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I. Introduction

The aim of the P-1 module is to prepare students for the clinical aspects of medicine including doctor-patient communication, medical interviewing and physical examination skills 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.

P-1 Community of Practice Component: 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.

Role of a Community Faculty Preceptor: As a COP faculty preceptor you are likely to be a medical student’s first professional contact in a clinical setting. Thus, you have the opportunity and the responsibility to help your student(s) develop the values of the profession, learn the clinical skills of patient communication and physical examination, and begin to develop the habits of inquiry and self-improvement that promote excellence throughout a lifetime of practice.

As a very important role model, students will look to you as they begin their professional identity formation. As Alguire et al, states in the book, Teaching in Your Office, “the most powerful influence on a novice learner is a preceptor who provides a positive role model of the doctor-patient relationship”. So we hope that you will share your love of medicine and the rewards of caring for patients, as well as the real world challenges and opportunities, with your student(s).

The University of Central Florida College of Medicine thanks you for your commitment and dedication to the important mission of training our next generation of physicians.

Goals for COP Student Experiences

- Observe and provide acute and chronic care to patients
- 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

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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 ways 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. Community of Practice Requirements

A. Preceptor requirements

- Be available for at least 10 half-day sessions with your student.

- Review the goals of the week with your student at the beginning of the session. At the beginning of the rotation discuss educational objectives, student expectations, and how he/she 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.

Preceptors may be eligible to claim CME credit via the American Medical Association (AMA) Physician’s Recognition Award.

For more information, log on to www.ama-assn.org.
C. Students’ Requirements

i. Attendance
   • Students are expected to attend all ten (10) 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.

ii. Session Goals & Assignments
   • Specific assignments for each of the 10 sessions are summarized in this manual. The goal of this is to provide you with guidance as to the level of participation that you may consider allowing the student to engage in based on what they have learned on the P-1 Module with regards to Medical Interviewing and Physical Examination Skills.

iii. 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.

iv. Professionalism
   Students are expected to, at all times:
   • Demonstrate professional behavior with students, 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 patients, families, colleagues, and others with whom physicians must interact in their professional lives.
   • Students are expected to arrive prepared to COP assignment
   • Students are expected to complete the Patient Encounter and Narrative (PEN) Log for each COP session
   • Students are expected to identify a patient-related clinical question or topic to learn about/investigate at each COP encounter
   • Students are expected to request Patient Encounter Log verification and narrative comments input from their COP preceptor at the end of each session
D. The UCF COM Curriculum

Year One Curriculum Schema with Longitudinal Curriculum Themes (LCT's)

E. M-1 Weekly Schedule Template

<table>
<thead>
<tr>
<th>Time</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
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<td>HB</td>
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<tr>
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<td>HB</td>
<td>HB</td>
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<td>P-1 Didactic</td>
<td>HB</td>
<td>HB</td>
<td>HB</td>
<td>HB</td>
</tr>
<tr>
<td>11 am</td>
<td>P-1 Didactic</td>
<td>HB</td>
<td>HB</td>
<td>HB</td>
<td>HB</td>
</tr>
<tr>
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<td>Lunch</td>
<td>Lunch</td>
<td>Lunch</td>
</tr>
<tr>
<td>1 pm</td>
<td>HB</td>
<td>P-1 CSSC/Flex-time</td>
<td>P-1 CSSC/Flex-time</td>
<td>Flex-time</td>
<td>Flex-time</td>
</tr>
<tr>
<td>2 pm</td>
<td>HB</td>
<td>P-1 CSSC/Flex-time</td>
<td>P-1 CSSC/Flex-time</td>
<td>Flex-time</td>
<td>Flex-time</td>
</tr>
<tr>
<td>3 pm</td>
<td>HB</td>
<td>P-1 CSSC/Flex-time</td>
<td>P-1 CSSC/Flex-time</td>
<td>Flex-time</td>
<td>Flex-time</td>
</tr>
<tr>
<td>4 pm</td>
<td>HB</td>
<td>P-1 CSSC/Flex-time</td>
<td>P-1 CSSC/Flex-time</td>
<td>Flex-time</td>
<td>Flex-time</td>
</tr>
</tbody>
</table>

HB= Human Body Module
P= 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 FIRE projects
IV. Teaching in Your Office

A. Two to Four Week Before the Student Arrives

1. Review UCF COM’s learning goals and objectives. Review the student’s information.
2. Schedule time at the end of the session for learner evaluation and feedback.
3. 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.
4. Check your schedule for any upcoming trips, days away from the office, etc.

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.
3. Brief the staff on the learner’s responsibilities.
4. Review with the staff their role with the learner.
5. Coach the staff on how to present the learner to patients.
6. Identify a parking place for the learner and an area for storing personal items while they are working in the office.
7. Identify a workspace for the learner.
8. Generate list of staff, their office locations, and a short description of their responsibilities.
9. Make copies of patient notices about the learner for reception area (see “Patient Notice for Students in the Office” in Appendix of this handbook) or post a notice of the learner’s presence in the reception area.
10. 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 examining 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 him/her to talk to you and examine you first. I will come in and see you afterwards.”

D. Optimizing the student-patient encounter

Organize the visit for the learner prior to her or 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 today.
- 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.
V. Case-based Learning

In this section we review different precepting models including the modified-SNAPPs model, which students will be encouraged to utilize.

A. The Microskills Model
(“One-Minute Preceptor”)

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

It allows you to:
1) assess what the learner does and does not know,
2) to teach, and
3) to provide feedback efficiently.

**Microskills Model Steps**

1. Get a commitment
   “What do you think is going on with this patient?”
2. Probe for supporting evidence
   “Why do you think that?”
3. Teach a general rule
   “Always do this when you see a similar case.”
4. Tell them what was done right and correct mistakes
   “You performed a thorough review of the patient’s medications- good job.”
   “I will tell what you can do better.”
   “I will tell you how to do it better.”

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. Describe the rational 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. SNAPPS Model of Ambulatory Precepting

Students are encouraged to employ a modified SNAPPS presentation model for select cases. The SNAPPS model of ambulatory education was developed at Case Western Reserve and is a student driven process that aims to encourage students to become self-directed learners.

Teaching medical students to present cases in the SNAPPS format encourages them to reflect on the problem and possible solutions before quizzing you. It's a good way to promote higher level clinical reasoning skills. SNAPPS shares many features with the One minute preceptor but is much more learner driven.

Please assist the students in selecting cases in which to employ the SNAPPS model of presenting.

SNAPPS is a mnemonic for a six-step, student-led process that is facilitated by the preceptor. The components of the modified SNAPPS approach are:

**SNAPPS:**
- S - summarize the case
- N - narrow the differential
- A - analyze the differential
- P - probe the preceptor
- P - plan management
- S - select an issue for self-directed learning

---

**Breaking down the steps**

**Summarize**
- Encourage the learner to present only the pertinent facts. Some of the background can be discussed with the analysis of the differential diagnoses.

**Narrow differential diagnosis**
- The learner offers no more than 3 possible diagnoses

**Analyze the differential**
- Reviewing the pros and cons for each diagnosis allows the student to demonstrate analytic clinical skills

**Probe the preceptor**
- Not as painful as it sounds!
- Here the student clarifies any difficult or confusing issues with the supervisor.
- Avoid providing a mini-lecture if you want your clinic to stay on time!

**Plan management**
- Developing a management plan requires an integrated clinical approach from the student or resident.
Note:
Although you can coach the learner through each step of SNAPPS, it is much more effective to teach them the complete technique then expect them to use it in future case presentations. The model does not preclude the preceptor from also identifying learning goals or areas for further study.

Novice students may have difficulty generating a differential diagnosis and/or management plan so our expectations of this stage are limited; however, we want students to stretch themselves and work towards achieving competency in these areas.

References:

D. 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.
VI. Patient Encounter and Narrative Logs (PEN)

The Patient Encounter Log is utilized to document students’ clinical experiences and facilitate point-of-care learning. Students record details of their clinical encounters with patients and clinical questions or dilemmas that arise. Students then use the identified question or dilemma as a spring board for self-student and self-directed learning.
VII. Session Goals

Sessions 1 - 10
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)

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
☐ Verify student’s participation and encounters by signing-off on electronic patient log entries

Student Administrative Responsibilities

☐ Student completes the Patient Encounter and Narrative (PEN) log
☐ Student Identifies a patient-related clinical question for self-directed learning (See SNAPPsmodel of ambulatory precepting)
Session 2

Goals
- 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 participate 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

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 participate 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
☐ Verify student's participation and encounters by signing-off on electronic patient log entries

Student Administrative Responsibilities
☐ Student completes the Patient Encounter and Narrative (PEN) log
☐ Student Identifies a patient-related clinical question for self-directed learning (See SNAPPsmodel of ambulatory precepting)
Session 3

Goals
- Student performs focused history
- Student reviews cardiac exam/auscultation
- Student reviews lung exam and pulmonary auscultation
- Student completes Patient Encounter and Narrative log
- 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
- Verify student's participation and encounters by signing-off on electronic patient log entries

Student Administrative Responsibilities

- Student completes the Patient Encounter and Narrative (PEN) log
- Student Identifies a patient-related clinical question for self-directed learning (See SNAPPs model of ambulatory precepting)
Session 4

Goals

- Student obtains a focused history on a patient with a gastrointestinal or vascular complaint
- Student presents a patient using the modified SNAPPs model
- Student completes Patient Encounter and Narrative (PEN) log
- 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 of 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)

Faculty Administrative Responsibilities

- Provide verbal feedback
- Verify student’s participation and encounters by signing-off on electronic patient log entries

Student Administrative Responsibilities

- Student completes the Patient Encounter and Narrative (PEN) log
- Student Identifies a patient-related clinical question for self-directed learning (See SNAPPs model of ambulatory precepting)
Session 5

Goals
- Student obtains a focused history on a patient with a gastrointestinal or vascular complaint
- Student presents a patient using the modified SNAPPs model
- Student completes Patient Encounter and Narrative (PEN) log
- 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 HEENT exam while the preceptor observes and/or
- Student examines patient first, independently, and then preceptor examines patient and confirms findings
- Preceptor demonstrates parts or all of the pertinent HEENT exam
- Preceptor or nursing staff demonstrate performing of a throat culture

Faculty Administrative Responsibilities
- Provide verbal feedback
- Verify student’s participation and encounters by signing-off on electronic patient log entries

Student Administrative Responsibilities
- Student completes the Patient Encounter and Narrative (PEN) log
- Student identifies a patient-related clinical question for self-directed learning (See SNAPPs model of ambulatory precepting)
Session 6

Goals

• Student observes a gynecologic examination (at the preceptor’s discretion)
• Student observes a male genitourinary examination (at the preceptor’s discretion)
• Student completes Patient Encounter and Narrative (PEN) log
• Student identifies a patient-related clinical question to investigate

NOTE: Students are not expected to perform Breast, GYN or male GU exams on patients, but at the preceptor’s discretion and if patients are agreeable the student can observe the exam.

Suggested level of Student Participation – Active Observation

Student performs a focused history on a patient presenting with:

☐ Menstrual disorder, Vaginal discharge or other complaint, Annual GYN exam, Breast complaint and/or
☐ Dysuria (or other urinary tract complaint)

Suggested level of Student Participation - Physical Exam

Student participate in a “Collaborative examination” (at preceptor’s discretion and with patient’s consent)

☐ Preceptor and Student see the patient together
☐ Student observes the preceptor performing procedure(s)
☐ Preceptor role models doctor-patient communication and the physical exam techniques/flow

Faculty Administrative Responsibilities

☐ Provide verbal feedback
☐ Verify student's participation and encounters by signing-off on electronic patient log entries

Student Administrative Responsibilities

☐ Student completes the Patient Encounter and Narrative (PEN) log
☐ Student Identifies a patient-related clinical question for self-directed learning (See SNAPPS model of ambulatory precepting)
## Session 7

### Goals
- Student performs a neurological examination
- Student performs an ophthalmological examination on a patient with diabetes mellitus (DM)
- Perform a foot exam (including monofilament testing) on a patient with DM
- Student completes Patient Encounter and Narrative (PEN) log
- 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:
- [ ] Headache or
- [ ] Visual complaint or
- [ ] Numbness, tingling, or weakness (non-acute) or
- [ ] Peripheral Neuropathy (Diabetic patient with peripheral neuropathy) or
- [ ] Neuromuscular disorder (Parkinson's disease, MS)

### 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
- [ ] Verify student's participation and encounters by signing-off on electronic patient log entries

### Student Administrative Responsibilities

- [ ] Student completes the Patient Encounter and Narrative (PEN) log
- [ ] Student Identifies a patient-related clinical question for self-directed learning (See SNAPPSS model of ambulatory precepting)
Session #8-10:

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 and Narrative (PEN) log
- 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
- Verify student’s participation and encounters by signing-off on electronic patient log entries

Student Administrative Responsibilities
- Student completes the Patient Encounter and Narrative (PEN) log
- Student identifies a patient-related clinical question for self-directed learning (See SNAPPSS model of ambulatory precepting)
Session #10:

Goals

- Student performs a focused history and/or focused exam on a geriatric patient
- 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 an older patient presenting with a common clinical problem.

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 any examination findings.

Faculty Administrative Responsibilities

☐ Provide verbal feedback
☐ Verify student’s participation and encounters by signing-off on electronic patient log entries

Student Administrative Responsibilities

☐ Student completes the Patient Encounter and Narrative (PEN) log
☐ Student Identifies a patient-related clinical question for self-directed learning (See SNAPP5S model of ambulatory precepting)
VIII. Student Feedback, Assessment & Grading

A. Feedback
Feedback for a medical student during 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:

1. **Timely**
   Feedback must be given immediately after the good or poor performance occurs.

2. **Specific**
   The dialogue should focus on specific performance, not generalizations.

3. **“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.”

4. **Understood by the Receiver**
   Ask the student to rephrase the feedback to make sure they understand the intent and future expectations in the situation.

5. **Delivered in a Supportive Climate**
   Give feedback in a private location and give the student the opportunity to talk about what happened.

6. **Followed-up with an Action Plan**
   Formulate a strategy with input from the student for improving his or her performance.
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. E.g. 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.
A. 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

B. Professionalism

i. Professionalism: Satisfactory (S) or Unsatisfactory (U)

- Professional behavior will be assessed by students’ interactions with patients and SPs faculty, staff, guests and peers during all activities. Students are expected to:
- Adhere to the University Professionalism Policy (See section XIII http://www.med.ucf.edu/students/affairs/resources.asp)
- Arrive promptly and prepared for all scheduled activities and COP sessions
- Appear in professional attire (Refer to “Dress Code for Patient Care and Clinical Activities” in MEDS/P-2 module Blackboard site)
- 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.

Critical Incident Report

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

- 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..)
IX. Important Information

A. Malpractice Coverage

1. 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.

2. 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.

3. 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.

4. 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 Bloodborne Pathogen Standard (29CFR 1910.1030) applies to persons (students and employees) at risk of acquiring on the job bloodborne 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 Bloodborne Pathogen (BPP) training upon enrollment and annually thereafter to meet the OSHA Bloodborne 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.

<table>
<thead>
<tr>
<th>DIRECTORY INFORMATION</th>
<th>PERSONALLY IDENTIFIABLE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(May be disclosed, unless the student requests otherwise. Please refer such requests to your department office or to the Registrar's Office.)</td>
<td>(any data other than “Directory Information”, may not be disclosed)</td>
</tr>
<tr>
<td>• Name</td>
<td>• Social Security Number</td>
</tr>
<tr>
<td>• Current Mailing Address</td>
<td>• Student ID-PID (PeopleSoft)</td>
</tr>
<tr>
<td>• Telephone Number</td>
<td>• ISO Number</td>
</tr>
<tr>
<td>• Date of Birth</td>
<td>• Residency Status</td>
</tr>
<tr>
<td>• Major</td>
<td>• Gender</td>
</tr>
<tr>
<td>• Dates of Attendance</td>
<td>• Religious Preference</td>
</tr>
<tr>
<td>• Enrollment Status</td>
<td>• Race/Ethnicity</td>
</tr>
<tr>
<td>• (Full/Part-time)</td>
<td>• Email Address</td>
</tr>
<tr>
<td>• Degrees/Awards Received</td>
<td></td>
</tr>
<tr>
<td>• Participation in Officially Recognized Activities and Sports</td>
<td></td>
</tr>
<tr>
<td>• Athletes' Height/Weight</td>
<td></td>
</tr>
</tbody>
</table>

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.
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.

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
Teresa Lyons-Oten
UCF COM Registrar’s Phone: 407-266-1371
Email: tloten@mail.ucf.edu
X. Resources
Learner Contract Example

University of Central Florida
Community of Practice

Student Name __________ Joe Smith ____________

Preceptor Name _______ Dr. Sanchez ____________

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 SP’s ______________________________________
_________________________________________________________________
_________________________________________________________________

Student signature: __________ Joe Smith ____________ Date: __XX/XX/XXXX__________

Preceptor signature: __________ Dr. Doe ____________ Date: __ XX/XX/XXXX__________

*Preceptors please provide a copy of the signed contract to student and maintain original for your records and grading purposes.
A. Learner Contract

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.
B. Library Link

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.

C. UCF COM Faculty Development web-site

http://www.med.ucf.edu/faculty/development/

- Link to Development Team Development
- Classroom Teaching
- Faculty Events Calendar
- Research
- Clinical Care
- Hot Topics
D. Module Descriptions

**HB-1 Molecules to Cells**

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 biomolecular 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 foundations necessary for student success in the later modules.

**HB-2 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.

**HB-3 Human Body: 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.
C-1: Psychosocial Issues

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 healthcare team.

S-1: Hematology & Oncology

Hematology and Oncology is an integrated overview of major hematologic diseases, coagulation and basic neoplasia. The first sequence includes hemostasis, anemias, and nonneoplastic 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.

I-1 Focused Individualized Research Experience

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 Individualized Research Experience (FIRE) 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.
The Practice of Medicine (P-1) and Community of Practice 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.
E. Evaluations

*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.

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**University of Central Florida**

**College of Medicine**

**P-1 Mid-Year**

**Community of Practice**

Preceptor Evaluation of Student Sample Form

<table>
<thead>
<tr>
<th>Skills &amp; Attributes</th>
<th>Does not meet expectations</th>
<th>Meets expectations</th>
<th>Exceeds expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpersonal Communication</strong></td>
<td>☐ 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).</td>
<td>☐ Establishes good rapport with most patients. Effectively utilizes nonverbal skills in some situations. Attempts to convey empathy/respect in most interactions. Good communication with preceptor, patients, other providers and/or office staff.</td>
<td>☐ 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.</td>
</tr>
<tr>
<td><strong>Interviewing</strong></td>
<td>☐ Unable to gather a coherent patient history. Frequently confuses “subjective” vs “objective” elements. Omits major elements of the history. Is not a reliable reporter.</td>
<td>☐ Can gather a patient history but occasionally omits key components and/or confuses “subjective” vs “objective” elements. Is a reliable reporter.</td>
<td>☐ Outstanding, systematic gathering of a relevant patient history. Can distinguish “subjective” vs “objective” components and organize appropriately. Is a highly reliable reporter.</td>
</tr>
</tbody>
</table>

**Comments:**

What the student did well:

What the student needs to improve:
### P-1 End of Year

Community of Practice

Preceptor Evaluation of Student Sample Form

<table>
<thead>
<tr>
<th>Skills &amp; Attributes</th>
<th>Does not meet expectations</th>
<th>Meets expectations</th>
<th>Exceeds expectations</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interpersonal Communication</strong></td>
<td>☐ 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.</td>
<td>☐ Establishes good rapport with patients. Conveys empathy and respect. Effectively utilizes nonverbal skills in some situations. Good communication with preceptor and staff.</td>
<td>☐ 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.</td>
</tr>
<tr>
<td><strong>Interviewing</strong></td>
<td>☐ Unable to gather a coherent patient history. Omits major elements of the history. Frequently confuses &quot;subjective&quot; vs &quot;objective&quot; elements. Is not a reliable reporter.</td>
<td>☐ 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 &quot;subjective&quot; vs &quot;objective&quot; elements. Is a reliable reporter.</td>
<td>☐ Outstanding, systematic gathering of a relevant patient history. Obtains an accurate chief complaint and appropriately detailed HPI. Can distinguish &quot;subjective&quot; vs &quot;objective&quot; components and organize appropriately. Is a highly reliable reporter.</td>
</tr>
<tr>
<td><strong>Physical Exam</strong></td>
<td>☐ Omits critical parts of a focused physical exam. Lacks regard for patient comfort and modesty</td>
<td>☐ Generally complete, focused physical exam. May miss occasional component. Attentive to patient comfort and modesty.</td>
<td>☐ Thorough and accurate, focused physical exam. Major findings identified. Attentive to patient comfort and modesty.</td>
</tr>
<tr>
<td><strong>Fund of Knowledge</strong></td>
<td>☐ Unable to relate experiences to underlying basic science concepts. Lacks intellectual curiosity.</td>
<td>☐ Demonstrates a general understanding of relevant basic science knowledge and concepts.</td>
<td>☐ Consistently demonstrates an excellent understanding of the relevant underlying basic science.</td>
</tr>
<tr>
<td><strong>Oral Presentations</strong></td>
<td>☐ Inconsistent organization of case presentation. Frequent omissions and/or irrelevant facts. Rambles.</td>
<td>☐ Utilizes a consistent approach for case presentations. Occasional omissions or irrelevant fact.</td>
<td>☐ Fluent presentation of focused history. Maintains appropriate format and includes all basic information.</td>
</tr>
</tbody>
</table>

**Comments:**

What the student did well:

What the student needs to improve: