

Patient Centered Medicine 2

Course Goals (updated 11-10)

- The student should acquire and become proficient in the following clinical skills:
 - Demonstrate effective interpersonal and communication skills in complex interactions with patients, colleagues, and other healthcare professionals
 - 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 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
- State the principles of standard precautions.
- Describe the underlying principles of basic electrocardiography and demonstrate skill in the systematic interpretation of EKGs.
- Describe the underlying principles of radiography and demonstrate skill in the systematic interpretation of chest x-rays.
- Discuss the relationships between the mechanisms of disease and their clinical presentation.
- Apply Evidence Based Medicine to determine the significance of history and physical findings.
- Identify principles of health and its promotion of disease prevention.
- Describe how the profession of Medicine interacts with the legal system.
- Develop professional attitudes to become a Patient Centered Physician in the spirit of Jesuit values 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.
- Demonstrate skills in critical thinking, reasoning and problem-solving.
- Utilize the scientific method of statistics and Evidence Based Medicine to advance patient care.
- Develop the attitudes, knowledge, and skills to become a Patient Centered Medicine Physician.
- Respectfully receive and incorporate feedback to advance personal and professional growth.
- Recall principles of care in end of life situations.
- Commit to being an advocate for patient safety.

PCM 2 Course Objectives Grouped by Competency

MEDICAL KNOWLEDGE

1. The student will list the key questions for a focused rheumatologic history
 - a. Stiffness on arising?
 - b. Pain worse with weight bearing?
 - c. What meds have you tried?
 - d. What time of the day is your pain worst?
2. The student will list the components of a screening female GU history: the menstrual history, the obstetric history, the contraceptive history, and the history of infectious diseases pertaining to the female organs.
3. The student will name all components of an Admit Note-including the H&P, Problem List, Assessment, Plan (diagnostic, therapeutic and education) and name the neumonic for Admit Orders (ADCVANDISMAL) and then list what each letter stands for (Admit, Diagnosis, Condition. Vitals, Activity, Allergies, Nursing Orders, Diet, IV fluids, Special orders, Medications, Activity, Laboratory Tests).
4. When the student is unable to arrive at a differential diagnosis for a particular patient's problem, the student will utilize an approach based on pathologic process (VINDICATE: Vascular, Infectious, Neoplastic, Nutritional, Degenerative, Inflammatory, Congenital, Autoimmune, Traumatic, Toxic, and Environmental) to create a differential diagnosis.
5. The student will list the activities of daily living (ADLs) necessary for independent living (bathing, dressing, toileting, transfers, continence, and feeding).
6. The student will name common terms to describe the general appearance on a physical exam.
7. The student will recognize how a lesion along the path of the optic tract results in different visual field defects.
8. The student will list the borders of the anterior and posterior triangles of the neck.
9. The student will describe the risk factors and prevalence of breast cancer.
10. The student will describe the mechanism of generation, clinical significance and best listening areas on the chest of the following sounds:
 - a. S1 & S2—including etiologies for increased and decreased intensities
 - b. S2 splitting patterns-including normal, wide, fixed, paradoxical
 - c. S3 & S4
 - d. Ejection clicks-early and mid (including MVP)
 - e. Opening snap
11. The student will describe the grading system for heart murmurs (I – VI/VI).
12. The student will compare and contrast the location, pattern of radiation, timing, pitch, shape, quality and response to common physiologic maneuvers and any associated change in carotid waveform with the following murmurs:
 - a. Aortic stenosis
 - b. Mitral stenosis
 - c. Aortic regurgitation
 - d. Mitral regurgitation
 - e. Hypertrophic cardiomyopathy
 - f. Ventricular septal defect
 - g. Atrial septal defect
 - h. Mitral Valve Prolapse
 - i. Pericardial rub

**PCM 2 Course Objectives
Grouped by Competency**

13. The student will identify the range of percussion sounds over the lung (resonant, dull, hyper resonant) and their clinical significance.
14. The student will describe the clinical significance of the following lung sounds: bronchial, vesicular, wheeze, crackle, rhonchi, stridor, and pleural rub.
15. The student will recognize the following patterns of breathing and their clinical significance: Kussmaul, Cheyne Stokes, orthopnea, sleep apnea, and pursed lip breathing.
16. The student will identify the clinical history and physical findings typical for pneumothorax and tension pneumothorax , congestive heart failure, airway obstruction, asthma, COPD, and interstitial lung disease.
17. The student will list the anatomical landmarks for a female GU exam.
18. The student will describe the proper technique to obtain a cytologic specimen of the cervix (i.e., Pap smear) and the current American College of Gynecology (ACOG) recommendations for screening (age to start, stop, and intervals for screening).
19. The student will list the anatomical landmarks for a male GU exam.
20. The student will define and recognize the primary skin lesions: macule, papule, nodule, patch, plaque, pustule, vesicle, bulla, and wheal.
21. The student will define secondary skin lesions, including ulcer, scar, atrophy, scale, crust, fissure, excoriation, erosion, burrow, telangiectasia, lichenification, and purpura.
22. The student will list the ABCDE of melanoma (asymmetry, irregular border, color varies, diameter> 6mm, elevation).
23. The student will list the features to comment on when describing palpable lymph nodes (location, mobility, size, texture, pain).
24. The student will describe the drainage of regional lymph nodes of the neck, axilla and inguinal region (horizontal and vertical).
25. The student will list the common signs and symptoms of anemia and bleeding disorders
26. The student will describe normal physiologic changes with aging in the vital signs, eye, ear, cardiovascular system, pulmonary system, gastrointestinal system, neurologic system, and skin.
27. The student will describe a systematic approach for interpreting EKGs (rate, rhythm, axis, intervals, hypertrophy, ischemia).
28. The student will name the mechanical/electric events in the heart represented by;
 - a. P wave
 - b. QRS complex
 - c. PR interval
 - d. QT interval
 - e. T wave
29. The student will apply the systematic EKG interpretation to calculation and/or recognize:
 - a. rate
 - b. rhythm
 - c. axis
 - d. normal and abnormal intervals
 - e. right and left atrial enlargement
 - f. right and left ventricular hypertrophy
 - g. ischemia
 - h. infarction
 - i. AV Block

PCM 2 Course Objectives Grouped by Competency

- First degree
 - Both types of second degree AV block
 - Third degree (complete heart block)
- j. Pattern of evolution for hyperkalemia
30. The student will describe a systematic approach to interpret chest x-rays (ABCDE, for example)
31. The student will identify the following abnormalities on a CXR: cardiomegaly, CHF/pulmonary edema, pleural effusion, consolidation, lung mass/nodule, pneumothorax, atelectasis, and commonly seen objects such as monitor leads, NG tube, ET tube, PICC line, pacemaker and its leads.
32. The student will list differential diagnosis for clubbing (intrathoracic malignancy, suppurative lung disease and diffuse interstitial lung disease).
33. The student will list the grading scale of reflexes.
34. The student will list the grading of muscle strength.
35. The student will explain Standard (Universal) Precautions.
36. The student will explain the risk of health care acquired and the post exposure care for HIV and Hepatitis B&C.
37. The student will describe the proper use of sharp containers and safety when using needles/syringes/scalpels.
38. The student will name examples of personal protective equipment and describe isolation techniques.
39. The student will define or describe the following concepts of evidence based medicine:
- a. Scales of measurement
 - b. Distribution
 - c. Central tendency
 - d. Variability
 - e. Probability
 - f. Disease prevalence
 - g. Disease incidence
 - h. Different types of clinical study design
 - Cross sectional study
 - Cohort study
 - Randomized control trial
 - i. Type 1 error
 - j. Type 2 error
 - k. Statistical power
 - l. Accuracy
 - m. Precisions
 - n. Reliability
 - o. Likelihood ratios
 - p. Positive and negative predictive values
 - q. Confidence intervals

INTERPERSONAL AND COMMUNICATION SKILLS

40. The student will list and then utilize tactics to elicit a history on a difficult/sensitive topic and to elicit a history from a difficult patient.

PCM 2 Course Objectives Grouped by Competency

41. The student will identify how abnormal negative feelings toward a patient hinder communication and management of a patient.
42. The student will describe the 6-step approach of delivering bad medical news.
43. The student will demonstrate a respectful, patient-centered approach during an OSCE, clinical skills exam, workshop, and patient encounter.
44. The student will give two oral case presentations to their small group.

PROFESSIONALISM

45. The student will demonstrate professional standards of behavior in small groups, during clinical skills exercises, and in patient care, including punctuality, team work, proper dress, and respectful communication with patients and other health care professionals.

CLINICAL SKILLS AND PATIENT CARE

46. The student will recognize an abnormality on a growth chart .
47. The student will know and perform the steps of a complete head to toe physical exam.
48. The student will recognize the classic general appearance of a patient with Cushings disease, Parkinsons, hyperthyroidism, acromegaly, Marfans syndrome, Turners syndrome, trisomy 21, central cyanosis, and peripheral cyanosis.
49. The student will demonstrate the proper technique to assess blood pressure (sitting for a minimum of 5 minutes, back and legs supported, no caffeine or coffee for 30 minutes and a proper cuff size: bladder circumference at least 80% and width at least 40%-of arm circumference).
50. The student will recognize the physical exam findings of the following mouth lesions:
 - a. Acute tonsillitis
 - b. Peritonsillar abscess
 - c. Torus palatinus
 - d. Aphthous ulcer
 - e. Leukoplakia
 - f. Carcinoma
51. The student will list and be able to test the components of an eye exam (acuity, fields, extraocular muscles, external exam, pupils, retinal/fundoscopy exam).
52. The student will recognize the pupil abnormalities of Marcus Gunn pupil and Horner's syndrome.
53. The student will recognize the physical exam findings of the following ear abnormalities and their clinical history:
 - a. Acute otitis media
 - b. Serous otitis media
 - c. Hemotympanum
 - d. PE tubes
 - e. Foreign body
 - f. TM perforation
 - g. Choisteatoma
 - h. Otitis externa
54. The student will recognize the physical exam findings of the following abnormalities of the nose and their clinical history:
 - a. Nasal polyp

PCM 2 Course Objectives Grouped by Competency

- b. Septal hematoma
 - c. Septal perforation
55. The student will recognize the physical exam signs and symptoms of acute parotitis.
56. The student will recognize the physical exam findings in the following neck masses and their clinical history:
- a. Thyroglossal duct cyst
 - b. Branchial cleft cyst
 - c. Thyromegaly
57. The student will describe the components of a clinical breast exam (inspection, palpation and lymph node exam) and apply the correct terminology to describe a breast lump (location, size, shape, delimitation, mobile vs. fixed, presence of pain).
58. The student will explain the significance of elevated or decreased jugular venous distension
59. The student will recognize the following physical findings:
- a. Ascites (shifting dullness, bulging flanks and fluid wave)
 - b. Murphy's sign for acute cholecystitis
 - c. Peritoneal signs
 - Rovsig's sign
 - Rebound
 - Rigidity
 - Psoas sign
 - Obturator sign
60. The student will describe and perform the appropriate procedures/considerations for a female GU exam (i.e., chaperone, privacy, draping, correct use of a speculum) and perform the correct technique of a bimanual exam.
61. The student will describe the clinical significance of the following abnormal physical findings and their classic history:
- a. Cervical motion tenderness
 - b. Cervical discharge
 - c. Adnexal mass
62. The student will describe the appropriate procedures/considerations for a male GU exam (i.e., chaperone, privacy, draping) and perform correct technique of the male GU exam
63. The student will identify the abnormal physical findings and classic history associated with:
- a. Inguinal and femoral hernias
 - b. Scrotal masses
 - Testicular mass
 - Hydrocoele
 - Varicocoele
 - Spermatocoele
 - Epididymitis
 - c. Prostate enlargement
 - d. Prostate cancer
64. The student will list the components of a neurologic exam: motor , sensory (light touch, pain, position, vibration), cerebellum, reflexes, cranial nerves, and mental status
65. The student will perform focused maneuvers for examining the

PCM 2 Course Objectives Grouped by Competency

- a. Shoulder: Hawkin's and Neer's Impingment tests (both for rotator cuff impingement), Anterior Apprehension Test (for anterior shoulder instability), Crossed Arm Adduction Test (for AC joint pathology), Rotator cuff Strength Test.
 - b. Knee: Lachman's maneuver (for ACL integrity), Varus & Valgus Stress testing (for lateral and medial collateral ligament(s) integrity), Patellar Apprehension Maneuver (for patellar stability), Joint Line Tenderness testing (for menisci tears)
 - c. Spine: Straight Leg Raise testing and the Slump Test (both for lumbar nerve root entrapment)
 - d. Hip: Trendelenberg Sign (for hip stability and strength)
66. The student will recognize the abnormal physical findings and classic history for:
- a. Gout (i.e., tophi, podagra)
 - b. Osteoarthritis (Heberden and Bouchard nodes)
 - c. Rheumatoid arthritis
 - d. Raynaud's phenomenon
67. The student will recognize the abnormal physical findings and classic history for:
- a. Anserine bursitis
 - b. Trochanteric bursitis
 - c. Olecranon bursitis
68. The student will identify the location of the commonly examined peripheral pulses including the relationship of the femoral artery, vein and nerve and lymphatics in the groin (NAVEL).
69. The student will identify the collateral arterial supply in the hand including to describe the procedure, indications for and significance of the Allen test.
70. The student will explain how to perform an Ankle Brachial Index (ABI) and identify the clinical significance of the result obtained.
71. The student will know the definition of a vascular thrill and bruit.
72. The student will compare and contrast the signs and symptoms of arterial and venous insufficiency.
73. The student will compare and contrast the difference between various ulcers in the lower extremities: arterial, venous and neuropathic.

SOCIAL AND COMMUNITY CONTEXT OF HEALTH CARE

74. The student will list the 4 elements of a malpractice law suit (duty, breach of duty, causation, damages).
75. The student will identify techniques to avoid a lawsuit: communication, documentation, education, and attitude with the patient.
76. The student will describe how a student/resident/physician can be involved in the legal system as a witness, defendant, and expert witness.
77. The student will describe the difference between the following advance directives:
- a. Living will
 - b. Power of attorney for healthcare
78. The student will list the following Joint Commission National Patient Safety Goals:
- a. Decrease health care acquired infections
 - Proper hand hygiene
 - Influenza vaccination
 - Avoiding use of unacceptable abbreviations

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PROBLEM SOLVING AND PERSONAL GROWTH

79. The student will incorporate feedback on their communication and clinical skills to advance personal and professional growth.
80. During small groups, the student will interpret the oral cases presented for positive and negative findings, a problem list, assessment and plan, and admit orders.