What’s New at OSU?

Dr. Holly Cronau, director of clinical education and associate professor, clinical, was recognized by the Ohio Academy of Family Physicians as the 2009 Family Medicine Educator of the Year.

The award was given by Dr. Mary Jo Welker, OSU Chair of Family Medicine and Associate Dean, at the annual meeting of the Ohio Academy Physicians.

Dr. Cronau has been Ambulatory Clerkship Director since the program was established in 1999. Before that, Cronau lead the Family Medicine Clerkship.

As an expert in community-based primary care education, Dr. Cronau is a frequent contributor in PDQ.

Congratulations Dr. Cronau!

Huntington Park Summer Appreciation Event a Big Success

Nearly 150 preceptors and their families and friends gathered August 2 for a minor league baseball game at the new Huntington Park in Columbus.

The afternoon began with a complimentary picnic lunch followed by the Columbus Clippers, AAA affiliate of the Cleveland Indians.

The program is part of the recruitment and recognition efforts made by the Office of Outreach & Engagement in the College of Medicine.

Suggestions for future preceptor appreciation events are always welcome.

So Glad You Asked…

Questions from preceptors about teaching in the office setting are answered by the Ambulatory Clerkship co-directors, Drs. Curren and Cronau.

Q: I’ve heard that I can receive CME credits for precepting medical students. Would you explain how this works?

A: This is a question that has been raised by several preceptors in the past, and I appreciate your raising it now.

Your question is also timely because within the next month, all physicians who participated in any one of our community-based clinical programs in 2008-09 will receive a letter of appreciation from our Vice Dean of Education, Dr. Catherine Lucey. Included in the letter will be the number of contact hours credited for teaching based on the number of students and the specific academic programs. For example, preceptors in the Med 3 Family Medicine Clerkship and the fourth-year “DOC-2” preceptorship are credited with 144 contact hours for one student on the 4-week rotation. If more than one physician is involved in the teaching, the contact hours are divided accordingly.

The letter documents actual teaching involvement and is therefore useful when physicians apply for CME, either through the AMA or AOA. Normally, this type of participation is counted under Category II for the AMA and could be counted in Category I-B or II-B for the AOA.

If you have other questions regarding CME for your role as a preceptor, contact Terry Bahn at (614) 292-2508.
Teaching History-Taking Skills

History-taking skills are the most essential clinical skills. Eighty percent of all diagnoses are made based on information obtained from the patient history.

During your clinical experience with the student, she should:

- **Demonstrate** the ability to obtain a thorough history of present illness;
- **Demonstrate** the ability to complete appropriate portions of the past medical, social and family history, and review of systems;
- **Learn and practice** how to focus and adapt history-taking based on acute symptoms (if the visit is symptom-based) and based on chronic disease that is being managed (if the visit is for management of a previously diagnosed disease).

Begin to recognize the proportionate history, the additional history obtained beyond CODIERS that helps you better diagnose and manage patients. How can you help your student acquire this essential skill?

**OBSERVATION**
Observe her interviewing a patient.

**EMPHASIZE THE FOCUS**
Explicitly identify, or ask the student to identify, what portions of a history are most relevant, based on visit type. Articulate and **emphasize the focus:**

- **For all visits** in which you prescribe, minimum history needed is the past medical history, medications, allergies, and if pregnant.
- **For acute symptoms**, state whether parts of family and social history are relevant and which review of symptoms are relevant.
- **For disease management**, state what signs and symptoms reflect disease activity, for what complications to look, and what drug side effects to monitor.

**IDENTIFY/DISCRIMINATE**
Clearly **identify questions that helped you discriminate** between diagnostic considerations or that help you decide how best to manage the patient.

**ALLOW**
After you have verified that your student can accurately and completely obtain the history, **allow** her to obtain the history independently and **allow** her to document the history in notes or the EMR.

In the next issue: Dr. Holly Cronau discusses Teaching Physical Exam Skills.

**Student Voices**
Comments from students regarding their experiences with preceptors

He encouraged me to see patients independently and come up with a diagnosis and possible tests to order. It was valuable to see broad complaints and relate them to different organ systems and how I would examine or test each system to narrow down a diagnosis.

My instructor was very good about teaching the clinical aspects about medicine that don’t always appear in textbooks. This included discussing ways to increase patient compliance, ways to get to know patients to a level that would be expected of a primary care provider, and also ways to most effectively manage the common areas of diabetes, hypertension, and hyperlipidemia.

She shared some pearls about medical practice management that I have not yet seen anywhere in my education and were very helpful for me to think about in my future practice.

My preceptor was the consummate clinical teacher. He was supportive of me and went out of his way so that I could have as many direct patient encounters even though it lengthened his day. He struck an impressive balance of teaching and encouraging me to learn independently.