

Course Description

Welcome to the ECMH Phase 2. The next year of your medical school career will be both challenging and immensely rewarding. By continuing to immerse yourself in the longitudinal care of patients with the continued guidance of expert faculty and resident educators, you will emerge with the core skills that will make you a successful resident and future physician. And, we hope that you will continue to experience the challenges and rewards of a life as a primary care physician.

Phase 2 ECMH has two major components, the continuation of your 4-year longitudinal experience in a primary care office as well as the Integrated Primary Care block. You will continue your bi monthly attendance at your ECMH. The focus in Phase 2 ECMH is the continued care of patients longitudinally, focusing more on patients with complex chronic medical and psychosocial issues. You will move your focus from gathering data via the history, physical and EHR, but also independently developing the assessment and care plans, with feedback from your preceptor. You will be the manager of 'your' patients EHR, managing their problem list, keeping them up to date on health maintenance issues and coaching them to improved health. To supplement this year you will take the 2 week IPC block. This block will be compromised of attendance at your ECMH as well as an alternate primary care clinic to be exposed to the breadth of primary care. Other clinical experiences will be in geriatrics, lifestyle medicine and chronic specialty care clinics e.g. heart failure, copd, diabetes. There will also be case based conferences on important topics in the ambulatory care of patients. Patient care conferences focusing on the issues of High Value care, Equity and Advocacy and MDM will round out the experience.

In addition to the above activities, students will be responsible for completing and actively maintain their online clerkship log to ensure they are completing the clinical requirements of the clerkship; they will also take the end of rotation Objective Structured Clinical Examination (OSCE) and the NBME Subject Examination at the end of the year.

Objectives

The Phase 2 of ECMH will provide the foundation of knowledge and skills which you will need in the care of ambulatory patients regardless of the specialty you decide to enter.

During this year long clerkship, we will assist you in achieving the following important goals. We do not expect mastery of all goals listed but through efficient use of your time good progress will be made in attaining these goals.

Goal 1: Perform comprehensive and targeted patient histories, documented efficiently in the medical record (EPA 1, EPA 2, EPA 5, EPA 7) (PCMC-1; PCMC-3; ECIS-1; ECIS-2; PCMC-5)

Curriculum

Faculty and residents will teach students the important and unique components of the diagnostic

and therapeutic process in primary care setting and how to document these findings.

Benchmark

Students will complete a progress note on each patient they encounter and update the EHR as appropriate, eg problem list, family history.

Assessment

Faculty will read and review student notes after each clinical session during the year. They will be added by your preceptor and you will receive feedback.

Goal 2: Perform complete physical examinations, document efficiently in the medical record. (EPA 1, EPA5) (PCMC-2)

Curriculum

It is expected that all students should demonstrate proficiency with the core physical examination techniques during the year. These skills have been previously introduced and practiced during Phase 1. Students will be supervised when necessary, and further they will teach these skills to the M1 and M2 students.

Benchmark

Students will complete a progress note on each patient they encounter and document the physical examination findings.

Assessment Faculty will perform and verify student exam findings on each patient.

Goal 3: Acquire knowledge about Internal Medicine conditions and diseases. (EPA 2, EPA 7) (MKS-1a-f; MKS-3a-b; PBMR-1; PBMR-2; CLQI-3)

Curriculum

Students will learn about each of the knowledge objectives. This list of required objectives is available on EMERG. In addition, students will practice constructing clinical questions and answering them by retrieving and analyzing the pertinent medical literature. They will also be the leaders of their ECMH's Quality Improvement project facilitated by their QI mentor.

Benchmark

1. Students will actively participate in the evaluation and care of patients presenting with a variety of medical concerns or needs.
2. Students will participate in scheduled conferences, including case-based workshops, and other interactive formats.
3. Students will complete a minimum of 5 Aquifer IM cases, 3 Aquifer HVC cases and Dell modules on HVC.

Assessment

1. Students will document all relevant patient encounters in the online clerkship log.

2. If the student has not been actively involved with an actual patient in each of the assigned clerk log categories by the end of the last week of the clerkship, the student will fulfill the requirement by utilizing alternative methods including Stanford 25 material and Aquifer cases.
3. Students will demonstrate their acquisition of knowledge by successful completion and passage of the NBME Subject Examination in Internal Medicine (minimum score in the 10th percentile nationally).
4. Students will present cases and assessed on their demonstration of knowledge and ability to related the themes of HVC, Equity and Advocacy during the IPC and within their ECMH to their clinical patients.
5. Students will be evaluated specifically on their ability to search and analyze the literature using the MDM rubric (EPA 7).

Goal 4: Demonstrate effective interpersonal communications skills (EPA 6, EPA 9) and advocate on behalf of patients. (ECIS-1; ECIS-3; ECIS-4; PCMC-6; CES-1; CES-2)

Curriculum

Faculty and residents will model appropriate behavior. Students will:

- Establish rapport with patients.
- Work cooperatively with others.
- Establish sufficient visibility and rapport with residents, attendings and APP's to be fairly evaluated.
- Communicate in a way that patients understand by avoiding medical jargon and checking back for understanding.
- Contribute information effectively to the team in a clear and timely manner.
- Demonstrate knowledge of and identify social barriers to care; link patients to resources to addressing these barriers.

Assessment

Students will be evaluated specifically on these interpersonal skills through the use of the CPA forms (Professionalism domains and EPA 9). This evaluation will be reflected in the Final Grade Narrative.

Goal 5: Demonstrate appropriate professional characteristics (EPA 9). (PBMR-3; PBMR-5; PBMR-6; PBMR-7; SATBC-2a-b; CLQI-1a-b; CLQI-2)

Curriculum

Faculty will model appropriate behavior. Students will:

- Demonstrate dependability, truthfulness and integrity.
- Participate actively in learning opportunities and work assignments.
- Acknowledge and demonstrate awareness of own limitations.
- Take initiative for their own learning and patient care.

- Remain open to feedback and implement it.
- Treat all patients with respect and compassion
- Protect patient confidentiality.
- Students participating in patient care activities are expected to present a professional image in both conduct and attire, including the following:
 - Personal cleanliness
 - Attire appropriate to professional environment
 - Clean white coat
- Professional conduct also includes the following:
 - Charting is to be completed in a timely manner
 - Do not remove hard copies of medical records from the hospital
 - Do not discuss patients in public places
 - Do not argue diagnoses or management plans in front of patients
 - Arrive for clinics on time and well prepared

Assessment

Students will be evaluated specifically on these interpersonal skills and this evaluation will be reflected in the Clinical Performance Assessment (EPA 9 and Professionalism Domains). Feedback will be incorporated into the Final Grade Narrative where appropriate.