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## **Integrated Practice of Medicine Course Clinical Reasoning and Clinical Skills Faculty Responsibilities and Schedule**

### **Introduction**

Clinical courses at University of South Carolina School of Medicine Greenville include didactic and psychomotor applications in clinical reasoning and clinical skills, and an appreciation of the behavioral and social aspects required to be a successful practitioner. All clinical and biomedical content is integrated so students will appreciate how basic medical sciences are applied to actual patient care. The Integrated Practice of Medicine (IPM) Course is part of both M1 and M2 years and consists of two sections, (1) Clinical Reasoning and (2) Clinical Skills. Clinical Reasoning consists of case presentations with discussion and case resolution, and Clinical Skills involves history-taking, physical examinations, and skill performance. In both the Reasoning and Skills components, the behavioral and social content that covers all core competencies is provided through a longitudinal curriculum that expands in complexity each year. The following discusses each section in more detail and please see Appendix 1 for the 2019-2020 academic year schedule.

Thank you for your time, commitment, and investment in training our future physicians at the University of South Carolina School of Medicine Greenville.

### **IPM-1 Clinical Reasoning Faculty**

#### Overview

The introduction of clinical reasoning at the beginning of the M1 year starts with simple case presentations each week. Students actively participate by inquiring about the patient's complaint or other historical data as a case is being presented to the entire class. The case is discussed and resolved at the end of the week during faculty facilitated, student-led small group discussions, followed by the entire class convening to further discuss the case and how any social or behavioral issues affect the patient's health. The format of "what we know, what we need to know, and hypothesis generation" are used to provide students a foundation to build upon. As the year progresses and more clinical content is introduced, the cases are designed and expanded to highlight and place into context the biomedical science material presented. To achieve this integration, it is imperative that clinical and biomedical faculty work together to generate the case(s) and review accompanying educational material content. Biomedical faculty are encouraged to attend IPM sessions at the end of the week where cases and biomedical content is integrated. In addition, Behavioral/Social Science faculty will attend and coordinate the large group sessions following case resolution to place into context any behavioral, social, or population health issues. All M1 Clinical Reasoning Faculty will report to a designated Team Leader who will oversee all section activities and evaluate performance.

#### Responsibilities

1. Provide mentorship for a small group of 7-8 students. This will be your group for the entire year.
2. Periodically prepare selected weekly cases either assigned or based on interest or expertise. This will involve the following:
  - a. Work with individual biomedical and behavioral/social science faculty such that the case follows the biomedical content delivered for that week and includes the non-clinical aspects of patient and family-centered care.
  - b. Develop and provide faculty preparation material that emphasizes discussion points or other pertinent information related to the case so that discussions will be consistent amongst all groups. Information may be disseminated to faculty by email, Canvas, faculty meetings, handouts, etc. and should be provided at least 2 weeks prior to the case presentation.

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- c. Present the case to the class using Socratic methodology on Monday from 0800-0900. After November, cases will be presented on Friday.
3. In the Fall when cases are presented on Mondays and during weeks that you do not prepare or present cases, you are encouraged to attend presentations but this is not mandatory. All faculty will be expected to know the case and review the prepared faculty material so that you can guide your students in the reasoning components. The case to be presented to the students on Monday will be reviewed with faculty on the Friday beforehand.
4. Prepare all audiovisual presentations. Curriculum Coordinators are not responsible for preparing individual faculty slides or PowerPoint presentations; however, Suna Elkhider, Director of Instructional Design is available to assist in learning how to develop slides ([elkhider@greenvillemed.sc.edu](mailto:elkhider@greenvillemed.sc.edu) or 455-7881). The Curriculum Coordinator may assist in uploading any material to Canvas if provided within specified deadlines.
5. Provide oversight and lead the group discussion for your assigned small group during the case discussion and resolution session on Friday from 0800-0930, and participate in the full class integrated session that follows from 1000-1130 or attend faculty development sessions depending on the schedule.
6. Participate in EACH of the pre-scheduled Objective Structured Clinical Examinations (OSCE) conducted as follows:
  - M1: End of the 2<sup>nd</sup> semester (around mid-May, AM or PM)
  - M2: End of 1<sup>st</sup> semester (mid-December, AM or PM) and end of 2<sup>nd</sup> semester (around 3<sup>rd</sup> week in March, AM or PM)
  - M4: Core Intensification (1<sup>st</sup> 2 weeks in April, PM only)Faculty will be responsible to cover at least one session (minimum half day) for each of the above OSCEs. If unable to attend, this will be treated as an absence whereas faculty must find a replacement and brief them as to the expectations.
7. Provide individual written student evaluations for each member of your small group at least twice a semester using a pre-developed rubric and meet with each student to discuss their performance and areas for improvement.
8. Complete and submit all grades, assessments, and other feedback prior to the Winter Break (1<sup>st</sup> semester) and OSCEs (2<sup>nd</sup> semester).
9. Provide student and peer feedback to the Team leader.
10. The academic year is from July 1 until June 30. Holidays and breaks will occur during the year and faculty will be informed far in advance when they will not be expected to be present. Several faculty development sessions will take place during the summer months so faculty will be expected to be present when these are scheduled.

### Schedule

1. Monday 0800-0900: Case-of-the-Week presentation (ends in November). Note that this is optional for faculty not presenting the case
  - Friday 0800-0930: Small group Case-of-the-Week discussion, management, resolution, integration
  - 0930-1000: Faculty development
  - 1000-1130: Behavioral/Social/Population health case integration
  - 1130-1200: New case presentation (starts in November)

### **IPM-1 Clinical Skills Faculty**

#### Overview

The Skills component in the M1 year concentrates on students learning how to obtain a comprehensive patient history and perform a complete physical examination. This component does not commence until

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the Foundations Module begins (around mid-September) in order to provide some baseline material prior to skill performance. The class and faculty are split into AM and PM sessions.

On occasion, standardized patients will be used to complete these tasks, while other times the students may pair with one another or be assigned actual patients in the hospital. Sensitive examinations, e.g. breast, pelvic, rectal, and testicular are covered in the M2 year. Basic principles and applications of ultrasound will be integrated in approximately 15% of the sessions. All M1 Clinical Skills Faculty will report to a designated Team Leader who will oversee all section activities and evaluate performance.

### Responsibilities

1. Provide mentorship for a small group of 7-8 students. This will be your group for the entire year. Faculty will be assigned an AM or PM group as the class will be split into AM (0800-1200) and PM (1300-1700) sessions.
2. Select an organ system for history-taking and physical examination based on interest or expertise. This will involve the following:
  - a. Reading pertinent sections of the assigned textbook.
  - b. Review and follow the template for history and physical checklists established for the medical school and hospital system.
  - c. Develop and provide faculty preparation material that emphasizes discussion points or other pertinent information so that discussions will be consistent amongst all groups. Information may be disseminated to faculty by email, Canvas, faculty meetings, handouts, etc. and should be provided at least 2 weeks prior to the case presentation.
  - d. Present information to the AM clinical faculty on Tuesdays at 0745 and also present and/or demonstrate your history and/or physical examination material to the entire class from 0800-0900. Faculty must be prepared to answer all student questions.
  - e. The class will then be split into AM and PM sessions. Faculty assigned to the AM session will proceed to work with their small group. Faculty assigned to the PM session are free until 1245.
  - f. Following the AM skill session, you may provide the same skill information to the PM faculty from 1245 until 1300 or there is an option to videotape your morning presentation for the afternoon faculty.
3. During weeks that you do not prepare or present material, you are encouraged to attend faculty presentations (0800-0900) but this is not mandatory. All faculty will be expected to know the skills and review the prepared faculty material so that you can guide your students in the skill components.
4. Prepare all audiovisual presentations. Curriculum Coordinators are not responsible for preparing individual faculty slides or PowerPoint presentations; however, Suna Elkhider, Director of Instructional Design is available to assist in learning how to develop slides ([elkhider@greenvillemed.sc.edu](mailto:elkhider@greenvillemed.sc.edu) or 455-7881). The Curriculum Coordinator may assist in uploading any material to Canvas if provided within specified deadlines.
5. Provide oversight and lead the demonstrations for your assigned small group following the full class presentation (0800-1200 for AM, 1300-1700 for PM).
6. Participate in EACH of the pre-scheduled Objective Structured Clinical Examinations (OSCE) conducted as follows:
  - M1: End of the 2<sup>nd</sup> semester (around mid-May, AM or PM)
  - M2: End of 1<sup>st</sup> semester (mid-December, AM or PM) and end of 2<sup>nd</sup> semester (around 3<sup>rd</sup> week in March, AM or PM)
  - M4: Core Intensification (1<sup>st</sup> 2 weeks in April, PM only)Faculty will be responsible to cover at least one session (minimum half day) for each of the above OSCEs. If unable to attend, this will be treated as an absence whereas faculty must find a replacement and brief them as to the expectations.
7. Provide individual written student evaluations for each member of your small group at least twice a semester using a pre-developed rubric and meet with each student to discuss their performance and areas for improvement.

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8. Complete and submit all grades, assessments, and other feedback prior to the Winter Break (1<sup>st</sup> semester) and OSCEs (2<sup>nd</sup> semester).
9. Provide student and peer feedback to the Team leader.
10. The academic year is from July 1 until June 30. Holidays and breaks will occur during the year and faculty will be informed far in advance when they will not be expected to be present. Several faculty development sessions will take place during the summer months so faculty will be expected to be present when these are scheduled.

### Schedule

1. Tuesday 0745-1200: AM faculty. H&P demonstration and performance  
1245-1600: PM faculty. H&P demonstration and performance

## **IPM-2 Clinical Reasoning Faculty**

### Overview

The expansion of Clinical Reasoning during the M2 year continues with case presentations that follow the organ systems-based pathophysiology modules throughout the year. Multiple cases may be presented each week. The format will include students developing enhanced differentials, understanding laboratory testing and radiological imaging, and developing management plans. Cases presented the preceding week are discussed and resolved the following week, with the new case for the upcoming week presented at the end of this session. As in the M1 year, cases are designed to highlight and place into context the biomedical science material presented. To achieve this integration, it is imperative that clinical and biomedical faculty work together to generate the case(s) and review accompanying educational material. Biomedical faculty are encouraged to attend the class sessions at the end of the week where cases and biomedical content is integrated. In addition, Behavioral/Social Science faculty will attend and coordinate the large group sessions following case resolution to place into context any behavioral, social, or population health issues. All M2 Clinical Reasoning Faculty will report to a designated Team Leader who will oversee all section activities and evaluate performance.

### Responsibilities

1. Provide mentorship for a small group of 8-9 students. This will be your group for the entire year.
2. Faculty will be assigned to one pathology module based on interest or expertise. During that module, you will prepare selected weekly cases. This will involve the following:
  - a. Work with individual biomedical and behavioral/social science faculty such that the case follows the biomedical content delivered for that week and includes the non-clinical aspects of patient and family-centered care.
  - b. Develop and provide faculty preparation material that emphasizes discussion points or other pertinent information related to the case so that discussions will be consistent amongst all groups. Information may be disseminated to faculty by email, Canvas, faculty meetings, handouts, etc. and should be provided at least 2 weeks prior to the case presentation.
  - c. Present the case to the class at the end of the Monday case wrap-up session (1130-1200). This may involve a role-playing scenario with faculty or a standardized patient. Regardless, the standard history and physical template for M1 and M2 will be used.
3. During weeks that you do not prepare or present cases, faculty will be expected to know the case and review the prepared faculty material so that you can guide your students in the reasoning components.
4. Prepare all audiovisual presentations. Curriculum Coordinators are not responsible for preparing individual faculty slides or PowerPoint presentations; however, Suna Elkhider, Director of Instructional Design is available to assist in learning how to develop slides ([elkhider@greenvillemed.sc.edu](mailto:elkhider@greenvillemed.sc.edu) or 455-7881). The Curriculum Coordinator may assist in uploading any material to Canvas if provided within specified deadlines.

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5. Provide oversight and lead the group discussion for your assigned small group during the previous week's case conclusion session on Monday from 0800-1000, and participate in the full class integration session that follows from 1000-1130 or attend faculty development session depending on the schedule.
6. Participate in EACH of the pre-scheduled Objective Structured Clinical Examinations (OSCE) conducted as follows:
  - M1: End of the 2<sup>nd</sup> semester (around mid-May, AM or PM)
  - M2: End of 1<sup>st</sup> semester (mid-December, AM or PM) and end of 2<sup>nd</sup> semester (around 3<sup>rd</sup> week in March, AM or PM)
  - M4: Core Intensification (1<sup>st</sup> 2 weeks in April, PM only)Faculty will be responsible to cover at least one session (minimum half day) for each of the above OSCEs. If unable to attend, this will be treated as an absence whereas faculty must find a replacement and brief them as to the expectations.
7. Provide individual written student evaluations for each member of your small group at least twice a semester using a pre-developed rubric and meet with each student to discuss their performance and areas for improvement.
8. Complete and submit all grades, assessments, and other feedback prior to the OSCEs (1<sup>st</sup> semester and 2<sup>nd</sup> semester).
9. Provide student and peer feedback to the Team leader.
10. The academic year is from July 1 until June 30. Holidays and breaks will occur during the year and faculty will be informed far in advance when they will not be expected to be present. Several faculty development sessions will take place during the summer months so faculty will be expected to be present when these are scheduled.

### Schedule

1. Monday 0800-1130: Previous week's case(s) discussion, management, resolution, integration, and new Case-of-the-Week presentation.
  - 1130-1200: New case presentation
  - 1200-1230: Faculty development

### **IPM-2 Clinical Skills Faculty**

#### Overview

The Skills component in the M2 year concentrates on interpreting laboratory testing and radiological imaging, and performing select procedures as each of these competencies relates to the weekly cases. Students are also taught to perform focused history-taking and physical examinations related to the organ systems covered during each pathology module. All sessions are conducted in the afternoon following the morning Clinical Reasoning sessions. Sensitive examinations, e.g. breast, pelvic, rectal, and testicular are outsourced to a professional company that provides the instruction and standardized patients. Ultrasound focused on specific organ systems, disease process, and procedures will be integrated into 15% of the sessions. All M2 Clinical Skills Faculty will report to a designated Team Leader who will oversee all section activities and evaluate performance.

#### Responsibilities

1. Provide mentorship for a small group of 8-9 students. This will be your group for the entire year.
2. Faculty will be assigned to one pathology module based on interest or expertise. During that module, you will prepare selected clinical material. This will involve the following:
  - a. Prepare content material for laboratory testing and radiological imaging that relates to the weekly case(s).
  - b. Develop procedural content material for any skill that is included in the module.
  - c. Prepare focused history and physical content material.

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- d. Develop and provide faculty preparation material that emphasizes discussion points or other pertinent information related to the case so that discussions will be consistent amongst all groups. Information may be disseminated to faculty by email, Canvas, faculty meetings, handouts, etc. and should be provided at least 2 weeks prior to the case presentation.
- e. There may be times when your material will be presented to the class as a whole prior to the small group sessions (1300-1330 or 1400).
3. During weeks that you do not prepare or present material, you are to still attend faculty presentations. All faculty will be expected to know the skills and review the prepared faculty material so that you can guide your students in the skill components.
4. Prepare all audiovisual presentations. Curriculum Coordinators are not responsible for preparing individual faculty slides or PowerPoint presentations; however, Suna Elkhider, Director of Instructional Design is available to assist in learning how to develop slides ([elkhider@greenvillemed.sc.edu](mailto:elkhider@greenvillemed.sc.edu) or 455-7881). The Curriculum Coordinator may assist in uploading any material to Canvas if provided within specified deadlines.
5. Provide oversight and lead the demonstrations for your assigned small group following the full class presentation (1300-1700).
6. Participate in EACH of the pre-scheduled Objective Structured Clinical Examinations (OSCE) conducted as follows:
  - M1: End of the 2<sup>nd</sup> semester (around mid-May, AM or PM)
  - M2: End of 1<sup>st</sup> semester (mid-December, AM or PM) and end of 2<sup>nd</sup> semester (around 3<sup>rd</sup> week in March, AM or PM)
  - M4: Core Intensification (1<sup>st</sup> 2 weeks in April, PM only)Faculty will be responsible to cover at least one session (minimum half day) for each of the above OSCEs. If unable to attend, this will be treated as an absence whereas faculty must find a replacement and brief them as to the expectations.
7. Provide individual written student evaluations for each member of your small group at least twice a semester using a pre-developed rubric and meet with each student to discuss their performance and areas for improvement.
8. Complete and submit all grades, assessments, and other feedback prior to the OSCEs (1<sup>st</sup> semester and 2<sup>nd</sup> semester).
9. Provide student and peer feedback to the Team leader.
10. The academic year is from July 1 until June 30. Holidays and breaks will occur during the year and faculty will be informed far in advance when they will not be expected to be present. Several faculty development sessions will take place during the summer months so faculty will be expected to be present when these are scheduled.

#### Schedule

1. Monday 1230-1300: Faculty development  
1300-1700: Case-of-the-Week discussion, testing and imaging, management, procedures, focused histories and physicals

#### **Additional Responsibilities**

1. Faculty may serve as members or station leaders for both M-1 and M-2 OSCEs. This involves communication with all members of the assigned OSCE station and ensuring that necessary preparations are made well in advance of the OSCE day.
2. New faculty will be responsible for scheduling a time with the curriculum coordinator before the academic year begins for a general orientation and to understand Canvas.
3. As a professional expectation, all IPM faculty will attend the M1 White Coat Ceremony and the M4 Convocation. The White Coat Ceremony takes place on a Sunday towards the end of September and

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Convocation is conducted on the Thursday before Graduation which is in the 2<sup>nd</sup> week of May.

Actual dates are posted on the USCSOMG website each year. Please see Appendix 1.

4. All grades being up to date in Canvas.

### **Compensation**

Each clinical faculty receives time or monetary compensation from their academic department to participate in or provide oversight for IPM-1 or IPM-2 Reasoning or Skill assignments.

Retired faculty are eligible to participate in IPM and are monetarily compensated directly at the end of each semester. All faculty must maintain a clinical appointment with the University of South Carolina.

### **Communication**

Dr Pace serves as the primary contact for IPM and will be the point-of-contact for all clinical faculty ([thomas.pace@prismahealth.org](mailto:thomas.pace@prismahealth.org)). Email is the best form of communication. All announcements are posted to Canvas which serves as the on-line information and communication system and faculty are expected to check GHS email at least once daily. Private or personal emails will not be used for disseminating information.

### **Appointments, Attendance, and Assessment**

1. Faculty appointments and all obligations for IPM are yearly with the expectation that faculty will serve for the entire year unless there are medical circumstances, change in GHS employment status, or competency issues prompt a change. Onboarding of new faculty, especially in the middle of the year, is not an easy task for staff and is not fair to the students. The course directors reserve the right to make a change in faculty role at any time at their discretion if needed for reasons other than above.
2. All IPM core faculty must be employed full-time, part-time, or contracted by GHS and maintain a faculty appointment with the University of South Carolina.
3. Every effort will be made to assure key dates are posted well ahead of time for faculty to block their personal and professional calendars. Clinical faculty are responsible for maintaining their calendars for all IPM sessions, OSCE dates, and for ensuring that non-medical school clinical duties or obligations are covered.
4. Faculty are expected to attend 80% of assigned sessions; however, it is understood that unexpected absences may occur and that conferences and vacation may also interfere with the academic schedule. Faculty are responsible for finding a qualified replacement who must hold academic rank, briefing that individual as to the expectations, and informing the Curriculum Coordinator about the absence. The Curriculum Coordinator has a list of faculty that have served in a reserve capacity in previous years. Faculty designated as Team Leaders and specialties (Ultrasound, Procedures) are expected to attend 80% of IPM Leadership meetings when scheduled (typically the 1<sup>st</sup> and 3<sup>rd</sup> Thursdays of every month from 1300-1400).
5. Faculty will be assessed throughout the year and will be based on the following:
  - a. Weekly peer and Team Leader assessment at faculty development sessions
    - i. Quality of case or skill review sessions and clarity of objectives
    - ii. Resources provided to faculty for discussion consistency
  - b. End of module and year feedback
    - i. Students
    - ii. Peers
  - c. Team Leader assessment, Division Director, and Curriculum Coordinator assessment
    - i. Adherence to 80% attendance policy
    - ii. Submitting grades, evaluations, or other materials within specified time parameters
    - iii. OSCE participation and performance

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Performance feedback will be provided by the Clinical Division Director and the Assistant Dean will provide feedback to all Academic Vice Chairs. The IPM Leadership Team will recommend faculty assignments for the next academic year based on performance.