

# LSI Longitudinal Practice Manual 2021-2023



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.....	1
Learning Environment.....	4
The 2021-2023 LeadServeInspire Longitudinal Practice (LP) Curriculum .....	5
Longitudinal Practice Clinical Experience.....	6
LP Procedure Skills Training Program.....	6
General Information .....	7
Teaching Notes.....	7
Huddle Cards .....	7
Resources .....	7
Objectives by Curricular Block.....	8
Direct Observation of Competence (DOC).....	11
Assessments in Longitudinal Practice.....	13
Oral Presentations and Documentation.....	15
Sample: Preceptor Evaluation of Student (Clinical Performance Assessment) .....	16
LeadServeInspire Curriculum Terminology .....	18
Patient Empaneling Process .....	18
Empaneling requirements by block.....	20
Sample Patient Empaneling Form .....	21
LeadServeInspire Curriculum Overview .....	23
Features of Part One .....	24
Longitudinal Project in Portfolio Coaching.....	25
Faculty Teaching Resources.....	26
Sample: Student Evaluation of Longitudinal Practice Preceptor.....	29
Frequently Used Websites .....	30
VITALS.....	30
LP Website.....	30
Sample: Huddle Card .....	31
Student Involvement in Telehealth.....	32
Longitudinal Practice Calendar	

## Learning Environment

From the Faculty Handbook on MD Curriculum

“The OSU College of Medicine does not discriminate against any individual applicant or student based on age, ethnicity, color, race, gender, gender identity or expression, genetic information, sex, sexual orientation, religion, national origin or ancestry, military or veteran status, marital or parental status, or any basis protected by federal law in the admissions, educational and other COM programs. Otherwise qualified persons are not subject to discrimination on the basis of disability. Reasonable accommodation will be provided to persons with disabilities who otherwise meet the technical standards of the medical education program”

Please use the following link for more information regarding Faculty Standards of Conduct and Reporting of Student Mistreatment.

<https://medicine.osu.edu/-/media/files/medicine/faculty/policies-and-resources/faculty-handbook-for-the-md-curriculum/01-learning-environment.pdf>

# The 2021-2023 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 2021-February 2023 – 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 ½ day (4-6 hours) during their assigned weeks.
- See Appendix with calendar of dates

## LP Procedure Skills Training Program

Prior to coming to your practice students will be trained in a variety of procedures/skills.

- Vital signs
- Injection Administration
- Hand hygiene
- Sterile technique/universal precautions
- PPE during COVID-19

# 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 website. <https://osu-lp-preceptor.osu.edu>

## 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 LP website. Please contact Dawn Ryan if you are having difficulty accessing the website.

# Objectives by Curricular Block

## Year 1

### Orientation- Session 1

Due Dec. 20, 2021 at 8am

- 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)

### Bone and Muscle Disorders (Nov-Dec) - 3 sessions

Due Dec. 20, 2021 at 8am

- Respectfully communicate with patients, staff, and other team members
- Practice interviewing patients and obtain CC and HPI
- Practice documenting a patient's HPI (does not need to be in the EHR)
- Practice hip, shoulder, knee or back/spine 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 or directly in vitals by the preceptor.



## Cardiopulmonary Disorders (January-March) 4 or 5 sessions

Due Mar 14, 2022 at 8am

- Respectfully communicate with patients, staff, and other team members.
- Practice taking a past medical history
- Practice hip, shoulder, knee or 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)
- 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) – 2 or 3 sessions

Due May 2, '22 at 8am

- Respectfully communicate with patients, staff, and other team members.
- Practice taking a family and social history
- 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) 3 or 4 sessions

Due Sept 26, 2022 at 8am

- 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 (does not need to be in the EHR)
- Practice giving patient presentation to preceptor
- **Direct observation of neurologic focused physical exam on a patient, WITH feedback**

### Gastrointestinal and Renal Disorders (Oct-Nov) 3 sessions

Due Nov 21, 2022 at 8am

- Practice the PE techniques listed for the abdomen
- Practice abdominal pain ROS
- 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 giving patient presentation to preceptor
- **Direct observation of cardiopulmonary physical exam on a patient, WITH feedback**
- **Direct observation of abdominal physical exam on a patient, WITH feedback**

### Host Defense (December-February) – 4 or 5 sessions


Due Feb 20, 2023 at 8am

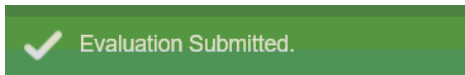
- Practice a complete history including CC, HPI, ROS, PMH, FMH, Social history
- Review with one patient the management of a chronic health issue
- Practice a basic assessment and plan on 3 patients
- **Direct observation of oral presentation, WITH feedback**

## Direct Observation of Competence (DOC)

Students are required to log completion of the LP objectives through Vitals. Most objectives are self-reported by students; however, we will ask you to directly observe the student once per block. Students will receive all DOC forms at the beginning of the year. We will have each one tied to a specific block, but they are permitted to work ahead and complete DOCs for future blocks

The student will queue up the appropriate form on their device and pass device to the preceptor to complete. Students can also send the form via email after the observation. Most preceptors observe the student complete the specific task; then complete the form with the student at a later time, to allow sufficient time for feedback. This is a formative process and we encourage you to provide feedback to assist students in their development of skills.

1. Complete the evaluation. Once you are finished, click the Submit  button located at the bottom of the page. A green confirmation message will appear at the top of the page verifying the submission.



## Sample: DOC

**Part 1:** Longitudinal Practice in Cardiopulmonary Disorders

**Form:** Past Medical History Direct Observation of Competency

Setting: Hospital; Emergency department / Urgent care; Ambulatory practice;

Behaviors	Yes	No	Partially Done	N/A
General: Cleans hands prior to examining patient				
General: Greets patient in a professional manner				
General: Introduces self and explains role				
Past History: Asks if any history of cardiopulmonary disease				
Past History: Obtains complete history of medical conditions				
Past History: Elicits details of past hospitalizations				
Past History: Obtains complete history of past surgeries, including approximate dates				
Past History: Complete medication list with dose, route, timing and indications				
Past History: Asks about over the counter and herbal/vitamin medications				
Allergies: Complete, accurate, with reactions and drug side effects				

**Overall Complexity of Patient History:** Low; Moderate; High

**Global Quality of Patient History:** Needs continued practice; Acceptable; Outstanding

### Entrustment, based on this single observation (optional)

Do you think this student is able to gather all the details of care necessary for the team to formulate an assessment and plan? Yes; Not yet

# 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 2 weeks prior to the end of the block in order to have completed forms by assessment week grading. (More information on page 17.)
- **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 Px Dx 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 and other education faculty.

## Clinical Performance Assessments of Students (CPA)

Preceptors will be asked to report student progress by completing an online assessment through Vitals. 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 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*	12/18/2021
Cardiopulmonary Disorders*	2/19/2022
Endocrine and Reproductive Disorders	4/30/2022
Neurological Disorders	9/24/2022
GI/ Renal Disorders	11/19/2022
Host Defense	2/18/2023

\*The first two assessments are not part of the students' formal grade.

A portion of each student's end of block grade will include meeting Longitudinal Practice requirements. The Passing Criteria for each block will detail the competencies and tasks, which are assessed in LP. These typically include a score from the Clinical Performance Assessment (CPA), attendance, completion of LP objectives (Px Dx) and Direct Observation of Competence (DOC).

The CPA evaluates the competencies of *Professionalism, Interpersonal Communication, Patient Care and Practice Based and Lifelong Learning*. The CPA score will factor into each student's end of block grade during most blocks, with the exception of Foundations 1, 2 and Bone and Muscle Disorders.

The first time a student does not obtain a passing CPA score of  $\geq 70\%$ , they will be offered time to meet with the Director of Longitudinal Practice to discuss a plan for remediation. The second time a student does not obtain a passing CPA score  $\geq 70\%$ , they may receive a "Not Met" in *the appropriate competency* for the block. More details about the CPA can be found in the LP Student Manual in Vitals.

### **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 Med 3 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.

## Sample: Preceptor Evaluation of Student (Clinical Performance Assessment)

**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

**\*Practice Based Learning and Improvement:** Demonstrated self-directed learning

- Had little awareness of own strengths, weaknesses and limits in knowledge, skills or attitudes. Required preceptor direction for all learning activity.
- Independently identified learning needs but was unable to independently identify and access learning activities to address these needs
- Independently identified learning needs and identified and performed activities to address these. Sought help when appropriate.
- Independently identified learning needs and identified and performed activities to address these on an ongoing basis and evaluated the effectiveness of each learning activity

**\*Practice Based Learning and Improvement:** Demonstrated utilization of feedback

- Sometimes resistant to feedback and instruction
- Consistently accepted feedback and instruction without resistance
- At times sought and incorporated feedback to improve practice
- Frequently sought and consistently incorporated feedback to improve practice



**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.

\*PBLI items are formative (not scored) in Year 1. These items will be summative (scored) in Year 2.

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

## 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.
OSCE	Objective Structured Clinical Examination – This will measure whether students have become proficient at professional behaviors, communication & patient care skills across cases and contexts

## Patient Empaneling Process

Patient empaneling is a unique learning experience for first and second year medical students integrated into Longitudinal Practice (LP) and Longitudinal Group (LG) during Part One of the LSI curriculum.

Students are given a list of broadly-defined symptoms, diagnoses, and sociodemographic and behavioral health issues connected to the Foundational Science concepts they are studying during each block in Part One. During LP, the student and LP preceptor identify patients to empanel who meet at least one of the block requirements on this list. Once identified, the student approaches the patient and requests permission to present their case as a method of learning about their respective symptom, diagnosis, or sociodemographic or behavioral health issue. After permission is obtained, the student uses the Empaneled Patient Form to gather the information needed from the patient and their medical record to present their case in a de-identified fashion.

During a LG session toward the end of each block, every student is required to bring their completed Empaneled Patient Form to class. The LG facilitator will record that each student has their completed form and invite students to present their empaneled patient to their peers with the understanding that not every symptom, diagnosis, or sociodemographic or behavioral health issue needs to be

presented and discussed.

With guidance from their LG facilitator, students will discuss the empaneled patient cases and focus on the following questions:

- How are the chief complaint, signs and symptoms, condition, or situation in the empaneled patient different or similar to the standardized patient or clinical reasoning case discussed in the LG classroom?
- What barriers did the empaneled patient face in obtaining care for their health concern?
- In considering your empaneled patient, what would be important for you to remember with future patients?
- How does this symptom, diagnosis, or sociodemographic or behavioral health issue impact the life and overall health of the patient?

Patient empaneling connects the Foundational Science, Longitudinal Practice, and Longitudinal Group components of the curriculum, and through this experience students are able to:

- Apply classroom knowledge and clinical skills to the care of patients with varied symptoms, diagnoses, and sociodemographic and behavioral health issues.
- Demonstrate effective communication of patient cases to health care team members, including attending physicians and peers.
- Compare and contrast presentation, assessment, and management of patients in diverse health care settings.
- Practice population management by following a cohort of patients over time to see how their problems interface with the health care system.

An example of a student discussion about empaneled patients facilitated by Dr. Dan Clinchot, the Vice Dean of Education in the College of Medicine, can be found at the following link: <https://www.youtube.com/watch?v=anLUBTKW0-0>.

The symptoms, diagnoses, and sociodemographic or behavioral health issues for each block are listed on the following pages. Students may empanel a patient with any of the listed requirements at any time, even if for presentation in a future block. It is highly recommended that students complete an Empaneled Patient Form at the time a patient is identified and empaneled. Students should keep track of this form, so it can be retrieved to present the empaneled patient during the appropriate block.

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

# Empaneling requirements by block

## Year 1

### Bone and Muscle Block

- Back pain
- Hip pain
- Knee pain
- Shoulder pain
- Dislocation
- Fibromyalgia
- Fracture
- Gout
- Juvenile idiopathic arthritis
- Myopathy
- Osteoarthritis
- Rheumatoid arthritis
- Overuse injury
- Behavior change affecting their health
- Injury affecting their quality of life
- Low health literacy

### Cardiovascular and Pulmonary Block

- Chest pain
- Cough
- Palpitations
- Shortness of breath
- Wheezing
- Asthma
- Chronic obstructive pulmonary disease
- Congenital heart disease
- Coronary artery disease
- Cystic fibrosis
- Dysrhythmia
- Heart failure
- Hypertension
- Tobacco use or exposure
- Difficulty completing activities of daily living
- Obesity affecting their health

### Endocrine and Reproductive Block

- Abnormal vaginal bleeding
- Breast-related complaints
- Fatigue
- Genital complaints (e.g., discharge, lesions, pain)
- Pregnancy-related concerns/complications
- Sexual dysfunction
- Unintentional weight gain
- Adrenal disorder
- Diabetes mellitus
- Low testosterone
- Osteoporosis
- Polycystic ovarian syndrome
- Thyroid disorder
- Difficulty adhering to a medication regimen
- High-risk sexual behavior
- Intimate partner violence

## Year 2

### Neurologic Block

- Dizziness
- Eye complaints (e.g., pain, visual changes)
- Headache
- Memory loss
- Syncope
- Weakness
- Epilepsy
- Neuropathy
- Sleep disorder
- Stroke
- Anxiety
- Depression
- Child and adolescent behavior concerns
- Disability
- Use of Integrative Medicine
- Health literacy-related misunderstanding or error

### Gastrointestinal and Renal Block

- Abdominal pain
- Altered bowel habits (e.g., constipation, diarrhea, fecal incontinence)
- Edema
- Infant spitting up
- Jaundice/Hepatitis
- Urinary complaints (e.g., frequency, dysuria, retention, incontinence)
- Unintentional weight loss
- Chronic kidney disease
- Fatty liver disease
- Gastroesophageal reflux disease
- Inflammatory bowel disease
- Irritable bowel syndrome
- Obesity
- Alcohol use disorder
- Psychosocial stressors affecting abdominal pain
- Self-identified as lesbian, gay, bisexual or transgender (how that may or may not affect their care)

### Host Defense Block

- Fever
- Irritable infant/child
- Joint pain
- Lymphadenopathy
- Pelvic pain
- Rash
- Anemia/Hemoglobinopathy
- Autoimmune disease
- Bleeding disorder
- Immunodeficiency
- Infectious disease
- Transplantation
- Advance directives
- Cultural background different from your own
- Limited English proficiency (LEP) or English as a Second Language (ESL)
- Non-vaccination or under-vaccination or vaccine refusal

**\*Subject to change**

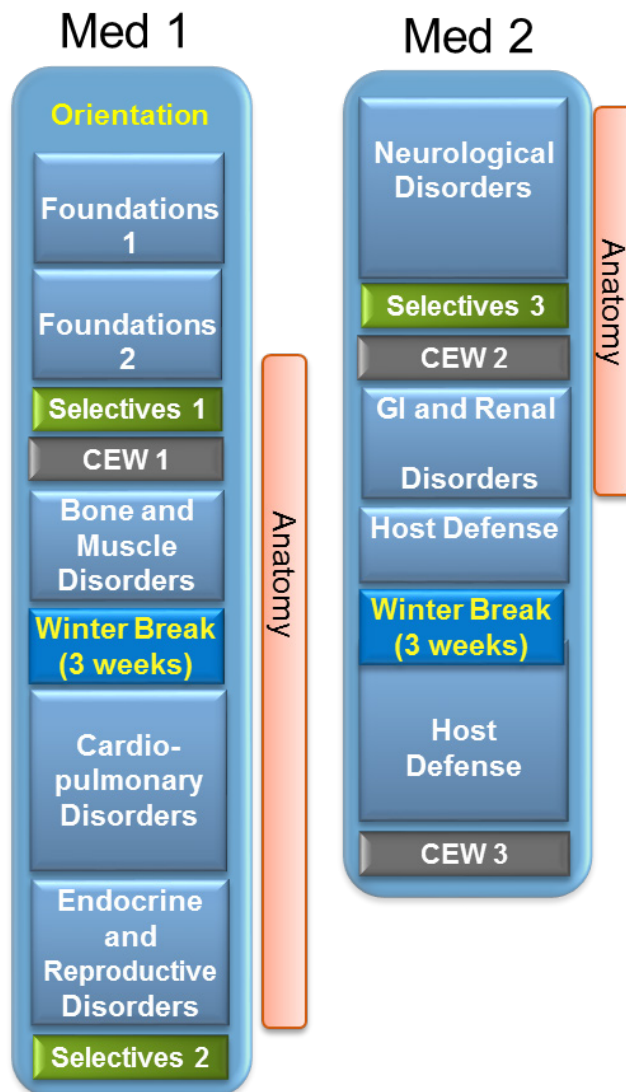
## Sample Patient Empaneling Form

Date:	
CC:	
HOPI:	
ROS:	
Medications:	Allergies:
PMH:	PSH:
FH:	SH:
Physical Examination:	
Data:	
Assessment:	
Plan:	

# 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.
- Anatomy is taught concurrently and integrated into the individual blocks throughout Year 1 and 2.
- Student projects throughout are designed to emphasize the physician competency reference set and teach lifelong learning skills.
- Students will get early clinical exposure to patients in clinical practices.
- Career Exploration Weeks (CEW) are an opportunity for students to be exposed to fields of medicine
- Selective weeks will allow students to develop new skills and acquire new knowledge that will be an asset to them in medical school and in the future



## 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 Tuesday or Thursday
- Students receive skills based training in Medical History Taking, Physical Examination and a Basic Skills 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

Knowledge for Practice

Practice-Based Learning and Improvement

Interpersonal and Communication Skills

Professionalism

Systems-Based Practice

Inter-professional Collaboration

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.



## Longitudinal Project in Portfolio Coaching

Every student will maintain an Educational Portfolio throughout the curriculum that will be used to foster reflective practice and document their development of competency. An assigned faculty coach will meet regularly with each student to facilitate student self-reflection and stimulate self-directed learning. The students may be collecting information for their portfolios during the Longitudinal Practice experience, however, it is the portfolio coach that will monitor the students' progress in their portfolio work. Once each year, the portfolio program will require students to develop an individual learning plan for improvement of their patient care skills. Their coaches will provide feedback on their goals and plans. Students will share their goals and plans with their LP preceptors who may be able to assist them by providing opportunities or resources that will help them achieve their goals.

# Faculty Teaching Resources

## 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.

## Faculty Development Workshop- 10/20/2021

There will be a faculty development workshop offering CME Category I credit for new and continuing preceptors offered in the fall. Each year we focus on one of the competency areas. We incorporate small group activities and invite faculty experts in the areas of focus. These presentations are recorded and posted to our LP website as a resource for LP Preceptors.

## **R.I.M.E. FRAMEWORK**

The RIME mnemonic created by Dr. Louis Pangaro, provides a framework for describing student progress. This framework is presented as four stages: Reporter, Interpreter, Manager and Educator. Each stage requires an integration and progression of knowledge, skills and attitudes.

### **“Reporter”(R)**

1. Accurately gathers and clearly communicates patient data
2. Shows understanding of which data is important
3. Has the skills and reliability to perform interview consistently
4. Structured Learning

### **“Interpreter” (I)**

1. Integrates data with knowledge base to develop a differential diagnosis
2. Identifies and prioritizes basic problems
3. Demonstrates analytical and problem-solving skills
4. Supported Learning

### **“Manager” (M)**

1. Plans and explores diagnostic and treatment possibilities independently
2. Anticipates Outcomes
3. Facilitates patient care
4. Self-directed learning

### **“Educator” (E)**

1. Can apply knowledge to patient problems
2. Consistent knowledge of current literature
3. Applies evidence to decision making
4. Committed to self-learning and education of the team

Pangaro L. A new vocabulary and other innovations for improving descriptive training evaluations. Acad Med. 74:1203-7.

## **The One Minute Preceptor- 5 Microskills of Clinical Teaching**

Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. Microskills enable teachers to effectively assess, instruct, and give feedback more efficiently. This model is used when the teacher knows something about the case that the learner needs or wants to know.

1. Get a Commitment
2. Probe for Supporting Evidence
3. Teach General Rules and Think Out Loud
4. Tell the Learner What They Did Right
5. Correct the Learner's Mistakes

Developed by Neher JO, Gordon KC, Meyer B, Stevens N: A Five-step "microskills" model of clinical teaching. J AM Board Fam Pract 1992; 5:419-24

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. These course evaluations are optional.

Students will be also asked to complete an evaluation on their preceptor at the end of Year 1 and Year 2. A sample of the evaluation is below. We will provide a complete report at the end of 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.**

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

## Frequently Used Websites

### VITALS

<https://vitals.osumc.edu/>

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://osu-lp-preceptor.osu.edu>

We have enhanced our website. This website is designed to introduce physicians to the Longitudinal Practice program, guide the teaching sessions and provide resources if needed. The website has information for new Longitudinal Preceptors regarding expectations for teaching students, the curriculum and the yearly calendar. The objectives for the course including all direct observation of competencies are posted. Preceptors will be able to view teaching physical exam videos and recent CME sessions offering teaching skills and tools. Please give us feedback on the new format.

## Sample: Huddle Card

### CARDIOPULMONARY DISORDERS BLOCK

#### ONE MINUTE LEARNER HUDDLE – STUDENT

Have this brief discussion with your preceptor before the session starts

- Prepare by thinking about your learning goals before your huddle with your preceptor
- Preview the schedule and charts

“Can I touch base with you quickly about the plan for this session?”

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

- Practice back/spine PE
- Practice a cardiopulmonary focused ROS as appropriate for chief complaint
- Practice a cardiac PE
- Practice a pulmonary PE
- Practice oral presentations of histories and physical exams using STAGE framework (Style, Timing, Audience, Goals, Elicit)
- Practice supporting patients in changing health behaviors
- **Have 1 direct observation of obtaining past medical history including medication and allergies, WITH feedback from preceptor (DOC in Vitals)**

**2. GETTING GOING:** When, how and whom should I see?

- Select a patient with your preceptor to directly observe you obtaining past medical history including medication and allergies, WITH feedback from preceptor
- Students should select a patient and preceptor should directly observe a focused history and PE on a patient whose CC is related to a cardiopulmonary or MSK condition, WITH feedback from preceptor

**3. QUESTIONS:**

When is a good time to discuss questions?

# Student Involvement in Telehealth

- As many preceptors have incorporated telehealth into their practice, there are also techniques to incorporate medical student learners into the ambulatory care component electronically.
- Students will receive basic telehealth training including professionalism, HIPAA compliance and virtual exams as they are developed for the curriculum. See here for an example of this type of educational content: <https://www.youtube.com/watch?v=N4WTtYUzfhY>
- Students are encouraged to download the Doximity App prior to their first telehealth experience. If they have not previously downloaded the app, instruct them to go to the App store to download. they do not need any prior authorization to download the app.
- Doximity and Microsoft Teams are HIPAA compliant and will support more than one person on a telephone or televideo encounter.
- Different Student- Preceptor Patient interaction scenarios are listed to give guidance for the teaching sessions.

## Student-Patient-Preceptor Interaction Scenarios:

In all scenarios, prior to the visit, student and preceptor should discuss the expectations for the visit and the flow of the clinic visits.

Student, Patient, and Preceptor All In-Office:

- While using all recommended PPE (e.g. masks and goggles), proceed normally

Student at Home, Patient and Preceptor In-Office

- Student may virtually interact with patient first (Doximity or Microsoft teams), staff with preceptor, then observe via video while preceptor interacts/examines patient
- Student may virtually see Patient (Doximity or Microsoft Teams) WITH preceptor while preceptor is in the room with the patient.
  - May be student-led interaction (preferred)
  - May be preceptor-led interaction (only occasionally)



## Student and Preceptor In-Office, Patient at Home

- Student may virtually interact with patient first (Doximity, UpDox or Microsoft teams), staff with preceptor (maintaining social distancing as much as possible), then observe via 3-way video while preceptor interacts with patient. If the student and the preceptor are in the office, they will need to wear the appropriate PPE during the visit, even if video or phone
- Student may virtually interact with patient first (Doximity, UpDox, or Microsoft teams), staff with preceptor, then observe in person while Preceptor virtually interacts patient. This option is less preferred as harder to maintain social distancing.
- Student and preceptor may virtually see patient together using 3-way video (Doximity,, Updox,or Microsoft teams), similar to if all were at home (see below)
- Student and preceptor may virtually see patient together using the same video screen (Doximity, Updox or Microsoft teams). This option is less preferred as harder to maintain social distancing and both need to be wearing appropriate PPE.

## Student and Patient at Home, Preceptor at Home or Office using 3-way video (Doximity, UpDox or Microsoft teams). **Preferred Model.**

- Student sees patient first
  - Student contacts patient by telephone or video (preferred) and gathers a full H&P or focused history such as HOPI or medication history.
    - Calls can be initiated by the student, or preceptors can introduce the student and then disconnect while the student completes their portion.
  - The student can then present to the attending separately or in the patient's presence
  - This model allows for autonomy of the student, takes less preceptor time and allows the visit to take as long as needed.
- Student sees patient while preceptor observes
  - This model allows for the preceptor to both diagnose the patient and the learner while preserving some student autonomy.
- Preceptor sees patient while the student observes
  - This model is useful to have the student observe and learn from the preceptor about effective communication, best practices in telehealth and medical decision making.
  - Good for atypical visits such as difficult conversations
  - This type of visit should not be the majority of visits.

## Telehealth technology

“3-way” visits are available with Up Dox, Doximity (for an additional fee), or Microsoft Teams. See below for instructions. Unfortunately, at this time students cannot participate in 3-way calls using Mychart

**Doximity** has the ability to complete a 3 way video exchange. Students will need active accounts on Doximity. They may go to the App store to download. There is not a cost for downloading the app. An additional fee has been added for the preceptor to add a 3<sup>rd</sup> party. When they enter the information in the app, it is recommended that they use the office phone number as their work number. The patient will see the office number when they receive the call. Here are the basic instructions for using Doximity on a desktop. The student may call the patient securely and without charge as long as it is only on other person.

UpDox has recently added a third party feature. This format is best if the preceptor calls the student first and adds the patient. This format has an additional feature that email addresses may be used in addition to phone numbers.

Telehealth visits can be completed in two different ways:

- Visit is initiated by the student who first contacts the patient through phone or video using HIPPA secure app. After interviewing patient, they will end the call and then contact the preceptor. After the patient presentation, the preceptor will initiate the visit, by contacting the student first and then the patient
- Another option would be to have the preceptor initiate the visit, introduce the student and observe the student complete the interview.