

[Organization name and logo]

LGBTQ HEALTH PRIMARY CARE TRACK

Program Leadership

[Name of leader]

[Title]

[e-mail]

[Name of leader]

[Title]

[e-mail]

Preceptors

- [List preceptors]

Inter-Professional Preceptors

- [List preceptors]

Schedule

- Thursday, 1:20-5:00pm (pre-clinic conference 1:20-2:00pm)
- Monday, Tuesday, Wednesday, Friday, 2:00-5:00pm during Ambulatory Block as assigned

Program Goals

1. Preceptees will become familiar with epidemiology, diagnosis, and management of medical and behavioral health issues specific to sexual and gender minority populations.
2. Preceptees will become culturally competent in taking a LGBTQ-sensitive medical history, including a social and sexual history.
3. Preceptees will become proficient in evaluation and treatment of common primary care complaints.
4. Preceptees will become familiar with the Fenway models of:
 - *General Internal Medicine and/or Family Medicine* – prevention, diagnosis and treatment of acute and chronic medical conditions
 - *Transgender Health* – hormone readiness assessment, initiation and monitoring, pre, intra and postsurgical assessment and referrals, cancer screening and prevention for transgender people
 - *Women's Health* – breast cancer screening, chronic disease management, contraceptive management, gynecological health
 - *HIV Primary Care* – epidemiology, diagnosis, and treatment of HIV infection, preventative care for HIV positive individuals. If applicable, the resident may sit for the American Academy of HIV Medicine (AAHIVM) certification exam
 - *STD/HIV- Counseling and testing, Pre-exposure prophylaxis (PREP) discussion and monitoring, nonoccupational post exposure prophylaxis (nPEP) assessment and initiation. Treatment of STIs*

Methods of Instruction

Preceptees will accomplish the above course goals by participating in a variety of learning experiences. Pre-clinic conferences will consist of speaker-led presentations, case discussions, and peer review exercises. In addition to preceptors and outside speakers, residents will be expected to deliver at least one presentation per year related to relevant primary care topics. Clinical sessions will feature preceptors and preceptees participating in individual case discussions, observation and evaluation of care, and practical instruction.

Attendance

Preceptees are expected to attend all clinic sessions to which they are assigned. In the case of planned absences, preceptees will notify both the [name of contact person] and residency administrators. In the case of unplanned absences, preceptees must do the following:

1. [List procedures required by the department/organization]

Clinic Requirements & Guidelines

- Preceptees will attend all assigned clinic sessions and, under the supervision of their preceptor, provide clinical care to all patients scheduled for these sessions.
- Preceptees will appropriately document all patient visits in the electronic medical record and route clinic notes to their preceptor for co-signature by the end of the next business day.
- All correspondence (i.e. phone calls and e-mails) with patients should be documented as a note in the organization and routed to the appropriate preceptor for co-signature after completion by the preceptee.
- Billing will be completed by the preceptors with input from the preceptees.

Lab Ordering & Follow-up

- Lab orders are done through the Fenway Citrix/CPS server and should be discussed with preceptor prior to signing off on orders. Preceptees will, together with their preceptors, be responsible for follow-up of all lab tests and diagnostic studies ordered during clinic sessions. Preceptees are expected to routinely (at least 3 times per week) log-in to the Fenway Citrix/CPS server when they are offsite in order to check labs, documents, and flags related to patient follow-up.
- When preceptees are on extended away rotations or in the ICU or on nights, they should set an “out of office” alert and discuss coverage of desktop and flags with preceptor
- Lab results and imaging reports will be routed initially to primary preceptor to ensure timely intervention of critical results. If you notice that lab results are routinely being routed directly to you, please flag Cyndi Locke to let her know about this immediately
- Interns should always review their proposed plan for the management of abnormal results with a preceptor via flag/email/phone before presenting their plan to the patient.
- Residents should always have the opportunity to review their proposed plan for the management of abnormal results with a preceptor before notifying the patient.
- If the responsible preceptor from the day the patient was seen is out of office, preceptees should contact another preceptor (preferably the preceptor assigned to that given day) with all urgent questions/concerns (as opposed to contacting the on-call provider).