

**PCMH Curriculum**  
**Goals, Objectives, and Integrated Learning Strategies**  
**FINAL**

**Goal 1:** Students will understand the importance of a *personal clinician* (a clinician who knows each patient as an individual) to the health of individual patients and the population as a whole.

Objectives: By the end of this learning experience students will:

1. Serve as their patients' advocate for their health care needs and resources within the practice and the health care system.
2. Establish professional relationships with patients by providing first contact care.
3. Maintain professional relationships with patients by providing continuity of care in their patient population.
4. Develop collaborative, caring relationships with a panel of patients.

Integrated Learning Strategies:

1. After appropriate review of the chart and other records and discussion (if appropriate) with preceptor, provide 1st contact care to the patient.
2. Demonstrate effective listening, observational and communication techniques in all encounters.
3. See or communicate with patients in follow up to provide continuity of care.
4. Advocate for patient's health care needs by collaborating with practice staff to set up tests, make referrals, and follow up on diagnostic studies and reports from consultants.
5. Examine and explain a case where a patient having a personal clinician improved their care by avoiding an ER visit, a re-admission or unnecessary admission, unneeded tests, or unnecessary procedures.
6. Contrast the care provided by a personal clinician (who knows the patient) to the care received by a patient who does not have a personal clinician or a medical home.

**Goal 2:** Students will recognize the importance of *patient centeredness* in successful health care outcomes.

Objectives: By the end of this learning experience students will:

1. Care for patients and families with sensitivity to each patient's culture.
2. Develop an evidence-based personal care plan for at least one patient.
3. Assess the self-management needs of patients with chronic illness.
4. Assist patients in connecting with peer support groups or other appropriate community resources.
5. Support patients' health behavior change.
6. Assist patients in developing a plan for disease prevention and health maintenance.
7. Assist patients with developing effective action plans for self-management activities.

Integrated Learning Strategies:

1. Apply strategies to improve the usability of health information when communicating with persons of low health literacy including limiting the messages in one conversation episode, using plain language, and focusing on actions to be taken (based on *Guide to Health Literacy* published by USDHHS).
2. Design practice, administrative, and organizational accommodations that contribute to a culturally competent/responsive practice setting including but not limited to language appropriate written materials, linguistic competencies in front office staff, and a welcoming cultural atmosphere.
3. Construct a disease self management module for COPD (or any other common chronic condition) using the techniques of motivational interviewing (or other model).

**Goal 3:** Students will recognize the importance of the *team approach* to patient care in successful health care outcomes.

Objectives: By the end of this learning experience students will:

1. Describe the trans-disciplinary team approach to patient care within the scope of practice.
2. Learn about the team approach to patient care.
3. Examine the roles of trans-disciplinary team members as they apply to the scope of practice.
4. Translate the roles of trans-disciplinary team members into functionality of patient care assignments.
5. Incorporate trans-disciplinary teamwork in the care of patients with a variety of diagnoses, complexities and situations.
6. Consult with other healthcare and academic institutions with experience in PCMH model.
7. Effectively become a trans-disciplinary team member, operationalizing the PCMH model.

Integrated Learning Strategies:

1. Participate in trans-disciplinary team meetings focused on the care of patients.
2. Lead at least one of these team meetings.
3. Participate as a team member in at least one project involving continuous practice improvement.
4. Analyze with other students effective and ineffective team meetings observed.

**Goal 4:** Students will recognize the importance of *integrated, coordinated care* in successful health care outcomes.

Objectives: By the end of this learning experience students will:

1. Follow-up on referrals, labs, x-rays, and other patient services.
2. Manage communications with consultants and other parts of the health care system.
3. Manage mental and behavioral issues for patients in collaboration with mental/behavioral health care providers in the practice and/or community.
4. Communicate the patient care plan to those involved in the patient's care according to the patient's wishes and in accordance with applicable laws governing personalized health information (PHI).

Integrated Learning Strategies:

1. Utilize available technology for follow up on labs and other services to facilitate timely treatment and minimize errors.
2. Compose complete written referrals to specialists and other members of the health care team that include a statement of the expectation of follow up communication.
3. Employ culturally and developmentally appropriate screening tools to identify behavioral health problems in the primary care setting.
4. Classify local behavioral health resources that may provide consultation, co-management, or full management of behavior health problems based on condition, severity, and patient preference.
5. Translates policies, laws, and rules regarding confidentiality to empower patients to use selective disclosure with family members/caregivers to preserve privacy yet facilitate their (family/caregiver) appropriate involvement in the treatment plan.

**Goal 5:** Students will apply the principles and practices of evidence-based *population management* and public health in an equitable manner to advance the health of the community.

Objectives: By the end of this learning experience students will:

1. Manage communications with community agencies and health departments.
2. Manage patient care effectively, utilizing community resources appropriately.
3. Utilize IT tools to manage populations of patients within the practice.
4. Develop an action plan for those patients whose outcomes are not improving.

Integrated Learning strategies:

1. Describe a patient population using NCHS online data tools.  
<http://www.cdc.gov/NCHS/>
2. Participate in a longitudinal experience by spending a day (weekly, monthly, quarterly) at a community agency or health department.
3. Demonstrate the ability to use the chronic disease management strategies of [www.improvingchroniccare.org](http://www.improvingchroniccare.org).
4. Describe the practice's patient population based on zip code, and evaluate the SES indicators in each zip code.
5. Develop a disease registry of a common chronic disease from a practice's patient database.
6. Participate in managing a cluster of patients over time with a selected chronic disease.
7. From the chosen chronic disease, evaluate, choose, and/or develop patient self-management support tools based on evidence based medicine/guidelines.
8. From the chosen cluster, maintain ongoing contact through secure email or equivalent.
9. Explain the laws pertaining to communication of personal health information (PHI).

**Goal 6:** Students will recognize the importance of *access to care* that is high in quality and equitably applied in a way that meets the needs of the patient with respect to time of service and manner of delivery.

Objectives: By the end of this learning experience students will:

1. Facilitate continuity of care to meet patients' needs in a timely and agreeable manner.
2. Manage patient problems by means of asynchronous communications.
3. Communicate effectively with patients.

Integrated Learning Strategies:

1. The student will calculate a continuity index for the practice and present the results to the team.
2. Under the supervision of the preceptor, the student will communicate with patients by email – determining which questions are appropriate for email management and which require face-to-face care.
3. The preceptor will directly observe the student interacting with patients and will give feedback and instruction regarding the student's performance.

**Goal 7:** Students will recognize the importance of continuous *quality improvement*, using best current evidence to develop and refine best practices for patient care.

Objectives: By the end of this learning experience students will:

1. Use patient and practice data to improve patient care.
2. Participate in practice improvement meetings.
3. Participate with the team to act on patient safety and quality data.
4. Analyze team behaviors that strengthen or weaken patient safety and quality of care.
5. Provide appropriate disclosure to patients when errors occur.
6. Seek research that provides evidence for improved outcomes.

Integrated Learning Strategies:

1. Implement a quality improvement project and evaluate its effectiveness.
2. Participate with other students in small group discussions comparing the practice improvement meetings you have attended.
3. Identify a patient safety issue in the practice and design a program to address this issue.
4. Participate with other students in small group discussions regarding individual behaviors (positive and negative) you have observed at the team meeting you have attended.
5. Under the direct supervision of a preceptor, address the issue of a medical error with a patient. (Alternative: Role-play such an encounter with other students and a faculty facilitator.)
6. Conduct a literature search on a quality improvement topic of interest to the practice and present it at a team meeting.
7. Analyze patient quality and safety data concerning a common condition seen in the practice.
8. Evaluate a customer satisfaction survey.
9. Participate with other students in a small group discussion of the meaning of a “just culture” for delivering health care.

**Goal 8:** Students will understand the importance of *information systems* to the functionality of the patient-centered medical home.

Objectives: By the end of this learning experience students will:

1. Use an evidence-based approach for chronic disease management and preventive health care.
2. Use evidence-based decision support tools at the point of care in real time during patient visits.
3. Improve patient outcomes by utilization of information systems in patient care.

Integrated Learning Strategies:

1. Discuss with the preceptor the effective integration of current guidelines and evidence with respect to health promotion and disease management for short and long-term patient care.
2. Identify in the practice resources for decision-supports and evidence based guidelines.

3. Create decision-support guides using national guidelines for a specific disease and health promotion topic.
4. Integrate decision-support tools with patient management at the point of care.
5. Perform a limited chart review to identify opportunities for improved quality through the use of decision-supports for a specific chronic disease or health promotion topic.
6. Identify an existing decision-support tool to address the information found in the chart review.
7. Describe the role of electronic medical records, decision-supports, and data collection in quality improvement measures.
8. Identify and discuss national, state and local quality improvement initiatives utilizing decision supports, EMR and other information systems.

**Goal 9:** Students will demonstrate appropriate *leadership skills*.

Objectives: By the end of this learning experience students will:

1. Interact respectfully with all members of the health care team.
2. Identify opportunities for improving patient care.
3. Use leadership styles appropriate to various situations.

Integrated Learning Strategies:

1. Demonstrate the following communication skills: active listening, reflection, clarification, summation, empathy.
2. Suggest the topic for a quality improvement project in your practice.
3. Lead that quality improvement project.
4. Participate with other students in small group discussions regarding the appropriate situations for the use of the following leadership styles: democratic, directive, laissez-faire, delegating, coaching.
5. Discuss with your preceptor leadership styles you have observed in various team meetings in your practice.
6. Along with your preceptor, observe a videotape of yourself in a patient encounter and self-critique the effectiveness of your communication skills.

**Goal 10:** Students will *advocate* for the Patient Centered Medical Home (PCMH) as a means of improving the health of the community.

Objectives: By the end of this learning experience students will:

1. Understand the basic concepts of the PCMH.
2. Encourage colleagues to use PCMH concepts in their own practices.

Integrated Learning Strategies:

1. Conduct a literature search on the PCMH and its effect on health care quality and cost.
2. Present a brief summary of the PCMH at one of your team meetings.
3. Participate with other students in small group discussions regarding the pros and cons of the PCMH.
4. Discuss the pros and cons of the PCMH with your preceptor.
5. Attend a professional association meeting where the PCMH is discussed.