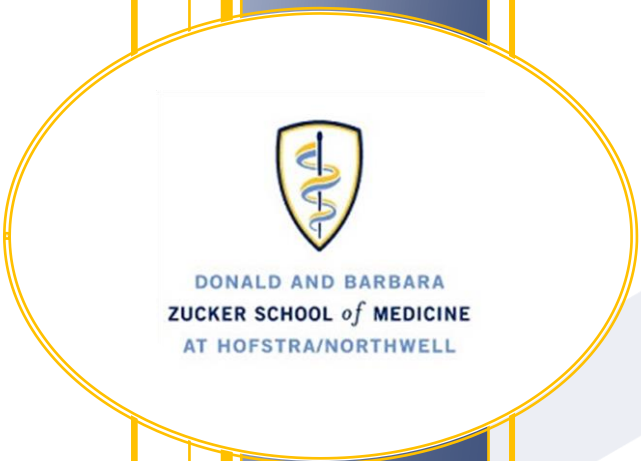
Donald and Barbara Zucker School of Medicine at Hofstra/Northwell

Initial Clinical Experience (ICE)

Preceptor Handbook

2017-2018



"TO STUDY THE PHENOMENA OF DISEASE WITHOUT BOOKS IS TO SAIL AN UNCHARTED SEA, WHILE TO STUDY BOOKS WITHOUT PATIENTS IS NOT TO GO TO SEA AT ALL."

-SIR WILLIAM OSLER

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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.

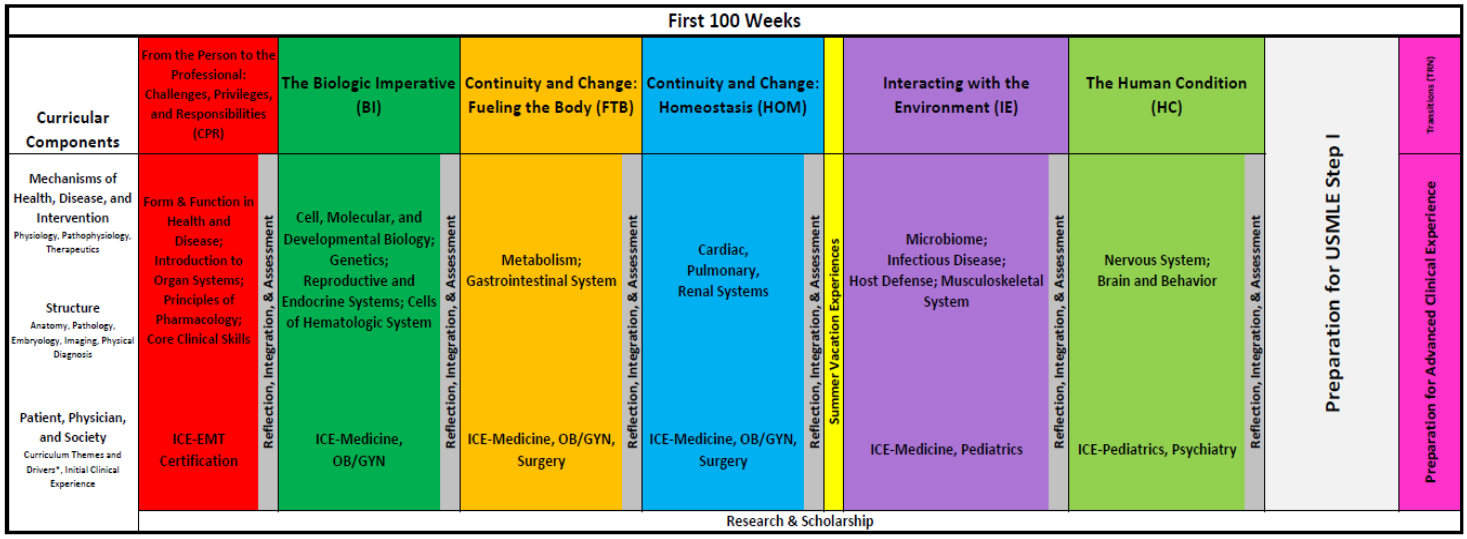
For the duration of ICE, students are divided into small groups of 11-16 learners and each individual student is assigned to four discipline-specific, physician faculty preceptors. The preceptors represent four core disciplines: general medicine (internal medicine or family medicine), surgery, pediatrics, 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:

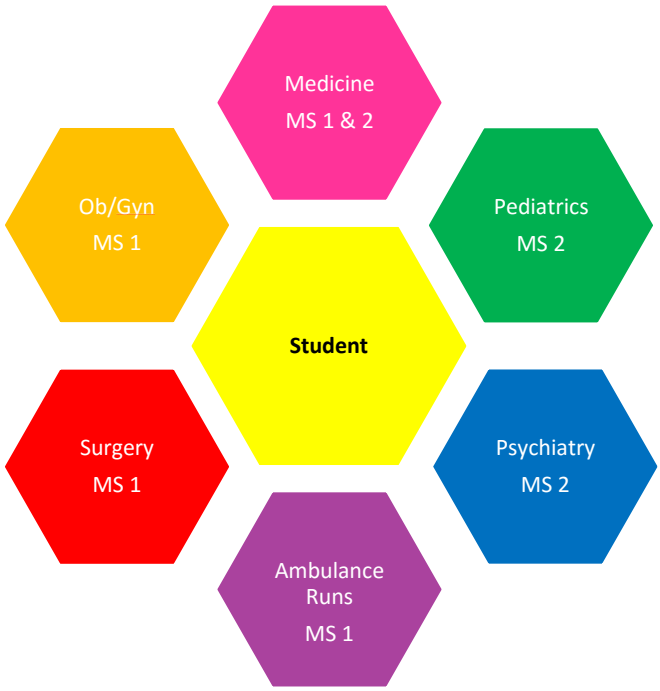


*Communication Skills, Professionalism, Continuum of Care, Social Context/ Responsibility, Quality and Effectiveness, Scientific Discovery, Decision Making and Uncertainty

INITIAL CLINICAL EXPERIENCE

Global View of ICE Organization

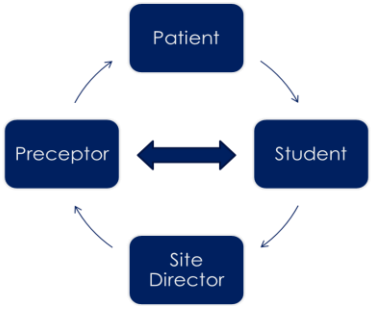
In ICE, each individual student is paired with five preceptors representing the five core disciplines: ***medicine, surgery, pediatrics, obstetrics and gynecology, and psychiatry***. The 6th ICE "discipline" is the ambulance runs, which students begin doing early in their first year. For a ***minimum*** 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

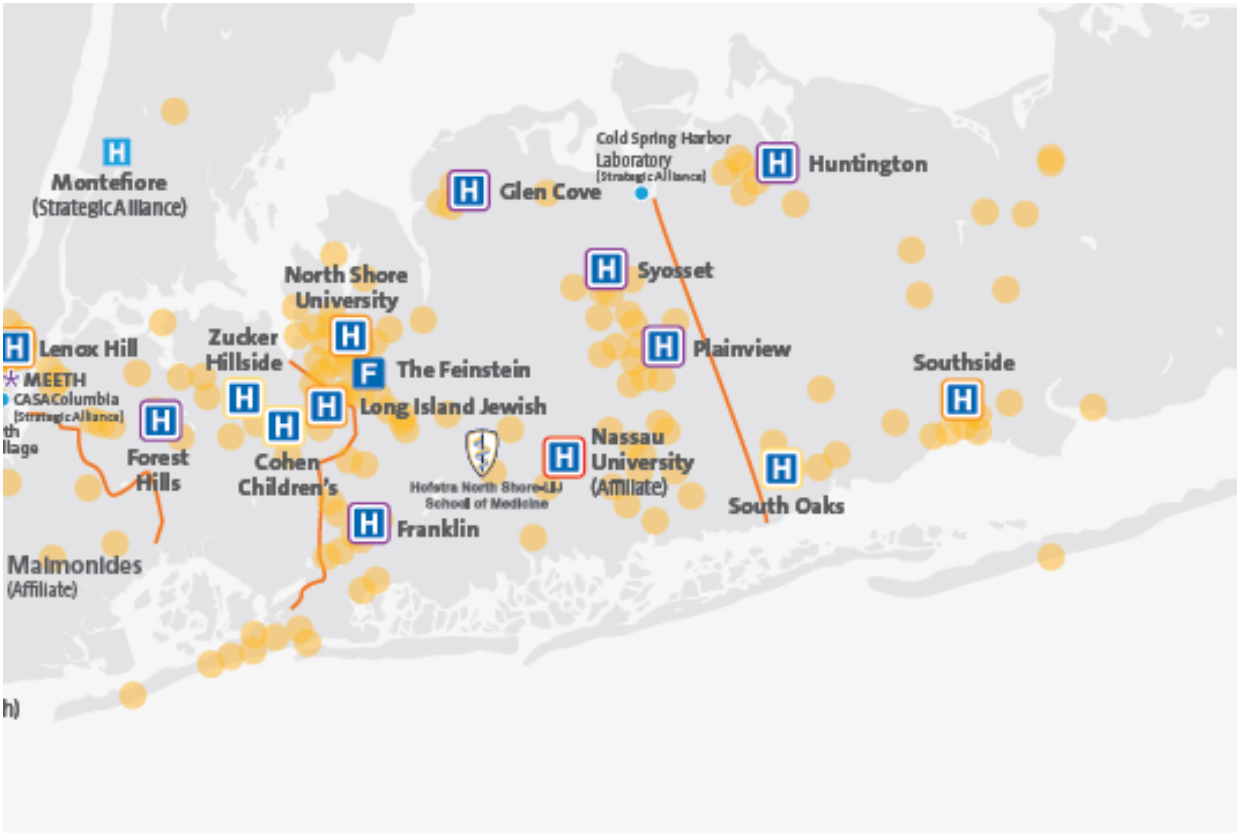
What makes this program unique is that the pairings of student with preceptor and of, student with patient continue for 100 weeks. This continuity allows relationships to be cultivated, and through these relationships, learning occurs.



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 11-16 learners and assigned to one of seven community sites. These sites are: ***LIJ Valley Stream (formerly Franklin Hospital), Glen Cove Hospital, Huntington Hospital, Plainview Hospital, ProHealth, South Nassau Communities Hospital, and Southside Hospital.*** A local site director supervises the experiences of each group of students and preceptors. *Names/contacts are listed on the next page.*



ICE Contacts

ICE Director and Coordinator

Taranjeet Ahuja, DO Taranjeet.Ahuja@hofstra.edu Work: (516) 463-7565 Fax: (516) 463-7497	Director, Initial Clinical Experience and Advanced Clinical Experience Continuity Clinic
Elizabeth Vasile Elizabeth.M.Vasile@hofstra.edu Work: (516) 463-7531 Fax: (516) 463-5547	Program Coordinator, Clinical Learning

ICE Site Directors

Site	Site Directors		
LIJ Valley Stream (Franklin Hospital)	Jack Rubenstein, MD JRubenst@Northwell.edu (516) 376-3392	Joseph Marino, MD JMarino7@Northwell.edu (516) 256-6508	
Glen Cove Hospital	John Sheehy, MD jsheehy@Northwell.edu (516) 676-7116	James Mumford, MD JMumford@northwell.edu (516) 674-7619	
Huntington Hospital	Michael Grosso, MD MGrosso@Northwell.edu (631) 351-2609	Thomas McDonagh, MD tmcdonagh@Northwell.edu (631) 824-6683	
Plainview Hospital	Morris Rabinowicz, MD MRabinow@Northwell.edu (516) 935-7333	Alan Mensch, MD AMensch@Northwell.edu (516) 719-2356	
ProHealth	Marc Schechter, DO mschechter@prohealthcare.com (516) 931-2320	Lynn O'Connor, MD loconnor@prohealthcare.com (516) 608-6848	Ronald Richman, MD Rrichman@prohealthcare.com (516) 304-3930
South Nassau Communities Hospital	Samuel Sandowski, MD SSandowski@snch.org (516) 255-8414	Adhi Sharma, MD Adhi.Sharma@snch.org (516) 632-3999	
Southside Hospital	Richard Bonanno, MD rbonanno@Northwell.edu (631) 853-3400	Neubert Philippe nphilippe@Northwell.edu (631) 968-3295	

INITIAL CLINICAL EXPERIENCE: OVERARCHING GOALS & OBJECTIVES

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.

OBJECTIVES:

Patient Care (PC)

By the end of the ICE, the student will be able to:

1. Assess and begin to develop an approach to diagnosing patients who present to the ambulatory setting;
2. Appreciate uncertainty in the diagnostic process;
3. Perform comprehensive histories, inclusive of Functions 1 and 2, as well as Hofstra "Core" physical exams;
4. Begin to perform problem-focused histories and physical exams;
5. Perform a mental status exam;
6. Follow-up on patient results of basic labs and additional tests;
7. Begin to select common laboratory and radiologic tests in a diagnostic work-up;
8. Interpret lab and other test results under supervision;
9. Demonstrate basic skills in patient education;
10. Define preventive measures in the ambulatory setting;

Medical Knowledge (MK)

By the end of ICE, the student will be able to:

1. Describe the pathophysiology, expected clinical findings, differential diagnosis, risk factors, and management of the conditions listed above under "Patient Care."
2. Describe indications, dosage, contraindication, and side effects of commonly used medications in the ambulatory care setting;
3. Describe the variables that account for diversity of presentation, including gender, genetics, age, and duration of illness;
4. Use deductive reasoning to solve basic clinical problems (i.e. clinical reasoning)
5. Describe the indications, contraindications, and cost-effectiveness of common diagnostic and therapeutic modalities;
6. Describe the operating characteristics (sensitivity, specificity, positive and negative predictive values, and likelihood ratios) for diagnostic tests;
7. Explain the rationale/justify the management of patients.

Interpersonal and Communications skills (IPCS)

By the end ICE, the student will be able to:

1. Communicate effectively with patients, family members, and other members of the health care team;
2. Identify cultural forces and communication issues affecting each patient's care;
3. Demonstrate a compassionate and nonjudgmental approach when caring for patients;
4. Present cases in both oral and written formats in a complete and organized fashion;
5. Frame a question for a referral to another physician;
6. Educate and ensure patients' comprehension of their medical conditions including diagnostic, therapeutic and preventative plans.

Systems-based Practice (SBP)

By the end ICE, the student will be able to:

1. Define "quality" in terms of patient care;
2. Assist patient and families in dealing with system complexities;
3. Begin to understand and navigate different systems of care along the healthcare continuum;
4. Understand the roles and expertise of the various interdisciplinary team members within the ambulatory setting and when to call on them for help;
5. Appreciate how cost plays a role in the care of a patient; and
6. Recognize the systems of care of a patient during off hours.

Practice-based Learning and Improvement (PBLI)

By the end of ICE, the student will be able to:

1. Use information technology to access background and foreground resources and self-directed learning in the care of patients;
2. Develop a question in the PICO format in the care of patients;
3. Reflect on his or her performance and be responsive to feedback;
4. Appreciates the role of quality and safety in the care of patients;
5. Recognizes the scope and potential for medical error and considers approaches to reducing them.

Professionalism (PROF)

By the end of ICE, the student will be able to:

1. Adhere to the Hofstra "Student Code of Conduct"
2. Provide and be receptive to feedback.

Research and Scholarship (RS)

By the end of ICE, the student will be able to:

1. Identify conflicting views presented in different texts and sources of information;
2. Investigate different sources of information to order to assess which is likely to be more accurate to address questions related to normal physiology, disease pathogenesis, public health, and health care delivery;
3. Begin to interpret data and adjusts hypotheses based on conflicting/contradictory evidence;
4. Appreciate the potential of conflict-of-interest to evaluate research studies and media.

Population Health (PH)

By the end of ICE, the student will be able to:

1. Identify appropriate channels to report infectious, emerging diseases and side effects, as well as public health concerns;
2. Appreciate the importance of an individual's culture or community in caring for a patient (i.e. cultural competence);
3. Appreciate socioeconomic barriers;
4. Appreciate the cultural and linguistic needs of patients, including appropriate use of interpreter services.

Getting Started: Assignment and Contacting Your Student

Your Site Director will match you with your student.
Next steps:

1. **Email**: Elizabeth Vasile, our ICE Coordinator, 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, Office Logistics & Student Code of Conduct

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 on pages 37 and 38. 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 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.

Please note that based on student request, we are piloting **2 "Flex Weeks" (the week of April 2nd, 2017 and May 7th, 2017) **for the MS 1 students only**. The students will be given the flexibility to schedule whichever ICE discipline they feel they need to improve on. Please communicate with your

student about these 2 Flex weeks ahead of time, since they may choose to gain additional experience in your discipline during these weeks.

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

ICE Attendance Card

After each ICE session, the student will ask to get your initial on an *Attendance Card*. Any date missing an initial will be counted as an ICE absence. **This card serves as their attendance for ICE.**

Question: Is there a code of conduct that the students must adhere to?

Yes, there is a student code of conduct that we expect all students to adhere to. It is outlined below:

Student Code of Conduct

For Medical Students Participating in the Initial Clinical Experience (ICE)

When working with my preceptor, I will:

- Arrive promptly.
- Accurately represent my position and role as a student.
- Appreciate the limits of my role as a student.
- Respects patients' rights to refuse to have students present.
- Treat all patients and staff with respect and dignity, regardless of age, gender, race, ethnicity, national origin, religion, disability, or sexual orientation.
- Maintain strict confidentiality and privacy about patient information.
- Maintain honesty and integrity by being forthright in my interactions with patients, peers, physician supervisors and staff.
- Ensure patient safety by remaining at home if I am ill; I will notify my preceptor of ANY absence with the understanding that I will make up all absences.
- Report concerns about patient safety to my preceptor.
- Behave in an appropriate, professional, courteous manner at all times.
- Not initiate or accept patients' invitations to engage in social or social media relationships.
- Dress and act professionally.
- Not abuse drugs or alcohol.
- Be aware of and follow the guidelines of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell and of the setting in which I am a student.

Adapted from: https://www.aamc.org/download/356316/data/shadowingguidelines2013.pdf

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: Are there specific ICE clinical learning objectives/tasks the student should meet/complete?

The previous educational goals for ICE, which consisted of mainly patient presentations, have now been replaced with the NEW ICE clinical learning objectives/tasks. The new learning objectives are closely knit with the classroom content your student will be learning in the course that they are in. This was done in hopes to provide curricular alignment and therefore make their clinical experiences more relevant.

The learning objectives will be presented to the students by course so that they can complete in whichever discipline of ICE it is applicable to. **The students are responsible for completing/meeting these objectives within the course since they will be assessed on these same objectives during their final exam week (RIA week) at clinical skills.** Please see Appendix C for the complete list by course. You will note that some objectives are repeated in subsequent courses and can be considered a core skill for ICE. The same clinical learning objectives have also been organized by ICE discipline, which you will find on pages 21-26.

The following is a visual that illustrates this realignment.

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: 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.

Educational Passport/Expectation Grid

Question: How can I track which ICE clinical learning objectives the students have/haven't seen?

There are two ways you can track the clinical learning objectives. The students have access to their patient logs which tracks the ICE Clinical Learning Objectives they have seen to date in a format known as an **expectation grid**. Periodically, you should ask your student to pull up his/her expectation grid from *One45* (program used by students to enter their patient logs) to follow-up on the Clinical LOs they are yet to see. Preceptors can use the student's expectation grid as a guide to facilitate patient scheduling (specifically patients with the presentations the student is missing) for when the student is next expected to be in the office. In addition, we have initiated a hard-copy **educational passport**, which will track the objectives they have seen by course.

Question: What is the purpose of the Educational Passport?

The Educational Passport is for the student's self-directed tracking of objectives/tasks completed during ICE. This passport will serve many functions including:

a) provide **structure to their ICE experiences** by mapping objectives matched with their classroom content
b) allow the student to **keep inventory** of completed objectives for self-reflection/self-critique
c) **documenting/journaling** patient encounters and experiences

Question: When should the student check off an objective in their educational passport?

- Checking (and dating) a box indicates your student has:
  1) **practiced** the item
  2) **reflected** on their personal performance
  3) **identified areas for improvement**

Question: Who reviews their Educational Passport?

This passport will be reviewed by their:

- ICE preceptors – any opportune time
- Site Directors - at the 1:1 site director meetings
- Family Head(s) – during their videotape reviews

Please sign your student's passport anytime you review their completed objectives in the section labeled "Faculty Check-In"

Question: Does the preceptor have to sign-off on EACH completed clinical learning objective?

No. The passport is a self-report for the student's records. They should complete the objective, practice, reflect and find areas for improvement before signing off on an item.

Question: The student wasn't able to complete all the learning objectives within the course, what should they do?

Some suggestions are to clarify with your student which learning objectives are remaining so you can facilitate opportunities within the course. If they complete the course with outstanding objectives, make sure they revisit these in the subsequent course.

Question: Should the student continue to log learning objectives from prior courses?

Yes, we expect that they continue to practice AND log these objectives in subsequent clinical encounters. The purpose of this, as you know well, is that attaining mastery of any skill requires ongoing practice and reflection on practice. This type of **deliberate practice** is key in developing their skills as life-long learners.

Question: Which should the student review with the preceptor – the educational passport or the expectation grid?

Ideally, they should review both. The passport is an indication of which objectives they have and have not met in ICE. The expectation grid will give you the number of times they logged a specific objective. Preceptors can use both the passport and expectation grid as a guide to facilitate opportunities during patient encounters to complete missing/less-practiced objectives/tasks.

Types of Patient Experiences

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 on pages 37 and 38).

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

- ***Full history and physical:*** complete history and performance of a physical exam. Consider directing the student to a "new" patient for this type of encounter.
- ***Focused visit:*** Please see below…

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, many preceptors suggest that patients seen as **"new"** 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.

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
A pregnant woman ideally in 3rd trimester	**OB/GYN**	October
A patient requiring surgery (pre-op, operative and post-op encounters)	**Surgery**	January
A patient with a cardiovascular, pulmonary, or metabolic issue	**Medicine**	January
SECOND YEAR STUDENTS		
A newborn baby	**Pediatrics**	September

The intention is that students understand the healthcare system through the eyes of their patients, which goes beyond the medical aspects of care. Therefore, the longitudinal patient holds a great level of importance in ICE. **A longitudinal experience is defined as a patient having been seen in at least two different settings and/or at a follow-up visit.**

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

Longitudinal Patients: "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 patients, preceptors, and students responded very favorably to this concept

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?

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.

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 ICE Coordinator, 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 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 below) during which they are free to see patients. In conjunction with the Directors of ICE, the students will decide which visits to prioritize and when it is ever appropriate to miss class time.

Sample Weekly Schedule for MS1

<table>
<tr><th></th><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th></tr>
<tr><td>8:00am</td><td>PEARLS Case 1</td><td>Self-Directed Learning</td><td rowspan="2">PEARLS Case 1 (continued)</td><td rowspan="4">Structure</td><td rowspan="2">PEARLS Case 2 (continued)</td></tr>
<tr><td>9:00am</td><td>PEARLS Case 2</td><td rowspan="2">Review & Reinforcement (R&R)</td></tr>
<tr><td>10:00am</td><td rowspan="2">Mechanisms of Health, Disease, Intervention</td><td rowspan="2">Mechanisms of Health, Disease, Intervention</td><td rowspan="2">Patient, Physician, and Society</td></tr>
<tr><td>11:00am</td><td rowspan="3">Self-Directed Learning</td><td rowspan="2">Mechanisms of Health, Disease, Intervention</td><td rowspan="2">Patient, Physician, and Society</td></tr>
<tr><td>12:00pm</td><td rowspan="4">Self-Directed Learning</td><td rowspan="3">Self-Directed Learning</td><td rowspan="3">Self-Directed Learning</td></tr>
<tr><td>1:00pm</td><td rowspan="4">Initial Clinical Experience (ICE)
(occurs one afternoon per week)</td><td rowspan="3">Self-Directed Learning</td></tr>
<tr><td>2:00pm</td></tr>
<tr><td>3:00pm</td><td rowspan="2">Self-Directed Learning</td></tr>
<tr><td>4:00pm</td><td></td><td></td><td></td><td></td></tr>
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Sample Weekly Schedule for MS2

<table>
<tr><th></th><th>Monday</th><th>Tuesday</th><th>Wednesday</th><th>Thursday</th><th>Friday</th></tr>
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</table>

Question: How can I facilitate patient follow-up for the student?

Patient follow-up is key in the practice of medicine. When a student has an encounter with a patient, there are many opportunities that you can use to facilitate "closing the loop" in regards to that patient. The following image represents a few ways this can be done. As you already know, patient follow-up not only enhances patient care but is a great teaching opportunity for students to learn the outcomes of the plan that was created for the patient at the last encounter.

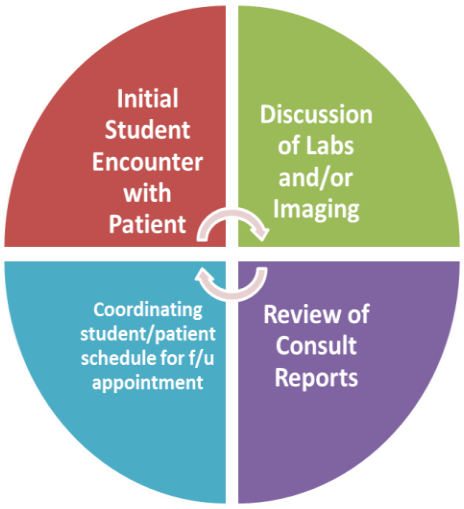
Patient f/u to the student after the initial encounter can be provided in multiple ways to facilitate "closing the loop":

· Reviewing ordered labs and /or imaging

· Discussion of recommendations made by consultants

· Coordinating a f/u appt. with the patient and student

Patient Follow-Up Loop



ICE Clinical Learning Objectives/Tasks

Patient Selection for Medicine Initial Clinical Experience

To offer guidance in patient selection in your office setting, the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell suggests that students have patient encounters in which they can meet/complete the following clinical learning objectives/tasks over the course of the first 100 weeks of medical school. Please note that it is an expectation that all procedures are done under observation. Students will be entering this information into their "Patient Logs" and will be given periodic feedback.

ICE Medicine Clinical LO's

Over the course of the year, we expect that students will interview and examine patients in order to meet/complete the following clinical learning objectives/tasks:

1. Complete History with Agenda Setting
2. Observe Delivery of Emotionally Challenging News
3. Sexual History
4. Generate a Differential Diagnosis
5. Complete Core Physical Exam
6. Thyroid Exam
7. Breast Exam
8. Male Genitourinary Exam
9. Depression Screen PHQ-2/9
10. Review Preventive Guidelines - USPSTF
11. Obtain and Document a History of Present Illness (HPI)
12. Nutrition History and Counseling
13. Diabetic Counseling
14. Diabetic Exam
15. Abdominal Exam (Advanced)
16. Obtain and Document an Interval History
17. Audit Screen (SBIRT)
18. Venipuncture
19. Complete a Healthcare Proxy
20. Discuss a New Rx
21. Medication Reconciliation and Adherence
22. Discuss Smoking Cessation
23. Create a Brief Action Plan (BAP)
24. Vascular Exam (Advanced)
25. Cardiac Exam (Advanced)
26. Pulmonary Exam (Advanced)
27. Document a Physical Exam
28. Oral Patient Presentation
29. Review ADL/IADL with a Patient
30. Neurologic Exam
31. Drug Abuse Screening Test (DAST) & Brief Negotiated Interview (BNI)
32. Screen for Domestic Violence

Longitudinal Patient

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 follow-up visit. It is intended to span the patient's health continuum from pre-diagnosis through diagnosis and management.

Please use the suggested timing for identifying longitudinal patients.

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

PATIENT SELECTION FOR OB/GYN INITIAL CLINICAL EXPERIENCE

To offer guidance in patient selection in your office setting, the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell suggests that students have patient encounters in which they can meet/complete the following clinical learning objectives/tasks over the course of the first 100 weeks of medical school. Please note that it is an expectation that all procedures are done under observation. Students will be entering this information into their "Patient Logs" and will be given periodic feedback.

OB/GYN ICE Clinical LO's

Over the course of the year, we expect that students will interview and examine patients in order to meet/complete the following clinical learning objectives/tasks:

1. Complete History with Agenda Setting
2. Observe Delivery of Emotionally Challenging News
3. Pre-natal Visit/Post-partum Visit
4. Sexual History
5. Generate a Differential Diagnosis
6. Pelvic Exam
7. Breast Exam
8. Thyroid Exam
9. Depression Screen PHQ-2/9
10. Review Preventive Guidelines - USPSTF
11. Obtain and Document a History of Present Illness (HPI)
12. Obtain and Document an Interval History
13. Observe a Delivery (NSVD/C-Section)
14. Venipuncture
15. Suture Placement
16. Abdominal Exam (Advanced)
17. Nutrition History and Counseling

Longitudinal Patient

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 follow-up visit. It is intended to span the patient's health continuum from pre-diagnosis through diagnosis and management.

Please use the suggested timing for identifying longitudinal patients.

FIRST YEAR STUDENTS	
Longitudinal Patient	**Initial Encounter**
A pregnant woman ideally in 3rd trimester	October

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

- Interview and examine patients in the 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, the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell suggests that students have patient encounters in which they can meet/complete the following clinical learning objectives/tasks over the course of the first 100 weeks of medical school. Please note that it is an expectation that all procedures are done under observation. Students will be entering this information into their "Patient Logs" and will be given periodic feedback.

Surgery ICE Clinical LO's

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

Over the course of the surgical experience, we expect that students will meet/complete the following clinical learning objectives/tasks:

1. Pre-Operative Visit
2. Post-Operative Visit
3. Observe a Surgical Procedure
4. Complete a Healthcare Proxy
5. Suture Placement
6. Venipuncture

Patient Selection for PEDIATRIC Initial Clinical Experience

To offer guidance in patient selection in your office setting, the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell suggests that students have patient encounters in which they can meet/complete the following clinical learning objectives/tasks over the course of the first 100 weeks of medical school. Please note that it is an expectation that all procedures are done under observation. Students will be entering this information into their "Patient Logs" and will be given periodic feedback.

Pediatric ICE Clinical LO's

Over the course of the Pediatric ICE experience, we expect that students will interview and examine patients in order to meet/complete the following clinical learning objectives/tasks:

1. Complete History with Agenda Setting
2. Nutrition History and Counseling
3. Generate a Differential Diagnosis
4. Discuss a New Rx
5. Obtain a Pediatric Developmental History
6. Review & Provide Pediatric Anticipatory Guidance (healthychildren.org)
7. Complete Pediatric Physical Exam
8. Musculoskeletal Exam
9. Obtain and Document a History of Present Illness (HPI)
10. HEEADSSS Screen + CRAFFT
11. Document a Pediatric Physical Exam
12. Administer an Immunization

Longitudinal Patient

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 follow-up visit. It is intended to span the patient's health continuum from pre-diagnosis through diagnosis and management.

Please use the suggested timing for identifying longitudinal patients.

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

INITIAL CLINICAL EXPERIENCE: FACULTY DEVELOPMENT

We are always looking for innovative ways to support your needs as a mentor to our students. Knowing how busy your practices are, we want to make it as convenient as possible for you to take advantage of the faculty development opportunities we offer. These include the following:

- **Intro to ICE Video "Teaching in your Office"**

  This short video focuses on what how an ICE session with a student should be structured. There are many vital components of ICE that are highlighted here including the oral presentation format taught at the SOM, SNAPPS.

  The video can be accessed thru the following link:
  http://medicine.hofstra.edu/faculty/facdev/facdev_event_100313.html

- **Weekly Classroom Theme Emails**

  Weekly emails describing the classroom curriculum content of the week will be sent to the email address you have provided. Knowing the weekly theme enables you to integrate clinical medicine with the basic sciences from the classroom. The students really appreciate the correlation since they are able to form the connections bridging basic science with clinical medicine.

- **Webinars**

  Webinars have been found to be quite popular because of their convenience. Preceptors can participate in real time from their home or office. Once a webinar runs live, it is archived to our faculty development website and can be viewed at the following link:

  https://medicine.hofstra.edu/faculty/faculty-webinars.html

  Look out for new webinars throughout the year!

- **Video of the Hofstra Northwell Core Physical Exam**

  Though each of you has an established "head-to-toe" physical exam, our students learn the *Hofstra Northwell Core Physical Exam.* To help both students and faculty, the *Hofstra Northwell Core Physical Exam* video has been created.

  The video can be accessed thru the following link:
  http://medicine.hofstra.edu/faculty/facdev/facdev_event_100313.html

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. Please refer to the S-FED model below for a 4-step process in providing feedback.

Community Preceptor-Teaching Tips

"Acknowledging Professionalism in Medicine & Providing Feedback"

Acknowledging Professionalism

Accountability
- Completes assigned tasks for patients and colleagues
- Independently "takes initiative"
- Manages time wisely
- Appropriate attention to detail
- Responds to pages

Life-Long Learning
- Seeks opportunities to learn about patients.
- Aspires to excellence through self-evaluation & acceptance of critique
- Seeks to learn from errors

Altruism/Advocacy
- Adheres to best interest of patient above self-interest
- Places interest of other parties above self-interest
- Actively advocates for patient's need

Self Efficacy
- Able to identify learning needs
- Initiates, accepts, & integrates constructive feedback
- Attends to personal growth
- Attentive to impact of own behavior on others

Honesty /Integrity
- Truthful with patients
- Truthful with peers
- Truthful in professional work (ie. Documentation, communication, research presentations)

"Plant the seed"

Assessing Professionalism

"Be a role model, set the example"

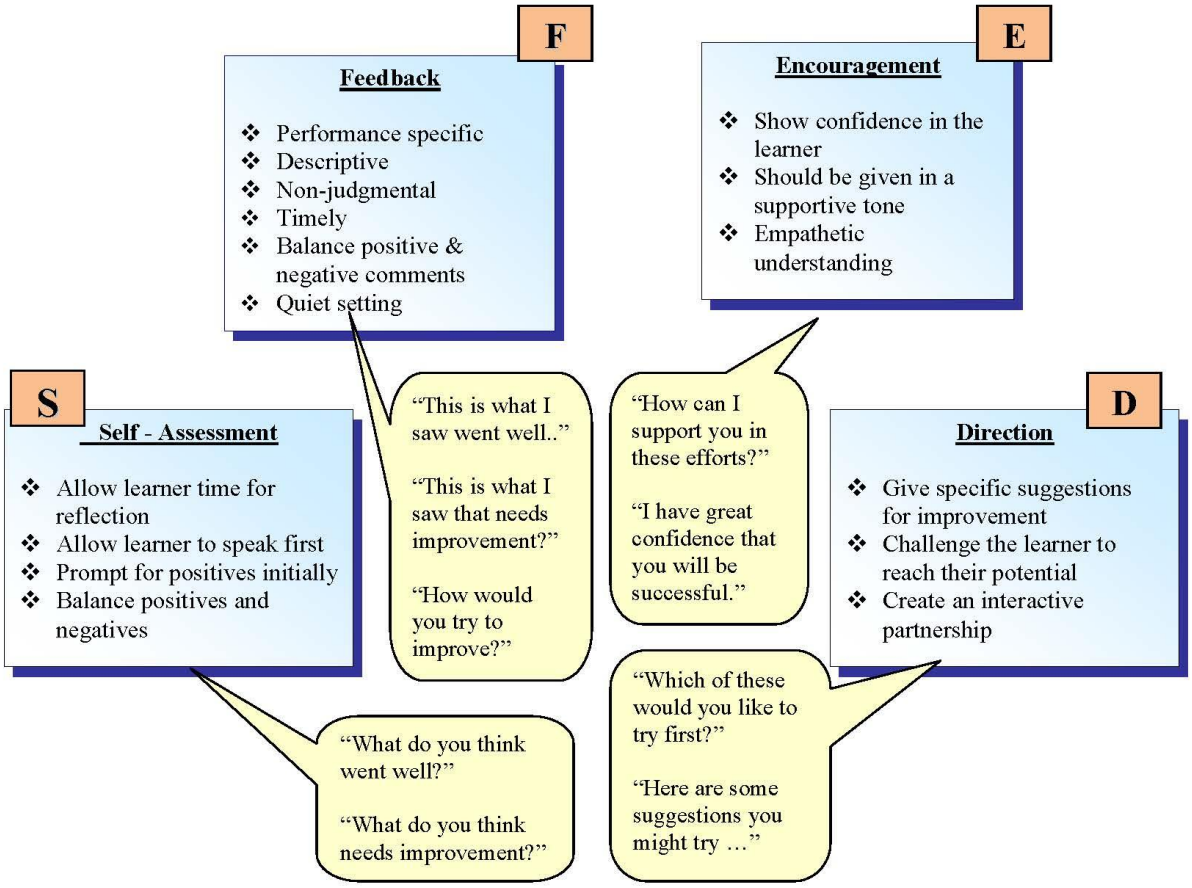
Gathering Information:
1. Include other perspectives: "360 degree evaluations"
2. Your observations
3. Institution guidelines for professionalism
4. Observed Encounters

Keep in Mind:
1. Begin VERY EARLY!
2. Conduct assessments frequently
3. Be specific
4. Give timely feedback
5. Conduct before/after observation

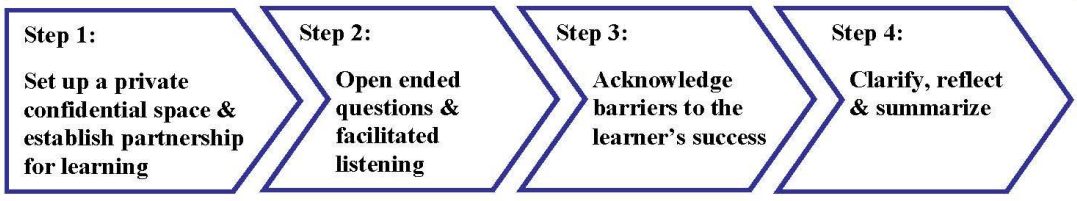
Delivering the assessment:
1. Provide feedback
2. Meet in a private setting
3. Ensure good timing for feedback
4. Encouragement & direction

Community Preceptor - Teaching Tips

"Giving feedback the 'S'-FED Model"



Steps for Giving Feedback



Adapted from: Bell, Hershey - Encouragement: Giving "Heart" to Our Learners in a Competency-based Education Model (Fam Med 2007;39(1):13-5.). Supported by HRSA Grant. Contact Ellen Tattelman (etattelm@montefiore.org)

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?

There is no preferred format for presenting cases to the preceptor. To promote THINKING skills, you *may* use the SNAPPS format.

Teaching rapidly – SNAPPS

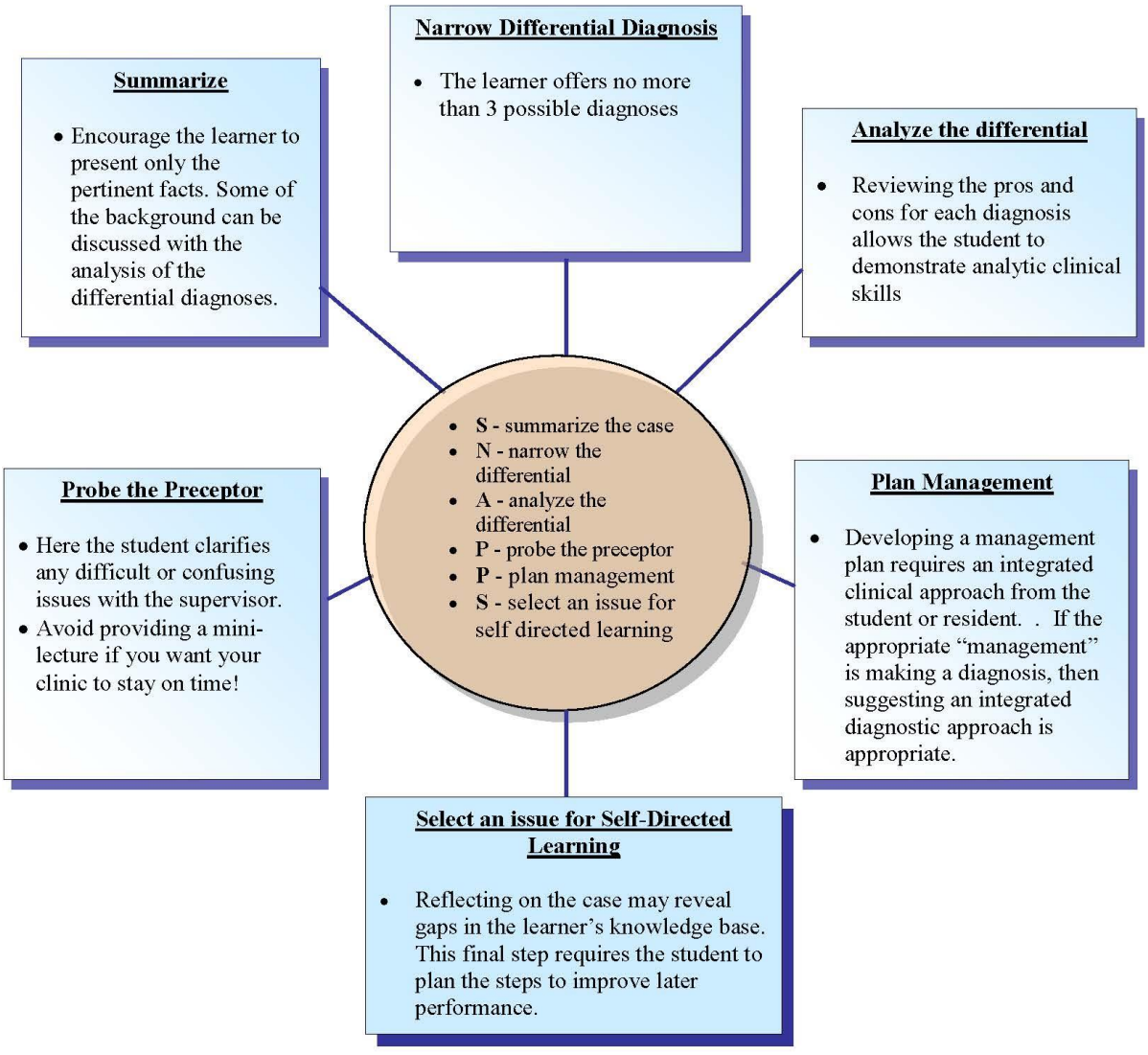
SNAPPS is a six step, student-driven approach to presenting a patient to the preceptor:

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…."

Community Preceptor Teaching Tips

SNAPPS



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**

RIME

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

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

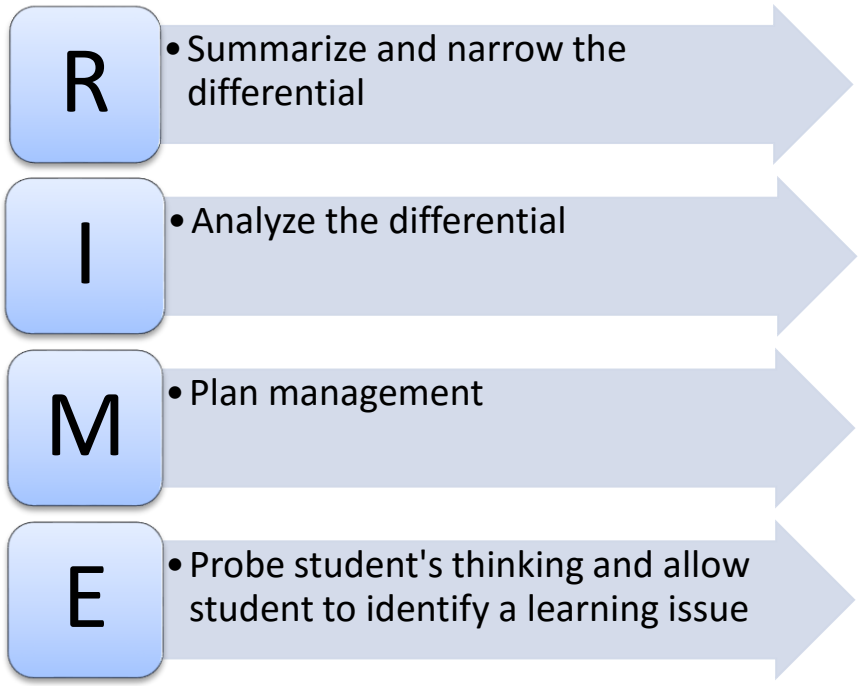
Steps to RIME

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

Linking RIME Assessment to SNAPPS Presentations



Questions Regarding ICE

Your three main resources are:

- Your **Site Directors**
- Our **ICE Coordinator** can be reached at 516-463-7531 and can direct you to the right person in regards to your question
- Our **ICE Director:** Taranjeet Ahuja, DO

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 will find out more and will know how to help move any issue into the right hands.

Absences/Lateness/SOM Closures

Question: What to do in case my student didn't show up for an expected ICE session in my office? Whom to contact? What if my student constantly arrives late for my session?

Contact your student if they do not show up for an expected session to ensure they are safe and inquire about their reason for missing ICE. If you are unable to get in touch with the student, contact either the ICE Coordinator or Dr. Taranjeet Ahuja, who will then notify the student affairs office to contact the student. If you have lateness concerns with your student, please speak with them directly to provide feedback. If there is no change in their tardiness after your conversation, again, contact the ICE Coordinator or Dr. Ahuja.

Question: Is the student expected to attend ICE if the SOM is closed due to weather?

If there is a weather-related closure of the school of medicine, the student **can't** attend ICE. They will have to re-schedule their session with you.
Please note: **All missed ICE sessions must be made up.**

APPENDIX A: WEEK BY WEEK SCHEDULE

Hofstra Northwell School of Medicine

October

Su	Mo	Tu	We	Th	Fr	Sa
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

Su	Mo	Tu	We	Th	Fr	Sa
			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

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

January

Su	Mo	Tu	We	Th	Fr	Sa
	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

Su	Mo	Tu	We	Th	Fr	Sa
				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

Su	Mo	Tu	We	Th	Fr	Sa
				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

Su	Mo	Tu	We	Th	Fr	Sa
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

Su	Mo	Tu	We	Th	Fr	Sa
		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

Su	Mo	Tu	We	Th	Fr	Sa
					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

Key

Medicine	Surgery	RIA Week (Exams)	* Start of new course
OB/GYN	Site Director Meeting	Holiday - No instruction	
Flex Week (option of Medicine, OB/GYN, Surgery, or House-Call Visit)			

Important Dates

Sep 25	Start of BI	Jan 2	Start of FTB	Mar 19-25	Spring Break
Nov 23-26	Thanksgiving	Jan 15	Martin Luther King Day	Mar 26	Start of HOM
Dec 8-14	RIA Week	Feb 19	Presidents' Day	May 28	Memorial Day
Dec 15-Jan 1	Winter Break	Mar 9-15	RIA Week	Jun 11-15	RIA Week

MS 1 ICE 2017-18

Hofstra Northwell School of Medicine

August

Su	Mo	Tu	We	Th	Fr	Sa
		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		

September

Su	Mo	Tu	We	Th	Fr	Sa
					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

Su	Mo	Tu	We	Th	Fr	Sa
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

Su	Mo	Tu	We	Th	Fr	Sa
			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

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24/31	25	26	27	28	29	30

January

Su	Mo	Tu	We	Th	Fr	Sa
	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

Su	Mo	Tu	We	Th	Fr	Sa
				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

Su	Mo	Tu	We	Th	Fr	Sa
				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

Key

- Pediatrics
- Medicine
- Psychiatry
- Site Director Meeting
- RIA Week (Exams)
- Holiday - No instruction

* Start of new course

Important Dates

Aug 30	Start of IE	Dec 11-15	RIA Week	Jan 15	Martin Luther King Day
Sep 4	Labor Day	Dec 16-Jan 1	Winter Break	Feb 19	Presidents' Day
Oct 16-20	RIA Week	Jan 2	Start of HC	Mar 19-23	RIA Week
Nov 23-26	Thanksgiving				

MS 2 ICE 2017-18

APPENDIX B: 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 C: Educational Clinical Learning Objectives by Course

MS1

Course	History, Communication and Clinical Reasoning Skills	Physical Exam	Procedures/Screens/Documentation
BI Oct-Dec Med, OB	Complete History with Agenda Setting Observe Delivery of Emotionally Challenging News Pre-natal/Post-partum Visit Sexual History Generate a Differential Diagnosis	Complete Core Physical Exam Pelvic Exam Breast Exam Male Genitourinary Exam Thyroid Exam	Depression Screen PHQ-2/9 Review Preventive Guidelines - USPSTF Obtain and Document a History of Present Illness (HPI)
FTB Jan-Mar Med, OB, Surgery	Complete History with Agenda Setting Nutrition History and Counseling Generate a Differential Diagnosis Pre-Operative Assessment Post-Operative Assessment Diabetic Counseling	Complete Core Physical Exam Diabetic Exam Abdominal Exam (Advanced) Pelvic Exam	Obtain and Document a History of Present Illness (HPI) Audit Screen (SBIRT) Suture Placement Venipuncture Complete a Healthcare Proxy Observe a Surgical Procedure Obtain and Document an Interval History Observe a Delivery (NSVD/C-Section)
HOM Mar-May Med, OB	Complete History with Agenda Setting Nutrition History and Counseling Generate a Differential Diagnosis Discuss a New Rx Medication Reconciliation and Adherence Discuss Smoking Cessation Create a Brief Action Plan (BAP)	Complete Core Physical Exam Vascular Exam (Advanced) Cardiac Exam (Advanced) Pulmonary Exam (Advanced)	Obtain and Document a History of Present Illness (HPI) Document a Physical Exam

MS2

Course	History, Communication and Clinical Reasoning Skills	Physical Exam	Procedures/Screens/Documentation
IE Sept-Dec Pediatrics	Complete History with Agenda Setting Nutrition History and Counseling Generate a Differential Diagnosis Discuss a New Rx Obtain a Pediatric Developmental History Provide Pediatric Anticipatory Guidance	Complete Core Physical Exam Musculoskeletal Exam	Obtain and Document a History of Present Illness (HPI) HEEADSSS Screen + CRAFFT Document a Pediatric Physical Exam Administer an Immunization Document a Physical Exam
HC Jan-Mar Med, Psych	Complete History with Agenda Setting Nutrition History and Counseling Generate a Differential Diagnosis Discuss a New Rx Psychiatric Interview Oral Patient Presentation Review ADL/IADL with a Patient	Complete Core Physical Exam Mental Status Exam Neurologic Exam	Obtain and Document a History of Present Illness (HPI) Screen for Domestic Violence Drug Abuse Screening Test (DAST) & Brief Negotiated Interview (BNI) Document a Mental Status Exam Document a Physical Exam

APPENDIX D: 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 E: ASSESSMENT

Question: When does assessment of my student occur?

As an ICE community preceptor, you will be asked to ***formally*** assess your student **towards the end of an ICE experience for your specific discipline.** The medicine preceptor assesses their student twice for the MS 1 academic year, while the rest only once. ***This assessment is your student's grade and we greatly value your feedback and require that you complete this assessment in a timely fashion.*** A sample assessment form has been included on page 44.

MS 1 Assessments:
Medicine – January & May
Ob-Gyn – February

MS 2 Assessments:
Pediatrics – November

We believe that you are best able to share your thoughts regarding your student's professionalism. **It is imperative that you discuss this assessment with your student for their further growth and development.** 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 ICE Director.

Preceptor tips on acknowledging professionalism and a copy of the formal assessment can be found ***on the next few pages***. 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 Dr. Taranjeet Ahuja (Taranjeet.Ahuja@hofstra.edu).

Lastly, 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.

ZUCKER SCHOOL of MEDICINE AT HOFSTRA/NORTHWELL	Donald and Barbara Zucker School of Medicine at Hofstra/Northwell First 100 Weeks	Evaluated By : evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date

* indicates a mandatory response

ICE Community Preceptor Assessment 2017-18

Preceptors: Thank you for your participation. Please note that an exact copy of this completed form, including all comments, will be released to your student. As part of feedback, we expect that you will discuss this assessment with your student.

Please rate the following aspects of the student:

	Never	Sometimes	Most of the time	Always
*1. This student is punctual	○	○	○	○
*2. This student communicates effectively (calls ahead to schedule or cancel an appointment, emails effectively)	○	○	○	○
*3. This student dresses appropriate to your clinical setting	○	○	○	○
*4. This student appropriately identifies role as a medical student to patients and others	○	○	○	○
*5. This student gains confidence and trust of patient and family	○	○	○	○
*6. This student is respectful of patients and others accompanying patients	○	○	○	○
*7. This student is compliant with HIPAA	○	○	○	○
*8. This student demonstrates enthusiasm for learning	○	○	○	○
*9. This student communicates learning needs	○	○	○	○
*10. This student demonstrates self directed learning for questions identified by student or preceptor	○	○	○	○
*11. The student utilizes the ICE Educational Passport to guide learning and skill development in ICE	○	○	○	○
*12. This student follows up on patient care issues as appropriate	○	○	○	○
*13. This student is proactive and seeks appropriate additional responsibility beyond what is assigned	○	○	○	○

*14. This student modifies behavior based on feedback

N/A (student never received feedback)	Never	Sometimes	Most of the time	Always
○	○	○	○	○

*Comments: In light of your answers above, please describe the student's strengths with examples.

*Comments: In light of your answers above, please describe your suggested areas for improvement for this student.

ZUCKER SCHOOL of MEDICINE AT HOFSTRA/NORTHWELL	Donald and Barbara Zucker School of Medicine at Hofstra/Northwell First 100 Weeks	Evaluated By : evaluator's name Evaluating : person (role) or moment's name (if applicable) Dates : start date to end date

* indicates a mandatory response

Student Evaluation of Initial Clinical Experience Preceptor: Medicine

My preceptor...

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
*1. Builds confidence in me	○	○	○	○	○
*2. Encourages my interaction with patients	○	○	○	○	○
*3. Directs me to observe specific features of clinical interactions with patients (ie: "This patient is very angry; watch my interaction on how I query him")	○	○	○	○	○
*4. Probes my clinical reasoning around diagnosis and/or therapeutics (ie: "What do you think?")	○	○	○	○	○
*5. Facilitates the establishment of a relationship with my longitudinal patient	○	○	○	○	○
*6. Provides me with constructive feedback	○	○	○	○	○
*7. Encourages self directed learning	○	○	○	○	○
*8. Shares personal insights that guide him/her in patient care	○	○	○	○	○
*9. I felt included in the practice of my ICE preceptor	○	○	○	○	○
*10. Creates a respectful and positive learning environment.	○	○	○	○	○
*11. I would recommend this physician continue as an ICE preceptor for future students.	○	○	○	○	○

Please limit your comments to your own personal experience.

*Comments about preceptor:

*Comments about Medicine ICE:

*Please describe what would have further enhanced your medicine experience.

APPENDIX F: HOFSTRA – NORTHWELL CORE PHYSICAL EXAM

Question: What is the CORE physical exam?

The *Hofstra Northwell Core Physical Exam* is the Hofstra version of the "head-to-toe" physical exam. It is what students begin learning in their very first days of medical school and it is part of what they are assessed on at our standardized patient lab called CLI (Center for Learning and Innovation). ICE provides students with a golden opportunity to practice this exam on patients. **Ideally, students should practice the entire Core exam or portions of it during every ICE visit.**

The Core exam applies most directly to Medicine ICE though it is expected that students examine patients in all settings using this format. Lastly, as you will see below, we have integrated ultrasound into the Hofstra Core Exam.

HOFSTRA CORE PHYSICAL EXAM (updated 7.10.17)	
Come prepared	It is expected that the student wear professional attire and white coat and bring tuning fork, penlight, reflex hammer, and stethoscope to all patient encounters.
Communicate with your patient	It is expected that an examiner communicates with the 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 examiner should identify him/herself by: 1.Name 2. Level of training 3. The person he/she is working with
Examine patients from the right side	It is expected that the examiner will examine the patient on the patient's right side where possible
Identify patient using 2-patient identifier	It is expected that the student should identify patient using name and DOB
Wash hands	It is expected that the student washes his/her hands before shaking the hands of the SP and a second time prior to physical examination as applicable.
Vital Signs and General Appearance	
Physician and patient positioning: Patient should be seated in the chair with back supported and feet flat on the floor	
General Appearance	It is expected that the examiner assess and document the patient's general appearance

Measure blood pressure	It is expected that the examiner measure the patient's blood pressure. The arm must be at heart level and should be supported. The back should be supported. The arm should be bare or the patient should be wearing no more than a thin sleeve. Legs should be uncrossed, feet flat on ground. Room should be quiet during measurement and an appropriately size cuff should be used. The student should begin by palpating the radial pulse while inflating the cuff until the pulse disappears to approximate the blood pressure, and should then inflate the cuff to 30 mm Hg above this value while auscultating at least 1 cm above the antecubital fossa
Measure heart rate	It is expected that the examiner measure a timed radial pulse for at least 10 seconds
Measure respiratory rate	It is expected that the examiner measure the respiratory rate while still palpating the radial pulse.
Inspect hands	It is expected that the student carefully assess hands, including feeling the nail beds and palms looking for temperature differences, cyanosis, clubbing, arthritic changes, rashes, callouses, and nail deformities.
Ultrasound vital signs exam	It is expected that the student demonstrate the common carotid artery and internal jugular vein on ultrasound
Head and Neck Exam, including Cranial Nerves	
Physician and patient positioning: Patient should be asked to sit on the exam table.	
Inspect head and neck	It is expected that the student begin the exam of the head and neck with inspection and document observations
CN II Assess visual fields	It is expected that the visual fields be inspected by confrontation, keeping fingers equidistant between the patient and the examiner.
CN II & III Assess pupillary response	It is expected that the pupillary response be assessed in each eye, including both direct and consensual response to light.
CN III, IV & VI Assess extraocular motion	It is expected that the extraocular motion be assessed by having the patient follow his/her finger in all directions of gaze.
CN V Assess facial sensation	It is expected all divisions of CN V sensation are assessed at three levels of the face bilaterally.
CN V Assess motor function	It is expected the examiner palpates both sides of the patient's face while having the patient clench his/her jaw.

CN VII Assess facial movement	It is expected that the examiner assess the muscles of facial movement, including the top half and bottom half of face, using the following prompts: 1) Close eyes tight ("Try to keep your eyes shut while I try to open your eye lids"); 2) Smile/show teeth
CN VIII Assess hearing	It is expected hearing be assessed correctly using a finger rub in each ear, followed by simultaneous finger rub to compare hearing in both ears
CN IX, X, and XII Assess oral cavity and palatal elevation and tongue movement	It is expected the patient is asked to open his/her mouth, say "ahh" and stick out his/her tongue. The oral cavity should be inspected for symmetry of the tongue, pharynx, sublingual area, gingiva and dentition. The examiner should use tongue depressor and penlight while inspecting.
CN XI	It is expected to have patient shrug shoulder OR turn neck against resistance.
Examine nose using otoscope	It is expected that the nostrils be inspected for discharge, color, deviation, and polyps
Examine ear using otoscope	It is expected that the pinna and external canal be **inspected** and the tympanic membrane visualized.
Inspect the conjunctiva and sclera	It is expected the student will depress both lower lids gently, to expose and inspect both the sclera and conjunctiva for pallor, icterus, injection, discharge or other abnormalities.
CN II Performed fundoscopic exam	It is expected the student darkened the room, approached patient at eye level, inspected right eye on right side, and left eye on left side
Neck Exam	
Inspect neck	It is expected that the begin the examination of the neck with inspection and document observations
Assess ROM of cervical spine	It is expected that the patient perform active range of motion of cervical spine in flexion, extension, rotation, and lateral bending.
Palpate cervical spine and paraspinal muscles	It is expected the cervical and thoracolumbar spine as well as paraspinal muscles are palpated for tenderness.
Palpated lymph nodes	It is expected that all lymph nodes in the neck are palpated methodically, including: posterior-auricular, pre-auricular, anterior cervical, posterior cervical, sub-occipital, sub-mental, submandibular, supraclavicular regions and infraclavicular.
Physician and Patient Positioning: Patient pivots 90 degrees; student moves behind patient when palpating thyroid. Begin pulmonary exam posteriorly.	

Thyroid gland	It is expected that the thyroid exam includes: inspection anteriorly and/or laterally as patient swallows followed by palpation of both lobes from anterior or posterior approach while asking patient to swallow.
Ultrasound HEENT exam	It is expected that the student demonstrate the thyroid gland on ultrasound
Chest Exam	
Expose chest	It is expected that the student expose the chest to permit inspection and examination of the chest wall
Inspect chest	It is expected that the student begin the examination of the chest with inspection and document observations
Assess respiratory excursion	It is expected that respiratory excursion be assess by placing hands properly on posterior chest and measured with full inspiratory/ expiratory effort
Assess tactile fremitus	It is expected that the examiner ask the patient to say “99" and compare sensation side to side in ladder like configuration in at least 3 different levels and mid-axillary line.
Percuss lung fields	It is expected the examiner percuss all lung field in at least 4 levels including mid-axillary lines by comparing sounds from left vs. right side.
Auscultate for **breath sounds posteriorly**	It is expected that the examiner instruct the patient to take full breaths and auscultate lung fields in at least 4 levels including mid axillary lines by comparing sounds from left vs. right side.
Ultrasound chest exam	It is expected that the student demonstrate diaphragmatic excursion on ultrasound
Physician and Patient Positioning: Patient continues to sit upright; examiner moves to the front of the patient.	
Auscultate for breath sounds anteriorly	It is expected the student auscultate lung fields anteriorly in at least 2 levels by comparing sounds from left vs. right side.
Cardiovascular Exam	
Physician and patient positioning: Patient leans forward	
Auscultate aortic and pulmonic areas	Auscultated properly in aortic and pulmonary areas at end of expiration.
Physician and Patient Positioning: Patient should now be instructed to recline to 30 degrees from horizontal or the level that allows the apex of venous pulsations to be visualized; student stands at right side of patient. It may be appropriate to readjust the position of the head of the bed after JVP has been measured and venous pulsations observed. You may want to pull out the foot rest for patient comfort.	

Inspect neck for jugular venous pulsations	It is expected the student appropriately positioned him/herself while inspecting the patient's venous pulses on the right side of his/her neck while patient was on an angle, identifying the apex of venous pulsations
Auscultate carotid arteries	It is expected the student auscultate the carotid arteries bilaterally
Inspect precordium	It is expected inspect and document observations of the precordium.
Palpate the precordium and the point of maximal impulse (PMI) for heaves, and/or presence of thrills	It is expected the student systematically palpate the precordium and attempt to identify the PMI.
Time cardiac cycle	The student should simultaneously auscultate for S1 and palpate carotid pulse using diaphragm of stethoscope and auscultating at apex.
Auscultate heart sounds	It is expected the student auscultate the heart in at least 6 different locations, pausing to appreciate the individual heart sounds: S1, S2, systole, diastole. This should take several minutes to perform properly.
Re-tie gown	It is expected that following the cardiac exam the student assist the patient in re-tying his or her gown.
Ultrasound cardiac exam	It is expected that the student demonstrate apical four chamber view on ultrasound
Physician and Patient Positioning: The table should now be lowered to horizontal and patient placed in left lateral decubitus position.	
Auscultate heart sounds and feel for PMI if not appreciated previously	It is expected the student auscultate the chest wall in left lateral decubitus using the bell. If the PMI was not appreciated previously, it may be felt in left lateral decubitus position
Physician and Patient Positioning: Patient should now be placed fully recumbent position on back. May ask patient to bend needs for comfort when examining abdomen.	
Abdominal Exam	
Drape abdomen	It is expected that the student, with the patient's permission, drape the patient before inspecting the abdomen.

Inspect abdomen	It is expected that the student begin with inspection and document observations, specifying the presence of: distention, venous pattern, masses, and scars.
Auscultate bowel sounds and renal bruits	It is expected the student auscultate the abdomen in the midline above the umbilicus for bowel sounds and an aortic bruit AND laterally over both renal arteries
Percuss liver span and spleen	It is expected the student percuss the liver, measuring span in mid-clavicular line, and percuss for the spleen in Traube's space to assess splenomegaly
Palpate abdomen	It is expected the student used both light and deep touch in all four (4) quadrants.
Palpate the liver	It is expected the student palpate the liver along right costal margin in inspiration and expiration.
Palpate the spleen	It is expected the student palpate the spleen along left lower costal margin bimanually while patient positioned in right lateral decubitus
Assess ROM of hip and knee joints	It is expected that the student assess active range of motion in flexion, extension, and internal and external rotation as appropriate
Ultrasound abdominal exam	It is expected that the student demonstrate the liver and spleen tip on ultrasound
Physician and patient positioning: Patient returns to seated position	
Lower extremity exam	
Inspect lower extremities	It is expected that the student begin the exam of the lower extremities with inspection and document observations
Palpate pulses	It is expected that the examiner palpates the posterior tibial and dorsalis pedis pulses bilaterally, comparing side to side.
Palpate for edema	It is expected the examiner systematically palpate each foot and ankle for any evidence of swelling
Musculoskeletal and Neurological Exam	
Assess proprioception	It is expected the student assess proprioception via position sense by moving the 1st MTP while holding the toe on either side
Assess sensation	It is expected light tough be used on upper and lower extremities

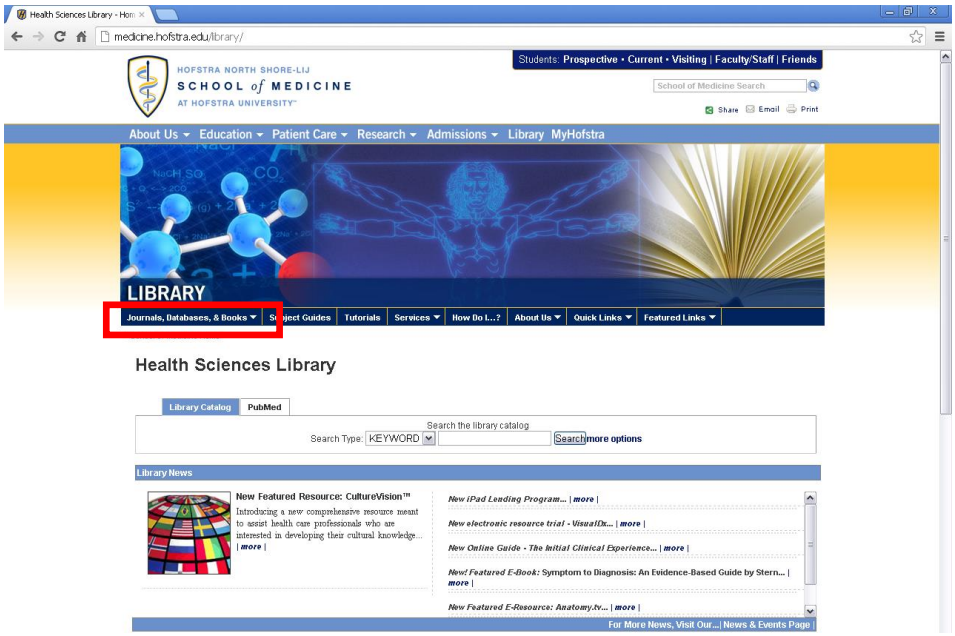
Assess ROM of shoulder joint	It is expected that the student assess active range of motion in flexion, extension, abduction, adduction, and internal and external rotation in each shoulder
Assess motor strength in upper body	It is expected that the student flex and extend arm, forearm, wrist, and fingers, resisting patient movement to assess strength.
Assess motor strength in lower body	It is expected the patient flex AND extend the hip, knee, and ankle in each lower extremity individually and that the examiner resist patient movement to assess strength.
Assess reflexes in upper body	It is expected that the following reflexes be assessed: biceps, triceps and brachioradialis.
Assess reflexes in lower body	It is expected that the following reflexes be assessed: patellar and Achilles.
Assess coordination	It is expected the patient performed at least one of the following: finger-to-nose, heel-knee-shin, tapping finger or alternating hand.
Assess affect, speech, and level of consciousness	It is expected that the student conduct a modified and brief mental status exam by assessing the patient's affect (flat, restricted, appropriate, labile), level of consciousness (alert, arousable, comatose) and speech (Rate: increased/pressured, decreased/monosyllabic; Rhythm: articulation, monotone, slurred; Volume: loud, soft, mute; Content: fluent, paucity)
Ultrasound MSK exam	It is expected that the student demonstrate quadriceps tendon and the suprapatellar recess on ultrasound.
Physician and Patient Positioning: Patient should be asked to stand.	
Assess alignment and ROM of thoracolumbar spine	It is expected that alignment be assessed by palpation of the thoracolumbar vertebrae and range of motion assessed through active flexion, extension, rotation, and lateral bending.
Examine gait	It is expected the student assess gait/coordination by having the patient walk normally, on his/her toes, on his/her heels and tandem.

APPENDIX G: ONLINE RESOURCES: ACCESSING THE LIBRARY SITE

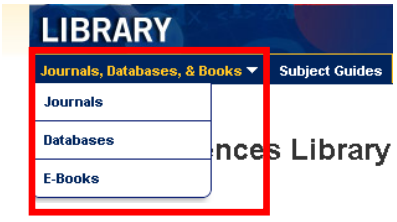
UTILIZING LIBRARY RESOURCES:

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 Kara Franza at Kara.A.Franza@hofstra.edu. You will receive your network ID after your CV has been submitted to Dr. Taranjeet Ahuja (Taranjeet.Ahuja@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/