

New OUCOM Group IV Faculty ORIENTATION

CORE: Centers for Osteopathic Research and Education is an integrated statewide medical education consortium formed by affiliations between OU-COM and teaching hospitals in Ohio, as well as other colleges of osteopathic medicine nationwide. This infrastructure supports and promotes excellence in the continuum of osteopathic medical education that begins with matriculation at an osteopathic medical school and extends through residency training and beyond into continuing medical education. All CORE partners are linked via real-time videoconferencing and distance learning technology as well as global, interactive, online Internet access.

(<http://www.oucom.ohiou.edu/academicaffairs/gme/CORE/index.htm>)

Osteopathic Principles and Practices: “Osteopathic medicine espouses a philosophy of medicine and the following set of principles:

1. “the body is a unit and the person represents a combination of body, mind, and spirit”
2. “the body is capable of self-regulation, self-healing, and health maintenance”
3. “structure and function are reciprocally interrelated”
4. “rational treatment is based upon an understanding of body unity, self-regulation, and the interrelationship of structure and function.”

Adapted from (pp 180 & 181) of The DOs: Osteopathic Medicine in America, by Norman Gevitz, 2004, Second Edition

See also: American Osteopathic Association (AOA) “What is a Doctor of Osteopathic Medicine (D.O.)” http://www.osteopathic.org/index.cfm?PageID=ado_what_is and OUCOM College of Osteopathic Medicine site <http://www.oucom.ohiou.edu/OsteoMed.htm>.

The Preceptor's Teaching Tasks: Whatever behavior the preceptor exhibits in the presence of a student - whether excellent patient communication skills or satisfaction about practicing medicine - that knowledge or skill or attitude will likely be perceived by the student and taken as a normative. Conversely, they will also perceive less than optimal skills and attitudes as models for their own practice. Additionally, because students are medical neophytes, they are often unable to discriminate the many separate elements of a complex interview or procedure. If the preceptor does not identify what he or she is doing or what is going on during an encounter (talk out loud what you're doing) - the student may not "see" it. The preceptor's teaching task, then, is to insure that what the student learns will contribute to the student's personal and professional growth, rather than unintended and accidental learning.

See “Effective Clinical Teaching” at <http://www.oucom.ohiou.edu/fd/Effective%20Clinical%20Teaching%202007.htm>.

- **Orienting Students to Your Practice:** Good student orientation is the foundation for a successful rotation experience. 15-20 minutes should be set aside on the first day to acquaint the student with the preceptor, the practice, and the staff, and to explore the student's background, training, and interests. Orientation should set clear expectations about the student's involvement and how the staff will assist the student's learning. It is recommended that the preceptor and student jointly set some specific learning goals and go over the evaluation forms (see Student and Preceptor Evaluation paragraph in this document) so that both the preceptor and the student know what the evaluation will involve.
(Adapted from: S.T.F.M. Preceptor Education Project, 1993) (<http://www.oucom.ohiou.edu/fd/orienting.htm>)
- **Providing Student Feedback:** Regular feedback is the most powerful teaching tool you have. *It is also the area most commonly cited by trainees as information they would appreciate but do not often receive from faculty.* The student should receive a mixture of positive and corrective feedback, specific enough that the student understands which behaviors are appropriate and which ones need to be changed. An experienced preceptor who has worked on developing this skill can incorporate feedback comfortably and quickly into regular interactions with a student.
(<http://www.oucom.ohiou.edu/fd/feedback.htm>)

When distinguished clinical teachers in medicine listen to case presentations during teaching rounds, they first diagnose the patient's problem, then assess the learner's needs, and finally provide targeted instruction to the learner's point of need. To adapt this to your work with students, please incorporate the following in your teaching approach:*

1. Get a commitment
2. Probe for supporting evidence
3. Teach general rules
4. Tell the student what he/she did right.
5. Correct mistakes.

*Portions of information on Important Teaching Skills, Orientation, Feedback, Evaluation, and Frequently Asked Questions were developed by the Texas Statewide Rotation Program. (http://www.oucom.ohiou.edu/fd/teaching_skills.htm)

Student and Preceptor Evaluation: Timely and systematic evaluation completes the learning cycle. Plans for handling the evaluation process should be discussed "up-front" so it is crystal clear what, when and how the evaluation sessions will take place. We recommend you review any evaluation form being used at the beginning of the rotation, informing students that they will be expected to evaluate themselves by the end of the rotation.

- Evaluation should be unhurried and be based on an atmosphere of trust between students and preceptor.
- Evaluation should be based upon a systematic observation recorded over a period of time.
- The evaluated should have the opportunity to for input, not to change the evaluation, but to contribute his/her understanding of his/her performance.
- Multiple evaluations are better than single, end-of-experience evaluations. Early and often input allows for the correction of behavior and directs where the student should focus his/her effort.
See also: "Evaluation: Making It Work" <http://www.oucom.ohiou.edu/fd/monographs/evaluationmono.htm>
- **Medical students:** In the CORE system, the Evaluation of Student Clinical Performance Form is used by preceptors to evaluate the student's performance. It is divided into the seven core competencies. Within each competency, specific behaviors are provided as evaluation items. This form needs to be completed by preceptors towards the end of the rotation, discussed with the student, and sent to the respective CORE Office or completed on the New Innovations system. CORE students from affiliated osteopathic colleges may have a different evaluation form. Please contact your respective CORE Office for more information.
An example form can be found at: <http://www.oucom.ohiou.edu/AcademicAffairs/Yr3-4Manual/2006-2008/FMC/E-2%20Preceptor%20Evaluation%20of%20Student.pdf>.
- **Residents or interns:** Evaluated based upon the AOA Core competencies (<http://www.oucom.ohiou.edu/fd/ICCP/ICCP%20final.htm#AppenA>) by specialty college (inquire through Medical Education Office) or from the standard CORE monthly service evaluation (<http://www.oucom.ohiou.edu/fd/7%20Comp%20PD%20Guide/CORE%202005%20Evaluation%20of%20Intern-Resident.htm>). Contact your respective medical education office for details.
- **Preceptor Evaluations:** Students who are on rotations evaluate their preceptors. In the CORE system, the Evaluation of Preceptor and Rotation Form (available online in New Innovations) is used by students to evaluate the preceptor. It includes important teaching behaviors that an effective preceptor should exhibit such as "Provides service orientation," "Accessible," "Provides clear explanations," and others. CORE students from affiliated osteopathic colleges may have a different evaluation form. Please contact your respective CORE Office for more information. Feedback from medical students and interns or residents can be obtained by contacting your medical education office or CORE office respectively.
OUCOM/CORE sample at: <http://www.oucom.ohiou.edu/fd/preceptor%20evaluation%20Draft%20of%20new%20yellow%20form%20NI%20090106.htm>

Preceptor Problems/Frequently Asked Questions: (http://www.oucom.ohiou.edu/fd/problems_faq.htm)

- How will my patients react to my having a student in my office?
- Will having a student in my office take extra time?
- How do I introduce the student to my patients?
- Whom do I call if I have a problem with a student in my office?
- How much can I let a student do in my office?
- I'll be gone for 3 days while my student is in my practice. Can the student work with someone else?
- How do I know what I am supposed to teach the student?
- I'm not sure I know how to teach; how can I prepare?
- How do I handle student-related problems?
- Problem Prevention
- Problem Assessment
- Does the student have to spend all of his or her time with me?

Opportunities for Faculty Development: (<http://www.oucom.ohiou.edu/fd/programs.htm>)

- Evidence-Based Medicine (www.oucom.ohiou.edu/ebm)
- Writing/Setting Meaningful Learning Objectives
- Using Questions to Elicit Higher Levels of Thinking
- The 5 Microskills Teaching Model
- Dealing with Difficult Learners
- Strategies for Creating the Ideal Clerkship
- Leading Case-Based Discussions
- Objective Structured Clinical Exams (OSCE)
- **Developmental self-assessment with personalized faculty development** (<http://www.oucom.ohiou.edu/fd/Self-AssessmentInstrument.asp>)
- **CME for Preceptors:** 40 hours of Category 1-B CME credit for each week of rotation (http://www.oucom.ohiou.edu/academicaffairs/gme/ahec/cme_precep.htm)
- Effective Presentation Skills
- Using PowerPoint to Create Effective Visuals
- Surfing the Information Superhighway: Medical Informatics
- Research: Unlocking the Mystery
- Effective Clinical Teaching
- Preceptor Educational Monographs
- Preceptor & Resident Educational Links
- Additional opportunities at faculty development web site.

Signature Certifying Complete Review of Orientation Material

Date

This primer brought to you by your office of faculty development featuring educational consultants Dr. Stephen Davis, Dr. Robbin Kirkland & Dr. Olivia Sheehan. Please feel free to contact us with any comments or questions: 740-593-2190, daviss2@ohio.edu, 218 Grosvenor Hall, Athens, OH 45701.