

## Learning objectives – LPP (as given to students)

**The learning objectives of the LPP are met by placing students in a variety of clinical settings and specialties. Therefore, students can expect differences between their experience and those of their classmates. Some of these guidelines may be difficult to complete depending on the clinical setting. As long as you are meeting the basic educational goals then you are on the right track. If this is not happening, or you are having other difficulties with your LPP assignment, please let us know.**

1. Demonstrate knowledge of workflow of your practice site.
2. Describe Communication Skills used by your Preceptor in 1 patient encounter per session.
3. Demonstrate the ability to gather the 7 cardinal features.
4. Gather a History of Present Illness (HPI).
5. Gather components of the complete history: HPI, PMH, Meds, Allergies, FH, SH.
6. Demonstrate oral presentation from your LPP's history (see appendix and review Pass One in resources in ECL blackboard).
7. Observe the difference between a chronic/follow-up visit and acute illness visit.
8. Participate in a Continuity Patient Encounter if your practice setting is amenable. Options can include see same patient again, consultant visit, accompany preceptor to home visit, attend procedure.
9. Describe the role of another member of the patient care team through working with them during one of your sessions.
10. Utilize the patient's Electronic Health Record (EHR) to find vitals, medication list, diagnostic tests, medication allergies.
11. Complete preceptor and self-evaluation in December to demonstrate self -assessment skills
12. Complete and Submit the End of Semester Reflective Write-up via email submission to LPP@umassmed.edu (due end of January).
13. Perform LPP Presentation in ECL small groups - spring semester
14. Gather the Complete History over the course of the semester: HPI, PMH, Meds, Allergies, FH, SH.
15. Discuss the components of Health Maintenance/Disease Screening for patients. system and notes - resources in FM 104 to present in DCS; give age-appropriate milestones, immunizations and screening.
16. Demonstrate counseling skills with a patient (e.g. smoking, exercise, diet).
17. Demonstrate components of the physical exam –vitals, HEENT, heart, lung abdomen, musculoskeletal, Neurological.
18. Develop and Discuss Problem Lists (listing findings, group findings, problem list), Assessment & Plans for one patient at each session. Review with your preceptor.

## DETAILS OF LPP OBJECTIVES

(as provided to students)

1. **Communication Skills/Interviewing:** Observe your preceptor interviewing patients: how s/he introduces him/herself and opens the interview; how the four functions of the medical interview are addressed; how the chief complaint is characterized utilizing the seven cardinal features of the problem; how the preceptor addresses cultural issues and how they affect the patient/physician relationship. Observe how the patient perceives his/her illness and how the various cultural, emotional, and social perspectives through which the patient sees his/her illness influence the office encounter. Practice your interviewing skills (reflection, legitimization, partnership, respect and support) to develop a relationship with the patient and attend to their comfort during the interview.
2. **History of Present Illness/Complete History:** Practice obtaining the components of medical history, becoming comfortable with the questions and format that is traditionally used. We realize that performing a complete history, using all of the components at one time is a skill that develops over time. Therefore, early in the year we would like you to do as many of the components as you are able to with each patient that you interview. Refer to the components of the medical history in the appendix, for a more detailed review of the specific questions/information in each component. There are several components that comprise the medical history:
  - a. Chief complaint
  - b. History of Present Illness (HPI) – utilizing the 7 cardinal features
  - c. Past Medical History, Medications, Allergies
  - d. Family History
  - e. Social History
  - f. Review of Systems
3. **Demonstrate oral presentation skills:** This is one of the ways that you will be communicating with others regarding patients. The oral presentation is a basic skill that you will be utilizing throughout your career. This skill takes practice and the LPP setting is a great place to begin learning this skill. Discuss with your preceptor ways you can start practicing the oral presentation with the patients you are seeing. Have them demonstrate how they do an oral presentation.
4. **Observe the difference between a chronic/follow-up visit and acute illness visit: Identify** a patient with an acute illness and discuss with your preceptor how they approach this type of visit. Examples you may encounter include: Upper Respiratory infection, Earache, Sports injury. Identify a patient with a chronic illness and discuss it with your preceptor. Examples you may encounter include: Asthma, Neurodevelopment problems, and Cystic fibrosis in children; Hypertension, Diabetes, Psychiatric Conditions and COPD (Chronic obstructive pulmonary disease) in adults. Observe the different approaches they may use during the encounter. Also look for differences in how a preceptor approaches a well-established patient compared to a patient they have never met before.

5. **Participate in a Continuity Patient Encounter:** Discuss with your preceptor to see if the office could arrange a follow up appointment with a patient you have seen at a time when you will be back in the office. Observe the differences in the encounter when you see the same patient a second or third time. You may also want to see if that patient has other medical appointments within the healthcare system and ask to attend those as well. This could be visits with other specialists or other scheduled tests such as radiology procedures, cardiac testing, home visits, or pre-op testing. Not all practice settings (emergency department) are amenable to have continuity with the patients you are seeing so options would be to accompany a patient to the medical floor if admitted or visit them the following day. Patients always seem to remember students they have seen so look for the initial reaction they have when they see you again and get a feel for how you have already established some level of rapport with that patient.
6. **Describe the role of another member of the patient care team (IPE or Interprofessional Medical Education):** Working with members of the patient's health care team is a valuable experience. This will help you to understand the team members in your preceptor's office and the role they play in the patient's care. Examples could include spending some time with the triage nurse on the phones, working with the health assistants rooming the patients, spending time in the lab or radiology, or working with the front desk staff at registration.
7. **Electronic Health Record (EHR):** Most medical offices and hospitals now utilize some form of a medical record on EHR. Ask your preceptor to guide you through ways he/she uses the EHR in the care of their patients. This will be very helpful as you move into the in-patient setting during your hospital sessions. Try to find vital signs, medication lists, medication allergies, problem lists, health maintenance screening tests.
8. **WBAs:** Students will submit these to their Preceptor 3x/semester. See instructions on page 9&10. Preceptors should fill these out within 48 hours.
9. **End of Fall Semester Reflective Write-Up**  
*DUE January of each AY via email submission to the LPP mailbox at LPP@umassmed.edu which will be ECL small group leaders.*

This is an opportunity for you to take some personal time to sit back and reflect on becoming a doctor and doctoring. Please complete a written narrative, reflecting on a specific experience or on your total experience to date with patients. Include any or all of the following reflections: How has working with patients affected you? How, if at all, has your perception of what a doctor is changed? How, if at all, has the way in which you would practice as a physician changed? Have you observed examples of patient advocacy where the doctor has done out of their way to help a patient? Feel free to comment on any other impact this experience has had on you, whether good or bad.

There is no required length to the write-up, but we encourage you to be thoughtful and complete. You may want to reflect on your experience over the winter break – so this component is not due until the end of January, but you are encouraged to complete it sooner. This writing assignment will not be shared with your preceptor (although you are certainly welcome to do so), but your ECL small group facilitators will have the opportunity to review and provide comments.

- 10. Gather the Complete History over the course of the semester: HPI, PMH, Meds, Allergies, FH, SH:** We realize that performing a complete history for one patient, using all of the components at one time, is a skill that develops over time. It can also be time-consuming. You will have a chance to do this in the hospital sessions next year. However, the LPP setting can be an excellent opportunity to start practicing this task. Observe your preceptor and how they manage to make a complete medical history of either a patient they already know or new patients they are seeing for the first time. Observe the different approaches for these patients. Discuss with your preceptor setting up a patient for you to practice the complete history.
- 11. Perform a Health Maintenance/Disease Screening visit:** Identify a patient who presents for a check-up (yearly health maintenance visit) and record on the *'Health Maintenance/Disease Screening Note'* that follows in the appendix. Prevention and screening examples you may encounter include a well child visit, cancer screening, immunizations, high risk population screening (e.g. HIV testing for those with high-risk behavior) or a variety of other issues (cholesterol, vision, hearing, dental, sun exposure). These visits will provide a basis for your DCS small group discussions. Review the health maintenance section on the patients EHR and observe how these screening indicators are recorded. Does the practice or the EHR have built in reminders to alert the provider or patients when something is due?
- 12. Demonstrate counseling skills with a patient:** You can discuss this with your preceptor to help find a patient that might need counseling to help change a behavior (e.g. smoking, diet, or exercise). You can utilize the skills you will learn in the spring semester in your DCS1 small groups on the 5 A's of counseling and motivational interviewing. You may want to role play this with your preceptor first before trying with a real patient.
- 13. Demonstrate components of the physical exam:** You will be introduced to physical exam skills in the Physical Diagnosis course which runs from November through February (vitals, HEENT, heart, lung abdomen, musculoskeletal, Neurological). However, be prepared with your stethoscope on your first visit. Your preceptor will likely introduce the physical exam early in your sessions so be prepared and take advantage of this clinical setting to practice your exam skills. Your preceptor may use different techniques from what you are learning in the physical diagnosis course. Also, discuss with your preceptor how they decide what exam to do? Is it a focused exam based on the HPI or the patients' medical history? Is it a yearly physical exam so all exam components are performed?
- 14. Develop and Discuss Problem List (list findings or group findings), Assessment and Plans:** As you progress through the year start working on this with your preceptor and complete these details on at least one patient per session. This is your opportunity to use critical thinking skills, i.e. putting it all together in terms of what the patient's problems are, how to evaluate them and how to treat them. Ask your preceptor to review with you. Ask how your preceptor uses the problem list. To help you problem solve a case, you may want to first list your findings and then group common elements so you can better understand what is going on and how best to develop an assessment and plan. These concepts will also be reviewed in your ECL small groups.