New Clinical Curriculum Begins July 2

A curriculum change affecting community preceptors takes shape with the start of the year clinical year in July. Family Medicine preceptors will continue to work with third-year students as they have for many years. Our Internal Medicine (IM) preceptors, however, will be assigned fourth-year medical students for their month-long community rotations. The OSU curriculum planners have labeled this IM rotation the “DOC2/ACC2.”

DOC2/ACC2 will emphasize common ambulatory problems in adults. The month is intended to serve as an introduction to self-directed learning techniques which each physician must develop and maintain to retain competence throughout his or her career in medicine, and to use evidence-based medicine in everyday decision making in the medical office environment.

The senior medical students doing their DOC2/ACC2 rotation will be on campus on the first and last days of the month; the other days will be spent with their preceptors. With these more advanced learners, IM preceptors will find the students highly motivated to work with patients to hone their diagnostic and therapeutic skills as they prepare to graduate and begin residency training.

Drs. Holly Cronau and Cami Curren are directing the DOC2/ACC2 course. For questions they can be reached by email: holly.cronau@osumc.edu Camilla.curren@osumc.edu

Spring Recognition Program Set for May 18

The dice will be rolling, the slot machines ringing, and the jacks, queens, and kings hopefully showing themselves at just the right time for our “gamblers.” Casino night will be the theme for the annual Spring Recognition Program at Darby Dan Farm. Besides the enjoyment of gambling away fun money, having a delicious buffet dinner, and possibly winning some great door prizes, the evening will be a fitting way for the College of Medicine to recognize the enormous contributions of our community preceptors.

Invitations were sent to our preceptor mailing list early this month and RSVPs are due May 4. If you did not receive the invitation and want to come yourself or with a guest, just call the event coordinator, Diana Bahner at (614) 292-2998. The Spring Recognition Program at a glance:

2:00pm 9-holes of golf on the private Darby course (optional)
5:30pm cocktails
6-9:00pm buffet dinner and casino night
7:00pm brief award announcements
There are 3 elements in a physician’s practice: good medicine, good income, and good home life.

You can have any 2.

Preceptor – Preceptor: Cynthia Ledford, MD
OSU Department of Internal Medicine

In your office, students are learning through experiences. Your office provides them with a real practice, a real physician, and real patients. Nothing can replace this opportunity. We want to give students diverse experiences that will help prepare them for clinical practice. It is useful to keep a simple learning model in mind when helping students learn through experience:

Concrete Experience Try → Observe and Reflect → Form Abstract Concepts → Apply in New Situations Try Again.

In its simplest form, we want them to “try, and try again.”

Ask students to briefly reflect on their observations. Sometimes they need encouragement to really see and think about what they experience.

Ask: “How well did you feel you did asking about risk factors for STDs?”

Before seeing a patient, help students to become better observers by telling them to pay particular attention to an aspect of care.

Direct: “I want you to pay attention to how I explain to Mrs. X what I think is causing her abdominal pain.”

Point out general rules. Ask the student to state a rule about what they saw.

Sometimes students benefit when the key approaches or rules are explicit.

Ask: “We saw several patients with upper respiratory symptoms. Tell me what made a diagnosis of acute sinusitis and when to give antibiotics.”

Give students a chance to apply information or skills to the next patient.

Direct: “We saw two patients with diabetes and reviewed what to focus on at follow-up. I want you to see Mr. Y and obtain a focused interval history about his diabetes.”

For more information see Teaching Medical Students in the Ambulatory Setting at http://medicine.osu.edu/physiciandevelopment/

Student Voices

Dr. [ ] was very good about allowing me some autonomy in clinical decision making. She would allow me to come up with a treatment plan based on my own diagnosis.

I was grateful that Dr. [ ] showed such an interest in my learning - he often asked what we learned about in lecture and tried to provide clinical experiences to correlate with the lessons.

He let me do a lot of the thinking and then guided me in the right direction. He was quick to give background information that I needed and was very good at teaching in the examination room with the patient, without making the patient feel uncomfortable.

Dr [ ] was an OUTSTANDING attending to work with. Specifically, I learned an incredible amount due to the autonomy he gave me. He let me perform a full H&P, present it to him with my assessment and plan, and write rx for treatment. I was able to practice what it would be like if was me seeing the patient by myself. This really helped me identify areas of weakness I needed to target for reading that night.