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You are entering the third year of the Foundations of Doctoring Curriculum (FDC). The overarching goal of the curriculum is to provide you with the opportunity to practice and further develop the basic skills necessary to be an excellent physician in whichever field you choose.

In Phase III, our goals are to:
1. Continue to build your basic knowledge, skills and behaviors developed in the first two years within a continuity clinic experience.
2. Facilitate your career choice. Much of your learning regarding clinical skills will be self-directed in the third year, guided by your experiences with patients, preceptors, supervising residents and attendings.
3. Facilitate your reflection on particular issues that may affect your professional development, yet are not necessarily addressed in the structured curriculum.

The FDC in Phase III is composed of the following activities:
- Continuity clinic with a primary care or specialist physician preceptor
- Hidden curriculum sessions
- Interprofessional Education Clinical Transformations Simulation

**KNOWLEDGE, SKILLS, AND BEHAVIORS**

**Knowledge**
- Know and use the language of physical examination structures, techniques and findings.
- Relate the physical examination to normal anatomy and physiology.
- Relate the physical examination to abnormal anatomy and pathophysiology.
- Know variations in physical exam techniques for use with children and the elderly.
- Know and use the language of clinical encounters and communication skills, focusing on open-ended inquiry and a relationship-centered approach.
- State the goals of the doctor-patient encounter: building relationship, sharing and gathering information gathering, and shared decision making.
- Identify the key components of the patient data base gathered in the encounter: patient identification, chief complaint and concerns, history of present illness, active medical problems, past medical
history, medications, allergies, habits and hazards, social history, family history, review of systems, and physical exam findings.

- Identify the key components of the history and physical write-up, SOAP note and oral presentation.
- Understand fundamental concepts in clinical reasoning that assist with the development of an assessment of the patient including a prioritized differential diagnosis and rudimentary diagnostic and treatment plans.

**Skills**

- 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
  - Skin, Hair and Nails
  - Eyes
  - Neurologic and Mental Status
- Perform sensitive/invasive physical examination techniques on adults in the following areas:
  - Gynecologic and Breast
  - Urologic and Prostate
- Recognize some abnormal physical exam findings.
- Obtain an accurate medical history that covers all essential aspects of the patient data base, including issues related to age, gender, and socioeconomic status.
- Practice open-ended inquiry, building relationships and a relationship-centered approach to the encounter, negotiating and balancing a mutual agenda across diverse clinical contexts.
- Practice sharing information and negotiating a mutual plan of action with continuity of care, including behavior modification across diverse clinical contexts.
- Communicate effectively, both orally and in writing, with patients, patients’ families, colleagues, and others with whom physicians must exchange information in carrying out their responsibilities.
- Practice writing a full history and physical, SOAP notes and performing oral presentations.
- Reason deductively in solving clinical problems.
✓ Practice clinical reasoning skills using both analytical and intuitive reasoning techniques to solve clinical problems and develop assessment and plans for patients.
✓ Use comparison and contrast routinely in analyzing differential diagnoses

**Attitudes**

✓ Practice compassionate treatment of patients, and respect for their privacy and dignity.
✓ Uphold and promote the ideals of medical professionalism in all interactions with patients, colleagues, staff and faculty.
✓ Understand and respect the roles of other health care professionals and the need to collaborate with others in caring for individual patients and in promoting the health of defined populations.
✓ Recognize and accept limitations in one’s knowledge and clinical skills, and a commitment to continuously improve one’s knowledge and ability.
✓ Recognize the importance of cultural, ethnic, racial and religious diversity and its impact on society, health care delivery, and the workplace.
✓ Strive to use a hypothesis-driven approach to history taking, physical examination, and data collection.
✓ Recognize the important of repetitive mental practice of creating differential diagnoses and treatment plans for given symptoms and physical examination findings to enhance the ability to practice these skills in the clinical setting.

**OVERVIEW OF COURSE**

**Continuity clinic/Preceptorship experience**

Acquiring a knowledge base and developing a clinical reasoning process are crucial to your development as a physician. There are many unique characteristics of the preceptor/student relationship that may not be found in your third year clerkships (e.g., continuity, mentorship, career exploration, etc.). For this reason you will continue to work with a physician who will serve as your clinical mentor/preceptor. *Leaving the wards for a continuity clinic experience will be typical for most of your supervising residents as well as your attendings; you are expected to do the same.*

You will spend one session (4 hours) two times per 4 week block, three times per 6 week block or four times per 8 week block with your
preceptor. Thus, the time you spend with your preceptor will be
determined by your preceptor’s schedule and your clinical block schedule.
All of the clinical block directors are aware of your preceptor requirement
and expect you to fulfill this requirement during their block. Your clinical
block directors will instruct you on how to accomplish this during their
orientation sessions.

This is the structure for your preceptorship requirements during Phase
III:
4 wk blocks (neuro care, psych care, ACC) = 2 sessions
6 wk blocks (women’s care, infant/child/adolescent care) = 3
sessions
8 wk blocks (HAC, Op&Peri-Op) = 4 sessions

You are not required to work with your preceptor when you are:
• On vacation/official leave
• On a clinical block that is only 2 weeks
• At a clinical block location that is >50 miles out of town

You may switch to a different preceptor during Phase III; however,
you must remain with a single preceptor for an entire semester
(Summer, Fall, Spring) so that they may appropriately evaluate your
performance. Therefore, switches must be established and
communicated to our office at least 2 weeks prior to the beginning of
a semester. If you plan to switch preceptors in Phase III, we ask that you
first try to find your own new preceptor. However, if needed, please
contact the Associate Director for Preceptorships for guidance as we have
a list of subspecialty preceptors interested in working with medical
students.

Given the fact that your schedule will be changing each clinical
block, you must let your preceptor know when to expect you. We
recommend that you do this at the beginning of each clinical block.

By Phase III, you should be seeing patients on your own, presenting
to your preceptor and documenting patient visit information.

Tips for making your preceptor experiences excellent include:
• Communicate regularly with your preceptor about what you need to be
  learning. It is important to take responsibility for your own learning.
• Accept that your experience may differ considerably from your
  classmates’ experiences.
• Encourage your preceptor and the staff to schedule patients that you
  have seen before back for return visits so you can see them again. Ask
your preceptor if there are several patients or families that you could follow more closely over your third year.

- Tell patients that you are a medical student.
- Integrate into the usual work pattern of the practice.
- Apply the clinical knowledge you are learning in your clinical blocks to the patients you encounter with your preceptor.
- Be a self-directed learner and let the patient encounters drive your learning
- Ask for help when needed

Please Note: We live in a pluralistic society and the practice of medicine is not a hard science. You will be exposed to different styles of practice even among physicians in the same specialty. **Your experiences may differ from those of your colleagues, but this is to be expected throughout your training as a physician.** Please contact the Associate Course Director for Preceptorship, if you feel there is a mismanaged patient care issue or ethical problem in any of the clinical situations you encounter.

**Hidden Curriculum**

The Hidden Curriculum began in 1998. The goal of the curriculum is to provide opportunities for you to learn about issues that may affect your professional development, yet are not necessarily addressed in the structured curriculum. There has been much written about medical professional indoctrination and how a great deal of this socialization process is based on a set of learned behaviors from informal personal experiences during training. It is important to reflect on how these personal experiences may be shaping the care you deliver. It is also important to reinforce the positive experiences as much, if not more, than to address the negative experiences.

The format for the Hidden Curriculum is structured to promote a safe environment in which to share your experiences. Each group is comprised of 8-10 students with 1-3 facilitators. Each group will have at least one faculty facilitator and one MSIV College Advisor as well. The facilitators’ role is to assist the discussion amongst all of the students in the group.

Two of these sessions will occur during the required Integrated Clinicians Course (ICC) curriculum in December and late April/May. The rest of these sessions will occur during the clinical blocks and will take the place of a preceptorship session. Groups are scheduled to meet on certain days during the year but the actual timing of the meeting and meeting location
is completely up to your group. Generally groups have chosen to meet off campus (e.g., someone’s house) but some meet in the Education Buildings on the Anschutz Medical Campus.

There are topics and questions for each session but there is considerable flexibility as to what can be discussed in a given session, as it is dependent upon what you and your peers would like to share. After each session, one facilitator from each group will provide a summary of the group’s meeting. A summary of the comments from all of the groups will then be shared with all of the facilitators, students, clinical block directors and SOM administration.

Additionally, there will be 2 sessions in Phase IV (fourth year) for this class which will take place during the ICC Phase IV courses.

**IPE Clinical Transformations Simulation**

During Phase III, you will be required to complete one Interprofessional Education) simulation session at the CAPE. This session, called “Clinical Transformations”, is a half-day session focusing on interprofessional communication and teamwork skills. The date of this session will be assigned to you during the Hospitalized Adult Care clinical block, and will substitute for one preceptor session during that block.

**CALENDAR 2014-2015**

<table>
<thead>
<tr>
<th>Semester</th>
<th>Dates</th>
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<tbody>
<tr>
<td>Summer semester</td>
<td>June 23-August 15</td>
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<tr>
<td>Fall semester</td>
<td>August 25-December 12</td>
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<tr>
<td>Spring semester</td>
<td>January 5-April 24</td>
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**ASSESSMENT OF YOUR PROGRESS**

The course is Pass/Fail. In order to pass the course, you must:

- Actively participate in your preceptor’s continuity clinic
- Receive a passing evaluation* from your preceptor
- Complete an evaluation* of your preceptor
- Log every patient you see during your preceptor visits
- Actively participate in your Hidden Curriculum sessions
- Actively participate in one Clinical Transformations Simulation

*Evaluations will occur at the end of both the Fall and Spring semesters. If you switch preceptors after the Summer semester, you may also be required to complete an evaluation of your initial preceptor and
they may likewise be required to complete an evaluation of your performance for your academic file.

### COURSE MECHANICS

<table>
<thead>
<tr>
<th>Role</th>
<th>Name</th>
<th>Contact Information</th>
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<tbody>
<tr>
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**Foundations of Doctoring Curriculum Office**
The FDC office is located in room E1322H, on the first floor of building 500 in the Dean’s Suite.

**Office Hours**
The office is open from 8:00am-4:30pm Monday through Friday. Private appointments may be scheduled with any of us. The bottom line is that we try to be accessible to you. Please feel free to call us at any of the numbers.

**Correspondence**
In an effort to save trees, we will use e-mail for all essential course correspondence. It is your responsibility to check e-mail regularly for course information and details. Course information is also posted on the clinical curriculum website.

**Professional Conduct**
It is essential that all excellent physicians uphold a certain set of professional standards. These principles include competence, honesty, confidentiality, appropriate boundaries with patients, and respect for patients, your colleagues and others with whom you work. Appropriate attire for patient care activities is part of being a medical professional and should be maintained at all times during preceptor sessions. You and your preceptor may negotiate the appropriate dress for the practice. You are expected to wear a nametag.

**Transportation**

You are responsible for your own transportation to your continuity clinic. Office hours vary, and you should establish with your preceptor the time and exact location to meet for these sessions.

**Inclement Weather**

Your safety is a prime concern. If inclement weather makes travel to a preceptor office hazardous, please call your preceptor to reschedule your session.

**Illness/Religious Holidays**

If you cannot attend a continuity clinic session due to illness or a religious holiday, please call your preceptor and the Course Administrator.

**PROGRAM EVALUATION**

Because the world of medicine is continually changing, it is anticipated that any curriculum designed to prepare physicians will of necessity be dynamic. For this reason, regular ongoing evaluation of the curriculum is seen as a very important activity for all involved, whether students, preceptors, or the Course Directors. **You will be required to complete an on-line evaluation of the course at the end of the year.**

The FDC Director and Associate Course Directors meet on a regular basis. Your input is very valuable. Please contact us if you wish to participate in any of these meetings. Please call Tina Roquemore at (303) 724-6421 to obtain the dates, times and locations for these meetings. You may also discuss issues with the Course Representatives. Final course evaluations are used to improve the course for the next year. Your feedback is extremely important!