Rural and Community Care
Course Goals

Goals

1. Develop and advance an appreciation of the unequivocal value of Primary Care as an integral part of any well functioning health system.

2. Develop and advance students' understanding of caring for rural and/or underserved populations.

3. Develop and advance the knowledge, skills and attitudes necessary to provide Ambulatory (community-based) Clinical Care for common acute and chronic conditions.

4. Develop and advance the knowledge, skills and attitudes needed to conduct Well-Visits and Age Appropriate Clinical Preventive Services.

5. Develop an appreciation of team based care and the Patient-Centered Medical Home to improve care of patients and communities.
Rural and Community Care
Clinical Learning Objectives

Clinical

Patient Care

1. Gather a comprehensive or focused history and physical exam in a primary care office setting.
2. Develop and prioritize a list of initial diagnostic hypotheses (differential diagnoses) including "red flags" following an encounter with a primary care patient in the office setting for the listed common clinical conditions.
3. Develop initial and long-term diagnostic and therapeutic management plans appropriate for primary care patients in the office setting for the listed common acute and chronic clinical conditions.
4. Gather data to perform well-visits and recommend age-appropriate clinical preventive services.
Rural and Community Care
Session Learning Objectives

Community Service Learning Project
1. Discuss the provider’s link to the community and the opportunities that providers have to influence the health of their communities outside the office walls.

Dermatology & Intraoral Health Module
1. Identify common normal and abnormal intraoral lesions.
2. Identify common dermatologic conditions and skin lesions.

Intrasession
1. Demonstrate how to assess and improve Clinical Care through Working in Teams and Implementing elements of a Patient-Centered Medical Home.
2. Explore your Meyer Briggs type and its impact on how you learn in clinical settings.

Orientation Lecture
1. Communicate evidence for improved health outcomes (including the IOM Triple Aim) through a strong primary care base.
2. Demonstrate how to assess and improve clinical care through working in teams and implementing elements of a Patient-Centered Medical Home.
3. Describe elements of Chronic Disease Management.
4. Engage in a medical improvisation activity that facilitates discussion about how to learn in outpatient clinical environments.

PCMH Module 1
1. Recognize various PCMH definitions.
2. Identify PCMH origins.
3. Realize PCMH as a primary model of care.
4. Identify PCMH components.
5. Identify the use (or lack of) of PCMH elements in a clinical practice setting.

PCMH Module 2
1. Discuss the definitions of patient-centered care and how to apply to patient care.
2. Identify current health care efforts and gaps supporting patient engagement in patient care and practice improvement.
3. Discuss how to manage patients and families with sensitivity to patients’ beliefs, customs, culture, and community.
PCMH Module 3
1. Discuss the potential effects of introducing teams into a clinic setting.
2. Identify attributes of a functional care team.
3. Discuss “The Five Dysfunctions of a Team.”
4. Discuss how small primary care practices can implement change management using a team approach.

PCMH Module 4
1. Describe how a patient registry differs from an electronic health record.
2. Discuss the benefits for patient outcomes with the use of patient registries and population management as part of patient care.
3. Discuss adoption and use of a patient registry in an ambulatory primary care setting.

PCMH Module 5 (Optional)
1. Define and understand the role of the Centers of Medicare & Medicaid Services (CMS) in payment for health services in the US Health Care Reform.
2. Discuss benefits and drawbacks for Fee-For-Service payment models.
3. Discuss the characteristics of Value-Based payment models.
4. Discuss how alternate care models such as the PCMH benefit from a value-based payment model.

PCMH Module 6 (Optional)
1. Describe types of Clinical Decision Support (CDS).
2. Describe uses and benefits of Clinical Decision Support (CDS).

PCMH Module 7 (Optional)
1. Identify the required elements of Self-Management Support (SMS).
2. Assist patients with developing effective plans for health behavior change by identifying barriers, and setting short and long-term goals prioritized by the patient.
3. Identify evidence-based strategies for Self-Management Support (SMS) shown to increase health outcomes of patients with chronic conditions.

PCMH Module 8 (Optional)
1. Recognize and utilize practice improvement tools, such as process mapping and Plan, Do, Study, Act (PDSA) cycles.
2. Describe the benefits of process mapping.
3. Identify the steps involved in process mapping.
4. Describe the Plan, Do, Study, Act (PDSA) cycles as a method for quality improvement.