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 the ability to write the basic components of admit orders and be able to write these in regards to a particular case.
  - Demonstrate competency in the oral presentation of clinical data
- Develop professional attitudes to become a Patient Centered Physician in the spirit of Jesuit values at Loyola University’s Stritch School of Medicine.
• Develop the attitudes, knowledge, and skills to become a Patient Centered Medicine Physician.
• Discuss the relationships between the mechanisms of disease and their clinical presentation.
• Identify principles of health and its promotion of disease prevention.
• 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.
• Apply Evidence Based Medicine to determine the significance of history and physical findings.
• Demonstrate skills in critical thinking, reasoning and problem-solving.
• Utilize the scientific method of statistics and Evidence Based Medicine to advance patient care.
• Commit to being an advocate for patient safety.
• Describe how the profession of Medicine interacts with the legal system.
• Recall principles of care in end of life situations.
• Recall principles of ethics in the physician patient relationship.
• Recall the basic principals of obtaining informed consent.
• Respectfully receive and incorporate feedback to advance personal and professional growth.
• Form a respectful working alliance with a small group of peers and faculty as a basis for future professional relationships.

Course Objectives grouped by competency (updated 6-14-12)

MEDICAL KNOWLEDGE
1. The student will name common terms to describe the general appearance on a physical exam.
2. The student will define and recognize the primary skin lesions: macule, papule, nodule, patch, plaque, pustule, vesicle, bulla, and wheal.
3. The student will define secondary skin lesions, including ulcer, scar, atrophy, scale, crust, fissure, excoriation, erosion, burrow, telangiectasia, lichenification, purpura, and petechiae.
4. The student will list the ABCDE of melanoma (asymmetry, irregular border, color varies, diameter > 6mm, elevation).
5. The student will recognize how a lesion along the path of the optic tract results in different visual field defects.
6. The student will list the borders of the anterior and posterior triangles of the neck.
7. The student will describe the risk factors and prevalence of breast cancer.
8. 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
9. The student will describe the grading system for heart murmurs (I – VI/VI).
10. 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

11. The student will identify the range of percussion sounds over the lung (resonant, dull, hyper resonant) and their clinical significance.

12. The student will describe the clinical significance of the following lung sounds: bronchial, vesicular, wheeze, crackle, rhonchi, stridor, and pleural rub.

13. The student will recognize the following patterns of breathing and their clinical significance: Kussmaul, Cheyne Stokes, orthopnea, sleep apnea, and pursed lip breathing.

14. 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.

15. 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.

16. The student will list the anatomical landmarks for a female GU exam.

17. 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), American Cancer Society (ACS), or the United States Preventive Services Task Force (USPSTF) recommendations for screening (age to start, stop, and intervals for screening).

18. The student will list the anatomical landmarks for a male GU exam.

19. The student will list the grading scale of reflexes.

20. The student will list the grading of muscle strength.

21. 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?

22. 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.

23. The student will list the activities of daily living (ADLs) necessary for independent living (bathing, dressing, toileting, transfers, continence, and feeding).

24. The student will describe a systematic approach for interpreting EKGS (rate, rhythm, axis, intervals, hypertrophy, ischemia).

25. 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
26. 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

27. The student will describe a systematic approach to interpret chest x-rays (ABCDE, for example)

28. 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.

29. The student will list differential diagnosis for clubbing (intrathoracic malignancy, suppurative lung disease and diffuse interstitial lung disease).

30. 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 mnemonic 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).

31. 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.

32. The student will explain Standard (Universal) Precautions.

33. The student will explain the risk of health care acquired and post exposure care for HIV and Hepatitis B&C.

34. The student will describe the proper use of sharp containers and safety when using needles/syringes/scalpels.

35. The student will name examples of personal protective equipment and describe isolation techniques.

36. 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  
37. 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.  
38. The student will identify how abnormal negative feelings toward a patient hinder communication and management of a patient.  
39. The student will describe the 6-step approach of delivering bad medical news.  
40. The student will demonstrate a respectful, patient-centered approach during an OSCE, clinical skills exam, workshop, and patient encounter.  
41. The student will give two oral case presentations to their small group.

PROFESSIONALISM  
42. 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  
43. The student will know and perform the steps of a complete head to toe physical exam.  
44. The student will recognize an abnormality on a growth chart.  
45. The student will recognize the classic general appearance of a patient with Cushing’s disease, Parkinson’s, hyperthyroidism, acromegaly, Marfan’s syndrome, Turner’s syndrome, trisomy 21, central cyanosis, and peripheral cyanosis.  
46. 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).  
47. 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  
48. 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).  
49. The student will recognize the pupil abnormalities of Marcus Gunn pupil and Horner’s syndrome.  
50. 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

51. 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

52. The student will recognize the physical exam signs and symptoms of acute parotitis.

53. 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

54. 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, delamination, mobile vs. fixed, presence of pain).

55. The student will explain the significance of elevated or decreased jugular venous distension and be able to examine the patient for jugular venous distention.

56. The student will recognize normal lung sounds and common abnormal lungs sounds of wheezes, crackles, rhonchi, stridor and pleural rub.

57. The student will recognize normal cardiac heart sounds and additional sounds of S3, S4, murmurs of aortic stenosis, aortic regurgitation, mitral stenosis and mitral regurgitation, ejection clicks, opening snap.

58. 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
      i. Rovsig’s sign
      ii. Rebound
      iii. Rigidity
      iv. Psoas sign
      v. Obturator sign
   d. flank tenderness by percussion
   e. hepatomegaly, splenomegaly

59. 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.

60. 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

61. 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.

62. 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. Spermatocoele  
   v. Epidydimitis  
c. Prostate enlargement  
d. Prostate cancer  

63. The student will list the components of a neurologic exam: motor, sensory (light touch, pain, position, vibration), cerebellum, reflexes, cranial nerves, and mental status  

64. 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)  

65. 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  

66. The student will recognize the abnormal physical findings and classic history for:  
   a. Anserine bursitis  
   b. Trochanteric bursitis  
   c. Olecranon bursitis  

67. 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).  

68. The student will identify the collateral arterial supply in the hand including to describe the procedure, indications for and significance of the Allen test.  

69. The student will explain how to perform an Ankle Brachial Index (ABI) and identify the clinical significance of the result obtained.  

70. The student will know the definition of a vascular thrill and bruit.  

71. The student will compare and contrast the signs and symptoms of arterial and venous insufficiency.  

72. 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  
73. The student will list the 4 elements of a malpractice law suit (duty, breach of duty, causation, damages).  

74. The student will identify techniques to avoid a lawsuit: communication, documentation, education, and attitude with the patient.  

75. The student will describe how a student/resident/physician can be involved in the legal system as a witness, defendant, and expert witness.
76. The student will describe the difference between the following advance directives:
   a. Living will
   b. Power of attorney for healthcare
77. 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
78. The student will describe proper means of obtaining informed consent.
79. The student will identify proper patient – physician relationships.

PROBLEM SOLVING AND PERSONAL GROWTH
80. The student will incorporate feedback on their communication and clinical skills to advance personal and professional growth.
81. 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-
  o 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.
  o Attend 5 Harvey Workshops (mandatory). Scheduling is in blocks of 40 or minutes. Dates for Harvey sessions are: August 20, 2012, November 13, 2012, November 20, 2012, November 26, 2012 and December 8, 2012.
- For Small Groups-
  o 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.
  o For the Neuro OSCES, and Head-to-Toe Sessions, Musculoskeletal Workshop with testing
    o 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.
  o For Standardized Patient Exercises-
    o 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.
- In Semester 3, perform a graded head to toe physical exam on a female standardized patient. Write up this physical exam and obtain feedback from your facilitator. The PE on SP Model Write-up is due on the day of the SP exam.
- **Beginning September and extending through April, meet with Preceptor on a regular basis and perform and write up 5 H&Ps. Along with the 2nd through 5th H&P an assessment and plan (A/P), differential diagnosis, pertinent +/-, problem list and admitting orders must also be included. All papers with comments from preceptor are due the dates given. If there are extenuating circumstances, the student must notify the Course Coordinator and the Course Director as soon as possible.**
- Present orally, at least two of the histories and physicals (H&Ps) to small group.
- 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 10** 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 score of 95% = P
    - Head-to-Toe Physical Examination (end of Semester 3)
      - A minimum score of 95% = 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.

**WRITE-UPS from Head to Toe exam and Preceptor Program:**
1. 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 the day of the SP examination.**
2. All write-ups and accompanying forms are due in the Educational Affairs Office by the set deadlines. 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 10/26/12, H&P #2 is due 11/30/12, H&P #3 is due 2/5/13, H&P #4 is due 3/12/13 and H&P #5 is due 4/3/13. The Preceptor and Student final evaluations are due 4/4/13.

CLINICAL SKILLS (Neuro OSCE, Breast Exam Workshop, Head-to-Toe Exam, Clinical Skill Exam, Musculoskeletal Workshop and testing session, and Standardized Patient exercises): Semester 3 includes a Neuro OSCE, and a graded head-to-toe physical exam before the Semester 3 break. 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, and final diagnosis with justification and key content questions.
DRESS CODE, APPEARANCE, AND SCRUB ATTIRE

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 Medical Center and Hospital. *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 in the academic, business and clinical areas on campus.
   - Shirt and shoes are required in educational, administrative and clinical buildings and on the property that is adjacent to them. Gym clothes (except inside the Fitness Center), low cut tops, short shorts, and bathing suits are not suitable inside or outside campus buildings at the Medical Center.
   - Closed toe shoes are required in laboratory areas for safety.

   **Clinical Settings**
   - Medical students are expected to maintain a professional appearance in the clinical settings. Clothing should be business-like; neckline and hemline should be conservative.
   - Students should wear clean, pressed, well fitting personal attire; undergarments should be worn.
   - Daily hygiene must include clean body, teeth and clothes; heavily scented fragrances should be avoided.
   - Hair should be clean and well groomed and tied back when engaging in patient care activities or operating machinery
   - Well groomed beards, sideburns, mustaches are allowed but may not interfere with personal protective face gear. Extreme cosmetic/make-up applications should be avoided.
   - Nails should be well manicured and polish color if worn should be conservative. Nail length should not interfere with clinical activities and safety of patients or staff.
   - Body piercing, tattoos, and jewelry should be discreet; no jewelry may be worn in operating rooms.
   - Shoes should be clean and in good condition; closed tops are recommended for safety.
   - T-shirts, cropped tops, very short skirts, spaghetti strap tops, flip flops, jeans, shorts and sweat shirts and pants are not acceptable.

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. ID badges issued at other clinical teaching sites should be worn in addition to the Loyola IDs.
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 LUMC patch may be sewn on the sleeve. A **long** white coat **must** be worn in lieu of a short coat at the LUMC Hospital whenever green or blue scrub attire is also being worn. See scrub attire policy below.

**SCRUB ATTIRE**
A. Students should 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.
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, blue and other colors of scrub attire must be restricted to the designated areas specified by the medical center.

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.
C. Scrub attire provided by the hospital is hospital property and must be returned immediately after use.
D. After use, no scrubs are to be worn if they have bodily fluids on them. Scrubs should be changed **immediately** if they become contaminated.
E. 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.
F. No surgical hats, booties or masks are to be worn outside of the operating room or procedure areas.

*Excerpted from 2012 APM*
*Distributed 6/12*
Required Textbooks
Listed below are the textbooks required for PCM 2.

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


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):

<table>
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<th>Heart</th>
<th>Musculoskeletal (LE &amp; UE)</th>
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<tbody>
<tr>
<td>Lungs</td>
<td>Head to Toe Physical Exam on Male (LE supine)</td>
</tr>
<tr>
<td>Thorax</td>
<td>Head to Toe Physical Exam on Female (LE sitting)</td>
</tr>
<tr>
<td>Abdomen</td>
<td>Knee Exam</td>
</tr>
<tr>
<td>HEENT</td>
<td>Breast Exam</td>
</tr>
<tr>
<td>Neurological Exam</td>
<td>Oral &amp; Presentation video</td>
</tr>
<tr>
<td>Gowning and Draping</td>
<td>PCM 2 Musculoskeletal Provocative Exam</td>
</tr>
</tbody>
</table>

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

Note: These older CDs may not be compatible with newer operating systems.

Required Equipment

<table>
<thead>
<tr>
<th>Stethoscope</th>
<th>Blood pressure cuff</th>
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<tbody>
<tr>
<td>Pocket light</td>
<td>Pocket vision screener</td>
</tr>
<tr>
<td>Watch with second head sweep</td>
<td>Reflex hammer</td>
</tr>
<tr>
<td>Short white coat</td>
<td>Tuning fork - C128</td>
</tr>
<tr>
<td>6-inch ruler with centimeter markings</td>
<td>Ophthalmoscope/otoscope, regular (not pocket) size – either battery operated or rechargeable. Periodically charge so it is ready to use.</td>
</tr>
<tr>
<td>EKG Calipers</td>
<td>Headphones – To use on computer, for listening to heart murmurs, lung sounds, and Sem. 3 and 4 online exams</td>
</tr>
</tbody>
</table>

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