



PRIMARY CARE CORE ROTATION SYLLABUS
6 WEEKS ROTATION
CLINICAL EDUCATION

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)

1. Contact Information

| Course Director | | | | |
|-------------------------------|---------------------|--------|--------------|--|
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2. Course Description/Overview

This Primary Care clerkship is scheduled with a preceptor who is an expert in their 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 their 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 them competitive for residency.

| 4. Entrustable Professional Activities (EPAs) | | |
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| 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 interprofessional 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) | | |
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| 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 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 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 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 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 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 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 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 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 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 they are 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

The Clinical Didactics longitudinal course takes place over the third and fourth years of medical school. It consists of two hundred hours of educational activities. Faculty-led components will be held on Wednesday afternoons. Attendance and completion of assigned tasks will be tracked and will be reviewed with the student's Assistant Dean on a periodic basis. Successful completion of the Clinical Didactics course is required for graduation. Details for educational activities will be shared with students on a weekly basis.

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 cases listed below are the course objectives for each PCC rotation. These objectives will prepare the student with a wide breadth of understanding of the common and life-threatening conditions related to the PCC rotation focus.

The PCC rotations take place during the third year, so students should focus on developing a basic understanding of the disease processes coupled with further honing of their presentation skills necessary for residency, including:

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

Logs of the cases will be documented in E*Value (see the *Case Logs* tab in E*Value). 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 in the “Notes” section. 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 PCC rotations must have at least one objective entered per day on rotation to meet graduation requirements (i.e. 5+ objectives per week), logging the total number of encounters participated in will better reflect the student’s rotation experience. The logs may be collated in a portfolio to showcase student 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 Cases | | | |
|----------------------------------|----------------------------|--------------------|-----------------------|
| Condition | Direct Patient Care | Observation | Reading/Module |
| ADHD | | | |
| Adjustment Disorders | | | |
| Alcoholism and Substance Abuse | | | |
| Amnestic and related disorders | | | |
| Anxiety Disorders | | | |
| Autism | | | |

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| 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 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 | | | |
| C Spine fracture | | | |
| COPD | | | |

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| 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 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 | | | |
| Medicare Wellness visit | | | |
| Multiple chronic illnesses | | | |

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| 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 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 | | | |
| Cardiopulmonary resuscitation | | | |
| Chest Pain | | | |

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| 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) | | | |
| 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 | | | |
| Joint pain | | | |
| Leukemias | | | |
| Lightheadedness | | | |
| Lung Cancer | | | |

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| 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 | | | |
| Transfusion/transfusion reactions | | | |
| Tuberculosis (TB) | | | |
| Upper Respiratory Infection | | | |
| Urinary catheterization (Foley) | | | |

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| Urinary Tract Infection (UTI) /urinalysis | | | |
| Venipuncture to obtain blood samples for laboratory studies | | | |
| Vesicular skin lesions | | | |
| Vomiting | | | |

| Osteopathic Manipulative Medicine 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 | | | |

| Pediatrics Cases | | | |
|-------------------------|----------------------------|--------------------|-----------------------|
| Condition | Direct Patient Care | Observation | Reading/Module |
| Abdominal pain | | | |
| Acne | | | |
| Acute otitis media | | | |

AY23-24 PRIMARY CARE CORE SYLLABUS

| | | | |
|---|--|--|--|
| 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 | | | |
| Sore throat | | | |
| Splenomegaly | | | |
| Status epilepticus (M) | | | |
| Suicidal ideation | | | |
| Vomiting | | | |
| Well Child Care (0 - 1 months) | | | |

AY23-24 PRIMARY CARE CORE SYLLABUS

| | | | |
|----------------------------------|--|--|--|
| 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 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) | | | |
| Observe Cesarean section | | | |
| Observe hysterectomy | | | |
| Observe laparoscopy | | | |
| Observe operative vaginal delivery | | | |
| Observe perineal laceration repair | | | |
| Observe postpartum tubal ligation | | | |
| Observe tubal ligation | | | |

AY23-24 PRIMARY CARE CORE SYLLABUS

| | | | |
|---|--|--|--|
| 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 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 |
| 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 |

AY23-24 PRIMARY CARE CORE SYLLABUS

| | | |
|------------------------------------|--|------------------------------|
| Intracranial traumatic hemorrhage | Epidural, subdural, subarachnoid, intra parenchymal | 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 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 | | | |
| 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 | | | |

AY23-24 PRIMARY CARE CORE SYLLABUS

| | | | |
|---|--|--|--|
| 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 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.

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 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 |
| Assistant Dean Reviews | Pass/Fail |
| Review of Case Logs to ensure 100% completion | Pass/Fail |
| 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: 9781496398178 | Lynn Bickley, et al., Lippincott William & Wilkins, 13th 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 | J. Larry Jameson, 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, 5th edition. On AccessMedicine Case Files Collection |
| <i>Case Files: Pediatrics</i> | Eugene C. Toy, et al., McGraw-Hill, 5th edition. On AccessMedicine Case Files Collection |
| <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 Case Files Collection |
| <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: 9781260134896 | Jeannette E. South-Paul, Samuel C. Matheny and Evelyn L. Lewis, McGraw-Hill, 5th 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 2020</i> ISBN: 9781260469844 | Jacob A. David,. McGraw-Hill. Available on AccessMedicine |

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|--|---|
| <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. Marcante 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: 9780323674072 | Keith Kleinman, Lauren Mcdaniel, and Matthew Molloy Elsevier, 22nd edition. Available on ClinicalKey |
| <i>The Washington Manual of Medical Therapeutics</i> ISBN: 9781975113483 | Zachary Crees, et al., Lippincott Williams & Wilkins, 36th edition. Available on Ovid |
| <i>Williams Gynecology</i> ISBN: 9781260456868 | Barbara L. Hoffman, et al, McGraw-Hill, 4th 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 who are having difficulty meeting the requirements of this course should discuss it with their Assistant Dean whenever a problem arises. Students in need of peer tutorial assistance are directed to contact the Learning Skills

Specialist on campus through Student Affairs. Though Student Affairs 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.