

**DEVELOPMENT OF A
“LONGITUDINAL
MANAGEMENT OF PATIENTS
AND POPULATIONS”
CURRICULUM FOR
LONGITUDINAL INTEGRATED
CLERKSHIP STUDENTS**

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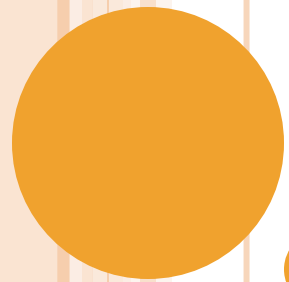
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LONGITUDINAL MANAGEMENT OF PATIENTS AND POPULATIONS

- Identify a “need” in our Family Medicine LIC curriculum
- Describe a new curriculum
- Brief evaluation data
- Future directions





BACKGROUND



PISCES LONGITUDINAL INTEGRATED CLERKSHIP AT UCSF (16 STUDENTS)

- Students follow patients for 1 year in at 7 clinical sites (FM, IM, OB/GYN, Surgery, Peds, Neuro, and Psych)
- Cohort of 50 – 75 patients total
- Student follow patients to clinical appointments, hospitalizations, and home care
- Each student has 25 Family Medicine clinic sessions



THE PROBLEM

- Family Medicine fits naturally into a Longitudinal Integrated Curriculum
- Our curricular material and evaluations were taken from a 6 week clerkship which allows limited longitudinal care
- Preceptors noted that our best students were performing longitudinal care, but these skills were not **EXPLICITLY** included in the curriculum



WHAT ARE THE SKILLS NEEDED FOR PROVIDING LONGITUDINAL CARE?

- Skill #1: Preventive care
 - Reviewing data from patient panel
 - Identifying areas for improvement
- Skills #2: Chronic disease management
 - Reviewing and interpreting disease markers
 - Following chronic disease guidelines
- Skill #3: Relationship building
 - Use tools to promote better understanding of complicated patients
 - Longitudinal Motivational Interviewing
 - Video Review for self-reflection



PREVIOUS EDUCATIONAL APPROACHES

- Clinical experiences
- Selected workshops
- Preceptor guidance

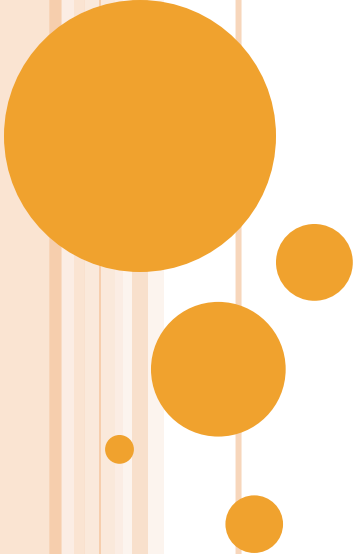


NEEDS ASSESSMENT OF FAMILY MEDICINE FACULTY WHO PRECEPT IN LIC (N=7)

- Faculty are more likely to teach preventive care and chronic disease management for **individual patients** rather than **populations of patients**
- All faculty **endorsed the utility** of a checklist of required tasks in longitudinal management of patients



INTERVENTION:



**A curriculum in
Longitudinal
Management of
Patients &
Populations**

LONGITUDINAL MANAGEMENT OF PATIENTS & POPULATIONS

○ Components

- 4 x 90 min seminars
- Competency card
- 3 assignments
- Reading materials

Participants

- 16 students in LIC
- 10 family medicine preceptors



CORE COMPETENCIES:

- Patient Care
- Practice-Based Learning and Improvement
- Interpersonal and Communication Skills
- Systems Based Practice

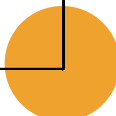


SKILL #1: PREVENTIVE CARE EXERCISE

Preventive Service Completion:

There are many preventive service guidelines available. For this exercise, use the current United States Preventive Service Task Force guidelines.

Preventive Service (not a comprehensive list)	% of my eligible patients who completed preventive service	% of eligible clinic patients who completed preventive service	National standard for completion of preventive service
Breast cancer screening			
Colon cancer screening			
Pneumococcal vaccination			
One preventive service of your choice:			



STUDENT EXAMPLE: PREVENTIVE SERVICE EXERCISE

Primary Care Panel - FCM, IM, and OB								
<u>Initials</u>	<u>Age</u>	<u>Sex</u>	<u>Smoking</u>	<u>Breast CA screen</u>	<u>Colon CA screen</u>	<u>Pneumovax</u>	<u>Indication</u>	<u>Diabetes Screen</u>
JA	17	F	Never	na	na	na	na	na
BS	24	F	Never	na	na	yes	diabetes	na
BS	25	F	Current	na	na	no	smoker	na
AB	31	F	Never	na	na	na	na	na
YB	41	F	Never	na	na	No	lung dz	Feb-10
SQ	48	F	Never	Feb-11	na	yes	asthma	Feb-10
DT	54	M	Former 20	na	no	no	HIV	Feb-05
JS	58	F	Former	Nov-12	2008	na	na	May-12
GL	60	M	Never	na	na	yes	chemo, asplenia	no
SS	77	F	Never	Dec-11	no	yes	age	Dec-09 (due soon)
HC	81	F	Former 25	Dec-09	na	yes	age	Feb-09
PC	81	M	Former 25	na	2006	no	age	na
CD	82	F	Never	na	na	yes	age	na
JC	87	M	Former 15	na	na	yes	age	Aug-11 (elevated)
HK	90	M	Never	na	na	yes	age	na
EO	92	F	Never	na	na	yes	age	Aug-03



SKILL #2 CHRONIC DISEASE MANAGEMENT OF THE INDIVIDUAL PATIENT

Communication skills and tasks for patient management:	Completed	
	Mid-Year	End of Year
I have written a problem list with pertinent details		
I have reviewed my patient's medication list with my preceptor		
Number of times rounded with inpatient team		
Number of ED visits or specialist appts attended		
Number of ED notes, discharge summaries or specialist notes/consultations reviewed in EMR		
Number of interactions with patient outside of visits (telephone or MyChart email)		
I was observed doing telephone contact or email contact with a patient, and received feedback		
My documentation of telephone contact or email was reviewed, and I received feedback		
I have summarized my patient's pertinent chronic disease markers & trends over time		
I have summarized my patient's adherence to preventive care guidelines (see list of guidelines)		
I have composed an end of year patient summary		

Please complete for ONE patient only

Ideally, your most complicated patient



SKILL #2 CHRONIC DISEASE MANAGEMENT OF THE INDIVIDUAL PATIENT

Choose a patient with one of the following chronic conditions and use the listed guideline to direct your evaluation and management of the patient:

Chronic condition	Recommended Guidelines
Asthma	Adult: www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm
	Pediatric: www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm
COPD	http://www.goldcopd.org/uploads/users/files/GOLD_AtAGlance_2011_Jan18.pdf
Type 2 diabetes	http://care.diabetesjournals.org/content/35/Supplement_1/S4.full
Heart failure	http://circ.ahajournals.org/cgi/reprint/CIRCULATIONAHA.109.192065
Hypertension	http://www.nhlbi.nih.gov/guidelines/hypertension/
Hyperlipidemia	http://www.nhlbi.nih.gov/guidelines/cholesterol/index.htm



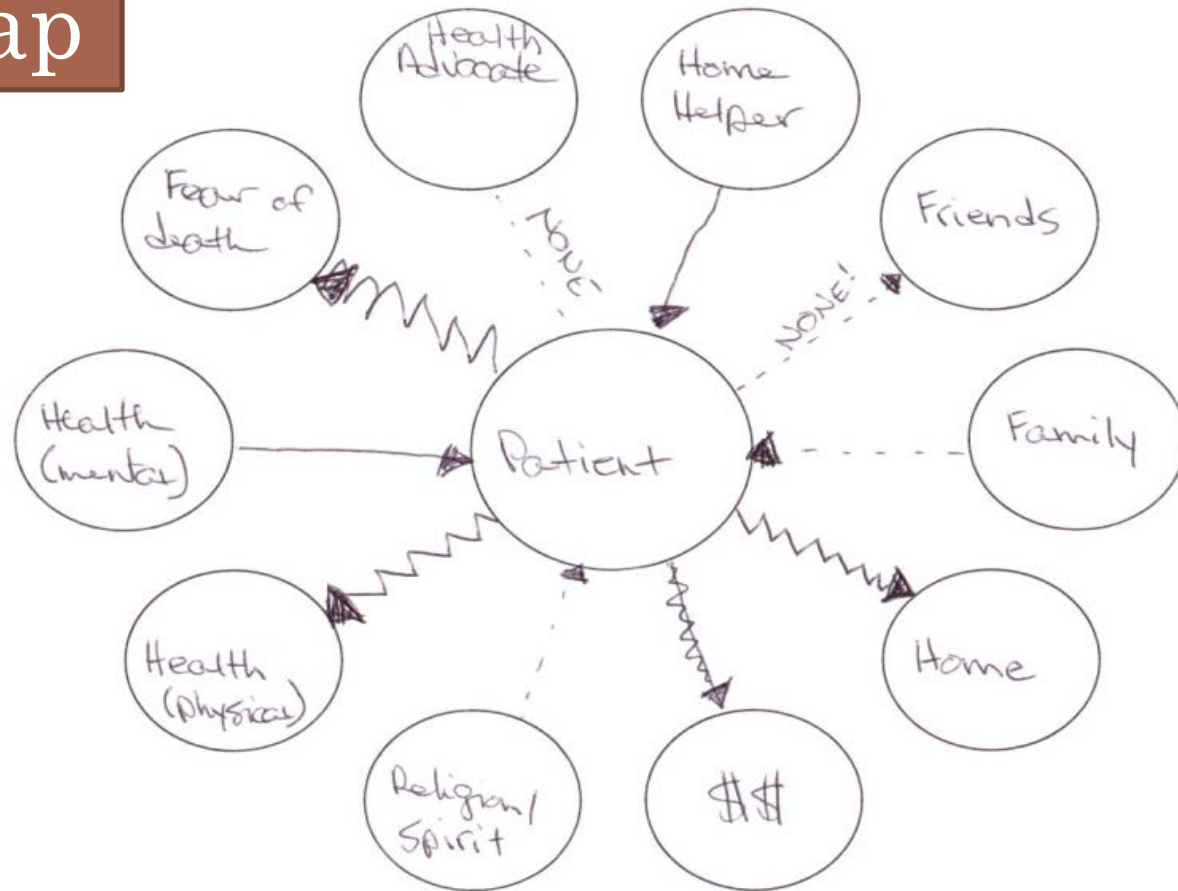
SKILL #3: RELATIONSHIP BUILDING

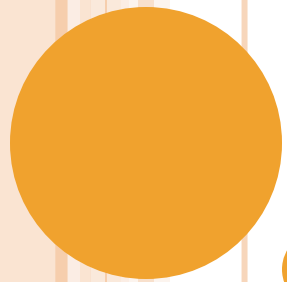
- Seminar on motivational interview and **two follow-up check in**
- **Video review**
- **Tools for challenging patients**
 - **Genogram**
 - **ecomap**



SKILL #3: RELATIONSHIP BUILDING

EcoMap

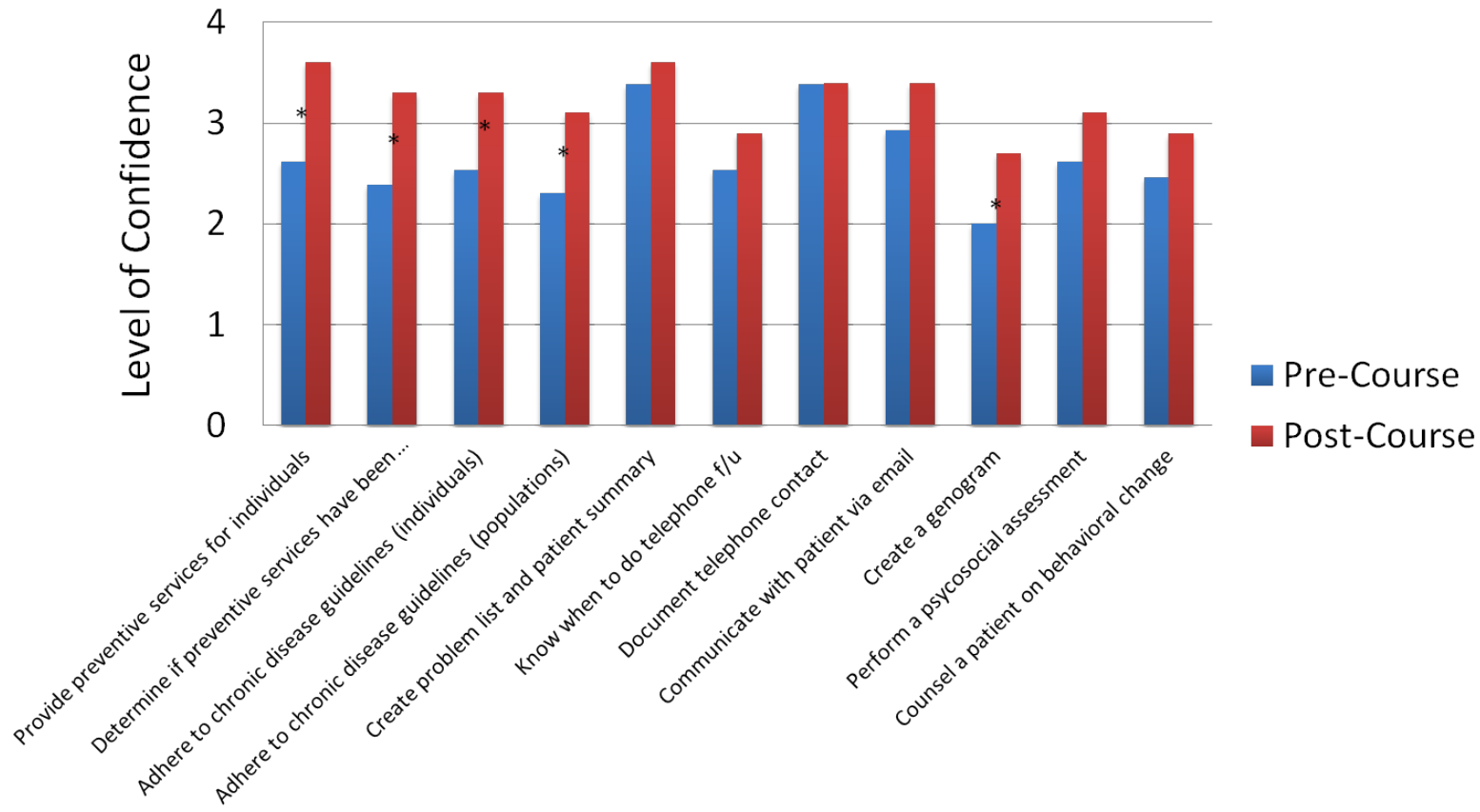




EVALUATION



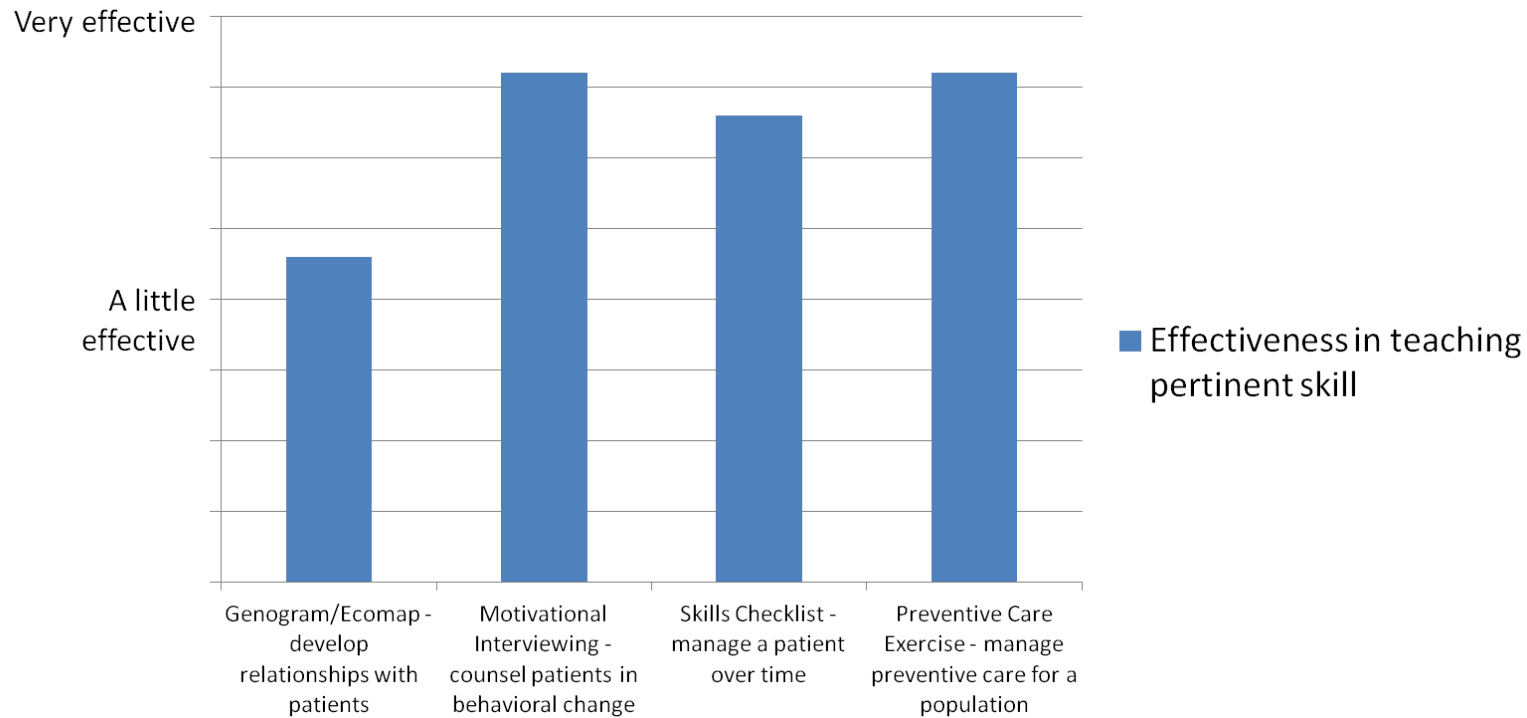
STUDENT'S PRE AND POST-COURSE SELF-EFFICACY RATINGS IN SKILLS OF LONGITUDINAL CARE (N=13)



* p < 0.05 (unpaired t-test, one-tailed)



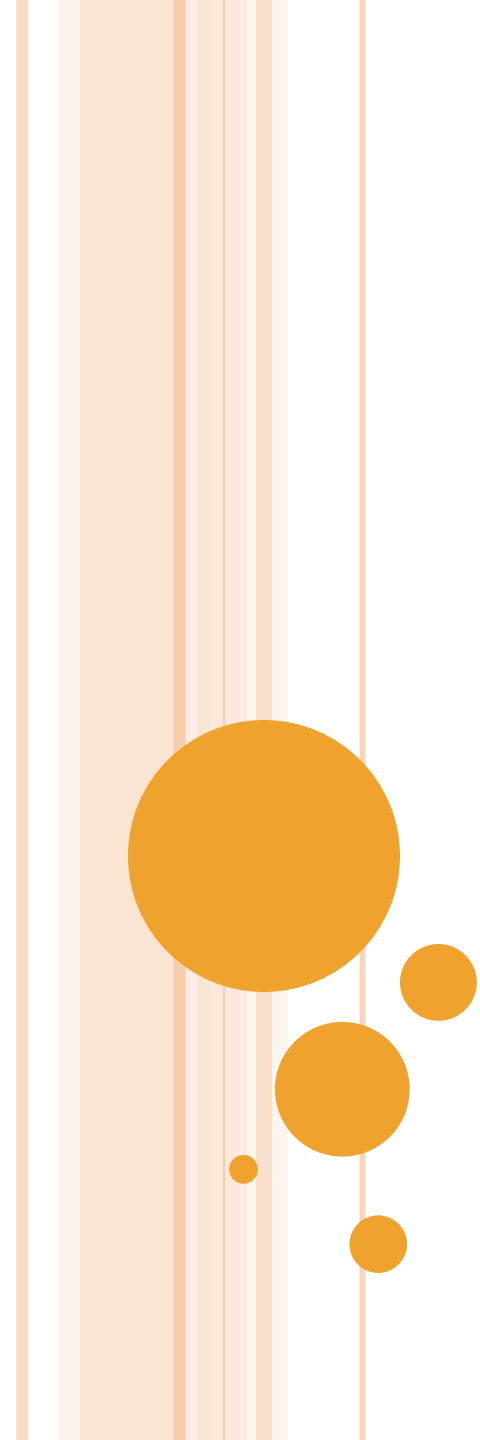
STUDENT'S RATING OF EFFECTIVENESS OF TEACHING MATERIALS (N=13)



STUDENT COMMENTS

- Positive
 - Individual students liked specific exercises
 - Appreciative of making “hidden” curriculum explicit
- Several students did not complete the exercises
- Students noted their attendings did not recall the assignments





SUMMARY AND FUTURE DIRECTIONS

- Students **self-efficacy increased** in several domains over the period of our curriculum, but may be related to other activities
- **Motivational interviewing** seminar and follow-up discussion was well-rated, and will be continued
- **Preventative services exercise** was well rated, but should be developed within the EMR
- Skills checklist was less effective, despite high levels of interest from faculty
 - Possible reasons:
 - Many students did not complete the checklist
 - The exercise was not graded
 - Materials may have been confusing
 - Faculty were unaware of the exercise, despite two orientation sessions



FUTURE DIRECTIONS

- Our curriculum provides a template for teaching the skills of longitudinal management of patients
- High level of interest remains among faculty within and outside of FM
- Curriculum could include other departments that provide primary care
- Include other workshops in LIC under the umbrella of Longitudinal Management of Patients curriculum
- Create summative evaluation/grading rubric



- *Special Thanks to the PISCES course directors for supporting this project, the SFGH FCM residency for providing materials on longitudinal care, and to Stephanie Lynch and Joshua Carroll for sharing their materials*
- *As PRIMARY CARE PHYSICIANS, we are grateful to UCSF for the opportunity to teach in a manner congruent with our practice*

