

# Patient Centered Medicine 2

## General Course Information

Patient Centered Medicine (PCM) is a three-year, longitudinal, interdisciplinary course with a primary emphasis on preparing students to care for patients and families in a humanistic and professional manner. In Stritch's competency-based curriculum, this course provides opportunities for learning and evaluation in the following competencies:

- Medical Knowledge
- Interpersonal and communication skills
- Professionalism and ethical judgment
- Clinical Skills and patient care
- Lifelong learning, problem solving and personal growth
- Social and community context of healthcare

Each year builds on the previous year.

PCM is based on the idea that the patient is at the center of the healthcare team, and each member of the team has an important role to play in promoting the patients health and well-being.

Physicians are one part of a large network of providers for each patient, i.e., nursing, social work, PT, OT, pharmacist, spiritual advisor, and alternative practitioners. Each member of the healthcare team must partner with all of the other members of the team as well as the patient for desired outcome of health and well-being.

Medical Students are an important part of the healthcare team. Due to this responsibility each student is expected to work to their capacity at all times. The expectation is that every student has the goal of becoming the best physician they can become and will actively work toward that goal in all PCM and SSOM activities.

## Course Goals

- To provide clinical context to the basic science curriculum
- To acquire and demonstrate attitudes necessary for the achievement of high standards of medical practice in relation to the provision of care of both individuals and populations
- To acquire the skills of independent and self-directed learning and a commitment towards the maintenance of clinical competence through life-long learning, professional and personal development.

## Course Competencies

- The student should acquire and become proficient in the following clinical skills:
  - Demonstrate competency to take, record and present a complete patient history in an accurate, organized, unbiased and consistent manner; and competence in focusing on the patient's problems.
  - Demonstrate effective interpersonal and communication skills in complex interactions with patients, colleagues, and other healthcare professionals
  - Demonstrate competency in the performance of the basic screening physical examination and interpret the findings.

- Utilize the information gathered in the history and physical to identify a list of the pertinent positives and negatives, patient's problems, create a problem list, write an admitting/progress note, assessment, and 3 part plan (diagnostic, therapeutic & patient education).
- Demonstrate competency in the oral presentation of clinical data
- Demonstrate an understanding of the principles of standard precautions.
- Demonstrate an understanding of the underlying principles of basic electrocardiography and demonstrate skill in the interpretation of EKGs.
- Demonstrate an understanding of the underlying principles of radiography and demonstrate skill in the interpretation of chest x-rays and abdominal x-rays.
- Develop an understanding of the relationships between the mechanisms of disease and their clinical presentation.
- Discern the relevance of their history and physical findings utilizing principles of evidence-based medicine.
- Acquire a knowledge and understanding of health and its promotion and of disease, its prevention and management in the context of the whole individual in his or her place in the family and society.
- Demonstrate an understanding of the economic and legal framework of the medical profession.
- Demonstrate an understanding of health care organization, funding and provision and recognition of a need to practice within economic and practical constraints.
- Develop professional attitudes and understand the fundamental concepts of medical ethics and the underlying goals of ethical education at Loyola University's Stritch School of Medicine.
- Form a respectful working alliance with a small group of peers and faculty as a basis for future professional relationships.
- Develop team-working, organization and management skills.
- Demonstrate essential skills in critical thinking, reasoning and problem-solving.
- Demonstrate an understanding of the scientific method and recognition of the way in which research affects patient care.
- Understand the knowledge, skills and attitudes that promote a constructive patient-physician relationship.
- Demonstrate a capacity for self-audit and effective participation in peer review: showing an awareness of his/her own strengths and weaknesses and incorporate feedback in their growth.
- Recognize and incorporate relevant material from various curriculum topics such as nutrition, end of life and genetics.
- Commit to being an advocate for patient safety. Physicians at each stage of training must champion the issue of patient safety and respect and honor those who intervene to insure safe patient care.

## Course Requirements

- **For lectures and workshops-**
  - The benchmark standard for meeting expectations will be attendance at all of these events, coming prepared, completing the assigned readings and questions **before** the sessions, viewing the recommended physical exam videos **prior** to the appropriate lecture and actively participating where appropriate. Use instructional materials on line and in the Learning Resource Center as recommended or needed. Not meeting the benchmark will require specific remediation at the discretion of the course director.
  - Attend 5 Harvey Workshops (mandatory). Scheduling is in blocks of 40 minutes. Dates for Harvey sessions are: **August 9, 2010, October 25, 2010, November 1, 2010, November 8, 2010 and December 9, 2010.**
- **For Small Groups-**
  - The benchmarks are spelled out on the PCM Mid-semester and End-of-Semester Small Group Grade Sheets (see Forms). Attendance at Small Group sessions is **mandatory** and will be monitored by sign-in sheets for each session. Following an absence, students will be required to meet with the PCM2 Course Director to determine an appropriate course of action. **In all cases, it is the student's responsibility to inform his/her facilitator(s), Dr. Koller (Course Director), and Les Medley (Medical Education Coordinator) of an absence.** In all cases of absence, the student is responsible for the missed information, skills presented, discussed and demonstrated during the session.
- **For the Neuro OSCEs, and Head-to-Toe Sessions, Musculoskeletal OSCE -**
  - The benchmark for "Meeting Expectations" will be set at 95% correct based on PCM policy. Scoring below 95% will earn a "Does Not Meet Expectations" and will require remediation, within one week of a failure, as determined by the Course Director.
- **For Standardized Patient Exercises-**
  - The benchmark for communication skills are spelled out on the Patient Perception Scale (PPS). Every exercise also has a written component and a checklist unique to each exercise. Receiving even one "Does Not Meet Expectations" from the SP on the PPS is a failure requiring remediation within 2 weeks and a meeting with the course director.
- **For the 2 written exams (Semester 4 written exam is not cumulative)-**
  - "Meeting Expectations" will be earning at least 70% correct averaged out over both exams.
  - "*Not Meeting Expectations*" will be scoring less than 70% correct and will be a failure.
- **For the Clinical Skill Exam –**
  - The benchmark for "Meeting Expectations" will be set at  $\geq 70\%$ . Scoring below 70% will earn a "Does Not Meet Expectations" and will require remediation, within one week of failure, as determined by the Course Director.
- Perform, write-up, and review two medical histories with co-facilitators and facilitators before week 13 of Semester 3.
- In weeks 8 & 9 of Semester 3, perform a practice head to toe physical exam with a write-up on female standardized patient with feedback from facilitator. This write-up of the

normal physical exam is reviewed with facilitator. The PE on Sp Model Write-up is due **October 26<sup>th</sup>**.

- Beginning October and through **April 7, 2011**, meet with Preceptor weekly, perform and write up 4 H&Ps along with A/P, differential diagnosis, pertinent +/-, problem list and admitting orders.
- Present orally, at least two of the H&Ps to small group in Semester 4.
- Submit all Write-ups, Reflections (Peds shadowing and Service Reflection) by set deadline date.
- Pediatric Shadowing Experience; 2-hour Pediatric Outpatient Clinic assignment. Students requesting to opt out of this component must provide the Course Director a brief written summary of their personal pediatric previous experience by **August 4** via email to Dr. Koller. Course Director must approve all exemptions from this requirement.

### **Grading Policy**

All Evaluation in PCM is based on the following four categories:

- Exceeds Expectations
  - “*Exceeds Expectations*” means that the student is showing performance above and beyond expected for the activity.
- Meets Expectations
  - “*Meets Expectations*” means that the student is doing well, and is meeting the benchmark set for a solid, average medical student.
- Meets Expectations with Concerns
  - “*Meets Expectations with Concerns*” means that the student is meeting the benchmark but at a minimum level, and there are concerns that this student may need some extra assistance or work in a particular area to eventually pass the course.
- Does Not Meet Expectations
  - “*Does Not Meet Expectations*” is a red flag that the student is not meeting the minimum level set for competency in this area.
- Professionalism
  - Part of Professionalism is to treat the Course Coordinators, Faculty, and Clinical Skills Staff respectfully. Unprofessional behavior towards the staff will be considered a “Does Not Meet Expectations”.

Overall, students must “*Meet Expectations*” set for each component of PCM to pass the course.

If, at any time, a student earns a single mark of “*Does Not Meet Expectations*”, (s)he will be considered to be **failing** that component of the course and will need to remediate that component. If the remediation is successful during the course, then the student will earn a “Pass” overall. If the student is unsuccessful in routine remediation, the student will be given one additional attempt outside of the normal activities of the course. If the student successfully completes this remediation, then the student will earn a grade of P\* (Remediated Pass). If the student earns “*Does Not Meet Expectations*” on the second remediation, the student fails the course, must repeat the course in its entirety and not move on to the 3<sup>rd</sup> year.

- This course is Pass/Fail. A minimum satisfactory level for each component in PCM2 is required to successfully move on to Third Year.

- A final grade will be awarded at the end of the academic year. This grade is based on performance during both semesters according to school policy.
  
- Students must pass all components to pass the course. Components are:
  - Written exams (2)
    - An average grade of  $\geq 70\%$  (Semester 3 and 4) = P
  - Clinical Skills
    - Workshops
      - Attendance at all workshops = P
      - Clinical Skill Exam -  $\geq 70\%$  = “Meets Expectations”
    - Standardized patient exercises (2)
      - A ranking of ‘*Meets Expectations*’ in all SP evaluations = P; and
      - A grade of  $\geq 70\%$  = P for all checklists; and
      - A grade of  $\geq 70\%$  = P for the computer component of the Semester 4 SP exercise.
    - Neuro OSCEs
      - A minimum of 30 points out of a possible 32 points = P
    - Head-to-Toe Physical Examination (end of Semester 3)
      - A minimum of 66 points out of a possible 69 points = P
  - Preceptor Program
    - A ranking of ‘*Meets Expectations*’ in all components of the **final** Preceptor Evaluation = P
  - Small Group Performance Evaluation (4)
    - A minimum of ‘*Meets Expectations*’ in all components of the End-of-Semester Small Group Evaluation each semester = P.
  - Students must turn in all assignments by the deadline date to pass the course. Failure to turn in assignment by the deadline date is considered a ‘failure’. Will be recorded as “*Does Not Meet Expectations*” for *Professionalism*.

### **SEMESTER 3 WRITE-UPS:**

1. Students are required to perform and write-up two complete histories on patients assigned by their co-facilitator or facilitator in Semester 3. Meet with the co-facilitator to receive feedback on the write-ups. Submit write up to the facilitator for review. **Hx #1 is due 9/10/10. Hx #2 is due 10/22/10.**
2. Students are also expected to write-up the normal head-to-toe physical examination that they perform on the standardized patient model in front of their facilitator in September. Facilitator reviews write-ups with student. **PE write-up is due 10-26-10.**
3. All write-ups and accompanying forms are due in the Educational Affairs Office by the set deadlines. It is the responsibility of each student to submit their reviewed write-ups after their Small Group Facilitator has signed them.
4. For the Semester 3 Write-ups: **On or shortly after the week that each write-up is due**, one student from each Small Group will be randomly selected to review his/her write-up to Drs. Koller or Boyle. You will be notified of your time to present via email. You will have 10 minutes to provide a succinct presentation and have your write-up evaluated. Failure to have your write-up ready to present

will result in receiving an incomplete for this component of PCM 2. You cannot pass PCM 2 until the incomplete is corrected.

**WRITTEN EXAMINATIONS:** Examinations at the end of each Semester will cover: lectures, lecture handouts, small group sessions, assigned readings, EKGs, chest x-rays (Semester 4), on line instructional materials, and textbooks.

**FACILITATORS:** Small Group facilitator(s) evaluate their students mid-semester (*formative*) and at the end of each semester (*summative*). Students are graded according to the Stritch School of Medicine competencies as: *Does Not Meet Expectations, Meets with Concerns, Meets Expectations, or Exceeds Expectations.*

**PRECEPTOR PROGRAM:** In Semesters III & IV, students meet regularly with a physician preceptor to perform and record four H&Ps on patients assigned by their preceptors. Students will be expected to present two of these H&Ps orally at small group sessions and they should be prepared to discuss the findings. All complete H&Ps and accompanying forms are to be submitted to the Educational Affairs Office, Room 320. It is the students' responsibility to turn in all write-ups to receive a grade for the course. It is the students' responsibility to make sure all write-ups are turned in by the announced deadline date. The Preceptor's Final Evaluation is the basis for their grade. Any '*Does Not Meet Expectations*' is considered a failure. **H&P #1 is due 11/30/10, H&P #2 is due 2/4/11, H&P #3 is due 3/15/11, and H&P #4 is due 4/5/11.** The Preceptor and Student final evaluations are due **4/7/11.**

For the H&Ps: **On or shortly after the week that each H&P is due**, one student from each Small Group will be randomly selected to present his/her H&P to Drs. Koller or Boyle. You will be notified of your time to present via email. You will have 10 minutes to provide a succinct presentation and have your H&P evaluated. Failure to have your H&P ready to present will result in receiving a "Does Not Meet Expectations" for Professionalism. You cannot pass PCM 2 until the incomplete is corrected.

**CLINICAL SKILLS** (Neuro OSCE, Breast Exam Workshop, Head-to-Toe Exam, Clinical Skill Exam, Musculoskeletal OSCE, and Standardized Patient exercises): The **January** Semester 4 Head-to-Toe SP exercise includes a complete history with a head-to-toe physical exam and write-up. Semester 3 includes a Neuro OSCE and a head-to-toe physical exam at the end of Semester 3. The **April** Semester 4 SP exercise includes a focused history and exam with computer-aided assessment including write-up, problem list, pertinent positives/negatives, differential diagnosis, labs, final diagnosis with justification and key content questions.

### **Dress**

Medical students are expected to be in compliance with the following appearance and uniforms standards of the Stritch School of Medicine, which are in accord with the uniform policy of the Loyola University Health System, Loyola University Chicago, Patient Care Policy and Procedure #13.0021.14. The procedure applies to medical students **when in a workshop/exam with Standardized Patients, and or Patients.** The sections below are extracted in summary or word for word from #13.0021.14. When used in its entirety, a complete word for word extraction is noted and referenced to the policy number.

1. Purpose – To have an instant and universal appearance for nursing, clinical staff, and closely related job categories while maintaining a professional image in attire and a safe environment throughout the Loyola University Health System. Ref. #13.0021.14

- Medical students are expected to maintain a professional appearance in the clinical settings.
- Students should wear clean, pressed, well fitting personal attire.
- Hair should be clean, groomed and not interfere with patient care activities or create a safety hazard. Extreme hairstyles and/or extreme colors (like pink, purple, green, blue, etc.) are not acceptable. Beards and mustaches must be neatly trimmed. Ref. #13.0021.14
- Nails: Patient care providers may not wear Acrylic Nails and/or Acrylic Nail tips. Fingernails should be no longer than ¼ inch long, to permit soap or waterless hand gel/antiseptic to reach all areas around and under the nail. Nail colors should be conservative well maintained. Fingernails for all staff should be kept clean, short, and healthy. No nail ornaments allowed.
- Employees with direct or occasional patient contact should be fragrance free. Ref. #13.0021.14
- Socks/stockings must be worn at all times. Ref. #13.0021.14
- **Minimal** jewelry may be worn but must not interfere with patient care activities; no jewelry may be worn in operating rooms. Most facial jewelry is unacceptable with the only exception allowed being one small, discreet stud, worn mid-nare. Tongue studs if worn, must not be visible. Tattoos must be covered.
- Shoes should be clean and in good condition; athletic footwear is discouraged. High , multi-colored shoes, boots, open-toe and/or shoes with holes (Crocs) are not acceptable.
- Clothing should be business-like; neckline and hemline should be conservative.
- Pants will be ankle length trouser style. Leggings, stirrup pant, Capri pants, shorts, jean style pants, spandex, sweat pants, or other tight –fitting styles are not acceptable. Ref. #13.0021.14

## 2. IDENTIFICATION BADGES

Medical students must wear an LUMC photo ID badge along with the Stritch student nametag on the vest pocket of their white coat.

## 3. WHITE COAT

Students should wear a clean, pressed, short white coat in the hospital and any time that they are with patients (including standardized patients, or in patient care areas). Coats should be plain, white, with no sleeve patch or embroidery above the vest pocket. A long white coat must be worn in lieu of a short coat at Foster B. McGaw Hospital whenever green or blue scrub attire is also being worn.

If there is any question as to how you should dress for SP and patient encounters please copy and paste this link to you browser.

[http://www.luhs.org/internal/policy/policymanual/u\\_21/13-0021-14.pdf](http://www.luhs.org/internal/policy/policymanual/u_21/13-0021-14.pdf)

## Required Textbooks

Listed below are the textbooks required for PCM 2.

### REQUIRED 2<sup>nd</sup> YEAR (need for year 2 and 3)

- *The Only EKG Book You'll Ever Need*, 6<sup>th</sup> ed., 2009, Thaler, Malcom S, Lippincott, Williams and Wilkins, ISBN: 13: 978-1605471402.
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- *Bates Guide to Physical Examination and History Taking*, 10<sup>th</sup> ed. 2008, Bickley, Lynn S. Lippincott Williams & Wilkins. ISBN: 9778-0781780582

## Required Video Viewing

**On Line and on CD**, a Loyola University Chicago Strith School of Medicine video series that includes the following titles (some of these are a review from 1<sup>st</sup> year):

Heart	Musculoskeletal (LE & UE)
Lungs	Head to Toe Physical Exam on Male (LE supine)
Thorax	Head to Toe Physical Exam on Female (LE sitting)
Abdomen	Knee Exam
HEENT	Breast Exam
Neurological Exam	Oral & Presentation video
Gowning and Draping	PCM 2 Musculoskeletal Provocative Exam

## Optional Video Viewing

In the **Learning Resource Center**, A Visual Guide to Physical Examination, Third Edition Barbara Bates, M.D. A series of 12 videotapes demonstrating the procedures, pacing, position and examiner/patient interaction necessary to perform the physical examination. The series includes the following titles:

Abdomen	Male Genitalia, Rectum and Hernias
Breasts and Axillae	Musculoskeletal System
Cardiovascular: Peripheral Vascular System	Neurologic: Cranial Nerves and Sensory System
Cardiovascular: Neck Vessels and Heart	Neurologic: Motor System and Reflexes
Female Genitalia, Anus and Rectum	Nose, Mouth and Neck
Head, Eyes and Ears	Thorax and Lungs

## Optional Text/Audio CD/Rom DVD Reading/Viewing/Listening (1)

The Physiological Origins of Heart Sounds and Murmurs, Criley, MD (CD)	A Simplified Introduction to Heart and Lung Sounds, STETHOGRAPHICS (CD)
Bates' Visual Guide to Physical Examination (Female Genitalia, Anus and Rectum) (DVD)	Bates' Visual Guide to Physical Examination (Male Genitalia, Rectum and Hernias) (DVD)
Squire's Fundamentals of Radiology	



## **Required Equipment**

Stethoscope	Blood pressure cuff
Pocket light	Pocket vision screener
Watch with second hand sweep	Reflex hammer
Short white coat	Tuning fork - C128
6-inch ruler with centimeter markings	Ophthalmoscope/otoscope, regular (not pocket) size – either battery operated or rechargeable
EKG Calipers	Headphones – To use on computer, for listening to heart murmurs, lung sounds, and Sem. 3 and 4 online exams

(1) Please see Les Medley in Educational Affairs, Room 300, to check out these items.