Tonight

- Dr McNally
- PCM 2 update
- Dr. John Shea

PCM 2 - Semester 3
Course Evaluation

- Small group co-facilitators (4th year students) contributed to my learning.
- 1 = strongly disagree; 5 = strongly agree
- Average = 4.3

<table>
<thead>
<tr>
<th>% of (1)</th>
<th>% of (2)</th>
<th>% of (3)</th>
<th>% of (4)</th>
<th>% of (5)</th>
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<tbody>
<tr>
<td>0</td>
<td>4.6</td>
<td>10.7</td>
<td>33.6</td>
<td>51.9</td>
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Teaching elective requirements

- Last of the quarterly didactic sessions:
  - Spring 11C March 12 or 12A March 26)
  - Match day=March 16
- Only 8 PCM 2 small groups left
  - Must attend 5
- Should have completed both Master Teacher reflections by now
Small groups in semester 4

- EKGs
- CXRs
- Case presentations – every M2 does 2
- No small group 2/7 Advanced communication Dr Orland
  - Need 3 volunteers for role play with Dr Orland
  - Need 4 volunteers difficult situation, email Koller situation
- If > 2 M4s in a small group, don’t talk too much!

Good case presentation

- 5-7 minutes
- Practice ahead of time
- Read about your pt before you present
- Look professional – comb hair
- Talk professionally – no slang terms, HIPPA
- Good body language – eye contact, don’t slouch
- Goal – make a case for your diagnosis, ddx
  - Team can always go read the written record if they want more

Good case presentation

- Age and sex
- CC
- HPI as a story, with pt perspective of illness
- Meds
- Allergies
- Only pertinent positives/negatives
- General appearance and vitals
- Only significant findings from PE
- Labs, tests, procedures
- Summary statement with dx or ddx
- Your plan (diagnostic, therapeutic, pt education)
Tomorrow 1/24/12
Careers in Medicine

• Okay to have 3 M4s this day
• May discuss your residency choice and how you made your decision