HARVARD MEDICAL SCHOOL

PRIMARY CARE CLERKSHIP

AC 700 M.J

FACULTY AND STUDENT HANDBOOK

January - September 2007

Clerkship Director: Harvey P. Katz, M.D.
Welcome to the HMS Primary Care Clerkship. I look forward to meeting you at our orientation on January 9 (Tuesday group) and January 11 (Thursday group). Whether you are heading into primary care or not, we are certain that you will find the themes and experience of the PCC to be valuable. Before you arrive, I wanted to share a few personal thoughts along with some logistical details of the course.

First, what is this Primary Care experience about? In contrast to your hospital rotations, patients will now see you as their first contact and as their doctor. They will present you with a multitude of medical and psychosocial problems in need of a diagnosis and management plan—all in very limited time. This is your chance to interview patients, prioritize their complaints, focus your physical exam, and develop a differential diagnosis and treatment plan in the real world of patient care.

Secondly, this is a rare opportunity for you to develop a relationship with your preceptor as a mentor. Our PCC faculty are passionate about patient care and teaching. You will be together for 9 months, during which time you really get to know each other. Here’s what a former PCC student wrote to us about his preceptor.

“It is always a pleasure to work with a master physician—he is an amazing teacher. His patients sincerely love him—something I rarely have seen especially in a world of 10 minute appointments and 3 month backlogs. Dr. X showed me that it is possible to balance a successful practice with family life. I was fortunate to have dinner at his house and meet his wonderful family. He is a superb role model.”

Thirdly, this is an opportunity to develop relationships with patients over time. We ask you to identify a patient early in the clerkship where you can develop a meaningful longitudinal relationship over the 9 months, but also to see several patients as often as possible.

Here is an example. One of last year’s students, in her longitudinal patient presentation at the final tutorial, presented an infant with Down syndrome born to a young mother. She had seen the infant in the nursery after delivery and joined her preceptor in his discussion when the parents learned of the diagnosis—in a sensitive way that gave them a positive outlook regarding the uncertainties awaiting them. She saw the infant monthly, visited the home, went to their specialty consultations, and talked on the phone to offer advice and support. They became very close. When the clerkship ended there were some tears—but with much gratitude expressed. The clerkship was over but not the power of the relationship. The student experienced the privilege it is to be a physician—and the importance of caring.

Finally, you will learn about the delights and challenges of a career in primary care. You will see the inner workings of an office practice up close—the office staff and what they do, the interactions with consultants, and the office systems, like telephone triage and the medical records. Primary care can be exciting and rewarding, but it is not without its problems and challenges these days. We expect you to discuss these with your preceptor and tutors—learn how they feel about their practice careers—the time constraints, balancing work and home, their interaction with specialists, compensation. We would like you to develop a view about how Primary Care might be done better in the future. Our faculty and PCC steering group are excited to welcome you to the clerkship. Good luck and we look forward to meeting you.

Harvey P. Katz, M.D.
Director, Primary Care Clerkship
Associate Clinical Professor
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LEADERSHIP OF THE PRIMARY CARE CLERKSHIP

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**2007 PCC SCHEDULE**

**Please note, students will attend tutorial and clinic on Tuesday OR Thursday.**

<table>
<thead>
<tr>
<th>Orientation/Tutorial:</th>
<th>January 9 &amp; 11</th>
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<tr>
<td>Clinic:</td>
<td>January 16 &amp; 18</td>
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<td>January 23 &amp; 25</td>
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<td>January 30 &amp; February 1</td>
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<td>July 3 &amp; 5</td>
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<td>July 31 &amp; August 2</td>
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<th>Tutorial:</th>
<th>August 7 &amp; 9 (Longitudinal Presentations)</th>
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<td>August 28 &amp; 30</td>
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<td>September 4 &amp; 6</td>
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<th>September 11 &amp; 13 (Longitudinal Presentations)</th>
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<tr>
<td>Clinic:</td>
<td>September 18 &amp; 20</td>
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**STUDENT VACATIONS:**

- March 26 – April 1, 2007
- June 25 – July 1, 2007

***Commencement: June 7, 2007***
OVERVIEW OF THE PRIMARY CARE CLERKSHIP

The Primary Care Clerkship (PCC) grew out of the medical school’s desire to provide students with a longitudinal clinical experience in which they would care for patients outside a hospital setting. The central goals of the PCC are to give students an opportunity to care for patients over time and to explore eight major themes of primary care:

- Managing illness and clinical relationships over time
- Finding the best available answers to clinical questions
- Preventing illness and promoting health
- Dealing with clinical uncertainty
- Getting the best outcomes with available resources
- Working in a health care team
- Sharing decision making with patients, within the context of their family/culture
- Practicing effectively within the health care delivery system

Each student is matched with a preceptor for the entire duration of the clerkship. Whenever possible, we match students based on their preferences for type of practice (internal medicine, pediatrics, family medicine, etc.); location (urban, suburban); ethnic and language characteristics; and special populations (homeless, gay and lesbian, etc.).

Preceptors help students develop a panel of patients to follow and arrange for students to see these patients on their own, with supervision. These patients are selected based on illnesses or health issues that illustrate the clerkship themes and represent a wide variety of common problems. In addition, preceptors help students to integrate a patient’s history, physical exam findings, and lab results, in order to develop management strategies and appropriate follow up plans. At the beginning of the clerkship and as the student matures, the preceptor develops a learning plan with the student and gives feedback to the student about his/her performance.

THEMES

Medicine, here and throughout the world, is adapting to a new set of possibilities and demands. Some of these are especially relevant to primary care and are central to the Primary Care Clerkship. We expect these themes to be organizing principles for the Primary Care Portfolio Project.

- Managing illness and clinical relationships over time
  Most diseases in modern society are chronic, albeit with acute exacerbations. Brief encounters in hospitals give an incomplete picture of illness. Working with patients over time makes it possible to see how patients’ health care needs change with the severity and duration of their illness and in relation to their social environment and age.

- Finding the best available answers to clinical questions
  Many clinical decisions can be guided by a rich body of knowledge, based on strong clinical research. Clinicians should develop a lifelong preference for the best available information and continually improve their ability to seek this out in the office setting.
• **Preventing illness and promoting health**
Clinical encounters are occasions not only for illness care, but also opportunities to prevent disease and promote health - through counseling, immunizations, and screening. This preventive work falls in the realm of primary care, where patients are more likely to be seen before they have developed preventable diseases.

• **Dealing with clinical uncertainty**
Clinicians are often uncertain about the diagnosis or management of the problems they encounter. They need to learn how to dispel uncertainty when possible, to accept uncertainty as a natural part of medicine, and to avoid coping with uncertainty in dysfunctional ways (such as ordering unnecessary tests or developing debilitating anxiety over clinical uncertainties).

• **Getting the best outcomes with available resources**
Resources for health care are limited and practitioners have a duty to make thoughtful clinical decisions designed to achieve the best possible outcome of care within these constraints. Understanding patient resources informs clinicians in the delivery of medical care.

• **Working in a health care team**
None of us can know or do everything patients need, so we rely on colleagues to complement our contributions. Physicians caring for patients in the primary care setting work with sub-specialist physicians, nurses and office medical assistants to optimize patient care. Coordinating the care of patients cared for by multiple providers is a necessary skill for future physicians to understand.

• **Sharing decision-making with patients, within the context of their family/culture**
In many clinical situations, research evidence about the natural history of disease and the effectiveness of various treatments does not point to a definitive treatment plan for all patients. The preferences of individual patients, based upon cultural background, personal values, and a clear understanding of risks and benefits of various treatment options, often weigh heavily in clinical choices. The student should be able to: conduct a patient interview demonstrating sensitivity to the cultural, socioeconomic, gender and age issues that affect the patient’s perspective of his/her health; design a management plan by including the patient in decision making and incorporating their perspective and worldview into therapeutic plans; critically analyze relevant research, being attentive to both research design and limitations of generalizability resulting from scope of population studied (e.g., ethnicity, race, age or gender of subjects); and consider existent documented disparities in health care related to the patient’s disease and ways to avoid perpetuating this disparity.

• **Practicing effectively within a health care delivery system.**
The Primary Care Clerkship offers each student the opportunity to work within a primary care practitioner’s office and learn the interaction and influence that a patient’s insurance (or lack thereof) and the doctor’s office structure has upon that patient’s care.

**CONTEXT OF THE PCC AT HARVARD MEDICAL SCHOOL**

**Educational Philosophy.** The first two years at Harvard Medical School are based on the principles of adult learning, an approach called the “New Pathway.” Some elements of this approach are:
• **Case-based learning:** Students learn by working through a problem such as a clinical example.
• **Interactive learning:** Faculty members facilitate discussions in which students are the main participants - both in large groups and small ones.
• **Patient-centered learning:** Patients’ problems shape what students need to know, and that shapes the curriculum.
• **Preparation for life-long learning:** By taking the initiative, rather than being spoon-fed, students get in the habit of taking responsibility for their own learning.

The Primary Care Clerkship extends this approach to learning into the clinical years.

**Competing Responsibilities:** Faculty and residents at the hospitals know students will leave their clerkship once a week and are expected to cooperate with this schedule. Some house staff may put students under pressure to stay with them, but that should be a rare occurrence. The best way for students to handle this is to respond that they need to go to their “clinic” and see their patients, just as residents do.

**Making Two Worlds One:** The Primary Care Clerkship puts the students in a dynamic tension between two worlds. They may feel they are expected to be in two places, hospital and office, at once. It is a part of a student’s maturation process to learn how to deal gracefully with competing demands. More fundamentally, they may find it difficult to reconcile the acute, biomedical, highly specialized, short-term, demands of hospital care with the more broad-based, human, long-term perspective of office practice. The job of faculty preceptors is to make sure this tension remains constructive.

**Complement the Other Clerkships:** The most valuable aspects of the PCC are those that are important to the basic education of all medical students and not readily available in the other hospital-based clerkships. All students will work with primary care physicians in the future, whether or not they enter other specialties. Knowing patients over a period of time (not just an episode of illness) is also valuable. Additionally, the PCC also provides a special opportunity for students to learn how patients view their health problems in the context of their lives as a whole, while also learning how to practice health promotion/disease prevention, and to reconcile the competing needs of individuals and society (especially in the use of resources). It is also one of the few opportunities students have to observe a faculty physician as a model over an extended period. This provides them with a window into the professional experience of office-based practice that is not available in other clerkships.

**OFFICE SESSIONS**

• Office sessions are typically held from 1:00 to 5:00 pm on Tuesday OR Thursday afternoons (see calendar on page 3 for specific dates). If the clinic hours cannot accommodate this schedule, or if travel arrangements prevent the student from arriving by 1:00 pm, the preceptor and student may arrange an alternative schedule. Ultimately, the student should spend at least four hours in the clinical site each session.

• Students should see patients as the initial providers of care at a given visit. When students have completed their initial assessment, they should present the patient to the preceptor. Preceptors and students then see all patients together. By law, the preceptor is the primary caregiver and is responsible for notes entered into patients’ charts, but students should still write office notes.
which will be reviewed by their preceptors. If possible, follow-up of patients seen by the student should be scheduled when the student will be present.

- Whenever feasible, students should see a broad spectrum of patients to include a diversity of age, gender, race, socioeconomic status, as well as disease process. Early in the clerkship, students should aim to see 2-3 patients during each clinical session. Over time, students will advance to seeing 5-6 patients per session (as is appropriate for the practice site).

- Students should see a variety of medical problems. To the extent possible, these should include:
  - At least one patient with an illness that requires frequent visits
  - A number of new patient visits, preferably for a diverse group of patients, in order to provide exposure to the variations of preventive guidelines and care by age and gender
  - Patients with acute problems that include common presenting symptoms
  - Patients with common chronic conditions
  - Patients with psychosocial issues

- Students should follow up on the care of all patients they see. Whether or not they see a patient more than once, they should be aware of all lab results and treatment outcomes. Students should review patients' charts, call patients to see how they are doing, and communicate with preceptors about the patients. We suggest that students keep a log of each patient seen during each session, to assist them with follow up when they return the next week.

- Learning is patient-centered in the clinical setting. Therefore, students should read about their patients. They should consult and critically assess clinical guidelines and medical research articles to determine the best diagnostic and therapeutic methods to use.

**TUTORIAL MEETINGS**

Students will be assigned to a tutorial and will return to the medical school to meet in these small groups six times during the course. Please refer to the course calendar on page 3 for more information on the dates for tutorial sessions. On the dates when tutorials are scheduled, students will attend their tutorials in place of an office session. The first tutorial meeting will occur after the Orientation session on the first day of the course (either January 9 or 11). During this initial meeting, each tutorial group will determine its usual meeting time for the remainder of the course. Tutorial meeting locations will be communicated to students and tutors shortly before the start of the clerkship.

PCC tutorials will provide students with a forum to discuss interesting clinical issues that they encounter in the preceptor’s office. Students will also be expected to prepare and present specific cases from their PCC clinics and to integrate the themes of the course into their tutorial discussions.

Students should take responsibility for making the most of their tutorial meetings. If the tutorial process breaks down, students should try to address the problems and provide one another, the tutors, and/or the course directors with feedback. Students will have the opportunities to evaluate the tutors and tutorial (a) on written evaluations at the mid-point and end of the course; and (b) during a debriefing segment at the end of each tutorial. Additionally, students should bring any concerns to the Clerkship Director, Dr. Harvey Katz, or to the Clerkship Manager, Sara Bishop.
GUIDELINES FOR PROFESSIONAL BEHAVIOR

We expect every medical student to behave in a way that reflects the highest ideals of medical practice and ethical behavior. These behaviors specifically include:

1. **Altruism**: Students will consistently put the needs of the patient before their own.

2. **Confidentiality**: Students will not discuss patient care outside the confidential spaces of their preceptor’s office.

3. **Professional integrity**: Students will behave in a way that is truthful and honest, accepting responsibility for their actions and working diligently to correct deficiencies. Cheating, lying, plagiarism and the fabrication of ideas will not be tolerated in this clerkship.

4. **Interpersonal skills with patients, colleagues and others**: Students will demonstrate the ability to develop rapport with patients and the professional staff; to communicate effectively; and to show respect and courtesy in all interpersonal behaviors.

5. **Professional responsibility**: Students will attend all sessions unless they notify preceptors in advance of an absence. Students are expected to arrive on time to their preceptor’s office.

6. **Commitment to learning**: Students will demonstrate intellectual curiosity, seeking ways to learn about patients, improve their fund of knowledge, and teach others.

7. **Professional demeanor and appearance**: Students will appear well groomed, and appropriately dressed for work in their preceptor’s office.

COURSE REQUIREMENTS

Students must satisfy the following requirements to pass the course:

**Primary Care Office**

Students must work in a primary care setting under the guidance of course faculty for nine months. Please refer to page 7 for additional details.

**Tutorial Sessions**

Students must attend six central tutorial sessions at the medical school. Please refer to page 8 for additional details.

**Primary Care Portfolio Project**

Writing up and sharing some of the clinical encounters that occur during the clerkship provides a forum for students to examine in greater depth the complex clinical issues relevant to the care of their patients. Some of the clinical issues that may be addressed include diagnosis and treatment of specific problems, and the social or psychological factors impacting care delivery. In addition, personal reflection on ethical or social dilemmas, the financial constraints of the healthcare system, professional growth, and the patient-doctor relationship are fruitful
topics for further examination. Please review the themes of the clerkship (see page 5), as these themes should be referred to when considering topics to address in the written work for the course.

The Primary Care Portfolio Project consists of two parts – a series of short clinical write-ups or reflection pieces and a longer report on the experience of providing longitudinal care for a patient. Hard copies of all portfolio entries must be provided to preceptors, tutors and the central course office (MEC 158) based on the schedule outlined at the end of the Course Requirements section.

Clinical Write-Ups/Reflection Pieces:

During the course of the clerkship, students will be expected to write three short papers (2-3 pages) on clinical experiences or patient encounters. The write-ups should contribute to the care of the patient in some way, as well as reflect on one or more of the eight themes of the clerkship. Write-ups will be due at the February, April and June tutorials.

Potential Write-Up Topics:

Medical management
- An expanded assessment and exploration of differential diagnosis for the patient’s presenting complaints
- A short review of a clinical topic encountered in clinic with documentation of data sources
- A review of treatment options, medications, costs, etc. for a clinical problem

Reflection
- A personal reflection on topics such as ethical or social dilemmas, career development, the healthcare system, personal growth, etc.
- A reflection based on a home visit, hospital visit, or telephone follow-up
- An exploration of the dynamics of the patient-doctor relationship with an emphasis on life stage, gender, culture and the interaction of these on the experience of illness

Educational Materials
- A patient handout explaining a test, procedure, diagnosis, management strategies, disease prevention, etc.
- A tool for patients to use to track medications, side effects, symptoms, compliance, etc.

Longitudinal Patient Project

The longitudinal relationship provides rich opportunities for clinical problem solving and relationship building. This is a unique attribute of the primary care clerkship. Therefore, each student, with the help of the preceptor, should identify at least one patient requiring ongoing medical care that he/she will manage longitudinally throughout the clerkship. Students will document the various aspects of their experience with this patient in a report to be submitted at the August tutorial meeting. In consultation with the preceptor, students must identify their longitudinal patient by Friday, March 16, 2007.
**Longitudinal patient reports** should be 3–4 pages in length and include a brief (2-3 paragraph) clinical summary that also describes the student’s role in the care of the patient, including number and type of contacts with the patient. The main body of the report should focus on the clinical interventions made and how they impacted the patient over time, including any clinical research (include a list of references) that supported the actions taken. Students should reflect on the social and emotional impact of disease on the patient and their family, the role of the primary care physician and the health care team, and their relationship with the patient and how it evolved over time.

While longitudinal patient reports are due at the August tutorial, final oral presentations on these patients will occur at both the August and September tutorials. Tutorial leaders will consult with students to determine the final presentation schedule.

**IMPORTANT DEADLINES:**

- **February 13 & 15, 2007:** Write-up #1 due
- **March 16, 2007:** Longitudinal Patient must be identified
- **April 10 & 12, 2007:** Write-up #2 due
- **June 12 & 14, 2007:** Write-up #3 due
- **August 7 & 9, 2007:** Longitudinal Projects Due

**ATTENDANCE POLICY**

In accordance with HMS policy, attendance and punctuality are required at all PCC sessions. Students are allowed a maximum of four absences during the clerkship. To fulfill PCC requirements, students must be present for a total of 32 clinic and tutorial sessions. Students must notify their preceptors in advance of any absence and must take responsibility for canceling and/or rescheduling the patients they were scheduled to see. Make up sessions can be arranged outside of usual clinic times if this is acceptable to the preceptor and does not interfere with the schedules of other clerkships. Missed tutorial sessions should be made up as additional clinical sessions. Students who will miss the August or September tutorials need to make alternate arrangements with their tutors regarding presentation of their longitudinal patient project.

Some students interrupt their clerkship years to do research, pursue other degrees or have meaningful personal or professional experiences outside of Boston. Students who choose to take time away from the course need to reconcile these activities with the clerkship requirements and work out the necessary arrangements as soon as possible. If you anticipate taking time off from the clerkship for any reason, please complete the **Time Away form** on page 15 and submit it to the central clerkship office (MEC 158) as soon as possible.
STUDENT ASSESSMENT

Throughout the clerkship, it is important for students to receive regular feedback. In addition to the periodic, formal evaluation process, frequent informal assessment of how things are progressing for both the student and preceptor should take place on a weekly/monthly basis. When students detect a weakness in their skills, they should ask for guidance. Students should reflect upon and evaluate their own level of competency frequently. Similarly, preceptors should identify areas for needed growth and development, and should help students to fine tune these skills and to set specific learning agendas.

Compilation of Final Grades:

A student’s final PCC grade will be determined by three factors – their clinical performance, their participation in tutorial and their Primary Care Portfolio Project. The preceptor’s assessment of a student’s clinical performance will comprise 80% of the final grade. Tutors will generate the remaining 20% of the grade by evaluating a student’s three clinical write-ups/reflection pieces, their tutorial participation, and the write-up and presentation of their longitudinal patient project. In addition to the grading elements outlined above, the Clerkship Director reserves sole discretion for determining a student's final grade and may consider factors such as attendance, attitude and professional demeanor.

To pass the clerkship, students must demonstrate professional behavior (please see page 9 for more detail on these expectations). Failure to submit a longitudinal patient project will lead to an unsatisfactory grade for the clerkship.
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<th>Grading Criteria for Primary Care Clerkship Students</th>
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<td><strong>Unsatisfactory</strong>*</td>
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<tr>
<td>• Poor attendance</td>
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<td>• Assessment &amp; Plan (A&amp;P): incomplete</td>
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<td>• Poor History &amp; Physical (H&amp;P)</td>
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<td>• Shows very little initiative</td>
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<td>• Poor communication and interpersonal skills</td>
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<td>• No attempt to follow-up patients</td>
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<td>• Poor notes</td>
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<tr>
<td>• Poor attitude: “blow it off”, not interested, mentally absent</td>
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<td>• Detracts from practice</td>
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<tr>
<td>* Preceptors of unsatisfactory students need to contact the course directors as soon as possible</td>
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*Efficient*  
*Excellent attitude*  
*Adds value to the practice*
Time Away From the PCC

Please submit completed forms to Sara Bishop (MEC 158; sara_bishop@hms.harvard.edu) well in advance of your planned time away from the course.

PLEASE NOTE:

• You need to complete the Primary Care Clerkship by **December 14, 2007.**

• With good reason, you may miss 4 sessions. To fulfill PCC requirements, you **must complete a combination of 32 clinic and tutorial sessions.**

• If you must miss tutorial sessions, they should be made up as clinical sessions.

1. Please explain why you will be away:

2. Please provide the dates of the sessions you will miss:

3. What is your plan for making up these sessions? Please provide specific make up dates:

4. If applicable, when do you plan to make your final presentation to your tutors?

5. If you are requesting to receive PCC credit for a primary care away rotation, please provide the contact information for the physician who will be supervising your and the address of the facility where you will be working. Please note, Dr. Harvey Katz, the Clerkship Director, will make the final decision about whether to allow PCC credit for your away rotation.

Your Name ______________________________

Clerkship Director’s signature ______________________________

Preceptor’s signature ______________________________

Tutor's signature ______________________________