



BEHSC 705-PCC, EM 703-PCC, FM 702-PCC, IM 702-PCC, OPP 703-PCC, PED 702-PCC, OBGYN 702-PCC, SURG 702-PCC
(2 weeks only), SURG 713-PCC (2 weeks only)
PRIMARY CARE CORE ROTATION SYLLABUS
6 WEEKS ROTATION
CLINICAL EDUCATION

1. Contact Information

Course Director				
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Support Staff				
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2. Course Description/Overview

This Primary Care clerkship is scheduled with a preceptor who is an expert in his/her field. The student will experience the day to day activities of clinicians as he/she assists in the care of their patients. Exposure to patients in the clinic setting will give the student opportunity to practice interview and documentation skills. The student may be given the opportunity to participate in procedures as the preceptor determines his/her readiness. The curriculum for this rotation is based on nationally recognized curriculum from the Society of Teachers of Family Medicine, the Clerkship Directors for Internal Medicine, the Council on Medical Student Education in Pediatrics, AMSER and the Association of Professors of Gynecology and Obstetrics.

3. Course Purpose/Goals

The purpose of this Primary Care clerkship is to give the student exposure to the clinical practice of specialties particularly important to primary care physicians. Completion of this course should prepare the student well for the COMAT and COMLEX exams, give a foundation for knowledge, and make him/her competitive for residency.

4. Entrustable Professional Activities (EPAs)		
EPAs	Description of Activity	Domains of Competence
<p>EPA 1: Gather a history and perform a physical examination including an osteopathic structural exam as appropriate.</p>	<p>Osteopathic medical students should be able to perform an accurate, complete or focused history and physical exam in a prioritized, organized manner without supervision and with respect for the patient. The history and physical examination should be tailored to the clinical situation and specific patient encounter. This data gathering and patient interaction activity serves as the basis for clinical work and as the building block for patient evaluation and management. Learners need to integrate the scientific foundations of medicine with clinical reasoning skills to guide their information gathering.</p>	<ul style="list-style-type: none"> • Patient Care • Knowledge for Practice • Interpersonal and Communication Skills • Professionalism • Osteopathic Principles and Practice (OPP)
<p>EPA 2: Prioritize a differential diagnosis following a clinical encounter (musculoskeletal considerations that may lead to somatic dysfunction).</p>	<p>To be prepared for the first day of residency, all osteopathic medical students in training need to be able to integrate patient data to formulate an assessment, developing a list of potential diagnoses that can be prioritized and lead to the selection of a working diagnosis. Developing a differential diagnosis is a dynamic and reflective process that requires continuous adaptation to avoid common errors of clinical reasoning such as premature closure.</p>	<ul style="list-style-type: none"> • Patient Care • Knowledge for Practice • Practice-Based Learning and Environment • Interpersonal and Communication Skills • Personal and Professional Development • Osteopathic Principles and Practice (OPP)
<p>EPA 3: Recommend and interpret common diagnostic and screening tests</p>	<p>This EPA describes the essential ability of the day one resident to select and interpret common diagnostic and screening tests* using evidence-based and cost-effective principles as one approaches a patient in any setting</p>	<ul style="list-style-type: none"> • Recommend first-line, cost-effective diagnostic • evaluation for a patient with an acute or chronic common disorder or as part of routine health maintenance. • Provide a rationale for the decision to order the test. • Incorporate cost awareness and principles of cost-effectiveness and pre-test/post-test probability in developing diagnostic plans.

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		<ul style="list-style-type: none"> • Interpret the results of basic diagnostic studies (both lab and imaging); know • Common lab values (e.g., electrolytes). • Understand the implications and urgency of an abnormal result and seek assistance for interpretation as needed. • Elicit and consider patient preferences in making recommendations. • Clinical Experiences • Presentations • COMAT
<p>EPA 4: Enter and discuss orders and prescriptions and applicable Osteopathic treatments.</p>	<p>Writing safe and indicated orders is fundamental to a physician's ability to prescribe therapies or interventions beneficial to patients. It is expected that Osteopathic medical students will be able to do this without direct supervision when they matriculate to residency. Entering students will have a comprehensive understanding of some but not necessarily all of the patient's clinical problems for which they must provide orders. They must also recognize their limitations and seek review and guidance for any orders and prescriptions they are expected to provide but for which they do not understand the rationale. The expectation is that learners will be able to enter safe orders and prescriptions in a variety of clinical settings (e.g., inpatient, ambulatory, urgent, or emergent care).</p>	<ul style="list-style-type: none"> • Patient Care • Knowledge for Practice • Practice-Based Learning and Environment • Interpersonal and Communication Skills • Professionalism • Osteopathic Principles and Practice (OPP)
<p>EPA 5: Document a clinical encounter in the patient record.</p>	<p>Osteopathic medical students should be able to provide accurate, focused, and context-specific documentation of a clinical encounter in either written or electronic formats. Performance of this EPA is predicated on the ability to obtain information through history, using both primary and secondary sources, and physical exam in a variety of settings (e.g., office visit, admission, discharge summary, telephone call, and email).</p>	<ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Professionalism • Osteopathic Principles and Practice (OPP)

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<p>EPA 6: Provide an oral presentation of a clinical encounter.</p>	<p>Osteopathic medical students should be able to concisely present a summary of a clinical encounter to one or more members of the health care team (including patients and families) in order to achieve a shared understanding of the patient’s current condition. A prerequisite for the ability to provide an oral presentation is synthesis of the information, gathered into an accurate assessment of the patient’s current condition.</p>	<ul style="list-style-type: none"> • Practice-Based Learning and Environment • Interpersonal and Communication Skills • Professionalism • Personal and Professional Development
<p>EPA 7: Form clinical questions and retrieve evidence to advance patient care.</p>	<p>It is crucial that students be able to identify key clinical questions in caring for patients, identify information resources, and retrieve information and evidence that will be used to address those questions. Osteopathic medical students should have basic skill in critiquing the quality of the evidence and assessing applicability to their patients and the clinical context. Underlying the skill set of practicing evidence-based medicine is the foundational knowledge an individual has and the self-awareness to identify gaps and fill them.</p>	<ul style="list-style-type: none"> • Knowledge for Practice • Practice-Based Learning and Improvement
<p>EPA 8: Give or receive a patient handover to transition care responsibility.</p>	<p>Effective and efficient handover communication is critical for patient care. Handover communication ensures that patients continue to receive high-quality and safe care through transitions of responsibility from one health care team or practitioner to another. Handovers are also foundational to the success of many other types of inter professional communication, including discharge from one provider to another and from one setting to another. Handovers may occur between settings (e.g., hospitalist to PCP, pediatric to adult caregiver, discharges to lower-acuity settings) or within settings (e.g., shift changes).</p>	<ul style="list-style-type: none"> • Patient Care • Practice-Based Learning and Environment • Interpersonal and Communication Skills • Professionalism
<p>EPA 9: Collaborate as a member of an inter professional team.</p>	<p>Effective teamwork is necessary to achieve the Institute of Medicine competencies for care that is safe, timely, effective, efficient, and equitable. Introduction to the roles, responsibilities, and contributions of individual team members early in professional development is critical to fully embracing the value that teamwork adds to patient care outcomes.</p>	<ul style="list-style-type: none"> • Interpersonal and Communication Skills • Professionalism • Systems-Based Practice • Interprofessional Collaboration

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<p>EPA 10: Recognize a patient requiring urgent or emergent care and initiate evaluation and management.</p>	<p>The ability to promptly recognize a patient who requires urgent or emergent care, initiate evaluation and management, and seek help is essential for all physicians. New residents in particular are often among the first responders in an acute care setting, or the first to receive notification of an abnormal lab or deterioration in a patient's status. Early recognition and intervention provide the greatest chance for optimal outcomes in patient care. This EPA often calls for simultaneously recognizing need and initiating a call for assistance.</p>	<ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills
<p>EPA 11: Obtain informed consent for procedures/tests (under preceptor supervision).</p>	<p>All physicians must be able to perform patient care interventions that require informed consent. Osteopathic medical students may be in a position to obtain signatures for informed consent for interventions, tests, or procedures they order or perform (e.g., immunizations, central lines, contrast and radiation exposures, blood transfusions, and OMM) after risks and benefits have been explained by the physician caring for the patient.</p>	<ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Professionalism • Systems-Based Practice • Personal and Professional Development
<p>EPA 12: Perform general procedures of a physician including applicable Osteopathic treatments.</p>	<p>All Osteopathic medical students must demonstrate competency in performing a few core procedures under supervision on completion of medical school in order to provide basic patient care. These procedures include:</p> <ul style="list-style-type: none"> • Basic cardiopulmonary resuscitation (CPR) • Bag and mask ventilation • Venipuncture • Inserting an intravenous line • Osteopathic manipulative medicine (OMM) 	<ul style="list-style-type: none"> • Patient Care • Interpersonal and Communication Skills • Professionalism • Systems-Based Practice • Personal and Professional Development • Osteopathic Principles and Practice (OPP)
<p>EPA 13: Identify system failures and contribute to a culture of safety and improvement.</p>	<p>Preventing unnecessary morbidity and mortality requires health professionals to have both an understanding of systems and a commitment to their improvement. This commitment must begin in the earliest stages of health professional education and training. Therefore, this EPA is critical to the professional formation of a physician and forms the foundation for a lifelong commitment to systems thinking and improvement.</p>	<ul style="list-style-type: none"> • Knowledge for Practice • Practice-Based Learning and Environment • Interpersonal and Communication Skills • Professionalism • Systems-Based Practice

Prepared by the American Association of Colleges of Osteopathic Medicine, in conjunction with all U.S. Osteopathic Medical Schools. April 2016.
Osteopathic Considerations for Core Entrustable Professional Activities (EPAs) for Entering Residency, 2016.

5. Course Learning Objectives (NBOME)		
Course Learning Objectives	Methods of Assessment	Learning Activities
<p>Osteopathic Practice and Principles Candidates must be able to demonstrate knowledge of osteopathic principles and practice, and to demonstrate and apply knowledge of somatic dysfunction diagnosis and Osteopathic Manipulative Treatment in the clinical setting.</p>	Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT	Clinical Experiences, Didactics, Case Presentations
<p>Patient Care Provide patient-centered care that is culturally responsive, compassionate, and appropriate for the effective treatment of illness and promotion of health.</p>	Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT	Clinical Experiences, Didactics, Case Presentations
<p>Medical Knowledge Develop a foundation of practical clinical knowledge on rotations while applying basic science knowledge. Develop skill in transitioning from passive to active learning.</p> <p>Elements include an understanding and application of the evolving ethics of human subject research, osteopathic, biomedical, clinical, epidemiological, biomechanical, and cognate (e.g., epidemiological and social-behavioral) sciences in order to optimize patient care.</p>	Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT	Clinical Experiences, Didactics, Case Presentations
<p>Clinical Skills Recognize important roles of administrative personnel, nurses and physicians in the delivery of health care that contributes to a student's professional development. Further refine patient history and physical exam, and patient case presentations.</p>	Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT	Clinical Experiences, Didactics, Case Presentations
<p>Practice-Based Learning and Improvement Demonstrate the ability to continuously evaluate patient care practices, scientific evidence and personal beliefs and biases as they relate to improving the care of patients and optimizing patient outcomes.</p>	Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT	Clinical Experiences, Didactics, Case Presentations
<p>Interpersonal and Communication Skills Demonstrate the ability to consistently interact respectfully, empathetically, and professionally with patients, families, allied health care providers, staff and colleagues, to optimize patient and research outcomes.</p>	Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT	Clinical Experiences, Didactics, Case Presentations
<p>Professionalism Cultivate professional growth through interactions with all members of the health care organization Exhibit appropriate, professional behavior.</p>	Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT	Clinical Experiences, Didactics, Case Presentations, Skills Labs

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<p>Knowledge for Practice Develop a foundation of knowledge in anatomy, physiology, pathophysiology, clinical medicine, osteopathic principles related to Primary Care, and clinical research. Students will be expected to apply this knowledge and demonstrate effective diagnostic and therapeutic reasoning skills related to these systems.</p>	<p>Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations, Skills Labs</p>
<p>Systems-Based Practice Effectively utilize available health care system resources to provide optimal health care to the individual patient and local and global communities.</p>	<p>Preceptor and Regional Assistant Dean Feedback and Evaluations, Case Logs, Case Presentations, Preceptor Evaluation, COMAT</p>	<p>Clinical Experiences, Didactics, Case Presentations, Interprofessional Education (IPE)</p>

NBOME Fundamental Osteopathic Medical Competencies. June 2016

6. Course Schedule/Calendars

Please refer to the rotation schedule in E*Value. The rotation block is scheduled from Monday of the first day through Sunday of the last day. It is the expectation that the student will be available to assist the preceptor or designee whenever he/she is working. This may include evening and weekend call time as assigned by the preceptor and may be up to 80 hours per week. If the rotation involve shifts the student will be expected to work at least four 10-12 hour shifts including a mixture of days, nights and weekends. The student will inform the Regional Site Administrator (RSA) of their rotation schedule.

7. Course Format

Didactics take place throughout your 3rd & 4th years and will be scheduled by the Regional Assistant Dean (RAD). Attendance is **mandatory** when rotating within the region. Exceptional circumstance involving clinical duties that require absence from didactics must be approved by the Regional Assistant Dean before didactics begin. When rotating in another PNWU region you should participate in that region's didactics. Please contact the host RSA if there are clinical duties that prevent your attendance. Fourth year students who are rotating at audition rotations are expected to attend that institution's morning or noon conferences with the residents as agreed to by their preceptor.

8. Course Logistics

Clinical rotations for PNWU are developed in a community training model. Community training involves placing students in a busy physician's practice, hospital-based experience, or residency program with learning objectives that direct the student's focus. The student is expected to be self-motivated to read about the cases seen and prepare for upcoming cases. Students should avail themselves of learning opportunities, while taking advantage of clinical cases that present and further augment with reading and modules to complete the objectives. Professionalism means development of lifelong learning patterns and behaviors. The texts and learning resources will provide information necessary for successfully studying in this rotation. Preceptors and residents may direct the student to their favorite texts or online resources.

The Lange Series available on Access Medicine provides medical student level foundational knowledge in Core subjects. Modules for clerkship training are also available on Access Medicine.

Case Logs

The Case Logs or “Must See” cases recorded in Case Logs are the course objectives for this rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions. The “Must See” cases for this rotation are listed below.

Third year students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency that are encountered during core rotations including:

- Signs, symptoms and physical exam
- Differential diagnosis
- Basic Pathophysiology
- Diagnostic studies needed and their interpretation
- Initial treatment

Fourth year students should focus on a deeper understanding of the disease processes than encountered during core rotations including:

- Comorbidities
- Polypharmacy and Drug interactions
- Diagnostic testing
- Chronic treatment

Logs of the “Must See” cases will be documented in E*Value on Case Logs. Logs may be satisfied by seeing a patient with the condition, completing a reading assignment on the condition, or completing an online module providing the student an understanding of the above concepts. When participating in patient care, the student may wish to briefly state information about a patient for future reference. For example: “38-year-old male with depression” or “42-year-old female, assisted in total abdominal hysterectomy.” If a reading is completed or a module is completed, then briefly comment in the notes section the textbook utilized or the module completed. While each rotation must have at least one objective entered per day on rotation to meet graduation requirements (i.e. 5+ objectives per week), logging the number of encounters actually participated in will better reflect the student’s rotation experience. The logs may be collated in the portfolio to showcase their work for residency interviews. Students should verify completed logs by running a summary report to assure all requirements were met and recorded successfully. ***If a student wishes to be considered for honors, they must be able to verify logs were completed within 7 days by a time stamped report.***

Required ONCE Over the Total 6 Weeks			
Condition	Direct Patient Care	Observation	Reading/Module
Professionalism Module: <i>Honesty with Patients about Benefits of Treatment</i>			

Behavioral Medicine Must See Cases			
Condition	Direct Patient Care	Observation	Reading/Module
ADHD			
Adjustment Disorders			
Alcoholism and Substance Abuse			
Amnestic and related disorders			

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Anxiety Disorders			
Autism			
Basic Principles of Research Methods/Statistics (student should be able to critically read peer-reviewed journals)			
Cortical Syndromes			
Danger to self or others assessment			
Delirium			
Dementia and Cognitive Impairments			
Disorders of Childhood and Adolescence			
Dissociative Disorders			
Eating Disorders			
Epigenetics			
Genetic counseling			
Geriatric Disorders			
Impulse Control Disorders			
Medical ethics			
Mood Disorders			
Pain Management			
Personality Disorders			
Physician Patient Boundaries			
Psychiatric disorders secondary to general medical conditions			
Psychotic Disorders			
Schizophrenia			
Sexual and Gender Identity Disorders			
Sleep Disorders			
Somatoform, Factitious, and Pain Disorders			
Treatment complications			

Emergency Medicine Must See Cases			
Condition	Direct Patient Care	Observation	Reading/Module
Abdominal aortic aneurysm			
Acute abdomen /Pelvic pain			
Acute coronary syndrome/MI			
Acute heart failure			
Acute respiratory distress			
Altered mental status			
Appendicitis			
Asthma			
Behavioral issues			
Biliary disease			
Bowel obstruction			
Burns/smoke inhalation			

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C Spine fracture			
COPD			
CPR			
Cerebral Vascular (CVA)			
Dehydration			
Diabetic keto-acidosis/Hyperglycemia			
Drowning			
Drug abuse			
Envenomations			
GI bleed			
Head trauma			
Headache			
Hematemesis			
Hyperkalemia			
Hyperthermia			
Hypoglycemia			
Hypothermia			
Intracranial hemorrhage			
Laceration repair <2.5cm			
Laceration repair >2.5cm			
Low back pain			
Lumbar puncture			
Major/multiple trauma			
Meningitis			
Mesenteric ischemia			
Minor trauma			
Narcotic Overdose			
Ovarian torsion			
Perforated viscus			
PID/TOA			
Pneumothorax			
Pneumonia			
Pregnancy bleeding			
Pulmonary embolism			
Resuscitation/Cardiac arrest			
Seizures			
Sepsis			
Shock (note cardiogenic, anaphylactic, neurogenic, hypovolemic)			
Somatic dysfunction/OMT			
Suicidal patient			
Testicular torsion			
Thyroid storm			
Vomiting and Diarrhea			

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Family Medicine Must See Cases			
Condition	Direct Patient Care	Observation	Reading/Module
Abdominal Pain			
Adult female annual exam			
Adult male annual exam			
Adult vaccinations			
Allergic Rhinitis			
Anxiety			
Arthritis			
Asthma			
Biliary colic			
BPH			
CAD			
Chest pain			
CHF			
Colic (infant)			
COPD			
Cough			
Dementia			
Depression			
Diabetes with complications			
Diabetes without complication			
Dizziness			
Dysmenorrhea			
Dysuria			
Epigastric Pain			
Fatigue			
Female with pelvic pain			
Fever			
Fibromyalgia			
GERD			
Headache			
Hyperlipidemia			
Hypertension			
Infant well exam			
Joint pain and injury			
Kidney stones			
Knee pain			
Leg swelling			
Low back pain			
Male urinary symptoms			

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Medicare Wellness visit			
Multiple chronic illnesses			
Obesity			
Onychomycosis			
Osteoporosis/osteopenia			
Palpitations/Arrhythmia with EKG interpretation			
Pediatric vaccinations			
Persistent cough with CXR interpretation			
Pharyngitis			
Pregnancy acute symptoms			
Pregnancy well visit			
Shortness of Breath			
Skin lesion			
Skin Rash			
Sleep disorder			
Sports injury			
Substance abuse			
Upper respiratory symptoms			
UTI			
Vaginal bleeding			
Vaginal discharge			
Weakness (unilateral)			

Internal Medicine Must See Cases			
Condition	Direct Patient Care	Observation	Reading/Module
Abdominal pain			
Acid-Base Disorders			
Acute and Chronic Diarrhea			
Acute and Chronic Pancreatitis			
Acute Coronary Syndromes			
Acute Renal Failure			
Acute/Chronic sinusitis			
Administer blood and blood products			
Anemia			
Anorexia			
Anxiety/Panic attacks.			
Arrhythmias			
Arterial blood gases (ABG's)			
Ascites			
Back pain			
Biliary Tract Disease			
BPH & Urinary incontinence			
Breast Cancer			

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Cardiopulmonary resuscitation			
Chest Pain			
Colorectal Cancer			
Conduct, record, and present new patient H&P			
Cough			
Culture (blood, wound, sputum, stool, urine, &/or urethral)			
Dementia			
Demonstrate ability to skillfully perform osteopathic structural examination, make diagnosis of somatic dysfunction, and perform appropriate osteopathic manipulative treatment where indicated.			
Depression/Bipolar disorder			
Diabetes Insipidus			
Diabetes Mellitus (DM)			
Diarrhea			
Dyspnea			
Eating disorders			
Edema			
EKG interpretation			
Epilepsy			
Epistaxis			
Falls			
Fatigue			
Fever			
Fluid and Electrolytes			
Gastroesophageal Reflux Disease (GERD)			
Gastrointestinal bleeding			
Give injections: (intradermal, subcutaneous, intramuscular, intravenous)			
Gout			
Headache			
Heart Failure			
Hepatitis and Cirrhosis			
HIV/AIDS			
Hypertension			
Immunizations			
Infectious/Septic Arthritis			
Infective Endocarditis			
Inflammatory Bowel Disease (IBD)			
Insert a Central Venous Catheter			
Insert a nasogastric tube			
Ischemic Bowel Disease			

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Joint pain			
Leukemias			
Lightheadedness			
Lung Cancer			
Maculopapular Rash (drug reactions, viral infections, scabies)			
Memory loss			
Meningitis			
Menopause			
Nephrolithiasis			
Nephrotic/Nephritic Syndrome			
Obesity			
Obsessive Compulsive disorder			
Obstructive Lung Disease: COPD/Asthma			
Osteoarthritis			
Osteoporosis			
Otitis externa/Otitis media.			
Parkinson's disease			
Peptic Ulcer disease (PUD)			
Perform a chest tap for pleural fluid analysis			
Perform a lumbar puncture			
Perform a rectal exam with hemoccult testing			
Perform and interpret an EKG			
Perform endoscopy procedures including: flexible sigmoidoscopy, colonoscopy, and EGD's			
Pericarditis			
Pleural Effusion			
Pneumonia			
Prostate Cancer			
Pruritus			
Pulmonary Embolism (PE)			
Rheumatoid Arthritis			
Scaling Rash (Psoriasis, Tinea, pityriasis rosea, seborrheic dermatitis)			
Sexually Transmitted Diseases (STDs)			
Sickle cell disorders			
Skin Cancers			
SLE (Systemic Lupus Erythematosus)			
Smoking			
Stroke			
Substance Abuse			
Syncope & Altered mental status			
Thrombocytopenia			
Thyroid Disorder			

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Transfusion/transfusion reactions			
Tuberculosis (TB)			
Upper Respiratory Infection			
Urinary catheterization (Foley)			
Urinary Tract Infection (UTI) /urinalysis			
Venipuncture to obtain blood samples for laboratory studies			
Vesicular skin lesions			
Vomiting			

Osteopathic Manipulative Medicine Must See Cases

Condition	Direct Patient Care	Observation	Reading/Module
Assess spinal curves			
Assessment of leg length discrepancy, including scoliosis			
Demonstrate the use of ICDM and CPT codes for OMT			
Interpretation of laboratory or imaging results			
Interpretation of MRI results			
Interpretation of radiographs			
Perform and document a complete history and structural exam			
To at least one area of the body perform Counter strain			
To at least one area of the body perform Cranial Technique			
To at least one area of the body perform FPR			
To at least one area of the body perform balance ligamentous tension technique (BLT)			
To at least one area of the body perform HVLA			
To at least one area of the body perform Muscle Energy			
To at least one area of the body perform Myofascial Release			
To at least one area of the body perform Soft Tissue			
To at least one area of the body perform Still Technique			
To at least one area of the body perform Visceral/Lymphatic			
Writing a SOAP note including OMM procedure			
Assess cervical neurological screen with Spurling's			
Assess lumbar neurological screening with straight leg			

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Pediatrics Must See Cases			
Condition	Direct Patient Care	Observation	Reading/Module
Abdominal pain			
Acne			
Acute otitis media			
Airway obstruction/respiratory distress			
Allergic rhinitis			
Altered mental status			
Anemia			
Apnea			
Asthma			
Ataxia			
Atopic dermatitis			
Bronchiolitis			
Bruising			
Central nervous system complaint e.g. headache, lethargy, irritability, fussiness			
Cough/wheeze			
Diarrhea			
Failure to Thrive			
Fever			
Fever without localizing findings			
Gastrointestinal bleed			
Headache			
Heart murmur			
Hematuria			
Hepatomegaly			
Impetigo			
Injury/accident			
Limp/extremity pain			
Lymphadenopathy			
Otalgia			
Petechiae/purpura			
Positive Mantoux skin test (PPD)			
Proptosis			
Proteinuria			
Rash (of any type)			
Red eye/wandering eye			
Rhinorrhea			
Seizures			
Sepsis/meningitis			
Shock			
Shortness of breath			

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Sore throat			
Splenomegaly			
Status epilepticus (M)			
Suicidal ideation			
Vomiting			
Well Child Care (0 - 1 months)			
Well Child Care (1 -12 months)			
Well Child Care (12 - 60 months)			
Well Child Care (13-19 years)			
Well Child Care (5-12 years)			
White pupillary reflex			

Women's Health Must See Cases			
Condition	Direct Patient Care	Observation	Reading/Module
1st trimester bleeding			
1st trimester care			
3rd trimester bleeding			
Abnormal Pap smear			
Abnormal uterine bleeding			
Adnexal mass/cyst			
Annual (well-woman) exam			
Clinical course of labor			
Conduct, record, and present GYN new patient			
Conduct, record, and present OB new patient H&P			
Contraceptive counseling			
Cultural interview/activity			
Delayed diagnosis due to uninsured/underinsured status			
Delivery note			
Demonstrate knot tying			
Diabetes and pregnancy			
Domestic violence screening			
Ectopic pregnancy			
Endometriosis			
Fibroids			
GYN brief operative note			
GYN preoperative note			
Incontinence/prolapse procedure			
Infertility			
Insert Foley catheter			
Labor cervical exam check			
Menopause/perimenopause			
NSVD performed (with appropriate supervision)			

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Observe Cesarean section			
Observe hysterectomy			
Observe laparoscopy			
Observe operative vaginal delivery			
Observe perineal laceration repair			
Observe postpartum tubal ligation			
Observe tubal ligation			
Pelvic pain			
Perform cervical cultures (STI screening)			
Perform clinical breast exam			
Perform fern and nitrazine test			
Perform Pap smear P O			
Perform pelvic exam (including speculum and bimanual examination)			
Perform wet prep and KOH exams			
Peripartum infection			
Postmenopausal bleeding			
Postpartum care/lactation			
Postpartum hemorrhage			
Postpartum lactation consultation			
Postpartum note			
Preconception care			
Preeclampsia/eclampsia			
Premature rupture of membranes (PROM)			
Prenatal diagnosis			
Preterm labor (PTL)			
Routine prenatal care follow-up visit			
Take a sexual history			
Teen pregnancy			
Vulvar/vaginal benign disease			

Radiology Must See Cases		
Condition	Details	Modalities
Pneumothorax	Upright, supine, signs of tension	CXR, CT
Pneumonia	Lobar, multifocal, viral	CXR, CT
Pneumomediastinum		CXR, CT
Pneumoperitoneum	Upright, supine	CXR, KUB, CT
Pleural effusion	Upright, supine	CXR, CT
Congestive heart failure	Cardiomegaly, Pulmonary venous hypertension, interstitial, alveolar edema	CXR
Aortic dissection	Type A and type B	CXR, CT
Aortic aneurysm	Ascending, AAA, leak, rupture	CXR, CT
Diaphragmatic rupture		KUB, CT

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SBO (Small bowel obstruction)	Upright, supine	KUB
Cecal and sigmoid volvulus		KUB, enema
Distal large bowel obstruction	Upright, supine	
Ascites	Free fluid, hemoperitoneum	US, CT
Misplaced lines/tubes	Feeding/NG tubes, central venous catheters, endotracheal tubes	CXR, KUB
Child abuse (aka Non-accidental trauma or NAT)	Metaphyseal and rib fractures, bilateral subdurals (inc. isodense)	CXR, extremity films, CT
Stroke	Edema, hemorrhage, mass effect	CT
Intracranial traumatic hemorrhage	Epidural, subdural, subarachnoid, intraparenchymal	CT
Increased intracranial pressure	Midline shift and cerebral herniation, hydrocephalus	CT
Space occupying lesions	Mass effect, edema, +/- contrast	CT, MR
Cervical spine injury	Abnormalities of spinal-laminar lines/alignment of the c-spine e.g. posterior ligamentous injury	Plain films, CT
Fracture with extension into joint	Knees, ankles, wrist, elbow	Plain films
Elbow joint effusion	Radial head fracture, distal humeral fracture	Plain films, child and adult
Shoulder dislocation	Anterior and posterior	Plain films
Buckle fractures	Radius, child	Plain films
Scaphoid fracture		Plain films
Hip fracture	Subcapital, intertrochanteric, subtle	Plain films

General Surgery Must See Cases			
Condition	Direct Patient Care	Observation	Reading/Module
Appendicitis, Acute			
Abdominal mass			
Abdominal pain			
Abscess drainage			
Altered Neurologic Status			
Apply steri-strips			
Arterial puncture			
Breast, benign disease			
Breast, malignant disease			
Central venous line placement			
Chest pain and shortness of breath			
Cholecystitis, Acute			
Cholecystitis, Chronic			
Colon, malignant disease			
Diverticulitis of the colon			
Electrolyte and fluid management			
GI bleeding, lower			

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GI bleeding, upper			
Inflammatory bowel disease			
Intestinal obstruction			
Isolation technique, demonstrate			
IV therapy			
Jaundice			
Leg Pain			
Nasogastric tube, placement and indications			
Neck mass			
Osteopathic structural examination			
Peptic ulcer			
Perianal disease			
Peripheral vascular disease			
Post-operative complications			
Pulmonary tumor, benign			
Pulmonary tumors, malignant			
Rectal disease, benign			
Rectal disease, malignant			
Scrotal pain and swelling			
Shock			
Skin and soft tissue lesions			
Staple surgical wound			
Sterile technique, proper scrub, gown and glove			
Surgical drain, place and manage			
Surgical dressing, apply			
Suture laceration			
Swallowing difficulty and pain			
Systemic infections			
Thyroid, benign disease			
Thyroid, malignant disease			
Total parenteral nutrition			
Transplantation			
Trauma			
Urinary catheter placement and indications			
Urinary complaints			
Vomiting, diarrhea, constipation			
Wound management			

SOAP Notes

Mastery of writing SOAP notes is an important skill for students to learn. Some of the purposes of SOAP notes include to:

- Reflect the evolution of the physician's thinking progress as a case unravels, differential diagnosis is created and a final diagnosis surfaces
- Communicate patient status and progress to others involved in care
- Maintain a record for future reference
- Document care for billing purposes
- Protect from liability
- Follow a verbal presentation format

Various organizations have different institutional policies on who may access the electronic medical records (EMR) which may not provide students the opportunity to write notes in the legal record. When the institution allows access to the EMR, the student is expected to utilize the EMR as directed by their preceptor. Writing a SOAP note is an excellent exercise to organize the information known about a patient, and will assist a student in their clinical presentation and reasoning. The student should be writing notes every day, either in the chart when permitted, or as a separate activity. Students should have their preceptor and/or Regional Assistant Dean review their SOAP notes and elicit feedback on their clinical reasoning.

Students should learn the terminology utilized in the discipline, and the expectations of their preceptor for each SOAP note type. Students should review the core SOAP note modules located on the third-year core clerkship Moodle pages found in the on the Medical Students EHR Documentation Training Module that discusses the documentation of a thorough history and physical. Students should use the focused discipline note for a routine visit and for preparing for COMLEX 2 PE.

Case Presentations

An important clinical skill is communication with other members of the health care team through well-organized case presentations. There are three basic types of case presentations:

- Clinical Rounds/Office Presentation
 - Daily reports of patient progress
 - Briefly recap patient presentation and changes since last visit
 - Takes several minutes and varies by specialty disciplines
- Morning Report
 - Students should be prepared to present their assigned patient's overnight clinical status and labs
 - Students should read about their cases and be able to discuss
 - Review of patient presentation to preceptors, residents, and medical learners
 - If presenting a teaching case – ask questions that stimulate creation of differential diagnoses
 - Be prepared to discuss salient teaching points and latest recommendations
 - Usually takes 10-15 minutes
- Formal Disease Process
 - 30-60 minute presentation that begins with a case
 - More in depth discussion of the disease process and treatment options
 - Usually use a PowerPoint or Prezi
 - Use this format for the recorded presentation graduation requirement

Students should be presenting patients to their preceptor or resident on a daily basis. The structure of these reports should follow the same format as the SOAP notes. Learning to present in a systematic way is an essential skill that develops with experience and shows that the student has learned the basic communication of the health care team. The Regional Assistant Dean will also be asking students to give case reports to judge their progress. Other members of the team will judge a student's medical knowledge and progression in clinical reasoning by the student's skill in giving case presentations.

9. Learning Assessments

Formative Assessments	
Assessment	Pass/Fail
Regional Assistant Dean Reviews	Pass/Fail
Review of Case Logs to ensure 100% completion	
Mid-rotation Preceptor Review (if applicable)	Not graded
Preceptor Evaluation of Student Performance in Core Competencies	Pass/Fail

Summative Assessments	
Assessment	Pass/Fail
Preceptor Evaluation of Student Performance	Pass/Fail
Attendance (any unexcused absence constitutes a fail)	Pass/Fail

Grades for this course are Pass/Fail. All assessments must have a grade of "Pass" to pass a rotation. Any of the summative assessments with a "Fail" will require remediation of the rotation. Students who have not completed the rotation satisfactorily will be referred to Student Progress Committee for determination of remediation.

9. Exam Policy

No end of service examinations are given for Primary Care Core rotations.

10. Course Textbooks & Supplies

Required Textbooks	
Title/ISBN	Author/Publisher/Edition
<i>Bates Guide to Physical Examination and History Taking</i> ISBN: 9781469893419	Lynn Bickley, Lippincott William & Wilkins, 12th edition. Available on LWW Health Library
<i>Hacker & Moore's Essentials of Obstetrics and Gynecology</i> ISBN: 9781455775583	Neville Hacker, Gambone & Hobel, Saunders, 6th edition. Available on ClinicalKey
<i>Harrison's Principles of Internal Medicine</i> ISBN: 9781259644030	Dan Longo et al. (editors), McGraw-Hill. 20th edition. Available on Access Medicine
<i>Learning Radiology: Recognizing the Basics</i> ISBN: 9780323567299	William Herring, Elsevier Mosby, 4th edition. Available on ClinicalKey
<i>Pediatrics: A Competency-Based Companion</i> ISBN: 9781416053507	Maureen McMahan, MD and Glenn Stryjewski, MD MPH, Saunders, 2011. Available on ClinicalKey
<i>Physical Examination of the Spine and Extremities</i> ISBN: 9780838578537	Stanley Hoppenfeld, Appleton-Century-Crofts, 1976

Suggested Additional Resources	
Title/ISBN	Author/Publisher/Edition
<i>Case Files: Family Medicine</i>	Eugene C. Toy, Donald Briscoe, Bruce Britton, Joel J. Heidelbaugh. McGraw-Hill, 4th edition. On AccessMedicine

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<i>Case Files: Pediatrics</i>	Eugene C. Toy, et al., McGraw-Hill, 5th edition. On AccessMedicine
<i>Case Files: Obstetrics and Gynecology</i>	Eugene C. Toy, Benton Baker III, Patti Jayne Ross, John C. Jennings. McGraw-Hill, 5th edition. On AccessMedicine
<i>COMLEX Level 2-PE Review Guide</i> ISBN: 9780763776541	Mark Kauffman, Jones & Bartlett, 2011. Available on EBSCOhost
<i>Creasy and Resnik's Maternal-Fetal Medicine: Principles and Practice</i> ISBN: 9780323479103	Robert K. Creasy MD, et al., Elsevier, 8th edition Available on ClinicalKey
<i>CURRENT Diagnosis & Treatment in Family Medicine</i> ISBN: 9780071827454	Jeannette E. South-Paul, Samuel C. Matheny and Evelyn L. Lewis, McGraw-Hill, 4th edition. Available on AccessMedicine
<i>CURRENT Diagnosis & Treatment: Obstetrics & Gynecology</i> ISBN: 9780071833905	Alan H. DeCherney, et al., McGraw-Hill, 12th edition Available on AccessMedicine
<i>CURRENT Practice Guidelines in Primary Care 2019</i> ISBN: 9781260031065	Jacob A. David, Joseph S. Esherick. McGraw-Hill. Available on AccessMedicine
<i>Essential Radiology: Clinical Presentation Pathophysiology Imaging</i> ISBN: 9781604065732	Richard B. Gunderman, Thieme, 3rd edition
<i>Ferri's Practical Guide: Fast Facts for Patient Care</i> ISBN: 9781455744596	Fred F. Ferri MD FACP, Mosby, 9th edition. Available on ClinicalKey
<i>Foundations of Osteopathic Medicine</i> ISBN: 9781496368324	Michael A. Seffinger (editor), Lippincott Williams & Wilkins, 4th edition. Available on LWW Health Library
<i>Merck Manual</i>	http://www.merckmanuals.com
<i>Merriam-Webster Medical Dictionary</i>	https://www.merriam-webster.com/medical
<i>Nelson Essentials of Pediatrics</i> ISBN: 9780323511452	Karen J. Marcdante and Robert M. Kliegman, Elsevier, 8th edition. Available on ClinicalKey
<i>Nelson Textbook of Pediatrics</i> ISBN: 9780323529501	Robert M. Kliegman, Bonita Stanton and Joseph St. Geme, Elsevier, 21st edition. Available on ClinicalKey
<i>The Harriet Lane Handbook: A Manual for Pediatric House Officers</i> ISBN: 9780323096447	Helen Hughes and Lauren Kahl (editors). Elsevier, 21st edition. Available on ClinicalKey
<i>The Washington Manual of Medical Therapeutics</i> ISBN: 9781469833187	Hemant Godara, Lippincott Williams & Wilkins, 34th edition Available on ProQuest Ebook Central
<i>Williams Gynecology</i> ISBN: 9780071849081	Barbara L. Hoffman, et al, McGraw-Hill, 3rd edition Available on AccessMedicine
<i>Williams Obstetrics</i> ISBN: 9781259644320	F. Gary Cunningham MD, et al, McGraw-Hill, 25th edition Available on AccessMedicine

11. Student Roles and Responsibilities

Links to current Student Catalog and Student Handbook:

<https://www.pnwu.edu/admissions/student-catalog>

<https://www.pnwu.edu/students/student-handbook>

a. Student Professionalism

Professional behavior is expected at all times during this course. It is important that students learn to discuss topics of a sensitive nature in a caring and professional manner. Use of cell phones or texting during class is prohibited. For further clarification of student professionalism expectations, see Student Catalog.

b. Honor Code

The highest standards of academic honesty are required of all PNWU-COM students at all times. It is expected that no PNWU student will be dishonest in any way, or give the impression of dishonest behavior, nor will PNWU students tolerate dishonesty in others. Disciplinary action may occur as a result of failure to comply with these standards.

c. Academic Support

Students in need of peer tutorial assistance are directed to contact Rica Amity, PhD, Learning Skills Specialist (ramity@pnwu.edu). Though the Assessment Department strives to accommodate all tutorial assistance requests, priority will be given to students who demonstrate need based on their academic performance.

The most successful students will practice the following behaviors:

First day

- Share contact information with the preceptor and learn what expectations of communication are.
- Ensure the preceptor has a copy of the PNWU syllabus for the course.
- Ask about the regular schedule, on call expectations and notify the preceptor if there are any excused absence days (i.e. COMLEX exams).
- Find out where personal items may be placed and documentation can be done, as well as policies regarding student access to and documentation on medical records.
- Greet and be courteous to clinic staff. Be careful of joking, off color humor or comments that could be misunderstood.
- Clarify expectations for the use of electronic aids.
- Ask if he/she should pre-round on hospital inpatients and clarify time and place for meeting daily.

Daily

- Be on time and prepared with what is needed.
- Greet and be courteous to clinic staff. Be careful of joking, off color humor or comments that could be misunderstood. Review patients for the next day for topics to read on.
- Read or do modules on patients seen that day for reinforcement of learning.
- Log every day. Two to three cases logged every day will help get through the "must see" cases without last minute cramming.
- Be prepared to assist in any opportunities that present.
- Be enthusiastic. No matter what his/her area of interest is, there are things the student will be exposed to that may not be seen again in his/her career.

Weekly

- Participate in didactics.
- Be prepared with interesting cases he/she has seen throughout the week - help teach classmates.

- Return to his/her clinical responsibilities before/after didactics (this should not be a full day off!).
- Review progress on logs and the growth of his/her understanding.

Mid-Rotation (Optional on Electives but Encouraged)

- The student should request feedback on how he/she is doing. It is the student's responsibility to document the feedback on the mid-rotation feedback form and upload to Portfolio for future reference. Students should adjust performance based on that feedback.

End of Rotation

- The student should ask for a final review of his/her performance during the last week of the rotation. Students should be getting feedback from the preceptor informally daily on performance and areas needing improvement. Supplying the preceptor with a paper copy of the evaluation will help secure completion of the evaluation while the student's performance is fresh in the preceptor's mind. If the student has felt especially positive about the interactions, the student should consider asking the preceptor if he/she would be willing to write a strong letter of recommendation.