

PRIMARY CARE SEMINARS / CLINIC BLOCK / CLINIC

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Location: Boise VA Medical Center (Silver Team)

FACULTY CONTACT:

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EDUCATIONAL GOALS

- Learn to work in a multidisciplinary team to care for a defined panel of patients.
- Learn when and how to implement primary and secondary prevention strategies.
- Learn the mechanisms, clinical manifestations, and diagnostic strategies for common acute and chronic internal medicine diseases.
- Develop skills for patient education, counseling, and negotiation of treatment goals.
- Develop skills for effectively transitioning patients to the next level of their care.

Patient Care: History taking

Demonstrate the ability to obtain and document an accurate, complete and non-judgmental history from the patient and/or caretaker with minimal help from the faculty. Specific focus on:

- Adherence to therapies
- Working with demanding and/or difficult patients
- Sensitive topics such as smoking cessation and ETOH abuse

Patient Care: Physical examination

Performs accurate and complete physical examination with occasional input from faculty.

Can describe and document major abnormalities including:

- Screening exam for diabetic complications
- Volume status
- Pathological lung examination
- Pathological heart sounds
- Pathological joint examination
- Concerning skin findings

Patient Care: Medical decisions

Reliably recognizes evidence of clinical decompensation and appropriately seeks consultation or hospital admission for the following diseases:

- COPD
- Acute coronary syndrome and/or CHF
- Chronic renal disease
- Chronic liver disease
- Peripheral vascular disease

Patient Care: Procedures

Able to perform and/or interpret the results of the following:

- Pelvic examination
- EKG for evidence of ischemia and heart block
- CXR in acute respiratory syndromes
- Exercise treadmill test
- Pulmonary function tests

Medical Knowledge Objectives: Apply relevant clinical and basic science knowledge in the following conditions:

- Anemia
- Arthritis
- COPD
- CAD
- CHF
- Diabetes
- Headache
- Hypertension
- Hyperlipidemia

Interpersonal and Communication Skills Objectives:

- Establish rapport with patients from a variety of backgrounds.
- Effectively and sensitively carry out difficult discussions about topics such as pain medication management and erectile dysfunction.
- Engage patients in shared decision making.

Practice-based Learning Objectives:

- Regularly display self-initiative to stay current with new medical knowledge.
- Locate new evidence from scientific studies related to common outpatient medical conditions.
- Apply knowledge of study designs and statistical methods to appraise these clinical studies. Assimilate valid new findings into practice.

Systems-based Practice Objectives:

- Coordinate care effectively in a multidisciplinary team.
- Effectively guide patients needing assistance through the complex health care system
- Develop an effective lab and procedure tracking system
- Participate in clinic improvement activities

Professionalism Expectations:

- Understand and appropriately maintain patient confidentiality.
- Provide and document care in a timely and thorough manner.
- Demonstrates respect and compassion for all patients.

PRINCIPAL TEACHING METHODS

Case-method seminars with faculty: two hours two times per week

Post-clinic case review with faculty supervisors.

Assigned reading generated from clinic cases.

Ambulatory noon conference (70% from a defined, recurring curriculum)

Identify and carry out a yearly improvement process

EDUCATIONAL CONTENT

General Approach to Diseases

Residents will participate in seminars covering the general principals for managing:

- Time and the clinic visit agenda
- Screening and preventive medicine
- Asymptomatic diseases
- Chronic, symptomatic diseases
- Somatic illness
- Substance use and abuse

They also receive a workshop on critical literature review and use this to kick off the monthly journal club.

Mix of Diseases

Resident will see a wide range of illness including, but not limited to:

- Cardiac disease including angina, CHF, atrial fibrillation, ventricular arrhythmias
- Pulmonary disease including COPD and interstitial lung disease
- Gastrointestinal disease including Peptic ulcer disease, constipation/diarrhea, GI bleeding, inflammatory bowel disease
- Oncologic disease including lung, prostate, colon and breast cancer
- Hematologic disease including anemia, thrombocytopenia, and DVT
- Infectious disease including upper respiratory infections, cellulites and soft tissue infection
- Metabolic disease including diabetes mellitus and its complications, thyroid disease

Patient Characteristics

Resident panels are adjusted to include at least 25% women. The age distribution reflects boluses of participation from all recent wars and conflicts (World War II, Korean era, Vietnam era, Gulf war, and OAF/OIF veterans)

Types of Clinical Encounters

All encounters occur in the Silver (firm) team. This is an integrated care team where nurse visits (for lab review, office procedures, and basic clinic evaluation), phone care, and clinician visits occur simultaneously. The residents function as an autonomous group practice covering each others' patients in urgent care. Encounters include scheduled, urgent care, pager, and drop in visits. The trainees see both acute self-limited illness as well as non-acute chronic medical problems. Approximately five to ten percent of the patients seen by the trainees are making their first encounter with our health care system, and the remainder has been followed in the system.

Procedures

A broad range of procedures is taught and performed in the ambulatory care setting at the Boise VAMC. The more common procedures include: cryotherapy; skin biopsy; PAP smear; exercise tolerance testing; joint aspiration and injection; trigger point injection.

Services

A nurse case-manager, social worker, and mental health specialist are assigned specifically to the clinic. Residents work closely with pharmacy PhD residents stationed in clinic. Consultative services in internal medicine subspecialties, general surgery, surgical subspecialties, and psychiatry are available. There is on site laboratory, radiology, non-invasive cardiovascular testing, pulmonary testing and pharmacy. Immediate consultative services are available from mental health, pharmacy, dietetics, respiratory therapy, and physical therapy. There is an extensive range of patient education programs available.

Rotation Specific Schedule

Clinic Block

Five half-days of clinic

Two half-days of other clinic (e.g., Renal, GI, Outpatient cardiac procedures, Women's clinic, radiology, minor surgery)

Two half-days of case-method seminars

One half-day for administrative use

Remainder of year

One to two half-days in clinic (depending on current rotation)

PRINCIPAL EDUCATIONAL MATERIALS USED

A primary care syllabus has been developed locally and is updated yearly. Each module has required and suggested supplementary literature (also updated yearly). Case-method seminars are conducted twice weekly. These are "cusp" cases from faculty files (where we had trouble making the clinical decision) that have been re-written to protect anonymity. Reading assignments and syllabus material are used to support a "pro" or "con" stance toward the clinical question (e.g., do PSA screening, start an anti-hypertensive medication). This discussion brings out the fundamental principles for making a decision in each clinical area (screening, asymptomatic disease, etc.)

Every room has computing stations with a network allowing instant access to the University of Washington Medical Library's collection of online journals, Up-To-Date, Micromedex, Pub Med, Stat Reference, Patient Data and other educational sources.

There is a small library available in the Silver Team conference room to supplement these online resources. There is also an article file keyed to the case-method seminars and the ambulatory noon conference series. There is a complete medical library at the VA Medical Center with texts and journal holdings situated in the Learning Resource Center near the general medicine ward. Residents have access to this area 24 hours a day.

There are also complete medical libraries at St. Luke's Regional Medical Center and St. Alphonsus Regional Medical Center, with texts, journals and available computer access.

There are maintained teaching files for particularly demonstrative x-rays, pathologic material,

electrocardiograms, echocardiograms, clinical vignettes, etc

METHODS USED IN EVALUATING RESIDENT AND PROGRAM PERFORMANCE

At the end of the rotation, the resident is evaluated using a 9-point Likert-style instrument, and their performance is reviewed with them verbally. The instrument contains components for each element of clinical competence.

The primary care team (faculty, nurse, medical assistants, nurse case-manager, social worker) reviews each resident quarterly for knowledge base, timeliness, completeness, teamwork, and patient advocacy. A written report of this review is included as part of the Departmental quarterly reviews of each resident.

Process and outcome data relative to the chosen yearly improvement.

Objective Structured Clinical Exams (OSCE's) will be developed and piloted this year. Each station will have a faculty observer trained to use the checklist and provide formative feedback. OSCE's will eventually be developed for history taking, physical examination, and interpersonal communication, and will be used for formative and program evaluation.

We will pilot a potential method of systems-based practice evaluation known as Cultural Consensus Analysis in the clinic this year.

EXPLICIT LINES OF RESPONSIBILITY FOR THE CARE OF PATIENTS ON THIS SERVICE

Dr. Smith has oversight responsibility for this rotation. Five faculty members (one for each afternoon of the week) provide clinic coverage, teach the case-method seminars, and cover patients when residents aren't available (away rotations, post-call, days off). Each patient is assigned a specific resident, who is in turn paired with one of the five clinic faculty. The paired faculty is ultimately responsible for the care of the patient, and is listed as 'Silver-PCP' in the electronic medical record.

The resident is responsible for maintaining/updating the medical record including initial database, problem list and progress notes.