



# Introduction to Clinical and Community Medicine IV

## CLMD 404

### Course Description

The Introduction to Clinical and Community Medicine (ICCM IV) is designed to expose you, from the beginning of your medical education, to the art and skills of patient care. It is designed not only to teach clinical skills, but also importantly to stress the professional and personal attributes needed to become a competent and caring physician. Medical professionalism and ethics are at the forefront of this course as it should be at the forefront of medical practice

Credits: 2.0 semester credits

Repeatable: No (not if passed)

### Course Objectives

The course is a structured curriculum designed to familiarize you with processes involved in gathering focused history and focused physical examination skills performed in a caring, professional and culturally aware manner.

- Demonstrate entrustable behaviors for the undergraduate entrustable professional activities
- Successfully demonstrate skills in effective patient-centered medical interview by performing a complete clinical history or focused symptom-based history taking.
- Successfully demonstrate proper skills to perform a complete physical examination as well as focused physical examinations of the cardiovascular, respiratory, abdomen, musculoskeletal, neurologic, ophthalmologic, peripheral vascular, head & neck systems and vital signs.
- Generate and propose a thoughtful and logical diagnosis.

### Undergraduate Entrustable Professional Activities

Undergraduate, or preclinical, entrustable professional activities are units of professional practice defined as tasks or responsibilities learned by students during instructional experiences or settings in years one and two of the curriculum and are entrusted to perform once they have attained sufficient specific competence.

uEPA 1: Gather information from a medically stable patient with a common chief complaint.

uEPA 2: Integrate information gathered about a patient to construct a differential diagnosis and a preliminary plan.

uEPA 3: Communicate information relevant to patient care to other members of the health care team.

uEPA 4: Communication information about patient care (diagnosis and care) with a patient in no physical or emotional distress.

uEPA 5: Provide the health care team with resources to improve individual patient care or collective patient care.

## **Course Structure**

This course will rely on student practice and demonstration of specific skills that will be required in clinical clerkships. Course instruction will be in 2 settings:

### **1. Clinical Rotation**

Clinical Preceptors will expect students to be able to perform these skills with **direct supervision**.

- Obtain a complete and accurate history in an organized fashion.
  - Demonstrate patient-centered interview skills (attentive to patient verbal and nonverbal cues, patient/family culture, social determinants of health, need for interpretive or adaptive services; seeks conceptual context of illness; approaches the patient holistically and demonstrates active listening skills).
  - Identify pertinent history elements in common presenting situations, symptoms, complaints, and disease states (acute and chronic).
  - Consider cultural and other factors that may influence the patient's description of symptoms.
  - Identify and use alternate sources of information to obtain history when needed, including but not limited to family members
  - Demonstrate clinical reasoning in gathering focused information relevant to a patient's care.
  - Demonstrate cultural awareness and humility (for example, by recognizing that one's own cultural models may be different from others) and awareness of potential for bias (conscious and unconscious) in interactions with patients.
- Perform a complete and accurate physical exam in logical and fluid sequence.
  - Perform a clinically relevant, focused physical exam pertinent to the setting and purpose of the patient visit.
  - Identify, describe, and document abnormal physical exam findings.
  - Demonstrate patient-centered examination techniques that reflect respect for patient privacy, comfort, and safety (e.g., explaining physical exam maneuvers, telling the patient what one is doing at each step, keeping patients covered during the examination).
    - Adapted from *Core Entrustable Professional Activities (EPAs) for Entering Residency*, ©2014 Association of American Medical Colleges

## 2. ICCM Skills Lab

At Trinity, the Skills Lab is an area dedicated to the practical teaching and practice of physical diagnosis skills. During Term 4, students will continue to attend skills lab to practice and master the focused physical examination by system that they have learned during Terms 2 and 3. They will do a peer and faculty reviewed 5-minute Physical Examination Encounters. Mastery of these psychomotor skills is the foundation of the Directly Observed Skills Testing (DOST) exam at the end of the term.

### Assignments

#### 1. OSHA & BPP certification: Browser-based certification

#### 2. HIPAA certification: Browser-based certification

#### 3. 5-minute PE Sequences:

- Teams of two will be assigned to work together to practice **5-minute Patient-Doctor Focused Physical Examination Sequences** of Thirteen different checklists presented below:
  - Vital Signs
  - Cardiovascular System
  - Respiratory system
  - Abdominal Examination
  - Musculoskeletal Examination: divided into
    - Upper ext & Spine
    - Lower ext & Spine
  - Peripheral Vascular System: divided into
    - Arterial
    - Venous
  - Ears, nose, throat and sinuses to include Otoscopy
  - Head and neck to include Fundoscopy
  - Neuro examination: divided into
    - Cranial nerves
    - Coordination: Motor, Gait
    - Reflexes and sensory
- Each team will **pick 4 from the above checklists, and submit the list 1 week before the presentations**. For the first presentation, the list **must include vital signs**. For the second presentation, the team will again submit a **new 4** from the list and must not include the previously submitted choices. The second list **must include fundoscopy**.
- The faculty will select the two cases to be presented at the designated time of the presentation. There will be 2 presentations, the *first* will be **after the first unified exam** and the *second* will be **after the second unified exam**. A student will be the patient for one case and the physician for the second case. Cases will be presented to the class and critiqued by peers and faculty using set criteria. This is followed by **1 minute feedback from the faculty** supervising the encounter.

**\*\*Note\*\* - a simulated patient will be available for teams with members who are for whatever reason unable to play the role as a patient.**

4. **Write up: All students must submit their Patient write-up 1 week after 2 clinical rotations.** The submitted write up will be graded and notations will be provided as a feedback and returned to the student. Student must rewrite the paper with all the corrections and submit for the second time for final grading and feedback. Student will then collect the paper for his file. There will be no third submission.
5. **Vitals signs:**
  - Each will be required to submit a log of Vitas check of at least 30 persons.  
**Deadline of submission will be 1 week before DOST final exam.**

### **Case File CPE**

This activity was introduced to help students integrate medical knowledge and skills through analysis of real published cases presented in a seminar. The cases are prepared and presented by groups of Term 5 students. As this is a Continuing Professional Education activity, attendance is recorded in a register and Term 4 students are required to attend. The schedule will be distributed to students and posted.

### **Evaluation:**

#### Exams

- **Directly Observed Skills Testing (DOST)** will serve as the final exam.
  - This will be approximately scheduled 2 weeks before the NBMEs.
- **Written Exam:** 40 items.

#### Grading Rubric

*5-minute encounters and DOST are graded based on a checklist.*

Student's final grade will be based on this scheme:

#### Points:

	Points*
Attendance: MUST ATTEND ALL ACTIVITIES	25
Clinical rotation Preceptor evaluation	50
Submission skills log <b>on time</b> with required entries: 6 rotations All must be logged.	10 each
CPE	25
Patient write-up first submission	25
Patient write-up second submission	25
5-minute Encounter 1	100

5-minute Encounter 2	100
<b>Written Exam</b>	40
DOST	150
Total Points	600

## Grade

Percent of Points	Letter Grade
95-96%	A(h)
90-94%	A
85-89%	B+
80-84%	B
75-79%	C+
70-74%	C
<70%	F

## Professionalism Policies

Attendance: Students **must attend all** clinical rotations and activities. Students must attend labs to practice skills.

### Professional Demeanor

The student should be thoughtful and professional when interacting with faculty and other students. Inappropriate behavior includes the use of offensive language, gestures, or remarks with sexual overtones. Students should maintain a neat and clean appearance, and dress in attire that is generally accepted as professional when presenting class presentations.

For 5-minute encounters and the DOST, student doctors should dress professionally. Student “patients” should dress appropriately for the presentation.

### Honesty

Students are expected to demonstrate honesty and integrity in all aspects of their education and in their interactions with faculty, administration, physicians, patients, and fellow students. They will not cheat, plagiarize, or assist others in the commission of these acts.

## Faculty:

Dr. Conrad Nedd  
 Dr. Jamil Ibrahim  
 Dr. Mignonette Sotto  
 Dr. Amrie Morris-Patterson  
 Dr. Bernadette Scott