

Department of Family Medicine
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LOMA LINDA UNIVERSITY

School of Medicine

FAMILY MEDICINE

PRECEPTOR GUIDE

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PRECEPTOR GUIDE

MESSAGE FROM THE DIRECTOR:

Thank you for your dedication to medical student education.

Your time spent with a 3rd year student can be the first encounter that the student has ever had with a Family Medicine provider and will be an introduction to the field.

Your time and commitment to education is greatly appreciated and your role in preparing future physicians is vital to our educational mission.

This preceptor guide will function as a communication tool between the clerkship office and the preceptor. In this guide, you will find the clerkship goals and objectives, grading criteria and breakdown, required patient encounters, as well as evaluation processes and tools.

May God bless you and reward your efforts,



Wessam Labib, M.D., MPH
Director of Medical Student Education

Loma Linda University School of Medicine Mission Statement

Our Mission

To continue the healing and teaching ministry of Jesus Christ, “To Make Man Whole.”*

Preparing the Physician

Our purpose is the formation of Christian physicians, providing whole-person care to individuals, families and communities. Fulfilling this responsibility requires:

Education

Creating an environment in which medical students, graduate students and residents will acquire the knowledge, skills, values and attitudes appropriate to Christian health professionals and scholars.

Research

Cultivating an atmosphere of inquiry and discovering new routes to wholeness through basic and clinical research.

Service

Providing timely access to cost-effective, comprehensive whole-person care for all patients without regard for their circumstances or status.

Developing the Whole Person

The Christian view of wholeness holds that the needs of patients go beyond the healing of the body and that the development of students involves more than the training of the mind. We are dedicated to promoting physical, intellectual, social, and spiritual growth in our faculty and students, and to transforming our daily activities into personal ministries.

Reaching the World

Providing whole-person care wherever the opportunity arises; participating with the world community in the provision of local medical education; providing international physicians and scientists the opportunity for professional interaction and enrichment; sharing the good news of a loving God as demonstrated by the life and teachings of Jesus Christ. These are the goals of the students, faculty and graduates of the LLU School of Medicine.

*Luke 9:6

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CLERKSHIP SUMMARY:

The 3rd year Family Medicine Clerkship is a required 4-week outpatient experience.

Didactics:

Three Mondays on each clerkship will be dedicated to didactics. Didactics topics are provided in this guide.

Clinical Education:

Students are expected to spend at least 32 hours per week in an outpatient clinical setting. Required patient encounters during the student's clinical experience are provided in this guide.

OSCE (Objective Structured Clinical Examination):

Students are required to pass Two OSCE sessions at the end of the Family Medicine Clerkship. These sessions are focused on chronic disease management (i.e. diabetes), musculoskeletal exams, and psychosocial situations (i.e. domestic violence, discussion of goals of care, code status).

NBME Family Medicine Subject Exam:

All students are required to pass the NBME Family Medicine Subject Exam.

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CLERKSHIP GOALS AND OBJECTIVES:

The goal of the family medicine clerkship is to teach the concepts and practice of family-centered primary health care. This will provide a useful introduction for students who will be entering Family Medicine and other primary care specialties; it will also help students entering other fields to apply these principles in their chosen specialties, and to understand the role of the family physicians they interact with.

OBJECTIVES:

By the end of the rotation the student will be able to:

1. Describe how six basic principles of family medicine (continuity of care, comprehensiveness, coordination of care, community, prevention, and family) are applied by practicing family physicians in their care of patients.
2. Assess patients with common problems like fatigue, chest pain, abdominal pain, sore throat, diabetes, hypertension, and headache in an organized manner.
3. Provide basic diagnosis and treatment for several specific clinical entities, including hypertension, asthma, diabetes, respiratory infections, vaginitis and common causes of musculoskeletal pain.
4. Recognize psychosocial problems such as depression and anxiety, and screen for substance abuse and domestic violence, in patients presenting with other problems.
5. Practice integrative, whole person care by assessing the strengths and stresses of patients in the context of their family, community, support systems, and spiritual life.
6. Identify and provide appropriate components of preventive care for children, pregnant women, and other adults.
7. Conduct office visits in a time-effective manner, document them in SOAP format, and plan care in ways that reflect understanding of the principles of utilization management.
8. Chronic disease management using electronic medical records.
9. Interact with other disciplines and support staff in a productive and a professional way.
10. Become familiar with and learn how to deal with cultural differences.
11. Incorporate basic science into patient's clinic care. E.g.: microbiology and pharmacology.
12. Recognize socioeconomic issues and their correlation with disparities in health care such as poor healthcare access and meeting the health care needs of medically uninsured and under-served populations.
13. Apply principles of ethical decision-making in the patient care environment.

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ROLE OF THE PRECEPTOR:

FACULTY APPOINTMENT:

It is the responsibility of the preceptor to keep their faculty appointment with Loma Linda University current. Any questions or for new applications, please contact Suzanne Emslie at 909-558-6510 or email her at semslie@llu.edu.

SUPERVISING THE STUDENT:

Observation: Preceptors are required to observe students taking full history and completing a full physical exam at least once during the clerkship, but multiple observations is preferred.

Assessment: Preceptors are required to assess student's clinical problem solving, level of competence, and safety. Preceptors are encouraged to delegate increasing levels of responsibility according to the assessed level of student competency.

Volume: It is recommended that students start with 2-3 patients per half day in the first few days, increasing gradually to 5-6 per half day thereafter. **Students are to write at least 2 notes per half day to be evaluated by the preceptor for feedback.** *If students do not have immediate access to electronic medical records, please advise the students to complete a handwritten note until access is granted.*

Characteristics of a successful clinical experience:

- *Hands-on experiences with minimal shadowing*
- *Meeting with the student at the beginning of the clerkship to set expectations*

Procedures Supervision (see table 1): Medical student participation in invasive and non-invasive procedures requires direct supervision by the supervising attending physician or credentialed resident physician at all times of the procedure. Assisting in procedures may only be performed when the supervising attending physician agrees that the student has achieved the required level of competence, maturity, and responsibility to perform the procedure. Occasionally, the student may perform first-assistant duties when judged competent by the attending physician, and permission is granted by the patient.

MID-ROTATION FEEDBACK TO THE STUDENT:

Loma Linda University School of Medicine requires that the preceptor **MUST** sit privately with the student midway through the clerkship to give feedback on student performance to date. Areas of need should be identified and then addressed in the latter half of the preceptor-ship experience. A mid-rotation evaluation form will be emailed to the preceptor on the ONE45 system.

EARLY RECOGNITION OF LEARNING OR PROFESSIONALISM CONCERNS:

The clerkship director is committed to providing additional educational support and guidance as required for the student's successful completion of the program. The director should be notified as soon as possible if the preceptor and/or student identifies significant deficiencies or anticipates a "below expected" performance in any other areas of the evaluation.

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Procedures Supervised while rotation on Family Medicine

Table 1: (Junior Clerkship, Sub-Internship and Urgent Care)

Low risk	Medium risk	High risk
Venipuncture Supervised by a registered nurse, resident physician or an attending	Biopsies Supervised by a resident physician or an attending	Endometrial Biopsy Supervised by a resident physician or an attending
Peripheral IV line Placement Supervised by a registered nurse, resident physician or an attending	Casts; Placement and Removal Supervised by a resident physician or an attending	Exercise Treadmill Test Supervised by a resident physician or an attending
Phlebotomy Supervised by a registered nurse, resident physician or an attending	Circumcision Supervised by a senior resident physician or an attending	Excisions; Subdermal Lesion/Wart Supervised by a resident physician or an attending
Intramuscular injection Supervised by a registered nurse, resident physician or an attending	Colposcopy Supervised by a senior resident physician or an attending	Intrauterine Devices; Insert Mirena, Insert Paraguard, Removal Supervised by a resident physician or an attending
Intradermal injection Supervised by a registered nurse, resident physician or an attending	Cryotherapy; Cervix, Skin Lesion/Wart Supervised by a resident physician or an attending	Joint Injections Supervised by a resident physician or an attending
Wound dressing Supervised by a registered nurse, resident physician or an attending	Diaphragm Fitting Supervised by a senior resident physician or an attending	Sigmoidoscopy Supervised by a resident physician or an attending
Intramuscular injection Supervised by a registered nurse, resident physician or an attending	Ganglion Cyst/Aspiration Supervised by a senior resident physician or an attending	Vasectomy Supervised by a, resident physician or an attending
	Minor Laceration Repair Supervised by a senior resident physician or an attending	Endotracheal Intubation Supervised by a resident physician or an attending
	Minor Manipulation (OMT) Supervised by a senior resident physician or an attending	

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	<p>NG Tube Placement Supervised by a registered nurse, resident physician or an attending</p>	
	<p>Arterial Blood Sampling Supervised by a respiratory therapist, resident physician or an attending</p>	
	<p>Lumbar Puncture Supervised by a senior resident physician or an attending</p>	
	<p>Paracentesis Supervised by a senior resident physician or an attending</p>	
	<p>Thoracentesis Supervised by a senior resident physician or an attending</p>	
	<p>Trigger Point Injection Supervised by a resident physician or an attending</p>	
	<p>Male or Female Bladder Catheterization Supervised by a registered nurse, resident physician or an attending</p>	

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FINAL EVALUATION:

It is imperative that the preceptor and student meet for 15-30 minutes to review the student’s final clinical and professional performance. This session allows for a vital educational interchange between the preceptor and the student. You will receive an automated e-mail from the ONE45 system. **All final evaluations are to be completed within ONE WEEK after the end of the clerkship to avoid unnecessary delays in releasing grades to the students.**

How to evaluate student performance:

- *Marginal - At the lower limits of qualification for success in the medical profession.*
- *Appropriate – Manifests the skills commensurate with their level of training.*
- *Outstanding- Exceptional Performance; Exceeds all expectations.*

Students will be evaluated on the following:

Clinical Performance:	Professionalism & Lifelong Learning:
<ul style="list-style-type: none"> • History/Interview • Physical Examination • Written Documentation • Oral Communication • Interpersonal Skills • DDx/Problem Solving • Evidence-Based Learning & Information Seeking • Whole Person Care 	<ul style="list-style-type: none"> • Shows initiative for own learning • Responds appropriately to feedback & authority • Aware of own limitations and solicits and incorporates feedback to improve performance • Takes responsibility for share of teamwork • Arrives on time & leaves only when responsibilities are completed • Presents self in a professional manner (i.e., demeanor, dress, hygiene) • Treats patients and colleagues with respect • Sensitive to people of other racial, religious, and ethnic backgrounds • Cares about the feelings and needs of others • Demonstrates integrity in interactions. • Demonstrates knowledge of concepts in clinical ethics (i.e., consent, autonomy, surrogacy, advanced care planning, etc.)

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REQUIRED PATIENT ENCOUNTERS:

Patient Care

Chronic conditions or disease diagnosis or follow-up check:

Hypertension
Hyperlipidemia
Low back pain
Diabetes
Osteoarthritis

Acute conditions/disease-diagnosis or follow-up:

Headache
Dyspepsia/GE reflux/GI complaints
Abdominal or pelvic pain
Otitis media
*Musculoskeletal complaint **2 exams required (neck, shoulder, back, knee, ankle, other)*
URI, bronchitis, sinusitis

Well patient visits:

Adult wellness visit

Students are required to OBSERVE the following procedures/skills:

Pelvic/pap exam
Dermatology Procedure (ex: cryotherapy, skin biopsy, botox)

Counseling and/or Patient Education:

Common acute or chronic condition
Medication use and side effects
Smoking cessation
Weight loss

Students will also log which additional procedures or skills that they complete, participate in, or observe (these are not required):

Common procedures:

Anoscopy / Casting / Splinting / Colposcopy / EMB / Freeze skin lesions / Injection of joints / Nasolaryngoscopy / Sigmoidoscopy / Skin biopsy / Toenail removal / Treadmill / Trigger point injection / Vasectomy

Continuity of care:

Students must contact at least one patient more than one time. (follow-up visit or follow-up phone call)

Care of family:

Care for at least two members of one family OR work with family members on the care of a patient.

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DIDACTIC TOPICS:

While on the Family Medicine Clerkship, students will attend lectures reviewing the following topics:

Introduction to Family Medicine

Musculoskeletal Disorders

Rheumatology

Pain Management

Discussing Code Status / Goals of Care

Motivational Interviewing

Cultural Competency

Geriatrics

Domestic Violence

Diabetes

Dermatology

Small Group Discussion & Professionalism

Ear Infections: Otitis Externa and Otitis Media

Patient Centered Medical Home

Whole-person Care

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SUMMARY OF GRADES:

45%	NBME Family Medicine Subject Exam
30%	OSCE
15%	Preceptor Evaluation
5%	In-house Test
5%	Action Plan Worksheet

HONORS CRITERIA:

Selection for “Honors” will be based on the student’s overall weighted grade for the clerkship.

Requirements for Honors Grade:

1. All requirements for a Satisfactory grade must be met without remediation.
2. A weighted score of 88% and above will receive Honors.

A weighted score of 84% and above will be designated as High Pass.

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STUDENT WORK HOURS:

In general, students should not work more than interns and residents. Therefore, the residency work hour limitations will also apply to students as follows:

1. Students will not work more than 80 hours per week.
2. Students will have one day in seven off, when averaged over four weeks.
3. Students will be held to the limitation of 24 hours maximum work shift, with an additional 4 hours allowed for handoff of care and educational activities.
4. Students should have 8 hours free of duty between work shifts.
5. After a 24-hour shift, students should have 14 hours free of duty.

Students should be allowed to attend church services on Saturday or Sunday, upon request.

Students are permitted to miss class activities in order to access health services for medical or counseling appointments. Students who need to schedule an appointment during a required activity other than an examination should inform the course director of their pending medical appointment and ask to be excused. Students are not required to disclose the reason for the appointment. If a student is not given permission to attend their appointment, they should contact the office of the Associate Dean for Student Affairs. The student may be required to make up missed educational assignments. Students should not schedule medical or counseling appointments that would cause them to miss an examination except in situations of illness or emergency. In such cases they must follow the procedure for obtaining an excuse to miss the exam from the Office of the Senior Associate Dean for Medical Student Education. This procedure is contained in the Examination Policy in the School of Medicine section of the LLU Student Handbook.

PLEASE NOTE:

Students who miss more than 20% of the clerkship (excused or unexcused) will be required to extend the clerkship to compensate for missed time. Students who sign in and leave from didactic sessions will receive a non-cognitive performance evaluation for inappropriate professional behavior.

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FACULTY DEVELOPMENT VIDEO:

All preceptors are asked to review a 15-minute faculty development video that will provide information on how to evaluate students clinically. It will also discuss what we expect from our students and faculty during the 4-week clerkship. The video is a way of communicating with you without putting any pressure on your schedule. Viewing this video is one of the requirements to maintain your LLU School of Medicine faculty appointment, as it counts as a faculty development session.

<http://students.mymedhome.com/intro/>



LOMA LINDA UNIVERSITY

School of Medicine

OPERATING POLICY

STUDENT MISTREATMENT POLICY

Loma Linda University School of Medicine seeks to educate ethical and proficient Christian physicians and scholars through instruction, example, and the pursuit of truth. In order to do this, the School of Medicine and its faculty are committed to the following fundamental values: compassion, integrity, excellence, freedom, justice, purity/self-control, and humility. These values may occasionally be formally taught by faculty; but more often they are learned informally by students through observation of models of professional behavior toward students, colleagues, and patients.

The development and nurturing of these values is enhanced by and based upon the presence of mutual respect between teacher and learner. The diversity of students, faculty, residents, and staff—combined with the intensity of their interactions—may, however, lead to alleged, perceived, or real incidents of inappropriate behavior or mistreatment of students.

Examples of such mistreatment include verbal mistreatment¹, physical mistreatment², discrimination³, excessive or unreasonable time demands⁴, sexual harassment⁵, and the use of grading or other forms of assessment in a punitive manner. Such behavior by faculty or staff, or other behavior that is inimical to the development of mutual respect, is unacceptable.

In the history of medical education, it has not been uncommon for teachers, in an effort to motivate students to excellence, to publicly degrade or humiliate those whom they judge are inadequately prepared or behaving inappropriately. This practice is not acceptable at Loma Linda University. While teachers do have the responsibility to motivate and correct students, when correction of an individual is needed, this is usually best done in private, but always in a way that shows respect for him/her as a person.

An important part of the teaching of mutual respect among professionals is the perception of students as they observe faculty in their interactions with each other. Therefore, faculty should avoid inappropriate behavior or mistreatment of other professionals and staff. This includes the avoidance of derogatory remarks about or attitudes toward individual colleagues, services, or



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GUIDELINES FOR MEDICAL STUDENT SUPERVISION DURING PATIENT CARE EXPERIENCES

The school of medicine curriculum committee has adopted the following guidelines for medical student supervision.

1. Course/clerkship directors and department designee are responsible for ensuring student and patient safety during patient care activities.
2. Course and clerkship directors and department designee must inform students of the expectations for their participation and supervision in patient care.
3. Course/clerkship directors and department designee are responsible for assigning students to designated faculty and resident supervisors for all patient care experiences and for ensuring that faculty, residents, and students are notified of these assignments.
4. Medical students on duty for patient care activities must be directly supervised by qualified faculty and/or resident physicians at all times. Direct supervision implies a physician is either physically present with a student or is on duty and rapidly available to provide personal supervision.
5. Students on duty must have rapid and reliable systems for communicating with their supervising faculty and resident physicians.
6. The degree of direct supervision shall vary according to the clinical task and status of each patient, and be commensurate with each student's level of training, education and clinical experience.
7. Supervision should foster progressive responsibility and provide opportunities for students to demonstrate increasing independence when appropriate.

PG. 1



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CLERKSHIP OFFICE ADMINISTRATION:

	PHONE	INTERNAL	EMAIL
Wessam Labib, MD, MPH	909-558-6508	66508	wlabib@llu.edu
<i>Director of Medical Student Education</i>			
Kathleen Witty	909-558-6508	66508	kwitty@llu.edu
<i>Clerkship Coordinator</i>			