

# LSI Longitudinal Practice Manual 2018–2020



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# leadserveinspire

● ● ● ● *Curriculum for Tomorrow's Medicine*

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# **The 2018–2020 LeadServeInspire Longitudinal Practice (LP) Curriculum**

The Ohio State University College of Medicine has a rich history of curricular innovation. As we prepare students for post-graduate training opportunities in institutions worldwide and meet the changes in healthcare, we must continuously improve and update our curriculum. The LeadServeInspire Curriculum will ensure that we develop physicians who will improve people's lives through personalized healthcare and service.

## **Goals of LP:**

- Identify the importance of a personal clinician for the health of the patient
- Learn about office flow, procedures and facilitating patient care
- Apply knowledge and practice skills students have learned
- Practice the team approach to patient care and identify its importance in achieving successful health care outcomes

## **Key Features of LP:**

- Basic Procedures/ Skills Based Training
- Integrated with Classroom Learning through Longitudinal Group (LG)
- Timely Communication of program information to Preceptors
- Online Evaluation of Student Performance

# Longitudinal Practice Clinical Experience

The curriculum has at its center a team based clinical experience that will enhance the student's integration into clinical practice and teach them to apply foundational science concepts to patient care. Prior to their first preceptor experience each of the students will receive training in basic procedural skills to allow for a more active participation in patient care and allow the student to facilitate flow at the practice. They will also be required to exhibit competency in a history-taking OSCE (Objectives Standardized Clinical Examination) before starting at the practice sites. They will be learning and practicing history taking and physical exam skills in their weekly small group experience, Longitudinal Group (LG). This integration of small group learning and ambulatory practice is what makes this program unique for our students.

## LP Program Dates

- October 2018–February 2020 – approximately 2 half days/ month for 17 months
- 22 sessions during Part 1, includes 11 sessions in Year 1 and 11 sessions in Year 2
- Students will be assigned to LP1 or LP2 group, as well as a specific half day.
  - This corresponds to the week students are scheduled in the clinic
- Students are in the practice for a  $\frac{1}{2}$  day (4 hours) during their assigned weeks.
- See Appendix with calendar of dates

## LP Basic Procedure Skills Training Program

Prior to coming to your practice students will be trained in a variety of procedures/skills. To access training modules students used, see our website:

<https://fd4me.osu.edu/lp-preceptors/skill-trainings>

- Vital signs
- Injection technique

- Venipuncture/phlebotomy
- Sterile technique/universal precautions

# General information

Students will begin in the ambulatory practices in October and we expect them to work closely with the Nurse or Medical Assistant for the first two sessions. As the student's progress in learning, we expect them to work more closely with the physician preceptors. It's important to create opportunities for them to practice and hone their history and physical exam skills on normal patients.

## Teaching Notes

Teaching notes will be sent via email at the beginning of each curricular block and incorporate expected objectives and teaching resources. All teaching notes and resources may also be accessed at our FD4ME website. <https://fd4me.osu.edu/lp-preceptors>

## Huddle Cards

Resource or "Huddle" cards are provided for students at the beginning of each block to facilitate communication between students and preceptors. The student and faculty should meet at the beginning of each session and mutually establish which goals the student will accomplish at each session.

## Resources

Along with our teaching notes, we include additional resources pertinent to the students' current curriculum, including physical exam checklists, instructional videos and other tools to help with teaching. These are also accessible on the FD4ME LP website. Please contact Dawn Ryan if you are having difficulty accessing the website.

## **Patient Empaneling Process**

As part of the LSI curriculum, students will be asked during each block to select, or “empanel”, a patient from their LP practice that has one of several specific medical or behavioral conditions being discussed in foundational and behavioral sciences lectures. The student will be asked to present the patient in a standardized de-identified manner in their small group classroom to other students and facilitators. The facilitator will then ask other students about differences and similarities between empaneled patients represented in the small group class. Students can in this way begin to appreciate the variability in health care settings and its effects on patient care. Discussion is meant to focus on the integration between the basic and behavioral sciences students are studying in the LSI Curriculum Blocks and the clinical assessment/management of patient cases at clinical sites, not on the specific patient care plan.

An example of the empaneling process:

- 1) The student will select a patient and obtain their verbal consent to present de-identified data to their small group. The student will complete a form on the patient to bring to their weekly small group class.
- 2) The preceptor may review the form and aide in patient selection
- 3) The preceptor will make sure that no identifiable patient data is collected by the student
- 4) The preceptor may want to review with the student at the next session, the key teaching points that the student gained during the small group session.

THANKS for helping with the empaneling process. This is one feature of the LSI Curriculum that provides very high yield learning and clinical integration!

SEE APPENDIX FOR SAMPLE FORM and list of potential empaneling criteria

# Longitudinal Projects in Portfolio Coaching

Every student will maintain a mentored Educational Portfolio throughout the curriculum that will be used to foster reflective practice and showcase their achievements. An assigned faculty coach will meet regularly with each student to facilitate student self-reflection and stimulate self-directed learning. In addition, this will be completed over the course of the three part curriculum. These projects are designed to allow students to achieve competency in certain Core Educational Objectives as related to self-directed learning, interdisciplinary learning, leadership, understanding health systems, health informatics and scientifically based inquiry. The students may be collecting information during the Longitudinal Practice experience, yet it is the portfolio coach that will monitor the progress of the longitudinal projects

## Health Coaching

Health Coaching teaches students skills and gives them practical experience that will make them more proficient in helping patients achieve their health goals. During Year 1, students will explore health coaching concepts and learn essential skills for effective health coaching. Students will practice coaching skills through a peer activity and an OSCE to be sure they are ready to coach actual patients.

During the Cardiopulmonary Block, students will identify a patient in their Longitudinal Practice that would be appropriate for health coaching. The patient should have a chronic medical condition or lifestyle behavior amenable to coaching intervention and be ready for change. For example, the patient should be LOCAL (so he/she can meet easily with students); and would have a behavior (medication nonadherence, unhealthy diet or exercise choices, etc.) that can be improved on with goal setting and encouragement. The students are NOT to give medical advice as this is not part of the coaching experience. If the patient does need medical care, the student will discuss with the preceptor for follow up If you are having difficulty recruiting a health coaching patient, consider an inter-professional collaboration and work with a social worker, pharmacist or physical



therapist to identify a patient who is already committed to a behavior change.

Students will meet with their patient three times for one-on-one meetings; the third meeting may be by phone. Meetings should be scheduled at a separate time from the longitudinal practice time and do not count as a longitudinal session. Students will identify a patient by the coaching deadline they are given in Longitudinal Group. If a student anticipates they will be unable to identify a patient by the assigned deadline they may request a volunteer patient from the Health Coaching Coordinator. At the end of Year 1, students will meet with their LG student group to assess and integrate the lessons learned in Health Coaching.

<https://fd4me.osu.edu/lp-preceptors/health-coaching>

## **Objectives by Curricular Block Year 1**

### **Foundational Sciences 2 (October) – 1 session**

- Respectfully communicate with patients, staff, and other team members
- Meet members of the office, introduce self and understand roles of different providers
- Review office policy and procedures with office manager
- Shadow the MA or designee, understand their role
- Independently perform MA functions (Intake, Vital Signs)
- Practice interviewing patients and obtain CC and HPI

### **Bone and Muscle Disorders (November–December)– 3 sessions**

- Respectfully communicate with patients, staff, and other team members
- Perform one supervised procedure (ECG, visual screen, phlebotomy)
- Practice documenting a patient's HPI (does not need to be in the EHR)

- Practice knee or shoulder PE
- **Direct observation of obtaining chief complaint and history of present illness, WITH feedback**

Items in Bold require direct observation. These items will be completed on the student iPad by the preceptor and submitted by student.

### **Cardiopulmonary Disorders (January–March) – 4 sessions**

- Respectfully communicate with patients, staff, and other team members.
- Practice back/spine PE
- Practice cardiac PE
- Practice pulmonary PE
- Practice cardiopulmonary focused ROS as appropriate for chief complaint
- Practice oral presentation of histories and physical exams
- Practice STAGE framework for oral presentations with preceptor (Style, Timing, Audience, Goals, Elicit)
- Work with preceptor to select health coaching patient. If not available due to patient population, obtain volunteer patient from health coaching coordinator.
- Practice supporting patients in changing health behaviors
- **Direct observation of obtaining past medical history including medication and allergies, WITH feedback from preceptor**

### **Endocrine and Reproductive Disorders (March–April)– 3 sessions**

- Respectfully communicate with patients, staff, and other team members.

- Identify how the office conducts referrals to obtain imaging or consultation with subspecialists
- Work with office to preapprove an insurance claim for procedure or identify the charges for one visit and one procedure
- Work with office staff that take patient calls to schedule timely appointments to provide continuity of care.
- Use the USPTF website introduced in Longitudinal Group to develop a health prevention or health maintenance plan for a patient
- **Direct observation of obtaining family history and social history, WITH feedback**

## Year 2

### **Neurologic Disorders (August–September) LP1– 4 sessions: LP2– 3 sessions**

- Practice taking a neurologic focused history
- Practice neurologic PE
- Independently use the musculoskeletal, cardiopulmonary, or neurologic focused ROS as appropriate for chief complaint
- Practice collecting information on the self-management needs of patients with chronic illness
- Practice collecting information on behavioral and psychological issues for patients
- Practice documenting a complete patient encounter
- **Direct observation of cardiopulmonary or neurologic focused physical exam on a patient, WITH feedback**

### **Gastrointestinal and Renal Disorders (Oct–Nov) LP1– 3 sessions: LP2– 4 sessions**

- Discuss with office how to assist patients in connecting with peer support groups or other appropriate community resources, for example: hospice, social service agencies, and home healthcare and behavioral / mental health resources.

- Discuss with office how practice follows-up on referrals, labs, X-rays, and other patient services
- Practice abdominal pain ROS
- Practice the PE techniques listed for the abdomen
- **Direct observation of cardiopulmonary or abdominal physical exam on a patient**

### **Host Defense (December–February)– 4 sessions**

- Practice a complete history including CC, HPI, ROS, PMH, FMH, Social history
- Review with one patient the management of a chronic health issue
- Practice a basic assessment and plan on 3 patients
- Practice 2 oral presentations to preceptor
- **Direct observations of oral presentation, WITH feedback**

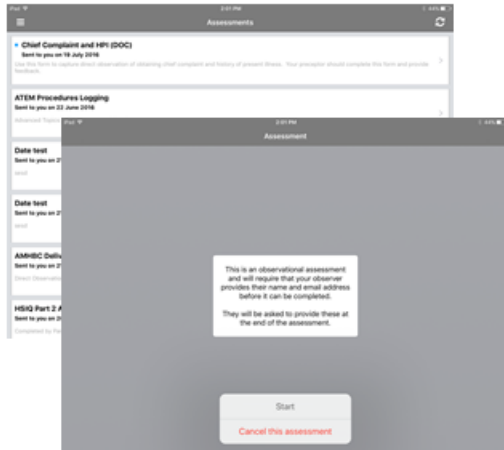
## **Direct Observation of Competence**

Students are required to log completion of the LP objectives using an electronic tool called My Progress. All students will sync their iPads at the beginning of the block to load that block's objectives. Most objectives are self-reported by students; however, we will ask you to directly observe the student once per block.

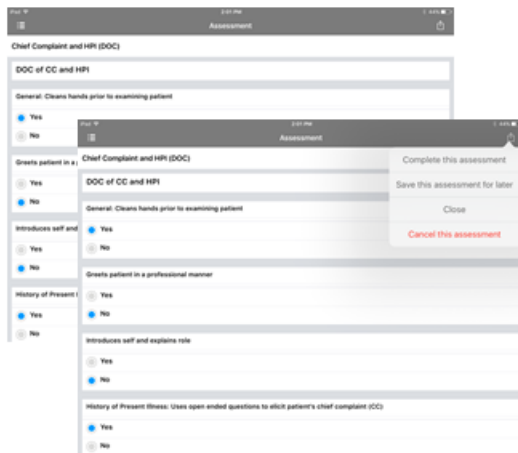
The student will queue up the appropriate form on their device. Most preceptors observe the student complete the specific task; then complete the form with the student at a later time when there is time for feedback.

This is a formative process and we encourage you to provide feedback to assist students in their development of skills. You do not need an account to complete the form; simply type in your name and email address. After submitted, you will receive email verification from MyProgress. If you completed the form, you do not need to do anything. If you did not submit the form and are receiving an email confirming that you did, please contact Diana Bahner as soon as possible.

The screen shots below depict the step-by-step process.

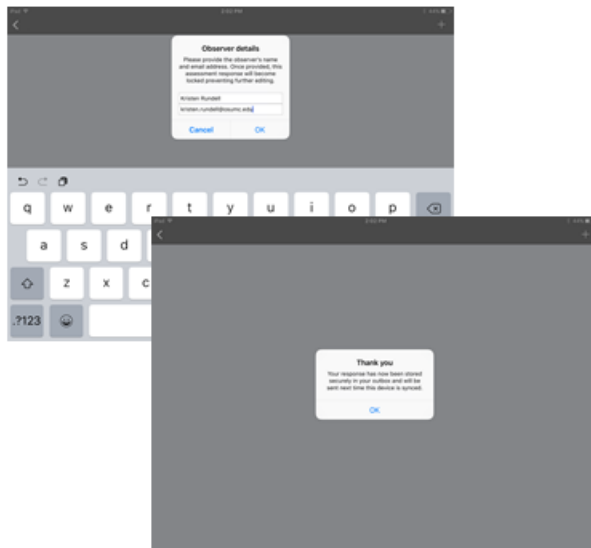


1) The student will cue up the assessment form and hands you his / her iPad



2) Complete the form.

When finished click on the upload button in the upper right and choose "Complete this assessment"



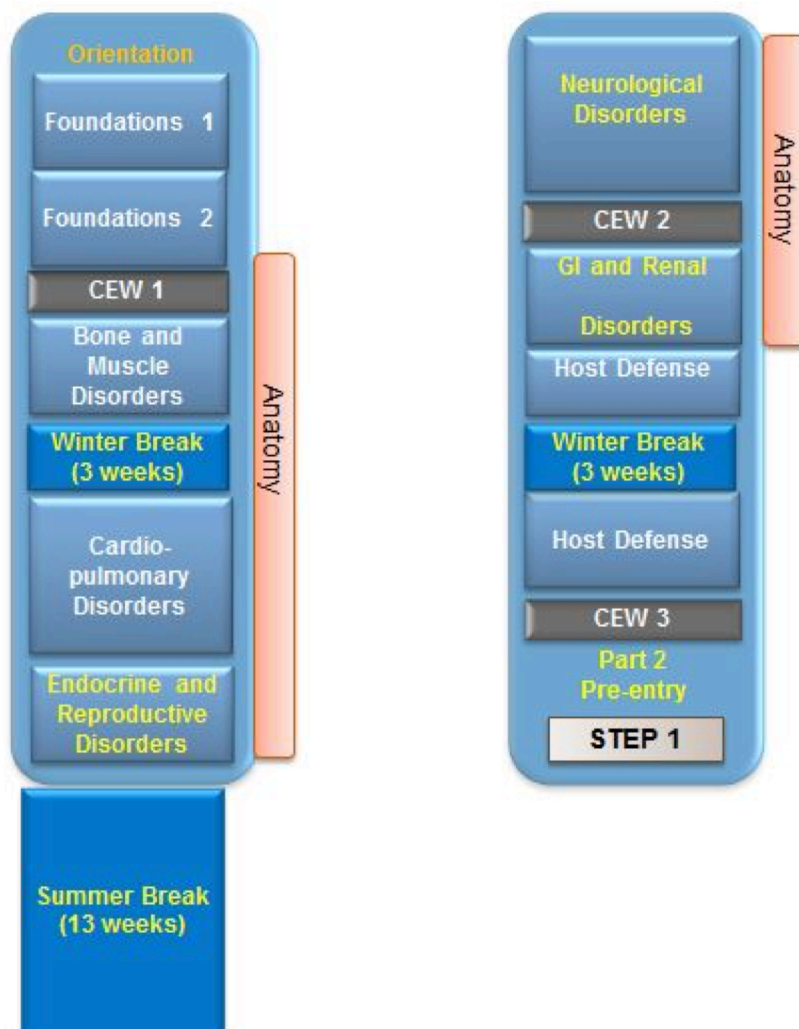
3) Enter your name and email address and click okay.

Return the iPad once you have the "Thank you" screen.

# LeadServeInspire Curriculum Overview

The LeadServeInspire Curriculum provides an opportunity to develop instruction that integrates foundational sciences, clinical sciences, and behavioral sciences to provide more contextual relevance for students.

- Instruction is integrated to provide greater contextual relevance for students.
- Increased emphasis on multiple teaching methods designed to promote active learning.
- Foundational science content will be reinforced in Parts 2 and 3.
- Anatomy is taught concurrently and integrated into the individual blocks throughout Year 1 and Year 2.
- Student projects throughout are designed to emphasize core educational objectives and teach lifelong learning skills.
- Students will get early clinical exposure to patients in clinical practices.



## Features of Part One

Part 1 will be divided into 9 blocks covering the major foundational sciences topics and is approximately two months shorter than the previous Med 1 and 2 years. All essential basic and behavioral science components will be covered with these concepts being revisited later in Parts 2&3. Anatomy will be taught longitudinally, with anatomical concepts being tightly integrated with histology, physiology, pathology and clinical applications covered during each block.

### Early Clinical Experience

- Students will get early clinical exposure which will reinforce foundational science concepts
- Students will be in a practice one half-day every other week for 17 months.
- Students will participate in a half-day Longitudinal Group session 3 hours every week on either a Monday or Wednesday
- Students receive skills based training in Medical History Taking, Physical Examination and a Basic Procedures Training Program

### Evaluation and Assessment

All students will achieve competency in the Physician Competency Reference Set (PCRS). Each aspect of each PCRS will be measured at some point in the curriculum. The measures will be based on learning objectives and independent from learning methods. The Educational Portfolio will be used to foster self-directed learning and individualization of educational plans.

#### Physician Competency Reference Set (PCRS)

Patient Care	Professionalism
Knowledge for Practice	Systems-Based Practice
Practice-Based Learning and Improvement	Interprofessional Collaboration
Interpersonal and Communication Skills	Personal and Professional Development

#### Assessment Weeks

- At the end of each block a week of assessments will include computer based Multiple Choice Question (MCQ) exams and Objective Structured Clinical Exams (OSCE).



**Note: Students will not be assigned to be in your practice during assessment weeks.**

- Longer blocks (Neurological Disorders, Cardio Pulmonary Disorders, and Host Defense) will also have a mid-block assessment.

## Assessments in Longitudinal Practice

Students are expected to progress through this two year program as they gain increased competence with history and physical exam skills. Each preceptor will be asked to intermittently evaluate the students online to assess the students' progress. The assessment questions directly reflect the core competencies and are meant to assess the student's attendance, performance and successful completion of target objectives. The evaluations by the preceptors are integrated into the overall grade at the end of most curricular block.

Several types of Assessments will be used to monitor achievement of learning outcomes of the Longitudinal Practice component of LSI, including Attendance, Clinical Preceptor Assessments, Direct Observation of Competence, and Student Logs.

- **Attendance** will be reported for each Longitudinal Practice session. Students will be responsible for logging this information. We understand the need for some flexibility in preceptor scheduling. If necessary, it is the student's responsibility to set up a makeup time that is convenient for both the student and the preceptor.
- **Clinical Preceptor Assessments** will allow LP preceptors to report summary observations of important student behaviors in the practice. These are sent approximately 3 weeks prior to the end of the block in order to have completed forms by assessment week grading. (More information on page 16.)
- **Direct Observation of Competence** will be used in the practice to assess student performance of key clinical skills with a real patient. Some of these may be completed by other members of your staff. Students will have the assessment forms loaded on their iPads and these will be used to complete the assessments. These are formative only and intended to give students insight on the application of knowledge they are learning in the classroom.
- **Student Logs** will be used to track the types of patient encounters students experience and the skills they perform during each block. Students log their completed objectives through PxDx in Vitals.
- Each Curricular Block will end with an **Assessment Week OSCE** that will measure whether students have become proficient at professional behaviors, communication & patient care skills across cases and contexts. **Students will be practicing these skills at the LP sites, while the OSCE is**

**the mechanism for testing their competency. The OSCEs are evaluated by the Longitudinal Group leaders.**

## Clinical Preceptor Assessments of Students

Preceptors will be asked to assess student progress by completing an online assessment. The first assessment will be completed at the end of Bone and Muscle and then at the end of each block. In Year 2, a physical exam assessment item will be added to the form. A sample assessment is included in the appendix. The schedule for the clinical performance assessments is listed below.

Curricular Block	CPA due date
Bone & Muscle Disorders*	12/15/2018
Cardiopulmonary Disorders	3/9/2019
Endocrine and Reproductive Disorders	4/27/2019
Neurological Disorders	9/28/2019
GI/ Renal Disorders	11/23/2019
Host Defense	2/22/2020

\*The first assessment is not part of the students' formal grade.

We will also request your feedback on the LP Program at the end of Year 1 and Year 2 so we can continue to improve our process and communication.

Students will be also asked to complete an evaluation on the preceptor at the end of Year 1 and Year 2. A sample of the evaluation is included in the appendix. We will provide summary information at the end of Year 1 to preceptors, and a complete report at the end of Year 2.

### Students not meeting objective competencies.

If you have any questions or concerns regarding the performance of the student, please contact Diana Bahner or Kristen Rundell. Most concerns are addressed immediately and require no intervention. Occasionally a student may have difficulties that require intervention. If this occurs the guidelines of the student handbook for Part One of the LSI curriculum will be followed.

## Oral Presentations and Documentation

Many preceptors enjoy helping their students with oral presentation skills and guiding them through the documentation process. We are incorporating a Direct Observation of Oral Presentation at the end of Year 2 using the same form that will be used in the clinical rotations. This year we are encouraging the students to practice documentation with supervision from the Longitudinal Preceptor. We will be providing instruction and information

for the preceptors during the Fall Faculty Development workshop as well as the block instructional email.

# LeadServeInspire Curriculum Terminology

Term	Definition
Academic Program	Parts of the curriculum e.g. Part One Foundational Sciences
Curricular Block	A multiple week section of a program e.g. Bone & Muscle Disorders, Cardiopulmonary Disorders
Longitudinal Group (LG)	Focused developmental tasks students work on in weekly groups throughout the curriculum relating basic and behavioral sciences to the practice of medicine
Longitudinal Practice(LP)	Students are scheduled for ½ a day every other week to a practice site to apply basic science and clinical skills development. Objectives for LP are closely aligned and reinforced in LG.
Longitudinal Projects	Focused developmental tasks students work on throughout the curriculum e.g. Health Coaching
OSCE	Objective Structured Clinical Examination – This will measure whether students have become proficient at professional behaviors, communication & patient care skills across cases and contexts

## Frequently Used Websites

### VITALS

VITALS is the College of Medicine's Student Information System. This system is used to evaluate the students, preceptors and program, as well as track student completion in certain activities. Longitudinal Preceptors have **instructor accounts** in this system in order to evaluate student performance. At designated points in times you will receive an email notification from the VITALS system with a link to an evaluation of the student(s). The link will take you directly to the evaluation form and you will not need to log-in.

If you have any issues accessing the evaluation forms you should contact Dawn Ryan.

### LP Website

<https://fd4me.osu.edu/lp-preceptors/>

We have created a website that contains all of the objectives and resources that are sent through the year. We also highlight the current curriculum on the front page as well as a teaching tip.

## **Faculty Development for Medical Educators (FD4ME)**

Faculty Development for Medical Educators is a series of interactive, e-learning modules devoted to improving the knowledge, attitudes and skills of medical and allied health faculty in the important domain of teaching.

Visit the site at: <https://fd4me.osu.edu/>

**Earn Category I CME credit – Modules of interest to Longitudinal Practices:**

- [Teaching Students in the Ambulatory Setting I: Getting Started](#)  
*Cynthia Ledford, M.D.*
- [Teaching Students in the Ambulatory Setting II: Patient Care Skills](#)  
*Cynthia Ledford, M.D.*
- [Teaching Students in the Ambulatory Setting III: Evaluation and Feedback](#)  
*Cynthia Ledford, M.D.*
- [Direct Feedback and Coaching in Medical Education](#)  
*Sorabh Khandelwal, M.D.*

*Most modules are linked to longer video presentations and/or power point presentations.*

Teaching medical students in your office is Category 2 credit and a letter from the College is sent to you on an annual basis.

### Faculty Development Workshop– 10/17/2018

There will be a faculty development workshop offering CME category I credit for new and continuing preceptors offered in the fall. This year's workshop will focus on best teaching techniques by our top preceptors.

## Appendices

### Sample Patient Empaneling Form

NEVER PRESENT INFORMATION THAT MAY IDENTIFY THE PATIENT IN ANY MANNER.

Date:	
CC:	
HPI:	
ROS:	
Meds:	Allergies:
PMHx:	FHx:
SHx:	Surgeries/Hospitalizations:
Physical Exam:	
Lab Results:	
Assessment:	
Plan:	



# Empaneling requirements by block\*

## Year 1

### Bone and Muscle block

- Back pain
- Arthritis
- Extremity pain
- Sports injury
- Behavior change
- Impact of injury on patient/family quality of life

### Cardiovascular and Pulmonary block

- Palpitations
- Chest pain
- Shortness of Breath
- Wheezing
- Cigarette use (or exposure to passive smoke)
- Difficulty completing activities of daily living
- Obesity affecting their health

### Endocrine and Reproductive block

- Erectile dysfunction
- Abnormal vaginal bleeding (or other menstrual bleeding concerns)
- Unintended weight gain
- History of a prenatal complication (pediatric patients)
- History of domestic violence
- Difficulty adhering to prescribed medication regimen
- High risk sexual behaviors

## Year 2

### Neurologic block

- Dizziness
- Weakness
- Headache
- Chronic nerve pain
- Use of Integrative Medicine
- Low health literacy

### Gastrointestinal and Renal Block

- Non cardiac chest pain/GERD
- Obesity
- Unintended weight loss
- Abdominal pain
- Edema (swelling, fluid retention)
- Alcohol Use Disorder
- Self-identified as lesbian, gay, bisexual or transgender (with details as to how that may or may not affect their care)
- Psychosocial stressors that influence abdominal pain

### Host Defense block

- Fever
- Leg Swelling
- Pelvic Pain
- Cultural background different from your own
- Advance Directive
- Lack of immunizations or under-immunization

\*Subject to change

# Sample Huddle Card

## FOUNDATIONAL SCIENCE II

### ONE MINUTE LEARNER HUDDLE – PRECEPTOR

#### Session 1

Have this brief discussion with your student before the first session starts

- Have the student prepare for this conversation
- You and the student can preview the schedule and charts

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#### 1. GOALS: Remember to be specific!

- The student should identify and introduce themselves as a student partner of a longitudinal practice, meet members of the team and understand their roles.
- Briefly review the office policy and procedures
- Student should respectfully communicate with patients, staff, and other team members.
- Student should practice interviewing patients and obtaining CC and HPI

#### 2. GETTING GOING: When, how and who should the student see?

- Have the MA/designee help the student select patients to see, review schedule
- The student should room patients with MA or designee for the first session.

#### 3. HOW MUCH AND HOW LONG?

- How much of the visit should the student do on his/her own?
- How long should the student spend with each patient?

#### 4. QUESTIONS:

- When is a good time to discuss questions the student has?

# Sample: Preceptor Evaluation of Student

**Interpersonal Communication:** Works effectively with healthcare team members and staff

- Disruptive to the team
- Sometimes lacks consideration for team members
- Functions as a cooperative, productive member of the **team**
- Establishes good rapport with healthcare team, takes some initiative to improve teamwork
- Establishes tone of mutual respect & dignity, significantly improves team dynamic

**Professionalism:** Is reliable, dependable, and accountable for own actions

- Unexplained absences, unreliable, or tardiness
- Often unprepared, can be inattentive
- Fulfills responsibility, accepts ownership of essential roles in care
- Seeks responsibility; views self as an active participant in patient care
- Seeks and accepts full responsibility, and is self-directed

**Interpersonal Communication:** Develops relationships with patients and families.

- Occasionally ineffective in developing therapeutic relationships
- Inconsistent in use of listening, narrative or non-verbal skills to build relationships
- Demonstrates respect through listening, verbal and non-verbal skills
- Interpersonally engaging, builds strong therapeutic relationships with ease
- Establishes highly effective therapeutic relationships, adapting to patients different needs
- Maintains highly effective therapeutic relationships even in challenging circumstances, adapting and managing complex situation, i.e. culture or emotional stress

**Patient Care:** Initial history and interviewing skills

- Misses essential information; is disorganized sometimes
- Inconsistent in data gathering and questioning skills, incomplete or unfocused
- Obtains basic history, accurately gathers information
- Gathers complete, precise and detailed information appropriate to the setting
- Adapts interview to clinical context and patient needs, is focused and selective as guided by interpretation of information
- Resourceful, efficient, appreciates subtleties, able to elicit key information needed to accurately interpret and manage patient needs

**\*Patient Care:** Physical exam and physical diagnostic skills

- Unreliable examination techniques or description of findings; **unable to gather findings, incomplete or insensitive to patient comfort**
- Technically appropriate and sensitive to patient comfort, describes **some findings**
- Technically appropriate skills; accurately describes findings, **identifies major findings**
- Examination techniques are organized, focused, & relevant; identifies **all key findings**
- Examination techniques are organized & directed to solicit **both common & key findings; identifies all key and, even, subtle findings**

**Positive Reinforcement.** Please identify 1-2 things this student did well and should continue to do.

**Next Step.** Please identify 1-2 things this student might do to improve.

\*Physical exam item is added to the CPAs in Year 2.

## Sample: Student Evaluation of Longitudinal Practice Preceptor

Instructions: Please complete this evaluation of your Longitudinal Practice preceptor based on your personal opinion and experiences. Your responses will be reported in aggregate with classmates to provide faculty with information about how to improve their teaching. You may also communicate any confidential concerns you might have to the Longitudinal Practice Director, Kristen Rundell at [kristen.rundell@osumc.edu](mailto:kristen.rundell@osumc.edu)

This teacher ...

was enthusiastic

created an atmosphere that encouraged students to admit their

limitations

observed the student's performance

gave feedback

developed a plan for improvement with the student

asked the student to identify their goals, interests and needs.

*Rating scale (n/a, strongly disagree, disagree, disagree/ agree equally, agree, strongly agree)*

This teacher ...

treated me with respect

treated others with respect (students, residents, staff, patients)

*Rating scale: Yes/ No*

How would you rate this teacher's overall teaching effectiveness?

*Rating scale: Poor, fair, good, very good, excellent*

Name 1-2 things that this teacher did, and should continue to do, that helped you learn

Identify 1-2 ways in which this teacher might improve