FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—NEW COURSE PROPOSAL

UGPC APPROVAL _____
UFS APPROVAL _____
SCNS SUBMITTAL _____
CONFIRMED _____
BANNER POSTED _____
ONLINE _____
MISC _____

DEPARTMENT NAME: BMED | **COLLEGE OF: COLLEGE OF BIOMEDICAL SCIENCE – MEDICAL EDUCATION PROGRAM**

RECOMMENDED COURSE IDENTIFICATION:

PREFIX _____BMS_____ **COURSE NUMBER** __6940_____ **LAB CODE** (L or C) _____

(*TO OBTAIN A COURSE NUMBER, CONTACT ERUDOLPH@FAU.EDU*)

COMPLETE COURSE TITLE : INTEGRATED PATIENT CARE 1

EFFECTIVE DATE
(first term course will be offered)

FALL, 2011

CREDITS: 2 HRS.

TEXTBOOK INFORMATION:
Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (TenthEdition).* Philadelphia, PA: Lippincott Williams & Wilkins; 2009

GRADING (*SELECT ONLY ONE GRADING OPTION*): **REGULAR** __X____ **PASS/FAIL** _____ **SATISFACTORY/UNSATISFACTORY** _____

COURSE DESCRIPTION, NO MORE THAN 3 LINES: The purpose of the Integrated Patient Care 1 course is to provide students with an opportunity for hands on experience with the practice of medicine. Continuity is achieved at the level of patient care through a year-long assignment to the same clinical sites with experienced clinicians from the faculty and the community. It is to serve as a counterpart to the Physicianship Skills course which provides the opportunity to explore themes of medicine in a classroom setting

PREREQUISITES W/MINIMUM GRADE:*	**COREQUISITES:**	**OTHER REGISTRATION CONTROLS (MAJOR, COLLEGE, LEVEL):**

PREREQUISITES, COREQUISITES & REGISTRATION CONTROLS SHOWN ABOVE WILL BE ENFORCED FOR ALL COURSE SECTIONS.
**DEFAULT MINIMUM GRADE IS D-.*

MINIMUM QUALIFICATIONS NEEDED TO TEACH THIS COURSE : M.D.

Other departments, colleges that might be affected by the new course must be consulted. List entities that have been consulted and attach written comments from each.

Gauri Agarwal, M.D
E-Mail: gagarwal@fau.edu
Phone: (561) 297-4132

_____
Faculty Contact, Email, Complete Phone Number

SIGNATURES

Approved by:	***Date:***
Department Chair: _____	_____
College Curriculum Chair: _____	_____
College Dean: _____	_____
UGPC Chair: _____	_____
Dean of the Graduate College:	_____

SUPPORTING MATERIALS

Syllabus—must include all details as shown in the UGPC Guidelines.

Written Consent—required from all departments affected.

Go to: *http://graduate.fau.edu/gpc/* to download this form and guidelines to fill out the form.

Email this form and syllabus to *diamond@fau.edu* and *eqirjo@fau.edu* one week ***before*** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website by committee members prior to the meeting.

FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—NEW COURSE PROPOSAL

UGPC APPROVAL _____
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CONFIRMED _____
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ONLINE _____
MISC _____

DEPARTMENT NAME: BMED

COLLEGE OF: COLLEGE OF BIOMEDICAL SCIENCE – MEDICAL EDUCATION PROGRAM

RECOMMENDED COURSE IDENTIFICATION:

PREFIX _____BMS_____ **COURSE NUMBER** ____6941_____ **LAB CODE** (L or C) _____

(*TO OBTAIN A COURSE NUMBER, CONTACT ERUDOLPH@FAU.EDU*)

COMPLETE COURSE TITLE : INTEGRATED PATIENT CARE 2

EFFECTIVE DATE

(first term course will be offered)

FALL, 2011

CREDITS: 3 HRS.

TEXTBOOK INFORMATION:

Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (TenthEdition).* Philadelphia, PA: Lippincott Williams & Wilkins; 2009

GRADING (*SELECT ONLY ONE GRADING OPTION*): **REGULAR** __X____ **PASS/FAIL** _____ **SATISFACTORY/UNSATISFACTORY** _____

COURSE DESCRIPTION, NO MORE THAN 3 LINES: The purpose of the Integrated Patient Care 2 course is to provide students with an opportunity for hands on experience with the practice of medicine. Continuity is achieved at the level of patient care through a year-long assignment to the same clinical sites with experienced clinicians from the faculty and the community. It is to serve as a counterpart to the Physicianship Skills course which provides the opportunity to explore themes of medicine in a classroom setting

PREREQUISITES W/MINIMUM GRADE:*	**COREQUISITES:**	**OTHER REGISTRATION CONTROLS (MAJOR, COLLEGE, LEVEL):**
INTEGRATED PATIENT CARE 1		

PREREQUISITES, COREQUISITES & REGISTRATION CONTROLS SHOWN ABOVE WILL BE ENFORCED FOR ALL COURSE SECTIONS.

******DEFAULT MINIMUM GRADE IS D-.*

MINIMUM QUALIFICATIONS NEEDED TO TEACH THIS COURSE : M.D.

Other departments, colleges that might be affected by the new course must be consulted. List entities that have been consulted and attach written comments from each.

Gauri Agarwal, M.D
E-Mail: gagarwal@fau.edu
Phone: (561) 297-4132

_____

Faculty Contact, Email, Complete Phone Number

SIGNATURES

SUPPORTING MATERIALS

Approved by:	***Date:***
Department Chair: _____	_____
College Curriculum Chair: _____	_____
College Dean: _____	_____
UGPC Chair: _____	_____
Dean of the Graduate College:	_____

Syllabus—must include all details as shown in the UGPC Guidelines.

Written Consent—required from all departments affected.

Go to: *http://graduate.fau.edu/gpc/* to download this form and guidelines to fill out the form.

Email this form and syllabus to *diamond@fau.edu* and *eqirjo@fau.edu* one week ***before*** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website by committee members prior to the meeting.

FAU Medical Education Program. 2011-2012

Syllabus :

1. **Course title** : Integrated Patient Care 1 and 2

Course number: BMS 6940 (IPC 1) and BMS 6941 (IPC 2)
Number of credit hours: 2 for IPC 1; 3 for IPC2
Lecture Hours: 90 minutes (Didactics) IPC1; 75 minutes (Didactics) IPC2
Small-group Hours: Simulation activities and History Taking Evaluation
Other activity Hours: 3hrs/week each at the Community Preceptor site and the Department of Health Clinics

2. Course prerequisites:

Accepted for matriculation in the FAU Medical Sciences program.

3. Course logistics:

a. term: fall and spring 2012
b. not an online course
c. Biomedical Science Building room BC-126, small group PBL rooms and appropriate clinics.

4. Instructor information:

Course Director:	Gauri Agarwal, M.D. BC-118 gagarwal@fau.edu Office: 561-297-4132	Julia Belkowitz, M.D. BC-226 jbelkowi@fau.edu Office: 561-297-5013	Julie C. Servoss, M.D., M.P.H. BC-225 jservoss@fau.edu Office: 561-297-4133
Course support:	Ms. Ashia Milligan IPC Specialist BC-137 Phone: 561-297-4333 Fax: 561-297-0536 amilliga@fau.edu		

Please note: Any official student communication from the director or program assistant will be sent via e-mail to students at their FAU e-mail addresses. *If students would like to meet with the course director, they must call or e-mail the course director to schedule an appointment.*

5. TA contact information:

N/A

6. Course description:

Rationale:

The Continuity Medicine Curriculum uses a chronic illness model and an integrated patient care approach to prepare students for medical practice. The purpose of the Integrated Patient Care course is to provide students with an opportunity for hands on experience with the practice of medicine. Continuity is achieved at the level of patient care through a year-long assignment to the same clinical sites with experienced clinicians from the faculty and the community. It is to serve as a counterpart to the Physicianship Skills course which provides the opportunity to explore themes of medicine in a classroom setting. With these courses, students will gain an understanding of the fundamental principles necessary to becoming informed, reasoned, compassionate, and conscientious physicians.

Medicine is a human experience; certainly for the patient and inevitably for the physician. Being a physician is both a privilege and a responsibility. No matter what medical career you choose, the experiences, knowledge, and skills that you gain from these courses are intended to help you become the best physician you can be. We hope to teach you skills you can put into practice, and are dedicated to assisting you in achieving the course goals and objectives.

The faculty members who have been chosen to participate with you in the Integrated Patient Care experiences look forward to being with you as you begin this journey of life-long learning.

Students are expected to log in regularly to their One45 account to see their individual assignments for dates and locations.

7. Course objectives/student learning outcomes: Competency Based Objectives:

At the end of the IPC 1 and 2 courses, medical students will be able to:

Professionalism

- Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to their peers, patients and faculty
- Appreciate the importance of a compassionate, non-judgmental attitude with sensitivity to a patient's culture, age, gender, sexual preference, socioeconomic background, health literacy, and disabilities on establishing an effective and therapeutic patient-physician relationship
- Understand and respect the roles of other health care professionals and the need to collaborate with each other in caring for individual patients
- Apply reflective practice as a strategy to achieve personal and professional growth (for instance in such diverse areas as learning skills, stress management, conflict resolution, communication skills, cultural competence, empathy, and professionalism skills)
- Demonstrate intra- and interpersonal awareness and begin to define areas of potential improvement
- Apply methods to reduce stress and improve wellness in oneself and in patients

Interpersonal Skills and Communication

- Demonstrate an ability to effectively interact with patients and the medical team during typical outpatient encounters
- Apply interpersonal and communication skills in developing an effective and therapeutic patient-physician relationship
- Sharpen interpersonal and communication skills for effectively setting the tone for an effective patient-physician relationship and for expressing professionalism during the medical encounter
- Apply the use of non-verbal communication skills to strengthen interpersonal relationships, including the patient-doctor relationship
- Demonstrate increased awareness of non-verbal gestures and behaviors
- Apply specific data-gathering communication skills (attentive listening, open-ended and closed-ended questions, reflection, facilitation, clarification and direction, checking/summarization)
- Apply the concepts of cultural competence and health literacy to effective and therapeutic patient-physician communication

Patient Care

- Document involvement in obtaining a history for at least 20 adult and/or pediatric patients
- Document involvement in conducting a physical exam on at least 20 adult and/or pediatric patients
- Concisely present a history and physical to the medical team
-

Medical Knowledge

- Describe the impact of chronic illness on individual patients and their patients
- Document common chronic illnesses such as diabetes, hypertension, heart disease, obesity, etc. seen in patients in various clinical settings

Practice-Based Learning and Improvement

- Reflect on the importance of dedication to life-long learning and strive for excellence in order to consistently provide the most optimal patient care
- Describe basic strategies for effective feedback
- Take charge of their own learning and effectively elicit feedback from faculty and peers in order to optimize learning
- Use a journal to record immersion experience as a strategy to optimize learning and promote self-reflection
- Apply the 'reflective practice' defined in the Introduction to the Medical Profession course and continue to relate it to one's own learning style
- Apply mindful and reflective practice that fosters self-awareness and promotes learning from experiences, especially those during which outcome did not match intent
- Use the patient encounter as a starting point for to apply basic literature search techniques and incorporate EBM into learning

Systems-Based Practice

- Identify key differences in terms of access to care between the patients seen in private offices and at the Department of Health.
- Describe resources provided by Department of Health and other agencies experienced during immersions.
- Discuss examples of how the patients' and the health care providers' environment and healthcare systems may influence patient care and outcome
- Explain the value of multi-disciplinary collaboration for patient care
- Reflect on how cultural competence, including a basic understanding of our patients' health literacy needs, may foster competence in systems-based practice
- Discuss the potential impact of chronic illness on someone's life
- Describe some of the potential systems barriers to achieving a high quality of care for all patients with chronic illnesses (for example, access to care, inadequate systems to prevent complications and errors, health literacy and cultural competence)
- Consider improvement strategies to help patients take care of their own disease and to help optimize quality of chronic illness care
- Identify potential causes of limited access to care and begin to reflect on potential improvement strategies to help overcome some of the challenges
- Describe some of the many factors related to health care access, including health insurance coverage, transportation, physician availability, language barriers, limited health literacy, and cultural competency

8. Course evaluation method:

Examination Policy: There are no examinations given for the Integrated Patient Care 1 and 2 courses. Evaluation is based on criteria described below.

Grading Policy:

Activity	Date	Approximate Percentage of Grade
DoH and Preceptor Evaluations		40
Attendance		20
Assignments		20
Patient Logs		20
Total		100

§ DoH and Community Preceptor Evaluations- 40%

- IPC Feedback form is completed by Preceptors. (This is formative feedback and therefore not graded per se, but used to get a complete picture of student progress and performance. Should be reviewed by students with their preceptor.)
- Mid-semester session with course directors (This is formative feedback and therefore not graded per se, but used to get a complete picture of student progress and performance. It includes the IPC Feedback forms and requires that the student provide self-assessment.)
- IPC Summative Evaluation Form at the end of the course with the course directors (This is summative and therefore graded.)
- *Copies of the forms used to evaluate students may be found under the "Handouts and links" of the student e-Dossier on Blackboard.*

§ Attendance- 20%

- All sessions are mandatory. Attendance at the Community Preceptor will be documented via a paper sign-in sheet initialed by the student and the preceptor. This sign-in sheet should be fax'd to the IPC specialist at the end of the semester. Due dates for the attendance forms are: Friday, December 11th and May 21st.
- Any unexcused absences will result in a 2 point deduction per absence from the final course grade (see Attendance Policy on p.11). For an absence to be excused, written/ email permission must be granted directly from course directors.
- If a community preceptor is not able to make it to a session, the student must notify one of the course directors, and the student must discuss with their preceptor possible dates to make up their sessions. If a preceptor will be out for more than two sessions, and the student is unable to schedule alternate days with their preceptor, a course director will arrange for an alternate clinical experience.

§ Assignments- 20%

- Office Manager visit. A printed copy of the student's journal entry must be submitted to the IPC specialist by Friday, May 21.

- Journal entries- must be completed by 9am on every Friday and will be evaluated for quality
- Written H & Ps (of 2 patients presented during learning communities. Due by 9am on December 4th and May 21st**.** Students should follow the template at the end of this document, with the emphasis on the history and physical exam portions of the encounter.

§ Patient Logs- 20%

- Must be completed weekly and finished by 9am on Friday. **Failure to do so leads to a grade of zero for the week.**

The Student Rights and Responsibilities Handbook contains a description of the grading system.

When a student obtains a "D" or "F" on any examination, a letter is sent to the student asking them to contact the Course director for assistance. The letter is copied to the student's file.

9. Course grading scale:

A = 93-100; A- = 90-92; B+ = 88-89; B = 83-87; B - = 80-82;
C+ = 78-79; C= 73-77; C- = 70-72; D+ = 68-69; D = 63-67; D- = 60-62; F = 59 and below.

10. Policy on makeup tests, etc.

Current policy for the courses: Introduction to the Medical Profession, Integrated Patient Care and Physicianship Skills:

a) When a student fails any component* of these courses or displays unsatisfactory performance based on preceptor evaluation narrative comments, a letter is sent to the student notifying them and asking them to contact the Course Director(s) for assistance. The letter is copied to the student's file.

b) If the student receives a passing grade for a course, but does not pass one component, the student will be asked to meet with the Course Director(s) to discuss any problems the student may have had with the material. A plan of action for improving the student's performance will be determined. Evidence of successful completion of the remediation must be provided by the Course Director(s) for inclusion in the student file. The student may be discussed at the Promotions Committee meeting.

c) It is mathematically possible for a student to receive a passing grade for a course, but still not pass in more than one component. In this situation, the student will receive a "Fail" for the course. The student will be discussed at the Promotions Committee meeting.

* Components for these courses include but are not limited to: completion of a set of assignments, attendance, performance in the clinical setting (DoH and Community Preceptor), small-group performance, communication laboratories, and written examinations (in the Introduction to the Medical Profession and Physicianship Skills Courses).

11. Special Course requirements:

Attendance Policy:

FAU Medical Education Program faculty and administration agree that student attendance and participation in all scheduled learning sessions are important to students' academic and professional progress and ultimate success as physicians.

Attendance at all Integrated Patient Care course activities is mandatory. **For an absence to be excused, a request must be made to the Course Director(s) in writing or via email.** Only a Course Director can excuse an absence. No missed work associated with a specific session can be made up without loss of credit for satisfactory completion unless an excused absence has been granted.

If a community preceptor is not able to make it to a session, the student must notify one of the course directors, and the student must discuss with their preceptor possible dates to make up their sessions. If a preceptor will be out for more than two sessions, and the student is unable to schedule alternate days with their preceptor, a course director will arrange for an alternate clinical experience.

Repeated unexcused absences from required curricular activities may result in disciplinary action, up to and including dismissal from the FAU Medical Education Program.

12. Classroom etiquette policy:

Students should be considerate of each other by switching his/her cell phone to vibrate during all teaching activities.

If a telephone call is of an emergency nature and must be answered during class, the student should excuse him/herself from the lecture hall before conversing.

Laptop computer use should be limited to viewing and recording lecture notes rather than checking e-mail, playing or viewing other distracting websites. Students may be asked by faculty to turn off laptops during any session where group participation is required (such as PBL and wrap-up sessions).

13. Disability policy statement:

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodation due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) –in Boca Raton, SU 133 (561-297-3880)—and follow all OSD procedures.

14. Honor code policy:

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty is considered a serious breach of these ethical standards because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility.

The FAU Honor Code requires a faculty member, student, or staff member to notify an instructor when there is reason to believe an academic irregularity is occurring in a course. The instructor must pursue any reasonable allegation, taking action where appropriate. The following constitute academic irregularities:

1. The use of notes, books or assistance from or to other students while taking an examination or working on other assignments, unless specifically authorized by the instructor, are defined as acts of cheating.

2. The presentation of words or ideas from any other source as one's own is an act defined as plagiarism.
3. Other activities that interfere with the educational mission of the University.

For full details of the FAU Honor Code, see University Regulation 4.001 at
www.fau.edu/regulations/chapter4/4.001_Honor_Code.pdf.

The Code of Honorable and Professional Conduct should serve as a guide to medical students in matters related to academic integrity and professional conduct. The Code of Honorable and Professional Conduct provides a mechanism for peer evaluation of student conduct which the FAU faculty and administration believe is an essential component of medical education and development of medical students.

15. Professional Behavior:

Professionalism defines the conduct of a good physician. Our patients share their most closely held secrets and beliefs with us in a professional relationship. Total strangers have instinctive trust in you as a physician, even when you approach them as a medical student. Please respect the value and responsibility of this relationship. Information obtained from a patient or discovered in a patient's chart is confidential. It should be shared with no one. Items or events that you find humorous or even bizarre are part of the personal history of a patient and should not be shared except in a professional manner with colleagues also acting in the best interest of the patient. As students, especially before the clinical years, you have special sanction to use patient's records for your own educational purposes with no special benefit to the patient. Please respect this privilege.

16. Required texts/readings:

The following are textbooks that students are expected to purchase. All the textbooks listed below will be available at the FAU Bookstore at the beginning of the academic year.

1. Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (TenthEdition).* Philadelphia, PA: Lippincott Williams & Wilkins; 2009.

Suggested Textbooks:

Every student should also plan to have access to a standard medical text such as Cecil's, Harrison's or Kelley's and to notes and texts from the biomedical science and organ system courses.

- Smith, RC. *Patient-Centered Interviewing*. Philadelphia, PA: Lippincott Williams & Wilkins; 2001.
- Orient, JM. *Sapira's Art and Science of Bedside Diagnosis*. Philadelphia, PA: Lippincott Williams & Wilkins; 2000.
- Leblond, R., DeGowin, RL. and Brown, DD. *DeGowin's Diagnostic Examination.* McGraw-Hill; 2004.

Instruments:

At orientation, a Welch-Allyn representative will present instruments to you. On ***August 7th,*** there will be an opportunity to order the instruments needed. This will allow enough time for order and delivery before you need to use the instruments in the course.

The following should be purchased:

- Welch-Allyn Diagnostic Set with Coaxial Ophthalmoscope, Diagnostic Otoscope (Transilluminator is optional)
  The Ophthalmology Department recommends that you purchase larger handle set.
- Pan-Optic Head (Optional)

- Two Headed (bell and diaphragm) Double Tube Stethoscope (suggested *Littman* or *Tycos* with ear pieces which fit your ears)
- Pen Light
- Pocket Eye Chart
- Tuning Fork (Frequency 128 Hz)
- Adult Babinski Reflex Hammer 10" (inches)
- Antiseptic handrub (pocket size, waterless)
- Blood Pressure Cuff (Optional)

Other supplies:

There are limited seating opportunities in the clinical area of the Department of Health Clinics. Although you will be expected to be actively engaged in patient care, a portable stool will be provided for use during observation periods.

The portable stool is lent to you by the Office of Medical Education: **it is not a gift and it must be returned**.

A holder with your role, name and photograph will be placed in the Community Physician practice and is also lent to you by the Office of Medical Education: you are responsible for ensuring that is returned at the end of the academic year. To ensure that both items are returned, please provide a $20 check (made out to FAU) as a deposit. **You are responsible for ensuring that items are returned at the end of the academic year to retrieve your deposit.**

17. Supplementary resources:

Web Resources:

(These resources and others may be accessed via the *"Handouts and links" of the student e-Dossier on Blackboard)*

Auscultation Assistant: http://www.wilkes.med.ucla.edu/intro.html
The Auscultation Assistant provides heart sounds, heart murmurs, and breath sounds in order to help medical students and others improve their physical diagnosis skills.

McGill University Virtual Stethoscope: http://sprojects.mmi.mcgill.ca/mvs/
In this educational resource you will find a tutorial on the physical exam with emphasis on auscultation, a brief review of selected cardiac and pulmonary physiology/pathophysiology topics, a virtual stethoscope interface for auscultating normal and abnormal cardiac and respiratory sounds, and powerful and interactive quizzes to help with mastery of the stethoscope (on-line only).

Loyola University Medical Education Network: Reviews components of the screening physical exam
http://www.lumen.luc.edu/lumen/MedEd/MEDICINE/PULMONAR/PD/Contents.htm

Heart Lab Cardiac Auscultation Simulator: http://www.familypractice.com/heartlab/heartlab.htm
Site allows you to select from the library of sounds to listen to accurate heart sounds on a simulated chest wall, review which maneuvers accentuate the sounds, locate where the sounds are best heard, and view a graphic representation of the sounds.

UC San Diego: A Practical Guide to Clinical Medicine http://medicine.ucsd.edu/clinicalmed/lung.htm

A comprehensive physical examination and clinical education site for medical students and other health care professionals.

Blaufuss Multimedia Heart Sounds Tutorial: http://www.blaufuss.org/tutonline.html

University of Washington Heart Sounds and Murmurs: http://depts.washington.edu/~physdx/heart/demo.html

UC Davis Review of Lung Sounds: http://medocs.ucdavis.edu/IMD/420C/sounds/lngsound.htm

R.A.L.E. Repository of Lung Sounds: http://www.rale.ca/Repository.htm

Web-based postings:

Students are encouraged to carry their laptop with them as much as possible in order to access resources, patient log and other resources.

18. Course topical outline, including dates:

Content outline:

Please refer to Blackboard for up-to-date information and session-related objectives and handouts.

The IPC 1 and IPC 2 courses use two clinical settings to teach students. Each week, students will visit their assigned community preceptor and a Palm Beach County Department (DoH) of Health Clinic.

Students will be assigned to their sites and preceptors by the Course Directors in collaboration with the Office of Medical Education: the student remains associated with the site and the preceptor for the academic year to achieve the goals of continuity in both patient care and mentoring.

Department of Health (DoH) Monday or Wednesday (1:30 – 4:30 PM)

In IPC 1, each student will be assigned a group (A1, A2, B1, etc.) with a Regional Campus faculty clinician. IPC 1 is divided into two, 6-week rotations where the groups spend three weeks in adult medicine, one week in pediatrics, one week in an "Immersion Experience" and one week "off" designated as independent study time. Additional weeks include simulation center activities.

In IPC-2, each student will continue their group, site, and faculty assignment. IPC 2 is divided into three, 6-week rotations spending one or two weeks in adult medicine, one week in pediatric experiences, one week in an "Immersion Experience" and two weeks "off" designated as independent study time.

The clinical afternoons begin with a mandatory 15-minute didactic session at the assigned site. To facilitate feedback from peers and faculty on interviewing skills, students will alternate being in the role of the patient, in the role of the provider, and as outside observers during the clinical encounters in adult medicine and pediatrics. Each session will end with a discussion/feedback session about the patient encounter through the eyes of the various participants.

The "Immersion Experience" is intended to allow for increased exposure to a DoH or community resource. At the end of each immersion experience, students are required to journal their experience by providing two to three learning points and complete an evaluation of the experience. These two documents will be used to document attendance and participation. The journal entries will be reviewed by the appropriate Regional Campus faculty clinician and used for reflection and discussion during the Friday Learning Community activity.

Community Preceptor site Monday or Wednesday (1:30 – 4:30 PM)

Each student will be individually paired with a Community Preceptor. With the help of the Community Preceptor, students are expected to develop a longitudinal panel of patients to be seen repeatedly over time.

As the year progresses, students will increase their level of involvement in the care of their patient, always under the supervision of their Community Preceptor. Please see Appendix 2 for a copy of the Student Objectives and Learning Contract.

There are additional tasks which will need to be completed during the year. Students will plan their weekly activities with his or her preceptor. Please see Appendix 2 for a copy of the Preceptorship Checklist (a copy will be available in Blackboard for electronic submission).

- The Physicianship course has a Geriatrics component that will require students to identify a geriatric patient for elder assignments and for the completion of other assignments.
- Spend one afternoon with office manager. Journal this experience and discuss in the Learning Community session. A printed copy of the journal entry should be handed into the IPC specialist by 9am on Friday, May 21.
- Twice a year, each student will present a patient in the Friday Learning Community for discussion. Students will be required to write up the complete history and physical exam in standard format on each patient presented in the Learning Community session. Please hand a printed copy to the IPC specialist. Guidelines to help you with writing are found in Appendix 1 on page 14. **Due dates for the history and physical write-ups are: by 9am on Friday, December 4th and Friday, May 21st .**
- **Please note the policy on attendance at your community preceptor site below.**
- If a community preceptor is not able to make it to a session, the student must notify one of the course directors, and the student must discuss with their preceptor possible dates to make up their sessions. If a preceptor will be out for more than two sessions, and the student is unable to schedule alternate days with their preceptor, a course director will arrange for an alternate clinical experience.

<u>Both Sites</u>
Student will be required to document their patient care activities via the IPC Patient Log available in the One 45 system. A pocket version is attached to this syllabus to help you remember the information to be entered for each encounter. Please carry it in your white coat pocket. A full entry should be completed for each patient for whom you participated in the medical visit, while a partial entry will be required for patients for whom you observed the medical visit. Please review this list as there may be information not routinely asked in a medical visit that you need to directly ask the patient or gather from the chart.

You may take notes to help you remember the information until you enter it into the One45 system. ***Please ensure you comply with HIPAA guidelines by not recording any identifying patient information such as their names, identifying numbers, etc…***

Patient logs must be completed by 9am on Friday each week. Students will receive a zero for the week if the log is not completed by this time.

Content outline:

Please refer to the Blackboard system for up-to-date information, session-related objectives and hand-outs.

			Immersion Experience	**Didactic Session- 15 minutes**
Month 2	Aug. 31	Week 4		Medical Record
	Sept. 7	Week 5		Labor Day- (Simulation Activity Phlebotomy)
	Sept.14	Week 6	Phlebotomy at BRCH*	
	Sept.21	Week 7		Medication/ Allergies/ Medication Errors
Month 3	Sept.28	Week 8		
	Oct. 5	Week 9		Medical & surgical Hx/ Family Hx/ Immunizations
	Oct. 12	Week 10		
	Oct.19	Week 11		Social History/ Sexual Hx/ Nutrition Hx
Month 4	Oct.26	Week 12	BRCH Lab*	
	Nov. 2	Week 13		Review of Systems (with Pedi)
	Nov.9	Week 14		Veteran's Day Holiday (Simulation Activity Suturing)
	Nov.16	Week 15		
Month 5 - T-giving	Nov. 23	Week 16		Thanksgiving- (Simulation Activity Pelvic/rectal)
	Nov. 30	Week 17		Clear and accurate write up/ SOAP note/ Oral Presentations
	Dec. 7	Week 18		
	Dec. 14	Week 19		
VACATION				
Month 6	Jan.4	Week 20		Adult/ Women's Health Screening Guidelines
	Jan. 11	Week 21	Mental Health*	
	Jan. 18	Week 22		MLK Day- Jan. 18 (History Taking Evaluation)
	Jan. 25	Week 23		
Month 7	Feb. 1	Week 24		
	Feb. 8	Week 25		Abuse (elder and child)/ reporting
	Feb 15.	Week 26		Presidents Day on 15- (Simulation Activity-Intubation)
	Feb.22	Week 27		
Month 8	Mar.1	Week 28		
	Mar. 8	Week 29	Hospice*	
	Mar. 15	Week 30		Public Service/ Safety Net Refresher
	Mar. 22	Week 31		
VACATION				
Month 9	Apr. 5	Week 32		
	Apr. 12	Week 33		
	Apr. 19	Week 34		Mandatory Reporting of Disease
	Apr. 26	Week 35	Alcoholics Anonymous	
Month 10	May 3	Week 36	Schedule Independently	
	May 10	Week 37		
	May 17	Week 38		
	May 24	Week 39		
Month 11	May 31	Week 40		Memorial Day/ Competency week

**Students participate in an Immersion during their assigned week for each experience.*

Clinical Dress Code:

Studies show that patients attach significance to what their physicians wear. Out of respect for patients and their expectations, please follow the instructions when there is any interaction with patients:

- Wear white coat and ID badge at all times.
- Dress should be professional. You should appear appropriately attired, clean, and well groomed when you see patients in the hospital, clinic, or office setting.
- Acceptable clothing includes:
  For women: dresses or blouses and skirts or slacks.
  For men: shirts, ties, and slacks
  (No one is to wear jeans, shorts, sneakers, or sandals.)
- For Geriatrics home visits, a *slightly* more casual attire is accepted: the above guidelines still apply except that a white coat is not necessary and ties (for men) are optional.
- If your dress is not considered appropriate, you will be given feedback.

It must be remembered that it is the patient who ultimately decides what constitutes proper attire and demeanor. If the patient's standards for professional appearance and behavior are not met, he or she may be unwilling to provide some (perhaps important and sensitive) details of the history. Patients also may not readily agree to some components of the physical examination if their physician does not appear professional.

Universal Precautions:

The CDC recommends that universal precautions be followed with ALL patients since history and physical examination cannot identify all patients infected with HIV or other blood-borne pathogens.

- Wear gloves when touching blood, body fluids, mucous membranes or non-intact skin of all patients.
- Wear gloves when handling items soiled with blood or body fluids.
- Wear gloves when performing venipuncture or invasive procedures.
- Change gloves between patients.
- Wear masks and protective eyewear or face shields when doing procedures likely to generate droplets of blood or body fluids.
- Wear gowns or aprons when doing invasive procedures.
- Wash hands and skin immediately and thoroughly after contact with blood and body fluids.
- Do not recap needles or bend them or manipulate them in any way.
- Dispose of sharps in puncture-resistant containers.
- Although saliva is not known to transmit HIV, mouth to mouth resuscitation should be avoided. Resuscitation bags, mouthpieces or other ventilation devices should be available when appropriate.
- Health care workers with weeping or exudative lesions should avoid direct patient contact until the condition resolves.
- Pregnant health care workers should be especially aware of the above precautions and strictly adhere to them.

Study Habits:

A major contribution to your learning is active engagement, which includes participation in the learning of other students and interaction with the instructors. Students are expected to be proactive and to access the Blackboard system to review items associated to individual sessions.

Learning in the field of medicine is a life-long endeavor that is not only necessary, but can and should be fun. One of the most important factors for learning is curiosity and sometimes, the best way to keep this curiosity stimulated is through our interaction with colleagues and peers. When learning in small groups, we have a chance to try to explain topics to each other, brainstorm solutions together, give each other constructive feedback, and support and validate each other. We encourage balancing studying alone with learning in small groups. It to important to develop a study routine to avoid "putting things off" and "cramming" and to minimize the stress we may add to our lives in that way.

Journal Entries

The purpose of the journal entries is to help each student gain increased personal and professional awareness and growth. Entries for each prompt are mandatory. Access to the journals is restricted to the course directors and faculty mentors.

In light of your other responsibilities for this course, the recommended length of each journal entry does not need to exceed 250 words. **Journals must be completed by 9am on Friday each week.**

Independent Study Time:

Independent Study Time allocated within the day time schedule is provided for students, on average about 9 hours per week.

Students are expected to use this time to further their learning. The time should be used for independent study or with peers. It is an opportunity to seek out faculty to interact with them outside the formal teaching setting. Since the PBL small-group format requires that students research learning objectives, the time may be used to prepare for the subsequent sessions. Finally, the time may used to work on assignments, problem-solving cases, off-campus visits or other tasks that are required by the courses.

Occasionally, some Independent Study Time sessions may be used for curriculum-related activities (e.g. standardized examinations): notice will be given as early as possible for these occasions.

Course and Faculty Evaluation:

FAU highly values the process of formal program evaluation and feedback. FAU students are required to complete all course evaluations and program evaluation surveys which are the Students Perception of Teaching (SPOT).

Grades and transcripts may be held for failure to submit required surveys. Evaluations should be constructive, to help improve individual faculty's teaching, and the content and format of the courses.

Moreover, the timely completion of evaluations at the level of undergraduate medical education assists students in developing the administrative and organizational skills required throughout their academic and professional career. We appreciate your completing evaluations to help continue with improvement of the learning experiences and environment for all students.

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Appendix 2

Appendix 1

Guidelines for H & P (IPC 1 and 2)

The purpose of this exercise is to improve your skills at documenting and assessing findings obtained from your history and physical exam. There is a particular format that should be followed for purposes of the exercise which is discussed below. You will find that all patient encounters will not necessarily fit such a format; however, this exercise should help to develop your skills at writing up cases.

The four components used for most medical records are:

- Medical history: includes information obtained from the patient, previous medical records, the family and/or other sources. The source(s) of information should be specified at the beginning of the history.
- Physical examination: includes the results of diagnostic tests done as well as the examination (such as an X-ray or urinalysis.) Note that the results of *prior* diagnostic studies would be included in the medical history.
- Assessment: may include a problem list, a differential diagnosis, a discussion of treatment options, or other discussions based on the clinical problem.
- Plan: may include three components: a plan for diagnostic tests, a plan for treatment, and a plan for patient education.

For IPC 1 and 2, students will be focused on obtaining the medical history and performing and documenting the physical exam. The Assessment and Plan sections will not be required components of the H & P for this course, but may be attempted by students.

Guidelines for the H & P are presented below. These guidelines are not intended to be a cookbook; you will mostly learn by doing. However, you should follow them as closely as possible. In addition, a sample write-up with comments is offered which should be utilized for reference.

I. The H & P should include the following parts:

A) Date of the Exam and initials of the patient

To be in accordance with HIPAA guidelines, the date of the exam must be recorded as the week and year of the encounter only. Also do not include information such as the patient's name, address, or date of birth

B) Name of the student

C) History

1) Identifying Data
2) Chief Complaint and Duration (in patient's own words if possible)
3) History of Present Illness (HPI)
4) Past Medical History (PMH)
5) Drug Allergies
6) Medications
7) Family History

8) Social History and Habits
9) Review of Systems (ROS)

Guidelines for Comprehensive H & P (continued)

D) Physical Exam
E) Laboratory studies/data
F) Problem List

II. Choose a patient whose chief complaint allows for the development of a differential diagnosis. Sometimes the patient's chief complaint does not lend itself to formulate a differential diagnosis (e.g. annual check-up, medication refill, chronic hypertension). For purposes of this exercise, you are permitted to use another one of the patient's complaints to develop a differential diagnosis. ***You must write-up a patient seen during a clinical encounter (e.g. during community preceptor sessions or Department of Health sessions).***

III. Gear the HPI to the chief complaint and try to include the seven basic elements (see sample write-up) of the part of the HPI directed to the chief complaint. Also, include other significant ongoing conditions or problems as separate sections within the HPI (see sample write-up).

IV. Do not include diseases or conditions in writing up the ROS. Such information belongs in the HPI or the PMH. Symptomatology (pertinent positives and negatives) should be included in the HPI if it relates to that problem. Other unrelated symptoms (both positive and negative) should be emphasized in the ROS.

V. Be certain that the physical exam is directed to the chief complaint/concern and other significant conditions. For the purposes of your learning and this exercise, you should always try to include the HEENT, neck, cardiovascular, pulmonary, abdominal, musculoskeletal, and neurologic exams. If you are unable to perform all relevant aspects of the physical exam, you should indicate that you tried to perform a particular part of the exam but that you were unsuccessful (e.g. say "fundoscopic exam attempted but unsuccessful").

VI. If a specific laboratory study or piece of data, i.e. EKG, is relevant to the concurrent Fundamentals of Basic Science course, bring it to your Learning Community session for discussion. You are not meant to place an exhaustive list of all laboratory studies, radiology and/or other studies.

Guidelines for Comprehensive H & P (continued)

VII. The Problem List should be placed after the history and physical exam and should include all of the **problems** that were ascertained, chronic or ongoing. Initially, this can include any patient symptoms or physical exam signs. You will eventually be able to consolidate the list into defined problems in order to make it more succinct. You may find it useful to *expand* upon each element of the problem list, adding date of onset, diagnostic criteria, extenuating circumstances at the time of diagnosis and dates of major quantifying test results (e.g., echocardiogram or computed tomography).

- SAMPLE COMPREHENSIVE H & P -

Date of Exam: *Week of September 3, 2015* Preceptor: *William Osler, MD*

Identifying Data:

Mr. H.R. is a 59 y.o. retired white gentleman who comes to the office without an appointment complaining of moderately severe chest pain. He has recently moved to Boca from Detroit. He appears to be a reliable informant.

Chief Complaint:

"I have had chest pain for two hours and I'm worried about it."

History of Present Illness:

1) Chest Pain-The patient developed the sudden onset of chest pain approximately two hours prior to the visit (6:00 P.M.). The pain began when he was watching television. He describes the pain as occurring in the substernal region with radiation down to the elbow of the left arm. The pain is described as being burning in quality and moderately severe (5 on a scale of 10) and has been of constant intensity since it began. He has been diaphoretic, but had no nausea or vomiting. He has had no palpitations or shortness of breath, but he describes being somewhat lightheaded which began about thirty minutes ago. He tried taking two extra-strength Tylenol for the pain without relief. The pain does not change with position, respiration or exertion. He has no history of exertional symptoms or limitations but he is very sedentary. He has not eaten since lunch. He does not recall having similar pain and is unaware of a history of heart disease. He states that he has had hypertension for about 10 years and has had diabetes for about 8 years. Some family members have had "heart attacks" (see below). He has no other known risk factors for coronary disease, although he does not recall ever having his "cholesterol" checked. He was last seen by his physician six months ago at which time an EKG was performed. He was not informed of the results. He had no cough, sputum, fever, or history of ulcer disease.

2) Hypertension- He was diagnosed 10 years ago on routine exam, but doesn't remember the BP level. He has taken various medications with what he describes as "good control" of the pressure. He doesn't check his BP. He does not limit his sodium intake. He has no history of renal, cardiac, CNS, or peripheral vascular problems.

3) Diabetes-This was first diagnosed 8 years ago when he presented with weight loss and polyuria. He has been on various oral medications since then. Although he doesn't check glucoses regularly, he claims that it's always less than 200 mg % when checked by a physician. He has had no dietary instruction. There has been increasing numbness of both feet for the past 2 years. There are no visual complaints. The last ophthalmologic exam was 2 years ago, but he doesn't know the results. He has no history of renal disease.

Past Medical History:

Medical Illnesses-pneumonia when he was 18.
Surgeries-appendectomy when he was eight.
Trauma-fractured right ankle at age 20.

Hospitalizations-for pneumonia 5 years ago and appendectomy at the age of 30

Allergies:
Skin rash when he took penicillin as a child.

Medication:
Vasotec 5 mg qd (for about one year), "diabetes pill" bid (for about 6 months, does not know dose)
Does not use herbal or other complementary alternative therapies

Social History:
Lives with wife, married for 32 years; has 2 children who are living away, both single; had been in sales for many years and has recently retired due to financial security; born and raised in Detroit. Not currently sexually active.

Habits:
Alcohol-drinks 4-5 beers per week, one glass of wine per week.
Smoking-never
Drugs-none.
Diet-does not follow regular diet; eats red meat once weekly, mostly chicken and fish; hates vegetables
Exercise-played football in high school, but has not exercised regularly for years.

Family History:
Mother has had hypertension for years, 82 years-old; father died at age of 53 from a "heart attack"; has 2 brothers, one had a CABG performed when he was 57, also has hypertension; other brother has diabetes, also takes "pills" for it; unaware of other illnesses in family.

Review of Systems:
Skin-no rash, has had ulcer under "right big toe" for about 2 months
Eyes-wears glasses, no recent change of vision.
Cardiovascular- (see above), no orthopnea, PND, claudication or postural dizziness.
Pulmonary-no cough or dyspnea.
Gastrointestinal-no dysphagia, prior heartburn, regurgitation of food, early satiety, diarrhea, fecal incontinence.
Endocrine-no polydypsia, polyuria, nocturia, weight loss, or symptoms of hypoglycemia, no symptoms of thyroid disease.
Genitourinary-good urinary stream, unable to have erections for 2 years.
Neurologic-has had some numbness in both feet over the past 2-3 years.
Joints-has occasional discomfort in right knee without swelling.

Physical Examination:
General Appearance-A moderately obese white male whose hand is on his chest and who appears to be in moderate discomfort; he appears his stated age; he is alert and cooperative.
Vital Signs- B.P.:140/80 supine, P: 80/min reg, no orthostatic changes RR: 18/min., Temp.-98.6, Weight 205lbs.

Skin-no rashes.
HEENT-head is normocephalic, male-pattern hair loss; no xanthelasma, conjunctiva pink, sclera white, fundi poorly visualized; no lesions of ears, nose, mouth or throat.
Neck-trachea in midline; thyroid not enlarged, no nodules; no adenopathy; no JVD; carotids 2/4 bilaterally without bruits.
Cardiac-PMI at 5th ICS, MCL, no lifts or thrills, no chest wall tenderness, S1 normal, S2 physiologically split with A2>P2, no murmurs, rubs, gallops, or clicks.
Pulmonary-symmetric expansion, clear to percussion, normal diaphragmatic excursion, fremitus normal and symmetric, vesicular breath sounds at bases, no adventitious sounds.
Abdomen-mildly obese, NBS, non-tender, liver percussed to 9.0 cm, liver and spleen not palpable, no bruits.
Extremities-no clubbing, cyanosis, or edema; radial, femoral, popliteal, dorsalis pedis, and posterior tibial pulses are 2/4 bilaterally, no bruits over femorals; no calf tenderness, negative Homan's sign; shallow foot ulcer 2.0 cm in diameter present on plantar surface of right hallux without erythema or exudate.
Neurological-mental status-awake, alert, and oriented x3; cranial nerves:II-III intact; DTR's: bicep and patellar reflexes 2+ bilaterally, ankle jerks absent bilaterally; motor: good strength throughout; sensory: decreased vibratory sensation up to the ankles; cerebellar: normal gait, not tested otherwise.
Rectal-deferred.
Genital-deferred.
-

Laboratory studies/data:
WBC: 5, hematocrit 35, platelets 250, creatine kinase 300
EKG has been attached for reference

Problem List:

1. Chest Pain
2. Hypertension
3. NIDDM
4. Bilateral Foot Insensitivity
5. Foot ulcer
6. Erectile dysfunction
7. Right knee pain

-Comments for Sample Comprehensive H & P-

- The part of the HPI pertaining to the chief complaint contains the ***seven key elements*** including *onset, temporal sequence or chronology, quantity of symptoms, quality of symptoms, aggravating and alleviating factors, associated symptoms, and contemporaneous medical problems*. Note also that it also includes some elements of the family history because they are especially pertinent to determining the diagnosis. Hypertension and diabetes are included not only because they are risk factors for ischemic heart disease, but they are given their own headings because they are significant concurrent illness. Thus, if the patient had ongoing treatment for cancer, this information would also be included under its own heading. However, if the patient had a cancerous colonic polyp removed 10 years prior, it should be included in the PMH.

- The ROS in the write-up does not include illnesses or conditions per se, only symptoms. Illnesses or conditions belong in the HPI or PMH. Thus, if you elicited a history of a prior urinary tract infection while taking the ROS, it should appear under the PMH in the write-up. Note that many of the symptoms included (positive or negative) pertain to the patient's conditions (e.g. polyuria pertains to diabetes, claudication is relevant to ischemic heart disease).

- The physical exam is directed at the patient's chief complaint (e.g. chest wall tenderness is assessed); however, it also includes information relevant to other conditions (e.g. funduscopic exam is relevant to diabetes).

- The Problem List comes after the history and physical exam and includes all of the problems which have been ascertained.

Student Objectives for the Community Preceptor Experience

General Guidelines:

1) Preceptors have made a strong commitment to your education. Ensure that you can attend all sessions as scheduled. **If unable to attend due to an extenuating circumstance, inform the course director and preceptor as far in advance as possible. Please remember to sing in at each visit.**
2) The preceptor will notify you if they must cancel a session on any given week, and it is your responsibility to reschedule.
3) Make the most of your experience. Ask questions, be involved, take notes (not only medical facts but personal impressions- this can not be emphasized enough), and enjoy yourself!

Before you begin:

4) Understand that the preceptors have attended a series of faculty development sessions in order to prepare for your visit and are familiar with curricular objectives and the goals of the course.
5) Understand that your preceptor will be identifying a group of patients with chronic illnesses that you will be following over time. These are your “longitudinal patients”. Your preceptor will attempt to ensure that clinic visits coincide with your afternoons at the office. Please make an effort to identify at least one geriatric patient, as you will need this patient for the Geriatrics portion of the Physicianship course.
6) Logistics: Get together lab coat, medical equipment detailed in your syllabus, and directions. Call before your first visit to confirm.

During your session:

7) At the first session, ensure that you introduce yourself and meet members of the office staff.
8) Develop a learning contract with your preceptor in which personal objectives are defined by you, and understand your preceptor’s expectations for your performance.
9) Practice history taking with every patient you see with your preceptor even if you only get in one question. Ideally, identify with your preceptor at least one patient per session in which you will be able to do a complete history. It may take some time to progress to this point depending on the practice setup, your knowledge base, and comfort level.
10) Practice physical exam skills specific to the patient being seen. Ideally, identify with your preceptor one patient per session in which you will be able to do a complete physical exam. Again, it may take some time to progress to this level.
11) As comfort develops, independently conduct initial history taking and initial physical exam.
12) Understand the rationale used in making a diagnosis and formulating a treatment plan. You are not expected to have independent ability in this as of yet, and your preceptor understands this. Do not be afraid to ask questions.
13) Formulate at least one clinical question at each session that you can explore using the tools of evidence based medicine.

14) As comfort develops, help screen and counsel patients in office. (i.e. Mini Mental Status Examination, smoking cessation etc.)
15) Observe and interact with other health care team members in the office from reception to nursing. Observe office flow and dynamics. (i.e. Scheduling, referrals, billing/coding)
16) Spend one afternoon with office manager or related personnel to observe the impact of health insurance (or lack thereof) on scheduling appointments, referrals, billing, approval of studies/procedures. (In PS2, you will be receiving a lecture on the Economics of Healthcare, and that month might be an ideal time to schedule this activity) Journal this experience and discuss within your learning community.
17) Observe and eventually take part in all procedures done in the office including vital signs, finger sticks, blood draws, EKG's, etc.
18) Log on to One45 site after each clinic visit to log each patient encounter.
19) You will need to formally write up and hand in two patient histories and physical exams. These can be the same patients chosen to be presented within the learning community.
20) Sign in at each session and ensure that your preceptor initials the sign-in sheet. This is your record of attendance.

Patient Advocacy:

21) Identify any cultural, economic, health literacy, or health system barriers to care for your patients and identify the way in which you and your preceptor can work with these barriers.
22) Identify available community resources for your patients.

Mentoring:

23) Organize with your preceptor offsite visits, either with the preceptor (i.e. inpatient rounds, nursing home visits, medical staff or society meetings etc.) or with the patient (i.e. home visits, visits to consultants' offices, therapist, nutrition, etc) (Ideally the longitudinal patient that you are following over time)
24) Ask your preceptor the reason they chose their profession and the challenges and rewards of the profession.

Evaluation and Feedback:

25) Ask for and expect informal verbal feedback after each session.
26) Your preceptor will evaluate you with narrative feedback forms and with detailed evaluations occurring at the end of each semester.
27) You will meet with the course coordinator mid-semester to perform a self-assessment of your performance and to discuss your experience.
28) Let your IPC Specialist at the Regional Campus know of any problems/concerns encountered during your preceptor sessions, preferably early on. You will have the opportunity to formally evaluate your preceptor at the end of IPC 1 and IPC 2.

Learning Contract

Student: _____ Preceptor: _____

Student Goals: List five academic goals for this preceptorship that you would like to reach by the end of the academic year (These can include specific skills, points of knowledge or behavior that you wish to adapt.)

1. _____
2. _____
3. _____
4. _____
5. _____

List three personal goals that you would like to achieve by the end of the academic year:

1. _____
2. _____
3. _____

Preceptor Goals: List five accomplishments that you would expect the student to achieve by the end of the academic year: (These can include specific skills, points of knowledge, or behavior to adapt.)

1. _____
2. _____
3. _____
4. _____
5. _____

The student agrees to attend all scheduled sessions, come prepared, and be actively engaged in the learning process as outlined in the course objectives. The preceptor agrees to model good patient care and assist the student in reaching the objectives outlined above.

Signed:

Preceptor _____ Date: _____

Student_____ Date: _____

IPC 1 & 2: Checklist for your Community Preceptor Experience

First Session:

- Meet office staff.
- Fill out and review Learning Contract with Community Preceptor.
- Identify Longitudinal Patient.

Each Session:

- Keep notebook to record patient information, procedures performed, and clinical questions.
- Complete online Patient Log
- Identify at least one clinical question to enter in the online Patient Log.

Monthly:

- Review your performance with your Community Preceptor.

Annual:

- Spend one afternoon with office manager. Journal this experience and discuss in the Learning Community session.
- Review IPC Summative Evaluation Forms independently and with Community Preceptor.
- Write up complete history and physical exam on the two patients presented in the Learning Community sessions.