

University of Florida College of Medicine
Course Debriefing Summary
Introduction to Clinical Practice 1A (Preceptorship) (BCC 6173)
February 14, 2014

Attendees

Students: Alice Abernathy, Angelique Boutzoukas, Jeremy Collado, Ansuya Deosaran, Harold Hamann, Christopher Little, Rachel Pierce, Christian Reintgen,

Course: Cynthia Freeman, Course Manager; Dr. Daniel Rubin, Course Director; Dr. Robert Hatch, Director Freeh Center

Office of Educational Affairs: Dr. Lou Ann Cooper, Director, Program Evaluation; Dr. Maureen Novak, Associate Dean for Medical Education

Recorded by: Ikiah Young

I. Opening Remarks

Students really enjoyed the course and appreciated the effort that Dr. Hatch, Dr. Rubin and Cynthia Freeman put into organizing this preceptorship. Overall, the feedback from the comments was overwhelmingly positive. Students felt well prepared for preceptorship and felt it was largely due to ICM, Harrell Center activities and the integrated curriculum.

II. Pre-Preceptorship Orientation

- Students thought the number of lectures and the amount of material presented was sufficient. Students also commented that they thought the exam at the end of the week was fair.
- Some students commented that they didn't feel as well-prepared to work in a pediatric setting. Up to this point they have been taught how to conduct histories and perform physicals on adults, so they have very little experience with children. Dr. Novak commented that there is a very well done video that demonstrates how to do a pediatric physical exam. She mentioned she will put up a link that will be available for viewing throughout the whole year. The Bates textbook is also a very good resource for learning developmental milestones and Dr. Novak commented that the chapter in Bates could be suggested reading for those who enter a pediatric preceptorship.

III. Overall experience

- Students commented on how helpful the drug list was and how they understand how challenging it must have been providing a list that is representative of what students may encounter on their preceptorship without being overwhelming. Students did suggest having the drug list available on the first day of the orientation week so that they may reference it while in lecture.
- Dr. Cooper noticed in the comments that students wanted more experience reading EKGs, and noted that students will be getting this experience in a couple of weeks during the Cardiovascular and Respiratory module. Students replied that it varied depending on the preceptor whether they got exposure to EKGs.
- Students enjoyed learning about primary care. Students felt motivated to continue the study of basic sciences and they felt it offered a good reminder as to why they entered medical school.
- Dr. Novak asked the students if they felt the preceptors were well tuned to the learning objectives. Students replied for the most part yes, but emphasized that some students had less than optimal experiences with different preceptors.
- Dr. Cooper asked students if they thought requiring students to take 20 histories was too much. Students replied no and they thought 20 was very reasonable.
- A student debriefer asked about preceptorship 1B. Dr. Rubin replied that the learning objectives build on history and physical exams by adding oral patient presentations and formulating a differential diagnosis. They are still very early in developing this and Dr. Rubin went on to say that they don't have experience with preceptors have been doing this for 12-15 years where they could continuously offer feedback and be consistent. This is still a work in progress.

IV. EPIC training

- Students had EPIC training at the end of the 1st semester and students wondered if this was to prepare them for preceptorship. Dr. Novak replied that she had been pushing faculty to incorporate EPIC training into the curriculum from day one. It is happening but not as quickly as she would like. What students got was purely training and not education. In the future Dr. Novak would like to see EPIC training as part of ICM and would like all of students' write-ups to be done in EPIC using patients that are housed on the EPIC educational platform.
- Students said EPIC training would be better suited to the collaborative learning groups. Using a PDF is not the best way to convey this information and students would like something more interactive in order to familiarize themselves with EPIC. Dr. Novak

agreed and added that unfortunately she feels we are probably a few years behind in regards to EPIC education, but it is a work in progress. Dr. Novak commented that there still are a number of faculty that are new to EPIC users.

- Dr. Hatch mentioned that many faculty members access EPIC through their iPads and suggested that this could be brought into small group where students could use their own iPad to access EPIC and the small group leaders could walk them through it.

V. Closing Remarks

- Dr. Rubin asked students about any issues with internet connectivity. Students report that there have been occasional problems connecting in CG-41/42. Dr. Novak said she will look into this issue.
- A student debriefer asked if the Equal Access Clinic can get EPIC. Dr. Novak said that is a big issue that she could not accommodate.
- Dr. Rubin asked students to share their experience logging patients. Some students thought it was very inefficient. One student debriefer mentioned being unable to quickly find a patient's chief complaint on a list and enter that data; it seemed cumbersome. Many of the options did not seem to apply to all HPI. Students were also confused as to whether they were supposed to fill in the note section. Dr. Hatch replied that he has always been in favor of getting rid of the note section because students then feel the need to put something there and for the most part no one reads the note section.
- Dr. Cooper asked if this was the student's first experience logging patients. Students replied yes.
- Dr. Hatch mentioned that students should log the primary detail and not be specific (e.g. shortness of breath instead of asbestosis) when logging patients. Students replied that statement should be made to the class so they would know what the expectations are. Dr. Novak agreed and said they will make that more clear next time.
- Dr. Rubin asked about students that set up their own preceptor. Students said they were under the impression that other institutions would be willing to receive them, but some quickly discovered that some institutions do not accommodate preceptorships for first years. Students that chose their own preceptors had a positive experience overall since many who chose their own had a pre-existing relationship with their preceptor (e.g. family's primary doctor, friend's relative).
- Dr. Cooper asked students about the evaluation comments about housing especially that fact that some students arranged housing and then chose not to stay. Students are of the opinion that if these students were eliminated those who needed housing might be afforded better accommodations. Dr. Rubin said he will be looking into housing issues further.

- A student debriefer asked if there will also be a non-AHEC list in the next preceptorship for students who wish to go out of the area. Dr. Rubin replied since the next preceptorship is specialty-based, the vast majority of specialties are here at the health science center, but there will be some offered in Jacksonville where housing will be provided. There will not be a non-AHEC list. Students asked how many spots there will be including both UF Gainesville and Jacksonville. Dr. Rubin replied last year about 30 classmates chose to arrange their own preceptor and this provided a cushion of 10-12 spots. This year so far only 7 have decided to choose their own preceptor. Students suggested providing a list of sites available would help them decide whether or not they should make their own preceptor arrangements.