

# COMMUNITY OF PRACTICE



(2017) UCF by Suhtling Wong-Vienneau

## 2018-19 PRECEPTOR MANUAL



# College of Medicine

UNIVERSITY OF CENTRAL FLORIDA

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# Community of Practice

## I. Practice of Medicine Overview:

The aim of the Practice of Medicine continuum is a two-year curriculum 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 psychosocial influences that impact the clinical encounter. It is integrated with the basic sciences modules in order to highlight the link between foundational knowledge and clinical practice while promoting intellectual curiosity, self-directed learning and clinical reasoning skills.

Practice of Medicine-1 (P-1) is a year-long module integrated with the other M-1 year modules to provide instruction on basic doctor-patient communication, medical interviewing, and physical examination skills. The P-2 module builds upon physical examination and medical interviewing skills learned in the P-1 module. Key areas of learning include advanced oral presentation and medical documentation skills, development of basic clinical decision-making and application of selected diagnostic tests.

P-2 module instructional activities incorporate a variety of modalities to promote skill acquisition and mastery. These include interactive presentations, small group sessions, student-directed independent learning tasks and Clinical Skills and Simulation Center (CSSC) exercises. As in P-1, the CSSC provides the setting for student encounters with Standardized Patients (SPs), high-fidelity simulators and task trainers as well as web-based activities for the learning, practice and assessment of clinical skills.

## II. Community of Practice (COP)

The Community of Practice component, a ***longitudinal clinical experience***, is an essential part of the Practice of Medicine module and provides students with an authentic clinical context to promote deeper learning, professional identity formation, and adoption of the values of the profession. These early, immersive, and participatory clinical experiences help students to contextualize foundational knowledge and hone their clinical skills while working with real patients under the supervision of a practicing physician. Students also gain an understanding of the complexities of physicians' work and the distributive nature of learning and knowledge. Students work with preceptors throughout the Central Florida medical community and gain insight into the real world of medicine.

## III. COP Expectations of Preceptors

- Availability – being available to students 4 half-day sessions during the M1 year between January and May and 4 half-day sessions during the M2 year between August and December.
- Reviewing goals and expectations
  - Review the student's Learner's Contract and discuss student's learning needs and goals (Session 1).
  - Review educational objectives and students' requirements for each session.
- Observing the student regularly and providing feedback regarding their performance.
- Being a role model and demonstrating clinical skills.

- Assessing students' professionalism and completing a COP-1 evaluation at the end of the academic year.
- Notifying the COP Coordinator at any point if there are any issues or concerns with a student.
- Arranging in advance for alternative scheduling options if planning to be out of the office. If this is not possible, preceptors should contact the COP Coordinator for temporary re-assignment of the student.
- Not being involved in the medical care of students they supervise in compliance with the following LCME statement:
  - *The Liaison Committee on Medical Education (LCME) requires that faculty/preceptors are not to provide medical care (including psychiatric/psychological counseling) to learners who they are responsible for evaluating. A statement certifying that you have not at any time, previously or currently, provided healthcare to your assigned student(s) will be included in our COP preceptor evaluations.*

To see the detailed objectives please see



# Community of Practice 1

## I. Goals for COP-1 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. COP-1 Students' Requirements

### A. Attendance

- Students are expected to attend all **four (4) 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](mailto:comcop@ucf.edu)) to verify all absence requests.

### B. Assignments

#### 1. Learner's 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. Patient Encounter Log (PEL)

- At the end of each session, 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

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



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 and submitted by students **the same day** of the session for full credit).

### 3. Clinical Question Resource Activity (CQRA)

- During the first three 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.
- Each student should discuss the choice for their clinical question with their preceptor before leaving clinic that day and bring the answer back to the preceptor at the next COP session (or electronically) to allow for appropriate feedback. The question, answer, and the resource used to answer it will be submitted in an electronic portfolio provided to each student on LiveText.com. 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 they 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.
- Students must complete one (1) CQRA at each of the four (4) sessions. Each Clinical Question Resource activity must be submitted to LiveText within two (2) weeks of each COP session (or 14 calendar days). The due date is based on the date of the COP session. Submission after this date will be considered late.

➤ **Preceptor action:** Each student should define 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)

- At the beginning of the COP-1 experience, students will participate in an H&P writing workshop to prepare them for completing one on a patient seen in the clinic. This workshop will be led by the students' **Portfolio Advisor**. This advisor will follow each student throughout COP in both the first and second year. The role of this advisor is to help students develop their H&P writing skills.
- Towards the end of the COP-1 experience, students are expected to document one (1) complete history and physical exam write-up (H&P) from a patient interviewed during one of the COP-1 sessions. This H&P will be reviewed for formative feedback by their portfolio advisor. We also encourage all students to give the H&P to their COP preceptor for feedback prior to completion.
- Prior to writing the full H&P, each student is encouraged to write segments 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 the student prepare for the final H&P assignment and can be brought to their 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.



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### III. COP-1 Session Goals & Expectations

- Specific goals and expectations for the 4 COP-1 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-1, the student will have had instruction and practice in the complete medical interview and is, 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.

#### A. **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's Contract
- Interview 1-2 patients
- Student identifies one self-directed learning question to investigate and discusses it with their preceptor
- Student completes the Patient Encounter Log (PEL).

#### B. **Sessions 2-4**

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 a new self-directed learning question to investigate and discuss with their preceptor.
- Complete Patient Encounter Log (PEL).

COP Assignments Summary	
Assignments Due	Session
Learner's Contract	1
Patient Encounter Log (PEL)	All Sessions
Clinical Question Resource Activity	All Sessions
Complete History and Physical Exam	3 or 4

#### IV. 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 38).

#### V. 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 at least two weeks in advance of the anticipated session. Processing and orientation for hospitals may take 2-3 weeks.*



(unknown) UCF by Alexis Chacón

## VI. 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	M1 Coursework	M1 Coursework	M1 Coursework	M1 Coursework	M1 Coursework
9 am					
10 am	P-1 Didactic				
11 am					
12 pm	Lunch				
1 pm	M1 Coursework	P-1 CSSC / Flex-time	P-1 CSSC / Flex-time	Flex-time (Potential F.I.R.E. Events)	Flex-time
2 pm					
3 pm					
4 pm					

M1 Coursework = Human Body Module on campus

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

## VII. Learner's Contract Example

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### University of Central Florida Community of Practice

Student Name: Joe Smith  
Preceptor Name: Dr. Sánchez

#### Part I. Student's Goals

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

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

#### Part II. Preceptor's Goals

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

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

#### Part III. Preceptor

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

- Practice with Standardized Patients

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

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

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

## VIII. Learner's Contract Form

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### University of Central Florida Community of Practice

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

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

#### Part I. Student's Goals

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

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

#### Part II. Preceptor's Goals

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

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

#### Part III. Preceptor

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

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

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

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

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

## IX. 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 direct link will be e-mailed with a submission due date and instructions.

	Does not meet expectations	Meets expectations
<i>Skills &amp; Attributes</i>	<b><i>Objective Criteria</i></b>	
<b>Interpersonal Communication</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Fails to establish rapport with patients. Lacks skills to convey empathy and/or respect in the clinical encounter. Does not seek opportunities to interact with patients. Poor communication with preceptor and/or staff.	<input type="checkbox"/> Establishes good rapport with patients. Conveys empathy and respect. Effectively utilizes nonverbal skills in some situations. Good communication with preceptor and staff.
<b>Interviewing</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Unable to gather a coherent patient history. Omits major elements of the history. Frequently confuses "subjective" vs "objective" elements. Is <b><i>not</i></b> a reliable reporter.	<input type="checkbox"/> Can usually gather a patient history in an organized fashion. Obtains an accurate chief complaint. Can perform a complete HPI but occasionally omits an element and/or confuses "subjective" vs "objective" elements. Is a reliable reporter.
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.
<b>Professional Characteristics</b> <input type="checkbox"/> Directly observed	<input type="checkbox"/> Makes same error repeatedly. Does not take constructive criticism well. Often dressed inappropriately. Unreliable, came late, left early. Cancelled or reschedules sessions at the last minute.	<input type="checkbox"/> Responds to feedback. Corrects errors made. Occasionally engages in self-directed learning. Appropriate attire and demeanor. Reliable and punctual. Respectful of team members.

### Comments:

What the student did well:

What the student needs to improve:



## X. History and Physical Write-up Feedback Rubric

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
	Family History	None	Includes partial family history	Includes family history
Objective	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:

# Community of Practice 2

## I. COP-2 Specific Goals and Learning Objectives

1. Interview patients (complete and problem-focused histories)
2. Practice physical examination skills (both complete and problem-focused)
3. Observe and provide acute and chronic care to patients
4. Observe the social, financial, and ethical aspects of a medical practice
5. Read about patients' problems
6. Practice case presentations
7. Observe and assist with common bedside procedures
8. Utilize sources of evidence-based medicine to learn about patients' condition and management
9. Observe preceptor interacting with patients, colleagues and staff
10. Reflect on interactions with patients, colleagues and staff
11. Understand the various approaches to the organization, financing, and delivery of health care in different patient care settings.
12. Identify and understand the roles of different members of the Health Care Team (nurses, pharmacists, social workers, chaplains, etc.).

## II. COP-2 Students' Requirements

### A. Attendance

- Students are expected to attend all **four (4)** scheduled COP-2 sessions and remain for the entire scheduled time.
- Students may not request "time off" from the COP experience without permission from the COP Director. Please contact our COP Coordinator to verify all absence requests.

### B. Assignments

Students are expected to complete and submit a series of assignments throughout the COP-2 experience. Each assignment is summarized below to provide preceptors with guidance as to the expected level of participation for the student, classroom content and suggested structure of each session.

- **Revised Learner's Contract (RLC):**

- Students are asked to document an RLC at the beginning of COP-2. In this form students will summarize their learning needs and goals for the COP-2 experience. The formulation of an RLC requires that students reflect and make explicit their goals for learning.
- Students should arrive at their first COP session prepared to share and discuss their already-formulated Revised Learner's Contract. This allows an opportunity for the preceptor to also express their expectations of the students.

- **Patient Encounter Logs (PELs):**

- Students are required to complete 1 PEL per COP-2 session, for a total of 4 PELs by the end of the year.
- At the end of each session, students should complete the corresponding PEL. This log will record the number of patients seen at each session, including the student's level of participation with that patient's care and portions of the care that they performed. This log should be completed **the day of each COP session** (optimally, before leaving the session).
- Patient Encounter Logs (PELs) are completed via Qualtrics® on any mobile device. Students receive one individualized link to Qualtrics® via email to be used for all PELs to submit.

- **History and Physical Exam Write-ups (H&Ps)**

- Documenting the full History and Physical Examination in the format of a write-up is a core component of clinical rotations and a Core Entrustable Professional Activity (EPA) for entering residency, as defined by the AAMC. Despite the time and effort required, this exercise is essential to the clinical learning experience. The process helps the student organize thoughts and develop a differential diagnosis and plan. The final product can assess a student's ability to not only gather, but also to interpret and synthesize data.
- All students are required to write three (3) complete patient write-ups and submit them to their portfolio for formative feedback. **Formative H&P #1 through #3** are reviewed by the portfolio advisor who provides formative, constructive feedback, highlighting areas to improve on future write-ups. Students should keep in mind suggestions on their formative H&Ps when they write their summative one to be graded by P-2 Module Directors.
- Students should choose one of their formative H&Ps, review and improve it by incorporating their advisor's feedback, and submit it via LiveText as their **Best Work Summative H&P** to be graded by P-2 Module Directors. This summative H&P will be graded based on the same grading rubric used for formative feedback by portfolio advisors (see page 32).
- Students should familiarize themselves with relevant materials provided to them: **Guide to the Comprehensive Adult H&P, Guide to the Comprehensive Pediatric**

✓ *The documents referenced above can be found online via the following links:*

- **Guide to the Comprehensive Adult H&P Write-Up:**

<https://tinyurl.com/GuideToAdultHP>

- **Guide to the Comprehensive Pediatric H&P Write-Up:**

<https://tinyurl.com/GuideToPediatricHP>

- **Sample H&P from a 2<sup>nd</sup>-Year Student:**

<https://tinyurl.com/SampleHPbyM2Student>

✓ *Preceptors should facilitate the identification of "best patients" for students to perform a complete history and physical. Even though not all clinical settings are conducive to a full H&P, efforts should be made to accommodate this as best as possible.*

**H&P** as well as a **Sample H&P from a 2<sup>nd</sup>-Year Student** prior to attending COP-2 sessions. This will facilitate the collection of enough information and data from the patient and the medical record at the time of the patient encounter.

- **Narrative Reflection**
  - Students utilize self-reflection skills to complete a narrative reflection based on a COP-2 patient experience
- **Preceptor Evaluation**
  - Students evaluate their preceptors at the end of the academic year.

### III. COP-2 Session Scheduling

Once students receive their COP-2 preceptor assignment, they are responsible for contacting their preceptor to schedule COP-2 session dates. The COP Coordinator will provide students with preceptors' contact information and preferred methods to be reached (e.g., email, texts, office assistant, etc.). Students are expected to contact preceptors directly to introduce themselves and to confirm the meeting place and time. Students are asked to work with their preceptors to find mutually-feasible times while not conflicting with their curriculum obligations. Students are encouraged to discuss session scheduling as early as possible at the start of COP-2.

**IMPORTANT REMINDER:** Students **MUST NOT** schedule COP-2 time during scheduled module time even if they typically do not go to class.

#### IV. M-2 Weekly Schedule Template

The blocks of time highlighted in blue indicate potential COP-2 days and times and serve as a guide for you to indicate which days work best with your schedule.

Time	Monday	Tuesday	Wednesday	Thursday	Friday
8 am	M2 Coursework	P-2 CSSC / Flex-time	P-2 CSSC / Flex-time	Flex-time (potential F.I.R.E. events)	M2 Coursework
9 am					
10 am					
11 am					
12 pm	Lunch				
1 pm	P-2 Didactic	M2 Coursework	M2 Coursework	M2 Coursework	Flex-time
2 pm					
3 pm	Flex-time				
4 pm					

M2 Coursework = Systems Modules on campus

P-2 = Practice of Medicine Year 2

CSSC= Clinical Skills Center and Simulation

Flex-time= time allotted to attend Community of Practice or work on F.I.R.E. (research) projects

## V. COP-2 Session Goals

### A. Session 1

#### **Session Goals:**

- *Meet the learner*
- *Orient the learner to the clinical setting and introduce learner to the staff (if not already)*
- *Discuss learner's previous patient care or clinical experiences (if new student in your practice)*
- *Address your expectations for the learner*
- *Review the learner's Revised Learner's Contract (RLC) which documents expectations and learning needs and goals for the COP-2 experience*
- *Interview and/or examine a minimum of 2 patients*

#### **Session Overview:**

Students will work in pairs while interviewing and examining patients. One student should conduct the history and the other the physical exam. These roles will alternate on consecutive patients. The student not directly interviewing should still take notes because all students will be expected to write and submit an H&P to the electronic portfolio. The entire patient encounter should take no more than one hour.

Preceptors should consider observing at least one student-patient interaction. This will provide the opportunity to assess the students' degree of comfort with patient interactions as well as their level of competence. Students may participate in any of the following activities based on the patient availability and preceptor's assessment of students' level of comfort and competence:

- Taking a focused/full history (interviewing a patient, family member or caregiver)
- Performing a focused/full examination
- Counseling a patient

After the history and physical are complete, the group should meet for approximately 30 minutes to discuss the encounter. Attention should be given to techniques of interviewing and examination. The discussion may also begin to address the patient's problems, incorporating clinical reasoning skills.

✓ *The purpose of this discussion is to get the students on the right track with their clinical reasoning. Do NOT give them the problem list as you see it. Rather, begin the discussion, allowing the students to think through the patient's problems and how they will begin to approach the assessment and plan. Their "homework" for the next session is to write up this patient encounter, concluding with their assessment, including the problem list, the differential diagnosis as well as the plan.*

✓ *The preceptor should use this session to give immediate feedback and guide the students when deficits are noted at the time of the history and physical. You may want to take a 5-minute break between the history and physical exam to debrief and give the patient a break as well. This will allow for more immediate feedback on the history-taking component.*

## B. Sessions 2-4

### **Session Goals:**

- *Students perform a focused/detailed history and/or physical examination on 2 patients*
- *Students receive direct observation and/or feedback on the history and physical exam techniques from the preceptor and peer immediately following the encounter*
- *Students practice oral patient presentations*
- *Students begin to utilize clinical reasoning skills*
- *Students write a full H&P (individually) and submit to the learning portfolio*

### **Session overview:**

Preceptor and students should meet and review appropriate patients for students to interview and/or examine. Students will work in pairs while interviewing and examining patients. One student should conduct the history and the other the physical exam. These roles will alternate on consecutive patients. The student not directly interviewing should still take notes because all students will be expected to write and submit an H&P to the electronic portfolio. The entire patient encounter should take no more than one hour.

Preceptors should consider observing at least one student-patient interaction. This will provide the opportunity to assess the students' degree of comfort with patient interactions as well as their level of competence. Students may participate in any of the following activities based on the patient availability and preceptor's assessment of students' level of comfort and competence:

- Obtaining patient's vital signs
- Taking a focused/full history (interviewing a patient, family member or caregiver)
- Performing a focused/full examination
- Counseling a patient
- Completing a SOAP/progress note

After the history and physical are complete, the group should meet to discuss the encounter. Attention should be given to techniques of interviewing and examination. The discussion may also begin to address the patient's problems, incorporating clinical reasoning skills.

- ✓ *The purpose of this discussion is to get the students on the right track with their clinical reasoning. Do NOT give them the problem list as you see it. Rather, begin the discussion, allowing the students to think through the patient's problems and how they will begin to approach the assessment and plan.*
- ✓ *The preceptor should use this session to give immediate feedback and guide the students when deficits are noted at the time of the history and physical.*
- ✓ *Students' "homework" for the next session is to write up a patient encounter (H&P) and submit it to the learning portfolio. The H&P should include their assessment, problem list, the differential diagnosis as well as their plan.*
- ✓ *Preceptors may want to review the student's write-up at next session (optional).*

## VI. Preceptor and Student Session Expectations

### ***Student Expectations:***

- Practice obtaining a history and/or physical examination on 2 patients per session
- Receive direct observation and feedback from the preceptor and peers
- Discuss techniques of the history and physical immediately following the encounter
- Begin to utilize clinical reasoning skills
- Follow proper dress code
- Professionalism code

### ***Preceptor Expectations:***

- Arrange in advance for suitable patient(s) for the History and Physical (H&P).
- Role-model doctor-patient communication
- Role-model the flow of the physical exam
- Demonstrate physical exam findings (ascites, asterisks, edema, etc.)
- Demonstrate clinical maneuvers
- Provide verbal feedback to the students
- Evaluate student professionalism at the end of the rotation

### **Suggested Session Structure:**

Students are expected to work with preceptors for four-hour sessions. It will be at the discretion of the preceptors (taking into consideration the session and clinical setting) to organize each session differently with some time dedicated to patient interview and exam, oral presentations, and/or patient discussion, management, etc.



## VII. Community of Practice-2 Preceptor Evaluation of Student Professionalism

Please provide feedback on your assigned student for Community of Practice:

### 1) Integrity

- ☐ **Exemplary:** Student demonstrated exemplary interactions with patients, colleagues, faculty and staff.
- ☐ **Meets Expectations:** Student demonstrated integrity in interactions with patients, colleagues, faculty and staff.
- ☐ **Does Not Meet Expectations:** Student lacked integrity in interactions with patients, colleagues, faculty and staff even after feedback was provided.

### 2) Patient Confidentiality

- ☐ **Meets Expectations:** Student maintained patient confidentiality and showed respect to all individuals.
- ☐ **Does Not Meet Expectations:** Student did not maintain patient confidentiality and/or showed disrespect.

### 3) Appearance and Attire

- ☐ **Meets Expectations:** Student was dressed professionally at all times.
- ☐ **Does Not Meet Expectations:** Student did not dress professionally. Student was notified more than once of this expectation.

### 4) Reliability

- ☐ **Exemplary:** Student consistently completed assigned tasks (readings, write-ups) and arrived in a timely manner. Student was always well prepared for COP sessions.
- ☐ **Meets Expectations:** Student completed assigned tasks (readings, write-ups) on time, arrived in a timely manner and was prepared for COP sessions.
- ☐ **Does Not Meet Expectations:** Student did not follow through on assigned tasks (readings, write-ups), was frequently late, cancelled sessions or came unprepared for COP sessions.

### 5) Adaptability and Receptivity to Feedback

- ☐ **Exemplary:** Student actively sought feedback and incorporated suggestions. Student proactively created a plan to improve knowledge and skills.
- ☐ **Meets Expectations:** Student was receptive to feedback when appropriate. Student was responsible for deficiencies and took corrective steps.
- ☐ **Does Not Meet Expectations:** Student was not receptive to feedback when appropriate. Student did not take responsibility for deficiencies or take corrective steps.

**6) Interpersonal Skills**

- ☐ **Exemplary:** Exemplary interpersonal skills. Consistently demonstrated the ability to establish rapport and employ active listening to communicate effectively with patients, colleagues and staff. Always demonstrated patience and respect in interactions with patients, colleagues and staff.
- ☐ **Meets Expectations:** Student demonstrated the ability to establish rapport and employ active listening to communicate effectively with patients, colleagues and staff. Demonstrated patience and respect in interactions with patients, colleagues and staff.
- ☐ **Does Not Meet Expectations:** Student did not demonstrate the ability to establish rapport and employ active listening to communicate effectively with patients, colleagues and staff.

**7) Relations with Team**

- ☐ **Exemplary:** Active team member. Consistently worked effectively with others as a team member.
- ☐ **Meets Expectations:** Student worked effectively with others as a team member.
- ☐ **Does Not Meet Expectations:** Student had difficulty working effectively with others as a team member.

**8) Commitment to Learning**

- ☐ **Exemplary:** Student always displayed interest and enthusiasm in learning and patient interactions. Consistently contributed to an atmosphere conducive to learning. Consistently engaged in self-directed learning and demonstrated intellectual curiosity. A role model to fellow students.
- ☐ **Meets Expectations:** Student usually displayed interest and enthusiasm in learning and patient interactions. Contributed to an atmosphere conducive to learning. Student mostly engaged in self-directed learning.
- ☐ **Does Not Meet Expectations:** Student displayed little to no interest in learning and patient interactions. Did not contribute to an atmosphere conducive to learning. Student did not engage in self-directed learning.

**9) Do you have any confidential feedback about this student? (Students will see your above responses but will NOT see your comments to this question)**

## VIII. History & Physical Write-Up Assessment Rubric

	Component of Write-up	Incomplete	Developing I	Developing II	Developing III	Advanced
Subjective	<b>Chief Complaint</b> 0-2 points	None [0 points]		Present		Includes patient's main complaint, in patient's words, and no additional information/patient information/other non-pertinent wording [2 points]
	<b>Opening Sentence</b> 0-5 points	None [0 point]		present but lacks appropriate important information, or includes information that is not important to the differential		includes appropriate history and not distractors [5 points]
	<b>HPI (0-10 points, 2 for each component below)</b>					
	<b>HPI Organization</b>	Not organized		Partially organized		Well organized
	<b>HPI Thoroughness</b>	Not thorough		Partially thorough		Very thorough
	<b>HPI Includes pertinent positive ROS</b>	Does not include pertinent positive ROS		Includes some pertinent positive ROS		Includes most pertinent positive ROS
	<b>HPI Includes pertinent negative ROS</b>	Does not include pertinent negative ROS		Includes some pertinent negative ROS		Includes most pertinent negative ROS
	<b>HPI Includes pertinent past history/ family history/social history</b>	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
	<b>PMH</b> 0- 2 points	None [0 points]		Disorganized, incomplete, paragraph format		Organized, thorough, bulleted format (includes surgical history, ob/gyn history if appropriate, vaccinations & developmental history if a child) [2 points]
	<b>Medications</b> 0-2 points	nothing written (if no medications, must state so) [0 point]		medications listed but uses abbreviations, trade names		Medications listed, no abbreviations, generic names, or no meds listed as "no medications" [2 points]
	<b>Allergies</b> 0-2 points	Nothing listed (if no allergies, must indicate such) [0 point]		Allergies listed but not reactions		Allergies and reactions listed, or no allergies listed as "no known drug allergies" [2 points]
	<b>Social History</b> 0-1 points <i>Point system does NOT reflect a lack of importance to this!!!</i>	None [0 point]		Includes some but not all of alcohol, tobacco, drug use, living situation/social support		Includes alcohol, tobacco, drug use and living situation/social support [1 points]

	<b>Family History</b> <b>0-1 points</b> <i>Point system does NOT reflect lack of importance</i>	None [0 point]		Includes partial family history		Includes family history [1 points]
	<b>ROS</b> <b>0- 5 points</b> General; Skin; HEENT; Respiratory; Cardiac; GI; GU; GYN; Musculoskeletal; Vascular; Neurological; Psychiatric; Endocrine; Hematologic.	None [0 points]		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 [5 points]
<b>Objective</b>	<b>Physical Examination</b> <b>0-10 points</b> Vital Signs, General Appearance, Skin, HEENT, CV, Respiratory, GI, GU, Musculoskeletal, Neurologic, Psychiatric	None [0 points]		Incomplete, Unorganized		Includes vitals, organized in appropriate order, thorough [10 points]
<b>Summary</b>	<b>Summary Statement</b> <b>0-10 points</b>	None [0 points]		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 [10 points]
<b>TOTAL FOR ABOVE: 50 POINTS</b>						
<b>Assessment and Plan</b>	<b>Problem List</b> <b>0- 5 points</b>	None listed [0 points]		Present but incomplete		Organized, thorough, complete; includes chief complaint [5 points]
	<b>Differential diagnosis</b> <b>0-20 points</b>	None [0 points]		Less than 3 items on differential		At least 3 items on the differential, includes the cc as a problem for clinical reasoning [20 points]
	<b>Clinical Reasoning</b> <b>0- 25 points</b>	None [0 points]	Minimal reasoning, does not list most likely diagnosis or “must not miss” diagnosis	More thorough, but not organized into “differential, work up, treatment” ”	Thorough and organized, works through differential, describes why and why not diagnoses should be considered, includes most likely diagnosis (and describes this), includes “must not miss” diagnoses when appropriate; organized into “differential, work up, treatment plan” format	Differential and clinical reasoning “wows”; reasoning is advanced; [25 points]
<b>TOTAL FOR ABOVE: 50 POINTS</b>						

# Program Policies & Other Details

## I. Teaching at Your Site



"Front Desk" (2011) UCF Marketing

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

1. Review COP-2 learning goals and objectives.
2. Review the student's information.
3. Plan time at the end of the session for case discussion and learner feedback.
4. Consider adjusting 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 (only applicable to some preceptors).
5. Check your schedule for any upcoming trips, days away from the office, etc.

### B. One Week before the Student Arrives

1. Remind your 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 with you.
4. Identify a workspace for the learner.
5. Generate list of staff, their locations, and a short description of their responsibilities.
6. Review session goals.

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

- Please refer to session goals for suggestions on selecting patients for the students to see.
- Inform your patients that you are providing a learning experience for medical students.
- Ask the patient's permission before bringing the learner into the examining room or before allowing the learner to see the patient independently.

### D. When introducing the student use positive language: "I have a medical student with me today. If it's OK I'd like him/her to talk to you and examine you first. I will come in and see you afterwards."

### E. 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. Martínez 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.



"Meeting at Pegasus" (2012) UCF Marketing

## II. Community of Practice Preceptor Requirements

### A. Preceptor Requirements

1. Be available for at least 4 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 end-of-year student evaluations. (See evaluation forms on pages 14 and 24).
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

#### Very Important Notice:

Preceptors cannot be involved in the medical care of students they supervise in compliance with the following LCME statement:

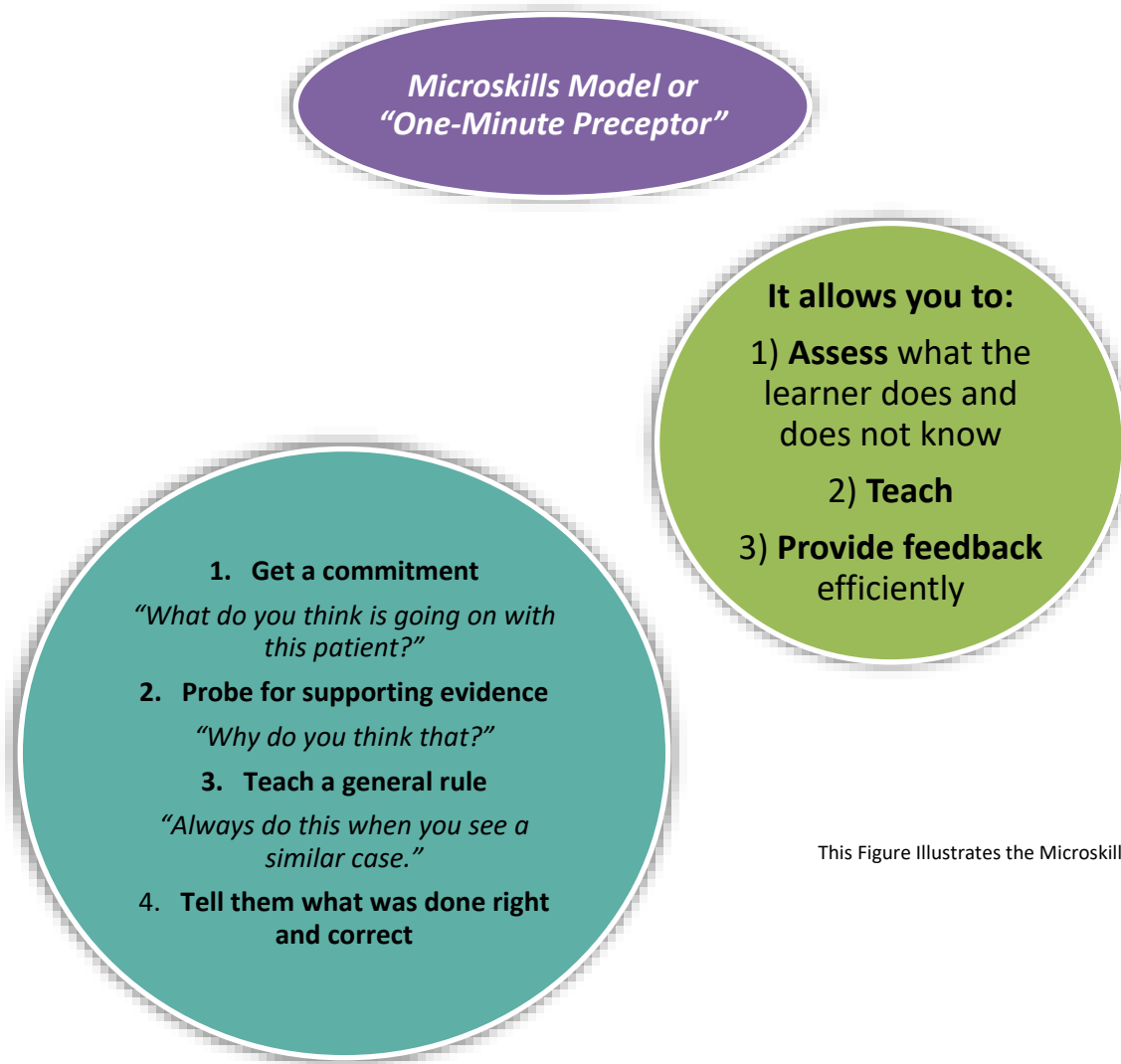
*The Liaison Committee on Medical Education (LCME) requires that faculty/preceptors are not to provide medical care (including psychiatric/psychological counseling) to learners who they are responsible for evaluating. A statement certifying that you have not at any time, previously or currently, provided healthcare to your assigned student(s) will be included in our COP preceptor evaluations.*

### III. 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.



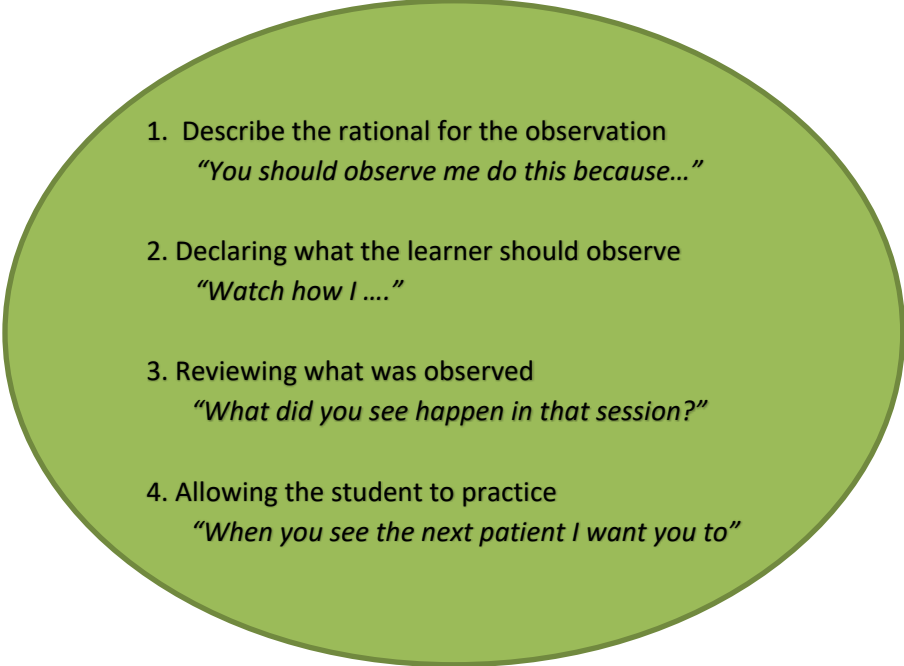
This Figure Illustrates the Microskills Model



## 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. Declaring what the learner should observe  
*“Watch how I ....”*
  3. Reviewing what was observed  
*“What did you see happen in that session?”*
  4. Allowing the student to practice  
*“When you see the next patient I want you to”*

## C. Physical Exam Skills Instruction

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

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

## IV. Student Feedback, Assessment & Grading

### A. Student Feedback

We ask that during COP sessions preceptors provide feedback to medical students on an ongoing basis. Despite conventional wisdom, feedback should not be reserved to address poor performance only; on the contrary, feedback should be used to highlight students' positive behaviors, strengths and successes.

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 the patient might 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.

## **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.

## B. Assessment & Grading

The longitudinal evaluation of students during COP will be achieved through two different assessment processes:

1. **Preceptor Evaluations:** COP community preceptors will evaluate students' professionalism and overall performance at the end of the year. Preceptors play a unique role as a role model and source of professionalism feedback and evaluation during the COP clinical sessions.
2. **Electronic Learner Portfolio:** In COP-2, the COP e-Portfolio will serve as a means to track core competencies such as self-directed learning as well as a vehicle for **longitudinal, multi-source assessment** of students' achievements. Students will be charged with completing and submitting activities and pre-defined exercises such as learning goals, H&Ps, and reflective exercises for formative feedback and summative assessment.

Core COM clinical faculty will serve as Portfolio Advisors. Each portfolio advisor will be assigned a group of students and will provide ongoing formative feedback to students both individually and in group sessions throughout the year. Summative assessments will be conducted by the P-2 Module Directors.

## C. Professionalism

Students are expected at all times to:

- Adhere to the UCF Honor Code and Guidelines of Professional Conduct as found online at <https://med.ucf.edu/media/2012/08/UCF-COM-Honor-Code-2014-20151.pdf>.
- Arrive promptly and prepared for all scheduled activities and COP-2 sessions
- Appear in professional attire (Refer to the "Dress Code for Patient Care and Clinical Activities" section of the UCF College of Medicine Dress Code Policy found via the following online link: <http://med.ucf.edu/media/2012/08/DRESS-CODE-POLICY.pdf>)
- Bring all relevant medical tools to COP sessions
- Demonstrate honesty and integrity in all interactions with patients, families, staff and colleagues
- Maintain the highest standards of patient confidentiality. This includes, but is not limited to, the following:
  - Adhere to HIPAA Standards in all patient interactions and communications
  - Refrain from any digital, video or audio recording of patients
  - **Never post any patient-related or course material on any social media site.**

Please contact the Module Director or COP Coordinator immediately if you encounter any of the following incidents:

#### CRITICAL INCIDENT REPORT

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

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"Preceptorship" (2013) UCF by Angelica Partridge

## V. 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 team member.

### ***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.

## VI. 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, inpatient 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**.

- **Directory Information** may be disclosed, unless the student requests otherwise. *Please refer such requests to your department office or to the Registrar's Office.*
- Name
  - Current Mailing Address
  - Telephone Number
  - Date of Birth
  - Major
  - Dates of Attendance
  - Enrollment Status (Full/Part-time)
  - Degrees/Awards Received
  - Participation in Officially-Recognized Activities and Sports
  - Athletes' Height/Weight
- **Personally-Identifiable Information or Educational Records may not** be released to **anyone** but the student and only then with the proper identification.

Personally-Identifiable Information	Educational Records
Including, but <b>not</b> limited to:	Including, but <b>not</b> limited to:
<ul style="list-style-type: none"><li>• Social Security Number</li><li>• Student ID-PID (PeopleSoft)</li><li>• ISO Number</li><li>• Residency Status</li><li>• Gender</li><li>• Religious Preference</li><li>• Race/Ethnicity</li><li>• Email Address</li></ul>	<ul style="list-style-type: none"><li>• Grades/GPA</li><li>• Student's Class Schedule</li><li>• Test Scores</li><li>• Academic</li><li>• Academic Transcripts</li></ul>

*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**.

**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.

**Gradebooks 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 Gradebook disclosure, all notations pertaining to other students would be stripped out of the copy provided for review.

**FOR MORE INFORMATION:** <http://registrar.ucf.edu/ferpa>

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

# M.D. Program

## I. 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.

## II. M2-Year Module Descriptions

### **Cardiovascular and Pulmonary Systems Module**

The Cardiovascular and Pulmonary Systems module is designed to serve as an introduction to the disease processes, which affect the cardiovascular and pulmonary systems. This module builds upon an understanding of the structure and function of the cardiovascular and pulmonary systems, and enables students to integrate basic science and clinical concepts related to these systems, with emphasis on the pathology, pathophysiology, diagnosis and treatment of patients with cardiovascular and pulmonary diseases. Appropriate examples of medical imaging and diagnostic techniques are introduced, including pulmonary function testing and basic ECG recording and interpretation.

### **Endocrine and Reproductive Systems Module**

The Endocrine and Reproductive Systems block in the 2nd year at UCF provides an overview of Endocrine, Reproductive and Genitourinary disorders, focusing on major disease classification and terminology, signs and symptoms, methods of diagnosis, and differential diagnosis as supported by evidence-based medicine. Basic science and clinical concepts from the first year are applied to the understanding and treatment of disease of these systems. This module focuses on molecular and cellular pathology, clinical, pathologic, and laboratory findings, as well as treatment and management of patients with common metabolic and endocrine disorders such as diabetes mellitus, growth and pubertal development, endocrine and hormonal causes of hypertension, pancreas, parathyroid, thyroid, adrenal and neuroendocrine disorders. In addition, this module covers the pathophysiology and pathology of nutritional inadequacies or excesses, their clinical manifestations, prevention and treatment.

### **Gastrointestinal and Renal Systems Module**

The Gastrointestinal and Renal module focuses on diseases of the gastrointestinal tract, including the hepatobiliary system, and nephrology, including diseases of the urinary tract. These areas focus on the pathology, pathophysiology, signs and symptoms, diagnostic methods, and drugs used for the treatment of GI and urinary tract diseases. The basic science and clinical concepts of Year 1 are expanded to include the pathology and pathophysiology, as well as the pharmacological treatments of diseases of these systems. This module emphasizes the molecular and cellular pathology, clinical, pathologic, and laboratory findings, treatment and management of patients with GI, hepatic, and genitourinary disorders.

### **Skin and Musculoskeletal Systems Module**

The Skin and Musculoskeletal Systems module is focused on the pathology, diagnosis and treatment of disorders of the skin and the musculoskeletal systems. Students build on basic science and clinical concepts from year 1 to understand common presenting complaints, diagnostic techniques, and treatment methods for cutaneous and musculoskeletal disorders. This module emphasizes the molecular and cellular pathology, clinical, pathologic, and laboratory

findings, treatment and management of patients with diseases of the skin and musculoskeletal system. Treatment methods include pharmacological, physical, and surgical modalities.

### **Brain and Behavior Module**

The Neuroscience module emphasizes the molecular basis and pathophysiological processes of common neurological disorders. The module focuses on basic and common neurologic issues, integrated with an understanding of their effects on other physiologic systems. The module includes an overview of neuroanatomy and neurophysiology, with correlation to disorders of the central and peripheral nervous system. This module offers an in-depth understanding of the molecular basis of neurologic disorders, pathology, pathophysiology, diagnosis and treatment. Inclusive in the study of nervous system disorders is the study of developmental and psychiatric disorders along with their pathology, diagnosis and treatment.

### **Focused Inquiry Research Experience 2 (F.I.R.E.)**

During year 2 of the “Keep the Dream Alive” module, students complete their projects initiated during year 1 and present them to faculty and peers during a mini-conference highlighting their work. It is expected that projects result in a scholarly presentation or publication. The conference is scheduled so that both first-year and second- year students can attend, providing opportunity for second-year students to serve as role models for their classmates. Projects and research may extend into the third and fourth years, and for students continuing their research, additional opportunities for presentation are available.

### **Practice of Medicine 2 Module**

The goal of the Practice of Medicine continuum is to help students develop the essential knowledge and skills to optimally participate and learn in clerkship-level clinical care environments.

Practice of Medicine-2 (P-2) is a year-long module, integrated with the organ systems (S) modules, which teaches advanced clinic skills and stresses the development of clinical reasoning. The P-2 module builds upon physical examination and medical interviewing skills learned in the P-1 module. Key areas of learning include advanced oral presentation and medical documentation skills, development of basic clinical decision-making and application of selected diagnostic tests. Integration with the Systems (S) modules highlights the link between foundational knowledge and clinical practice while promoting intellectual curiosity, self-directed learning and clinical reasoning skills.

P-2 module instructional activities incorporate a variety of modalities to promote experiential learning and skill acquisition. These include interactive presentations, small group sessions, student-directed independent learning tasks and Clinical Skills and Simulator Center (CSSC) exercises. As in P-1, the CSSC provides the setting for student encounters with Standardized Patients (SPs), high-fidelity simulators and task trainers as well as web-based activities for the learning, practice and assessment of clinical skills.

The Community of Practice component, a longitudinal clinical experience, is integrated within P-2 as students continue to work with preceptors throughout the Central Florida medical community,

expanding their experiences in a clinical setting. Longitudinal Curricular Themes (LCT) are interwoven throughout the course with the aim to help students appreciate the complexity and interdisciplinary nature of caring for patients.

### III. Library and UCF COM Links

#### **The Harriet F. Ginsburg Health Sciences Library**

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

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

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.

<http://med.ucf.edu>