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 (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.

Course Objectives grouped by competency (updated 11-22-10)

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
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. QRX 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
        i. First degree
        ii. Both types of second degree AV block
        iii. 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, supprative 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
        i. Cross sectional study
        ii. Cohort study
        iii. 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.
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/fundoscopic exam).
52. The student will recognize the pupil abnormalities of Marcus Gunn pupil and Horners 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. Choesteatoma
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
    b. Septal hematoma
    c. Septal perforation
55. The student will recognize the physical exam signs and symptoms of acute parotitis.
56. The 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, delimination, 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, buldging flanks and fluid wave)
    b. Murphy's sign for acute cholecystitis
    c. Peritoneal signs
        i. Rovsig's sign
        ii. Rebound
        iii. Rigidity
        iv. Psoas sign
        v. 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
        i. Testicular mass
        ii. Hydrocoele
        iii. Varicocoele
        iv. Spermatocoel
        v. Epidydimitis
    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
    a. Shoulder: Hawkin's and Neer's Impingment tests (both for rotator cuff impingment), 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
        i. Proper hand hygiene
        ii. Influenza vaccination
        iii. Avoiding use of unacceptable abbreviations

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.

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 4 Harvey Workshops (mandatory). Scheduling is in blocks of 40 minutes. Dates for Harvey sessions are: **August 8, 2011**, **October 24, 2011**, **November 4, 2011**, and **December 8, 2011**.
- **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. Boyle (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 ≥ 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 or 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 25th.**
- Beginning October and through **April 5, 2012**, meet with Preceptor weekly, perform and write up 4 H&Ps along with an assessment an d plan (A/P), differential diagnosis, pertinent +/-, problem list and admitting orders.
- Present orally, at least two of the histories and physicals (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 5** via email to Dr. Boyle. 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 3rd 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 ≥ 70% (Semester 3 and 4) = P
  - Clinical Skills
    - Workshops
      - Attendance at all workshops = P
      - Clinical Skill Exam - ≥70% = "Meets Expectations"
    - Standardized patient exercises (2)
      - A ranking of '*Meets Expectations*' in all SP evaluations = P; and
      - A grade of ≥ 70% = P for all checklists; and
      - A grade of ≥ 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 an additional review. **Hx #1 is due 9/9/11**. **Hx #2 is due 10/21/11**.
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 10-25-11**.
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. Failure to turn your write-up by the deadline 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 300. 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 11/29/11, H&P #2 is due 2/3/12, H&P #3 is due 3/13/12**, and **H&P #4 is due 4/3/12**. The Preceptor and Student final evaluations are due **4/5/12**.

CLINICAL SKILLS (Neuro OSCE, Breast Exam Workshop, Head-to-Toe Exam, Clinical Skill Exam, Musculoskeletal OSCE, and Standardized Patient exercises): **Semester 3** includes a Neuro OSCE, a practice head-to-toe physical exam and a **graded** head-to-toe physical exam at the end of Semester 3. The **January** Semester 4 Head-to-Toe SP exercise includes a complete history with a head-to-toe physical exam and write-up. 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.

POLICY ON APPEARANCE AND SCRUB ATTIRE FOR STRITCH SCHOOL OF MEDICINE STUDENTS

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's teaching hospital in Maywood. *Students who are assigned to clinical sites other than LUMC are responsible for learning and following the policies and procedures of the site in regard to scrub attire.*

1. GENERAL DRESS STANDARDS:

Preclinical

During the preclinical years, medical students are expected to dress appropriately on campus. Shirt and shoes are required in educational, administrative and clinical buildings and on the property that is adjacent to them. Gym clothes, beach wear, low cut or cropped tops, very short skirts or sunbathing sorts of tops and shorts, except inside the Fitness Center, are not suitable inside or outside campus buildings at the medical center. Scrub wear is not permitted to be worn in preclinical course laboratories such as anatomy.

Clinical Settings

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 and well groomed. Nails should be well manicured and of a length which does not interfere with clinical activities and safety of patients or staff.

Minimal jewelry may be worn but must not interfere with patient care activities; no jewelry may be worn in operating rooms.

Closed top shoes are recommended and should be clean and in good condition; athletic footwear is discouraged.

Clothing and make up should be business-like; neckline and hemline should be conservative.

T-shirts, gym clothes, beach wear, flip flops, jeans, shorts, sweat shirts and pants are not acceptable.

Strong fragrances such as perfumes are discouraged near patient areas.

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. When assigned to other teaching sites, students are expected to wear the ID badge of that site along with their Loyola badge and nametag.

(over)

3. WHITE COAT

Students should wear a clean, pressed, **short** white coat in the hospital. Coats should be plain, white, with no embroidery above the vest pocket, and an official SSOM patch may be sown on the sleeve. A **long** white coat **must** be worn in lieu of a short coat at the SSOM Hospital whenever green or blue scrub attire is also being worn. See scrub attire policy below.

SCRUB ATTIRE

The policies governing scrub attire are directed toward compliance with public health and infectious disease procedures and policies in Loyola's teaching hospital.

A. Arrive at the hospital in appropriate street clothing. No scrubs are to be worn into or out of the hospital or between the hospital and other campus buildings. This includes transit between the Hines VA Hospital, Outpatient Center and the medical school (even if using the lower level tunnel).

B. Scrubs can be worn where performance of procedures is a major component of the patient care activities (i.e., operating rooms, trauma bay/emergency room, burn center and surgical intensive care units).

Green and blue scrub attire must be restricted to the designated areas specified by medical center policy. Usually, this includes:

Green scrubs: Operating room, recovery rooms, and surgical reprocessing areas

Blue scrubs: Post partum, labor and delivery, newborn nursery, neonatal ICU, Burn Center, cardiac catherization lab, electrophysiology lab and cardiac biopsy lab

C. Students are expected to change from scrub attire as soon as possible when it is no longer necessary to wear such garb as a uniform. Used scrubs should be placed in receptacles in the clinical areas for safe handling and laundering. **Under no circumstances are used scrubs to be discarded inside of the Cuneo Center/Stritch or Fitness Center**. Non-compliance will lead to sanctioning.

D. Scrub attire provided by the hospital is hospital property and must be returned immediately after use to the receptacles provided in the clinical areas for them.

E. No scrubs are to be worn if they have bodily fluids on them. Scrubs should be changed **immediately** if they become contaminated and soiled scrubs must be placed in appropriate receptacles in the clinical areas for safe handling.

F. Scrubs worn outside of procedure areas are to be covered with a long lab coat that must remain buttoned at all times. Do not sit in the cafeteria or any areas with an unbuttoned lab coat if wearing scrubs.

G. No surgical hats, booties or masks are to be worn outside of the operating room or procedure areas.

Student Affairs

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Required Textbooks

Listed below are the textbooks required for PCM 2.

REQUIRED 2nd YEAR (need for year 2 and 3)

- ***The Only EKG Book You'll Ever Need***, 6th 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***, 10th 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 1st 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 head 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. Periodically charge so it is ready to use.
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.