

## GOALS & OBJECTIVES

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### Phase 2 ECMH Goals and overall 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.

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.

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## Phase 2 (All Clerkships) Common Objectives

**Objective 1: Perform comprehensive and targeted patient histories and physicals when appropriate and document efficiently in the medical record (EPA 1, EPA 2, EPA 5) (PCMC-1; PCMC-2; PCMC-3; PCMC-5; ECIS-1; ECIS-2)**

### *Expectations*

Faculty and residents will teach students the important and unique components of the diagnostic and therapeutic process in internal medicine and how to document these findings.

It is expected that all students should demonstrate proficiency with the core physical examination

techniques during the clerkship. These skills have been previously introduced and practiced during Phase 1. Students will be supervised when necessary and faculty will verify needed physical examination findings on each patient.

Students will be directly observed and given feedback on their history and examination skills. Finally student will teach history taking and physical examination skills to M1 & M2 students within their ECMH.

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

#### *Assessment*

Faculty will read, addend and give feedback on student notes after each clinical session during the year. Further evaluators will complete 5 mobile observations on each student during the clerkship, one of which will assess EPA1: History and/or Physical Examination.

### **Objective 2: Acquire and apply evidence-based knowledge about internal medicine-specific conditions and diseases. (EPA 2, EPA 3, EPA 7) (MKS-1; MKS-2; MKS-3; CLQI-3; PBMR-1; PBMR-2, PCMC-3)**

#### *Expectations*

Students will learn about each of the knowledge objectives. This list of required objectives is modified from Blueprint for an Undergraduate Primary Care Curriculum. Academic Medicine objectives and is available on Emerg. Students will continue to care for patients with a variety of acute and chronic conditions at their EDMH longitudinal clinic. In addition, students will practice constructing clinical questions and answering them by retrieving and analyzing the pertinent medical literature.

#### *Opportunities to achieve the objective*

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 discussions and didactic sessions.
3. Students will participate in a conference focused on identifying, discussing, and analyzing Evidenced based medicine and health equity and advocacy specific to ambulatory care.

#### *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 Aquifer cases.
3. Students will demonstrate their acquisition of knowledge by successful completion and passage of the NBME Subject Examination in Ambulatory Medicine (minimum score in the 10<sup>th</sup> percentile nationally).
4. Students will identify and submit a brief description of a health equity and advocacy dilemma they encountered during their clerkship for in-person discussion.
5. Students will complete a minimum of 5 outpatient Aquifer IM cases and 3 Aquifer HVC cased and Dell Modules on HVC.
6. Students will critique a patient's care through a HVC lens and discuss in person with their peers and a preceptor.
7. Students will be evaluated specifically on their ability to search and analyze the literature using CPA forms (EPA 7).

**Objective 3: Demonstrate effective interpersonal communications skills as a member of the healthcare team (EPA 6, EPA 9) (ECIS-1; ECIS-3; ECIS-4; PCMC-6; CES-2)**

*Expectations*

Students will:

- Establish rapport with patients.
- Work cooperatively with others.
- Establish sufficient visibility and rapport with residents, fellows and attendings to be fairly evaluated.
- Communicate in a way patients understand by avoiding medical jargon and checking back for understanding.
- Contribute information effectively to the team in a clear and timely manner.

*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.

**Objective 4: Demonstrate professional characteristics as a caregiver and a member of the healthcare team (EPA 9) (PBMR-3; PBMR-5; PBMR-6; PBMR-7; SATBC-2a-b; CLQI-1a-b; CLQI-2)**

*Expectations*

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
  - Jade green scrubs only in the proper locations, covered when appropriate and never worn outside the hospital
- 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 or in the medical record
  - 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 on interpersonal skills will be incorporated into the Final Grade Narrative where appropriate.

**Objective 5: Advocate on behalf of patients. (CES-1, CES-2, SATBC-1)**

*Expectations*

Students will:

- Identify social barriers to care and link patients to resources to address them.
- Effectively call on system resources to provide care that is of optimal value.
- Students will identify and submit a brief description of a health equity and advocacy dilemma they encountered during one of their clinical sessions and bring back for in-person discussion and recommendations and an HEA leader as well as within their ECMH cohort.

#### *Assessment*

Students will be evaluated specifically on these skills through the use of the CPA forms. Students will be assessed via a HEA rubric. This evaluation will be reflected in the Final Grade Narrative.

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## Phase 2 ECMH Objectives

### **PATIENT-CENTERED MEDICAL CARE**

- Efficiently obtain a full medical and social history from patients, tailored to the nature of the patient's presentation. **PCMC-1, ECIS-1 (CPA, DO, OSCE)**
- Independently perform a complete physical exam in a sensitive manner on adult and pediatric (if in FM or Pediatric sites) patients, tailored to the nature of the visit or complaint. **PCMC-2 (CPA, DO, OSCE)**
- Interpret history and physical exam findings to generate differential diagnosis. **PCMC-3 (CPA, OSCE, NBME, MT, EPA)**
- Formulate a patient care plan based on the most likely differential diagnosis. Include necessary diagnostic tests, therapeutic treatment, and family education. **PCMC-3, PCMC-6 (CPA, OSCE, NBME, EPA)**
- Recognize criteria for the need for an emergency room visit or an admission to the hospital. **PCMC-3 (CPA)**
- When appropriate, reassess patients after initial examination. **PCMC-2 (CPA)**
- Efficiently report findings of history, physical exam, labs/studies and other findings to members of the medical team. **ECIS-2, PCMC-5 (CPA)**
- Efficiently share relevant clinical information with specialty or other clinicians, eg home care, family members as appropriate. **ECIS-3 (CPA)**
- Write orders for preventive issues, eg vaccines, cancer screening for patients. **PCMC-5 (EPA)**
- Practice appropriate infection control measures while caring for patients. **PCMC-4 (DO)**

### **MEDICAL KNOWLEDGE AND SCHOLARSHIP, CONTINUOUS LEARNING AND QUALITY IMPROVEMENT**

Depending on the specific disease/symptom, describe the common causes, and/or the relevant differential diagnosis, and/or a logical diagnostic plan and/or the appropriate initial management for each of the following conditions: **MK-1b-f (CPA, OSCE, NBME,CL)**

- Care Management
  - Efficiently obtain a history from a patient with an undifferentiated concern, collect data from the EMR, independently perform a focused physical examination tailored to symptoms,

- develop prioritized differential diagnoses, and develop an evidence based, cost effective diagnostic and/or therapeutic plan.
  - Propose care plans that take into account psychological and social contextual variable of patients' illness.
  - Be the primary provider of several patients. Make connections with them between clinical sessions by phone calls, follow up after hospitalizations, specialist appointments.
  - Propose specialty care or other health care needs beyond the primary care physician, clearly identify the proposed need.
  - Observe co- management of and recognize and devise ways to improve the coordination of care to the primary care physician from specialists
- Therapeutic alliance/communication
    - Communicate effectively with patients using non-medical jargon and checking for understanding
    - Communicate with a specialist regarding your patient and document appropriately to ensure care coordination
    - Advocate for patients in your ECMH and appraise the outcome.
- Outpatient care
    - Delineate possible diagnoses based on the history and physical, identify the most likely and "can't miss" diagnoses, elaborate a diagnostic plan and propose initial often empiric therapy
    - Demonstrate how the review of the EMR can enhance your ability to prioritize differential diagnoses, propose care plans
    - Interpret and recognize abnormalities in vital signs and common laboratory findings, including complete blood count and differential, electrolytes, UA, electrocardiogram, chest X-ray).
    - Consistently apply relevant literature to daily patient care.
- Demonstrate proficiency in understanding the diagnosis and management of common acute conditions evaluated in the primary care setting, including:
    - Abdominal pain
    - Chest pain
    - SOB (Shortness of Breath)
    - Cough
    - URI symptoms
    - Headache
    - Knee pain
    - Low back pain
    - Sexually transmitted infections
    - Urinary tract infection/dysuria
    - Skin rash
- Chronic Care
    - Describe the physiology, presentation, diagnosis and management of common chronic illnesses seen in the primary care setting.

- Demonstrate competence in counseling patients on personal goal setting and self-management of chronic illness.
- Explain the role of evidenced-based and expert opinion guidelines in informing the management of chronic illness.
- Demonstrate proficiency in understanding the diagnosis and management of common chronic conditions evaluated in the primary care setting including:
  - Anemia
  - Arthritis
  - Asthma/COPD
  - Chronic back pain
  - Coronary artery disease
  - Diabetes mellitus
  - Dyslipidemia
  - Heart failure
  - Hypertension
  - Obesity
  - Osteoporosis
  - Substance use
  
- Wellness and Prevention
  - Recommend appropriate vaccines to patients and inform patients of indications. Know common concerns for reticence.
  - Evaluate quality of screening tests and recommend guideline driven screening tests based on age.
  - Use lifestyle modification counseling skills with patients to enhance their health, eg nutrition, exercise, sleep and stress.
  - Perform gait assessment on patients, e.g. TUG to determine risk of falls and injury.
  
- Mental and Behavioral Health
  - Screen, evaluate, and propose appropriate treatment for anxiety, depression
  
- Inter-professional Training
  - Demonstrate the ability to work effectively and collaboratively in teams; communicate effectively with other team members
  
- Population Health & Systems Improvement
  - Describe the tools used by practices to analyze their delivery of essential services to their patient population, including strategies to improve care of their patients.
  - Perform chart reviews and analyze for care gaps to populate core metrics for your ECMH site.
  - Execute with peers a practice-based Quality Improvement Project.

## COMMUNICATION AND INTERPERSONAL SKILLS

- Communicate effectively with patients and families using non-medical jargon and checking for

understanding. ECIS-1, ECIS-3 (CPA, OSCE, RN, EPA)

- Provide culturally-sensitive patient education at an appropriate literacy level. ECIS-3, CES-1 (CPA, EPA)
- Communicate patient information accurately and efficiently to all health care team members in a timely manner. ECIS-3 (CPA, EPA, OSCE)
- Deliver clear, properly-timed, and well-formatted oral presentations. ECIS-3 (CPA, EPA, CL)
- Write concise, accurate outpatient notes in the EHR with up-to-date information including current patient assessments, appropriate physical exams, and problem-based plans. ECIS-2, PCMC-3, PCMC-5 (CPA, SDHP, CL)

### PROFESSIONAL BEHAVIOR AND MORAL REASONING, PERSONAL AWARENESS & SELF-CARE

- Consistently take initiative for own learning and patient care. PAS-3, PBMR-5 (CPA, CL)
- Demonstrate accountability, dependability, and integrity when interacting with patients, families, and members of the health care team. PBMR-3, PBMR-5, SATBC-2a (CPA)
- Demonstrate respect, compassion, accountability, dependability, and integrity. PBMR-5 (CPA)
- Observe all patient privacy guidelines. PBMR-6 (CPA)
- Adhere to standards regarding punctuality, dress, and professional boundaries. PBMR-7 (CPA)

### SYSTEM AWARENESS AND TEAM-BASED CARE

- Work as an effective member of the healthcare team in an outpatient clinic. SATBC-2a, 2b (CPA)
- Interact effectively with clerical staff, nurses, physician assistants, nurse practitioners, social workers, care coordinators and physicians in a cooperative manner to effectively and efficiently provide patient care. SATBC-2a, 2b (CPA)
- Collaborate effectively to help the healthcare team achieve its goals. SATBC-2a, 2b (CPA)
- Implement provided feedback. CLQI-1a (CPA)

### COMMUNITY ENGAGEMENT AND SERVICE

- Identify a patient's medical and social needs and assess barriers in accessing care. CES-1, SATBC-1 (CPA, HEA)
- Appropriately utilize community resources and multidisciplinary consultants including social work, nutrition, and physical therapy, for patients in outpatient settings. CES-2, SATBC-1 (CPA)
- Assess and reflect on ethical challenges when caring for patients. PBMR-2 (CPA)
- Demonstrate awareness of community/social factors that influence medical decision-making. CES-1, PBMR-2 (CPA, HEA)

**Assessment Type**

<b>CPA</b>	Clinical Performance Assessment
<b>DO</b>	Direct Observation
<b>EPA</b>	EPA-Based Mobile Observation
<b>NBME</b>	Shelf Exam
<b>OSCE</b>	Observed Simulated Clinical Examination
<b>CL</b>	Clerklog
<b>HEA</b>	Case discussion