

MED 820: Doctoring 2 (DOC)
Spring 2018

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

Course Chair:
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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 second 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.

- Demonstrate the ability to gather a complete and focused history, and perform a physical examination in a primary care setting.
- Practice prioritizing a differential diagnosis following a primary care/clinical encounter.
- Interpret and recommend common diagnostic and screening tests encountered in a primary care setting.
- Formulate treatment plans with appropriate orders and prescriptions.
- Document clinical encounters in patients' electronic health records.
- Deliver an appropriate oral presentation of a clinical encounter.
- Formulate clinical questions and retrieve evidence to advance patient care.
- Demonstrate the ability to give and receive a patient transition of care and responsibility.
- Collaborate as a member of an intra- and inter-professional teams.
- Recognize patients requiring urgent or emergent care, and initiate evaluation and management.
- Obtain informed consent for tests and/or procedures.
- Assist in performing general office-based procedures of a primary care physician.
- Identify system failures and contribute to a culture of safety and continuous improvement.

Required and Recommended Materials & Textbooks:

Required

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. 11th 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*. 1st ed. Oxford University Press.
- *Medication Reference* – Gomella, P. T. (2013). *EMS Pocket Drug Guide*. 2nd 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*. 3rd ed. Elsevier Saunders.
- Fletcher, R., & Fletcher, S. (2013). *Clinical Epidemiology: The Essentials*. 5th 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, January 10, 2018

Topics include:

- Review and demonstrate a musculoskeletal exam
- Perform a focused history and exam in patients presenting with abdominal pain, including a pediatric patient, a pregnant patient, and a geriatric patient

Week 2 – Wednesday, January 17, 2018

Topics include:

- Transition to the Review of Systems in the context of the medical interview and demonstrate simple techniques for obtaining the ROS efficiently

Week 3 – Wednesday, January 24, 2018

Topics include:

- Identify key elements of the history for pediatric patients: birth history, developmental history, growth, nutrition, and immunizations

Week 4 – Wednesday, January 31, 2018

Topics include:

- Describe the key differences in the management of acute pain, chronic non-malignant pain, and pain at the end of life
- Identify strategies physicians can use to help families cope with serious illness
- Recognize the factors that complicate the management of chronic pain for patients and providers

Week 5 – Wednesday, February 7, 2018

Topics include:

- Explore patient and family beliefs and perspectives on illness, health, and healthcare
- Describe principles of cultural humility

Week 6 – Wednesday, February 14, 2018

Topics include:

- Describe common experiences of LGBTQ-identified patients in health care settings
- Distinguish between sexual orientation and gender identity

- Identify specific health issues faced by LGBTQ-identified patients
- Describe the impact of the social and medical history on sexual function and the impact of sexual function on the social and medical history

Week 7 – Wednesday, February 21, 2018*Topics include:*

- Describe models of disability
- Distinguish impairment, disability, and handicap

Week 8 – Wednesday, February 28, 2018*Topics include:*

- Identify tools to overcome barriers to adherence, including plain language, teach back, and medication review
- Recognize barriers to adherence, including limited health literacy, limited health numeracy and social factors

Assigned Readings & Review Materials:

- Henderson, M., Tierney, L. M., & Smetana, G. W. (2012). *The Patient History: Evidence-Based Approach to Differential Diagnosis*, pp. 481-490.

Week 9 – Wednesday, March 7, 2018*Topics include:*

- Describe several factors contributing to inequities in health status and health care for patients seen in primary and/or other clinical environments.
- Identify social and medical factors that can impact a patient's experience of pain
- Anticipate common pitfalls in cross cultural communication in health care
- Identify strategies to cultivate and maintain empathy

Week 10 – Wednesday, March 14, 2018*Topics include:*

- Identify social and cultural factors that impact disease prevalence
- Identify social factors that impact access to care and prevalence of disease
- Describe several factors contributing to inequities in health status and health care for patients seen in the PCP or other clinical environments; *i.e.* epidemiological, socioeconomic, behavioral, sociocultural, and community factors

Week 11 – Wednesday, March 21, 2018*Topics include:*

- Identify and demonstrate the use of inclusive, welcoming, and affirming language to promote an effective and therapeutic doctor-patient relationship
- Classify different responses to patients' resistance to change
- Demonstrate use of a decision balance to elicit and address ambivalence
- Describe and demonstrate advanced methods of rolling with resistance
- Describe and employ double-sided reflections to highlight ambivalence and elicit change
- Demonstrate different types of questions that can be used to elicit change talk

Assigned Readings & Review Materials:

- Bickley, L. (2012). *Bates' Guide to Physical Examination and History Taking*. Chapters 8-9, 12.

Week 12 – Wednesday, March 28, 2018*Topics include:*

- Identify personal strategies in promoting self-care and wellness
- Recognize warning signs of burnout in self and others

Week 13 – Wednesday, April 4, 2018*Topics include:*

- Adapt the physical exam to the clinical setting and to the patient's chief concern
- Include exam maneuvers helpful in differentiating causes of common chief concerns

Week 14 – Wednesday, April 11, 2018*Topics include:*

- Engage in reflective practice, including written reflection and mindfulness training

Week 15 – Wednesday, April 18, 2018*Topics include:*

- Recognize that one's own identity and biases (conscious or unconscious) that conflict with patients, members of the healthcare team, or the culture of medicine.
- Describe unconscious bias and its impact on medical care

Week 16 – Wednesday, April 25, 2018*Topics include:*

- Label the major components of the cardiac conduction system
- Calculate the heart rate on provided rhythm strips and practice 12-lead ECGs
- Demonstrate triadic interviewing

Week 17 – Wednesday, May 2, 2018*Topics include:*

- Use discriminating questions and hypothesis driven physical exam to differentiate causes of illness(es)

Week 18 – Wednesday, May 9, 2018*Topics include:*

- Perform and record a focused history and exam in patients presenting with chest pain

Week 19 – Wednesday, May 16, 2018*Topics include:*

- Perform and record a focused history and exam in patients presenting with pharyngitis

Week 20 – Wednesday, May 23, 2018*Topics include:*

- Perform and record a focused history and exam in patients presenting with acute dyspnea

Week 21 – Wednesday, May 30, 2018

Topics include:

- Reflection and debrief of primary care site, setting, and patients with preceptors

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 and deportment.*)

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:* Student Academic Misconduct Policy (approved December 9, 2005) 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 throughout 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.

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.