



PCM2 Preceptorship Information for Students AY2020-2021 Semester III-IV Pre-Clerkship Years

PLEASE READ TO ITS ENTIRETY

Mary Boyle, MD, Course Director. Mary.Boyle@lumc.edu
Nathan Derhammer, MD, Assistant Course Director NDerhammer@lumc.edu
Alison McComb, Medical Education Coordinator, PCM2 Amccomb3@lumc.edu

NOTE: Due to the unique constraints of the times, the PCM-2 H&P requirement will be reduced from 5 in previous years to 3. We are asking you to precept at least 2 students either simultaneously (2 students seeing the same patient at the same time) or asynchronously (each student seeing 3 unique patients).

QUICK SUMMARY OF PRECEPTOR ACTIVITY:

1. Welcome your student to your clinic. Safety first regarding COVID19, see below*
2. Assign 3 patients over the academic year for the student to perform history taking and examination skills.
3. Directly observe key components of their skills at the bedside.
4. Evaluate their write-ups. Evaluate each write up before moving on to the next patient interview so the student may benefit from your comments.
5. Have the student practice giving an oral presentation of the case.
6. Arrange future meetings with students *on the days when you meet with them, rather than wait for them to contact you again.*
7. Evaluate their overall performance at your final meeting.

Please read this packet for details.
Thank you for choosing to be a preceptor.

INFORMATION FOR PRECEPTORS

This year we are asking each preceptor to take two students and work in a 2:1 student to preceptor ratio. We recommend students work as a team, taking the history and doing the exam. They should each submit an H&P, but they may work on it together and learn from each other if they choose. Meet with both students at the same time to review their work.

We recommend they take the H&P together for H&P #1.

For the 2nd H&P, one student is the lead person to take the H&P, the other student assists.

For the third H&P they exchange roles from the above for the 2nd H&P.

OR you may still have each of your students work separately with a patient and you. (3 H&Ps, 3 follow up meetings per student) You may also have each student see their own patient but meet for discussions together.

H&P WRITE-UP AND PRECEPTOR EVALUATION DUE DATES

H&P #1 Due: *TBD*

H&P #2 Due: *TBD*

H&P #3 Due: *TBD*

PLEASE NOTE:

- At least one of the H&Ps should, ideally, be a complete H&P
- Two may be focused H&Ps.
- Please submit your evaluation of each write-up directly to your student via email.

If, however, the clinical area where H&Ps are done is not conducive for a complete H&P, please guide your student on how much time can reasonably be allotted, having the HPI be the focus and additional history as time/situation allows. Similarly focus on key portions of the exam with additional parts of the exam as allowed.

Supplemental Information and Forms

The students are taught to follow a specific outline in obtaining a history and they are taught and tested on designated techniques for the physical exam steps.

The [**Preceptor Program Info Page**](#) on the **PCM-2 LUMEN Course Page** provides the following materials:

1. An outline of the steps of the history
2. An outline of the steps of the physical exam
3. A detailed description of each step of the history
4. A detailed explanation of each of the steps of the physical exam
5. Preceptor's Evaluation of Write-up form
6. Preceptor Overall Student Performance Evaluation form (counts toward grade)

PLEASE UTILIZE THE SCHOOL'S OUTLINE WHEN YOU TEACH YOUR STUDENT. The History and Physical outline included is the one students learn and should perform on the patients you assign. *This H&P format may differ from the one that you personally use.*

Please provide a variety of patients and somewhat complex patients, appropriate to their level, so students can try out their diagnostic skills. Please avoid patients who have no complaints and no findings but are only there for medication refills or wellness visit check-ups.

GOALS/OBJECTIVES of the Preceptor Program

Perform a total of 3 H&Ps. Your job as preceptor is to help your student solidify and strengthen their skills in performing and recording a history and physical exam as well as to **identify pertinent positives and negatives**, create a differential diagnosis from the history and physical exam, create an assessment plan, and a problem list.

METHOD

Meetings:

Choose the meeting day and time most convenient for you and the student. Students should not miss required curriculum activities to be in clinic or wards.

Encourage your student to contact you *early* prior to each meeting, well before each H&P assignment is due so neither you nor your student are rushed.

Through your secretary or nurse, you can arrange the meeting beforehand. If this is how you schedule meetings, have the student call your secretary or nurse for all the details of the meeting, i.e., date, time, location, name of the patient, etc. *Please be sure this scheduler is willing to be responsive to the student and willing to assist them.*

During your first meeting, become acquainted, introduce your staff, and familiarize your student with your office or hospital (orientation activities, i.e., IDs, parking, special instructions, etc.).

The H&P:

Arrange for your student to perform a history and physical (using the prescribed Loyola format) on a patient known to you either in the hospital or outpatient clinic. It is important you know the patient's history and relevant physical findings. *Be sure that patients are always informed that they will be meeting with a student. Please introduce the student to your patient.* The student is not required, nor has the skills yet, to perform a breast exam, female or male GU exam.

*****AT ALL TIMES: SAFETY IS OF UTMOST IMPORTANCE DURING THIS COVID19 PANDEMIC. WEAR A MASK and EYEWEAR AND USE GOOD HAND HYGIENE. FOLLOW ALL SSOM/LOYOLA UNIVERISTY MEDICAL CENTER-TRINITY HOSPITALS POLICY.**

- **THE PRECEPTOR SHOULD ACTIVELY REVIEW PATIENTS, AND IF THERE IS A LIKELY RISK FOR COVID19, THE STUDENT SHOULD NOT BE SEEING THAT PATIENT.**
- **IT IS NOT POSSIBLE TO ALWAYS PREDICT WHICH PATIENTS HAVE THE VIRUS AS MANY ARE ASYMPTOMATIC.**
- **DO NOT UNDER ANY CIRCUMSTANCES HAVE STUDENTS DO FUNDOSCOPIC, OTOSCOPIC OR ORAL EXAMINATIONS.**
- **PATIENTS STUDENTS SEE SHOULD ALSO BE WEARING A MASK AT ALL TIMES**
- **PLEASE SET THE EXAMPLE FOR OUR STUDENTS REGARDING PPE AND HAND HYGIENE.**

Directly Observe your student:

Importantly, please observe the student do a few key portions of the history and physical exam and give them feedback and tips. Ideally, strive to observe your students perform a different part of the physical examination over the course of the three H&Ps to ensure they perform a variety of steps properly.

Please verify any abnormal physical findings they mention or point out those abnormal findings they did not detect.

The Write Up:

Please note - Students type all their H&Ps on blank paper. **Students should not copy and paste.** Templates may be used as a guideline, but template use is not allowed if they auto-populate data or provide checklists only.

All identifying patient information must be removed. Also, do not allow patient information with identifying information on it to be carried out of the clinic/ward by the student.

For the write up, they should work on their skills on each of the following:

- **The H&P**
- **Pertinent Positive and Negative Findings**
- **Differential diagnosis**
- **Assessment and Plan** (The plan should ideally address the diagnostic plan, the therapeutic plan and the patient education plan.)
- **Admit orders if applicable**

- **Problem List**

Note the use of proper medical terminology in describing the physical exam. Make sure the student uses acceptable abbreviations. See appendix below.

The Follow Up Meeting:

When you meet the student again, review the write-up with the student. (For efficiency, the student may email you the H&P, *with no patient identifiers*, prior to your meeting. Make corrections to improve your student's skill of recording the H&P. Give special attention to the HPI as a complete story of the patient's disease and illness. Emphasize inclusion of pertinent positives and negatives in the HPI to demonstrate critical thinking and then formulate a differential diagnosis.

If time allows, ask the student to give a brief oral presentation and help them with their oral presentation skills.

This meeting following the H&P should take no more than 45 minutes. Fill out one evaluation form for each H&P and other associated assignments.

Once you have completed your evaluation form, please e-mail it directly to the student. The student is required to submit their preceptor's evaluation along with their write-up into Sakai (our online assignment portal).

It is the final, overall evaluation for the year that counts toward their grade.

We anticipate the student will gradually improve their skills over the year. If you have any concerns, however, regarding either skills or professionalism, please notify the course directors.

Thank you.

Appendix

Loyola University Health System

List of Unacceptable Medical Record Abbreviations and Medication Dose Designation Purpose: Use of certain abbreviations and medication dose designations can be dangerous and lead to treatment errors. This list of unacceptable abbreviations and dose designations identifies specific abbreviations and medication dose designations that have been in use, but have been found to create the potential for error.

***THE ABBREVIATIONS AND MEDICATION DOSE DESIGNATIONS LISTED BELOW MAY NOT BE USED IN STUDENT WRITE-UPS**

| Abbreviation or Dose Designation | Reason | Acceptable Practice | Rational for Selection |
|---|---|--|--|
| Do not use "U" as an abbreviation for "Units" | "U" can be confused with a "0" or a "4" | Write out the word "Units" | Frequently used, high risk drugs (heparin and insulin are ordered in units. Identified as unsafe by the ISMP*. |
| Do not use IU (for international unit) | Mistaken as IV (intravenous) or 10 (ten). | Write "international unit" | Identified as unsafe by the ISMP*. |
| Do not use Q.D., Q.O.D. (Latin abbreviation for once daily and every other day) | Mistaken for each other. The period after the Q can be mistaken for an "l" and the "O" can be mistaken for "1". | Write "daily" and "every other day" | Identified as unsafe by the ISMP*. |
| Do not use "µg" for microgram | Misinterpretation as "mg" | Write "mcg" for microgram | Used frequently for dosing in infants and children. Identified as unsafe by the ISMP*. |
| Do not use trailing zeros (1.0) | Misread as 10 if the decimal is not seen | Write numerals without the decimal point Write 1 mg, not 1.0 mg | Potential for ten-fold dosing errors. Identified as unsafe by the ISMP*. |
| Do not use leading decimals (.1) | Misread as 1 if the decimal is not seen | Write numerals as 0.1 mg, not .1 mg | Potential for ten-fold dosing errors. Identified as unsafe by the ISMP*. |
| Do not use MS04 or MS for morphine | Misread as magnesium sulfate | Write morphine | Frequently used in high-risk situations. Identified as unsafe by the ISMP*. |
| Do not use MgS04 for magnesium sulfate | Misread as morphine sulfate | Write magnesium sulfate (the salt matters) | Frequently used in high-risk situations. Identified as unsafe by the ISMP*. |
| AZT | Mistaken as azathioprine or aztreonam | Use complete drug name | Identified as unsafe by the ISMP* |
| HCTZ | Mistaken as hydrocortisone (seen as HCT250 mg) | Use complete drug name | Identified as unsafe by the ISMP* |
| T3 | Mistaken as liothyronine | Use complete drug name | Identified as unsafe by the ISMP* |

*ISMP is the Institute for Safe Medication Practices