

COMMUNITY OF PRACTICE 1



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

2016-17

Preceptor Manual



Table of Contents

COMMUNITY OF PRACTICE 1	1
Contact Information	5
I. Introduction to Practice of Medicine and Community of Practice 1 (COP-1).....	7
II. Broad Learning Objective & Program Objectives	7
III. Students' Requirements	8
Attendance	8
Assignments.....	8
Professionalism	11
Hospital Credentials.....	11
IV. Community of Practice Preceptor Requirements.....	12
A. Preceptor requirements.....	12
B. Benefits of Being a Preceptor	12
V. M-1 Weekly Schedule Template.....	13
VI. Teaching in the Office	14
A. Two to Four Weeks Before the Student Arrives	14
B. One Week before the Student Arrives.....	14
C. Selecting Patients for the Student to See	15
D. Optimizing the Student-Patient Encounter	15
E. Patient Preparation Checklist	16
VII. Case-based Learning	17
A. The Microskills Model or "One-Minute Preceptor"	17
B. "Active Observation"	18
C. Physical Exam Skills Instruction.....	18
VIII. Student Feedback, Assessment & Grading	19
A. How to Provide Meaningful Feedback to Medical Students using Two-Minute Direct Observations:	20
B. Assessment & Grading	21
C. Professionalism	21
IX. Important Information	23
A. Malpractice Coverage	23
B. HIPAA	23

C. Student Injuries and Accidental Exposures.....	23
D. FERPA Reference Sheet for UCF Faculty	24
E. POSTING GRADES:.....	26
X. Appendices	27
A. Learner Contract Example.....	27
B. Learner Contract	28
C. Community of Practice Student Evaluations by Preceptors	29
Community of Practice-1 Student Mid-year Evaluation by Preceptor	29
Community of Practice-1 Student End of Year Evaluations by Preceptor	30
D. History and Physical Write-up Feedback Form.....	31
E. Suggested Notice to Inform Patients of Students in the Office.....	312
F. Library Link	33
G. M1-Year Module Descriptions	34

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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 year-long 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 psychosocial 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

- Interview patients
- Practice physical examination skills (both complete and problem-focused)
- Practice case presentations
- Observe the social, financial, and ethical aspects of medical practice
- Read about patients' problems
- 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
- Observe and assist with common office procedures
- Observe and provide acute and chronic care to patients

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 **seven (7) 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.

➤ **Preceptor action:** Please contact the COP Coordinator (comcop@ucf.edu) to verify all absence requests.

B. Assignments

1. Learner Contract

- This is the opportunity for both the student and the preceptor to go over the **learning objectives** and the **expectations** for the COP-1 experience. It requires that the student reflect on and make explicit his or her goals for learning and it also specifies the preceptor's expectations of the student.

➤ **Preceptor action:** the Learner Contract should be signed by both the student and the preceptor by the end of the first session.

2. Completion of Patient Encounter Log

- At the end of each session, the students should complete the patient encounter log (PEL). This log will record the number of patients seen at each session. In addition, more in-depth information on up to four (4) patients seen will be recorded including the student's level of participation with that patient's care and what portions of the care they performed. The goal is to document the

skills that the students are reinforcing. This information can then be used to give feedback to both the student and the preceptor as to how the students' participation is progressing. This log should be completed by students **within two (2) weeks of each COP session** (optimally, it should be completed the day of the session).

- **Preceptor action:** *Preceptor may remind the student to complete this assignment before leaving the office.*

3. Clinical Question Resource Activity

- During the first six sessions, student should formulate a self-directed clinical question based on each sessions' experiences. The purpose of this question is to give the students an opportunity to determine what their own educational needs are and to reinforce the choice of appropriate resources from the literature.
- The question, answer and the resource used to answer it will be submitted in each student's LiveText Portfolio. Once it has been submitted, the students will also receive medical informatics feedback on the choice of the resource used to answer the question from their personal librarian.
- The content of the question should be based on some aspect of patient care or practice management that the student feels the need to learn more about. It is an opportunity for them to determine their own learning needs. It can be as in-depth as the student chooses; however, the expectation is that these questions could be answered with a few sentences or a short paragraph.
- Each Clinical Question Resource activity should be submitted to LiveText **within two (2) weeks of each COP session**.

- **Preceptor action:** *Each student should discuss their clinical question with their preceptor before leaving clinic that day and bring the answer back to the preceptor at the next COP session to allow for appropriate feedback.*

4. History and Physical Exam write-up (H&P)

- Towards the end of the COP experience, students are expected to document one (1) complete history and physical exam write-up (H&P). This is a formative, non-graded exercise. The H&P will be reviewed for feedback by their COP preceptor utilizing a H&P Feedback Form to be found at the end of this document (Appendix D).
- Once the student receives feedback from the preceptor, he/she is to submit both the H&P and the completed feedback form to receive credit for the assignment. In addition, this H&P will be used in a session that allows the student to practice their oral patient presentation skills.
- Prior to writing the final full H&P, each student is encouraged to write a segment of the full H&P on patients as they go through the COP experience (i.e., the History of Present Illness or Physical Exam only). This will help prepare the student for the final H&P assignment and can be brought to the preceptor for feedback.

- **Preceptor action:** *Preceptors are encouraged to prompt students to write different segments of a full H&P throughout the year in preparation for the final complete H&P*

- **Preceptor action:** preceptor should identify a patient appropriate for the student to obtain a full history and complete physical exam. Preceptors should use their discretion to choose this patient, keeping in mind students will need additional time to complete this task. A full H&P does not need to be the reason for the visit. Good opportunities for this activity may include follow up visits, and/or patients well known to the preceptor who have the additional time to spend with the student.
- **Preceptor action:** Preceptors should provide formative feedback on one (1) complete H&P write-up utilizing the H&P feedback form.

5. Mid-Course feedback.

- The preceptor-student mid-module feedback is a very important process to allow students to reflect and learn about how they are doing in COP, so they can identify skills to work on and improve during the remainder of the 4 COP sessions.
- At the beginning of the 3rd COP session, each student is asked to supply their preceptor with a copy of the mid-course formative feedback form (Appendix C). Students and preceptors should go over the feedback form together before the students leaves that day.
- Students should submit the signed feedback form by the **Sunday following the 4th COP session.**

- **Preceptor action:** perform face-to-face, mid-course feedback at the end of COP session #3. Complete and sign the feedback form and return to student to submit to module coordinator.

C. Session Goals & Expectations

- Specific goals and expectations for the 7 COP sessions are summarized here, to provide preceptors with guidance as to the level of participation that they may consider allowing the student to engage in, based on what the students have learned in the P-1 Module, with regards to Medical Interviewing and Physical Examination Skills.
- At the beginning of the COP-1 experience, we expect the student's role to be that of *an active observer*. However, as the year progresses, the goal is for each student to take a more *active role in the care of the patients*. At the beginning of COP, the student will have had instruction and practice in the complete medical interview and are, therefore, ready to begin taking part in interviewing patients on their first day. The student will be learning the components of the physical exam and can, therefore, become more involved in the physical exam as the year progresses.
 - Session 1: Meet the Preceptor and Clinic staff
 - Preceptor orients the students to the clinical setting and introduces them to the staff
 - Discuss students' previous patient care or clinical experiences
 - Address preceptor's expectations for the students
 - Review and sign the Learner Contract
 - Interview 1-2 patients
 - Student identifies one self-directed learning question to investigate and discusses with their preceptor
 - Student completes patient log.

- Sessions 2-7
 - Student participates as an active observer with increasing participation as the year progresses
 - Obtaining patient's vital signs
 - Taking a focused/full history
 - Performing a focused/full examination
 - Preceptor identifies a patient that that would be suitable for the student to complete a full History and Physical
 - Student discusses answer to self-directed learning question from the previous session with their preceptor.
 - Student identifies one self-directed learning question to investigate and discusses with their preceptor.
 - Complete patient log.

COP Assignments Summary	
Assignment	Session
Learner Contract	1
Patient Encounter Log	All Sessions
Clinical Question Resource Activity	1-6
Mid-Course Feedback	4
Complete History and Physical Exam	4 or 5
Preceptor Feedback on History and Physical Exam Write-up	6

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 (see UCFCOM Domains of Professionalism on page 22).

E. Hospital Credentials

- All students assigned to hospital clinics or to 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.

➤ **Preceptor note:** *If students have not been credentialed and the preceptor would like to invite them on a hospital round, please contact the module coordinator two weeks in advance of the anticipated session. Processing and orientation for hospitals may take 2-3 weeks.*

IV. Community of Practice Preceptor Requirements

A. Preceptor requirements

1. Be available for at least 7 half-day COP sessions with your student.
2. At the very first session, discuss educational objectives, student expectations, and how s/he will be evaluated. This will be an opportunity to complete the "Learner's Contract."
3. Review the goals of the week with your student at the beginning of each session
4. Provide regular feedback to the student regarding their performance.
5. Provide guidance and feedback on these specific student assignments: Patient Log, Clinical Question Resource Activity, H&P write-up (see student requirements for details).
6. Complete mid and end-of-year student evaluations. (See evaluation forms under Resources Section).
7. Notify the module coordinator at any point if there are any issues or concerns with a student.
8. Make arrangements in advance for alternative scheduling options. If you will be out of the office for an extended period, please contact our Coordinator for re-assignment of the student.

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

B. Benefits of Being a Preceptor

UCFCOM volunteer and affiliate faculty are entitled to the following privileges and benefits offered by the University of Central Florida:

1. Recognition as a UCF College of Medicine faculty member.
2. Participation in departmental and COM academic activities.
3. Participation in faculty development and CME events.
4. Access to the College of Medicine Harriet F. Ginsburg Health Sciences Library resources and services (<https://med.ucf.edu/library/>)
5. Discounts on purchases from the UCF Computer Store and main campus bookstore



Figure 5: "Vitals" (2010) UCF Marketing

V. M-1 Weekly Schedule Template

The table below shows M1 students' regular courses schedule on a weekly basis including reserved Flex-Time where COP sessions are expected to occur (in blue).

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 E](#) 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.

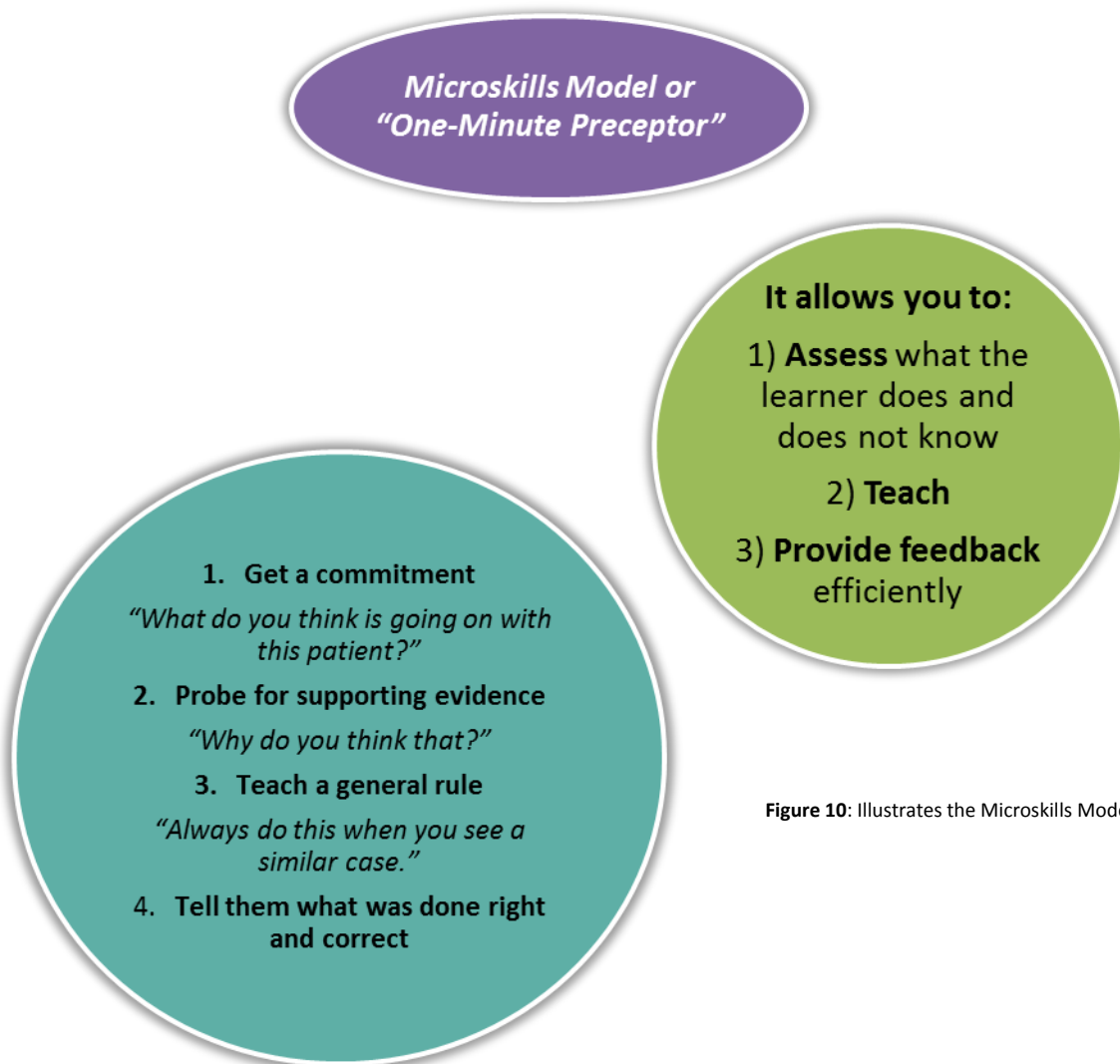


Figure 10: Illustrates the Microskills Model

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. Describe the rationale for the observation**

“You should observe me do this because...”

- 2. Declare what the learner should observe**

“Watch how I”

- 3. Review what was observed**

“What did you see happen in that session?”

- 4. Allow 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. Student Feedback, Assessment & Grading

A. Feedback:

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)

How to Provide Meaningful Feedback to Medical Students using Two-Minute Direct Observations:

Purpose:

- Discuss the purpose of the direct 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 direct 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 performance counts towards the student's final grade. This includes the Preceptor Evaluation and successful completion of all student assignments and self-directed learning activities.
- Guidelines for Assessment and grading: See [Student End-of-Year Evaluation by Preceptor Form](#) on page 30.

C. Professionalism

- 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>)
 - 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
 - Refer to **UCF COM Domains of Professionalism** on page 22.

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.

IX. 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.*

Directory Information

- 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

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

X. Appendices

A. Learner Contract Example



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

**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



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. Community of Practice Student Evaluations by Preceptors

Community of Practice-1 Student Mid-Course Feedback by Preceptor

This formative feedback form should be completed by the preceptor and given back to the student at the face-to-face mid-course feedback time.

	Does not meet expectations	Meets expectations
<i>Skills & Attributes</i>	Objective Criteria	
Interpersonal Communication <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 in most interactions. Good communication with preceptor, patients, other providers and/or office staff.
Interviewing <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 not 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.
Professional Characteristics <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.

Comments:

What the student did well:

What the student needs to improve

Preceptor Name: _____ Signature: _____

Student's Name: _____ Date: _____

Community of Practice-1 Student End-of-Year Evaluation by Preceptor

This is an example of the *evaluation form to be completed and submitted online at the end of the academic year. A link will be e-mailed with a submission due date and instructions.*

	Does not meet expectations	Meets expectations
<i>Skills & Attributes</i>	Objective Criteria	
Interpersonal Communication <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.
Interviewing <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 <i>not</i> 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.
Physical Exam <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.
Fund of Knowledge <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.
Oral Presentations <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.
Professional Characteristics <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.

Comments:

What the student did well:

What the student needs to improve:

D. History and Physical Write-up Feedback Form

P1/UCFCOM 2016-17. Adapted from Debra Bynum MD, Cristin Colford MD, David McNeely MD,. University of North Carolina at Chapel Hill, North Carolina

Complete this form by choosing the descriptor that best describes each category for the H&P reviewed.

	Component of Write-up	Incomplete	Developing II	Advanced
Subjective	Chief Complaint	None	Present	Includes patient's main complaint, in patient's words, and no additional information/patient information/other non-pertinent wording
	Opening Sentence	None	present but lacks appropriate important information, or includes information that is not important to the differential	includes appropriate history and not distractors
	HPI Organization	Not organized	Partially organized	Well organized
	HPI Thoroughness	Not thorough	Partially thorough	Very thorough
	HPI Includes pertinent positive ROS	Does not include pertinent positive ROS	Includes some pertinent positive ROS	Includes most pertinent positive ROS
	HPI Includes pertinent negative ROS	Does not include pertinent negative ROS	Includes some pertinent negative ROS	Includes most pertinent negative ROS
	HPI Includes pertinent past history/ family history/social history	Does not include pertinent past history/ family history/social history	Includes some pertinent past history/ family history/social history	Includes most pertinent past history/ family history/social history
	PMH	None	Disorganized, incomplete, paragraph format	Organized, thorough, bulleted format (includes surgical history, ob/gyn history if appropriate, vaccinations & developmental history if a child)
	Medications	Nothing written (if no medications, must state so)	medications listed but uses abbreviations, trade names	Medications listed, no abbreviations, generic names, or no meds listed as "no medications"
	Allergies	Nothing listed (if no allergies, must indicate such)	Allergies listed but not reactions	Allergies and reactions listed, or no allergies listed as "no known drug allergies"
	Social History	None	Includes some but not all of alcohol, tobacco, drug use, living situation/social support	Includes alcohol, tobacco, drug use and living situation/social support
Objective	Family History	None	Includes partial family history	Includes family history
	ROS General; Skin; HEENT; Respiratory; Cardiac; GI; GU; GYN; Musculoskeletal; Vascular; Neurological; Psychiatric; Endocrine; Hematologic.	None	Lists only a few, not organized, includes PE or other findings, repeats information already described in HPI	Thorough, excludes information written in HPI with "as in HPI" references, does not include any PE findings in ROS
	Physical Examination Vital Signs, General Appearance, Skin, HEENT, CV, Respiratory, GI, GU, Musculoskeletal, Neurologic, Psychiatric	None	Incomplete, Unorganized	Includes vitals, organized in appropriate order, thorough
Summary	Summary Statement	None	Present but unorganized, does not include pertinent information or includes information that is not pertinent or incorrect	Organized, includes pertinent HPI, PE and data leading to differential diagnosis

Comments:

E. 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.

F. 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.

G. M1-Year 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 introduces 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.