L.I.F.E.

Longitudinal Integrated Fresno Experience

2016
PROGRAM GUIDE
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L.I.F.E.

The Longitudinal Integrated Fresno Education program is a fully integrated 6 month clinical clerkship provided for UCSF third year medical students. This clerkship was designed to address the core competencies for Family and Community Medicine, Internal Medicine, Neurology and Psychiatry. The course design addresses state licensure requirements for specific disciplines. LIFE students will reside in Fresno for the entire 6 month block, excluding a 2 week vacation, intersession, and holidays including Thanksgiving.

**LIFE Mission:**

To provide medical students with educational experiences which adapt to the changing healthcare delivery systems, underserved populations, evolving health information systems, and increase focus on patient-centered illness models.

The overarching goals of the program are to expose students to the unique blend of rural and urban underserved patient population that exists in the Central Valley. The students will be expected to gain an appreciation of the socioeconomic diversity of the area, and the impact this can have on health care delivery. Finally, additional experiences will be offered in Wilderness medicine, homeless shelters, and other unique opportunities available in the community.

**Goals and Objectives:**

- Develop and explore longitudinal relationships between patients, students, teachers, and healthcare systems
- Experience the course of chronic illness, complexity of medical problems, impact of the patient’s socioeconomic experiences on their health and wellness
- Development of clinical reasoning skills through early introduction to patients with undiagnosed illnesses
- Explore the skills multi-dimensional skills needed to provide competent, compassionate, professional patient-centered care
- Individualize learning through close relationships with preceptors and perpetuate personal growth through relationships with advisors.

**Learning strategies and content:**

- The student will develop a panel of patients through experiences in the emergency room with exposure to undifferentiated patients. They will also be selecting patients for their panel with guidance from preceptors and mentors in the individual clinical sites. The selection of patients will be guided by specific core competencies for each discipline and will expose the student to a broad variety of patients. The students will then follow the course of the patients as they receive care for acute and chronic diseases. Students are encouraged and expected to
follow these patients into various settings including outpatient visits and inpatient admissions.

- Longitudinal preceptorship clinics in each discipline will run in parallel across the year. These clinical experiences will rotate on a 2 week cycle. Please see the schedule for details.
- A focused inpatient component of 2 weeks of internal medicine will be scheduled within the first 6 weeks of the clerkship.
- A faculty advisor has been assigned to each student. This individual is not a preceptor for that student, and will not directly evaluate the student. The advisor is expected to participate in the evaluation process by communicating formative feedback to the student on a regular basis. This feedback is intended to guide development of clinical skills, patient care (by reviewing clinical experience cards) and patient cohort management. The advisor will also provide problem solving and support as the student progresses through the year.
- The longitudinal didactic curriculum, “LIFE School”, on Wednesday afternoons will be mandatory for the students. This will includes clerkship didactics from all disciplines, integrated cases, clinical skills sessions, reflection sessions, and student driven learning seminars.
- Evaluation will include standard e-value assessment and faculty feedback on a regular basis through the clerkship. Grades will be given in each discipline, and will be based on preceptor evaluations, periodic student assessment, and resident, faculty and patient evaluations.
- Each discipline may have distinct projects and requirements to be assigned during the clerkship. This includes the family medicine project and biopsychosocial case presentations in psychiatry.

**CONTACT INFORMATION:**

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<th>Kenny Banh, MD</th>
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LIFE Preceptor Guidelines

Clinical sessions:

Students will have a specified number of clinical sessions in each discipline spread over the course of the six month clerkship. During these sessions, the student should work with a maximum of one or two preceptors in each clinic. It is acceptable to have a preceptor work with a maximum of two students at any given time. This will ensure that each student develops a meaningful relationship with the preceptor(s) who can provide the student with feedback on clinical skills and monitor the student’s progress towards achievement of discipline-specific competencies.

The ideal situation is for the students to evaluate patients and develop independent assessments and plans during their clinical sessions. This should not be a “shadowing” experience because the student needs to develop clinical reasoning and decision-making skills. However, given limitations within certain practices, having a student shadow you for the first one to two sessions may be appropriate. As their confidence and skills increase, so should their responsibility evolve over time based upon individual skill level. In order to ensure that a student is able to see patients independently, we recommend that there be adequate space at your clinical site for the student to have his/her own room. If this is not feasible in your setting, the independent role of the student should be appropriately reinforced by other means.

Although preceptors may see their own patients during the session, due to teaching responsibilities, they may need to adjust the volume of patients that they see while their LIFE student is present.

As the student develops a panel of patients, efforts should be made to perpetuate continuity and schedule patients appropriately in clinic so that the student may continue to participate in their care. Additionally, the student should be expected to follow-up on labs/studies and consults for the patients that he/she evaluates. It is the students’ responsibility to maintain their patient list, competency cards, and seek out the testing results pertinent to the patient. Students are also encouraged to include home visits, telephone contact with patients to determine response to a prescribed treatment or accompanying the patient to a healthcare provider of another discipline such as a physical therapist or social worker.

Cohort issues:

During the preceptorship, the LIFE student will be accumulating a cohort of his/her own patients. For these patients, the student will assume a higher level of involvement in their care. This will include following them if they are admitted to the hospital, accompanying them to other physician visits and seeing them in follow-up in clinic when appropriate.

Each student should begin the year with a minimum of 2 pre-selected cohort patients in your discipline. The purpose of having pre-selected patients is for students to have some patients initially that have ongoing issues requiring relatively frequent follow-up, who
will reliably return for follow-up, and who are already known to the preceptor. The preceptor should select the patients based upon these considerations and upon the patients’ willingness to participate, clerkship competencies, and priority patient types. Although we do not expect pre-selected patients to meet all priority patient types, please refer to the list of high priority patient types for your discipline included in the orientation materials.

The student will accumulate additional cohort patients through their preceptorships and through time spent in the urgent care and ED settings. Not all patients evaluated during the preceptorship will become cohort patients, but the student should develop a sufficient number of patients in the cohort who have high acuity issues (minimum of 20) so that they gain adequate inpatient exposure. We are asking that students limit their cohort to 28-40 patients. In addition, in most cases they should not add additional cohort patients during the last 6 weeks of the program unless there is a compelling educational reason to do so.

The advisors will periodically review the student’s cohort patients with them, and preceptors are encouraged to specifically review those patients in your discipline to ensure that the student is getting a broad experience.

Clinic schedules:

Scheduling techniques vary from clinic to clinic. Students may see patients on the preceptors’ schedule or have their own individual schedules. Regardless, there needs to be a mechanism for students to schedule new or follow-up patients that they refer from their own cohort. For example, if a student sees a patient with a problem in your discipline in the urgent care setting, ideally that patient could be directly scheduled as a new patient in the student’s clinic rather than being referred to another provider.

During initial clinic sessions, students will be in the early stages of development of their clinical skills and will need adequate time to evaluate patients. Thus, their clinical schedules need to take this into account. As the year progresses, students will gain additional skills and confidence and will be increasingly efficient. Thus, they will be able to see a higher volume of patients.

Student assessment:

The students will be evaluated every 2 months, and a final grade assessed at the end of the clerkship. This will include standard e-value assessments for each discipline. We will also include in-person RIME evaluations sessions to solicit feedback from preceptors and advisors. RIME is a dynamic discussion between preceptors and administrators which discusses how the student is progressing from role of observer, to Reporter, Interpreter, Manager, or Educator. Prior to each RIME session, preceptors will be given information on how to rate student performance on a number of parameters. The preceptors will be asked to meet for 20 minutes to discuss the student, and this formative feedback will then be relayed to the student by the advisor or program administrator if necessary. Students will be asked to submit names of faculty with whom they’ve worked
with over the prior 2 months. The Medical Student Coordinator will collect this data.

Preceptors will also be asked to perform Brief Structured Clinical Observations (BSCOs). The students will be expected to complete 2 of these per discipline over the 6 month program. Details are in the section following.

While preceptors will be asked for input about a student’s final grade, other sources will also be considered by the department liaison or clerkship director, who will determine the final grade and summary evaluation. A formal letter will be written for the students’ file discussing the program and may include narrative from the RIME sessions.
Evaluation Process

Evaluation of the Student by Program:
- E-value evaluations of the students done at 2 month intervals (total = 3). These will be done by each preceptor in all disciplines
- Mid-point Feedback and Individualized Learning Plans will be due after the preceptor’s all meet for RIME 2. LIFE directors will arrange with students.
- In-person RIME feedback sessions at 2 month intervals. Dynamic discussion of students progress from Observer, Reporter, Interpreter, Manager, to Educator.
- Brief Structured Clinical Observation (total of 8 in 6 months, 2 per discipline). BSCO #1 should be performed in the first 2 months of LIFE while the BSCO #2 should be performed during the last 2 months of LIFE – to show progress.
- Discipline specific projects
- Final tests where applicable

Evaluation of the Program by the Student:
- E-value evaluations of program faculty – as assigned by program
- E-value evaluation of the program – end of program
- Survey feedback/evaluation of educational component (i.e. LIFE school)
- UCSF will also be checking in with the students every month via e-value to assure quality of the program.
BSCO – Brief Structured Clinical Observation

This is intended as a short exercise to do during a clinical session with the student and preceptor. The goal of the BSCO is to ensure that you as a preceptor observe your student interacting with patients over the year so that the student can receive feedback on his/her clinical skills development.

A BSCO should take 2-3 minutes for observation, 3-5 minutes for feedback (BRIEF) to fit into your busy clinic schedule.

How does it work?

♦ Preceptor and student pick a day for the observation.
♦ Preceptor or student notifies a patient that the faculty may enter as a silent observer during the student’s time with the patient for teaching purposes.
♦ Preceptor enters the room at any point in encounter, stays in the room just long enough to observe 3 points for feedback.
♦ After the encounter, preceptor gives student 3 feedback points (ideally including both positive and constructive feedback)
♦ Faculty completes BSCO form and the form is returned to Kasan Jones.

BSCO TIPS

Student:
1. Inform the patient/family that an instructor will be coming in for 1-2 minutes to observe ONLY and s/he will return to talk to them later

Preceptor:
1. You should be “a fly on the wall” in the room
2. Observation should end when you have 1-3 feedback points (max 1-2 minutes of observation)
3. Review feedback with student BEFORE case presentation
4. Complete the BSCO form

Guidelines:
1. Data Gathering:
   • Collection - open ended questions, no multiple questions, no leading questions, does not interrupt pt, logical sequence of questions
   • Relationship skills - listens well, legitimizes pt’s feelings or concerns, offers support/praise
   • Personal manner - appearance, eye contact, body language, facial expression, tone of voice
   • Opening/Closing - introduces self, refers to people by name, shakes hand
2. **PE:**
   - Washes hands
   - Exam sequence logical, correct PE elements examined for patient’s complaint, with proper technique
   - Preserves patient modesty and comfort, explains exam and findings to patient

3. **Information Giving:**
   - Explains dx/management plan, visual and written reinforcement
   - Elicits patient perspective, appropriately includes patient, avoids medical jargon
   - Solicits questions, explains reasons for recommendations and f/u, assesses pt understanding
   - Explains when/why to return or contact physician.

4. **Procedures (if applicable):**
   - Follows appropriate sterile technique
   - Uses equipment appropriately
   - Appropriately responsive to patient questions/concerns/pain

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**BSCO FORM – PART A**

**Brief Structured Clinical Observation (BSCO)**

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<thead>
<tr>
<th>Skill observed</th>
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<td><strong>DATA-GATHERING</strong></td>
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<td>CC/HPI</td>
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<td>PMH</td>
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<td>Social Hx</td>
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<td>Family Hx</td>
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<td>Medication Hx</td>
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<td>Development</td>
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<td>Other</td>
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<td><strong>PHYSICAL EXAM</strong></td>
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<td>HEENT</td>
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<td>CV</td>
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<td>Abdominal</td>
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<td>GU/Gyn</td>
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<td>Musculoskeletal</td>
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<td>Neurological</td>
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<td>Psychiatric</td>
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<td>Other</td>
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<td><strong>PROCEDURES (list):</strong></td>
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<tr>
<td>Diagnosis/Differential diagnosis</td>
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<td>Diagnostic testing</td>
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<tr>
<td>Management plan/instructions</td>
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<tr>
<td>Consent (procedure/vaccine)</td>
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<tr>
<td>Anticipatory Guidance</td>
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<tr>
<td>Other</td>
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**Key Feedback Points:**
1. 
2. 
3.

**Specific Observations or Comments (see skills guidelines on other side):**
BSCO FORM – PART B

**Student:**
1. Give this form to a preceptor prior to seeing a patient
2. Tell the preceptor your room number.
3. Inform the patient/family that an instructor will be coming in for 1-2 minutes to observe ONLY and s/he will return to talk to them later

**Preceptor:**
1. You should be “a fly on the wall” in the room
2. Observation should end when you have 1-3 feedback points (max 1-2 minutes of observation)
3. Fill out this card immediately.
4. Review feedback with student BEFORE case presentation

**Guidelines:**
1. **Data Gathering:**
   - Collection - open ended questions, no multiple questions, no leading questions, does not interrupt pt, logical sequence of questions
   - Relationship skills - listens well, legitimizes pt’s feelings or concerns, offers support/praise
   - Personal manner - appearance, eye contact, body language, facial expression, tone of voice
   - Opening/Closing - introduces self, refers to people by name, shakes hand

2. **PE:**
   - Washes hands
   - Exam sequence logical, correct PE elements examined for patient’s complaint, with proper technique
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3. **Information Giving:**
   - Explains dx/management plan, visual and written reinforcement
   - Elicits patient perspective, appropriately includes patient, avoids medical jargon
   - Solicits questions, explains reasons for recommendations and f/u, assesses pt understanding
   - Explains when/why to return or contact physician.

4. **Procedures:**
   - Follows appropriate sterile technique
   - Uses equipment appropriately
   - Appropriately responsive to patient questions/concerns/pain
LIFE Cohort Guidelines
2016-17

Cohort Target Numbers:

By the end of the program, students should have roughly 28-40 patients in their cohort. Cohort patients will be accumulated in the preceptorships, urgent care/ED, and inpatient settings.

We ask each preceptor to identify 2 – 3 patients (depending upon the discipline) for the student’s cohort upfront. This will mean that students will begin the year with approximately 8-12 patients in their cohort.

Proportioning cohort patients based on the number of sessions spent in each discipline, the student/preceptor should have the following goals in mind when adding patients to the cohort:

<table>
<thead>
<tr>
<th>Discipline</th>
<th>Number of cohort patients</th>
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<tbody>
<tr>
<td>Internal Medicine</td>
<td>9 -12</td>
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<tr>
<td>Family Medicine</td>
<td>9 -12</td>
</tr>
<tr>
<td>Neurology</td>
<td>5 – 8</td>
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<tr>
<td>Psychiatry</td>
<td>5 – 8</td>
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These are approximate numbers and the cohort composition may be adjusted in consultation with the departmental liaisons, LIFE advisor, and preceptors in order to satisfy clerkship objectives.

There should be a minimum of 20 active patients in the student’s cohort with multiple medical issues who are likely to be admitted during the course of the year.

Students will also be asked to follow at least one cohort patient that is likely to pass away during the student’s LIFE experience and at least four patients on the cohort panel should be over the age of 70 for geriatric experience. Learning opportunities in end of life care and advanced directives will be encouraged, and likely best gained during the inpatient rotation.

Students should not add cohort patients to their panel during the last six weeks of the clerkship unless there is a compelling educational reason.

Patients should maintain a list of all cohort patients and periodically review cohort patient lists with the relevant discipline specific preceptors and the LIFE advisor. Remember that this is privileged health information. Please use caution when maintaining this list, and it must remain confidential.
Student Responsibilities for Cohort Patients

For patients in the student’s cohort, the student should:

- Maintain confidentiality at all times
- Enter patient information into EPIC and Last word to add patient to their personal hotlist. This facilitates review of your cohort with your preceptors
- Familiarize him/herself with the patient’s major medical issues and the psychosocial aspects of the patient’s illness
- Follow-up on all labs, studies, and consultations ordered
- Take primary responsibility for communicating results to the patient, in consultation with the preceptor
- Take primary responsibility for communication, when appropriate, to other members of the patient’s healthcare team (consultants, social workers, nursing staff, physical therapy)
- Accompany patients to consultations and procedures when possible as outlined in “Longitudinal Patient Care Guidelines” on the CLE/iRocket
- Make every effort to come to the emergency department in the event a cohort patient presents for evaluation
- Assume an active role when their cohort patient is admitted as outlined in the LIFE Inpatient Guidelines (communicating with admitting team, one page written summary of patient issues to be reviewed with your preceptor, rounding daily on the patient)
1. Students are expected to inform their clinical preceptor and the LIFE administrator (Kasan Jones 559-499-6545 or kjones@fresno.ucsf.edu and cc: Grace Carlson 559-499-6527 or gcarlson@fresno.ucsf.edu) as far in advance as possible when they will not be attending a scheduled clinic in order to participate in a longitudinal care experience with a cohort patient.

2. Attendance at the weekly LIFE school sessions is mandatory and should be prioritized over all other learning opportunities.

3. Emergency admissions of longitudinal cohort patients will have priority over scheduled clinics. Students should notify preceptors at their clinical site as soon as possible that they will not be present.

4. The following are educationally very valuable, and, when possible, preceptors should try to enable students to attend. This could include trying to schedule patients’ appointments during students’ “self-directed and cohort learning” time.
   a. Procedures being done on longitudinal cohort patients or inpatient admissions, including taps, biopsies, angiograms.
   b. Consultations on longitudinal cohort patients which:
      i. May lead to procedures
      ii. Are on common and important illnesses
      iii. Are on issues that represent diagnostic or management dilemmas
      iv. Are important to developing a team approach to the patient’s care (interdisciplinary case-conferences, med-psyche coordination of care)

5. The following are of educational value, but of less value at repeated exposure. Students should experience these once, but should not try to follow every patient. These should be done during “self-directed and cohort learning” time.
   a. Radiological procedures, CAT scans, routine x-rays, mammography
   b. Cardiopulmonary procedures: stress tests, PFTs, Echocardiograms, Cardiac catheterization
   c. GI procedures: colonoscopy, endoscopy
   d. Neurologic testing: EMG/NCV
   e. Routine consultations: e.g. diabetic eye check, “mole check”, follow-up consultations in stable patients without diagnostic or management challenges.
   f. Psychiatry: legal hearings - "probable cause" 5250 determination, Riese competency determination
   g. Nutritional consultation visit for a patient.
6. Students will be allowed one excused absence (2 clinic sessions) per discipline (Internal Medicine, FCM, Neurology, Psychiatry) over 6 months. Excused absences include personal illness and family emergencies. For disciplines with a limited number of sessions, the student may be required to make-up the time during one of the student’s “self-directed and cohort learning” sessions. Students must notify their preceptors (re days absent) and the LIFE administrators as far in advance as possible for any excused absences. All excused absences must be approved by the LIFE course director, Dr. Kenny Banh (See page #4 for contact information). The students will be required to work with their discipline-specific preceptors and the respective LIFE clerkship liaison to develop a plan to make-up additional excused absences or any unexcused absences.

7. Students will work closely with their advisors, preceptors and discipline-specific LIFE clerkship liaisons to ensure that all discipline-specific objectives are met over the course of the year. If a student has missed sessions in a discipline due to participation in longitudinal care experiences with his/her cohort patients, appropriate adjustments to the student’s schedule will be made to meet objectives.
**LIFE Priority Patients** **(See competency cards also)**

1. **Internal Medicine**
   - Dyspnea (COPD exacerbation, CHF, PE, asthma, etc)
   - Fever
   - Chest pain
   - Common arrhythmia (e.g. atrial fibrillation)
   - Chronic coronary artery disease and/or metabolic syndrome (hypertension, diabetes, hyperlipidemia)
   - Acute non-surgical GI or liver symptoms (nausea/vomiting, abdominal pain, diarrhea, GI bleed, abnormal LFTs)
   - Electrolyte abnormalities and/or acute or chronic renal failure
   - Geriatric patient
   - Life threatening or terminal illness

2. **Family Medicine**
   - Hypertension
   - Diabetes Mellitus
   - Hyperlipidemia
   - Mood disorder in primary care
   - Counseling about behavioral change (e.g: diet, exercise, smoking cessation, etc)
   - Preventive Care (e.g: CA screening and prevention, immunizations, etc)

3. **Neurology**
   - Acute neurologic problem (e.g. stroke, infection, metabolic, inflammatory central nervous system lesion)
   - Neurodegenerative disorder (e.g. dementia, Parkinson’s disease)
   - Neuromuscular disease (e.g. neuropathy, radiculopathy, myopathy, motor neuron disease)
   - Paroxysmal disorder (e.g. seizure, headache, vertigo)

4. **Psychiatry**
   - Unclear capacity to make healthcare decisions
   - Need for an involuntary psychiatric hold
   - Abnormal cognition and/or information processing (e.g. psychosis, delirium, dementia)
   - Addiction/Substance misuse
   - Suicidality
   - Persistent abnormal mood (e.g. major depression, bipolar d/o)
   - Anxiety (e.g. generalized anxiety d/o, panic d/o, OCD)
   - Personality dysfunction
   - Abnormal illness behavior (e.g. somatization disorder, hypochondriasis, factitious disorder)
Beeper Guidelines for LIFE Students

- **Students** **should not** give their personal cell phone numbers to patients.

- Cohort patients should be provided with the student’s business card and instructed to contact the voicemail number listed on the card. In addition, patients should be given the contact number for the relevant clinic (General Medicine, Neurology etc).

- Students should do their best to answer all pages/phone calls in a timely manner. For patient phone calls, the expectation is that they will be returned within 24 hours of initial contact. This means that you need to check your voicemail daily.

- Students are expected to leave their beepers on during working hours (8:00 am – 5:00 pm). In general, students should consider leaving their beepers on in the evenings (until 9:00 pm). During the weekends when they are in town, students should consider leaving their pager on, but may use their discretion about answering pages, depending upon the urgency and educational value of the experience. If a student has a patient who is going to deliver, this would be considered an educational experience of high value and students should consider leaving their pagers on during that time period.

- **Students** **may not** provide any medical advice to patients over the telephone without first discussing the case with the relevant preceptor or on-call physician.

- If a student is unable to reach a preceptor or on-call physician, the student should communicate the following to the patient: “As you know, I am a medical student and unfortunately am unable to provide medical advice over the telephone. I would recommend that you seek care in the Acute Care Clinic or the Emergency Department for this problem”
  
  o CRMC Emergency Department: (559) 459-3998
  o Walk-in/Acute Care Clinic: (559) 459-4242

- **All phone conversations with patients** **must** be documented and sent electronically via secure e-mail to the relevant preceptor. All health information should be protected and secure. The following standard format should be used:
  
  o Patient name and DOB or UN
  o Date and time of call
  o Content of what was discussed with the patient

When a student is on vacation, s/he should update the outgoing voicemail message and pager to reflect that s/he is on vacation.
General Principles for LIFE School

LIFE School Sessions:

Logistics: Wednesday afternoons from 1-5pm. See LIFE School schedule for location.

Concept:
The general pace of medical student ‘lectures’ at this point is to avoid an entire series of powerpoint lectures. Effective learning can be achieved through case-based learning and student-run sessions with minimal traditional lectures. The faculty may therefore serve as moderators for these sessions rather than a lecturer. The sessions will follow a curriculum, and the time can be divided into specific topics based on the objectives for the day. These sessions are coordinated by each discipline, and the topics may be rearranged, but the students will be notified far in advance (see LIFE school schedule). Participation of the fellows is welcome and encouraged.

Case-based learning:
A “topic” session may begin with a student case presentation around the topic at hand, e.g. chest pain. The discussion can then grow from there with the faculty member moderating the session. There would be a list of objectives for that session, such as reading EKG’s, discussion of common arrhythmias, and finally management of the acute myocardial infarction.

This is a “Short” presentation and should follow the guidelines listed in the next section. Discussion shall follow about this topic with questions spurred by the presentation and guided by the faculty. Longer student presentations may be incorporated as determined by each discipline related specifically to the goals and objectives of each.

Student-led sessions:
Case presentations should lead into student-led sessions. These sessions would essentially leave one student in charge of a 20 - 45 minute time slot to discuss a topic (check specific schedules). The specific structure of the presentation is left to the student unless otherwise specified. The point is to make sure that information relevant to the topic is discussed, not necessarily to have an elaborate presentation. Students may introduce the topic with a case (either short or long) which should be aimed at discussing a problem/diagnosis in depth. Other methods can be employed as desired (see below). The faculty should serve as a moderator to assure that the important points are reached. The faculty can interject to assure that the time is utilized appropriately.

If there are any concerns, the schedule and assignment of the educational objectives and case(s) to be discussed with the teaching faculty in advance of the session. While it is encouraged that the focus of the discussions be case-based, other curricular elements may be used, including readings and handouts as indicated. The length of the student-led seminar will be determined by the individual department.
Reflection:
Time will also be allotted on a regular basis for reflection and student stress rounds. These will be moderated by the program administrators or other faculty who are not involved in the evaluation process.

Multidisciplinary Case Conferences:
Multidisciplinary cases are presented in teams during the Wednesday education days to your fellow cohorts and faculty members (a faculty member from family medicine, internal medicine, neurology and psychiatry will be present). You will be grouped into teams and collectively you will need to choose a case from outpatient or inpatient medicine. The case must have multiple facets for a full discussion (ie. try to find patients who have clinical issues from various specialties – example #1: 45 year old female with hepatitis C and DM who was recently released from prison and now has a new skin rash, tension headaches, and feels lonely; example #2: 67 year old male with DM, HTN, hyperlipidemia and recent diagnosis of multi-infarct dementia who himself feels frustrated and who has become difficult for members of his family to care for). Each group will have two hours to present their case and discuss the relevant issues with audience participation.

TEAM A/B: Teams are decided by the LIFE Faculty Directors. See School schedule.

If you have any questions about the multidisciplinary cases, please contact Dr. Steve Stoltz at sstoltz@fresno.ucsf.edu or 559-499-6489.