



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

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PLEASE READ TO ITS ENTIRETY

Brief Summary

1. Perform an H&P and submit a write-up on **3 patients**.
2. Learn from your preceptor on each one and apply what you learn to the next case. Do not attempt to do these all in a row.
3. Be directly observed on key components of history and examination skills at the bedside.
4. Submit assignment on Sakai (including preceptor evaluation).
5. Practice giving an oral presentation to preceptor.
6. Arrange future meetings with your preceptor early, they may be remote meetings.
7. Receive overall performance evaluation at your final meeting.

HISTORY & PHYSICAL EXAMINATION WRITE-UP AND EVALUATION OF WRITE-UP DUE DATES

H&P #1 Due: TBD

H&P #2 Due: TBD

H&P #3 Due: TBD

- Please make sure to also submit the Student's Evaluation of Preceptor in Sakai – it is listed as a separate assignment
- Submit each of your H&P assignments **AND** your Preceptor's evaluation of your write-up onto Sakai (<https://sakai.luc.edu/>) by the scheduled deadlines.

PLEASE NOTE:

- One H&P should ideally be a complete H&P, the others may be focused H&Ps.
- If, however, the clinical area where H&Ps are being done is not accommodating for a complete H&P, please ask your preceptor for guidance on how much time can be reasonably be allotted, having the HPI be the focus and additional history as time/situation allows. Similarly, focus on key portions of the exam and additional parts of the exam as allowed.

You must do an H&P and review all the associated documentation with your preceptor prior to doing the next H&Ps. *Doing more than one H&P in the same session is not acceptable, as the student should learn from each session and apply that knowledge and experience to the next.*

GOALS/OBJECTIVES of the Preceptor Program

1. Perform 3 H&Ps.
2. Solidify and strengthen skills in performing and recording a complete history and physical exam.
3. Identify pertinent positives and negatives, learn how to incorporate them into the HPI and use them to critically think about and develop a differential diagnosis.
4. Create a problem list
5. Create a differential diagnosis from the history and physical exam
6. Create an assessment, plan and admitting orders for the patient (*if applicable*)

METHOD

Meet your preceptor to do an H&P. This year, you may be paired with another student.

Students may be asked to work in a 2:1 student to preceptor ratio. Students work as a team, taking the history and doing the exam. They should each submit an H&P, but they may work on it together and learn from each other if they choose.

H&P #1: Take the H&P together.

H&P #2: One student is the lead person to take the H&P, the other student assists

H&P #3: Students exchange roles from the above for the 2nd H&P

Your preceptor may choose an asynchronous method, meeting with each student separately for each session.

The preceptor may choose the weekly meeting day and time most convenient for themselves and student. Do not miss required activities to be in clinic or wards.

Contact preceptors well before each H&P assignment is due to avoid rushing. Do not wait and then stack them up toward the end of the year. The evaluation form includes a mention of timeliness of students in trying to complete their assignments. This is a component of your competency of professionalism.

A secretary or nurse, in some cases, may be the contact person for the preceptor. During your first meeting, get acquainted, introduce yourself to staff, and familiarize yourself with the office or hospital (orientation activities, i.e., IDs, parking, special instructions, etc. in some cases).

AT ALL TIMES:

****SAFETY IS OF UTMOST IMPORTANCE DURING THIS COVID19 PANDEMIC. WEAR A MASK AND EYEWEAR AND USE GOOD HAND HYGIENE. FOLLOW ALL SSOM/LOYOLA UNIVERISTY MEDICAL CENTER-TRINITY HOSPITALS POLICY. YOUR PRECEPTOR SHOULD ACTIVELY REVIEW PATIENTS SITUATION AND IF THERE IS A LIKELY RISK FOR COVID19, YOU SHOULD NOT BE SEEING THAT PATIENT.**

- **DO KNOW IT IS NOT POSSIBLE TO ALWAYS PREDICT WHICH PATIENTS HAVE THE VIRUS AS MANY ARE ASYMPTOMATIC.**
- **DO NOT UNDER ANY CIRCUMSTANCES DO FUNDOSCOPIC, OTOSCOPIC OR ORAL EXAMINATIONS. PATIENTS YOU SEE SHOULD ALSO BE WEARING A MASK AT ALL TIMES.**

The H&P

Ideally the preceptor will introduce the student to the patient. Expect that at times your preceptor will observe you taking key portions of a history and/or the physical exam for feedback and tips.

After the completion of the history and physical exam, do the written portion of this assignment at home.

The Follow Up Meeting:

Meet again with your preceptor to review your written work. This may be a remote meeting. The time spent in review with your preceptor should usually take no more than 45 minutes. The student may email the preceptor the H&P (without patient identifiers) ahead of time to facilitate the time spent in review if this is agreeable to the preceptor. Use comments and tips obtained in this session to work on improving your H&P for the next patient encounter. *You do not need to correct your original write up after this review before submitting it. Comments are for your improvement, not for grade, until the final evaluation.*

Assignments to turn in:

**NO PATIENT IDENTIFYING INFORMATION MAY BE INCLUDED.
Do not take any items with identifying information out of the clinic/hospital.**

See the LUMEN webpage for these forms located under Educational Resources → [Preceptor Program](#) OR within each [Sakai](#) H&P assignment.

- **The H&P**
- **Differential diagnosis**
- **Assessment and Plan** (The plan should ideally address the diagnostic plan, the therapeutic plan and the patient education plan.)
- **Admit Orders, if applicable**
- **Problem List**
- **Preceptor's Evaluation.**

Type all H&Ps on blank paper. No copy and paste; templates may be used as a guideline, but template use *is not allowed if they auto-populate data or provide checklists only.*

All identifying patient information must be removed.

Be sure to use approved abbreviations only—see appendix below.

For each H&P, the **Preceptor's Evaluation of Write-up** form must be completed, signed and returned to the **student** and then submitted **by the student** onto Sakai with all the other required items as noted above.

Since you are studying EKGs and Chest x-rays, try to review those of your patient if they are available in clinic.

FYI: A student is not required, nor does the student have the skills yet, to perform a breast exam, female GU or male GU exam until approximately March of the academic year, following the workshops on these exam steps.

Appendix

Loyola University Health System

List of Unacceptable Medical Record Abbreviations and Medication Dose Designation

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

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

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

***ISMP is the Institute for Safe Medication Practices**