

# FDC2

## Foundations of Doctoring 2

### Course Goals

#### Goals

1. Relate the physical examination to normal anatomy and physiology.
2. Relate the physical examination to abnormal anatomy and pathophysiology.
3. Know variations in physical exam techniques for use with children and the elderly.
4. Perform basic physical examination techniques on adults and children in the following areas: General Assessment (vital signs); extremities and back; cardiovascular; chest and lungs; abdomen; head and neck; hair and nails, neurologic, eyes, and uro/gyn.
5. Perform a head-to-toe core physical exam based on a provided checklist of items that would be appropriate for the performance of a complete history and physical.
6. Know and use the language of relationship centered clinical encounters and communication techniques specific to introductions and agenda settings, information gathering, sustaining structure and relationships, closing and forward planning, sharing information, and negotiating a treatment plan.
7. Begin to use appropriate relationship centered communication techniques in difficult clinical encounters.
8. Know the content of and practice taking a sexual history.
9. Identify the key subjective and objective components of the patient data base gathered in the encounter to perform a complete history and physical: patient identification, chief complaint, history of present illness, active medical problems, past medical history, medications, allergies, social history, family history, review of systems, and physical exam findings.
10. Identify the key components of the history and physical write-up, SOAP note and oral presentation
11. Understand the fundamental clinical reasoning concepts, including problem representation, semantic transformation, key features, illness scripts, and differential diagnosis.
12. Obtain an accurate medical history that covers all essential aspects of the patient data base, including issues related to age, gender, and socioeconomic status.
13. Practice writing a full history and physical, SOAP notes and performing oral presentations.
14. Know clinical reasoning concepts including analytical and intuitive reasoning techniques to solve clinical problems and develop assessment and plans for patients.
15. Use comparison and contrast routinely in analyzing differential diagnoses.
16. Demonstrate the use of a hypothesis-driven approach to history taking, physical examination, and data collection.
17. Understand analytical methods for patient differential diagnosis such as prioritized, system based, and pathophysiologic techniques.
18. Practice compassionate treatment of patients, and respect for their privacy and dignity.
19. Uphold and promote the ideals of medical professionalism in all interactions with patients, colleagues, staff and faculty.
20. Recognize and accept limitations in one's knowledge and clinical skills, and a commitment to continuously improve one's knowledge and ability.



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### Course Goals

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- 21 . Recognize the importance of cultural, ethnic, racial and religious diversity and its impact on society, health care delivery, and the workplace.
- 22 . Know basic concepts of quality improvement, patient safety, and leadership through completion of the IHI Open School Basic Certification.

# Spring 2019

## Foundations of Doctoring 2

### Session Learning Objectives

#### **Applied Abdominal Physical Exam**

1. Recognize the clinical presentation of three pathologic abdominal conditions.
2. Recognize the physical examination findings associated with three pathologic abdominal conditions.
3. Perform a physical examination of a patient with abdominal pain to help differentiate the causes of abdominal pain.

#### **Clinical Reasoning Concepts Using Art Workshop**

1. Describe how closely studying works of art can translate into clinical skills, like clinical reasoning, in a clinical encounter.
2. Interpret pertinent details from works of art to peers in a drawing activity to articulate key features from a work of art to highlight the work's overall narrative.
3. Appreciate how the importance of narrative--including recent events, personal relationships, and the emotional state of individuals--in a work of art can be applied to clinical medicine.
4. Understand of the role of uncertainty and ambiguity in making interpretations about works of art or a patients' clinical presentation.

#### **Communications Coaching-Sharing Information and Negotiating Mutual Plans of Action**

1. Practice communication skills from Phase I including building relationships, maintaining visit structure and information gathering.
2. Practice providing and receiving constructive feedback to and from peers on communication skills appropriately and respectfully.
3. Practice Phase II communication skills including sharing information, negotiating a mutual plan of action and closing a visit.
4. Practice basic skills for motivational interviewing.

#### **Communications II - Sharing Information, Care Planning under challenging circumstances**

1. Practice relationship-centered communication skills (building relationship & structure) in the context of difficult clinical encounters.
2. Practice providing and receiving constructive feedback to and from peers on communication skills appropriately and respectfully.
3. Practice communication skills for the closing and forward planning of the visit.
4. Practice relationship-centered communication skills (sharing information) in the context of difficult clinical encounters.
5. Practice relationship-centered communication skills (planning care with patient) in the context of difficult clinical encounters.

## **Digital Review**

1. Critically review your standardized patient encounter with a communication or physical examination coach facilitator.
2. Identify your strengths and weaknesses in your communication or physical examination skills.
3. Be aware of and make plans to practice challenging communication and physical examination skills in preceptor sites.

## **Fall Preceptor Session-8 Required Sessions**

1. Practice communication skills you have learned (initiating the session, gathering information, providing structure, building the relationship, sharing information with the patient, negotiating a treatment plan).
2. Practice physical exam skills you have learned (vitals, upper and lower extremity, pulmonary, cardiovascular, abdominal, head & neck, neurologic, ophthalmologic).
3. Look for clinical problems representative of the basic science material you are learning.
4. Practice your oral presentation skills by presenting a patient to your preceptor and H&P.
5. Practice writing a SOAP note.
6. Demonstrate your clinical reasoning skills to develop a differential diagnosis for your patients.

## **FDC2- Abdominal Ultrasound**

1. Describe the clinical application and composition of a focused abdominal ultrasound exam
2. Perform a focused exam of the gallbladder and kidneys on a normal model.
3. Successfully acquire adequate images at each transducer position for focused abdominal ultrasound exams
4. Accurately interpret images from abdominal ultrasound exams.
5. Communicate effectively with other medical students and instructors during the ultrasound scanning session.
6. Interact with other students from other programs during the ultrasound scanning session.

## **Focused Medical Encounter on Patient with Neurologic Complaint**

1. Perform a focused medical history on a patient with a neurologic complaint.
2. Perform neurologic & HEENT body system physical exams.
3. Document a focused medical history and neurologic & HEENT body system physical exam

## **Focused SOAP Note & Oral Presentation Workshop**

1. Demonstrate oral presentation skills.
2. Receive and provide feedback on the oral presentation skills of your peers.
3. Perform a Focused SOAP Note.

## **Gynecologic and Urologic Exams**

1. Practice skills for the male genitourinary and rectal/prostate exam under the guidance of a trained teaching associate.
2. Practice skills for the female breast and gynecologic exam under the guidance of a trained teaching associate.

## **IHI - How to Improve with the Model for Improvement**

1. List the three questions you must ask to apply the Model for Improvement.
2. Identify the key elements of an effective aim statement.
3. Identify three kinds of measures: process measures, outcome measures, and balancing measures.
4. Use change concepts and critical thinking tools to come up with good ideas for changes to test.
5. Test changes on a small scale using the Plan-Do-Study-Act (PDSA) cycle.

## **IHI - Interpreting Data: Run Charts, Control Charts, and other Measurement Tools**

1. Draw a run chart that includes a baseline median, a goal line, and annotations.
2. Describe the difference between common and special cause variation.
3. Explain the purpose of a Shewhart (or control) chart.
4. Apply four rules to identify non-random patterns on a run chart.
5. Explain when and how to use the following tools for understanding variation in data: histograms, Pareto charts, and scatter plots.

## **IHI - Introduction to Health Care Leadership**

1. Describe several characteristics of leaders, who may or may not have formal positions of authority.
2. Describe different techniques for persuading different types of people.
3. Explain why achieving a workable level of unity among teammates is essential for effective team functioning.
4. List several ways to help sustain your health care leadership journey over time.

## **IHI - Introduction to the Triple Aim for Populations**

1. Describe the three components of the IHI Triple Aim for populations.
2. Explain the responsibilities of clinicians and health care systems in optimizing population-level outcomes with available resources.
3. Understand medical care as one determinant of the overall health of a population, and the relationship of health care quality and safety to population health.
4. Provide examples of population-level interventions designed to improve overall health and reduce costs of care.

## **IHI - Leading Quality Improvement**

1. Describe how to lead an improvement project through four key phases.
2. Identify and describe the components of IHI's Framework for Spread.
3. Apply strategies to assess and overcome resistance to change.
4. Apply strategies to work effectively with interprofessional colleagues.

## **IHI - Testing and Measuring Changes with PDSA Cycles**

1. Describe how to establish and track measures of improvement during the “plan” and “do” phase of PDSA.
2. Explain how to learn from data during the “study” phase of PDSA.
3. Explain how to increase the size and scope of subsequent test cycles based on what you’re learning during the “act” phase of PDSA.

## **Neurologic Physical Exam**

1. Perform the core elements of the neurologic physical exam.
2. Describe the corresponding anatomy and neurophysiology associated with normal neurological physical exam findings.
3. Perform the additional elements of the neurologic physical exam.

## **Ophthalmologic Physical Exam**

1. Identify basic eye anatomy: cornea, iris, lens and retina
2. Perform the components of a fundoscopic exam using a direct ophthalmoscope.
3. Perform the additional elements of the eye exam.
4. Examine the following structures using a penlight or slit lamp: eyelids, conjunctiva, cornea, anterior chamber, iris and lens.

## **Oral Presentations: Showcase of Clinical Reasoning**

1. Compare and contrast a differential diagnosis in an oral presentations.
2. Describe the role of pertinence in developing assessments in Focused SOAP notes and oral presentations.
3. Create a summary statement that captures the patient’s key features from the subjective and objective information gathered.

## **Pediatric Physical Exam Small Groups**

1. Describe three ways in which the physical examination of the infant differs from that of an older child.
2. List three examples of how the parent can assist the examiner in accomplishing the exam of a toddler.
3. Describe the general appearance of a toddler and a school age child, and explain the clinical implications of their appearance (ie, sick or not sick?).
4. Describe three findings in the general appearance and physical examination of a child that indicate increased work of breathing.
5. Give three examples of ways to assess a neurologic exam (including gait, coordination, fine motor, gross motor, cranial nerves, speech and social development) based on observation of the child.
6. Describe how to perform an otoscopic examination in a school age child.

## **Professionalism Cases in Phase II**

1. Identify and practice strategies for effective feedback to students and faculty.
2. Identify ethical principles and apply to cases.
3. Describe how the SOM Teacher/Learner Agreement applies to cases.
4. Analyze a case that raises issues of professional obligations of life-long learning.
5. Analyze cases that raise issues of the appropriate use of social media.
6. Analyze cases that raise issue of privacy and confidentiality and the role of HIPAA.
7. Analyze cases that raise issues of personal wellness and obligations to peers.

## **REQUIRED Analytical Tools & Machine Logic for Generating a Differential Diagnosis**

1. Develop the clinical reasoning skill of comparing and contrasting when comparing one plausible diagnosis to another
2. Identify key features from the subjective and objective information gathered in a patient presentation.

## **REQUIRED Communication Preparation for Small Groups**

1. Describe skills for sharing information with patients.
2. Describe skills for working in challenging patient care situations.
3. Describe skills for negotiating mutual care plan with patients.
4. Describe skills for sharing bad news.
5. Prepare for small group communication skills practice.

## **REQUIRED FDC Phase II Orientation**

1. List the components of the course
2. Recognize the objectives for the course
3. State one's role as a medical professional upon matriculation in medical school and describe one's duties to their school, their colleagues, the faculty and staff and to the patients one encounters.
4. Recognize the grading criteria for the course

## **REQUIRED Illness Scripts, Pattern Recognition & Fast Slow Thinking**

1. Understand how the concepts of Illness Scripts, Pattern Recognition, and Fast-Slow Thinking relate to the development of a differential diagnosis.

## **REQUIRED Introduction to Development Large Group**

1. List the 4 major neurodevelopmental domains in children, and classify early developmental milestones into these domains.
2. Estimate the age of infants and toddlers based on video observation of developmental skills.

### **REQUIRED Introduction to Neurologic Exam**

1. Perform the core and additional elements of the normal neurologic exam as outlined in your physical exam skills checklist.
2. Describe the corresponding anatomy and neurophysiology associated with normal neurological physical exam findings (e.g., reflexes).

### **REQUIRED Introduction to Ophthalmologic Exam**

1. Identify basic eye anatomy: cornea, iris, lens and retina.
2. Recognize the tools necessary for the basic eye exam: visual acuity chart, bright light, tonopen, slit lamp, and direct ophthalmoscope.
3. Recognize the components of a basic eye exam: visual acuity, pupil assessment, alignment and motility, confrontational visual fields, and intraocular pressure.
4. Recognize the components of a penlight or slit lamp exam: eyelids, conjunctiva, cornea, anterior chamber, iris, and lens.
5. Identify the components of a fundoscopic exam: nerve, vessels, macula, and periphery.

### **REQUIRED Introduction to Pediatric Physical Exam**

1. Describe three ways in which the physical examination of the infant differs from that of an older child.
2. List three examples of how the parent can assist the examiner in accomplishing the exam of a toddler.
3. Describe the general appearance of a toddler and a school age child, and explain the clinical implications of their appearance (ie, sick or not sick?)
4. Describe three findings in the general appearance and physical examination of a child that indicate increased work of breathing.
5. Give three examples of ways to assess a neurologic exam (including gait, coordination, fine motor, gross motor, cranial nerves, speech and social development) based on observation of the child.
6. Describe how to perform an otoscopic examination in a school age child.

### **REQUIRED Phase II Communication Skills: Sharing Information, MI & Negotiating a Plan**

1. Review Phase I Communication skills including introduction, agenda settings, gathering information, building and sustaining the relationship, maintaining structure of the visit and closing the visit.
2. Describe new communication skills for sharing information and negotiating a mutual plan with patients.
3. Describe forward planning and closing the visit with patients.
4. Describe basic skills for motivational interviewing.



## **REQUIRED Professionalism and Medical Licensure**

1. Analyze a case that raises issues of professional obligations of life-long learning.
2. Analyze cases that raise issues of the appropriate use of social media.
3. Analyze cases that raise issues of privacy and confidentiality and the role of HIPAA.
4. Analyze cases that raise issues of personal wellness and obligations to peers.
5. Identify ethical principles and apply to cases.
6. Review SOM Professionalism guidance related to cases.
7. Identify and practice strategies for effective feedback.

## **REQUIRED Sexual History - Orientation**

1. Describe the diversity of sexual expression and behavior.
2. Describe how to create a safe environment for the performance of a sexual history.
3. Describe how to perform an open, inclusive sexual history.

## **REQUIRED Smorgasbord or Prix Fixe Dining: Picking and Choosing Physical Examination Maneuvers**

1. Practice an approach to picking and choosing physical examination maneuvers based on the patient's presenting complaints and on the complexity of the medical encounter.
2. To identify the needs and expectations of the clinical context of both focused and comprehensive medical encounters when considering what physical examination maneuvers to perform.
3. To select appropriate physical examination maneuvers to perform considering the patient's presenting complaints and agenda for seeking care as well as the initial differential diagnosis for the patient.
4. To identify additional physical examination maneuvers to perform based on the history and physical examination maneuvers were initially gathered from the patient.

## **Sexual History Small Group**

1. Practice taking a sexual history using Communication skills learned FDC Phase I & II.
2. Gather sexual history in a sensitive and open manner using inclusive and non-judgmental language.

## Spring Preceptor Session-3 Required Sessions

1. Practice communication skills you have learned (initiating the session, gathering information, providing structure, building the relationship, sharing information with the patient, negotiating a treatment plan).
2. Practice physical exam skills you have learned (vitals, upper and lower extremity, pulmonary, cardiovascular, abdominal, head & neck, neurologic, ophthalmologic).
3. Look for clinical problems representative of the basic science material you are learning.
4. Practice your oral presentation skills by presenting a patient to your preceptor and H&P.
5. Practice writing a SOAP note.
6. Demonstrate your clinical reasoning skills to develop a differential diagnosis for your patients.
7. Practice taking a Sexual History if appropriate.
8. Practice GYN/URO/Rectal exam if appropriate.

## The Geriatric Assessment

1. Conduct a comprehensive geriatric assessment in an older adult, components of which will include:
  - 1) Assess a patient's ability to perform activities of daily living (ADLs) and IADLs.
  - 2) Practice skills to identify mood and memory difficulties in older adults.
  - 3) Test balance and gait, practicing skills to assess for possible fall/home safety concerns.
2. Conduct a "brown bag medication review" and explore patient awareness of medication indications
3. Practice communication skills with older adults, exploring:
  - 1) Their experiences with, and attitudes toward the health care system
  - 2) Any problems with health care access and/or costs?
  - 3) Their views on health screening (eg lipids, mammograms, colonoscopy)
  - 4) Advance directives