

**MED 810: Doctoring 1 (DOC)**  
*Autumn 2017*

Wednesdays  
8:00 to 10:00 a.m. / 1:00 to 3:00 p.m.  
1001 Shadow Lane

Course Chair:  
Laura Shaw, MD  
laura.shaw@medicine.nevada.edu

**Course Description and Learning Objectives:**

This eighteenth month course provides an understanding of the role of the physician in clinical settings and in the community via longitudinal and small group learning experiences in the Foundations Phase of the medical school curriculum. The first block of a six course series of rotations focuses on patient interviewing, physical diagnosis, physical exam, patient history-taking and write-ups per students' clinical encounters, clinical reasoning, and development of the doctor-patient relationship. Each student participates in weekly, half-day rotations for a total of 18 months in a continuity out-patient primary care setting.

- Elicit a complete and accurate medical history, including the patient's narrative, the impact of the illness, and specific topics including the sexual, functional, chronic pain, and substance use histories.
- Conduct patient interview(s) in a clinical setting, and assess patients' needs across the human lifecycle.
- Develop patient-centered communication skills for eliciting and exchanging information, identifying health priorities, and decision-making about diagnosis and treatment.
- Identify social and cultural contributors to individual patient's health and health behaviors.
- Recognize and respond to patients' emotions.
- Develop a collaborative approach to facilitate changes in health behaviors.
- Practice advanced communication skills, including discussing risk, delivering serious news, disclosing a medical error, working with interpreters, and shared decision-making.
- Perform a complete physical exam as defined by LCME benchmarks, maintaining respect and rapport throughout the exam, and demonstrating proper use of medical equipment.
- Adapt physical exams to the clinical setting and to a patient's chief concern (including exam maneuvers helpful in differentiating causes of common chief concerns).
- Present an accurate, complete and well-organized oral case presentation for a new or hospitalized patient, and adapt case presentations to the clinical setting.
- Document a complete patient history and physical exam in a standard and organized manner (including the master problem list).
- Prioritize a three to five item differential diagnosis for patients presenting with a new concern, and write an assessment articulating how the history and exam findings argue for or against the diagnoses.
- Demonstrate effective team work by using closed loop communication, a shared mental model, role identification and task assignment, and a democratic communication style.
- Develop a practice of professional reflection.
- Identify and respond to professionalism challenges, including values conflicts and bias, ethical issues, work-life balance, and impairment.

**Required and Recommended Materials & Textbooks:**

Required

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. 11<sup>th</sup> ed. Wolters

Kluwer.

- Henderson, M., Tierney, L. M., & Smetana, G. W. (2012). *The Patient History: Evidence-Based Approach to Differential Diagnosis*. New York, NY: McGraw-Hill Medical.
- Hope, T. (2004). *Medical Ethics: A Very Short Introduction*. 1<sup>st</sup> ed. Oxford University Press.
- *Medication Reference* – Gomella, P. T. (2013). *EMS Pocket Drug Guide*. 2<sup>nd</sup> ed. McGraw-Hill Medical Education.

#### Required Materials

- Stethoscope
- Reflex hammer
- Pen light
- Medication reference (Epocrates phone app or pocket guide)
- White coat (short length – professional attire)

#### Recommended

- Drake, R. L., Vogl, W. A., & Mitchell, A. W. (2015). *Gray's Anatomy for Students*. 3<sup>rd</sup> ed. Elsevier Saunders.
- Fletcher, R., & Fletcher, S. (2013). *Clinical Epidemiology: The Essentials*. 5<sup>th</sup> ed. Wolters Kluwer.

*Additional texts may be recommended at the onset and throughout the duration of the course to aid/facilitate learning objectives.*

### **Course Schedule & Weekly Objectives:**

#### Week 1 – Wednesday, September 6, 2017

*Topics include:*

- Recognize and describe features that can make an interview challenging, including patient, physician, and situational/structural factors
- Respond to a 'boundaries issue' in a simulated patient encounter

#### Week 2 – Wednesday, September 13, 2017

*Topics include:*

- Perform and document a functional history
- Describe the elements of the chronic pain history
- Gather an History of Present Illness (HPI) in a standardized patient with chronic pain

*Assigned Readings & Review Materials:*

- Henderson, M., Tierney, L. M., & Smetana, G. W. (2012). *The Patient History: Evidence-Based Approach to Differential Diagnosis*. Chapters 2 & 3.

#### Week 3 – Wednesday, September 20, 2017

*Topics include:*

- Describe the importance of the sexual history in the care of the patient
- Identify personal challenges in taking a sexual history

*Assigned Readings & Review Materials:*

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. Chapter 4.
- Henderson, M., Tierney, L. M., & Smetana, G. W. (2012). *The Patient History: Evidence-Based Approach to Differential Diagnosis*. Chapter 4.

**Week 4 – Wednesday, September 27, 2017***Topics include:*

- Demonstrate a non-judgmental approach to eliciting the substance use history

*Assigned Readings & Review Materials:*

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. Chapter 1.

**Week 5 – Wednesday, October 4, 2017***Topics include:*

- Describe how specific behaviors related to drug use can impact health and disease
- Demonstrate a non-judgmental approach to eliciting the substance use history

*Assigned Readings & Review Materials:*

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. Chapter 1.

**Week 6 – Wednesday, October 11, 2017***Topics include:*

- Describe how specific behaviors related to drug use can impact health and disease
- Define review of systems terms in medical and lay language

*Assigned Readings & Review Materials:*

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. Chapter 2.

**Week 7 – Wednesday, October 18, 2017***Topics include:*

- Identify key elements of informed consent: indications, risks, benefits, alternatives, and potential complications

*Assigned Readings & Review Materials:*

- American College of Physicians, ACP. (2014, April 8). On Being a Doctor. *Annals of Internal Medicine*, 4. Retrieved at: <https://www.acponline.org/acp-newsroom/on-being-a-doctor-illuminates-the-humanity-of-medicine-in-allits-joys-pain-and-irony>
- Baile, W. F., Buckman, R., Lenzi, R., Glober, G., Beale, E. A., & Kudelka, A. P. (2000). SPIKES – A Six-Step Protocol for Delivering Bad News: Application to the Patient with Cancer. *The Oncologist*. Retrieved at: <http://theoncologist.alphamedpress.org/content/5/4/302.full>

**Week 8 – Wednesday, October 25, 2017***Topics include:*

- Perform a complete HPI, identifying pertinent elements of the past medical history (PMH), family history, social history, and ROS for patients presenting with cough

*Assigned Readings & Review Materials:*

- Henderson, M., Tierney, L. M., & Smetana, G. W. (2012). *The Patient History: Evidence-Based Approach to Differential Diagnosis*, pp. 93-106.

Week 9 – Wednesday, November 1, 2017

*Topics include:*

- Identify key elements of informed consent: indications, risks, benefits, alternatives, and potential complications
- Explain the evidence of Primary Care effects on access, quality, outcomes, patient experience, and cost

*Assigned Readings & Review Materials:*

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. Chapter 7.

Week 10 – Wednesday, November 8, 2017

*Topics include:*

- Recognize and differentiate primary care delivery models
- Recognize the need for a professional interpreter in clinical care

Week 11: Intersession 1

Week 12 – Wednesday, November 22, 2017

*Topics include:*

- Identify key elements of informed consent: indications, risks, benefits, alternatives, and potential complications
- Identify communication strategies to improve a patient and family's understanding of illness and prognosis

Week 13 – Wednesday, November 29, 2017

*Topics include:*

- Identify communication strategies to improve a patient and family's understanding of illness and prognosis

Week 14 – Wednesday, December 6, 2017

*Topics include:*

- Identify key elements of informed consent: indications, risks, benefits, alternatives, and potential complications
- Obtain informed consent for a simple, low risk procedure (injection or vaccination)

Week 15 – Wednesday, December 13, 2017

*Topics include:*

- Identify key elements of informed consent: indications, risks, benefits, alternatives, and potential complications
- Obtain informed consent for a simple, low risk procedure (injection or vaccination)

Week 16 – Wednesday, December 20, 2017

*Topics include:*

- Define common terminology and concepts related to LGBTQ communities
- Describe the potential effects of sexual orientation and gender identity on the doctor-patient relationship

### **Course Requirements & Evaluation:**

Active participation is an integral part of this longitudinal course. Students must engage in individual, small group, preceptor and primary care/discussions to effectively contribute to active patient care learning activities, as well as offer and receive constructive feedback for self-assessment. Formative assessment of narrative patient encounters and notes are conducted at the mid-point and end of each course.

Objective Structured Clinical Examinations (OSCEs) are conducted at the end of the course. OSCEs permit students to practice and demonstrate clinical skill competencies in standardized medical scenarios. Thus, students are expected to arrive on time to all patient care sessions prepared to participate actively and engage in all learning opportunities. Students are expected to be respectful, take responsibility and accountability for their own choices, actions, and/or decisions. This includes the demonstration of personal and professional integrity. Any student with a serious or multiple violations of professional behavior will be referred to the Medical Student Progress Committee (SPC) for review and potential action.

Attendance will be excused for matters pertaining to serious illness or in the event of a family emergency per the review and approval of the Senior Associate Dean for Student Affairs.

### **Grading:**

A pass/fail (P/F) grade is based upon satisfactory participation in individual, small group, preceptor and primary care exercises, including the timely completion of written assignments, doctor mentor meetings, formative narrative assessments of patient encounters, and satisfactory passage of the Objective Structures Clinical Examination (OSCE).

Students who fall below the minimum standards described, or who receive an 'Incomplete' grade, will undergo a formal remediation process. Students will coordinate and work with their assigned Clerkship Director(s) to develop a plan that addresses knowledge gaps, lack of competency and/or behaviors with specified activities, timelines and deadlines. (The plan will be submitted and presented to the UNLV SOM's Dean of Academic Affairs and Education for review, and subsequently referred to the Student Promotion and Conduct Committee, SPCC, for presentation by the Clerkship Director(s). Approval, and/or requested revisions will be determined by the SPCC given the complexity and suitability of the remediation plan.

### **Dress Code:**

Students represent not only themselves, but also the medical profession to those with whom they have contact. **Appropriate and professional attire should be worn, especially when students are in patient care settings or when contact with patients is anticipated.** Students should be aware that personal appearance may serve to inspire or hinder the establishment of the trust and confidence that are essential in the doctor-patient relationship. Jeans, sandals, and shorts (and other casual attire) are not considered professional dress. Scrubs are worn in the operating room,

in the anatomy lab or in other clinical circumstances to protect the operator's clothing from soilage. Scrubs, in general, should not be worn outside of the lab or hospital, and scrubs worn in the operating room should not be worn outside of the operating room. (*Please refer to Section 6: Professionalism in the UNLV SOM Student Handbook for guidelines pertaining specifically to dress.*)

**University Expectations and Resources:**

Academic Misconduct – Academic integrity is a legitimate concern for every member of the campus community; all share in upholding the fundamental values of honesty, trust, respect, fairness, responsibility and professionalism. By choosing to join the UNLV community, students accept the expectations of the Academic Misconduct Policy and are encouraged when faced with choices to always take the ethical path. Students enrolling in UNLV assume the obligation to conduct themselves in a manner compatible with UNLV's function as an educational institution. An example of academic misconduct is plagiarism. Plagiarism is using the words or ideas of another, from the Internet or any source, without proper citation of the sources. See the Student Academic Misconduct Policy (approved December 9, 2005) located at: <http://studentconduct.unlv.edu/misconduct/policy.html>.

Copyright – The University requires all members of the University Community to familiarize themselves and to follow copyright and fair use requirements. You are individually and solely responsible for violations of copyright and fair use laws. The university will neither protect nor defend you nor assume any responsibility for employee or student violations of fair use laws. Violations of copyright laws could subject you to federal and state civil penalties and criminal liability, as well as disciplinary action under University policies. Additional information can be found at: <http://www.unlv.edu/provost/copyright>.

Disability Resource Center (DRC) – The UNLV Disability Resource Center (SSC-A 143, <http://drc.unlv.edu/>, 702-895-0866) provides resources for students with disabilities. If you feel that you have a disability, please make an appointment with UNLV SOM's Senior Associate Dean for Student Affairs, as well as a Disabilities Specialist at the DRC to discuss appropriate options.

If you are registered with the UNLV Disability Resource Center, please submit your Academic Accommodation Plan from the DRC to UNLV SOM's Office of Student Affairs to develop strategies for implementing an accommodations plan that meets both your needs and UNLV SOM requirements. Any information provided is private and confidential. To maintain confidentiality, please do not approach course chairs or instructors before or after class to discuss accommodation needs.

Religious Holidays Policy – Any student missing class quizzes, examinations, or any other class or lab work because of observance of religious holidays shall be given an opportunity during that semester to make up missed work. The make-up will apply to the religious holiday absence only. It shall be the responsibility of the student to notify the Senior Associate Dean for Student Affairs and the course chair or faculty preceptor no later than the end of the first two weeks of classes, January 31, of his or her intention to participate in religious holidays which do not fall on state holidays or periods of class recess. This policy shall not apply in the event that administering the test or examination at an alternate time would impose an undue hardship on the instructor or the university that could not have reasonably been avoided. For additional information, please visit: <http://catalog.unlv.edu/content.php?catoid=6&navoid=531>.

Incomplete Grades – Course or clerkship/elective faculty share responsibility with individual students to monitor their performance in the curriculum. The Student Progress Committee (SPC) follows student performance in the curriculum, and is responsible for approving all remediation

plans once students have been assigned an insufficient grade, *e.g.* 'Incomplete' or 'Fail.' Remediation plans are developed by individual course directors, based upon individual student's identified academic and professional deficits, and tailored by both the course director and the SPC. The SPC determines deadlines for the adequate remediation of the course and provides final approval of the remediation plan. Students have the option, upon request, to appear before the SPC when plans for remediation are being considered.

*Please note:* In Phase 3 of the curriculum, any remediation of elective or advanced clerkship deficits must be completed prior to April 1 to meet the School of Medicine's graduation requirements. Students are not permitted to remediate more than two (2) course grades of 'Incomplete' during a single academic year. Students who receive more than two incomplete grades must be reviewed by the SPC. *(Please refer to Section 7: Academic Policies in the UNLVSOM Student Handbook for guidelines pertaining specifically to academic progress and actions.)*

Tutoring & Academic Resources – The Academic Skills Team (AST) provides academic assistance for all UNLVSOM students taking UNLVSOM courses. Students are encouraged to stop by the AST to utilize a variety of academic services, including test-tasking skills and strategies, coping with test anxiety, and improving self-study skills in preparation for USMLE and board exams. The AST is located at: 2040 West Charleston Boulevard, 89102.

UNLV E-mail – By policy, faculty and staff should e-mail students' UNLV e-mail accounts only. All UNLV students receive a Rebelmail account after they have been admitted to the university. It is one of the primary ways students receive official university communication such as information about deadlines, major campus events, and announcements. Students' e-mail prefixes are listed on class rosters, and the suffix is: @unlv.nevada.edu.