



SCHOOL OF MEDICINE

Undergraduate Medical Education

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UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

# **FOUNDATIONS OF DOCTORING CURRICULUM**

**PRECEPTOR GUIDE  
2018-2019**

## **INTRODUCTION**

Welcome and thank you for participating as a preceptor in the Foundations of Doctoring Curriculum (FDC). The purpose of this guide is to provide you with information regarding the curriculum as well as an idea of the knowledge, skills and behaviors the students will learn throughout the three years of the curriculum. Hopefully, this will enable you to challenge your student(s) in clinically appropriate ways as they progress through this curriculum. We are excited to have you on board as a part of the team.

The FDC is a three-year curriculum required of all students admitted to the University of Colorado, School of Medicine (SOM). Our goal is to provide students with the opportunity to develop the basic clinical skills necessary to be excellent physicians in whichever field they ultimately choose. The cornerstone of this curriculum is the clinical-practice-based continuity clinic, which is the time the student spends with you. We teach many of the basic skills on campus including physical examination, communication and interviewing skills. We also perform assessments of students' clinical skills towards the end of each academic year (Phase). However, we rely upon the preceptor experience to continue to reinforce and teach these skills in a clinical setting, as well as to provide a role model for the students to learn from directly.

## **GUIDE FOR PRECEPTORS BASED ON STUDENTS LEVEL IN MEDICAL SCHOOL**

The FDC consists of several activities throughout the three years. The purpose of this section is to provide a guide to help you feel comfortable with the activities and tasks that you can appropriately challenge your medical student with based on their level of training. The information below should help to ensure your student's progression throughout the three years of the curriculum.

### **PHASE I**

#### **Physical exam skills:**

In the first 3 months of phase I, medical students learn all of the basic physical exam skills required to complete a core physical exam. The physical exam curriculum takes the traditional "head to toe" exam and divides it into core + additional elements. The core elements represent the essential elements of a head-to-toe exam that is completed on all patients who require an H&P. The additional elements are physical exam components that should be considered based on the patient's chief complaint.

When starting their preceptorship with you, they know how to perform the following:

- **Vital signs**
- **Cardiovascular exam**
- **Pulmonary exam**
- **Musculoskeletal exam**
- **HEENT exam**
- **Abdominal exam**
- **Neurologic exam (Class of 2022)**
- **Eye exam (Class of 2022)**

### **Communication skills:**

Prior to starting preceptorship, students are taught basic communication skills required for a successful clinical encounter. We are using the Calgary-Cambridge Guide as our evidence-based framework to teach relationship-building and information-gathering in a relationship-centered way. You may request a copy of the full list of communication skills that we teach in each phase. Key techniques and learning objectives include:

- **Proper introductions and identification of role as a student**
- **Use of open-ended questions when taking a history**
- **Use of empathy, silence and reflective listening to build rapport**
- **Summarizing what patients have said to check on accurate data acquisition**
- **Use of transition statements (signposts) to help patients understand the organization and purpose of the interview.**

### **Clinical reasoning skills:**

Students will begin learning fundamental clinical reasoning terminology and skills. They will practice performing a comprehensive medical encounter and documentation of an H&P note. Students are specifically taught to develop a problem representation—an understanding of why patients are seeking care—and asked to create summary statements in their H&P that capture a patient's problem presentation.

### **Your Clinical Setting:**

It is appropriate for your student to shadow and practice their skills along with you for the first couple of sessions. You can point out any abnormalities you find on physical exam and observe your student's skills. Directly observing and giving immediate feedback is the best way for students to learn both exam and communication skills. Doing so will help you to feel comfortable allowing your student to see patients on their own. Once you feel comfortable with your student's skills, they should perform histories and exams independently and

discuss their findings with you. Students should practice documenting their histories and physical examination findings in the form of a comprehensive H&P note.

From the communication standpoint, please openly role model and discuss your own communication style, ways in which you demonstrate empathy and build relationships with your patients, and your ways of gathering information. Encourage the student to be a self-directed learner and to research patient related problems. Once you are comfortable with the student's communication skills, you can start to encourage the student to start to see patients independently. Begin discussing with your student the process of presenting a patient and documenting findings.

## **PHASE II**

### **Physical exam skills:**

During phase II, students are introduced to more complex physical exam skills. In the fall semester, students will be learning:

- **Neurologic exam (Class of 2021)**
- **Ophthalmologic exam (Class of 2021)**

In the spring semester, students will be learning:

- **Gynecologic exam**
- **Urologic exam**

### **Communication skills:**

In the communication curriculum, students are learning communication skills related to sharing and discussing diagnosis and planning care for patients, including how to collaborate with patients in modifying behaviors, manage difficult encounters, write up a focused SOAP note and perform oral presentations. Specific techniques and learning objectives include:

- Sharing information about diseases, treatments, diagnostic procedures and other information related to patient care
- Assessing patient knowledge of diseases
- Accounting for patient preferences when forming plans
- Using easily understood language
- Asking permission and offering partnership
- Negotiating plans and next steps

### **Clinical reasoning skills:**

Students will use both analytical and intuitive processes to develop a differential diagnosis. They will learn to compare and contrast a differential diagnosis in the assessment portion of medical notes and oral presentations.

Students will be introduced to the SNAPPS oral presentation style of organizing their assessment and plan (summarize, narrow and analyze differential diagnosis, plan, ask probing questions, select questions for self-study) to highlight their clinical reasoning skills. Students will learn how to perform a focused medical encounter with a patient and document that encounter in a SOAP note.

**Your Clinical Setting:**

This year, if not already doing so, we encourage you to allow the students to practice going into a room before you to interview the patient as well as perform an appropriate physical exam. Then allow the student to present the patient to you in a formal manner and encourage them to go back into the room with you and observe you doing the same thing. Throughout the year, work with your student on their presentation skills, knowing that as third year medical students this will be an important skill on the wards. Continue emphasizing good structuring skills for the interaction, alongside building relationships and how to work with patients and help them modify their behavior to improve their health. Encourage students to practice formulating assessments and plans as well as documentation skills. Students should practice documenting their histories and physical examination findings in the form of a focused SOAP note that includes a well-developed assessment portion that highlights the differential diagnosis.

**PHASE III**

**Physical exam, communication & clinical reasoning skills:**

At this point in their training, medical students are functioning on the wards, seeing patients, writing comprehensive H & P notes, presenting on rounds and formulating their own assessments and plans for patient management.

**Clinical Setting:**

This year, continue allowing students to perform their own patient encounters. You should discuss the management plans for your patients and the literature supporting those plans. The students can work on becoming more efficient and providing more focused presentations depending on the chief complaint. As a part of their presentation, they should begin working to formulate thorough differential diagnoses and be able to reason through the list appropriately. Continue to emphasize self-directed learning. Continue emphasizing how you practice effective information gathering skills, active and reflective listening, building relationships and the ways in which you structure the clinical encounter.

Additionally, many students use the Phase III preceptor experience to explore different career options. Please expose your student to the extent of your career specialty, allowing them to more fully understand the specifics of your field.

## **ASSESSMENT OF STUDENT PROGRESS**

**Classroom Skills Evaluation:** The FDC is Pass/Fail and students receive grades each semester. The FDC uses a broad array of methods to assess all course competencies including standardized patients to assess physical exam skills and digitally recorded interview sessions to evaluate communication skills. Students are required to remediate missed sessions and skills that are inadequate.

**Clinical Setting Evaluation:** Students are evaluated by their preceptors each semester, are required to log ALL patient encounters from their preceptorship, and are required to complete an evaluation of their preceptor each semester. **You will receive information with your username and password as well as an email when evaluations are due so that you can complete your student evaluation when the time comes. If you have any concerns about your student's performance, please do not wait until the evaluation to communicate your concerns. The earlier we can address student issues, the better the outcome for your student. We appreciate your valuable feedback about your student's clinical development.**

Students must have a passing evaluation from their preceptor in order to pass the course. Additionally, students benefit greatly from the feedback provided by their preceptor with respect to their clinical development.

## **LOGISTICS**

Required student classroom activities and lectures usually occur in the morning; therefore, students must attend preceptor sessions in the afternoon or evening. For this reason, if you only see patients in the morning, we are unfortunately unable to use you as a clinical preceptor at this time. We have many other opportunities for you to assist with student clinical skill development through the Foundations of Doctoring Course at [www.medschool.ucdenver.edu/ocbme](http://www.medschool.ucdenver.edu/ocbme).

Students are allowed one absence per semester and are expected to keep track of the patients they see through our logging system (the students know how to do this). Attendance and frequency of students visiting you varies by semester and we ask students to communicate directly with you about their schedule.

**Phase I:** The students begin visiting their preceptor for the first time in **November**. They should attend 2-3 half-days per month while classes are in session (October through mid-December and January through May.)

**Phase II:** Students go to their preceptor August through February, again 2-3 half-days per month on average.

**Phase III:** Students go to their preceptor May through April. Students must complete a total of 10 sessions (40 hours) during this time period.

## ***PRECEPTOR REQUIREMENTS & BENEFITS***

### SOM Teacher Guidelines

Preceptors are asked to comply with SOM Teacher Guidelines as part of their preceptorship responsibilities with students from University of Colorado School of Medicine. These guidelines are available on the preceptor's resources page of our website <http://medschool.ucdenver.edu/fdc>. Please review the guidelines and contact us with any questions.

A conflict of interest occurs when a clinical preceptor has a current or previous doctor-patient relationship with their assigned student. If this situation arises, please contact Foundations of Doctoring IMMEDIATELY to rematch your student to a different preceptor.

### Faculty Appointments

To serve as a preceptor for the University of Colorado School of Medicine, you must have an active faculty appointment. This faculty appointment enables you to receive malpractice coverage specific to your supervision of our students. Applications for clinical faculty appointments as well as additional information about the benefits of these appointments can be found on our volunteer clinical faculty website [www.medschool.ucdenver.edu/ocbme](http://www.medschool.ucdenver.edu/ocbme).

This process must occur prior your first preceptor session. Therefore, please complete this application process as soon as possible to ensure no delay in your student's preceptorship experience.

### Preceptor Benefits

As a preceptor, you will have access to teaching material thorough our website including tips on clinical teaching, feedback and evaluation and links to the SOM curriculum. Online faculty development opportunities through the Academy of Medical Educators can be accessed through the Faculty Development tab on our website: [www.medschool.ucdenver.edu/ocbme](http://www.medschool.ucdenver.edu/ocbme).

We will maintain a record of your Foundations of Doctoring teaching service and related evaluations for your professional use and development. In addition, as a Phase I or Phase II preceptor, we will provide you with a plaque to display in your practice setting with a nameplate for each student you precept, recognizing your time and mentorship of your students. You will also receive an invitation to our annual Golden Stethoscope banquet to recognize and honor preceptors for their commitment to medical student education at the University of Colorado.

### **REQUIREMENTS FOR OUR STUDENTS**

Students are covered for formal practice and workman's compensation through the School of Medicine. Additionally, they have up-to-date immunizations, have completed TB mask fitting, and have completed HIPAA and OSHA training and drug testing. All students participating in the Foundations of Doctoring Course are in good standing with the University of Colorado School of Medicine.

### **STUDENT DOCUMENTATION**

As you may know, effective January 2018, CMS policy changed allowing billable student documentation in the medical record without the requirement of re-documentation by the attending physician. Since this change, CUSOM has strived to develop a standardized approach to student documentation for all medical students. This approach has not yet been finalized so as of now, documentation requirements for CUSOM students have not changed. Specifically, the only billable parts of the medical record that students can document independently without re-documentation by the attending physician are: ROS, PMHx, SHx, FHx. Once the CUSOM approach has been finalized, we will provide additional details.



## **CONTACT US**

Please contact us with any questions. Let us know how we can help make your precepting experience fulfilling and rewarding. Our office is on the 1<sup>st</sup> floor (east wing) of Building 500 at the Anschutz Medical Campus.

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Foundations of Doctoring Curriculum website:

<http://medschool.ucdenver.edu/fdc>

*Access to course syllabi, learning objectives, description of course components and grading information*

Volunteer Clinical Faculty website:

<http://www.medschool.ucdenver.edu/ocbme>

Preceptor Resources:

[http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree\\_programs/MDProgram/longitudinal/foundations/Pages/PreceptorResources.aspx](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/MDProgram/longitudinal/foundations/Pages/PreceptorResources.aspx)

*Access to tips on clinical teaching, Preceptor Guide, clinical faculty appointment contacts, websites of interest and links to the Academy of Medical Educators at the University of Colorado School of Medicine.*

SOM Resources:

- List of Program Competencies for CU School of Medicine:

- [http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree\\_programs/MDProgram/Pages/Program-Competencies.aspx](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/MDProgram/Pages/Program-Competencies.aspx)
- Standards of Behavior and Definition of Mistreatment Policy:  
<http://www.ucdenver.edu/academics/colleges/medicalschoo/facultyAffairs/Professionalism/Pages/DefinitionsExamples.aspx>
- Duty Hours Policy:  
[http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree\\_programs/MDProgram/administration/policy/Documents/MedStudDutyHoursPolicy.pdf](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/MDProgram/administration/policy/Documents/MedStudDutyHoursPolicy.pdf)
- Standards of Medical Student Supervision:  
[http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree\\_programs/MDProgram/administration/policy/Documents/StandardsforMedicalStudentSupervision.pdf](http://www.ucdenver.edu/academics/colleges/medicalschoo/education/degree_programs/MDProgram/administration/policy/Documents/StandardsforMedicalStudentSupervision.pdf)