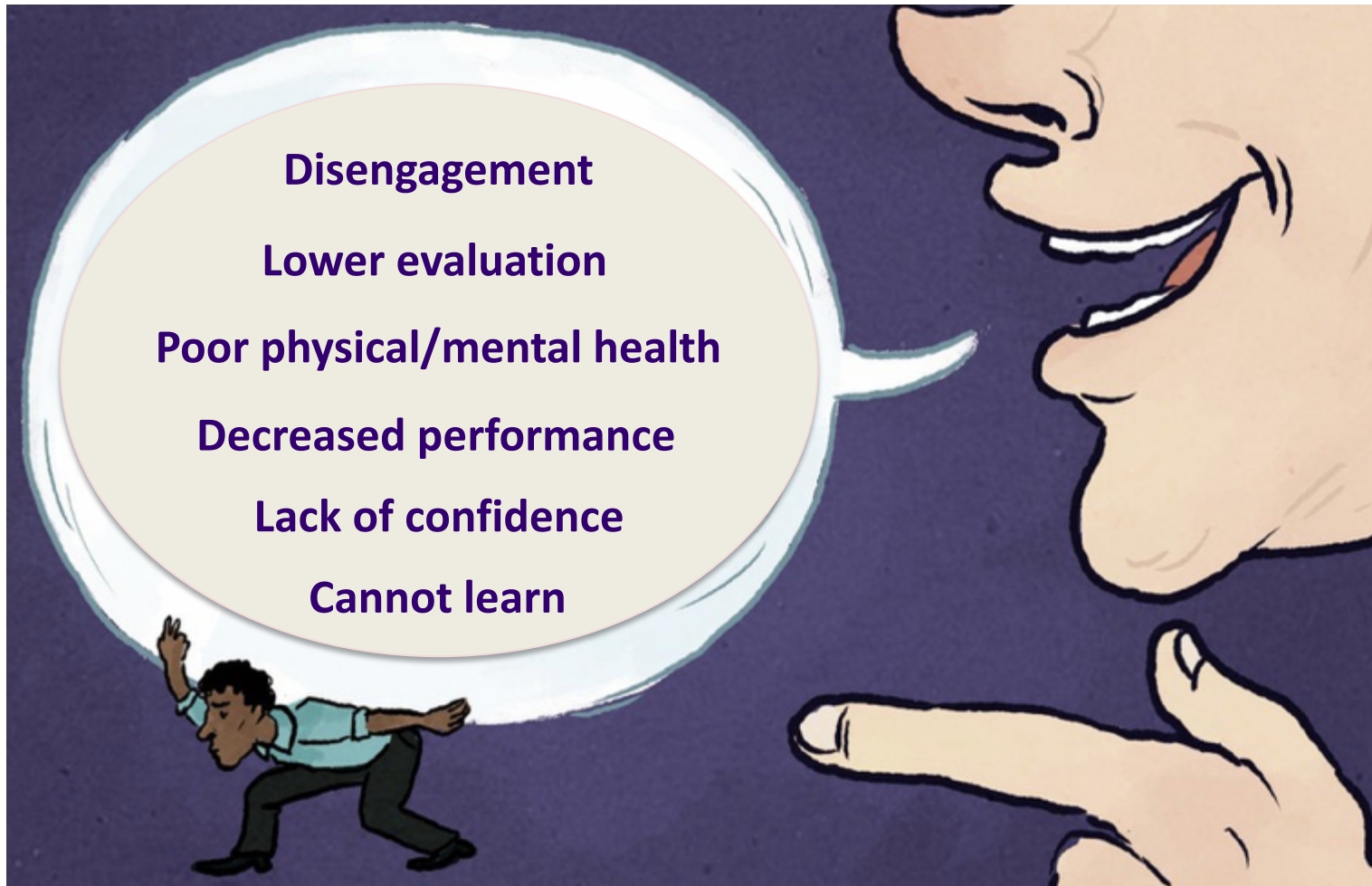
What do they look like?

Themes	Examples
Alien in own land	"Where are you from?" "You speak good English."
Ascription of intelligence	"You are a credit to your race."
Color blindness	"When I look at you, I don't see color." "America is a melting pot."
Criminality	Person of color (POC) being followed in a store White person clutching bag near POC
Denial of individual racism	"I have black/Asian/Hispanic friends."
Myth of meritocracy	"Everyone can succeed if they work hard" "Most qualified person should get in, get position"
Pathologizing culture	"You shouldn't be so loud/quiet, etc."
2 nd class citizen	Assume POC is janitor, taxi driver, etc.
Environment	No statues/pictures of POC in halls

Sue, et al,
Racial Microaggressions in
Everyday Life: Implications
for Clinical Practice,
American Psychologist, Vol
62, No.4, 271-286, May,
June 2007



Impact



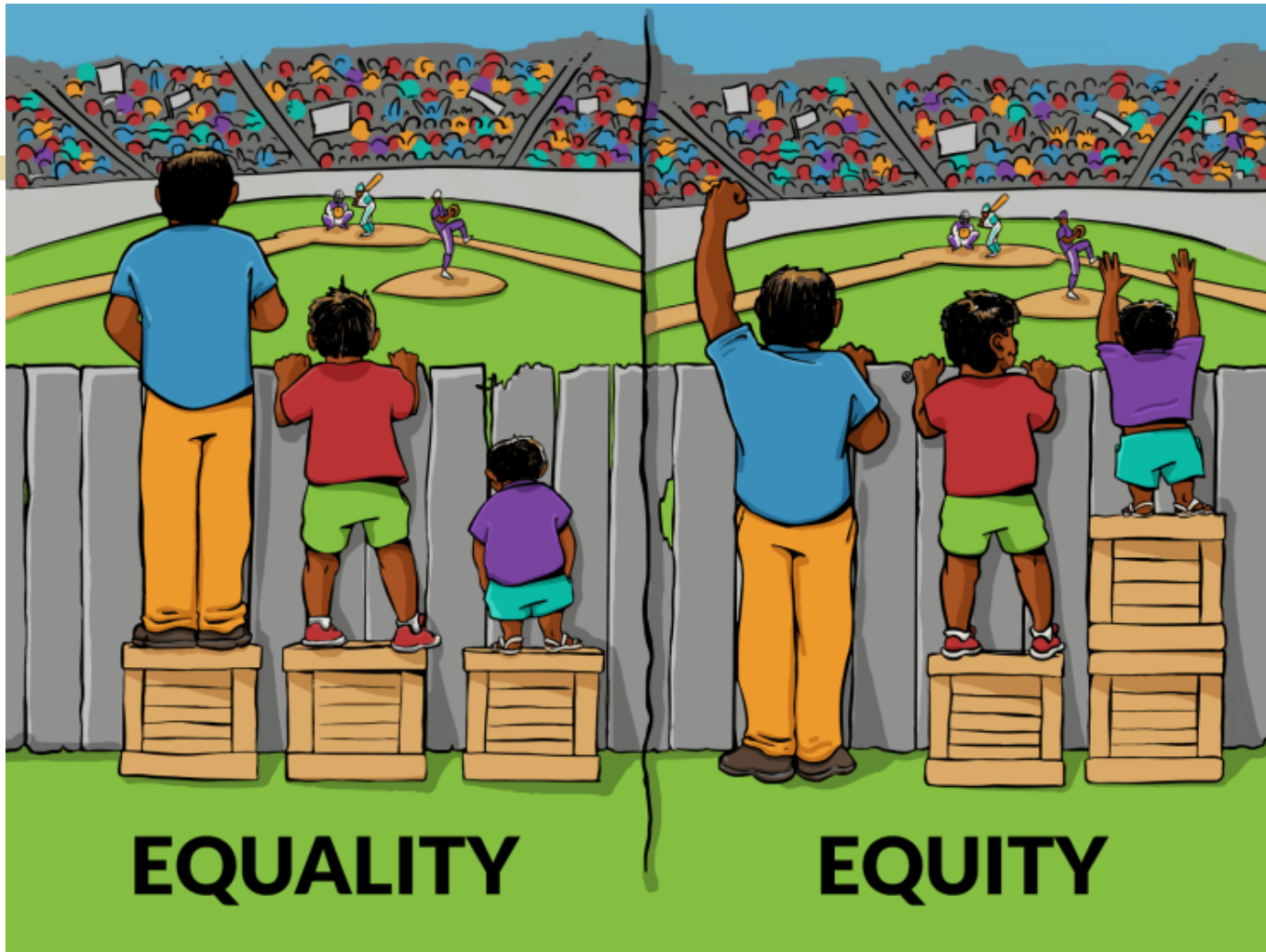
<https://mashable.com/2015/04/16/microaggression/#yvkoq8Yx2iqs>

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Identifying and Responding—The 4 R's

- Recognition
- Reasoning
- Responsibility
- Response





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Addressing Bias in Medicine

CEDI Implicit Bias Module

<https://cedi-web01.s.uw.edu/news/implicit-bias-in-the-clinical-setting-and-learning-environment/>

Medical Student Voices on Gender Discrimination

[Http://clime.washington.edu/resources-teaching/2018/6/8/medical-student-voices](http://clime.washington.edu/resources-teaching/2018/6/8/medical-student-voices)

See our website for more readings:

"12 Tips For Handling Microaggressions"

"Inappropriate Behavior from Patients and Families: Call it Out"

CME for Teaching

- All physicians can claim AMA Prescribed Category 3 credits for teaching
- Family Physicians can claim AAFP Live Prescribed Credits
- This session has been approved for 1.0 hour of AAFP Live CME if you attend in person. Search ***UWSOM Primary Care Practicum Faculty Orientation 2020*** on the AAFP CME offerings

Clinical Faculty Appointments

<https://blogs.uw.edu/wwamiapt/>

This will give you a UW Net ID, which will help you obtain access to the FCM website

Benefits of Clinical Faculty Appointment

- Health Science Library access
- Discounts on software through UW IT
 - <http://www.washington.edu/itconnect/>
- Discounts at the University Book Store, Mac Store, and others

Evaluation

<https://catalyst.uw.edu/webq/survey/pcprac/383313>

Contact

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