Hofstra NS-LIJ School of Medicine

Initial Clinical Experience (ICE)

Preceptor Handbook

HOFSTRA NORTH SHORE-LIJ
SCHOOL *of* MEDICINE
AT HOFSTRA UNIVERSITY

TABLE OF CONTENTS

Introduction and Context

The First 100 Weeks is an integrated curriculum with seven courses inclusive of both scientific and clinical content.

The first six courses have three components: (1) Mechanisms of Health, Disease, and Intervention, (2) Structure, and (3) Patient, Physician, and Society.

Mechanisms of Health, Disease, and Intervention includes normal and abnormal molecular, cellular, and organ physiology, as well as pharmacology and therapeutics. **Structure** integrates normal and abnormal anatomy, embryology, histology, pathology, imaging, physical diagnosis and ultrasound. **Patient, Physician, and Society** has two components: (1) a longitudinal, community practice-based clinical experience, known as the Initial Clinical Experience (ICE); and (2) classroom sessions focusing on non-biological sciences and core clinical skills.

Each week of the curriculum is defined by a scientific theme and anchored by two hybrid problem-based/ case-based learning cases known by the acronym **PEARLS** (Patient-Centered Explorations in Active Reasoning, Learning, and Synthesis). During Structure sessions, faculty preceptors challenge students to apply their understanding of biomedical science in solving clinical problems by linking structure and function. In ICE, students complement their classroom learning with direct patient care. Each week also includes specific concept framing sessions, opportunities for review and reinforcement, and ample self-directed learning time.

The First 100 Weeks ends with an 8-week period in which the students prepare for the USMLE Step 1, followed by the seventh course, Transitions, a 4-week course in preparation for the Second 100 Weeks. In addition, there is ample time in the First 100 Weeks for personalized experiences, including opportunities during the first summer for in-depth pursuit of individual interests such as research, community service work, or international health.

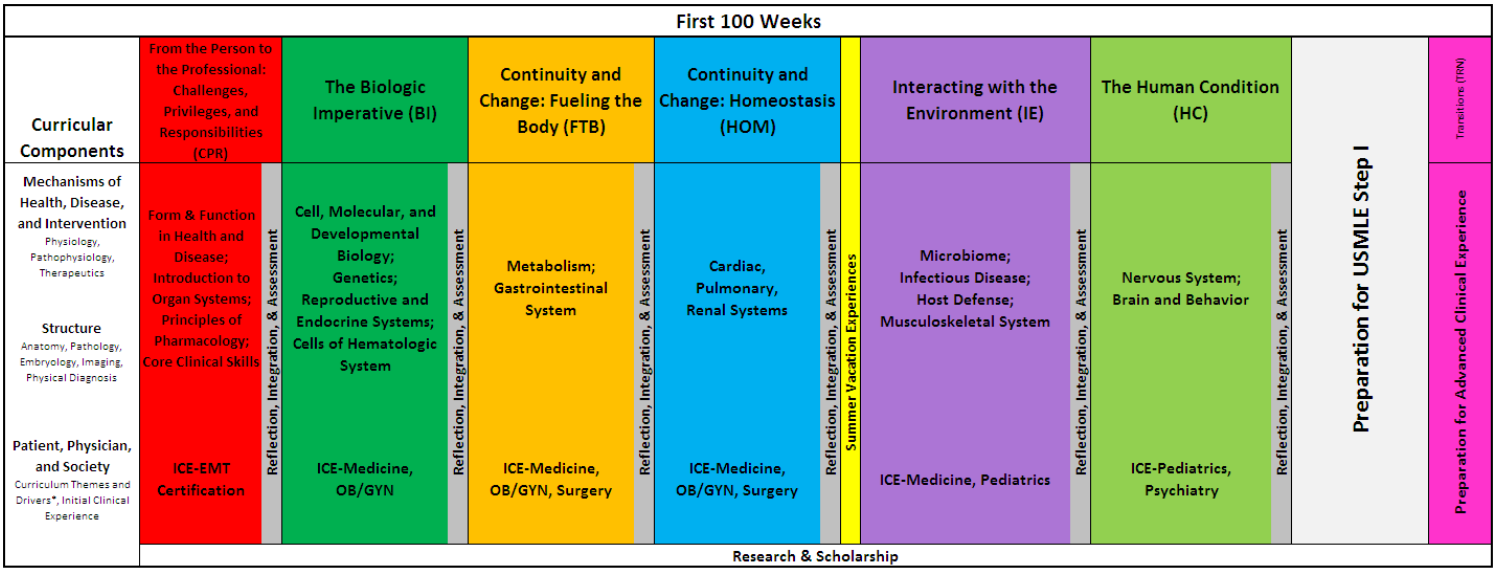
For the duration of ICE, students are divided into small groups of 7-14 learners and each individual student is assigned to four discipline-specific, physician faculty preceptors. The preceptors represent four core disciplines: general medicine (internal medicine or family medicine), surgery, pediatrics, and obstetrics and gynecology. Students participate in a minimum of one-half day per week in caring for patients with these practitioners primarily in the ambulatory setting. The students also experience a shorter relationship with a psychiatrist toward the end of ICE in the second year of medical school.

ICE affords students the critically important opportunity to participate in first encounters with patients with common clinical conditions as well as in the ongoing care of patients already diagnosed and being cared for by physicians in the community. The longitudinal nature of the experience offers students the potential to follow a small cadre of patients longitudinally. Students are expected to experience the breadth of health care as their patients do, and this might include radiologic testing, consultation with specialists, or inpatient stays as applicable. A site director is assigned to supervise the experiences of each group of students and their preceptors.

As much as possible, clinical experiences are designed to be coordinated temporally with the integrated science curricular content and themes. As an example, during The Biologic Imperative course which focuses on growth and development from a genetic to an organism level, students spend

a larger proportion of their ICE time with their obstetrics and gynecology preceptor with whom they begin following a pregnant patient longitudinally through to the delivery of her newborn.

The following is an image of the First 100 weeks, which equates to the first half or first 2 years of medical school:



*Communication Skills, Professionalism, Continuum of Care, Social Context/ Responsibility, Quality and Effectiveness, Scientific Discovery, Decision Making and Uncertainty

CONTACTS

PPS Directors and Manager

Taranjeet Ahuja, DO Taranjeet.Ahuja@Hofstra.edu (516) 463-7565	Director, Initial Clinical Experience
Judith Brenner, MD Judith.M.Brenner@Hofstra.edu (516) 463-7590	Associate Dean for Curricular Integration and Assessment Director, Patient, Physician and Society
Katie Frey Katie.L.Frey@hofstra.edu (516) 463-7531	Patient, Physician and Society Manager

Hospital Site Directors

Site	Site Directors	
Franklin Hospital	Jack Rubenstein, MD JRubenst@NSHS.edu (516) 376-3392	Gunwant Singh, MD GSingh@nshs.edu (516) 256-6649
Glen Cove Hospital	George Dunn, MD doc9723@aol.com (516) 382-6154	William Bennett, MD WBennett@NSHS.edu (516) 674-7900
Huntington Hospital	Michael Grosso, MD MGrosso@NSHS.edu (631) 351-2609	Bob Scanlon, MD RScanlon@hunthosp.org (631) 351-2647
Plainview Hospital	Morris Rabinowicz, MD MRabinow@NSHS.edu (516) 935-7333	Alan Mensch, MD AMensch@NSHS.edu (516) 719-2356
ProHealth	Gary Weissman, MD GWeissman@ProHEALTHcare.com (516) 622-6076	Anthony Ardito, MD AArdito@prohealthcare.com (516) 622-6020
South Nassau Communities Hospital	Samuel Sandowski, MD SSandowski@snch.org (516) 255-8414	Linda Efferen, MD LEfferen@snch.org (516) 632-3965
Southside Hospital	Richard Bonanno, MD rbonanno@nshs.edu (631) 853-3400	Neubert Philippe nphilippe@nshs.edu (631) 968-3295

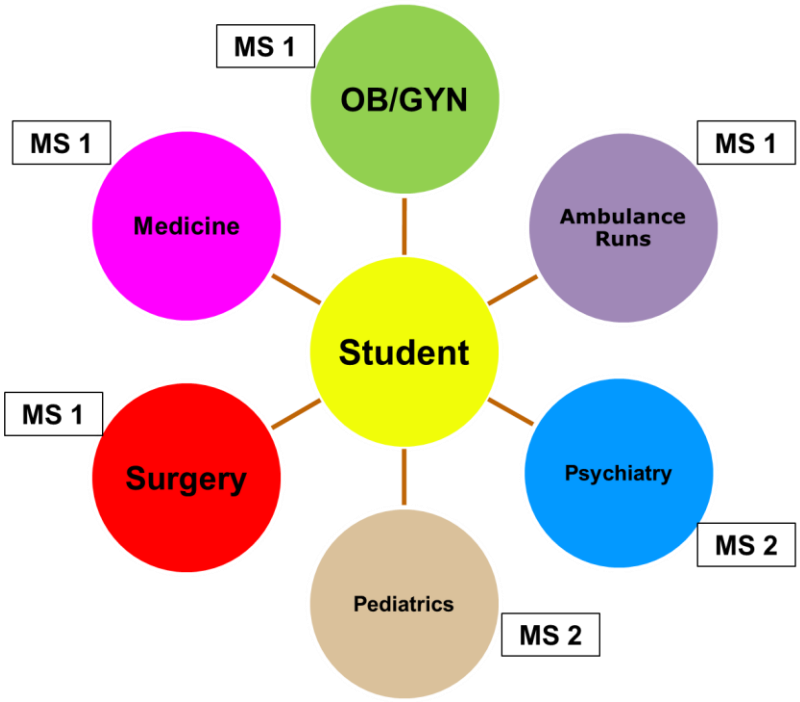
INITIAL CLINICAL EXPERIENCE: GOALS

In the ICE program, the student:

- Experiences meaningful hands-on patient encounters in the context of community-based clinical practices.
- Builds longitudinal relationships with patients, preceptors, and peers.
- Actively participates in first encounters with patients with as yet undifferentiated clinical conditions and others with chronic conditions that evolve over the first 100 weeks.
- Integrates, both intellectually and practically, classroom work in the basic and social sciences with the care of individual patients and of populations.
- Experiences the "system" in action through the eyes of patients.

Global View of ICE Organization

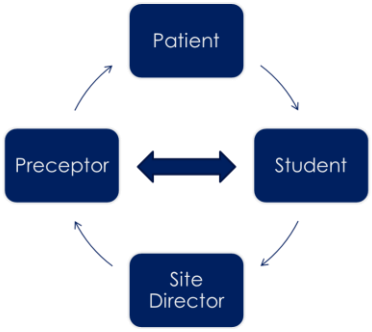
In ICE, each individual student is paired with five preceptors representing the five core disciplines: ***medicine, surgery, pediatrics, obstetrics and gynecology, and psychiatry***. The 6th ICE "discipline" is the ambulance runs, which students begin doing early in their first year. For a ***minimum*** of one half-day per week, students meet with one of their preceptors with the goal of active participation and **hands-on** learning. As repeatedly emphasized throughout this handbook, the goal of ICE is for the student to engage in direct, HANDS-ON patient care. This is not a shadowing experience!



First year experience*: Emphasis on Ambulance Runs, Medicine, OB/GYN and Surgery*
Second year experience*: Emphasis on Pediatrics and Psychiatry*

The Value of Relationships and Continuity

What makes this program unique is that the pairings of student with preceptor and of, student with patient continue for 100 weeks. This continuity allows relationships to be cultivated, and through these relationships, learning occurs.

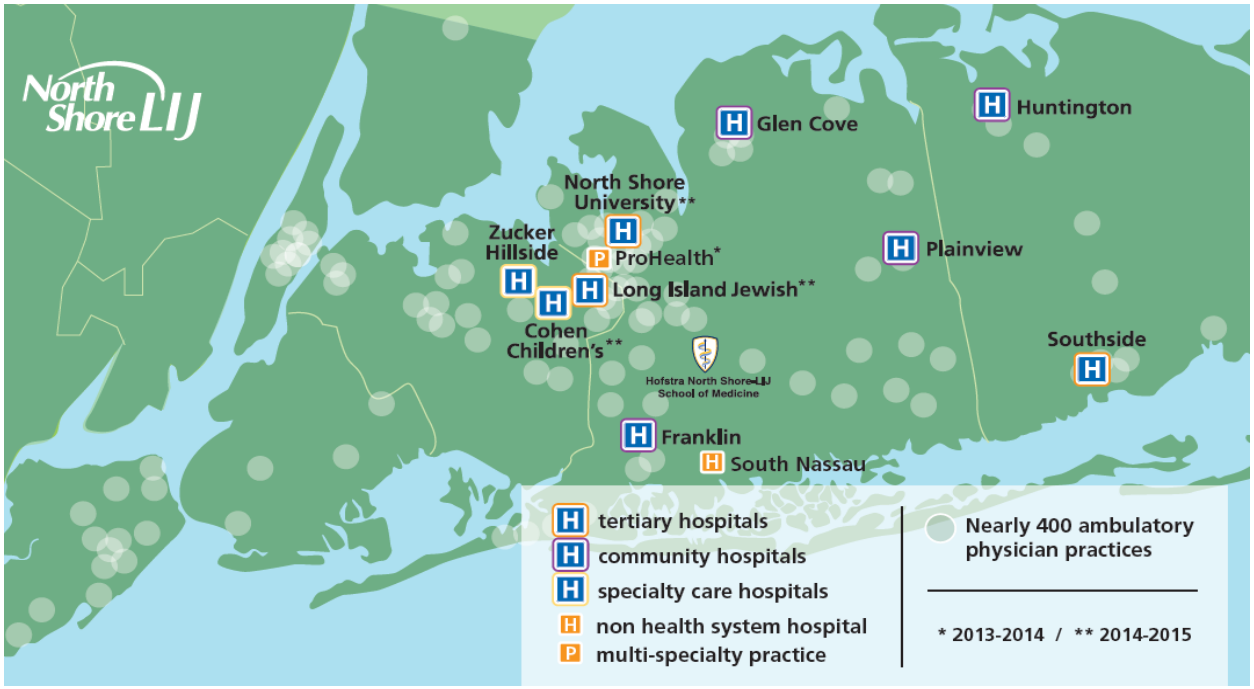


It is important to note that it is these ***relationships*** that are critical to success in ICE. Through this, ICE becomes a ***relationship-based program,*** rather than an office-based one.

For instance:
… if the student's longitudinal patient travels outside of the office (example: to a consult), the *student* should follow the patient;
…if a preceptor travels outside of the office (example: to a hospital for an afternoon), then the *student* should follow the preceptor.

Assignment to Sites and Role of Site Director

In ICE, students are divided into small groups of 7-14 learners and assigned to one of seven community sites. These sites are: ***Franklin Hospital, Glen Cove Hospital, Huntington Hospital, Plainview Hospital, South Nassau Communities Hospital, ProHealth and Southside Hospital.*** A local site director supervises the experiences of each group of students and preceptors. *Names/contacts listed on page 3.*



Getting Started: Assignment and Contacting Your Student

Your Site Director will match you with a first year student.
Next steps:

1. **Email**: Katie Frey, our PPS Manager, will send you an email with your student's name and contact information
2. **Contact Student**: When you receive your letter, you will be asked to reach out to your student and finalize plans for his/her first visit to your office.
3. **First visit:** Make arrangements for the 1st visit with your student

Day 1 in your Office: First Visit

Day 1 will set the tone for your student's experience. The following are recommended as an orientation to the office:

- Spend time getting to know your student. Where is he/she from? What prior experience has he/she had? What is his/her personal goal? What is he/she worried about?
- Introduce your student to **everyone** in the office. The student is now a part of your practice!
- Exchange contact information: what is your PREFERRED mode of contact? Cell phone, text, email, telephone, office manager?
- Show him/her a place to stay and a place to keep his/her personal belongings.
- Discuss the usual flow of the afternoon.
- State your expectations:
    - Arrival time and departure time
    - Documentation procedures within office
    - Follow-up of patients seen
      What protocol you would like your student to follow if they happen to be late or will be missing ICE – **all missed ICE sessions must be made up**

Schedules and Office Logistics

Question: Will my student be coming every week?

No. Because each student will be interacting with several different community preceptors, he or she will be coming on a ***schedule*** which can be found in ***Appendix E – page 41***. A yearly schedule is distributed by mail and email by the School of Medicine's ICE office. The schedule details the week in which a student is scheduled within your discipline. ***The specific day of the week in which a student is supposed to visit you is decided on by you***. This is a minimal schedule and we do not limit the student if they want to spend more time with you in addition to what is expected based on the ICE calendar. In addition, you will receive a weekly email from the School of Medicine's ICE office reminding you that your student is scheduled within your discipline.

When ***a longitudinal patient*** makes an appointment to return to the office, we hope that the student will be able to *follow the patient* even on a day in which the student was not previously scheduled to be there. We ask that you be flexible in scheduling a student's patients on days he or she is scheduled

to be with you or, if this is not possible, allowing the student to come on a different day from the usual one if his or her patient has a follow-up appointment that day.

Question: What adjustments should I make in my schedule to accommodate my student?

Initially, we would recommend that you decrease the number of patients in your afternoon by 1-2. In time (and this will vary), we expect that the presence of the student will NOT hold you up. We expect that your student may, in fact, help you. Your student will be able to screen patient as to the reason for the visit, begin to obtain a medical history, and report back to you succinctly.

Question: Will my student spend any time with the rest of the office staff?

Beyond caring for patients, you also run a practice and your student is part of that practice. As such, we expect the students to be part of the office experience as well. In a way that complements the student's classroom curriculum, your student will be expected to spend time with other people in your office, including:

- Nurses and physician extenders to understand immunizations, vital signs, chief complaints, screening, etc.
- Medical assistant/Lab tech to learn about procedures including but not limited to phlebotomy, vaccines/shots, EKG's, PFT's, etc.
- Medical billers to learn more about health care financing
- Front desk to learn more about the check-in and check-out process

PATIENT SELECTION

Question: What are the characteristics of the "right" patient?

The "right" patient is simply a patient who is willing to share his or her story with the student and to have the student participate in his or her care. Patients need to understand that as their physician, you will continue to provide the same level of care which you always have, but that you now have an "apprentice" who will learn best by doing, not by watching. Your student is a new member of your patient's health care team.

Question: What is a CORE patient?

The students are required to see patients with certain presentations during their experience with you, which are referred to as the "CORE" patients. See pages 14-19.

Question: What constitutes a typical afternoon schedule?

Each week, students are scheduled to spend an afternoon in one practice, preferably from 1-5pm. You should already be aware of the weeks of the year in which your student is scheduled for your discipline based on the yearly calendar emailed to you (See schedule in **Appendix *E- page 41)***.

During each afternoon, we expect the students will see two types of patients:

- ***Comprehensive encounter:*** complete history and perform a physical exam. Consider directing the student to a "new" patient for this type of encounter.
- ***Focused encounters***

On some weeks as detailed above, the students will pick up a ***longitudinal*** patient to incorporate into his/ her patient panel. See page 12 for further description.

Question: How should I introduce my student to my patient?

This may seem obvious, but the introduction should ALWAYS come from you. Let the patient know that your student is working with you for the year and will become a member of their health care team. The vast majority of patients will say YES when asked this way.

Question: Are there patients with particular diseases or chief complaints with whom my student should interact?

Yes! For each of the disciplines, we have created a page (see pages 14-19) that details the chief complaints and diseases that each student should encounter during ICE. Each student will receive periodic feedback on meeting their ICE goals. Seeing at least one of each patient with the presenting symptoms is one goal.

Question: How should my student document their patient interactions?

Students should be encouraged to document their encounters with patients within your charts. You should review all student documentation and co-sign. In addition, students will be expected to document patients seen in a "patient log" that the School of Medicine will review. You will NOT have to countersign any of these "patient log" notes.

TYPES OF PATIENT EXPERIENCES

Longitudinal Patients

One of the most important relationships that we expect will evolve during ICE is that of the student with his or her longitudinal patient(s). The importance of longitudinal care and of the opportunity to learn from longitudinal involvement with patients is evident to anyone in the practice of medicine. ICE affords students the opportunity to capture and cultivate that relationship. Several patient types have been specifically selected to allow students to experience a spectrum of clinical conditions that evolve over the first 100 weeks. At a ***minimum,*** these include:

FIRST YEAR STUDENTS		
Longitudinal Patient	**Discipline**	**Initial Encounter**
An elderly patient with multiple medical problems	**Medicine**	October, 2013
A pregnant woman ideally in 2nd trimester	**OB/GYN**	October, 2013
A patient requiring surgery (pre-op, operative and post-op encounters)	**Surgery**	February, 2014
A patient with a cardiovascular, pulmonary, or metabolic issue	**Medicine**	January, 2014
SECOND YEAR STUDENTS		
A newborn baby	**Pediatrics**	September, 2013
A patient referred for an emotional or behavioral problem	**Psychiatry**	February, 2014

A longitudinal experience is defined as a patient having been seen in at least two different settings and/or over a span of 1 month.

Students should plan to follow these patients as closely as possible, including:

- Return to the office when the patient has a scheduled or urgent appointment
- Accompany the patient to consults and tests
- See the patient in the hospital should he/she need inpatient care

Question: Should my student follow their longitudinal patients outside of my office?

The longitudinal patient experience holds the highest level of importance in ICE. We anticipate that the most important lessons regarding the continuum of care will be learned through the relationships built with longitudinal patients.

Once a patient is identified as a student's longitudinal (continuity) patient, we expect that the student will follow that patient to as many healthcare visits as possible. These might include:

- Consults (including medical and non-medical)
- Rehabilitation/ Physical therapy as applicable
- Radiology appointments
- Ancillary tests as applicable (catheterization, PFTs, etc.)
- Surgery, if applicable
- ER visit, if applicable
- Inpatient stay, if applicable

The intention is that students understand healthcare through the eyes of their patients. The purpose goes beyond understanding the medical aspects of care. Equally important, the students become eyes of the system in which our patients experience their care.

Question: How will my student schedule follow up visits with his or her longitudinal patients?

Because of the importance of the longitudinal patient in your student's education, he/she will be expected to coordinate follow-up visits. We expect that this will happen via communication with your office staff (the **office manager is key!!**). We do NOT endorse the practice of giving patients a student's phone number; instead, the communication should be made via the office or via the student calling the patient directly from the office.

Below are some specific examples:
Longitudinal Patient: Follow-up in preceptor's office

When a longitudinal patient checks out at the front desk of your office, we expect the student to be aware of the date/ time of the follow up appointment. Students are expected to make efforts to attend follow up appointments as their class schedules allow.

Longitudinal Patient: Consult or Medical Test
A consultation or any medical test is a wonderful learning opportunity for the student. Examples include a CT scan or cardiology consult. In such instances, the student should be encouraged to accompany his or her longitudinal patient to the visit. Since these appointments will likely be made after the student leaves the office, it is expected that ***the student will call the patient*** several days later to find out the day and time of the appointment. Schedule permitting, the student will attend.
Longitudinal Patient: Unscheduled appointments

In addition, it is important that the student be alerted when the patient comes in contact with you or the healthcare system. To accomplish this, we ask that you create a system in your office—an ***alert system***— that will facilitate your student being notified whenever one of his or her longitudinal patients has a scheduled or unscheduled visit. We will leave the details up to you, but we do request that you create a system in your office that identifies a patient as a ***longitudinal patient*** and that your office knows to alert the student to both scheduled and unscheduled visits. In conjunction with the ICE Directors and PPS Manager, the students will decide which visits to prioritize and when it is appropriate to miss class time.

Question: When will my student have time to see his or her longitudinal patient outside of the usual afternoon session?

The simple answer is: "GREEN TIME" which equates to most afternoons. The student has class time scheduled for approximately 20 hours per week. Outside of that time, students have "self-directed" learning time (green blocks on the schedule) during which they are free to see patients. In conjunction with the ICE Directors, the students will decide which visits to prioritize and when it is ever appropriate to miss class time.

Sample Weekly Schedule for MS1

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am	PEARLS Case 1	Self-Directed Learning	PEARLS Case 1 (continued)	Structure	PEARLS Case 2 (continued)
9:00am	PEARLS Case 2	Review & Reinforcement (R&R)			
10:00am	Mechanisms of Health, Disease, Intervention		Mechanisms of Health, Disease, Intervention		Patient, Physician, and Society
11:00am	Mechanisms of Health, Disease, Intervention	Self-Directed Learning	Mechanisms of Health, Disease, Intervention		Patient, Physician, and Society
12:00pm	Self-Directed Learning		Self-Directed Learning		Self-Directed Learning
1:00pm	Initial Clinical Experience (ICE) (occurs one afternoon per week)			Self-Directed Learning	
2:00pm					
3:00pm					
4:00pm					

Sample Weekly Schedule for MS2

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00am	Mechanisms of Health, Disease, Intervention	Structure	Mechanisms of Health, Disease, Intervention	Self-Directed Learning	Patient, Physician, and Society
9:00am	Mechanisms of Health, Disease, Intervention		Mechanisms of Health, Disease, Intervention	Review & Reinforcement (R&R)	Patient, Physician, and Society
10:00am	PEARLS Case 1		PEARLS Case 1 (continued)		PEARLS Case 2 (continued)
11:00am	PEARLS Case 2			Self-Directed Learning	
12:00pm	Self-Directed Learning		Self-Directed Learning		Self-Directed Learning
1:00pm	Initial Clinical Experience (ICE) (occurs one afternoon per week)	Self-Directed Learning			
2:00pm					
3:00pm					
4:00pm					

Whole Illness Episode

Longitudinal care can occur over a long time period, but can also occur over the span of an illness. For instance, if a student were to see a patient in the office for evaluation and treatment of otitis media and was scheduled to return for follow-up, it would be optimal for the student to return when the patient does. Similarly, if a student encountered a patient presenting with bleeding per rectum and you referred the patient for GI consultation, it would be optimal for the student to accompany the patient to the consultation and even to accompany the patient to you when he/she is scheduled for follow up.

This allows the student to experience the "system" in action through the eyes of the patient. This also provides the student with a role in caring for a patient that is distinct from yours; (s)he becomes an important member of the patient's "health care team".

Based on our experience from 2011 through 2013, patients, preceptors, and students responded very favorably to this concept

Episodic Care: Full History and Physical

During each half-day session in the office, a student should see *at least* one patient comprehensively, meaning that the student should have enough time with a patient to obtain a complete history and perform a physical exam. Based on our experience from 2011 through 2013, many preceptors suggest that patients seen as **"news"** are ideal for this type of encounter, though certainly, many patients are happy to share their stories with students.

Episodic Care: Focused Visit

In addition to a comprehensive encounter, students should also have the opportunity to see multiple patients for shorter, focused encounters. What the student accomplishes in these shorter encounters should mirror what you would accomplish with the patient. For example, the student may assess a patient after beginning a medication regimen for hypertension. These shorter visits help round out the full spectrum of opportunities that a practice affords.

Educational Goals by Discipline (Diseases and Chief Complaints)

Patient Selection for Medicine Initial Clinical Experience

To offer guidance in patient selection in your office setting, Hofstra North Shore-LIJ School of Medicine suggests that students see patients with the following chief complaints and diseases over the course of the first 100 weeks of medical school. Students will be entering this information into their "Patient Logs" and you will be given periodic feedback regarding this educational goal.

Patient Presentations

Over the course of the year, we expect that students will interview and examine patients with the following presentations or problems:

These are considered CORE patients and present with or have a history of…

- abdominal pain
- abnormal serum lipids
- abnormal serum liver function tests
- abnormalities of WBCs
- anemia
- chest discomfort
- counseling for cancer screening
- depression or anxiety disorder
- dyspepsia
- headache
- hyperglycemia or diabetes mellitus
- hypertension
- joint pain (knee, shoulder, hip, neck and back)
- non-specific complaints, including: fatigue, weight loss, aches and pains
- nutrition counseling
- obesity
- smoking related illness or is interested in smoking cessation
- thyroid disease
- upper or lower respiratory tract infection

Procedures (under observation):

- EKG—Interpretation
- Phlebotomy
- Administering immunizations

Longitudinal Patient

Remember, the longitudinal patients hold the highest level of importance in the ICE curriculum. These patients will become incorporated into the student's longitudinal panel. Please use the suggested timing for introducing patients to their student-doctors.

A longitudinal experience is defined as a student having more than two clinical encounters with a patient separated from one another by either a change in venue and/or a time span of more than one month. It is intended to span the patient's health continuum from pre-diagnosis through diagnosis and management.

FIRST YEAR STUDENTS	
Longitudinal Patient	**Initial Encounter**
An elderly patient with multiple medical problems	October, 2013
A patient with a cardiovascular, pulmonary, or metabolic issue	January, 2014

PATIENT SELECTION FOR OB/GYN INITIAL CLINICAL EXPERIENCE

To offer guidance in patient selection in your office setting, Hofstra North Shore-LIJ School of Medicine suggests that students see patients with the following chief complaints and diseases over the course of the first 100 weeks of medical school. Students will be entering this information into their "Patient Logs" and you will be given periodic feedback regarding this educational goal.

Patient Presentations

Over the course of the year, we expect that students will interview and examine patients with the following presentations or problems:

These are considered CORE patients and present with or have a history of…

- Evaluation of abnormal pap smear
- Routine pre-natal obstetric care**
- Routine well-woman/preventive care
- Nutrition counseling
- Pelvic pain or dysmenorrhea
- Post-partum care
- Skin and subcutaneous lesions
- Woman seeking contraception

***Select at least one pregnant woman ideally in her 2nd trimester that your student can follow longitudinally*

Procedures (under observation):

- Performing a Pelvic Exam (CORE)
- Performing a Pap Smear
- Administering an immunization
- Suturing and knot tying during operative procedure
- Phlebotomy

Longitudinal Patient

Remember, the longitudinal patients hold the highest level of importance in the ICE curriculum. These patients will become incorporated into the student's longitudinal panel. Please use the suggested timing for introducing patients to their student-doctors.

Longitudinal Experience: A longitudinal experience is defined as a student having more than two clinical encounters with a patient separated from one another by either a change in venue and/ or a time span of more than one month. It is intended to span the patient's health continuum from pre-diagnosis through diagnosis and management.

FIRST YEAR STUDENTS	
Longitudinal Patient	**Initial Encounter**
A pregnant woman ideally in 2nd trimester	October, 2013

Over the course of the obstetrical and gynecologic ICE experience we would hope a student will be able to:

- Interview and examine patients in your office
- Be exposed to a variety of obstetrical and gynecologic patients:
    - Well women screening exams
    - Gynecologic problems as they present themselves
    - Obstetrical patients presenting for routine pre-natal care
    - Obstetrical patients presenting with a complaint or problem
- Attempt to identify and follow a longitudinal obstetrical patient, affording the opportunity to participate in the delivery (for which they can miss mandatory class time).
- Participate in the care of an obstetrical patient on the labor and delivery unit
    - Observe and/or participate in a C-section and normal delivery
    - Observe the initial evaluation of the newborn
- Participate in the care of the patient in the gynecology surgery unit
    - Observe a laparoscopy
- Understand the common screening and diagnostic tests used in both obstetrics and gynecology, for example;
    - PAP test
    - Endometrial biopsy
    - Mammogram
    - Ultra screen
    - Amniocentesis
    - Level II sonogram
- Procedures that the student can be exposed to and/or develop the skill of:
    - Use of the Doppler to evaluate the fetal heart tones
    - Use of the speculum to facilitate a gynecologic exam
    - Ability to perform a PAP test
    - Use of trans vaginal sonography to augment the physical examination
    - Ability to perform a breast and pelvic exam

PATIENT SELECTION FOR SURGICAL INITIAL CLINICAL EXPERIENCE

To offer guidance in patient selection in your office setting, Hofstra North Shore-LIJ School of Medicine suggests that students see patients with the following chief complaints and diseases over the course of the first 100 weeks of medical school. Students will be entering this information into their "Patient Logs" and you will be given periodic feedback regarding this educational goal.

Patient Presentations

Depending on a surgeon's practice, different chief complaints will be appropriate

Over the course of the surgical experience, we expect that students will…

- Interview and examine patients with you in your office
- Interview and examine patients with you in an urgent setting (ex. ER on call)
- Participate in a hospital-based operative procedure
- Follow a patient longitudinally: pre-operative evaluation, operation, post-operatively – which is the CORE patient experience within surgical ICE

Procedures (under observation):

- Suturing
- Scrubbing
- Knot tying
- Hold instruments

PATIENT SELECTION FOR PEDIATRIC INITIAL CLINICAL EXPERIENCE

To offer guidance in patient selection in your office setting, Hofstra North Shore-LIJ School of Medicine suggests that student see patients with the following chief complaints and diseases over the course of the first 100 weeks of medical school. Students will be entering this information into their "Patient Logs" and you will be given periodic feedback regarding this educational goal.

Patient Presentations

These are considered CORE patients and present with or have a history of…

- Acutely ill infant/child-Febrile
- Childhood Asthma
- Nutrition Counseling
- Otitis Media
- Periodic Health Exam (Newborn – age 1)
- Periodic Health Exam (Age 6-10)
- Periodic Health Exam (Adolescent)
- Upper and Lower Respiratory Tract Infections

The following are examples of other types of patients or patient teaching the student can be involved in:

- Acute Care Visits
  - Pharyngitis
  - Atopic dermatitis
  - Red Eye
  - Abdominal Pain

- Preventive Medicine
  - Safety
  - Breastfeeding
  - Immunizations
  - Screening

Longitudinal Patient

Remember, the longitudinal patients hold the highest level of importance in the ICE curriculum. These patients will become incorporated into the student's longitudinal panel. Please use suggested timing for introducing patients to their student-doctors.

Longitudinal Experience: A longitudinal experience is defined as a student having more than two clinical encounters with a patient separated from one another by either a change in venue and/or a time span of more than one month. It is intended to span the patient's health continuum from pre-diagnosis through diagnosis and management.

SECOND YEAR STUDENTS	
Longitudinal Patient	**Initial Encounter**
A newborn baby	September, 2013

Procedures (under observation):

- Administering immunizations
- Cerumen Disimpaction
- EKG interpretation
- Finger Stick
- PFT's
- Phlebotomy
- Rapid Strep
- Rapid Flu
- Urinalysis

PRECEPTOR SKILLS

Question: What are the characteristics of a great preceptor?

You may have already heard the baseball metaphor used to describe ICE. Think of yourself as a coach for a little league team. With this in mind, the characteristics of a great preceptor are the same as a great coach: ***be enthusiastic and let your student "play the game" (i.e., see and interact with patients)!***

For your student, enthusiasm is key! Be enthusiastic about their participation and role model for them what you love about being a physician. Consider your student your apprentice and a critical member of your team.

Question: Should my student also have some opportunity to watch me when I'm seeing patients?

The answer is yes! Though we emphasize a "hands-on experience", we also know how important directed observation is in a student's growth. This is your time to direct your student toward what to watch. For example, you might say "watch me…"

…deliver bad news
…examine a patient's knee
…discuss results of the patient's stress test
…educate the patient about new onset diabetes
…discuss the reasons for a consult
…educate the patient on lifestyle modifications

The list can go on and on and will depend on the patients

*****Be sure to discuss the observation with the student after he/ she watches you*****

Question: How often should I observe and give feedback to my student?

The simple answer is as often as possible. After observing your student in any interaction, give feedback. Start feedback by asking a student "what went well and what was challenging?"

Question: How can I help my student to "think" as a doctor?

Our curriculum is one that values experience in action. Seeing patients in ICE enables students to integrate their classroom learning in the context of real patients. Crucial connections are made in this way.

Your job is encouraging and engaging them to THINK by constantly asking them this simple question:

"WHAT DO YOU THINK?"

We include this because people tend to doubt that a first or second year student will be able to "think like a doctor." We are convinced that if you ask the question, you will be very pleasantly surprised at the answer you get!

Question: Is there a preferred format for students presenting cases to me?

To promote THINKING skills, we will expect the students to use the SNAPPS format when presenting cases to you. Of note, students are formally introduced to SNAPPS in November of their first year.

Teaching rapidly – SNAPPS

SNAPPS is a six step, student-driven approach to presenting a patient to the preceptor:

1. S: Summarize briefly the history and findings.
2. N: Narrow down the differential to two or three relevant possibilities.
3. A: Analyze the differential by comparing and contrasting the possibilities.
4. P: Probe the clinical teacher by asking questions about uncertainties, difficulties, or alternative approaches.
5. P: Plan management for the patient's medical problems.
6. S: Select a case-related problem for self-directed learning.

Even in year 1, an example might be….
You ask your student to evaluate a patient who comes in with a chief complaint of a fever. The student should be able to identify the chief complaint, obtain a complete medical history, and with your guidance, begin to think about *why* the patient might have a fever (*i.e., the differential diagnosis).* The student should then be able to perform a complete physical exam. Following this, the student should come to you and present to you in a SNAPPS format. The student is expected to present a patient in the SNAPPS method once per ICE session. You should encourage THINKING in your students. Push them to think to the next step in diagnosis and patient care. Ask them "WHY…."

SNAPPS

Summarize

- Encourage the learner to present only the pertinent facts. Some of the background can be discussed with the analysis of the differential diagnoses.

Narrow Differential Diagnosis

- The learner offers no more than 3 possible diagnoses

Analyze the differential

- Reviewing the pros and cons for each diagnosis allows the student to demonstrate analytic clinical skills

- **S** - summarize the case
- **N** - narrow the differential
- **A** - analyze the differential
- **P** - probe the preceptor
- **P** - plan management
- **S** - select an issue for self directed learning

Probe the Preceptor

- Here the student clarifies any difficult or confusing issues with the supervisor.
- Avoid providing a mini-lecture if you want your clinic to stay on time!

Plan Management

- Developing a management plan requires an integrated clinical approach from the student or resident. . If the appropriate "management" is making a diagnosis, then suggesting an integrated diagnostic approach is appropriate.

Select an issue for Self-Directed Learning

- Reflecting on the case may reveal gaps in the learner's knowledge base. This final step requires the student to plan the steps to improve later performance.

Linking RIME Assessment to SNAPPS Presentations

Reporter=Summarize & Narrow Differential
Interpreter=Analyze the differential
Manager=Plan management
Educator=Probe & select a learning issues

Question: What is RIME and how does it apply?

The RIME model[1] is a reliable way to descriptively assess and provide feedback to medical students on their current skill level. RIME is a classification measure of a student's progression from that of a **R**eporter to **I**nterpreter to **M**anager/ **E**ducator. These identifiers guide your thinking when listening to students as they report a patient encounter and helps you guide their progression/ thinking.

- **Reporters** can accurately gather information through history taking and physical exam, and can accurately report the information through presentations or write-ups.
- **Interpreters** understand the clinical significance of the information obtained, and can generate a short differential diagnosis and prioritize problems.
- **Managers** can generate a reasonable diagnostic plan to deal with outstanding questions and a therapeutic plan to solve problems.
- **Educators** have risen to the level where they can identify knowledge gaps in themselves and in others and effectively fill those gaps.

In ICE, you will find that your students are working on all four levels simultaneously. At the beginning, they will be accurate **reporters**, but should be encouraged to **interpret** their findings and begin to think about how they would **manage** their patients. They should always be encouraged to **educate** themselves and their patients by identifying knowledge gaps.

In Your Office

As you precept your student, you may find that for each clinical moment, your learner is at variable levels. To diagnose what level your student is at, questions like "Tell me what your patient's history is?" **(reporter),** "what do you think is happening here?" **(interpreter)** and then following up with "How do you come to that conclusion?" are fine ways to have them reveal themselves. You then can ask questions to try to advance their RIME level for the clinical situation.

"What do you think we should do?" **(manager)**

"What would you like to learn more about?" **(educator)**

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

2 Alguire P, Dewitt D, Pinsky L, Ferenchick G. Teaching in your office: A guide to instructing medical students and residents, p.48. Philadelphia: American College of Physicians; 2001.

Adapted from: http://www.atsu.edu/kcom/preceptors/professional_development/pdfs/rime.pdf

"RIME"

Assessing your Learner- the RIME Concept

- **R-Reporters**
- **I-Interpreters**
- **M-Managers**
- **E-Educators**

Reporters

- Accurately gather & clearly communicate the clinical facts of patients.
- Hinges on ability to do history & physical well
- Discern normal from abnormal
- Label & identify a new problem
- Requires a sense of responsibility & consistency when talking to patients

Interpreters

- Interpret the clinical data using reasoning & problem solving
- Prioritization and construction of a differential diagnosis
- Requires a higher level of knowledge & skill in selecting the findings that support diagnoses in the differential
- A transition for learner emotionally from "bystander" to "active participant" in patient care

RIME

Managers

- Manage the care of the patient, anticipate outcomes and make independent decisions, understanding the alternatives
- This calls for even more knowledge, confidence and judgment in deciding when action needs to be taken, and options for patients need to be selected
- Understand & verbalize the patient's situation and preferences

Educators

- Perform all RIME steps
- Learn in a self directed way, and teach other learners
- Read deeply, go beyond the basics, define important questions to research and share the results with learners
- Insight into quality of evidence and how to search for it & apply it to patient care

Steps to RIME

Linking Question Types to RIME

- **REPORTERS** will be most comfortable with recall questions.
- **INTERPRETERS** will also be comfortable with analysis/synthesis questions.
- **MANAGERS** will also be comfortable with applications questions.
- **EDUCATORS** should link to questions focused on self assessment.

* HRSA Title VII supported grant – AECOM/Montefiore Medical Center

RIME in the Clinical Setting

Reporter

- Let learner **Report**-make good eye contact, be inviting and easygoing, pay undivided attention
- The learner is almost like your patient. They are about to reveal their RIME abilities; listen & know the learner well

RIME in the Clinical Setting

Interpreter

- Keep learner on track, refocus as needed
- Restate what you've heard so far in order to consolidate, fine tune or compartmentalize.
- E.g., "What do you think so far?"
- E.g., "So far, I'm hearing your patient is presenting with…"

RIME in the Clinical Setting

Interpreter

- If "what do you think so far?" is off base, give cues for them to realize-e.g., "I appreciate that possibility, but…"
- If "What do you think so far?" is nicely on target, give prompt reinforcing feedback
- Should identify and verbalize your overriding teaching theme or point at this stage in the presentation

RIME in the Clinical Setting

Manager

- Begin checking on management: "What would you like to do?"
- Assess healthcare maintenance decisions when there is no chief complaint or acute issue

RIME in the Clinical Setting

Manager

- Assess appreciation of likelihood within the differential and for completeness of the differential when there is an acute issue.
- Always check on the presenter's sense of healthcare maintenance

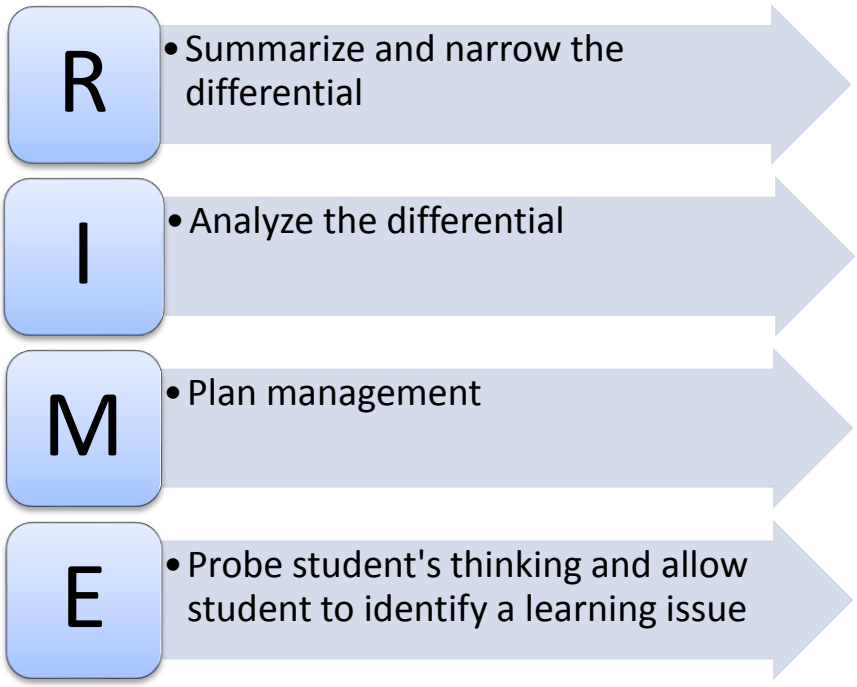
RIME in the Clinical Setting

Educator

- If there's an "I don't know that" moment, then as the teacher, say "I don't know"-models humility and the desire to fill in a gap in fund of knowledge or in patient care.
- Encourage on the spot or after session searches, promotes EBM skills.
- Should really happen multiple times in a patient care session

* HRSA Title VII supported grant – AECOM/Montefiore Medical Center

Linking RIME Assessment to SNAPPS Presentations



QUESTIONS REGARDING ICE

Your three main resources are:

- Your **Site Directors**
- Our **PPS Manager**: Katie Frey. Her phone number is 516-463-7531 and email is Katie.L.Frey@hofstra.edu. Katie can answer almost any question regarding ICE or direct you to the right person.
- Our **ICE Directors:** Taranjeet Ahuja, DO and Judith Brenner, MD. Contact Katie Frey to arrange a phone call or visit.

Please send any other questions to your Site Director or to the PPS Manager at: ICE@hofstra.edu or Katie Frey at Katie.L.Frey@hofstra.edu

PROBLEMS??

Question: What if I believe that there is a mismatch between me and my student?

If you have ANY problems or concerns related to a student, the first person to whom you should reach out is the Site Director. He/She will find out more and will know how to help move any issue into the right hands.

Question: To whom should I turn when I have a question?

You have many people to turn to with any questions:

- Your ICE Directors, Taranjeet Ahuja, DO or Judith Brenner, MD
- Your PPS Manager, Katie Frey
- Your Site Directors

APPENDIX A: CURRICULUM

Question: What are the students learning in the classroom?

We think of the community preceptors' practices as being a clinical complement to the classroom. As such, it is important for you to understand the material on which they are focusing in the classroom for you to expose them to the best types of patients in the practice. Every course has a theme for each week. In the School of Medicine's weekly email to you, you will receive a description of what the students are learning in the classroom. Discuss this with your student. The more connections that can be made between the science that they are learning and clinical medicine, the better.

In the first year, the students participate in four courses: *From the Person to the Professional: Challenges, Privileges and Responsibilities (CPR), The Biologic Imperative (BI), Fueling the Body (FTB), and Homeostasis (HOM)*. In the second year, the students participate in two courses: *Interacting with the Environment (IE) and The Human Condition (HC).* The goals of each course are detailed below:

First Year Student Curriculum

CPR		BI			FTB			HOM		
August	September	October	November	December	January	February	March	April	May	June

From the Person to the Professional: Challenges, Privileges and Responsibilities (CPR)

CPR is a course constructed upon the framework of the New York State Department of Health (NYSDOH) Emergency Medical Technician (EMT) curriculum. However, to be better suited to its central role within the first course of a medical school curriculum, the EMT curriculum has been intentionally expanded in its depth and breadth of content to include more advanced scientific and clinical concepts. Additionally, topics from each of the two longitudinal components, ***Structure*** and ***Patient, Physician, and Society*** as well as fundamentals of pharmacology are introduced and thematically integrated throughout the course.

The Biologic Imperative (BI)

The Biologic Imperative integrates the process of proliferation at its two fundamental levels, the cell and the organism. Through a series of carefully crafted patient-based sessions, the course builds a story of how regulation of cellular proliferation controls both the growth of an individual and the ability of an individual to procreate. The course highlights the importance of the process of proliferation in disease, with each week introducing examples of pathogenic states resulting from aberrations in the process. Among these pathogenic states, a particular focus will be placed on neoplasia, the second largest cause of death in this country today.

Continuity and Change: Fueling the Body (FTB)

FTB addresses topics in biochemistry and metabolism in the context of normal and abnormal nutritional and gastrointestinal function. Additionally, mechanisms by which function may be restored or approximated when it is altered by disease are covered. The nutrition section discusses the micronutrients (vitamins and minerals) and macronutrients (carbohydrates, proteins and lipids) required for human health. The metabolic consequences of malnutrition and obesity are presented in the context of disorders.
The biochemistry component has two major threads. The first of these is protein structure and function, in which proteins are considered both as structural components of cells and tissues and as enzymes. The second thread is intermediary metabolism**:** the biotransformations of fuel molecules via catabolism and anabolism for the purpose of fuel generation and/or storage.

Functions of the gastrointestinal tract in health and disease are integrated in the gastroenterology section of the course. Study of the normal physiology of the components of this organ system and their roles in digestion and processing of food is integrated with exploration of the mechanisms by which important diseases disrupt gastrointestinal function.

Continuity and Change: Homeostasis (HOM

Homeostasis addresses the physiology of the cardiac, pulmonary and renal systems from the cellular to the organismic level. The interrelationships between the aforementioned systems in the maintenance of homeostasis are stressed. Complementary elements of the three curricular components, *Mechanisms of Health, Disease and Intervention, Structure,* and *Patient, Physician and Society* are thematically woven, matrix-style, into the course, through contextualized choices for the patients and situations presented in the PEARLS cases.

Second Year Student Curriculum

IE				HC		
September	October	November	December	January	February	March

Interacting with the Environment (IE)

IE presents the human organism, whose immune system co-evolved with its microbial partners, to precisely maintain homeostasis. Normal immune function is contrasted to immune dysfunction including immune deficiencies, hypersensitivity, and autoimmunity. The dynamics of immune modulation are investigated by evaluating the pharmacology of immunosuppressive and anti-inflammatory medications. Students explore the contribution of microorganisms to maintaining health and to causing disease. Students learn how commensal organisms can cause disease when introduced to anatomical sites to which they have not adapted and learn the means by which pathogenic microbes evade the immune system and subvert normal host cellular functions. Infectious diseases are presented using a systems-based approach that incorporates the pharmacological principles of antimicrobial medications. In order to truly understand how a host might interact with their environment, the course ends with an emphasis on the musculoskeletal system.

The Human Condition (HC)

HC provides an integrated presentation of the factors that make us uniquely human. The course covers the physiology, pharmacology, chemistry and anatomy of the central and peripheral nervous system from the cellular to the organismic level. The major topics in this course include normal and abnormal musculoskeletal, neural, and neuropsychiatric functions, all presented in the clinical context of health and disease, and with attention to the mechanisms by which function may be restored or approximated when it is altered by disease.

The major part of the course is a journey through the neuroaxis reviewing the structure and function of all brain regions. Also included is an examination of the normal and abnormal spine and spinal cord transitions to fundamental topics in neuroscience, ranging from neurocytology to synaptic physiology to CNS development. Additionally, pain medicine and basic principles of nervous system dysfunction and evaluation are addressed. The special senses section includes basic science and clinical topics related to our unique ability to physically perceive our environment. Normal and abnormal functions of vision, hearing, balance, sinuses and olfaction, and speech are considered.

An important component of the course is the neuropsychiatric section, which focuses on how we process information mentally and respond behaviorally. Neurologic disorders are generally presented by etiologic category (including disorders of motor, vascular, traumatic, neoplastic causation) or by symptom (e.g., dementia, headache, hypotonia). The approach to psychiatric function and illness begins with basic principles of psychiatry and human mental development, and transitions into specific groups of psychiatric disorders, presented both from a clinical diagnostic and interventional perspective and with attention to what is known about the underlying pathophysiology of these disorders.

APPENDIX B: EXAMPLE OF SNAPPS PRESENTATION

Step	Student Presents:	Comments by Preceptor:
Summarize	*"This is a 20 year old college student with sore throat and fever for one week. He was in clinic four days ago and had a negative rapid test for Group A Strep. He says he feels worse now. There is no cough or other symptoms. He is otherwise generally healthy.*	This is very different from the traditional "medical student" H&P which typically takes 15-20 minutes to report! The rationale for sticking to a summary is NOT to avoid thoroughness – the student still needs to obtain all the data.
	His temperature here is 39, HR 90, RR 16 and BP 100/70. His pharynx is erythematous and there is white exudate on his tonsils. Several cervical lymph nodes are enlarged. I couldn't feel his spleen or liver and the rest of his examination was normal.	The point is to focus on what's relevant and to leave time for the rest of the presentation…
Narrow the possibilities	*"I suppose this could be a routine viral sore throat, or maybe a Strep infection despite the lab result. What I really think he has, though is Mono…*	Again, the student is required to FOCUS. A "complete differential diagnosis" can be copied out of any textbook of primary care, but our goal is to approximate the way clinicians actually approach the task of diagnosis
Analyze the differential	*"Well, I think pharyngitis can be caused by a variety of respiratory viruses, but usually there are other symptoms and the sore throat is better in less time. Even untreated Strep throat is usually better within a week, though I'm not sure about that…the exudate and ongoing symptoms sound most like infectious mono…*	The student makes his thinking visible. This helps the preceptor understand what the student already knows and where he may benefit from more direction and study.
Probe the preceptor	*"I'm not sure about finding an enlarged spleen on physical examination. Can you show me how you perform that part of the exam?*	This step invites the active learner to access the expertise of the mentor in ways that he, the learner, feels are helpful.
Plan management	*"I think we should send a throat culture, obtain a CBC and a serological test for mono. I would encourage him to drink more but avoid alcohol.*	The plan doesn't have to be correct, but does need to provide the student an opportunity to practice…how does diagnosis lead to a rational plan?
Select a case-related problem for further study	*"I want to learn more about the role of different tests for identifying infectious mononucleosis*	Linking study and literature review to a specific patient's problem facilitates learning. Compare this with a directive – in the absence of an actual case – to "read the chapter on Infectious Mononucleosis!

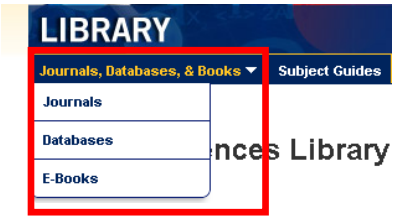
APPENDIX C: ONLINE RESOURCES: ACCESSING THE LIBRARY SITE

UTILIZING LIBRARY RESOURCES:

Direct your web browser (Internet Explorer 8 or 9 is supported using Windows 7. Only version 8 is supported using Windows XP.) to the School of Medicine Health Sciences Library Homepage at: http://medicine.hofstra.edu/library/

The navigation bar in the middle will be your entry point for electronic journals, textbooks, databases and online software programs.

The 'Journals, Databases, and Books' Menu should give you access to most of the resources that you need.



Username and Password

When accessing any of the databases you will be redirected to the Hofstra Portal. To access the portal, you will need: 1) your Novell Account ID (a 6-letter alpha code) and 2) your default password or the password you have changed it to. These were provided to you when you received your faculty appointment. Use these to login on the top right side of the homepage. Any questions in regards to obtaining your network ID, please contact Annalise Ellis at Annalise.R.Ellis@hofstra.edu. You will receive your network ID after your CV has been submitted to Katie Frey (Katie.L.Frey@hofstra.edu) and approved for appointment to the faculty.

In the event that you have forgotten or misplaced your password, you can use the Hofstra self-service password reset website located at http://www.hofstra.edu/About/IT/it_resetpassword.html

Under the Employee box, select “reset your network password”. From here you will be prompted to enter your Network ID (username), Hofstra ID (located on the bottom of your ID card), the last four digits of your Social Security number and your birth date. Click verify and your password will be reset. From here, if you wish to change your password; log into the portal and click on the "My Account" icon at the top.

If you ever have a problem or need help navigating the self-service password reset tool or the Hofstra Portal, you can call the Hofstra Help Desk at (516) 463-7777 and they will walk you through the process.

Accessing Journals

Select the Journals tab and you will be redirected to the Hofstra Portal. Using your Novell ID and password, log in. You will then be redirected to a ‘Journal Finder’ page that allows you to search for the journal you are looking for. This direct link to the ‘Journal Finder’ page is: https://my.hofstra.edu/Home/Library/journalFinder_db.jsp

Accessing E-Books

Select the E-Books tab and you will be redirected to the Hofstra Portal. Using your Novell ID and password, log in. You will then be redirected to a list of E-Books, sorted by topics. The library subscribes to over 1,000 basic science and clinical textbooks. The direct link to the list of textbooks is: http://medicine.hofstra.edu/library/library_ebooks.html

Accessing Databases

The School of Medicine subscribes to a number of E-databases or multi-type resources that aggregate eBooks and supplemental curriculum materials. Images can be searched across all the books in AccessMedicine, LWWHealthLibrary, and MDConsult. Other subscribed resources include: DynaMed, JAMAEvidence, Micromedex, Natural Standard, StatRef, VisualDX, Web of Knowledge, and UptoDate. Other freely available resources are PubMed, MedlinePlus, EMedicine, ERIC, and Health Reference Center Academic. To access these resources, select the Databases tab and you will be redirected to the Hofstra Portal. Most are also available from the QuickLinks tab. Using your Novell ID and password, log in. You will then be redirected to a list of databases. The direct link to the list of databases is: http://medicine.hofstra.edu/library/library_edatabases.html

The library staff also created an ICE LibGuide with links to resources that support the ICE curriculum. You can find it under the Subject Guides tab. If you need any assistance accessing School of Medicine Health Science Library Resources, please email medicine.library@hofstra.edu. If you need access to books or articles not available from the library website, please order them via the Request Forms on the Services tab of the website.

Faculty Development

Our website also features a section dedicated to faculty development, which can be found here under the clinical tab: http://medicine.hofstra.edu/faculty/facdev/

APPENDIX D: ASSESSMENT

Question: When does assessment of my student occur?

You will both be ***formally*** assessing your student **twice a year** in the realm of professionalism. A copy of the form can be found ***on the next page***. In addition, if there's ever a time that you would like to discuss a student ***informally***, please do not hesitate to contact your Site Director or the Course Directors. ***We greatly value your feedback and require that you complete this assessment in a timely fashion.***

In addition, at the conclusion of each twelve-week block students will be participating in regularly scheduled week-long Reflection, Integration and Assessment (RIA) exercises (exam week). These standardized assessments occur at a central location, the Center for Learning and Innovation's Patient Safety Institute (CLI). This facility has both a simulation and clinical skills assessment facility that utilizes a standardized patient program to allow for consistent, reliable assessment of the learning objectives presented in this longitudinal course.

As an ICE community preceptor, you will be asked to formally assess your student **twice a year: January and June for the first year students and December and March for the second year students**. We believe that you are best able to share your thoughts regarding your student's professionalism. Please review the sample assessment for that will be sent to you as well as the form the students will fill out based on their experience with you. We have included an example of what a student will fill out for their Medicine preceptor. If you would like to review the form specific to your discipline please contact Katie Frey (Katie.L.Frey@hofstra.edu).

ICE Community Preceptor Professionalism Assessment

Preceptor Name:

Student Name:

Please rate the following aspects of the student:

This student is punctual

Never	Sometimes	Most of the Time	Always
○	○	○	○

Comments (Optional):

This student communicates effectively (calls ahead to schedule or cancel an appointment, emails effectively)

Never	Sometimes	Most of the Time	Always
○	○	○	○

Comments (Optional):

This student shows interest in other people working within the practice

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student dresses appropriately

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student identifies and communicates learning needs

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student acknowledges limitations and asks for help

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student demonstrates enthusiasm for learning

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student follows up on questions identified by student or preceptor

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student follows up on patient care issues as appropriate

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student solicits and incorporates feedback

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student is respectful of patients and others accompanying patients

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student appropriately identifies role as a medical student to patients and others

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student maintains privacy and confidentiality

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student seeks appropriate additional responsibility beyond what is assigned

Never | Sometimes | Most of the Time | Always

Comments (Optional):

This student gains confidence and trust of patient and family

Never | Sometimes | Most of the Time | Always

Comments (Optional):

Comments: Please share one story which best conveys your experience with your student in ICE.

Do you have any concerns with regards to this student?

- Yes, I would prefer to discuss my concern via in person or phone call
- No

*Note: This is an example of an evaluation the students will complete for a Medicine preceptor. If you would like to see the evaluation specific to your discipline, please contact Katie Frey (Katie.L.Frey@hofstra.edu)

HOFSTRA NORTH SHORE-LIJ
SCHOOL of MEDICINE
AT HOFSTRA UNIVERSITY

Student Evaluation of Initial Clinical Experience (ICE) Community Preceptor - Medicine

Student ID:

Please choose your Preceptor by site:

Site

Preceptor

Please rate the following questions regarding your experience at your ICE Site

Preceptor Establishes Learning Environment

	Strongly Disagree	Disagree	Agree	Strongly Agree
Builds confidence in me	○	○	○	○
Encourages my interaction with patients	○	○	○	○
Directly observes my clinical skills when interacting with patients	○	○	○	○
Directs me to observe specific features of clinical interactions with patients (ie "This patient is very angry; watch my interaction on how I manage this situation")	○	○	○	○
Probes my clinical reasoning (ie: diagnostic reasoning, therapeutics, asks "What do you think?")	○	○	○	○
Facilitated the establishment of a relationship with my	○	○	○	○

longitudinal patient				
Encouraged the use of SNAPPS	○	○	○	○
Provided me with constructive feedback	○	○	○	○
Encouraged self-directed learning	○	○	○	○
Shared personal insights that guide him/her in patient care	○	○	○	○
I felt included in the practice of my ICE preceptor	○	○	○	○

I would recommend this preceptor to other students

Strongly Disagree	Disagree	Agree	Strongly Agree
○	○	○	○

General comments regarding your ICE community preceptor:

Hofstra North Shore-LIJ School of Medicine

October 2013

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	20	31		

November 2013

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2013

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2014

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2014

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2014

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2014

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May 2014

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June 2014

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

Important Dates

Sept 30: Start of The Biologic Imperative (BI)
Week of Oct 7: Site Specific Dinner
Nov 28-Dec 1: Thanksgiving Break
Dec 11-12, 18-19: RIA Week
Dec 23 - Jan 5: Winter Break
Jan 6: Start of Fueling the Body (FTB)
Jan 20: Martin Luther King, Jr. Day
Feb 17: President's Day
Mar 17-20: RIA Week
Mar 24: Start of Homeostasis (HOM)
Apr 14-20: Spring Break
May 26: Memorial Day
June 16-19: RIA Week
Jun 20 - Sept 1: Summer Break

Key

	Reflection, Integration and Assessment
	Holiday – No Instruction
	No ICE
	Medicine
	OB/GYN
	Surgery
	Site Director Meeting

**Note: Students will be scheduled to attend ICE on Monday, Tuesday or Wednesday afternoons

Hofstra North Shore-LIJ School of Medicine

September 2013

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

October 2013

S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

November 2013

S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

December 2013

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

January 2014

S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February 2014

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March 2014

S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Important Dates

Sept 9 First day of Interacting with the Environment (IE)
Sept 14 Yom Kippur
Nov 26 RIA
Nov 28-Dec 1 Thanksgiving Break
Dec 18 – 20 RIA Week
Dec 23 - Jan 5 Winter Break
Jan 6 First day of The Human Condition (HC)
Jan 20 Martin Luther King, Jr. Day
Feb 17 President's Day
Mar 24-27 RIA Week

Key

	Reflection, Integration and Assessment
	Holiday – No Instruction
	No ICE
	Pediatrics
	Medicine
	Psychiatry
	Site Director Meeting

**Note: Students will be scheduled to attend ICE on Monday, Wednesday or Thursday afternoons

Appendix F: Hofstra Core Physical Exam

HOFSTRA CORE PHYSICAL EXAM				
	Does not meet expectations	**Meets expectations with recommendations**	**Meets expectations**	**Comments by Student**
Communication with your patient	It is expected that an examiner communicates with patient throughout the exam. Instructions should be clear and the patient should be continually informed as to what to expect.			
Introduce self	It is expected that the student should identify him/herself by: 1.Name 2. Level of training 3. The person he/she is working with			
Identify patient using 2-patient identifier	It is expected that the student should identify patient using name and DOB			
Washed hands	Did not clean hands	Did partially or incorrectly	The examiner washed his/her hands before shaking the hands of the SP and a second time prior to physical examination as applicable.	
Physician and Patient Positioning: Patient is sitting up with legs dangling; student is standing in front of patient				
Vital Signs and General Appearance				
General Appearance	This is difficult to assess, but from the student perspective is something expected to occur throughout any encounter with patients.			
Measured blood pressure (no misplacement, arm at heart level; allowed arm to be relaxed)	Did not measure blood appropriately OR did not take blood pressure at all	Measured blood pressure somewhat appropriately (possible misplacement, arm not at heart level or arm not relaxed)	Measured blood pressure appropriately	
Timed radial pulse for at least 10 seconds	Did not measure pulse	Timed pulse for less than 10 seconds	Timed pulse for at least 10 seconds	
Respiratory rate (should be counted while still palpating radial pulse)	Though difficult to observe, it is expected that this element be part of the physical exam.			
Inspected and touched nail beds on hands	Did not inspect nail beds	Looked briefly at nail beds	Carefully assessed nail beds, including feeling the nail beds and palms	
Head and Neck Exam, including Cranial Nerves				
Equipment needed: penlight, tongue depressor, ophthalmoscope, otoscope				
Inspection: Always begin exam with inspection of patient	It is expected that the student will document observations			

CN II Assessed visual fields by confrontation	Did not test	Did partially or incorrectly	The examiner assessed visual fields correctly, including keeping fingers equidistant between the patient and the examiner, fill in.	
CN II & III Assessed pupillary response in each eye, both direct and consensual response to light	Did not test	Did partially or incorrectly	Th examiner assessed pupillary response correctly, in each eye, including both direct and consensual response to light.	
CN III, IV & VI Assessed extraocular motion on all sides systematically	Did not test	Did partially or incorrectly	The examiner assessed extraocular motion by having the patient follow his/her finger in all directions of gaze.	
CN V Assessed facial sensation by assessing bilaterally at three levels of the face (*not* on scalp or neck)	Did not test	Did incorrectly or partially	The examiner assessed sensation in all divisions of CN V	
CN V Assessed CN V motor by having patient **clench jaw** and **palpated** both sides of face	Did not test	Did incorrectly or partially	The examiner palpated both sides of the patient's face while having he patient clench his/her jaw.	
CN VII Assessed facial movement and symmetry by instructing patient to: 1. Raise eyebrows 2. Close eyes tight ("Try to keep your eyes shut while I try to open your eye lids") 3. Blow out cheeks 4. Smile/show teeth	Did not test	Did incorrectly or partially	The examiner assessed AT LEAST 2 facial muscles, including both the top half and bottom half of face	
CN VIII Assessed hearing	Did not test	Did incorrectly or partially	The examiner assessed hearing correctly using a ginger rub in each each OR using a tuning fork.	
CN IX & X Assessed oral cavity and **palatal elevation** by asking patient to open mouth and say "Ahh".	Did not test	Did incorrectly or partially	The examiner asked the patient to open his/her mouth, say "ahh" and inspected the oral cavity for symmetry in tongue, pharynx, sublingual area, gingival and dentition. Used tongue depressor and penlight while inspecting.	

CN XII Assessed tongue movement	Did not test	Did incorrectly or partially	The examiner asked the patient to stick out his/her tongue, including instructing patient to move tongue from side to side	
CN XI Assessed CN XI by having patient **shrug shoulder** OR **turn neck** against resistance	Did not test	Did incorrectly or partially	Had patient shrug shoulder OR turn neck against resistance.	
Assessed ROM of cervical spine passively and then applied at the end of cervical rotation.	Did not test	Did incorrectly or partially	Had patient perform passive range of motion of cervical spine in 3 planes, including application of resistance at the end of range in cervical rotation.	
Examined ear using otoscope,	Did not test	Did incorrectly or partially	The examiner examined the ear correctly, including inspecting pinna, external canal, and visualized the tympanic membrane,	
CN II Performed fundoscopic exam using ophthalmoscope	Did not test	Did incorrectly or partially	The examiner performed fundoscopic examination correctly, including darkening the room, approached patient at eye level, inspected right eye on right side, and left eye on left side	
Neck Exam				
Inspection: Always begin exam with inspection of patient	It is expected that the student will document observations			
Palpated lymph nodes in a pattern which includes all major regions in the head and neck	Did not palpate	Did incorrectly or partially	The examiner palpated lymph nodes using proper technique and examined all areas in anterior cervical, posterior cervical, sub-occipital, submandibular and supraclavicular regions.	
Physician and Patient Positioning: Patient remains seated; student moves behind patient when examining thyroid. Begin pulmonary exam posteriorly.				
Examined **thyroid gland**	Did not test	Did incorrectly or partially	Exam of the thyoid was correct, incluing inspection anteriorly and/or laterally and palpation of both lobes while asking patient to swallow. Examiner should be posterior to patient during palpation.	
Pulmonary Exam				
Inspected posterior thorax and spine.	It is expected that the student will document observations			
Palpated cervical spine and paracervical muscles for tenderness.	Did not test	Did incorrectly or partially	The examiner palpated cervical spine and paracervical muscles for tenderness.	

Palpated thoracolumbar spine, paraspinal muscles and costovertebral angles.	Did not test	Did incorrectly or partially	The examiner palpated the thoracolumbar spine, paraspinal muscles and costovertebral angles for tenderness.	
Assessed thoracolumbar spine for alignment and range of motion.	Did not test	Did incorrectly or partially	The examiner assessed alignment and range of motion in thoracolumber spine by performing in 3 planes.	
Palpated for **respiratory excursion**	Did not test	Did incorrectly or partially	Place hands properly on posterior chest and measured with full inspiratory/expiratory effort	
Assessed tactile fremitus.	Did not test	Did incorrectly or partially	The examiner assessed tactile fremitus by asking patient to say “99" and compared sensation side to side in ladder like configuration in at least 3 different levels and mid-axillary line.	
Percussed lung fields	Did not percuss	Did incorrectly or partially	The examiner percussed lung fields in at least 4 locations including mid axillary lines by comparing sounds from left vs. right side.	
Auscultated for **breath sounds posteriorly**	Did not auscultate	Did incorrectly or partially	The examiner instructed patient to take full breaths and auscultated lung fields in at least 4 locations including mid axillary lines by comparing sounds from left vs. right side.	
Physician and Patient Positioning: Patient continues to sit upright; examiner moves to the front of the patient.				
Auscultated for **breath sounds anteriorly**	Did not auscultate	Auscultated for breath sounds but used incorrect technique/non systematically	The examiner auscultated lung fields in at least 3 locations by comparing sounds from left vs. right side.	
Physician and Patient Positioning: Patient should be instructed to recline to the level that allows the apex of venous pulsations to be visualized; student stands at right side of patient. Be attentive to the patient’s comfort, especially when lying flat. It may be appropriate to readjust the position of the head of the bed after JVP has been measured and venous				
Cardiovascular Exam				
Inspected neck for jugular venous **pulsations.**	Did not take any noticeable time to inspect neck	Took time to inspect neck at some point, but used incorrect technique	Appropriately positioned him/herself while inspecting your pulse on the right side of your neck while you were on an angle	

Measured **jugular venous pressure**	Did not measure	Did incorrectly or partially	The examiner measured jugular venous pressure by identifying the apex of venous pulsations, extending a straight edge from that location and dropping a vertical at the sternal angle of Louis.	
Palpated for **right and left carotid pulses.**	Did not palpate for pulses in your neck at all	Did incorrectly or incompletely	The examiner palpated the carotid pulses 2 cm below the angle of the mandible and did so separately.	
Auscultated the carotid arteries bilaterally.	Did not listen with stethoscope over neck region	Did incorrectly or incompletely	Th e examiner auscultated the carotid arteries bilaterally using the bell of the stethoscope.	
Inspected precordium.	It is expected that the student will document observations			
Palpated the precordium and the **point of maximal impulse** (PMI) for heaves, and/or presence of thrills	Did not palpate chest wall anywhere near heart	Did incorrectly or incompletely	Systematically palpated the precordium, looking for the PMI.	
Timed cardiac cycle.	Did not time cycle	Did incorrectly or incompletely	The examiner timed the cardiac cycle by simultaneously auscultating for S1 and palpating carotid pulse using diaphragm of stethoscope and auscultating at apex.	
Auscultated heart sounds in at least 6 different cardiac areas.	Ausculated the precordium in 1-2 locations and/or did so quickly.	Ausculated the precordium in 3-4 locations and/or did so quickly.	The examiner auscultated the heart in at least 6 different locations. He/she paused to appreciate the individual heart sounds: S1, S2, systole, diastole. This should take several minutes to perform properly.	
Auscultated heart sounds while patient in three (3) different positions.	Auscultated chest wall in only one position OR not at all	Auscultated to chest wall in 2 positions correctly	Auscultated to chest wall in three different positions: 1) Reclining at approximately 45 degree angle, 2) Sitting up and leaning forward in end expiration, 3) In left lateral decubitus position.	
Physician and Patient Positioning: Patient should now be placed fully recumbent position on back. May ask patient to bend knees for comfort when examining abdomen. If legs are outstretched, consider pulling out foot rest for patient's comfort.				
Abdominal Exam---progressing to Lower Extremity Exam				
Inspected abdomen	It is expected that the student will document observations, specifying the presence of: distention, venous pattern, masses, and scars.			

Auscultated the abdomen and renal arteries.	Did not auscultate	Did incorrectly or incompletely	The examiner auscultated the abdomen in AT LEAST 4 locations AND over renal arteries	
Percussed all 4 quadrants and suprapubic area; percussed liver span in right upper abdomen/chest	Did not percuss	Did incorrectly or incompletely	The examiner percussed the abdoment in all 4 quadrants and also percussed the liver, measuring span in mid clavicular line.	
Palpated abdomen, both with light touch and deeply, in 4 quadrants:	Did not palpate	Did incorrectly or incompletely	The examiner palpated the abdomen using both light and deep touch in all four (4) quadrants.	
Palpated for abdominal aorta bimanually	Did not palpate	Did incorrectly or incompletely	The examiner palpated for the abdominal aorta using both hands in the proper location.	
Palpated the liver edge.	Did not palpate anywhere near right upper quadrant for liver	Briefly palpated along right lower rib cage	The examiner palpated the liver along right costal margin in inspiration and expiration.	
Palpated the spleen	Did not palpate anywhere for spleen	Did incorrectly or in only one position	The examiner palpated the spleen along left lower costal margin bimanually while patient positioned on right side	
Inspected feet and lower extremities	It is expected that the student will document observations.			
Palpated pulses of lower extremity.	Did not palpate for pulses	Did incorrectly or incompletely	The examiner palpated right and left femoral, posterior tibial, and dorsalis pedis pulses, comparing side to side.	
Palpated for **edema** of lower extremities	Did not examine feet/ankles for swelling	Did incorrectly or incompletely	The examiner systematically palpated each foot and ankle for any evidence of swelling	
Neurological Sensory Exam				
Assessed sensation on upper and lower extremities	Did not test	Did incorrectly or incompletely	The examiner assessed light touch on upper and lower extremities	
Assessed vibration at 1st MTP bilaterally	Did not test	Did incorrectly or incompletely	The examiner assessed vibration using tuning fork at 1st MTP bilaterally	
Assessed **proprioception** at 1st MTP bilaterally	Did not test	Did incorrectly or incompletely	The examiner assessed proprioception at 1st MTP bilaterally	
Physician and Patient Positioning: Patient should return to seated position with legs dangling.				
Neurological Motor Exam				

Assessed **active range of motion** and **motor strength** in **upper body** (shoulder, elbow, wrist, and fingers – bilaterally at same time)	Did not test	Did incorrectly or partially	The examiner had patient flex AND extend each joint in the **upper extremity** applied force at appropriate joint position.	
Assessed **active range of motion** and **motor strength** in **lower body** (hips, knees, and ankles) flexing and extending for each joint sequentially	Did not test	Did incorrectly or partially	The examiner had patient flex AND extend each joint in the **lower extremity** applied force at appropriate joint position.	
Assessed **reflexes** in **upper body** (biceps, triceps, brachioradialis)	Did not test	Did incorrectly or partially	The examiner assessed reflexes in **upper extremity**, including biceps, triceps and brachioradialis.	
Assessed **reflexes** in **lower body** (patellar, Achilles and Babinski)	Did not test	Did incorrectly or partially	The examiner assessed reflexes in **lower extremity**, including patellar and Achilles and Babinski.	
Assessed **coordination** by having patient perform: *any of the following:finger-to-nose, heel-knee-shin, tapping finger or alternating hand.*	Did not assess	Did incorrectly or partially	The examiner assessed coordination by performing at least one of the following: finger-to-nose, heel-knee-shin, tapping finger or alternating hand.	
Examined **gait**	Did not assess gait	Did incorrectly or partially (only had patient walk in	The examiner assessed gait/coordination by having the patient walk normally, on his/her toes, on his/her heels and tandem.	