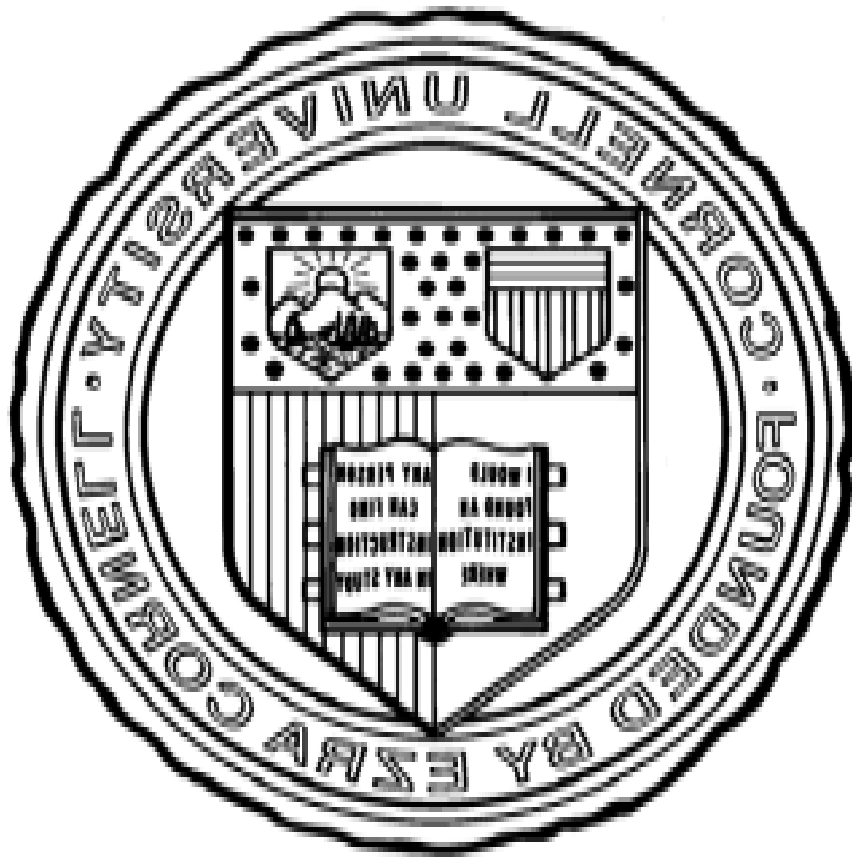


PRIMARY CARE CLERKSHIP



The Weill Cornell Medical College

2012

PRIMARY CARE CLERKSHIP

CLERKSHIP DIRECTOR:

**Byron Demopoulos MD
746-2924
Pager: 746-6700 #17572**

CLERKSHIP COORDINATOR:

**Caryn Davi MS
746-1046**

CLERKSHIP SECRETARY:

**Christie Woodruff
746-1017**

Lectures and Seminars

Seminars for this clerkship will be held on Tuesday mornings and Friday afternoons. Please check schedule each day to see lecture location. Please check your e-mails the night before the lectures regarding any last minute changes in times or topics. Also, please assume you will be busy until 5 PM Friday afternoons. Do not make any plans for weekend travel prior to 5 PM unless it has been cleared with Dr. Demopoulos or Caryn Davi.

******If a lecturer has not arrived within 15 minutes of the scheduled lecture, please contact Caryn Davi (746-1046) or Christie Woodruff (746-1017) IMMEDIATELY.**

JOAN AND SANFORD I. WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY
PRIMARY CARE CLERKSHIP
Byron Demopoulos MD, Director

The motivation behind the creation of the new Primary Care Clerkship is largely twofold. First, public debates and attempts at health care reform have shed new light on the importance of the primary care physician. In addition, it has been difficult for third year medical students assigned to traditional inpatient oriented clerkships to obtain a good understanding of ambulatory medicine in their field of choice. We anticipate that a dedicated six-week rotation through the various ambulatory arenas will facilitate career choices.

The Primary Care Clerkship is a 6 week series of outpatient clinic experiences that will emphasize Medicine, Family Medicine, ER/Urgent Care, Geriatrics, Pediatrics and OB/Gyn.

Students will have various clinical activities. Because of space constraints of the Cornell Campus, network hospitals will need to be utilized in certain instances. For example, NY Hospital Medical Center Queens will be used for Medicine and Pediatric rotations. Methodist and Lincoln Hospitals will be used for OB/GYN. Brooklyn Hospital clinics will be used for all Family Medicine rotations. Emergency Room rotations will generally end at 7:30pm, but students will have occasional half day free slots. During one of these free slots many students will be assigned to a blood pressure screening at the Stanley Issacs Senior Center.

The learning goals and objectives of the clerkship are as follows:

KNOWLEDGE:

1. Generate differentials and initiate cost-effective management strategies for a broad array of acute medical conditions and chief complaints that commonly present in the ambulatory setting (e.g., cough, dizziness, palpitations, chest pain, dyspnea, upper respiratory symptoms, fever, chronic fatigue, abdominal pain, diarrhea, GI bleeding/anemia, dysuria, vaginitis, sexual dysfunction, lower back pain, headache, leg edema, red eye, rashes).
2. Manage the most common chronic medical diseases and risk factors in an ambulatory setting (e.g., hypertension, diabetes, lipid disorders, coronary disease, asthma/COPD, thyroid disease, osteoporosis).
3. Understand the evidence, or lack thereof, for well-care guidelines for specific patient populations (e.g., immunization guidelines for pediatric and adult patients; cancer screening protocols for breast, colon, cervical, and prostate cancers, HIV well care.)

SKILLS:

1. Complete a thorough history and physical exam on a patient and present the salient features in an organized manner to a preceptor
2. Counsel patients in a non-judgmental manner regarding obesity, exercise, smoking cessation, drug and alcohol abuse, and safe sex.
3. Elicit psychosocial histories and functional assessments from patients in a sensitive manner

ATTITUDES:

1. Demonstrate sensitivity to patients' and families' medical and psychosocial needs, including ethical patient care and confidentiality.
2. Demonstrate honesty and integrity in all interactions and activities with patients, families, medical colleagues and others.
3. Maintain a professional demeanor, including demonstrating an attitude that values timely attendance, punctuality, reliability, and accountability in the performance of his/her duties.
4. Display respect for and collaboration with members of the health-care team.

Format of Patient Case Logs:

Students are expected to briefly document every patient they see either alone or with a faculty preceptor or resident. These log entries are to be organized into one of the four subsets described below:

1. Chief Complaints

Students will learn to diagnose, generate differentials and initiate cost-effective management strategies for a broad array of common medical conditions and chief complaints that present in the ambulatory setting.

Plan:

Students will participate, with preceptor supervision, in the care of acutely symptomatic out-patients. Examples of appropriate and important chief complaints to focus on include: cough, dizziness, palpitations, chest pain, dyspnea, upper respiratory symptoms, fever, chronic fatigue, abdominal pain, diarrhea, GI bleeding/anemia, dysuria, vaginitis, sexual dysfunction, joint/neck/lower back pains, headache, leg edema, red eye, common dermatologic issues such as acne, fungal infections and dermatitis.

2. Chronic Disease Management/Risk Factor Reduction

Students will be able to manage multiple chronic medical diseases and risk factors in an ambulatory setting.

Plan:

Students will be exposed to patients who are being sequentially followed for chronic diseases such as hypertension, diabetes, lipid disorders, congestive heart failure, asthma/COPD, thyroid disease, osteoporosis, renal insufficiency.

3. Preventative Medicine/Well Care

Students will foster health promotion by applying appropriate well care guidelines for specific patient populations and counseling about specific patient behaviors.

Plan:

Students may participate in the application of immunization guidelines for pediatric and adult patients and may participate in discussions regarding cancer screening protocols for breast, colon, cervical and prostate cancers. Students may participate in counseling patients regarding diet, obesity, exercise, smoking cessation, drug and alcohol abuse and safe sex.

4. Psychosocial Medicine

Students will elicit psychosocial histories and functional assessments from patients with preceptor supervision and recognize psychiatric illness in a medical practice.

Plan:

Students will perform functional assessments on elderly patients during the scheduled geriatric activities. Students will be exposed in the various clinics to patients who suffer from depression, anxiety and somatization.

Case logs organized according to these four subsets above must be handed in by the end of the clerkship.

One of the fundamental goals in the design of this clerkship has been to ensure an active learning experience for each student. In most instances, the student will be the first person to see the patient. Often patients have been specifically scheduled to see you, therefore ATTENDENCE IS MANDATORY!! In most clinics, you will not be merely shadowing a resident or attending physician. This would allow you only to passively observe the care they are giving their own patients. Instead, you will function very much as an intern. You will be asked to complete a history and physical examination on a patient, after which, you will be supervised by an attending or resident physician in the clinic.

A seminar series will complement the clerkship clinical experience. Two half-day sessions per week have been set aside for all the students to meet with the faculty. This session will be held on Tuesday mornings and Friday afternoons. These didactic sessions will draw heavily from readings from the required textbooks.

Students are also required to have 3 DOCs forms completed. These DOCs forms must be returned by the end of the third week of the clerkship.

Primary Care Clerkship Student Evaluation

Assessment of students will be based upon evaluations by faculty or residents that have supervised the students in various clinics, as well a final written examination and an essay based take-home examination:

Attendance at Clinical Sites: Attendance is mandatory. If you are ill or unable to make a session you must contact Caryn Davi at 7461046. All absences must be excused. You will be required to make up any unexcused/unexplained absences.

Attendance at Seminars: A sign in sheet will be used to monitor attendance. If you are unable to make a seminar session, please contact Caryn Davi.

Your grades will be comprised of the following components.

50 % **Tutor Evaluations:** You will be responsible for providing blank evaluations forms to each of your preceptors. Forms should be given to the preceptor on the last day you will be working together. Preceptors do not need to fill out a form for every session. The more evaluation forms you hand out, the more accurate our portfolio of your clinical work will be. We will also be sending forms to the preceptors with whom you have worked, if we do not receive their input.

25% **National Board Exam Subject Review in Family Medicine:** The material on this exam will be drawn from the lectures, readings and clinical experiences.

25% **Take Home Essay Questions:** The questions will be distributed midway through the course. Topics will change for each eight-week block of the clerkship. We invite you to discuss, debate and investigate topics freely among yourselves. However, you are expected to hand in your own work, individually, at the end. Your answers should be in your own words and reflective of your individual thought processes.

Attendance/punctuality and active participation in seminars and home visit presentations will all affect your grade on an individual basis. This has been particularly true in the past for students who were on the borderline between grades. In addition, all unexcused absences are noted in your permanent record.

Suggested textbooks

Recommended Texts (3 options):

Goroll A, May L, Mulley A, *Primary Care Medicine: Office Evaluation and Management of the Adult Patient* Lippencott, 5th Edition

- Outstanding, readable, symptom based text covering the most common outpatient chief complaints.

Rakel R, *Essential Family Medicine: Fundamentals & Case Studies*, Saunders Elsevier, Third Edition, 2006

- More of a Family Medicine emphasis and includes Pediatrics and Geriatrics components as well as an outstanding Dermatology plate section.

South Pauls, et al., *Lange Family Medicine Review*, McGraw Hill, 2004

- For those more interested in a Family Medicine approach (has a strong psychosocial emphasis).

Recommended Websites

The U.S. Health Services Preventive Taskforce, *Guide to Clinical Prevention Services*

- An excellent evidence-based review.

US Preventative Services website-

<http://www.ahcpr.gov/clinic/cpsix.htm>

Notes:

Many students have found ***Swanson's Family Practice Review*** to be useful for studying for the final exam.

Canadian Task Force has an excellent web-site for evidence-based reviews of well care/screening recommendations. The address is <http://www.ctfphc.or>

Additional Lectures

The following lectures are mandatory only if you are assigned to NYH for Medicine or Peds at the same time as the lectures are being given. All others are encouraged to attend when they are able.

Medicine

Grand Rounds: Tuesdays 11:00-12:00, Uris Auditorium

CIMA Ambulatory Morning Report: Tuesday, Thursday and Friday 8:00-9:00, HT-4 Large Conference Room

Pediatrics

Pediatric Pre-clinic Conference: 1:15 HT-5 Conference Room

Pediatric Morning conference: 8:15am HT-5 Conference Room (Every day except Thursday)

Grand Rounds: Thursday 8:15 Uris Auditorium

Physiatry

MRI and Sports Core: Thursday 7:00 AM , 2nd floor-HSS