Review of On-Doc 1 and 2

- Course occurs in Years 1 and 2
- Course Director(s) – Roshini Pinto-Powell and Adam Weinstein
- Course Administrators
  - Terri Eastman
- Course is Aug to June year 1 and 2
  - 2 hours weekly (large group/small group sessions)
  - Every other week preceptor visits
- Previous review during redesign, no follow up action items from that review
- Review Date/Team
  - June 15th, 2016; Dr. Ogrinc (SADME), Dr. Dick (GAME), Dr. Mason (GAME), Brenda Green, MLS, Marietta Smith GMS3, (MEC), Alison Ricker, MPS (OCE)
Course Objectives

• Ilios different from Canvas

• Patient Interview
  1. Demonstrate the ability to be an active listener.
  2. Effectively apply the functions and structure of the medical interview in a focused and complete manner.
  3. Demonstrate and conduct an efficient & organized patient interview.
  4. Report and record diagnostic information completely and accurately to manage a patient's biomedical and psychosocial problems.
  5. Provide patient education, patient-centered counseling skills, and facilitate behavior change.
  6. Demonstrate sensitivity to patient values, life circumstances, and culture.
  7. Assess and address health literacy throughout the patient encounter.
  8. Demonstrate the ability to have difficult conversations with patients and families.
Course Objectives

Physical Diagnosis

9. Perform a primary survey to assess patient clinical status (vital signs, ABCs, etc.,).
10. Perform basic life support.
11. Perform an organized, complete, normal physical exam (excluding GU/GYN) accurately and efficiently on a classmate or standardized patient.
12. Demonstrate the ability to apply more advanced physical exam maneuvers to elucidate common abnormalities and pathologies.
13. Perform a focused physical exam guided by the patient history.
14. Be mindful of patient comfort while performing the physical exam.
15. Express clinical reasoning through generation of an assessment (including differential diagnosis) and plan in write-ups and oral presentations.
16. Recognize and apply the correlation between basic science concepts and clinical presentation.
17. Recognize appropriate situations in which laboratory studies and imaging may be required to supplement the patient interview and physical exam.
18. Demonstrate effective use of patient decision aids.
19. Demonstrate facility with current medical technology in patient education and care.
20. Demonstrate consideration of quality and cost of care, and stewardship of resources.
21. Apply population health concepts in clinical decision-making.
Communication & Reporting

22. Demonstrate appropriate and effective use of the electronic medical record throughout the patient encounter.
23. Organize clinical data in clear, concise write-ups using the appropriate format for the given clinical setting.
24. Prepare and deliver organized, clear, and concise oral presentations using the appropriate format for the given clinical setting.
25. Demonstrate appropriate reporting of pertinent normal and abnormal findings in both written and oral forms.
26. Demonstrate the ability to give and receive constructive feedback with peers and colleagues.
Professional Relationships

27. Develop and sustain respectful doctor-patient relationships.
28. Construct collaborative working relationships with other health care providers.
29. Demonstrate professional and ethical conduct as a physician.
30. Assist in creating a safe and respectful learning environment for other learners.
Course Objectives

Personal & Professional Responsibilities

31. Demonstrate professional and ethical behavior in all aspects including preparation and active participation in all aspects of the course.
33. Evaluate and reflect on your own personal values and attitudes and the influence of these on your relationships with patients.
34. Demonstrate habits of self-reflection in balancing personal and professional life, personal reactions to clinical work, and your identity as a physician.
35. Employ resilience skills to cope with professional and personal challenges.
36. Demonstrate leadership and advocacy when appropriate.
Course Objectives

• Psychology of Illness Objectives (these are session objectives)
  • explore the implications of illness, suffering, and loss for patients and their families, friends, communities, and care providers;
  • observe the important role of well-functioning inter-professional teams in providing optimal patient care;
  • consider and discuss difficult ethical issues that arise in the course of providing and receiving clinical care;
  • learn and apply principles of psychology to the provision of clinical care, in the context of clinical simulations;
  • practice and amplify on the communication skills that are introduced in On Doctoring;
  • consider skills and strategies that can usefully be adopted to help physicians develop career-long resilience;
  • activate the emotional and spiritual capacities that make physicians become more effective and cherished healers.
Format of Course & Session Objectives

- Course objectives are provided in the syllabus
- Course objectives are written in the correct format
- Session objectives are mostly provided in the course materials
- Session objectives are mostly written in the correct format
Course Objective Summary

- Appears that there may be two versions of Objectives depending on where one looks, these need to be unified and linked to a single database.
- This Review focused on the objectives listed in the most recent Canvas materials available to the students.
- Highlights
  - Merge 2 and 3, add qualifier that interviewing should be “non-judgmental and supportive”
  - Drop 10 as BLS is not included as part of this course
  - Modify 11 by dropping “classmate or standardized patient” and “excluding GU/GYN”
  - Modify 14 to use a different word than “mindful” which is likely too difficult to assess
  - Move 18 to a session objective status
  - Remove 19
  - Remove 21 as too broad and is covered in new course rather than On-Doc
  - Obj 22: Assure this is covered as not all student will have access to EMR in their clinical sites
Course Objective Summary

- Session Objectives inconsistently included in materials
- Would add individual session objectives for each of the POI sessions
- Would use one site for course and session objectives and link from other pages back to that site to assure consistency
Issues of Redundancy

• Are there major issues of redundancy with other courses?
  – All information seems appropriately gauged with an understanding of the 4 year learning spectrum (ie introduction to PE skills then to be honed during clerkship years)
  – Clinical decision making sessions not specifically coordinated with PBL
    • Reasoning should be made clear to students to avoid confusion
How do Y1/2 courses prepare for Y3

• Questions asked at end of clerkship
  – 1= poor and 5= excellent
Results: Overall
Results: Communication
Results: PE
Results: Medical Knowledge

[Bar chart showing medical knowledge scores for different specialties (FM, MED, OB, PED, PSYCH, SURG, GAM, NEURO) compared between two years (14-15, 15-16).]
Essential Skills – Year 1

- HPI
- PMH
- ROS
- Social History
- Family History
- Occupational History
- Health Maintenance History
- Vital Signs
- Cardiac Exam
- Pulmonary Exam
- Abdominal Exam
- Skin Exam
- Oral Presentation, Ambulatory Encounter
- Prepare Clinical Note

- Are these appropriate for this course? - YES
- Would you add or subtract any? - NO
Essential Skills – Year 2

- Clinical visit (13)
- Abd exam
- Cardiac exam
- GU exam
- Gyn exam
- HEENT exam
- HPI, PMHX, ROS
- MSK
- Neuro exam
- Pulm exam
- Sexual hx
- Smoking cessation: Recommend change to “motivational interviewing”

- Are these appropriate for this course? - YES
- Would you add or subtract any?
  - Oral presentation
  - Prepare clinical note
Exploration of Ethics

- Psychology of Illness has medical ethics ingrained into discussions, write ups and reflections that all students participate in
- Cultural awareness self reflection
- Preceptor and facilitator evaluations of students
Course Learning Opportunities

• Clinical experiences
  – Year 1: 13 preceptor visits (3-4 hours each); AA/NA meeting with reflection write up
  – Year 2: 14 preceptor visits (at least one inpt visit)

• Small Group (topic based)
  – Year 1: 65 hours
  – Year 2: 34 hours

• Large Group
  – Year 1: 9 hours
  – Year 2: 8 hours
Course Learning Opportunities

• Assignments
  – Year 1:
    • Culture Essay
    • Essay or Poem about experience with Cadaver
    • Pre-session Quizzes on HENT, Pulmonary and CV
    • Clinical Write Ups – 3 Fall and 6 Spring
  – Year 2:
    • Clinical Write Ups: 6 Fall and 4 Spring
    • Pre-session Quizzes on Cardio/Pulm, Abd, HEENT, Neuro, Back and Joint

• OSCEs
  – Year 1: 2
  – Year 2: 1
Summary regarding Pedagogy

- Nice mix of small group, large group, preceptor visits, skills labs, SP and OSCEs
- Consider making Gyn and GU skills sessions required by all students (these 2 not formally covered in SG sessions)
- Add back breast exam experience with mannequins
Assessment

• Pass/Fail Grading with clear expectations
• OASIS Requirement Checklist
  – All clinical encounters documented (not a Geisel or LCME Policy as Syllabus states) – fine to be an On-Doctoring Policy
• PE skills test end of year 1 and year 2
• SP interviewing – 2
• PE Quizzes
• OSCEs: 3 total
• Clinical Write Ups: 19 total
• Oral presentation: 6 total
• Assessment by preceptors and facilitators
Summary regarding Assessment

- Appropriate use of multiple assessment measures throughout 2 year course.
- Consider encouraging clinical preceptors assess write ups for accuracy in addition to having facilitators grade them. Could send to facilitator and preceptor at same time so results not skewed.
# Measures of Quality – Course Evaluation

*scale [1= strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree]*

<table>
<thead>
<tr>
<th>On-Doc 1</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Content / usefulness of small group</td>
<td>4.18</td>
<td>4.3</td>
</tr>
<tr>
<td>Overall usefulness of visits to preceptor site</td>
<td>4.39</td>
<td>3.98</td>
</tr>
<tr>
<td>Visiting Prim. Care preceptor was helpful</td>
<td>n/a</td>
<td>4.41</td>
</tr>
<tr>
<td>Visiting secondary preceptors helpful</td>
<td>n/a</td>
<td>4.12</td>
</tr>
<tr>
<td>How well did OSCE help gain basic level of competence – pt relationship</td>
<td>n/a</td>
<td>3.73</td>
</tr>
<tr>
<td>How well help gain history taking</td>
<td>4.29</td>
<td>4.12</td>
</tr>
<tr>
<td>How well ... motivational interviewing</td>
<td>n/a</td>
<td>3.45</td>
</tr>
<tr>
<td>How well... physical exam</td>
<td>4.08</td>
<td>3.64</td>
</tr>
<tr>
<td>How well... oral presentations</td>
<td>3.93</td>
<td>3.57</td>
</tr>
<tr>
<td>How clear were obj of POI</td>
<td>3.39</td>
<td>3.27</td>
</tr>
<tr>
<td>How well facilitated POI large group</td>
<td>3.35</td>
<td>3.78</td>
</tr>
</tbody>
</table>
# Measures of Quality – Course Evaluation

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<tbody>
<tr>
<td>How well facilitated POI small group</td>
<td>3.64</td>
<td>3.45</td>
</tr>
<tr>
<td>Rate relevance of POI prep materials</td>
<td>3.51</td>
<td>3.58</td>
</tr>
<tr>
<td>Rate usefulness of prep materials POI</td>
<td>3.46</td>
<td>3.46</td>
</tr>
<tr>
<td>How helpful iBooks for small group prep</td>
<td>n/a</td>
<td>3.49</td>
</tr>
<tr>
<td>How helpful Canvas resources</td>
<td>n/a</td>
<td>3.60</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>3.83</td>
<td>3.77</td>
</tr>
</tbody>
</table>
# Measures of Quality – Course Evaluation

*scale [1= strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree]*

<table>
<thead>
<tr>
<th>On-Doc 2</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall quality and effectiveness of large group</td>
<td>4.25</td>
<td>3.85</td>
</tr>
<tr>
<td>Content and usefulness small group</td>
<td>3.93</td>
<td>3.8</td>
</tr>
<tr>
<td>Overall satisfaction with clinical reasoning session</td>
<td>3.67</td>
<td>3.9</td>
</tr>
<tr>
<td>How effective Peds exam session</td>
<td>3.71</td>
<td>4</td>
</tr>
<tr>
<td>How effective Comm. In surgery</td>
<td>3.58</td>
<td>3.84</td>
</tr>
<tr>
<td>How effective OB session</td>
<td>3.39</td>
<td>3.37</td>
</tr>
<tr>
<td>Inpt experience DH</td>
<td>4.43</td>
<td>4.2</td>
</tr>
<tr>
<td>Inpt experience VA</td>
<td>4.51</td>
<td>4.12</td>
</tr>
<tr>
<td>Inpt experience preceptor</td>
<td>4.44</td>
<td>4.26</td>
</tr>
<tr>
<td>How well gain basic PE competence</td>
<td>4.09</td>
<td>3.83</td>
</tr>
</tbody>
</table>
# Measures of Quality – Course Evaluation

scale [1= strongly disagree; 2=disagree; 3=neutral; 4=agree; 5=strongly agree]

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<tbody>
<tr>
<td>How well... history taking</td>
<td>4.29</td>
<td>4.27</td>
</tr>
<tr>
<td>How well... oral presentations</td>
<td>3.69</td>
<td>3.66</td>
</tr>
<tr>
<td>How helpful Bates</td>
<td>3.14</td>
<td>2.76</td>
</tr>
<tr>
<td>How helpful Canvas syllabi</td>
<td>3.75</td>
<td>3.63</td>
</tr>
<tr>
<td>Percent time using OASIS requirement checklist to set goals to improve experience</td>
<td>2.11</td>
<td>2.10</td>
</tr>
<tr>
<td>Overall satisfaction</td>
<td>3.58</td>
<td>3.6</td>
</tr>
</tbody>
</table>
# Measures of Quality – Student Comments

## On-Doc 1 Strengths

<table>
<thead>
<tr>
<th>Area</th>
<th>AY15-16</th>
<th>AY14-15</th>
<th>Representative Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient/Provider presence at POI</td>
<td>67</td>
<td>60</td>
<td>“I felt the patient panels and physician panels were excellent, allowing us students to gain insight into their stories and lives.”</td>
</tr>
<tr>
<td>Small groups provide an environment for practice, feedback, and reflection</td>
<td>20</td>
<td>23</td>
<td>“It's also great to spend time in a small, intimate group and discuss everything. In some ways, it feels like a catch-all to address everything not directly in the purview of our other classes.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“I really appreciate the learning and practicing of history taking and physical exam skills. I appreciate all the time scheduled into the course for actual practice, which is what I benefit the most from.”</td>
</tr>
<tr>
<td>Positive learning experiences with facilitators, preceptors</td>
<td>11, 15</td>
<td>21, 22</td>
<td>“Our facilitator is great and the weekly meeting has really kept my morale up overall this first term. Our facilitator's investment in our education has really been incredible.”</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>“I got lucky being paired with an ICU and Surgery specialist - I am interested in both fields and am happy to get early exposure to that!”</td>
</tr>
</tbody>
</table>
# Measures of Quality – Student Comments

## On-Doc 1 Suggestions for Improvements

<table>
<thead>
<tr>
<th>Area</th>
<th>AY15-16</th>
<th>AY14-15</th>
<th>Representative Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Group Agendas</td>
<td>15</td>
<td>4</td>
<td>“Sometimes we spend a lot of time talking and not as much time practicing skills. This has improved through the term, and I think that having students present on the topics we are learning really helped with this.” <strong>(Keeping on-task is shared responsibility among students, i.e., timekeeper, and facilitator)</strong></td>
</tr>
</tbody>
</table>
| Secondary preceptor visits          | 16      | N/A     | Students described:  
- Difficulties with scheduling  
- Being limited to a shadowing role  
- Having fewer opportunities to practice clinical skills  
**(Are students having trouble meeting requirements in OASIS?)**  
**(Should secondary preceptors be introduced in Year 2 instead of Year 1? Or second half of Year 1 given the need to schedule inpatient encounters during Year 2 too?)** |
| POI Suggestions                     | 9       | 9       | Students recommended:  
- Improving facilitation  
- Clarifying large and small group objectives  
- Refining the session on “Shared Decision Making” |
| Requests for better examples of PE skills, oral presentations, write-ups | 6       | 4       | “There were parts of the physical exam that were not explained well by either the iBook or Bates”  
“Having some sample write ups would be very helpful! I feel like I just do not know how to document the findings!” |
Measures of Quality – Student Comments

On-Doc 1

• Other issues from student comments
  – Students not held to the same standards across groups, e.g., write-up due date expectations
    • How might we identify and reconcile these differences earlier?
  – OASIS troubleshooting
    • Students requesting instructions about how to log visits
  – Distant preceptor sites
    • “I really wish my primary care preceptor wasn't an hour and a half drive away. It makes it very difficult for time management and frustrating to drive that far and only see a couple patients. It's also expensive.”
    • This is a known issue, and I’m not sure what could be changed
# Measures of Quality – Student Comments

## On-Doc 2 Strengths

<table>
<thead>
<tr>
<th>Area</th>
<th>AY15-16</th>
<th>AY14-15</th>
<th>Representative Quote</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive learning experiences with small</td>
<td>52+</td>
<td>47+</td>
<td>“The bonds formed with my On Doc group, facilitator, and preceptor are what I most cherish from On Doc this year.”</td>
</tr>
<tr>
<td>groups, facilitators, preceptors</td>
<td></td>
<td></td>
<td>“By the end of our two years, we were very comfortable as a group and since we all knew how everyone else learned, we were able to work with each other to maximize our sessions”</td>
</tr>
<tr>
<td>Clinical Skill Building</td>
<td>23</td>
<td>9</td>
<td>“The overall experience of On Doctoring between years 1 and 2 truly has given me the skills to perform physical exams, take histories, and perform oral presentations for when I hit the wards next month. I feel confident in my abilities, and I give the course tremendous credit for that.”</td>
</tr>
<tr>
<td>Clinical Reasoning Sessions</td>
<td>6</td>
<td>11</td>
<td>Students specifically benefitted from developing a differential diagnosis and synthesizing information from SBM and On-Doc.</td>
</tr>
<tr>
<td>Area</td>
<td>AY15-16</td>
<td>AY14-15</td>
<td>Representative Quote</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------</td>
<td>---------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Clinical Reasoning Cases</td>
<td>10+</td>
<td>28+</td>
<td>Students noticed an overlap with PBL. Recommend moving these sessions to the week before SBM finals, making each session relevant to that term of SBM.</td>
</tr>
<tr>
<td>Practice/Feedback for various clinical skills</td>
<td>15</td>
<td>5</td>
<td>“I would recommend that we do one fewer small group session on clinical reasoning and instead be given time to practice oral presentations and review physical exam skills.” (I’m not sure why this suggestion was mentioned more frequently in AY15-16. It was my understanding that students were required to do a certain # of oral presentations and complete an observed full physical exam.)</td>
</tr>
</tbody>
</table>
| Large Group Lectures (LGBTQ, IPV, etc)    | 8       | 14+     | Students recommend:  
- Expanding the number of panel participants for LBGTV  
- A thoughtful approach to sensitive material discussed during IPV  
- Improving facilitation for IPV  
- IPV could be aligned with similar topics discussed during SBM Repro |
| Small Group Sessions (Surgery, Peds, OB/GYN) | 7+      | 18+     | Students did appreciate exposure to 3rd year expectations  
Students recommend:  
- Clarifying the goals and number of cases to prep for Surgery  
- Offering more hands-on opportunities for OB/GYN skills (Are these requests mirrored in Year 3 Clerkship course reviews?) |
On-Doc 2

• Other issues from student comments
  – Align On-Doctoring with SBM schedule, taking exam timing into consideration
  – Request for SPs, volunteers with PE findings for additional practice
    • It is also worthwhile to practice how to communicate such findings to patients
  – Request for standardized write-up template on Canvas
    • This suggestion decreased in frequency in AY15-16. Has Canvas toolbox been expanded in 2015-2016 such that this request is resolved?
  – OASIS troubleshooting
  – Variable experiences among groups
    • “I think that the quality of the small group experience varies substantially from group to group depending upon the facilitator. There were two groups this year who notably seemed to have a compromised small group experience due to their interactions with their facilitator. More attention should be paid to the quality of the student experience in light of their facilitator, and feedback about quality of facilitator should be collected on a more regular basis, with great attention paid to complaints about facilitator quality...some of my classmates have had excellent experiences and have felt that their On Doctoring group was like their 'family away from home'. I certainly did not feel this way, and I am certain that none of my fellow students in On Doc felt this way either”
    • Once again, how might we identify and reconcile these differences earlier?
• Solid foundational course overall that prepares students well for clinical years.

• Variation in quality dependent upon small group – facilitator pairings as well as clinical preceptorships
  – Would have students identify facilitator name on OASIS to better track this
  – Reach out to Mandela group (again) for facilitators

• Clarify objectives for POI
Recommendations

• Objectives
  – List course and session objectives in one place and use hyperlinks to refer back to that place to assure consistency
  – Merge 2 and 3, add qualifier that interviewing should be “non-judgmental and supportive”
  – Drop 10 as BLS is not included as part of this course
  – Modify 11 by dropping “classmate or standardized patient” and “excluding GU/GYN”
  – Modify 14 to use a different word than “mindful” which is likely too difficult to assess
  – Move 18 to a session objective status
  – Remove 19
  – Remove 21 as too broad and is covered in new course rather than On-Doc
  – Obj 22: Assure this is covered as not all student will have access to EMR in their clinical sites
Recommendations

• Objectives
  – Assure Session Objectives available for each session
  – Would add individual session objectives for each of the POI sessions

• Skills/Conditions
  – Change “smoking cessation” to “motivational interviewing”
  – Add “oral presentation” and “prepare clinical note” to skills to emphasize the importance of this with the preceptors not just the facilitators
Recommendations

• Pedagogy
  – Consider making Gyn and GU skills sessions required by all students
  – Add back breast exam experience with mannequins
  – More strongly encourage students to have preceptors review write ups for accuracy in addition to facilitators

• Course Assessment
  – Have students identify facilitator name in OASIS course assessment

• Faculty Development
  – Continue efforts undertaken to better standardize experience for students in small groups
Action Plan

• We have updated our Course Objectives based on the feedback of the MEC Review Committee (see slides at the end)

Psychology of Illness Objectives
• POI is a longitudinal session as a part of the course so these will be Session Objectives, not Course objectives

Session Objectives
• We will be updating each session and ensure objectives are written in proper format, on Canvas, and instead of placing them in the IBook, have the IBook link to Canvas objectives for each session

Essential Skills
• Y1 Essential Skills—no change
• Y2 Essential Skills—change “Smoking cessation” to “Motivational Interviewing” and add Oral Presentation and Written Note
**Action Plan**

**Sessions**
- There will be required sessions for GYN, GU, and Breast exams in Y2 this coming year

**Course Evaluation**
- We will update with a question – for them to identify “Who is your small group facilitator?” so we can sort the evaluations by small group

**Faculty Development**
- We continue Faculty Development on an ongoing basis throughout every academic year to share best practice
- We are aiming to have a co-facilitator for each group so that students will have multiple perspectives to learn from and this should help decrease variation as well
Action Plan--Objectives

• **Patient Interview**
  • Demonstrate the ability to be an active listener.
  • Provide patient education, patient-centered counseling skills, and facilitate behavior change using motivational interviewing techniques.
  • Demonstrate sensitivity to patient values, life circumstances, and culture.
  • Assess and address health literacy throughout the patient encounter.
  • Demonstrate and conduct an efficient & organized patient interview in a focused and complete manner based on the patient case.
  • Demonstrate the ability to have difficult conversations with patients and families.
  • Report and record diagnostic information completely and accurately to manage a patient's biomedical and psychosocial problems.
Action Plan--Objectives

• **Physical Diagnosis**
  • Perform an organized, focused or complete, physical exam accurately and efficiently as guided by the patient history, mindful of patient comfort.
  • Demonstrate the ability to apply more advanced physical exam maneuvers to elucidate common abnormalities and pathologies.

• **Clinical Reasoning & Decision Making**
  • Practice clinical reasoning through generation of an assessment (including summary statement and differential diagnosis) and plan in write-ups and oral presentations.
  • Apply the basic science concepts to the clinical decision making and disease prevention.
  • Demonstrate effective use of shared decision making using patient decision aids.
Communication & Reporting
- Demonstrate the ability to give and receive constructive feedback with peers and colleagues.
- Organize clinical data in clear, concise write-ups using the appropriate format for the given clinical setting.
- Prepare and deliver organized, clear, and concise oral presentations using the appropriate format for the given clinical setting.
- Demonstrate appropriate and effective use of the electronic medical record throughout the patient encounter.

Professional Relationships
- Exemplify the highest standards of ethical, professional, and personal behavior
- Assist in creating a safe and respectful learning environment for other learners.
- Construct collaborative working relationships with other health care providers.
- Develop and sustain respectful doctor-patient relationships.
- Demonstrate the ability to provide compassionate and culturally sensitive clinical care that is attuned to the patients’ preferences, goals, and life circumstances.
**Action Plan--Objectives**

**Personal & Professional Responsibilities**

- Demonstrate professional and ethical behavior including preparation and active participation in all aspects of the course.
- Practice self-directed learning.
- Evaluate and reflect on your own personal values and attitudes and the influence of these on your relationships with patients.
- Describe through narrative reflection the impact of a service based learning experience.
- Demonstrate habits of self-reflection in balancing personal and professional life, personal reactions to clinical work, and your identity as a physician.
- Employ resilience skills to cope with professional and personal challenges.
- Demonstrate leadership and advocacy when appropriate.
- Experience the variety of clinical fields across age, setting, and procedural specialties.