Check your email for more chances to win

What do Terry Olson, Scott Drew, Kindra Browning, and Sherry Morgan have in common? Other than being very fine community preceptors, each has won cool items in recent email drawings, including Buckeye game tickets and OSU apparel and novelty items.

The Office of Outreach and Engagement conducts email drawings several times each year. All active preceptors with current email addresses have a chance to win. Winners simply need to respond by the deadline indicated in the email messages. Names of those who respond by the deadline are entered in the drawing.

Upcoming drawings include access to the OSU Medical Center suite at the Value City Arena for Buckeye men’s and women’s basketball games.

Keep checking your email from OSU and good luck!

Preceptors invited to provide feedback about PDQ

Since January 2006, the Office of Outreach and Engagement at OSU has been publishing PDQ as a means of communicating to our community preceptors. We have tried to emphasize best practices in teaching students in the office setting. Like our preceptors who appreciate obtaining feedback, it’s your turn to provide input and suggestions to help make PDQ a valuable tool for preceptors. Please take a few minutes to tell us how we’re doing.

As an incentive, the first 10 preceptors who complete the online survey will receive $30 Visa Gift Cards.

Follow the link below to a brief survey about the newsletter.

Click Here for Survey

Students assigned to community sites throughout Ohio

One of the most common questions from preceptors is how students are matched to them for ambulatory rotations.

The process of assigning students begins with the availability of the teaching sites to host students on specific months during the year. The Ambulatory Clerkship staff collects this information from the preceptors. Usually, this is done in the late spring for the upcoming year.

At least a few months before their rotations, students are given the opportunity to preference the locations where they will complete their community-based third and fourth-year rotations. They are usually assigned to one of their top ranked locations.

Before preferencing, students consult their peers who have done their ambulatory months, obtaining information about travel considerations, housing arrangements if applicable, as well as the quality of the experiences with individual preceptors.

They don’t care how much you know, until they know how much you care.

Lee Tressel

New Hospital Partners in Northeast Ohio

Two major teaching hospitals in Northeast Ohio have become medical educational partners with OSU. Metro-Health in Cleveland and Summa Health System, Akron, are our newest teaching affiliates. OSU seniors completing their required ambulatory internal medicine rotation are working with general internists and a limited number of subspecialty medicine physicians.

Dr. Michael McFarlane of Metro-Health and Dr. Joseph Zarconi of Summa worked with the Office of Outreach and Engagement to make rotations at these hospitals possible.

PDQ Staff:
Managing Editor: Daniel Clinchot, MD
Editor: Terry Bahn, EdD
Contributors: Diana Bahner, Barbara Sweeney
Preceptor to Preceptor – Dr. Pat Ecklar, Columbus

Last July, OSU’s Internal Medicine ambulatory preceptors began to work with fourth-year medical students. Dr. Ecklar, member of the Community Preceptor Advisory Committee, was asked to comment on some of the differences physicians might experience when precepting Med 4 students as compared to Med 3 students.

The third year in medical school is the second greatest learning year – only topped by internship. Students coming from this high yield year are much better focused thinkers. With 10 minutes to see a patient and 1 minute to present to the preceptor, Med 4s can more quickly find out why the patient came in and focus their history and physical accordingly. Fourth-year students have had at least one month of primary care as well as ambulatory experiences outside of primary care, and thus are more adept at hitting the ground running in the fast-paced office setting.

Preceptors can expect more from fourth-year students. I would not hesitate to give them more complicated patients, those you may have decided were not appropriate for third-year students in the past. You don’t need to take as much time priming the student with information about each patient.

Your fourth-year students can see more patients; 5-7 in a half-day is a reasonable expectation. With a Med 4 in the office, a few patients may be worked in for same day appointments, particularly for routine acute visits.

Are there any negatives associated with having Med 4 students? One possible negative is that the rotation may not have the same potential for influencing specialty choice as the third-year clerkship. While that may be true for the most part, some Med 4s who experience a well-run general internal medicine practice, with docs who enjoy their work, may decide to practice upon completing residency instead of doing a fellowship.

I continue to enjoy working with students across all levels, but the opportunity to interact with experienced, confident Med 4s has brought a new challenge to medical student teaching.

Newest Preceptor All Stars Named

The Outreach and Engagement staff regularly reviews evaluations submitted online from students about their preceptor experiences. Those who receive top ratings across all categories from two or more students are added to the All Stars list.

Newly added to the All Stars list are Columbus preceptors Tammy Gutierrez, Robert May Hosi Padamanad, and Randell Wexler. Two group practices are also being recognized based on student feedback: Mid-Ohio Dermatology and Sports Medicine at Grant.

Congratulations to the All Stars!

Student Voices

He gave me the opportunity to see patients independently and formulate my own diagnosis and plan. He is an extraordinary teacher, taking every opportunity possible to ask thought-provoking questions, demonstrate physical examination techniques, explain the finer points of an office-based practice—even with a very busy daily schedule. I never felt rushed or marginalized. His feedback was always timely and constructive.

My preceptors taught me how to prioritize the many problems patients come in with and how to approach each patient’s unique set of problems differently. They always welcomed my opinion and questions. In their busy schedule they made an effort to teach me about medicine and about the skills it takes to run a medical office.

She is always very kind and challenged me just a little beyond my comfort zone so that I became more and more comfortable with management and diagnosis of complex chronic problems.

I specifically asked for a great preceptor and I got one. I have grown tremendously professionally through working with my preceptor.

In a culture where physician burnout is ever present, it was refreshing to work with someone who truly loves what she does.