

# COMMUNITY OF PRACTICE 1



Figure 1: "Preceptorship" (2013) UCF by Angelica Partridge

2014-15

**Preceptor Manual**



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Figure 2: "Physical Exam" (Unknown) UCF by Alexis Chacon.

***"Have a heart that never hardens,  
and a temper that never fires,  
and a touch that never hurts."***

***-Charles Dickens (1812-1870)***

## I. Introduction to Practice of Medicine and Community of Practice 1 (COP-1)

Practice of Medicine-1 (P-1), the first part of a two-year curriculum, is a yearlong module integrated with the other M-1 year modules that provide instruction and learning environments for students to develop doctor-patient communication, medical interviewing, and physical examination skills. The aim of the P-1 module is to **prepare students for the clinical aspects of medicine** while also taking into consideration the psycho-social influences that impact the clinical encounter. Integration with the Human Body (HB) modules emphasizes the critical link between foundational knowledge and clinical practice while promoting intellectual curiosity and self-directed learning.

### Community of Practice-1

The Community of Practice component, a **longitudinal clinical experience**, is an essential part of the P-1 module and provides students with a clinical context in which to anchor their foundational knowledge and practice their clinical skills. Students work with preceptors throughout the Central Florida medical community and gain insight into the real world of medicine.

#### Goals for COP Student Experiences

- Observe and assist with common office procedures
- Observe the social, financial, and ethical aspects of medical practice
- Read about patients' problems
- Interview patients
- Practice physical examination skills (both complete and problem-focused)
- Practice case presentations
- Utilize sources of evidence-based medicine to learn about patients' condition and management
- Observe preceptor interacting with patients, colleagues and staff
- Reflect on interactions with patients, colleagues and staff

*Adapted from Alguire PC et al., Teaching in Your Office: A Guide for Instructing Medical Students and Residents, Second Edition. Philadelphia, PA; 2008.*

## II. Broad Learning Objective & Program Objectives

At the completion of the Practice of Medicine 1 (P-1) module students are expected to:

- Demonstrate the ability to build rapport and employ active listening to communicate compassionately and effectively with patients.
- Demonstrate the ability to obtain and record an accurate, comprehensive medical history and physical exam.
- Generate a problem list based on history and physical examination.
- Correlate the relevant anatomy and physiology to the patient physical examination.
- Identify psychosocial factors that impact the patient-physician interaction.

- Demonstrate professional behavior with peers, faculty, medical professionals and members of the health care team with regards to punctuality, reliability, contribution to team efforts, respect for team members, and acceptance of constructive advice.
- Demonstrate honesty and integrity in all interactions with real patients and standardized patients, families, colleagues, and others with whom physicians must interact in their professional lives.
- Demonstrate the capacity to recognize limitations in one’s knowledge and clinical skills, and a commitment to use self-evaluation, constructive feedback and reflective practice to form the basis of self-directed learning and continuous improvement.

The College of Medicine M.D. Program Curriculum Committee has identified 38 program objectives organized by the six ACGME Competencies: Medical Knowledge, Patient Care, Systems-Based Practice, Practice-Based Learning and Improvement, Ethics and Professionalism, and Interpersonal and Communication Skills.

To see the detailed objectives please see

<http://med.ucf.edu/academics/md-program/program-objectives/>

### III. Students’ Requirements

#### A. Attendance

- Students are expected to attend all eight (8) scheduled COP-1 sessions and remain for the entire scheduled time.
- Students may not request “time off” from the COP experience without permission from the Module Director. Please contact our Module Coordinator to verify all absence requests.

#### B. Session Goals & Assignments

- Specific assignments for each of the 8 sessions are summarized in this manual. The goal is to provide the student with guidance as to the level of participation that they may consider, allowing the student to be engaged based on what they have learned on the P-1 Module with regards to Medical Interviewing and Physical Examination Skills.

#### C. Learner Contract

- Student should arrive at the first session prepared to discuss and complete the Learner Contract with their preceptor.
- Learning Contract requires that the student reflect and make explicit his or her goals for learning. It also specifies the preceptor’s expectations of the student.

#### D. Professionalism

Students are expected to adhere to the UCF Honor Code and Guidelines of Professional Conduct and uphold the values of integrity, commitment to self-improvement and respect as evidenced. Refer to “Professionalism” on page 25.



## E. Hospital Credentials

All students assigned to hospital clinics or preceptors who round at hospitals must be credentialed according to the hospital's graduate medical policy. Students **should not** round at a hospital without appropriate credentials.

Students required to complete credentialing will be contacted by the module coordinator with instructions and deadlines regarding necessary documentation. It is essential that all paperwork is completed and submitted in a timely manner.

Students are required to dress professionally to all orientations and follow the hospital/clinic and/or school dress code.



**Figure 3** (Left): "Graduation cap and textbooks" (Unknown) *123RF*.  
[http://www.123rf.com/photo\\_334796\\_graduation-cap-and-textbooks.html](http://www.123rf.com/photo_334796_graduation-cap-and-textbooks.html)

**Figure 4** (Right): "Blood Pressure" (Unknown) *HealthMED*.  
<http://healthmedinc.org/wellness-solutions/health-screenings/>

## IV. Community of Practice Preceptor Requirements

### A. Preceptor requirements

- Be available for at least 8 half-day sessions with your student.
- Review the goals of the week with your student at the beginning of each session. At the beginning of the rotation discuss educational objectives, student expectations, and how s/he will be evaluated. This will be an opportunity to complete the “Learner Contract.”
- Meet regularly with the student to provide feedback regarding their performance.
- Complete mid and end-of-year student evaluations. (See Resources Section for example).
- Notify the module coordinator at any point if there are any issues or concerns with a student.
- Make arrangements in advance for alternative scheduling options, if you will be out of the office. If this is not possible, please contact our Coordinator for temporary re-assignment of the student.

**Please Note:** Students may not request “time off” from the rotation without permission from the Module Director. Please call our Coordinator to verify all absence requests.

### B. Benefits of Being a Preceptor

- Volunteer and affiliated faculty members are entitled to the following privileges and benefits offered by the University of Central Florida:
- Designation as a UCF College of Medicine faculty member
- Participation in departmental and COM academic activities.
- Participation in faculty development events.
- Access to the College of Medicine Harriet F. Ginsburg Health Sciences Library resources and services.
- Discounts on purchases from the UCF Computer Store and main campus bookstore.



Figure 5: “Vitals” (2010) UCF Marketing.

## V. M-1 Weekly Schedule Template

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8 am	HB	HB	HB	HB	HB
9 am	HB	HB	HB	HB	HB
10 am	P-1 Didactic	HB	HB	HB	HB
11 am	P-1 Didactic	HB	HB	HB	HB
12 pm	Lunch	Lunch	Lunch	Lunch	Lunch
1 pm	HB	P-1 CSSC/Flex-time	P-1 CSSC/Flex-time	Flex-time	Flex-time
2 pm	HB	P-1 CSSC/Flex-time	P-1 CSSC/Flex-time	Flex-time	Flex-time
3 pm	HB	P-1 CSSC/Flex-time	P-1 CSSC/Flex-time	Flex-time	Flex-time
4 pm	HB	P-1 CSSC/Flex-time	P-1 CSSC/Flex-time	Flex-time	Flex-time

HB = Human Body Module

P-1 = Practice of Medicine Year 1

CSSC = Clinical Skills Center and Simulation

Flex-time = time allotted for students to attend Community of Practice or work on their Focused Inquiry Research Experience (F.I.R.E.) projects

## VI. Teaching in the Office



Figure 6: "Front Desk" (2011) UCF Marketing.

### A. Two to Four Weeks Before the Student Arrives

1. Review UCF COM's learning goals and objectives.
2. Review the student's information.
3. Schedule time at the end of the session for learner evaluation and feedback.
4. Consider altering your schedule for the precepting experience (e.g. extending patient visits or scheduling patients for you and the student to see simultaneously). If possible, schedule patients seen by the student for a follow-up visit when the student is present.
5. Check your schedule for any upcoming trips, days away from the office, etc.



Figure 7: "Patient Meeting" (2012) UCF Marketing

### B. One Week before the Student Arrives

1. Remind staff and partners of the impending arrival of the learner.
2. Distribute copy of the learner's personal information (if available) to staff and partners.
  - a. Brief the staff on the learner's responsibilities.
  - b. Review with the staff their role with the learner.
  - c. Coach the staff on how to present the learner to patients.
3. Identify a parking place for the learner and an area for storing personal items while they are working in the office.
4. Identify a workspace for the learner.
5. Generate list of staff, their office locations, and a short description of their responsibilities.
6. Make copies of patient notices about the learner for reception area (see "Suggested Patient Notice to Inform Patients of Students in the Office" in [Appendix C](#) of this handbook) or post a notice of the learner's presence in the reception area.
7. Review session goals.

### C. Selecting Patients for the Student to See

- Please refer to the weekly session goals for suggestions on selecting patients for the students to see.
- Inform your patient that you are providing a learning experience in your office for a medical student.
- Ask the patient's permission before bringing the learner into the examination room or before allowing the learner to see the patient independently
- When introducing the student use positive language: "I have a medical student with me today. If it's OK with you, I'd like her/him to talk to you and examine you first. I will come in and see you afterwards."

### D. Optimizing the Student-Patient Encounter



Figure 8: "Meeting at Pegasus" (2012) (2012) UCF Marketing

Organize the visit for the learner prior to her/ him seeing the patient:

- **Prime** the learner by providing patient-specific background information, e.g., "Mrs. Martinez is a 42-year-old woman and is here for follow-up of her poorly controlled diabetes." What aspects of the history and physical exam do you think are important to address in this visit?"
- **Frame** the visit by focusing on what should be accomplished at this visit, e.g., "This patient has several problems but today I'd like you to focus on the patient's care of her diabetes."
- **Specify** allotted time- instruct the student on how much time will be allotted to the visit, e.g., "I want you to spend 15 minutes taking a focused history and then come find me." Indicate whether you will be having the student present in front of the patient or outside the exam room.

## E. Patient Preparation Checklist

When the patient arrives:

- Have the receptionist inform patients that you have a learner in the office that day.
- Remember to ask the patient if it is OK for the student to see them before or together with you.
- Have the office staff inform you about any positive or negative feedback from the patients about the learner.



Figure 9: "Student interacting with a patient" – (2012) by Alexis Chacon

## VII. Case-based Learning

We encourage preceptors to familiarize themselves with the following precepting models used to teach students both in the inpatient and outpatient setting.

### A. The Microskills Model or “One-Minute Preceptor”

The Microskills Model evolved as a time-effective way to “diagnose” the learner while also caring for the patient.

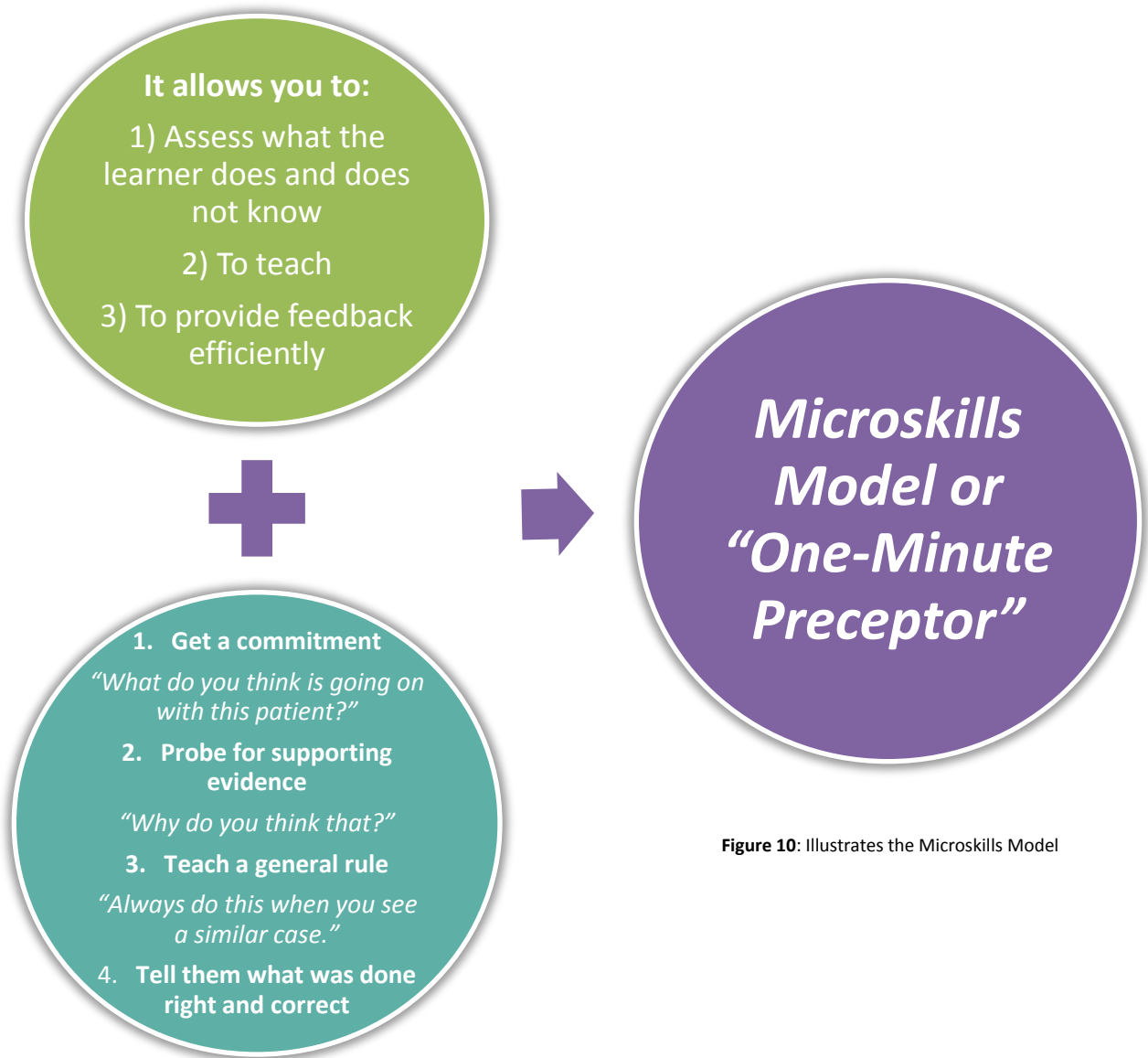
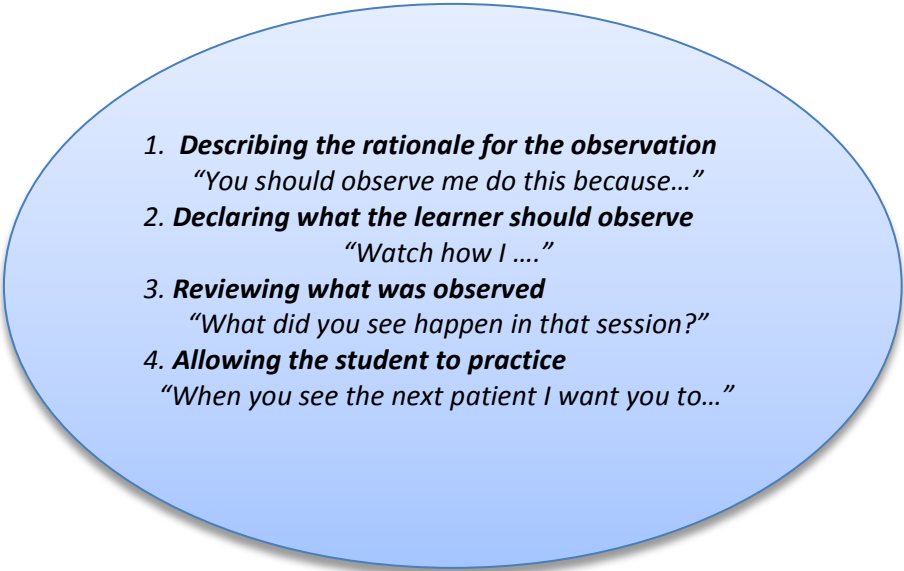


Figure 10: Illustrates the Microskills Model

## B. “Active observation”

This strategy is most useful for the novice learner who has had no previous patient-related experience. You may choose to have the student accompany you as you see patients during the learner’s first session, and engage the learner in “active observation” (**not just “shadowing,” which implies a passive process**).

For active observation to be effective, the following critical elements must occur:

- 
1. **Describing the rationale for the observation**  
*“You should observe me do this because...”*
  2. **Declaring what the learner should observe**  
*“Watch how I ....”*
  3. **Reviewing what was observed**  
*“What did you see happen in that session?”*
  4. **Allowing the student to practice**  
*“When you see the next patient I want you to...”*

## C. Physical Exam Skills Instruction

We encourage you to demonstrate as well as observe students performing elements of the physical examination.

In order to best prepare students for the Clinical Skills Exam given by USMLE, students are instructed in the physical exam techniques expected for exam performance. These often differ, in flow and degree of detail, from what doctors do in the “real world” on a day-to-day basis. We do not expect you to change your practice, but rather ask that you acknowledge this distinction for learners.



## VIII. Session Goals

### Sessions 1 – 8



Figure 11: "Empathy" (Unknown) Unknown

***"Wherever the art of Medicine is loved, there is also a love of Humanity."***

***– Hippocrates***

## Session 1

### Goals:

- Meet the learner
- Orient the learner to the office
- Introduce learner to office staff
- Discuss learner's previous patient care or ambulatory experiences
- Address your expectations for the learner
- Complete the "Learner Contract" (documents expectations and learning goals for the COP-1 experience)
- Student completes Patient Encounter Log (PEL)
- Student identifies a patient-related clinical question to investigate

### Suggested level of Student Participation – Active Observation

Student participates in "active observation" of the preceptor during various clinical encounters:

- Taking a focused history
- Performing part of the examination
- Performing a procedure
- Counseling a patient
- Triaging a patient call

Additionally:

- Preceptor role-models the flow of the physical exam
- Preceptor role-models doctor-patient communication

### Faculty Administrative Responsibilities

- Provide verbal feedback

## Session 2

### Goals:

- Student performs at least one focused history
- Student engages in "active observation" of the flow of the history and physical exam as performed by the preceptor
- Student completes Patient Encounter Log (PEL)
- Student identifies a patient-related clinical question to investigate

### Suggested level of Student Participation – Active Observation

- Student obtains patient's vital signs and/or
- Student performs a focused history on a patient with one single complaint or presenting problem and/or
- Student looks up medications, dosages and side effects and/or
- Student participates in a "Collaborative examination"
- Preceptor and Student see the patient the patient together

- Preceptor role models doctor-patient communication and the physical exam technique and flow

### **Faculty Administrative Responsibilities**

- Provide verbal feedback

## **Session 3**

### **Goals:**

- Student obtains a focused history on a patient with an HENT complaint
- Student presents a patient using the modified SNAPPs model
- Student completes Patient Encounter Log (PEL)
- Student identifies a patient-related clinical question to investigate

### **Suggested level of Student Participation – Active Observation**

Student performs a focused history on a patient presenting with:

- Upper respiratory complaint: sore throat, ear pain, cough or URI and/or
- Sinus complaint(s) - pain, congestion, post-nasal drip

### **Suggested level of Student Participation- Physical Exam**

- Student performs the HENT exam while the preceptor observes and/or
- Student examines patient first, independently, and then preceptor examines patient and confirms findings
- Preceptor demonstrates parts or the entire pertinent HENT exam
- Preceptor or nursing staff demonstrate performing of a throat culture

### **Faculty Administrative Responsibilities**

- Provide verbal feedback

## **Session 4**

### **Goals:**

- Student performs focused history
- Student reviews cardiac exam/auscultation
- Student reviews lung exam and pulmonary auscultation
- Student completes Patient Encounter Log (PEL)
- Student identifies a patient-related clinical question to investigate

### **Suggested level of Student Participation – Active Observation**

Student performs a focused history on a patient presenting with:

- Heart related complaint or problem (hypertension, heart disease or a murmur) and/or
- Pulmonary complaint or problem (COPD, asthma, cough, chronic bronchitis)

### **Suggested level of Student Participation- Physical Exam**

- Preceptor reviews normal heart and/or breath sounds and/or
- Preceptor demonstrate the cardiac and/or pulmonary examination steps (including the proper positioning of the patient) during patient exam (a student can do this through “active observation”) and/or
- Student performs the cardiac and pulmonary exam simultaneously with the preceptor and/or
- Student demonstrates the heart and lung exam while the preceptor observes.

### **Faculty Administrative Responsibilities**

- Provide verbal feedback

## **Session 5**

### **Goals:**

- Student obtains a focused history on a patient with a gastrointestinal or vascular complaint
- Student completes Patient Encounter Log (PEL)
- Student identifies a patient-related clinical question to investigate

### **Suggested level of Student Participation – Active Observation**

Student performs a focused history on a patient presenting with:

- Gastrointestinal complaint, acute or chronic and/or
- Vascular complaint, acute or chronic (e.g., PVD)

### **Suggested level of Student Participation- Physical Exam**

- Student performs the abdominal and/or vascular (pulses) exam simultaneously with the preceptor and/or
- Student performs relevant exam while the preceptor observes and/or
- Student examines patient first, independently, and then preceptor examines patient and confirms findings and/or
- Preceptor demonstrates parts or all of the abdominal exam and/or
- Preceptor reviews examination of the abdomen and vascular system (e.g., pulses, how to properly auscultate carotid arteries, check for edema, etc.)

### **Faculty Administrative Responsibilities**

- Provide verbal feedback

### Goals:

- Student performs a complete HPI and/or continue practicing focused histories
- Student performs a complete physical examination and/or continue practicing focused histories
- Student completes Patient Encounter Log (PEL)
- Student identifies a patient-related clinical question to investigate

### Suggested level of Student Participation – Active Observation

Student performs a complete H&P on a patient presenting for any one of the following:

(NOTE- Patient selection by preceptor is key):

- Pre-employment physical
- Driver's Learning Permit Physical
- Annual school physical
- Annual wellness/preventive exam

### Suggested level of Student Participation- Physical Exam

- Student demonstrates parts (or all) of the exam while preceptor observes and/or
- Student examines the patient independently first followed by preceptor exam and confirmation of findings

### Faculty Administrative Responsibilities

- Provide verbal feedback



Figure 12: "Preceptorship" (2013) UCF by Angelica Partridge

## Session 8

### Goals:

- Student performs a neurological examination
- Student performs an ophthalmological examination
- Student completes Patient Encounter and Narrative (PEN) log
- Student identifies a patient-related clinical question to investigate
- Student and Preceptor review Learner Contract from Session #1
- Student reflects on learning throughout COP-1 experience

### Suggested level of Student Participation – Active Observation

Student performs a focused history on a patient presenting with:

- Headache or other neurologic complaint
- Visual complaint or other eye complaint

### Suggested level of Student Participation- Physical Exam

- Student performs the focused exam simultaneously with the preceptor and/or
- Student demonstrates exam while preceptor observes and/or
- Student examines the patient independently first followed by preceptor exam and confirmation of findings and/or
- Preceptor reviews and/or demonstrates pertinent/focused neurological examination.

### Faculty Administrative Responsibilities

- Provide verbal feedback



Figure 13: “Teaching How to Do a Shoulder Exam” (UCF 2012) – Photo by Alexis Chacón

## IX. Student Feedback, Assessment & Grading

Feedback for a medical student should be provided on an ongoing basis. Despite conventional wisdom, it should not be reserved for poor performance; it is important to address strengths and successes as well as deficiencies and failures.

To be most effective, feedback should be:

### **Timely:**

- Feedback must be given immediately after the good or poor performance occurs.

### **Specific:**

- The dialogue should focus on specific performance, not generalizations.

### **“Owned” by the Giver:**

- Use the words “I” and “my” to make the feedback less threatening. By using “you,” the student may feel accused. For example, instead of saying, “You did not make that patient feel very comfortable,” say “I think that patient may have been uncomfortable with your exam. Let’s talk about ways to put patients at ease.”

### **Understood by the Receiver:**

- Ask the student to rephrase the feedback to make sure they understand the intent and future expectations in the situation.

### **Delivered in a Supportive Climate:**

- Give feedback in a private location and give the student the opportunity to talk about what happened.

### **Followed-up with an Action Plan:**

- Formulate a strategy with input from the student for improving his or her performance.



Figure 14: “Stethoscope” (Unknown)

## **A. How to Provide Meaningful Feedback to Medical Students using Two-Minute Observations**

### **Purpose:**

- Discuss the purpose of the observation with the student.
- Do you expect them to obtain a complete history or a focused history to assist in a specific diagnosis?
- Should the student perform a complete or limited physical exam?

### **How:**

- Explain to the student how the observation will be conducted. For instance, you will enter the room at some time during the student's history or exam to observe the student, but the student should proceed uninterrupted.

### **Explain:**

- Explain to the patient or have the student explain to the patient what will take place.

### **Observing:**

- When timely, enter the room for a 2 minute observation of the student-patient encounter without interrupting the process.
- Leave the patient room without disrupting the student/patient exchange.

### **Feedback:**

- When the student has finished, provide feedback to the student based on your observations. This may include interview, physical examination and documentation skills. Try to provide a positive comment, followed by constructive suggestions, and end with another positive comment.

### **Agenda Setting:**

- Set an agenda and opportunity for future learning. You may suggest additional reading or ask the student to spend some time in the clinical skills center to practice certain skills.



## B. Assessment & Grading

- Community of Practice counts 30% towards the student's final grade.
- Of this, 20% is the preceptor suggested grade and 10% consists of the Patient-Encounter log and self-directed learning.
- Guidelines for Assessment and grading: (See evaluation form)

## C. Professionalism

Students are expected to:

- Adhere to the UCF Honor Code and Guidelines of Professional Conduct (see below)
- Arrive promptly and prepared for all scheduled activities and COP-2 sessions
- Appear in professional attire (Refer to the "Dress Code for Patient Care and Clinical Activities" section of the UCF College of Medicine Dress Code Policy found via the following online link: <http://med.ucf.edu/media/2012/08/DRESS-CODE-POLICY.pdf>)
- Bring all relevant medical tools to skills sessions
- Demonstrate honesty and integrity in all interactions with patients, families, staff and colleagues
- Maintain the highest standards of patient confidentiality. This includes, but is not limited to, the following:
  - Adhere to HIPAA Standards in all patient interactions and communications
  - Refrain from any digital, video or audio recording of patients
  - **Never post any patient-related or course material on any social media site.**

Please contact the module director or COP coordinator immediately, if you encounter any of the following incidents:

### CRITICAL INCIDENT REPORT

- Habitual tardiness
- Unscheduled absences
- Unprofessional attire (based on practice preferences)
- Unprofessional interactions with staff or patients
- Inability to accept feedback
- Inadequately prepared (no stethoscope, etc...)

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## UCF COM Domains of Professionalism

Students are expected to adhere to the UCF Honor Code and Guidelines of Professional Conduct and uphold the values of integrity, commitment to self-improvement and respect as evidenced by:

### ***Category 1: Medical Student Principles***

- Demonstrating honesty, integrity, and reliability in interactions with patients, colleagues, faculty, and staff.
- Contributing to an atmosphere conducive to learning.
- Respecting diversity and dignity of each individual.
- Maintaining patient confidentiality.
- Professional attire (refer to “Dress Code for Patient Care and Clinical Activities”).

### ***Category 2: Reliability***

- Following through on assignments and commitments in a timely manner.
- Arriving on time and prepared for scheduled class activities, including all COP sessions.
- Honest representation of actions and information

### ***Category 3: Improves & Adapts***

- Being receptive to feedback and acting upon it.
- Recognizing limitations and seeking help when appropriate.
- Accepting responsibility for deficiencies and/or lapses and taking corrective steps
- Striving to improve knowledge, skills and attitudes.
- Maintaining calm and rational demeanor in times of stress.

### ***Category 4: Interpersonal Skills***

- Demonstrating the ability to establish rapport and employ active listening to communicate effectively with patients, colleagues, and staff.
- Providing compassionate treatment of patients and respect for the privacy and dignity of all individuals.
- Demonstrating patience and respect in interactions with patients, colleagues and staff.
- Relating well to faculty and staff in the learning environment.

### ***Category 5: Positive Relations with Team***

- Demonstrate the traits of collegiality, flexibility, adaptability, reliability, punctuality, and responsibility, and work effectively with others as a member team.

### ***Category 6: Commitment to Learning***

- Demonstrates a commitment to learning by being prepared for and engaged in learning activities.
- Engages in self-directed learning and contributes to the learning of others.

## **X. Important Information**

### **A. Malpractice Coverage**

All students in officially sponsored UCF COM teaching activities are provided student professional liability protection by the University of Central Florida College of Medicine Self-Insurance Program. As this is an approved module, the protection afforded students is described below.

The University of Central Florida College of Medicine does not provide insurance coverage for the professional services of members of the volunteer and affiliated faculty. It is the individual responsibility of the faculty member to maintain her or his own professional liability insurance coverage and to comply with state laws pertaining to professional liability insurance coverage.

Appointment of individuals to the volunteer and affiliated faculty in no way implies that the University of Central Florida, College of Medicine takes upon itself responsibility or liability for the professional services of these individuals.

Volunteer and affiliated faculty members in some departments may participate in and/or supervise in outpatient, in-patient and operating room facilities. Proof of licensure and appointment to the faculty must be completed prior to performance of professional services as defined above.

### **B. HIPAA**

All UCF COM medical students undergo HIPAA training during their orientation.

### **C. Student Injuries and Accidental Exposures**

OSHA's Blood borne Pathogen Standard (29CFR 1910.1030) applies to persons (students and employees) at risk of acquiring on the job Blood borne pathogen infection. Personnel who require this training include any person who, in the normal course of his/her job, has the potential for exposure to blood, body fluids, body tissues or sharps. All medical students are at risk and must complete the OSHA Blood borne Pathogen (BPP) training upon enrollment and annually thereafter to meet the OSHA Blood borne Pathogen Standards.

## D. FERPA Reference Sheet for UCF Faculty

**FERPA**, the Family Educational Rights and Privacy Act of 1974, as Amended, protect the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

As a Faculty Member, you need to know the difference between **Directory Information** and **Personally Identifiable Information or Educational Records**.

- Personally Identifiable Information or Educational Records **may not** be released to **anyone** but the student and only then with the proper identification.
- **Directory information** may be disclosed, unless the student requests otherwise. *Please refer such requests to your department office or to the Registrar's Office.*

- Name
- Current Mailing Address
- Telephone Number
- Date of Birth
- Major
- Dates of Attendance
- Enrollment Status
- (Full/Part-time)
- Degrees/Awards Received
- Participation in Officially
- Recognized Activities and Sports
- Athletes' Height/Weight

**PERSONALLY IDENTIFIABLE INFORMATION** (any data other than “Directory Information”,  
**may not be disclosed**)

*Including, but **not** limited to:*

- Social Security Number
- Student ID-PID (PeopleSoft)
- ISO Number
- Residency Status
- Gender
- Religious Preference
- Race/Ethnicity
- Email Address

**Educational Records**

*Including, but not limited to:*

- Grades/GPA
- Student’s Class Schedule
- Test Scores
- Academic
- Academic Transcripts

*Parents and spouses must present the student’s written and signed consent **before** the University may release Personally Identifiable Information or Educational Records to them.*

***(Please refer callers to the COM Registrar’s Office 407-266-1397, UCF COM, Room 115F)***

**General Practices to Keep in Mind:**

- Please **do not** leave exams, papers, or any documents containing **any** portion of a student’s Social Security Number, Personal Identification Number (PID), grade or grade point average outside your office door or in any area that is open-access.
- Please **do not** record attendance by passing around the UCF Class Roster, which may contain the student’s PID.
- Please **do not** provide grades or other Personally Identifiable Information/Education Records to your students via telephone or email.
-

## **E. POSTING GRADES:**

According to FERPA, student grades must not be released or made available to third parties. UCF policy restricts instructors from posting grades in classrooms (except as follows), or on websites unless the student's identity is concealed by a secure password-entry interface (i.e., OASIS). Please refrain from posting grades by **Name** or any portion of the **SSN** or **PID/NID**.

**RECORDS ACCESS BY UNIVERSITY PERSONNEL:** As a faculty member, you may be allowed access to a student's Educational Records if you can establish legitimate educational interest for the request, meaning that you need the information to fulfill a specific professional responsibility.

The following is a list of information items that **are not** considered Educational Records and not subject to a student's request for review:

- Law-enforcement records and medical treatment records;
- Records maintained exclusively for individuals in their capacity as employees. Records of those who are employed as a result of their status as students (work-study, student workers, graduate assistants, etc.) are considered Educational Records;
- Alumni records; and,
- Sole-source/Sole-possession documents: these are notes (memory joggers-not grade or GPA related) created and maintained by you, meant for your personal use exclusively. So long as no one else ever sees these notes, they remain private and are not subject to FERPA. If you share them with someone, these notes no longer are considered "sole source." They become part of the student's Educational Record and are subject to disclosure under FERPA.

**Grade Books are not considered "sole source" documents under FERPA and so must be made available to written student requests for record disclosure.**

If a student requests Grade Book disclosure, all notations pertaining to other students would be stripped out of the copy provided for review.

**FOR MORE INFORMATION:** [www.registrar.ucf.edu/ferpa/staff/survey/Default.aspx](http://www.registrar.ucf.edu/ferpa/staff/survey/Default.aspx)

**UCF COM Registrar's Phone: 407-266-1371**

# XI. Resources

## A. Learner Contract Example

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### University of Central Florida Community of Practice

Student Name: Joe Smith  
Preceptor Name: Dr. Sánchez

#### Part I. Student's Goals

List the three most important goals you have for this preceptorship.

1. Practice cardiac exam
2. Feel comfortable talking with patients
3. Learn about realities of medical practice

#### Part II. Preceptor's Goals

List the three most important areas on which you believe the student should focus:

1. Physical exam
2. Communication skills
3. Medical resources

#### Part III. Preceptor

List specific strategies you suggest for accomplishing goals in Part I & Part II.

- Practice with Standardized Patients

Student signature: Joe Smith Date: XX/XX/XXXX

Preceptor signature: Dr. Sánchez Date: XX/XX/XXXX

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*\*Preceptors: please provide a copy of the signed contract to student and maintain original for your records and grading purposes, if applicable.*

**B. Learner Contract**

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**University of Central Florida  
Community of Practice**

Student Name: \_\_\_\_\_

Preceptor Name: \_\_\_\_\_

**Part I. Student's Goals**

List the three most important goals you have for this preceptorship.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Part II. Preceptor's Goals**

List the three most important areas on which you believe the student should focus:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Part III. Preceptor**

List specific strategies you suggest for accomplishing goals in Part I & Part II.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preceptor signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

*\*Preceptors: please provide a copy of the signed contract to student and maintain original for your records and grading purposes, if applicable.*



**C. Suggested Notice to Inform Patients of Students in the Office**

**In affiliation with**



**University of Central Florida  
College of Medicine  
Community of Practice**

To our patients:

Our office is pleased to be participating in a supervised clinical learning program for medical students. This type of education and training associated with the University of Central Florida's College of Medicine helps ensure that our future physicians will have the knowledge and experience they'll need for the "real world" of medical practice.

Your support of this program will help train excellent doctors for the future.

Thank you.

A nuestros pacientes:

Nuestra oficina tiene el placer de participar en un programa de formación clínica supervisada para estudiantes de medicina. Este tipo de educación y formación asociada al Colegio de Medicina de la Universidad de Florida Central ayuda a asegurar que nuestros futuros médicos tendrán el conocimiento y la experiencia que necesitarán para el "mundo real" de la práctica médica.

Su apoyo a este programa ayudará a formar excelentes médicos para el futuro.

Muchas Gracias.

## D. Library Link



Figure 15 & 16: "Library" (2012)UCF by Alexis Chacon

## The University of Central Florida College of Medicine (UCF COM) Website



<http://med.ucf.edu/library/>

You can find information on the MD Program curriculum and specific modules, as well as the COM's goals, vision and mission on this website.

## **E. Module Descriptions**

### **Cellular Function and Medical Genetics**

The objective of this module is to provide a better understanding of the biology and biological processes of healthy humans, and pathological states, from the molecular to the cellular level. The 8 week module integrates the disciplines of biochemistry, molecular biology, genetics, nutrition, pharmacology and cell biology. In this manner, students study the bimolecular structure of cellular components, learn about their role in molecular biology and genetics, and observe their functions inside the whole cell or within the cellular domain. As more molecules and cellular components are introduced, the relationship between molecular structure and its influence on a compound's ability to interact with other biomolecules is examined. Weekly topics include interdisciplinary discussions of nucleic acids, proteins, carbohydrates, lipids, steroids, hormones, nutrients and metabolism and cell biology. Positioned at the beginning of the curriculum, the HB-1 module provides the basic science foundation's necessary for student success in the later modules.

### **Structure and Function**

This module is a multidisciplinary approach to fully integrate the disciplines of anatomy, physiology, histology, embryology, and neuroscience. The module is designed to provide a basic understanding of the normal human body and development, with emphasis on the dynamic relationships between structure and function. Students can apply their understanding of three-dimensional anatomy knowledge to interpreting normal medical imaging. The module runs in parallel, and is integrated with the Practice of Medicine (P-1) module, so that students have the opportunity to apply their understanding of the normal body immediately to the interpretation of medical testing, diagnosis, treatment, and identification of abnormal findings and disease processes.

This 17-week module utilizes multiple learning modalities including case-based small group experiences; team-based learning, lectures, laboratories (cadaver dissection, medical imaging, and histology). Small group case-based settings are designed to understanding and applying the basic science concepts discussed in large group-experience and to enhance clinical problem-solving skills.

## **Health and Disease**

Health and Disease is the final eight-week module of the integrated first-year basic science curriculum. It provides the student with a thorough grounding in three major subject areas: microbiology, pharmacology, and immunology. The module also provides an introduction to some basic aspects of pathology. The most significant bacterial, viral, fungal, and parasitic infectious diseases are covered in detail, with emphasis on epidemiology, typical clinical presentation, biological characteristics and pathogenic mechanisms of causative agents, immune responses to infection, and treatment with antimicrobial pharmaceuticals. Students are also introduced to the major classes of antimicrobial drugs and their modes of action at the cellular and molecular levels. The infectious diseases are organized primarily by organ system in order to present information as it would be encountered in clinical practice. A combination of didactic lectures, large-group case-based discussion sessions, small-group discussion sessions, and supplemental materials is used to deliver the content and to facilitate varying learning styles. Formative feedback is provided throughout the module in the form of weekly quizzes and practice questions.

## **Psychosocial Issues in Healthcare**

Psychosocial Issues in Healthcare is an 11-week module delivered at the end of the M-1 year. The goal of this module is to provide students with an understanding of the role of psychosocial factors in illness and its treatment. Students are exposed to a range of issues that affect how they diagnose, treat and interact with patients and their families. Students also learn about wellness and preventative medicine, along with strategies for assessing and improving adherence with treatment recommendations. A focus of this module is on development and refinement of communication skills, particularly when interacting with patients whose values, beliefs and experiences differ from those of the student. Other topics include human development, death and dying, the role of stress in illness, professional boundaries, sexuality, domestic violence and child/elder abuse and alcohol misuse. This module will be taught through team-based learning, which provides students with the opportunity to apply their knowledge in challenging clinical cases, facilitating their mastery of the material, improving their communication skills, and enhancing their ability to function as a member of the health care team.

## **Hematology and Oncology**

Hematology and Oncology is an integrated overview of major hematologic diseases, coagulation and basic neoplasia. The first sequence includes hemostasis, anemias, and non-neoplastic blood disorders. The second sequence covers basic neoplasia, including carcinogenesis and cancer genetics, followed by hematologic malignancies. Pathology, pharmacology, laboratory and clinical medicine disciplines are included, and an emphasis is placed on disease classification, differential diagnosis and current treatments including blood component therapy, chemotherapy and radiotherapy. This module includes active lectures, laboratories, and case based learning. Students will learn how to apply discipline knowledge to hematologic and oncologic diseases so that they will be prepared to manage patients in clinical clerkships and beyond.

## **Focused Inquiry and Research Experience 1 (F.I.R.E.)**

The central purpose of this module is to allow each student to independently pursue an area of passion that brought him or her to medical school. Students will receive training, tools, and mentorship enabling them to successfully conduct a rigorous, independent, and scholarly research project. The project may be in any area of interest related to medicine and where a Research Mentor can be identified and a rigorous scholarly design can be applied. In addition to the Research Mentor, the student will be assigned a Faculty Research Advisor that is a member of the Focused Inquiry Research Experience (F.I.R.E.) Committee that oversees the progress and final research project. Students will prepare a proposal and complete a project, and present their proposals and projects at the end of the first and second years, respectively, during mini-conferences on research that will highlight these projects.

## **Practice of Medicine 1**

The Practice of Medicine (P-1) and Community of Practice (COP-1) comprise a year-long instructional module which prepares students for the clinical aspects of medicine. Specific areas of instruction include interpersonal communication skills, physical examination and medical documentation skills. These skills are mastered with an emphasis on patient-focused, compassionate and professional behavior and are taught in the larger context of multicultural medicine, medical ethics, gender specific medicine and other related socioeconomic aspects. Longitudinal curricular themes in medical nutrition, patient safety and medical Spanish are presented. Students will develop and enhance their skills utilizing multiple modalities including small group interaction, simulations, and standardized patients. The Community of Practice is a longitudinal experience within the Practice of

Medicine which provides a structured interaction with the Central Florida medical community with an emphasis on clinical as well as business aspects of medicine. The module will run in parallel with M-1 modules and reflect clinical concepts introduced in these integrated modules.

## F. Community of Practice Student Evaluations by Preceptors

\*Evaluation forms will be completed and submitted online. A link will be e-mailed with a submission due date and instructions as we near the mid-way point.

### P-1 Mid-Year Sample Form

	Does not meet expectations	Meets expectations	Exceeds expectations
<i>Skills &amp; Attributes</i>	<b>Objective Criteria</b>		
<b>Interpersonal Communication</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Fails to establish rapport with patients. Lacks skills to convey empathy and/or respect in the clinical encounter. Does not seek opportunities to interact with patients. Poor communication behaviors with preceptor, patients, staff or other provider(s).	<input type="checkbox"/> Establishes good rapport with most patients. Effectively utilizes nonverbal skills in some situations. Attempts to convey empathy/respect is most interactions. Good communication with preceptor, patients, other providers and/or office staff.	<input type="checkbox"/> Demonstrates excellent rapport with patients. Conveys empathy and respect. Effectively utilizes nonverbal skills in most clinical interactions. Enthusiastically seeks out opportunities to interact with patients. Excellent communication with preceptor, patients, other providers and/or office staff.
<b>Interviewing</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Unable to gather a coherent patient history. Frequently confuses “subjective” vs “objective” elements. Omits major elements of the history. Is <b>not</b> a reliable reporter.	<input type="checkbox"/> Can gather a patient history but occasionally omits key components and/or confuses “subjective” vs “objective” elements. Is a reliable reporter.	<input type="checkbox"/> Outstanding, systematic gathering of a relevant patient history. Can distinguish “subjective” vs “objective” components and organize appropriately. Is a highly reliable reporter.
<b>Professional Characteristics</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Makes same error repeatedly. Does not take constructive criticism well. Often dressed inappropriately. Unreliable, came late, left early. Cancelled or reschedules sessions at the last minute.	<input type="checkbox"/> Responds to feedback. Corrects errors made. Occasionally engages in self-directed learning. Appropriate attire and demeanor. Reliable and punctual. Respectful of team members.	<input type="checkbox"/> Demonstrates a commitment to excellence. Actively seeks feedback and incorporates suggestions. Consistently engages in self-directed learning. Reliable. Professional demeanor and attire. Consistently treats others with respect. A role model for other students.

**Comments:**

What did the student do well?

What does the student need to improve?

## Community of Practice Student Evaluations by Preceptors

### P-1 End of Year Sample Form

	Does not meet expectations	Meets expectations	Exceeds expectations
<i>Skills &amp; Attributes</i>	<b><i>Objective Criteria</i></b>		
<b>Interpersonal Communication</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Fails to establish rapport with patients. Lacks skills to convey empathy and/or respect in the clinical encounter. Does not seek opportunities to interact with patients. Poor communication with preceptor and/or staff.	<input type="checkbox"/> Establishes good rapport with patients. Conveys empathy and respect. Effectively utilizes nonverbal skills in some situations. Good communication with preceptor and staff.	<input type="checkbox"/> Excellent rapport with patients. Conveys empathy and respect. Effectively utilizes nonverbal skills in most situations. Seeks out opportunities to interact with patients. Excellent communication with preceptor and staff.
<b>Interviewing</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Unable to gather a coherent patient history. Omits major elements of the history. Frequently confuses “subjective” vs “objective” elements. Is <b>not</b> a reliable reporter.	<input type="checkbox"/> Can usually gather a patient history in an organized fashion. Obtains an accurate chief complaint. Can perform a complete HPI but occasionally omits an element and/or confuses “subjective” vs “objective” elements. Is a reliable reporter.	<input type="checkbox"/> Outstanding, systematic gathering of a relevant patient history. Obtains an accurate chief complaint and appropriately detailed HPI. Can distinguish “subjective” vs “objective” components and organize appropriately. Is a highly reliable reporter.
<b>Physical Exam</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Omits critical parts of a focused physical exam. Lacks regard for patient comfort and modesty	<input type="checkbox"/> Generally complete, focused physical exam. May miss occasional component. Attentive to patient comfort and modesty.	<input type="checkbox"/> Thorough and accurate, focused physical exam. Major findings identified. Attentive to patient comfort and modesty.
<b>Fund of Knowledge</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Unable to relate experiences to underlying basic science concepts. Lacks intellectual curiosity.	<input type="checkbox"/> Demonstrates a general understanding of relevant basic science knowledge and concepts.	<input type="checkbox"/> Consistently demonstrates an excellent understanding of the relevant underlying basic science.
<b>Oral Presentations</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Inconsistent organization of case presentation. Frequent omissions and/or irrelevant facts. Rambles.	<input type="checkbox"/> Utilizes a consistent approach for case presentations. Occasional omissions or irrelevant fact.	<input type="checkbox"/> Fluent presentation of focused history. Maintains appropriate format and includes all basic information.
<b>Professional Characteristics</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Makes same error repeatedly. Does not take constructive criticism well. Often dressed inappropriately. Unreliable, came late, left early. Cancelled or reschedules sessions at the last minute.	<input type="checkbox"/> Responds to feedback. Corrects errors made. Occasionally engages in self-directed learning. Appropriate attire and demeanor. Reliable and punctual. Respectful of team members.	<input type="checkbox"/> Demonstrates a commitment to excellence. Actively seeks feedback and incorporates suggestions. Consistently engages in self-directed learning and demonstrates intellectual curiosity. Reliable. Professional demeanor and attire. Consistently treats others with respect. A role model for other students.

**Comments:** What did the student do well?

What does the student need to improve?