

**Clerkship Contact Information**

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Clerkship Coordinator:

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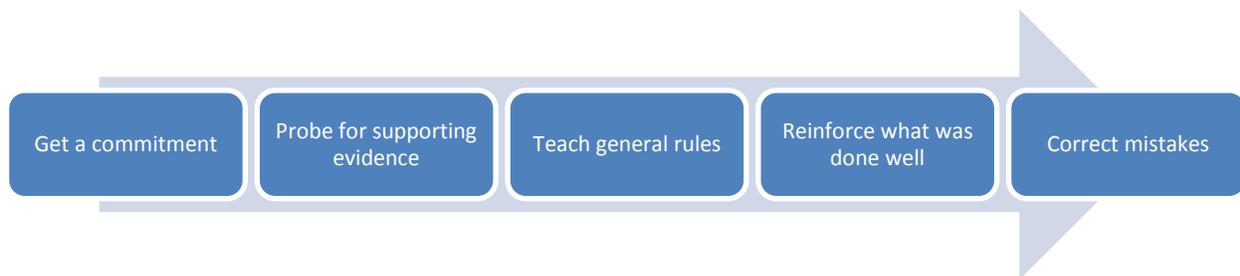
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IM/FM website: <https://med.ucf.edu/academics/md-program/program-modules/m3-third-year-clerkships/internal-family-medicine/>

**Teaching Tool: One – Minute Preceptor**



## Medical Knowledge

Discuss preventive health care issues for adult patients (including lifestyle behaviors), with rationale and indications for each

Formulate an initial and ongoing therapeutic plan of care for assigned patients with common medical diagnoses/symptoms:

- Abdominal pain
- Acute infection
- Alcohol/substance abuse/dependence
- Allergies
- Anemia
- Asthma (chronic cough/wheeze)
- Back pain
- Benign prostatic hypertrophy
- Biliary/pancreatic disease
- Cancer  
(breast/lung/skin/colon/prostate)
- Chest pain
- Chronic or acute pelvic pain
- Cirrhosis/end-stage liver disease
- Congestive heart failure
- COPD/emphysema
- Coronary artery disease
- Delirium/dementia/altered mental status
- Depression
- Diabetes Mellitus
- DVT/PE/hypercoagulable state
- Dyslipidemia
- Dyspnea/respiratory distress
- Electrolyte or acid/base disorder/dehydration
- Esophageal reflux disease
- Fatigue
- Fever, bacteremia, sepsis
- Gastrointestinal bleed
- Headache
- Hypertension
- Insomnia
- Joint/limb pain/injury
- Nausea/vomiting
- Noncompliance with medication regimen
- Obesity
- Osteoarthritis
- Osteoporosis
- Pain management
- Peripheral vascular disease
- Renal insufficiency/failure
- Sexually transmitted infection
- Skin disorder/problem
- Thyroid disorder
- Tobacco abuse
- Upper respiratory infection
- Urinary incontinence
- Urinary tract infection
- Interpretation: Common serum chemistries, lipid profiles
- Interpretation: Blood culture
- Interpretation: Arterial blood gas
- Interpretation: Electrocardiography
- Interpretation: Chest radiograph

### **Patient Care**

- Perform and document a complete history and physical examination of the adult patient in a logical, organized, respectful, and thorough manner
- Create a differential diagnosis based on the findings from the medical history and physical examination
- Participate (observe, assist, perform, or simulate) in a discussion about advance directives and informed consent with a patient

### **Systems-Based Practice**

- Discuss how to recognize and respond to system flaws in the delivery of care
- Discuss the role of team members, consultants and other key personnel in the care of the patient.

### **Practice-Based Learning and Improvement**

- Perform a computerized literature search to find articles pertinent to a focused clinical question and present information to colleagues

### **Ethics and Professionalism**

- Discuss basic principles of medical ethics as they specifically relate to care of individual patients
- Demonstrate professional behaviors towards peers, faculty, staff, health care team members, and patients, in all learning and clinical encounters with regards to reliability and responsibility, self-improvement and adaptability, upholding ethical principles, and commitment to scholarship

### **Interpersonal and Communication Skills**

- Demonstrate ability to orally present a new or established inpatient or outpatient case in logical and accepted sequence
- Document inpatient and outpatient progress notes in a manner that includes appropriate data and reflects clinical decision-making process
- Demonstrate sensitivity, respectfulness and inclusion of different cultural normative standards, socioeconomic background, gender, rec/ethnicity and disabilities in clinical care

## **Longitudinal Clerkship Curriculum**

Interdisciplinary conference, every six weeks

Topics include:

- Ethics & Humanities
- Gender-Based Medicine
- Medical Informatics
- Medical Nutrition
- Geriatrics and Principles of Palliative Care
- Culture, Health and Society
- Patient Safety
- Healthcare Policy

## Didactics

Didactic sessions occur every Wednesday afternoon at the College of Medicine. The didactic sessions include self-learning modules and in-class sessions discussing:

- Common procedures in internal/family medicine with simulation workshops
- How to write and present an H&P and SOAP
- Handoff of care
- Preventative care
- Lifestyle medicine for the prevention and treatment of chronic diseases – role of lifestyle medicine and evidence data on effectiveness and recommendations, complete history, SMARTER goals, motivational interviewing for behavior change
- Obesity management
- Medical ethics principles and cases
- EKG interpretation
- CXR interpretation
- Informed consent
- Advance directives
- Palliative care
- Antibiotics
- Lifestyle medicine cases
- Cardiology clinical cases
- Pulmonology clinical cases
- Nephrology cases
- Infectious disease cases
- Hematology/oncology cases
- Obesity cases
- Endocrinology cases
- Gastroenterology cases
- Dermatology cases
- Rheumatology cases
- Pain cases
- Evidence based medicine critical appraisal

In addition, students are expected to participate in presentations on the wards and residency didactics.

## Policies

<https://med.ucf.edu/student-affairs/gps-a-good-place-to-start/policies/>

### Clinical Supervision of Medical Students Policy

Levels of supervision—adapted from the ACGME classification—are defined as follows:

Direct Supervision: the supervising health care professional is physically present with the student and patient.

Indirect Supervision with direct supervision immediately available – the supervising health care professional is physically within the hospital or other site of patient care, and is immediately available to provide direct supervision.

Medical students cannot do any medical or surgical procedure without the direct supervision of the attending or supervising resident physician.

### COM Student Mistreatment Definition

UCF College of Medicine has defined mistreatment as any behavior that is harmful or offensive and unreasonably interferes with a student's learning. Such behavior may be verbal (swearing, humiliation,

insults), emotional (neglect, a hostile environment), and physical (threats, physical harm). Students should be aware that medical student training is a rigorous process and feedback may occasionally be uncomfortable. For example, the Socratic method is frequently utilized in medical education, to not only assess knowledge, but also to promote synthesis and application of that knowledge. In and of itself, the Socratic method does not constitute mistreatment. (However, once it is clear that a student has reached the limit of his/her knowledge, it is not appropriate to continue berating students with questions or with denigrating comments about his/her knowledge base.) Students should take this into account when assessing potential cases of mistreatment.

**\*\*Report mistreatment to the Clerkship Director, Dr. Pasarica.\*\***

### **Attendance Policy**

Clerkship students cannot be excused from clinical activities by their preceptors, all absences need to be approved by the Clerkship Director through the Clerkship Coordinator's office.

### **Medical Care Policy**

Residents cannot provide medical care to students they evaluate.

### **Positive Learning Environment Definition**

Having a respectful, inclusive, and robust learning environment plays a critical role in developing and sustaining a professional, capable, compassionate, and diverse healthcare workforce that will meet the healthcare needs of all. -AAMC Statement on the Learning Environment

### **Grading Rubric**

Narrative Assessment (Student Performance Evaluations):	50%
NBME Shelf Exam	20%
Quizzes, Group Project, and OSCE	25%
Professionalism	5%

### **Expectations for Preceptors**

- Direct observation of basic skills
- Advise Learners on complex patient care scenarios
- Teaching and guidance
- Constructive feedback
- If requested, written assessment of student performance following the completion of the rotation. If you did not receive an evaluation form for a student that you would like to evaluate, please contact the Clerkship Coordinator for one. These evaluations make up 50% of the student's final grade for the Clerkship.

## Motivational Strategies for Learners

Motivation determines the *direction*, *intensity* and *persistence* of effort.

### Extrinsic vs. Intrinsic motivation

Intrinsic motivation strategies in the clinical setting

- Facilitate experiences that are relevant to their future career goals or personal learning objectives
- Provide experiences that challenge the learner
- Identify opportunities for learners to work autonomously
- Communicate to the learner their role on the healthcare team

Orsini, C., Evans, P., & Jerez, O. (2015). How to Encourage Intrinsic Motivation in the Clinical Teaching Environment?: A systematic review from the self-determination theory. *Journal of Educational Evaluation for Health Professions*, 12, 8. <http://doi.org/10.3352/jeehp.2015.12.8>