

CLINICAL SKILLS COURSE DESCRIPTION

The Clinical Skills Course is designed to develop and refine the clinical interview, physical examination and documentation skills of medical students. Students will be trained in the habits of proper communication, physical examination, critical analysis and documentation skills all of which are fundamental to the sound practice of medicine.

GOALS AND LEARNING OBJECTIVES

The goals of the Clinical Skills Course are as follows:

1. To encourage students to apply their basic science concepts and critical thinking skills in clinical practice.
2. To prepare students for the “real patient” contact they will encounter in their Community Office Practice (COP) Course, Rural Practice Visit (Community Medicine Program), clinical clerkships, residency and future private practice.

The learning objectives of the Clinical Skills Course are for the students to demonstrate proficiency in the following skills and behaviors:

1. Obtaining a medical history.
2. Performing physical examinations.
3. Documenting and reporting the history and physical.
4. Providing effective patient education and counseling.
5. Professional conduct - engendering confidence in patients through appropriate dress and demeanor.
6. Developing a good patient/physician relationship, including data gathering and interpersonal aspects.
7. Understand the various causes of disease and the role that proper history taking and physical examination plays in uncovering pathology.
8. Employ the scientific method when diagnosing conditions and when ascertaining the efficacy of traditional and nontraditional therapies.
9. Understand the bio-psychosocial determinants of health and illness.
10. Understand the principles of health promotion and disease prevention
11. Demonstrate caring and respectful behavior towards standardized patients.
12. Demonstrate consideration of patients' privacy, dignity and psychological needs.
13. Demonstrate effective listening skills.
14. Foster an ethical and therapeutic relationship with patients by cultivating mutual respect and trust.
15. Demonstrate self-directed learning skills and progressive professional development.
16. Demonstrate logical, efficient and evidence-based analytical thinking approach to clinical problems.

METHODS

Students will receive instruction on medical history taking and physical examination. They will interview and examine standardized patients (SPs) under the supervision of clinical faculty members and trained observers. These hands-on experiences will take place in small groups and in individual sessions. Schedules and details regarding learning objectives, resources, activities and evaluations will be provided in the remainder of this manual.

EVALUATION PROCESS

It is the intent of the Clinical Skills Course that students be able to do an appropriately thorough and sensitive History and Physical Exam prior to entering their Junior clerkships. To this end, evaluation is interspersed throughout the first two years in order to measure each student's competency and to provide ample opportunity to remediate deficiencies.

I. Clinical Skills Course Components and Standards:

1. Attendance is required for all overview lectures, and practicum sessions.

Unexcused absences* will result in a grade of "zero" for each missed session.

Excused absences will require the student to make up the lesson the following year (Freshman students) or during remediation week (Sophomore students). Absences must be excused through the office of the Clinical Skills Course Director (Dr. Lopez), and must be due to a personal or family emergency. Recurrent unexcused absences (>1 per year) will be reported to the Dean of Academic Affairs.

Rescheduling of a practicum Session is permitted only under the following circumstances:

- Personal tragedy or physician documented illness that precludes participation in all required curricular activities-Immediate notification of the Clinical Skills Coordinator (Ann O'Neal) is required.
- The student must arrange to swap with a student who has the same designated standardized patient (DSP) and must inform the Clinical Skills Coordinator (Ann O'Neal) of the scheduling change immediately.

Students will be expected to submit written verification** of the emergency upon return to school (within 24 hours). Failure to submit written verification within 24 hours will constitute an unexcused absence, and will result in an unsatisfactory (instead of incomplete) grade for the respective practicum session.

****Notes from medical professionals related to the student will not be accepted.**

Authenticities of submitted notes will be verified and falsification(s) will be reported to the Dean of Academic Affairs and the MUSM Professionalism Committee.

2. Pre-Overview Quizzes are intended to assess student understanding of assigned reading material. These will be administered 15-20 minutes before the beginning of most Overview lectures. Students must earn a minimum score of 70% to pass each quiz and this component of the Clinical Skills Course.

Late arrivals will not receive additional time to take the quiz.

Unexcused absences will result in a grade of "zero" and the student will be required to remediate the quiz (following CSA 1B exam for Freshman and during remediation week for Sophomore students).

3. Overview Lectures are provided by Clinical Faculty and are intended to highlight important concepts and information found in the assigned reading, answer questions and demonstrate pertinent interviewing and/or physical examination skills.

4. Practicum Sessions are designed to provide students the opportunity to practice the skills introduced in the reading material and overview lectures. Students will practice interviewing and physical exam skills with their designated standardized patient (DSP) utilizing a practicum checklist that provides specific instructions for each encounter. Every encounter is videotaped for the purpose of instruction, grading and remediation. Student practicum performance is evaluated by their DSP who will provide immediate verbal feedback (including recommendations for improvement) at the conclusion of each practicum. Notes regarding feedback will also be entered into each student performance record. Performance deficiencies will be communicated to the students verbally as well as in the form of the Learning Prescription (Rx) form. Students issued a Learning Rx will be required to attend a Post-Lesson Resource Session to participate in additional instruction and practice with a Clinical faculty member. Performance deficiencies will be monitored by the DSPs, and reported to the Clinical Skills Coordinator and Director.
5. Documentation Exercises are intended to provide students practice writing Comprehensive History and Physical, as well as, focused SOAP notes. Informal notes obtained during the interview and physical exam portion of the practicum session will be formally transcribed and entered into the DSPs' Medical Chart immediately following each DSP encounter.

Students have unlimited time to complete their documentation exercises, but must submit them prior to leaving the practicum session. Write-ups not received on the day of a student's scheduled practicum session (except the Freshman "Medical History" lesson due within 24 hours) will receive a grade of "zero" and the student will be required to remediate the respective practicum session.

Freshmen may use the sample notes provided for each lesson requiring a note as a guide to help with proper formatting and use of medical terminology and abbreviations. Plagiarism is considered an honor code violation and will warrant appropriate disciplinary action.

Sophomores will not have sample notes available following the DSP encounter. They are encouraged to review the sample notes located on the MedNet Clinical Skills link under each respective lesson prior to attending the practicum sessions.

Notes must be legible. Students that demonstrate penmanship difficulties will receive a 5 point grade deduction, and will be required to re-write the note. Ann O'Neal (Clinical Skills Coordinator) will contact students, via email, to arrange a time to re-write the note. Students who fail to re-write their note within one week of notification will receive a "zero" and will be expected to undergo remediation of the respective practicum session.

Notes receive a numerical grade, as well as written feedback (as needed), and will remain in the medical chart for student review at subsequent practicum sessions. They are graded based on their accuracy and formatting.

Students must earn a minimum score of 70% on documentation exercises to pass this component of the Clinical Skills Course.

6. Post-Lesson Resource Sessions are designed to provide help to students, in a small group setting, who either desire additional practice or have been identified as needing additional practice with physical exam skills. They are not designed to be comprehensive lectures or individual tutorial sessions.

7. Mid-Year and Final Exams: Clinical Skills Assessments (CSAs) will be administered at the Mid-Year and End-of- the-Year points. These exams are comprehensive and assess medical knowledge (multiple choice written exam) and clinical skills application (SP Assessment). Both components receive a numerical grade. Students must earn a minimum score of 70% on each component of the CSAs in order to pass the Clinical Skills Course.

Summary of Grading Protocol

Pre-Overview Quizzes:

- Numerical grade
- 70% minimum grade required for pass each quiz.
- 70 % minimum cumulative grade required to pass Quiz component of the course.

Practicum Sessions:

- Satisfactory/Unsatisfactory

Documentation Exercises:

- Numerical grade
- 70 % minimum grade required to pass each not “write-up”
- 70% minimum cumulative grade required to pass Documentation component of the course.

Mid-Year/Final Exams: Clinical Skills Assessments (CSAs)

- Numerical grade
- 70 % minimum grade required to pass CSA component of the course.

II. Remediation

Students not meeting the minimum passing standard of 70% in each component of the Clinical Skills Course will be required to remediate all deficient components.

Freshman students will receive a grade of “Incomplete” for the year and successful remediation during the Sophomore year will be required to receive a Satisfactory grade in the course.

Sophomore students must successfully remediate any remaining deficiencies in the Clinical Skills Course at the end of the Sophomore year (during Remediation Week) in order to receive a grade of “Satisfactory” in the Clinical Skills Course. Failure to successfully remediate all deficiencies will result in a grade of “Unsatisfactory” and will necessitate referral to the Student Advancement and Promotion Committee (SAPC) for review.

The remediation protocol for individual components of the Clinical Skills Course are as follows:

Quiz Remediation:

Students will be required to submit a predetermined number of multiple choice type questions covering the areas of deficiencies where the correct answer is:

- 1) identified
- 2) explained (reason why it is the best answer is provided)
- 3) referenced by text page number in order to facilitate verification of information

Quiz submission deadlines:

Freshman: Within 7 days of the completion of the last Freshman BMP Phase.

Sophomores: By the end of Remediation Week

Practicum Session Remediation:

Freshman will be required to remediate any “missed” or “unsatisfactory” Freshman Practicum Sessions the following year when these are offered to the Freshman Class.

Sophomores will be required to remediate any “missed” or “unsatisfactory” Sophomore Practicum Sessions during Remediation Week.

Exam Remediation:

Freshman Mid-Year Exam (CSA 1A):

- Knowledge Component: Students will be required to submit a predetermined number of multiple choice type questions covering the areas of deficiencies where the correct answer is:
 - 1) identified
 - 2) explained (reason why it is the best answer is provided)
 - 3) referenced by text page number in order to facilitate verification of information
- Exam submission deadlines: Within 7 days of the completion of the last Freshman BMP Phase.
- Instrument Station Component: Students “missing” or “unsatisfactory” in using designated medical instruments will be required to remediate this component of the CSA 1A the following year when this exam is offered to the Freshman Class.
- Standardized Patient Assessment: Students “missing” the exam or “unsatisfactory” in the performance of the comprehensive interview for the “New Patient” Medical History will be required to remediate this component of the CSA 1A the following year when this exam is offered to the Freshman Class.
- Documentation Exercise Assessment: Students “missing” or “unsatisfactory” in the documentation of the comprehensive “New Patient” Medical History will be required to remediate the Standardized Patient Assessment and documentation components of the CSA 1A the following year when this exam is offered to the Freshman Class.

Freshman Final Exam (CSA 1B):

- Standardized Patient Assessment: Students “missing” the exam or “unsatisfactory” in the performance of the comprehensive “H&P” will be required to remediate this component of the CSA 1B the following year when this exam is offered to the Freshman Class.
- Documentation Exercise Assessment: Students “missing” or “unsatisfactory” in the documentation of the comprehensive “H&P” will be required to remediate both the Standardized Patient Assessment and documentation components of the CSA 1B the following year when this exam is offered to the Freshman Class.

Sophomore Mid-Year Exam (CSA 2A):

- Knowledge Component: Students will be required to submit a predetermined number of multiple choice clinical vignette type questions covering the areas of deficiencies where the correct answer is:
 - 1) identified
 - 2) explained (reason why it is the best answer is provided)
 - 3) referenced by text page number in order to facilitate verification of information
 - Exam submission deadlines: By the end of the Sophomore Remediation Week.

Sophomore Final Exam (CSA 2B):

- Standardized Patient Assessment: Students “missing” the exam or “unsatisfactory” in the performance of the Standardized Patient Assessment will be required to remediate this component of the CSA 2B during Sophomore Remediation Week. Students failing the remediation exam will be referred to SAPC for review.
- Documentation Exercise Assessment: Students “missing” or “unsatisfactory” in the documentation of the Standardized Patient Assessment will be required to remediate both the Standardized Patient Assessment and documentation components of the CSA 2B during Sophomore Remediation Week. Students failing the remediation exam will be referred to SAPC for review.

III. Honor Code

The following constitutes a violation of the MUSM Honor Code as it applies to the Clinical Skills Course and will warrant appropriate disciplinary action:

Quiz and Knowledge Exam Questions:

- Discussion of questions and/or answers involving any student pending the quiz or exam (within or between classes)
- Copying of questions and/or answers

SP Assessment Sessions (CSA Exams):

- Discussion involving any student (within or between classes) pending the exam of any component of the patient encounter including:
 - Patient Encounter instructions
 - The patient scenario (history and physical exam findings)
 - Supplemental materials (labs, EKGs, X-Rays etc.)
 - Documentation instructions or information
 - Feedback regarding the exam

Documentation Exercises:

- False documentation of information not obtained during the interview or physical exam portions of either Practicum or Assessment sessions (verified by faculty videotape review).
- Plagiarism of student or sample “write-up” notes

RESOURCES

1. *Mosby’s Guide to Physical Examination*, 6th ed., by Henry Seidel, et al.
2. Health Assessment Online: <http://evolve.elsevier.com>
3. Topic excerpts (located in this manual or on reserve in MUSM library).

INSTRUMENTS

Students are required to purchase the following:

- Stethoscope: Littmann Cardiology III recommended.
- Ophthalmoscope/Otoscope set: Welch Allyn Standard or Pocket set recommended.
- Aneroid Sphygmomanometer (Manual Blood pressure kit): Standard Adult Cuff (required). Large and small adult and pediatric cuffs (not required).
- Reflex hammer
- Penlight
- Tuning Fork (512 Hz frequency)

Students are recommended, but not required to purchase:

- Medical bag

Students will be issued:

- White Lab Coat (White Coat Ceremony)
- Near-vision Card (Eye Exam Overview)

PROFESSIONALISM

Professionalism is expected in all manner of student-patient encounters both on and off campus. Professionalism includes such behaviors as:

1. Maintenance of confidentiality.
2. Respectful conduct towards faculty, staff, standardized patient teaching assistants, patients their families and all members of society.
3. Appropriate dress: manifested by the wearing of clean, neat attire that will engender the trust of your patient. White coats **AND** name tags are required for **ALL** clinical skills sessions unless otherwise instructed. Fingernails must also be kept trimmed and groomed.
4. Reliability and responsibility regarding class attendance and assignments.
5. Capacity to take responsibility for your actions, including errors.
6. Capacity to recognize and accept your knowledge and clinical skills limitations, as well as your need for supervision.

7. Demonstrating self-assessment skills that lead to appropriate medical and ethical decision making skills.
8. Accepting criticism and taking appropriate steps to overcome shortcomings.
9. Remaining attentive to others emotional needs and demonstrating consideration for their dignity and privacy.
10. Demonstrating tolerance and consideration for the concerns and opinions of others.
11. Maintaining proper boundaries in an effort to uphold the standards of our medical ethics.

In the event that problems with professional behavior arise, the student will be counseled by the Clinical Skills Course Director and recommendations for correcting the unprofessional behavior will be discussed with the student and documented in the student's Clinical Skills Record. Should the behavior persist or recur the student will receive a written reprimand and the Professionalism Committee as well as the Deans of Academic and Student Affairs will be notified.

STANDARDIZED PATIENTS

Standardized patients (SPs) are instrumental both in teaching students clinical skills and in assessing their clinical proficiency.

SPs were first used on a limited basis in medical education in the mid-sixties. Mercer University School of Medicine (MUSM) was one of the first medical schools to embrace the use of SPs and to pioneer lessons and assessments using SPs. Because of our teaching success utilizing SPs MUSM was one of half a dozen medical schools chosen as a pilot site for the USMLE Step II Clinical Skills Assessment when the National Board of Examiners was developing this test.

Standardized Patients are employed to provide practice for students in 1) obtaining medical histories 2) performing physical examinations and 3) developing high-level communication skills (e.g. discussing terminal illness issues). Standardized patients are trained to present with a medical problem and/or to serve as models for the physical examination. They are encouraged by faculty to step out of role and give specific feedback to students regarding how the encounter made them feel as the "patient". This feedback provides the student insight into how their behavior impacts the patient (feedback students rarely receive from "real" patients).

Standardized Patient Teaching Associates are rigorously trained by clinical faculty to coach students in physical examination techniques and in use of medical instruments. It has been demonstrated that medical student instruction by well-trained SPs has consistently produced high levels of clinical proficiency.

Designated Standardized Patients were introduced into the Clinical Skills curriculum during the 2006-2007 Academic Year and serve the purpose of providing students with a continuity care experience. Early in their first semester, Freshman students perform a comprehensive "New Patient" medical history that is documented in the patient's medical chart. Each student then has an opportunity to "follow" their Designated Standardized Patient (DSP) throughout several visits and address different medical complaints. During these subsequent visits, the students learn to document continuity care (SOAP) notes in the medical chart. They also have an opportunity to follow up on laboratory/study results and written feedback regarding their documentation skills. At the start of the second semester, Freshman students acquire a different DSP (of the opposite sex) that remains with them through the end of the Sophomore year.

The use of DSPs provides an opportunity to foster appropriate student-patient relations, as well as monitor student progress with both interviewing and physical examination skills.

Student Benefits of Learning with Standardized Patients

Student-centered teaching

Learning clinical skills with standardized patients, rather than with actual patients in clinical settings, is less anxiety-producing, and provides a more homogenous learning environment where variables can be controlled to effect optimal instruction. SP encounters provide a safe, supportive environment where students feel less self-conscious about making errors and asking questions as compared to a "real" patient setting. Practicing interviewing and physical exam skills with SPs who can provide instructional feedback optimizes the student's likelihood of successfully completing the Clinical Assessment portion of the USMLE Part II (required for licensure).

Patient-centered care

Standardized patients teach from the point of view of the patient. Becoming sensitized to the patient's perspective is a necessary first step in providing compassionate and effective patient care.

Student Responsibilities

Confidentiality

Because the content of the problems presented by the standardized patient is often derived from actual patient cases or the SP's own experience, the rules of strict professional confidentiality must always apply. Students are not to discuss patient data outside the instructional arena. Standardized patients are also instructed to maintain confidentiality in regard to student performance.

Socializing

To enhance the credibility and authenticity of the simulation, it is important that students not socialize with standardized patients before interviewing them. Socializing can also interfere with the SP's ability to concentrate on the role he/she may be playing.

SP Evaluation of Student Professionalism

SPs are extensions of the medical school faculty. SPs, like faculty, are trained to recognize and reinforce appropriate behavior and to instruct students regarding unprofessional behavior. Following each practicum encounter SPs are required to complete a Professionalism survey on each student. They are specifically instructed to report and document outstanding professional behavior as well as unprofessional behavior.

THE “8” HABITS OF HIGHLY EFFECTIVE CLINICIANS

1. **Mindfulness:** The highly effective clinician is ever-mindful of how his/her own words, biases, attitudes, and demeanor are affecting the patient and the physician-patient interaction.
2. **Engagement:** Make and maintain eye contact as soon as you enter the room. Greet the patient warmly and extend your hand. Engage with your eyes and your ears. Maintain a position and posture that suggest your full interest and attention.
3. **Focus on the patient:** A highly effective clinician sends verbal and non-verbal messages to the patient and their family that the patient's concerns and welfare are the focus of the interaction.
4. **Respectfulness:** The highly effective clinician demonstrates a high level of respect for every patient, regardless of age, gender, socioeconomic status, etc. Respect is a core trait of our profession.
5. **Dignity:** The highly effective clinician is ever mindful of the dignity of the profession, the patient, him or herself, and colleagues.
6. **Humility:** A clinician is not a god. He/she is no better and no worse than any other man or woman. The clinician must recognize that the forces that affect healing are often beyond the influence of the physician. Avoid arrogance. Be mindful that there is always much more to learn.
7. **Integrity:** The honesty and principles of the highly effective clinician are readily apparent to patients and colleagues. His/her actions and words reflect an impeccable character.
8. **Commitment:** The effective clinician is committed to providing competent, quality, thorough care, following through on the needs of the patient, community, and profession.

STUDENT- PATIENT INTERACTION TIPS

There are many things to keep in mind during any interaction with a patient. Most are common sense and apply to all interpersonal relationships, but are often forgotten in professional encounters. The following are some suggestions for you to consider.

1. As a student, do not call a patient by his or her first name. Addressing a patient by their first name should occur only if the patient invites such familiarity which often occurs as a mutually trusting relationship develops.
2. Remember to repeat the patient's name. Don't overdo it as this can be quite annoying, but try to use it at least two or three times during any encounter as a sign of respect and acknowledgement.
3. Medical students should never introduce themselves as physicians to standardized patients or to the general public. Always identify yourself as a medical student at Mercer at whatever level you are: e.g. "Hello, Ms. Smith, I'm John Doe, a first year medical student at Mercer".
4. Open each segment of the History and Physical with a transitional statement that describes what you would like to do. This makes the patient feel empowered to decline should they not want to answer questions or be examined. e.g. "*I would like to ask you some questions about your family's medical history;*" or, "*Now I would like to examine you*".
5. Make yourself comfortable during the interview. Don't appear hurried or bored. Be aware of your own body language and nonverbal messages. Don't hesitate to sit near patients and "talk" with them. No one wants to share their concerns with someone who is constantly writing and never looks up.
6. Assure you are understood. If you mumble or use medical jargon, your patient may not understand and may be hesitant to mention it. Look at the patient when speaking to them as well as when they are speaking, this demonstrates concern, and will go a long way towards establishing a trusting relationship and will often prevent miscommunication.
7. Remain alert for cues/clues the patient gives you. Some are verbal ("*get on with it, I want to get out of here*" or "*you sound just like my mother*"), and some are non-verbal (fidgeting, rubbing one's neck, etc.). Your responding to cues may take you away from your plan, but will often save much time overall and more importantly lets the patient know you are paying attention to them.
8. In general, ask open-ended questions (those which cannot be answered "yes" or "no"). The beginning of each section of the History is a good place for an open-ended question. ("*Why are you here today?*", "*Tell me about your hobbies.*"). An exception includes the Review of Systems (ROS) where close-ended questions are appropriate.
9. If the patient uses a word or expression that you do not understand, ask about it. e.g. "I'm not sure what you mean", or "Can you explain what you mean by...?"
10. Take adequate notes so that you can remember and record what you learned, but do not let note-taking interfere with communication. Listen attentively and you will be surprised how much you will remember and can jot down at the end of a section of the history.
11. Allow the patient adequate opportunity to ask or answer questions. "Feeling rushed" and "not being heard" are two of the most common complaints of dissatisfied patients. Pause and give the patient time to answer your questions especially when asking open-ended questions.

Time spent waiting for an answer or listening to the patient's "story" may seem like an eternity, but it will save you time in the long run. Don't make the mistake of immediately following an open-ended question with a closed-ended one, like "Tell me about your hobbies", immediately followed by "do you bike or jog?" Finally, it is often helpful to end the interview with "Is there anything you would like to ask me?" or "Is there anything else we need to cover today?"

12. Use transition statements to help the patient prepare for the next phase of your interaction. Following the history (interview) portion of the encounter say something like: "That concludes the questions I need to ask you. I would like to proceed to the physical exam." Following the physical exam portion say something like: "That concludes the exam".

In an office setting, where the patient may feel more comfortable changing back into their clothes before being engaged in a discussion you may want to offer them the option: "Would you like me to step out and give you an opportunity to change before we discuss your case?" This demonstrates consideration for their modesty. In a hospital setting where patients remain in their gowns you may proceed to ask "Is there anything you would like to ask me or tell me that we haven't cover?" This closing statement applies both scenarios brings closure to the encounter in a way that engenders concern and respect.

The ABC's of the Clinical Encounter

The **ABC's** of any process are a simple way to remember important components in the proper sequence.

The **ABC's** of the clinical encounter are crucial to a good patient encounter. Patients who feel that they are being treated in a professional manner, with respect and concern, will have higher levels of satisfaction, trust, and engagement in the process.

You are encouraged to make the following **ABC's** your habit of practice for every patient encounter.

Attitude: Nothing is more important in any endeavor than attitude. The simplest task can be made incredibly difficult with the wrong attitude. Conversely, the right attitude can be an incredibly powerful force to promote healing and furthering the physician-patient relationship. Make sure your attitude is right before you enter the room.

Behaviors: While attitude is difficult to measure, behaviors are not. Behaviors are a direct extension of attitude. How you feel about yourself, your abilities, your patient, and your patient's concerns are communicated through your behaviors. Adopt and practice those behaviors that speak highly of your personal and professional fiber, and send a clear message to patients that you have their welfare as a foremost concern.

Communication & **C**ompassion: Effective communication is the key to a mutually satisfying physician-patient relationship. Both verbal and non-verbal communication should convey interest and appropriate response to patient concerns. Deeply caring for your patients, their conditions, and their suffering is the defining trait of a quality physician. Endeavor to put aside your biases and see the problem from your patients' perspective. Suspend judgment. Try to understand their unique situation. Be concerned and let it show! Remember... *they won't care how much you know, until they know how much you care!*