

Patient Centered Medicine 2

General Course Information

Patient Centered Medicine (PCM) is a progressive four-year, longitudinal, interdisciplinary course emphasizing preparing students to care for patients and families in a humanistic and professional manner.

The emphasis in PCM2 is on further developing concepts from PCM1, especially the clinical skills of history taking and physical examination, written and oral communication of patient information, clinical reasoning, and learning to apply many facets of excellent patient care.

PCM2 has many components and offers a variety of instructional methods, which include lectures, small group sessions, OSCEs (Objective Structured Clinical Examinations), clinical skills sessions and workshops, working with patients and faculty through preceptorship in the clinic or wards, and visits from real patients to the classroom.

Course Goals by Competency

Within Stritch School of Medicine's competency-based curriculum, this course provides opportunities for learning and evaluation as listed in the following competencies:

Note: Each competency of this course listed below is linked to a SSOM competency.

Medical Knowledge

- Discuss the relationships between disease and their clinical presentation in each organ system. [SSOM 1.2]
- Reinforce understanding of principles of disease and physical exam findings in real-life patients. [SSOM 1.2]
- Describe the underlying principles of basic electrocardiography and demonstrate skill in the systematic interpretation of EKGs. [SSOM 2.4]
- Describe the underlying principles of radiography and demonstrate skill in the systematic interpretation of chest x-rays. [SSOM 2.4]
- Define basic key concepts of matters of end of life, including topics such as advanced directives, power of attorney for health care, surrogate decision making, and approach to discussing end of life issues with patients. [SSOM 1.4/2.5/3.2/5.5]
- Define basic key concepts of ethical principles such as informed consent, proper patient-physician relationships [SSOM 5.3/5.5]

Patient Care

- Demonstrate competency to take, record and present a complete patient history in an accurate, organized, unbiased and consistent manner while focusing on the patient's problems. [SSOM 2.1]
- Demonstrate competency in the performance of the basic screening physical examination and interpret the findings. [SSOM 2.1]
- Utilize the information gathered in the history and physical to create a list of the pertinent positives and negatives, a problem list, a reasonable differential diagnosis for level of training, an assessment, and a plan. [SSOM 2.2]
- Demonstrate understanding of clinical reasoning principles in order to diagnose complex

- clinical problems. [SSOM 2.2]
- Demonstrate understanding of common cognitive biases and their effect on diagnostic reasoning and medical decision-making. [SSOM 2.2]
- Demonstrate the ability to write the basic components of admit orders and apply this knowledge to a particular case. [SSOM 2.3]
- Recall the basic principles of obtaining informed consent. [SSOM 2.5/5.5]
- Recall principles of care in end-of-life situations. [SSOM 2.3/2.5]
- Recall and use standard precautions and appropriate personal protective equipment to prevent the transmission of infectious diseases. [SSOM 2.4/ 6.3]

Interpersonal and Communication Skills

- Demonstrate competency in the write up of the history and physical exam [SSOM 3.4]
- Demonstrate competency in the oral presentation of clinical data. [SSOM 3.3]
- Demonstrate effective interpersonal and communication skills in both simple and complex interactions with patients, families, colleagues, other healthcare professionals and staff. [SSOM 3.2, 3.3]

Practice-Based Learning and Improvement

- Critically assess one's own strengths and limitations in knowledge, skills and in patient interactions by both self-assessment and being open to feedback. [SSOM 4.1, 4.2, 4.3]
- Seek assistance from appropriate and available resources to successfully remediate deficiencies. [SSOM 4.3]
- Present information from the literature to small group that applies to one's own patient cases. [SSOM 4.4, 4.5]

Professionalism

- Develop professional attitudes to become a Patient Centered Physician in the spirit of Jesuit values at Loyola University's Stritch School of Medicine. [SSOM 5.1/8.3]
- Interact with patients, faculty, staff and peers with courtesy and respect. [SSOM 5.1]
- Recall principles of ethics in the physician patient relationship. [SSOM 5.2, 5.3/5.5]
- Maintain respect for patient privacy. [SSOM 5.3]
- Form a respectful working alliance with a small group of peers and faculty as a basis for future professional relationships [SSOM 5.1/5.4]
- Demonstrate responsibility, accountability, and punctuality in course activities, including lectures, small group sessions, workshops, and preceptor activities. [SSOM 5.2]
- Demonstrate appropriate use of and participation in remote learning methods. [SSOM 5.1/5.2]
- Demonstrate proper care of all equipment, tools and resources used in medical

education and simulation. [SSOM 5.1/ 5.2]

- Complete course evaluations in a timely manner and provide constructive feedback to course faculty and the course director in a professional manner. [SSOM 5.1/5.2]
- Complete course examinations and assignments honestly. [SSOM 5.1/ 5.2]

Systems Based Practice

- Commit to being an advocate for patient safety and quality care and improvement. [SSOM 6.3]
- Commit to being an advocate for the underserved and underrepresented patient population. [SSOM 6.4]
- Promote and engage in activities that enhance a diverse learning environment in medical education [SSOM 5.4/6.2/6.4]

Interprofessional Collaboration

- Identify roles and responsibilities of medical students, nurses, and other allied health care professionals [SSOM 7.2]
- Collaborate and communicate with other allied health care students, and staff in a team-delivered care way. [SSOM 7.1, 7.2, 7.3]
- Collaborate and communicate with physical therapists to learn techniques of the musculoskeletal examination. [SSOM 7.2]

Personal and Professional Development

- Respectfully receive and incorporate feedback to advance personal and professional growth. [SSOM 4.3/8.2]
- Demonstrate self-directed and life-long learning around the cases presented in small group. [SSOM 4.1/4.4/4.5/8.2]
- Write a reflection on one's own experiences and growth from participating in community service. [SSOM 8.2, 8.3]

For specific **session objectives** see *PCM2 Webpage/ Course Description/ “Key Concepts” or the session’s objectives pages on LUMEN.*

Stritch School of Medicine Competencies

Within each of the eight competency domains listed below are the knowledge, attitudes, skills and personal and professional values we expect of all of our graduates.

1. MEDICAL KNOWLEDGE

A graduate of Stritch School of Medicine is expected to:

Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, and the application of this knowledge to patient care.

This includes the ability to:

- 1.1 Demonstrate knowledge of the normal development, structure, and function of the human body including the mechanisms important to maintaining homeostasis.
- 1.2 Describe the principal underlying causes, mechanisms and processes involved in the etiology of the major human disorders and conditions, and apply this knowledge to the prevention, diagnosis, management, and prognosis of disease.
- 1.3 Describe the principles of pharmacology and the clinical use of both pharmacological and non-pharmacological treatment approaches; and apply this knowledge to select and design the most appropriate preventative, curative and/or palliative therapeutic strategies for the management of clinical conditions and diseases.
- 1.4 Explain the basic principles of human behavior over the life-span, and recognize key changes and developmental milestones that occur during infancy, childhood, adolescence, adulthood and end-of-life.
- 1.5 Apply the principles of the social and behavioral sciences to explain the impact of economic, psychosocial, spiritual, and cultural influences, on health, disease, care plan adherence, and healthcare disparities.
- 1.6 Demonstrate an understanding of how the epidemiologic sciences are used in the promotion of health and prevention of disease.
- 1.7 Demonstrate an understanding of the design, conduct and analysis of basic biomedical, clinical and translational research.

2. PATIENT CARE

A graduate of Stritch School of Medicine is expected to:

Provide patient-centered care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health.

This includes the ability to:

- 2.1 Gather information and provide accurate documentation about patients and their conditions through history taking, physical examination, and interpretation of diagnostic testing.
- 2.2 Apply critical thinking and clinical reasoning skills to develop a prioritized differential diagnosis.
- 2.3 Develop patient evaluation and management plans utilizing pertinent patient information, best practices, and appropriate clinical judgment across care settings.
- 2.4 Demonstrate the ability to perform clinical and procedural skills to provide basic patient care under the appropriate level of supervision.
- 2.5 Apply communication skills to help guide patients and their families in shared decision making.
- 2.6 Apply the principles of health promotion and screening for disease to the care of patients.
- 2.7 Utilize electronic health records to provide effective patient care.

3. INTERPERSONAL AND COMMUNICATION SKILLS

A graduate of Stritch School of Medicine is expected to:

Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals across the broad range of identities and socioeconomic and cultural backgrounds.

This includes the ability to:

- 3.1 Provide accurate, pertinent, concise and well-organized oral presentations of clinical encounters.
- 3.2. Communicate effectively when counseling and educating patients and families.
- 3.3 Communicate effectively with peers and other health care professionals, including during transitions of care.
- 3.4 Create and maintain comprehensive and accurate medical records, avoiding reliance on the unreflective use or reproduction of prior entries.
- 3.5 Demonstrate empathy, sensitivity, transparency, and compassion in interpersonal interactions.
- 3.6 Participate in the education of peers and other health professionals.

4. PRACTICE-BASED LEARNING AND IMPROVEMENT

A graduate of Stritch School of Medicine is expected to:

Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to improve patient care based on continuous reflection, self-evaluation and life-long learning.

This includes the ability to:

- 4.1 Evaluate one's performance to identify strengths and personal limitations in knowledge, skills, behaviors and/or attitudes.
- 4.2 Set individual learning and improvement goals to address deficiencies and actively engage in appropriate activities to meet those goals.
- 4.3 Obtain formative help and advice, where appropriate, from supervisors, advisors, mentors, peers, and relevant support services, and use feedback to positively modify personal performance and behavior.
- 4.4 Demonstrate curiosity, objectivity, and an analytic approach to clinical situations, identifying reliable strategies for sustaining these processes throughout one's professional career.

- 4.5 Demonstrate an ability to identify, objectively evaluate and apply in practice information from emerging basic biomedical, clinical, and translational research to patient care.

5. PROFESSIONALISM

A graduate of Stritch School of Medicine is expected to:

Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles.

This includes the ability to:

- 5.1 Demonstrate self-respect and respect for others at all times.
- 5.2 Demonstrate integrity and personal accountability in fulfilling, in a complete and timely manner, all obligations and expectations related to one's designated professional role.
- 5.3 Demonstrate respect for patients and responsiveness to their needs, including privacy and autonomy.
- 5.4 Demonstrate sensitivity and respect to the diverse backgrounds, identities and experiences of patients and colleagues.
- 5.5 Demonstrate understanding of ethical principles pertaining to the provision of care.
- 5.6 Recognize and report unethical and impaired behavior of members of the health care team, including peers.

6. SYSTEMS BASED PRACTICE

A graduate of Stritch School of Medicine is expected to:

Demonstrate awareness of and responsiveness to the larger context and evolving state of health care delivery and an ability to effectively engage resources within the system to optimize delivery of care to patients and populations.

This includes the ability to:

- 6.1 Recognize the relative merits of care provided in varied health care delivery settings, including consideration of cost-effectiveness and risk-benefit analysis.
- 6.2 Recognize when, how and with whom to coordinate resources within health systems to improve patient care.

- 6.3 Demonstrate an understanding of how the principles of patient safety and quality improvement apply to all aspects of health care delivery.
- 6.4 Identify how system-based factors may impact the delivery of socially just healthcare.

7. INTERPROFESSIONAL COLLABORATION

A graduate of Stritch School of Medicine is expected to:

Demonstrate the ability to effectively collaborate in the delivery of interprofessional team-based patient care.

This includes the ability to:

- 7.1 Collaborate with all health professionals to maintain a culture of mutual respect, dignity, ethical integrity, and trust.
- 7.2 Recognize the roles of various health-care professionals and their contributions to timely, efficient, effective, and equitable team-based health care.
- 7.3. Communicate with all health professionals in a responsive and responsible manner that enhances team-delivered care to patients.

8. PERSONAL AND PROFESSIONAL DEVELOPMENT

A graduate of Stritch School of Medicine is expected to:

Demonstrate the qualities required to assure lifelong personal and professional growth by cultivating the maturity and adaptability required to manage the adversity and uncertainty inherent in the practice of medicine.

This includes the ability to:

- 8.1 Demonstrate personal responsibility and healthy coping strategies for maintaining physical and mental wellbeing, while fulfilling personal and professional obligations.
- 8.2 Integrate the practice of critical reflection and self-inquiry in order to sustain meaning and purpose in being a physician.
- 8.3 Develop and apply skills and qualities of the physician's vocation including humility, compassion, empathy, confidence, and integrity.

COURSE REQUIREMENTS

PCM2 Sessions

Attendance at all required sessions is necessary to “meet expectations” for the course. To have the best educational experience for the individual student and fellow classmates, students are expected to come prepared to sessions, complete the assigned readings and questions before each session, view the recommended physical exam videos prior to the associated sessions and actively participate in discussions.

Students should take advantage of additional instructional materials online and/or in the Academic Center for Excellence and Accessibility as recommended or needed. Not meeting the benchmark for passing will require specific remediation at the discretion of the course directors.

Attendance is mandatory at all small group sessions, workshops, OSCEs, and all other in-person sessions, and all lectures designated as in-person lectures.

For any specific schedule requests for workshops, OSCEs, etc., please contact Tina Marino in the Office of Student Affairs.

Lectures

Students should review lecture material prior to the associated small group session, or in-person activity associated with it. Many lectures will be remote/recorded. For live, in-person lectures or remote-live lectures, your presence at lecture is required and attendance may be taken.

Small Group, Workshops, Clinical Skills Sessions and OSCEs (and all other in-person sessions). These sessions are required, and attendance will be taken.

Small Group Sessions

The benchmarks are spelled out on the PCM2 mid-year and end-of-year small group grade sheet forms.

- “Meets Expectations” in all components of the Small Group Evaluations each semester is expected. The course director will review any “Meets with Concerns” and a passing grade for small group sessions will be determined on an individual basis.

Workshops and Clinical Skills Sessions Students are required to participate in the skill training offered throughout the year unless designated as optional. These may include demonstration of skills, training sessions, or independent practice. Skills may consist of Point of Care Ultrasound, ophthalmological and otolaryngology skills, skills in auscultation of heart and lung sounds, skills in GU and Breast examination, skills in systematically interpreting an EKG and any additional skills as may be determined by the course directors.

- Attend and achieve expected level of mastery at each session = Pass for these sessions

Musculoskeletal Workshop/Mastery Session

Students are expected to prepare ahead of the workshop, being ready to practice examination steps. The benchmark for mastery will be determined by Dr. Winger who oversees the workshop. Further practice toward mastery for any individual student may take place on the same day or alternate day as determined by the Course Director or by Dr. James Winger.

- Attend and achieve expected level of mastery at each session = Pass for these sessions

CLINICAL REASONING: Students will practice their diagnostic skills using their medical knowledge and understanding of clinical reasoning principles. It is also important to learn the common cognitive biases and their effect on diagnostic reasoning and medical decision-making. Cases will be completed in small group. The expectation is to actively participate in and contribute to the discussions as the small group works through cases in a thoughtful and meaningful manner to gain the best educational benefit.

PEER-TO-PEER EXAMINATION STEPS

Please note that some sessions involve students practicing examination steps upon each other. Peer-to-peer examination practice is generally limited to the head and neck exam steps and the examination of the extremities. However, if for ANY reason, for ANY part of the exam, a student wishes to decline to participate as someone upon whom a peer practices, they may do so, or similarly, in situations in which students are asked to demonstrate an exam step upon themselves (ex. demonstrate how to take a radial pulse) they may also decline. Please notify the Course Director(s) as soon as possible, prior to the session, to discuss and implement a possible alternative arrangement.

EXAMINATIONS

Objective Structured Clinical Exams (OSCEs) *The emphasis is on deliberate, purposeful execution of physical exam steps and clinical reasoning. Students may be asked to provide explanations on the examination steps and/or the purpose or the examination step. The written portion of the examination allows the student to demonstrate their clinical reasoning/critical thinking.*

There are three components of the OSCE grade:

1. The Patient Perception Scale (PPS) is the tool used to evaluate communication skills. Receiving “Meets with Concerns,” “Meets Expectations,” or “Exceeds Expectations” on all checklist items on the PPS = P of this component of the OSCE. Receiving even one “Does Not Meet Expectations” from the SP on the PPS will result in a failure.

Plus

2. A grade of $\geq 70\%$ for each checklist (both the history and the physical exam checklists) assessing the clinical encounter = P of this component of the OSCE
- 3.

Plus

4. A passing calculated score, in combination with the overall impression by the facilitator who is grading the computer component of the OSCE. This includes the critical thinking. This section may include evaluation of the pertinent positive and negative findings, a problem list, and/or a list of diagnostic studies indicated, the differential diagnoses, most likely diagnosis, and justifications.) This portion is graded by the faculty and/or clinical skills staff using a standardized rubric = P of this component of the OSCE.

Clinical Skills Exams/OSCE remediation exams

Remediation, if needed, is performed within one to two weeks, or as determined by the Course Director.

If the remediation of clinical skills testing is successful during the course, the student may still earn a “Pass” for the course. If the student is unsuccessful in routine remediation, the student will be given one additional attempt outside of the normal activities of the course. If the student successfully completes this second attempt at remediation, then the student will earn a grade of P* for the course. (Remediated Pass).

If the student earns “*Does Not Meet Expectations*” on the second remediation, the student fails the course and must repeat the course in its entirety and not move on to the next phase of training.

WRITTEN/ONLINE/COMPUTER EXAMINATIONS:

Examinations may cover material from lectures, lecture handouts, small group sessions, assigned readings, EKGs, chest x-rays (CXRs), online instructional materials, and textbook material.

The written exams are not cumulative except on items that naturally build upon each other, such as basic physical exam concepts, EKGs and CXRs.

Meeting Expectations” on the written examinations:

Students must score ≥70% on the written exams over the entire course, which extends through both semesters, to pass the written exam component of PCM2.

Remediation of written exams:

A failure of the PCM2 written exam (as determined above) will require passing a remediation written examination as determined by the Course Director(s). If a remediation examination is required but is passed, the grade for the course will be a P* Failure of the remediation examination will then be a failure of the course and PCM2 will need to be repeated in its entirety and the student will not move on to the next phase in training.

Additional information regarding remediation of the written examination:

Students who fail to achieve the minimum score required for a passing grade in the medical knowledge assessments for PCM2 may be allowed the opportunity to take a make-up remediation exam, as outlined in the Stritch School of Medicine (SSOM) Academic Policy Manual. The purpose of the remediation exam is for the student to demonstrate competence of the material presented in the course. The make-up exam will be a rigorous, yet fair assessment, to ensure that the student has achieved sufficient mastery of the course content to be allowed to progress to the next academic level. The composition of the exam will be determined by the course director, together with faculty input, and will consist of representative fair and validated questions that assess critical understanding of core course concepts and high yield course content that reflects the breadth of material presented throughout the course. Remediation exams will be administered at the end of the academic year and will be scheduled by the Office of Student Affairs and the Academic Center for Excellence in consultation with the Course Director and the Office of Educational Affairs. All students requiring remediation should meet with the Course Director well in advance of the scheduled date of the exam to discuss both the exact format of the exam and their proposed study approach. Those students achieving a score of greater or equal to 70% on the

remediation exam will have their initial F grade converted to a P* and the “Does not Meet” for their Medical Knowledge competency altered to “Meets with Concerns”. Students who fail to successfully achieve the minimum passing score will be required either to repeat the course in its entirety during the subsequent academic year, or alternatively, may be subject to automatic administrative action by the medical school, as outlined in the SSOM Academic Policy Manual.

Please note that students with a **final aggregate course score of <60% may be denied the opportunity to remediate** their course failure by an end-of-year remediation exam and may instead be required to repeat the course in its entirety. The decision to allow such students the opportunity to take a remediation exam may be made by the Student Promotions Committee (SPC).

Other written examinations or quizzes may be designed and administered separately from the PCM2 portion of the integrated examinations to assess a particular area of knowledge or skill. Failure or a “does not meet expectations” of these examinations may require a remediation exam and/or a remediation exercise to meet the requirements of PCM2.

REMOTE TRAINING AND TESTING:

In the rare event that skills or testing sessions need to be remote, session information and methods of skill demonstration will be given to students and faculty as soon as possible and guided by the particular circumstances.

ATTENDANCE

- Attendance at in-person **lectures, on campus**, will be recorded via **paper sign-in sheets**.
- Attendance at **small groups will be recorded via paper sign-in sheets within the yellow small group folders**.
- Attendance at workshops and OSCEs will be recorded via a QR code or sign-in. Students will be notified of details before each applicable session.

Repeated absences will result in a “Concern” being noted within the “Professionalism” Competency Assessment. A pattern of excessive absences will result in a “Does Not Meet Expectations” for the “Professionalism” Competency.

Leaving a small group, workshop, or OSCE before its completion will be considered an absence for the session and a professionalism concern.

ABSENCES

1. In all cases of absence, it is the student’s responsibility to inform each of the following:
 - a. Office of Student Affairs
 - b. Course coordinator
 - c. Course directors
 - d. Both small group facilitators if it is a small group activity.
2. Follow Stritch School of Medicine (SSOM) policy on any absence for medical reasons.

3. The student is responsible for the missing information and skills presented, discussed, and demonstrated during the session.
4. Students may be required to meet with the course director(s) to determine an appropriate course of action for a missed session.
5. Any planned, non-emergent absences must be cleared through the Office of Student Affairs.
6. Procedure for requests for absences should follow the Academic Policy Manual.
7. For any small group session that is not attended, in addition to following the SSOM policy, students must submit their answers to any small group assignments, such as questions, cases, EKGs or CXRs, to the course coordinator by 9:00 am on the day of the scheduled session if it is a *planned* absence. If it is an absence due to an urgent matter, it should be submitted within two days of the student's return to school. Failure to submit the materials by the designated deadline may result in a "Concern" for the Professionalism Competency.

PROFESSIONALISM

****See the appendix below regarding SSOM Dress Code***

In addition to medical knowledge and clinical skills, PCM places an emphasis on professionalism; it includes all professional behaviors as outlined in the Course Goals. Students are expected to

- Be courteous and respectful toward all and demonstrate responsibility, accountability, punctuality, and appropriate dress* at course activities, including lectures, small group sessions, workshops, and preceptor activities and at all remote sessions.
- Prepare for all sessions and participate fully in live sessions so that they and their peers may have a more robust educational experience.
- Demonstrate academic integrity
- Complete written assignments thoughtfully and intentionally, including assignments that do not receive a grade.
- Demonstrate a professional approach to receiving feedback

Professionalism grading: "*Meets Expectations*" = P

- ***Unprofessional behavior*** (including that towards course coordinators, faculty, other students, and all staff) will be considered a "Does Not Meet Expectations."
- ***All Written Assignments.*** Students must turn in all assignments by the due date to pass the course. Failure to turn in assignments by the deadline is considered a 'failure.' It may be recorded as "*Does Not Meet Expectations*" for *Professionalism*.
- **A failure in the professionalism component can result in failure of PCM2.**
- Remediation for professionalism will be determined through the Office of Student Affairs.

Also, please reference this link regarding Intellectual Property Information:
https://www.luc.edu/info/copyright_disclaimer.shtml

PRECEPTOR PROGRAM

Starting in about September and extending through February, students meet with a preceptor regularly. Students should plan and arrange to meet with their preceptor during recommended times to take an H&P, and during the following week meet to discuss the write up and practice an oral presentation. Over the academic year, M2s will perform and write up **five** History and Physical Examinations (H&Ps) on patients in the clinical setting.

Please note: Students should plan meetings with their preceptor as early as possible throughout the preceptor program, well ahead of due dates. Many preceptors know their schedules well in advance; therefore, we recommend tentatively planning all specific meeting times at the beginning of the preceptorship program.

For each H&P, the student will submit the H&P in standard format initially learned in PCM1, plus a differential diagnosis, pertinent +/- list, problem list, assessment, and plan (A/P), and admitting orders when applicable. M2s are just starting to hone these skills, and the goal is to see steady progression so that the student may be ready to begin their clerkships with the expected skills for the next phase of their training. Students do not need to re-write H&Ps after their preceptor makes corrections and suggestions, but rather they should incorporate these tips into the next H&P.

All preceptor evaluations are due on the dates given. All write-ups and accompanying forms are to be submitted online (Sakai) by the set deadlines.

Failure to turn in a write-up by the deadline will result in receiving an “Incomplete” for this component of PCM2. A student cannot pass PCM2 until the “Incomplete” is corrected. Completion of H&Ps is considered similar to physician charting in the real patient care environment and to be submitted in a timely manner.

It is the students’ responsibility to contact the preceptor to arrange timely meetings and turn in all write-ups by the set deadlines. If there are extenuating circumstances, the student should notify the Course Coordinator and the Course Director as soon as possible so we may assist you.

Grading for the preceptorship:

The student must complete and submit by their individual due dates to “Meet Expectations” of the preceptorship.

- Each of the five H&Ps and other accompanying material (problem lists, assessment and plan, admit orders when applicable)
- Preceptor evaluations of each H&P write-up
- The final preceptor evaluation of student
- The student evaluation of the preceptor

The preceptor's "Final Evaluation" is the basis for the grade for the preceptorship; the evaluations of the first four H&Ps are formative with the expectation of progressive improvement over the academic year.

'Meets Expectations' in all components of Final Preceptor Evaluation is needed to obtain a grade of Pass. Any 'Does Not Meet Expectations' is considered a failure. The Course Directors will review any 'Meets with Concerns' and a passing grade for the preceptorship will be determined on an individual basis.

ORAL PRESENTATIONS:

The student will give an oral presentation of at least two of the histories and physicals (H&Ps) performed through the preceptor program to their small group.

After the presentation, present additional information related to the case as part of a Lifelong Learning effort. See the next section on lifelong learning.

LIFELONG LEARNING: Independent lifelong learning is always encouraged. For this course, it shall be demonstrated by briefly sharing information the student has learned through reading and/or researching a topic around a case they have encountered during the preceptorship. Any variety of reliable resources may be used, such as current peer-reviewed journals that address information relevant to their case.

- One presentation may focus on any point of interest related to the case, for example—the sensitivity or specificity of a particular exam maneuver in making the diagnosis.
- *To emphasize learning more about disparities within health care, the second presentation should focus upon an issue related to their case of how underserved and/or underrepresented patient populations may experience a difference in health care, viable solutions or any other relevant or interesting information that highlights these variations in healthcare delivery in these circumstances.*

Other Assignments/Requirements:

Interprofessional Education: Working with other professionals in health care is part of the daily activities of the physician. Learning more about their training, work and perspective helps the physician be a better member of the health care team and helps them provide better patient care. Opportunities will be provided.

- Attendance and active participation as outlined in instructions provided = P

Service Reflection: Keeping with our Jesuit Mission, service is an important aspect of our school. Students submit a brief reflection on their service (or a reflection on opting out of service). Details on this reflection assignment will be provided.

- Submission of reflection paper = P for this requirement

GRADING POLICY:

This course is Pass/Fail. **A minimum satisfactory level for each component in PCM2 is required to successfully move on to the next phase of their training.** A final grade will be awarded at the end of the academic year. This grade is based on performance covering the duration of the course according to school policy.

Evaluation in PCM is based on the following categories and their definitions:

Meets Expectations: The student is doing well, and is meeting the benchmark set for a solid, average medical student.

Meets Expectations with Concerns: The student is meeting the benchmark but at a minimum level and there are concerns that this student may need some extra assistance or work in a particular area to eventually pass the course.

Does Not Meet Expectations: A red flag that the student is not meeting the minimum level set for competency in this area.

Students must “Meet Expectations” set for each component of PCM2 to pass PCM2.

If, at any time, a student earns a single mark of “*Does Not Meet Expectations*,” they will fail that component of the course and will need to remediate that component.

PCM2 Grading Policy Brief Summary: P=Pass P*=Remediated Pass F=Failure

Students must pass all individual components to pass PCM2.

See above description for details.

Students are graded according to the Stritch School of Medicine competencies as:

Does Not Meet Expectations, Meets with Concerns, or Meets Expectations.

“*Meets Expectations*” in all components each semester is expected. Any “*Meets with Concerns*,” particularly multiple “*Meets with Concerns*” will be reviewed by the Course Director(s) and a passing grade for that component will be determined on an individual basis.

Attendance is required at all live, in-person sessions.

Components are:

- Lecture attendance
- Small group
- Clinical Skills and Mastery Sessions
- Workshops
- OSCEs
- Special sessions
- Written Exams
- Preceptor Program
- Professionalism

Note: The information in this document may change to accommodate unexpected events and or make improvements to the course.

STRITCH SCHOOL OF MEDICINE DRESS CODE, APPEARANCE, AND SCRUB ATTIRE

Students are expected to be in compliance with the following appearance and uniforms standards of the Stritch School of Medicine, which are in accord with the uniform policy of Loyola University Medical Center. *Students assigned to clinical sites other than LUMC are responsible for learning and following the clinical site's policies and procedures concerning scrub attire.*

General Dress Standards

Students are expected to comply with the following appearance and uniforms standards of the Stritch School of Medicine, which are in accord with the uniform policy of Loyola University Medical Center and **appropriately represent the SSOM to the public**. Students assigned to clinical sites other than LUMC are responsible for learning and following the clinical site's policies and procedures concerning scrub attire.

General Dress Standards

Preclinical

- During the preclinical years, students are expected to dress appropriately in the academic, business, and clinical areas on campus.
- Shirt and shoes are required in educational, administrative, and clinical buildings and on the property that is adjacent to them. Gym clothes (except inside the Fitness Center), low cut tops, short shorts, and bathing suits are not suitable inside or outside of campus buildings.
- Closed toe shoes are required in laboratory areas for safety.

Clinical

- Students are expected to maintain a professional appearance in the clinical settings. Clothing should be business-like; necklines and hemlines should be conservative.
- Students should wear clean, pressed, well-fitting personal attire, and undergarments should be worn.
- Daily hygiene must include clean body, teeth, and clothes. Heavily scented fragrances should be avoided. [Perfume, cologne or aftershave, may not be used in those cases where it causes adverse physiological symptoms for others in the work environment.]
- Hair should be clean, well-groomed and tied back when engaging in patient care activities or operating machinery and should not obstruct vision or limit eye contact.
- Well-groomed beards, sideburns, mustaches are allowed, but may not interfere with personal protective face gear. If a student needs to wear facial hair for religious reasons, they may be required to provide documentation from clergy. [Nothing in this Policy is intended to prevent a hair or facial hairstyle that is consistent with cultural, ethnic, or racial heritage or identity, except for safety reasons that cannot be reasonably accommodated.]
- All cosmetic products, including make-up and lotions, must be fragrance free. Make-up must be applied conservatively and in a manner that does not detract from the professionalism.
- Fingernails will be clean and well-manicured. Nail length should not interfere with clinical activities

and polish color, if worn, should be conservative. Artificial nails and overlays (including, but not limited to, acrylics, overlays, wraps, tips, gels, or bonding) are not permitted.

- Body piercing must be small and minimal. Jewelry should be discreet and is not permitted in operating rooms. Any tattoos that may be offensive to others must always be covered.
- Shoes should be clean and in good condition with closed toes for safety (flip flops are not allowed).
- T-shirts, cropped tops, very short skirts, spaghetti strap tops, flip flops, jeans, shorts, sweat shirts, and sweat pants are not acceptable. Appropriate underclothing is required. Patterned and colored underclothing is not permitted when visible through clothing.
- **Buttons, pins, ribbons, stickers, or any items that are not part of an authorized uniform or that alter the professional image are not permitted. Outside of approved messaging (e.g., MAGIS pins issued by LUMC), no other logos or writing may be displayed on any clothing item, mask, or lanyard.**

Identification Badges

Students must wear a Loyola photo ID badge along with the Stritch student nametag on the vest pocket of their white coat. ID badges issued at other clinical teaching sites should be worn in addition to the Loyola ID when at the other clinical site.

PLEASE NOTE: Stritch reserves the right to deactivate or seize a student's ID badge(s) due to academic dishonesty and/or unprofessional behavior until the school deems it appropriate to reactivate or return the item(s) to the student. A dismissed student is required to immediately return their student ID badge(s) to the SSOM Office of Registration and Records.

White Coat

Students should wear a clean, pressed, short white coat in clinical areas. Coats should be plain, white, with no embroidery above the vest pocket and an official LUMC patch may be sewn on the sleeve. A long white coat must be worn in lieu of a short coat at LUMC whenever scrub attire also is worn (see Scrub Attire section). No buttons or pins should be attached to the white coat (with the exception of MAGIS pins issued by LUMC).

Scrub Attire

- Students should arrive at the medical center campus in appropriate street clothing. Scrubs are not to be worn going in to or out of clinical areas, or between clinical areas and other campus buildings.
- Scrubs can be worn where performance of procedures is a major component of the patient care activities (e.g., operating rooms, trauma bay/emergency room, burn center, and surgical intensive care). Scrub attire must be restricted to the designated areas specified by the medical center. Students are expected to change from scrub attire as soon as possible when it is no longer necessary to wear such garb as a uniform.
- Scrub attire provided by the medical center is their property and must be returned immediately after use. Please note: scrubs cannot be disposed of or stored anywhere in the Cuneo Center/SSOM.
- After use, scrubs are not to be worn if they have bodily fluids on them. Scrubs should be changed

immediately if they become contaminated.

- Scrubs worn outside of procedure areas are to be covered with a long lab coat that must remain buttoned at all times. Do not sit in the cafeteria or other areas with an unbuttoned lab coat if wearing scrubs.
- Surgical hats, booties, or masks are not to be worn outside of the operating room or procedure areas.

**Also for your reference*

[TRINITY HEALTH DRESS & APPEARANCE POLICY](#)