Foundations of Clinical Medicine 2

COURSE GUIDE

YEAR 2

Semester: 3 & 4 **Course Code: MEDC2333**

Course Information

Course code	**MEDC2333**	**Prerequisites**	**FOCM1**
Credit hours	**3**	**Venue**	**LH5/SIM**
Position in sequence	**Phase II, Semesters 3 & 4**	**Duration**	**30 weeks**

Synopsis:
Every encounter between a patient and a physician is a significant part of a patient's journey. Physicians undertake hundreds of thousands of consultations, and patient encounters are 'routine' work for physicians. For an individual patient however, each consultation with a physician is a step towards a recovery they hope for.
A good consultation plays a major role in reassuring patients and establishing a diagnosis. It is 'the most powerful, sensitive, and versatile instrument available to the physician', and is the cornerstone of clinical practice. Consultation is a highly complex process that includes many elements such as communication skills and information gathering. Information gathering requires many tools such as effective communication skills, medical history taking, and physical examination. An effective consultation requires skills that the physician will use to listen to the patient's story and come to a shared decision with the patient about next steps which might include a change in their behaviour.
The 'Foundations of Clinical Medicine 2 (FOCM2)' course is a clinical consultation skills course that follows on from FOCM1. The course will empower students to perform an effective consultation for the benefit of the patient.
The learning activities students engage in will provide opportunities for integration and consolidation of knowledge and skills. This includes the morning, mid-day, and afternoon sessions in the simulation centre and remotely. These activities will provide the students with adequate opportunities to:

- Understand the research leading to the practice of effective consultation and the use of different models
- Develop good consultation skills based on the Calgary-Cambridge model including gathering information and physical examination
- Explore the aspects of facilitating behaviour change through motivational interviewing
- Observe and practice elements of a good consultation in the simulation centre
- Reflect on consultation skills and receive feedback from colleagues and facilitators
- Apply clinical reasoning skills in the interpretation of information gathered during a consultation
- Relate the information gathered in a consultation to pathophysiology of disease, investigative approaches, and principles of management
- Present information gathered during a consultation in a verbal and written manner in interest of patient safety
- Document findings from consultations in a systematic manner
- Reflect, summarise, and record this learning experience

Aim:
The aim of the course is to provide you with the building blocks to enable you to conduct a consultation with a patient clearly, sensitively, and effectively. This is to equip you with the knowledge and skills to be able to obtain general and focused history, and perform general and comprehensive physical examination related to vital signs, cardiovascular system, respiratory system, and the integumentary system (skin, hair & nails), and relate the findings of history and physical examination to pathophysiology of disease, investigative approaches, and principles of management.

Outcomes:
The expected outcomes of this course are to enable students to:

- Understand elements of consultation based on Calgary-Cambridge model (see diagram below)
- Conduct a consultation using a patient-centred systematic approach
- Demonstrate elements of consultation including communication skills, medical history taking, physical examination, building a relationship with a patient, explaining finding to patients, and effectively closing a consultation
- Understand principles of motivational interviewing in facilitating lifestyle change

- Perform a structured and relevant general physical examination focusing on assessing:
  - Vital signs
  - Cardiovascular system
  - Respiratory system
  - Integumentary system (skin, hair & nails)
- Relate the findings of history and physical examination to pathophysiology of disease, investigative approaches, and principles of management
- Present the information gathered in a consultation orally and in written format
- Develop an attitude of reflective practice (reflection-on-action) as a means of personal development
- Maintain an electronic portfolio of learning during the semester

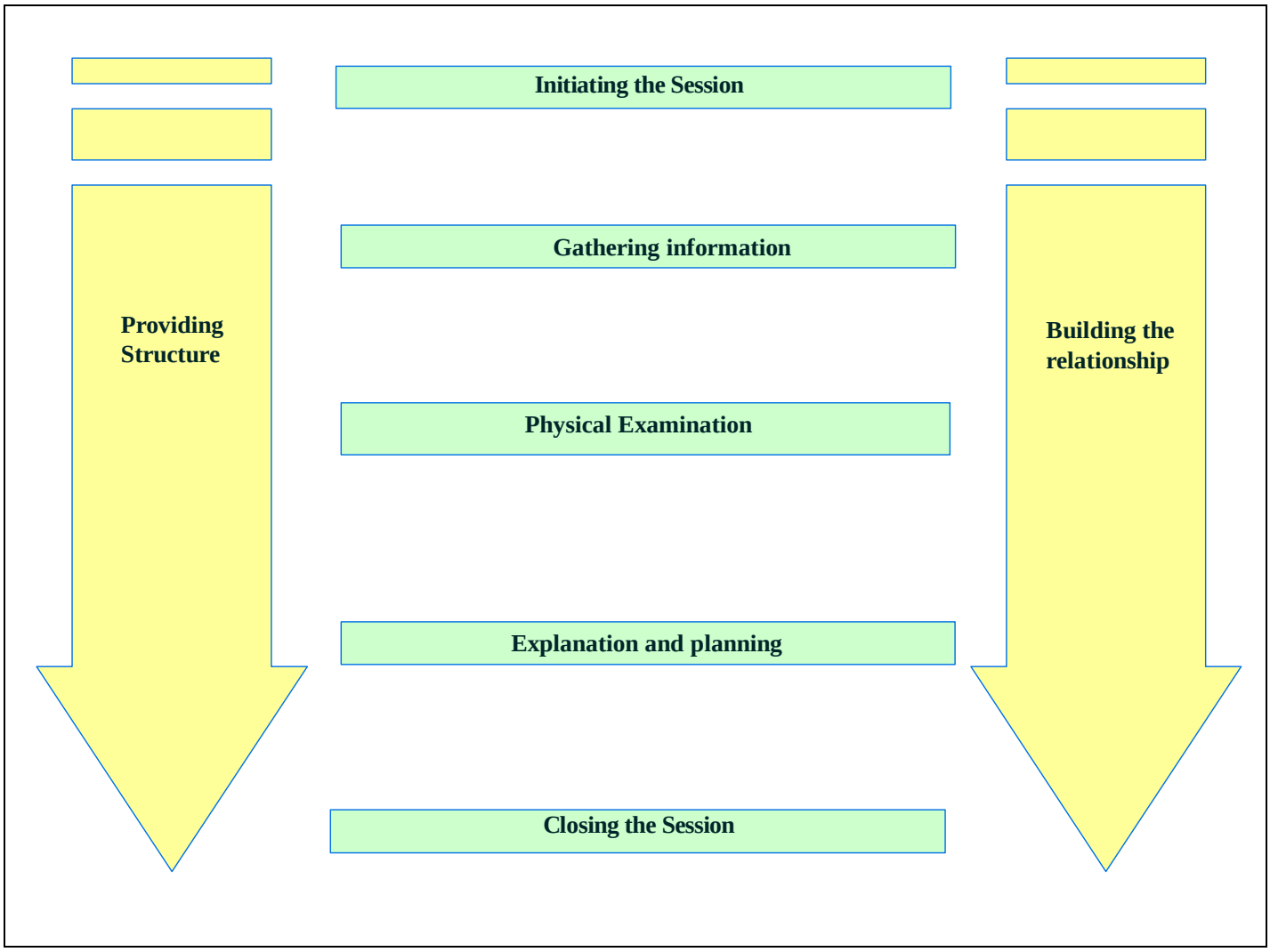
Early Clinical Exposure (ECE)

Several publications have demonstrated evidence that Early Clinical Exposure improves medical students' performance, professionalism, skills, knowledge, and confidence. In this course, students will have the opportunity to have 2 clinical placement visits to healthcare centres in Dubai. Placements will be complemented by structured consultation skills training in the simulation centre as part of FOCM courses. These clinical placements will be invaluable to students to achieve the following learning outcomes:

- Observe clinicians during consultation with patients.
- Talk to patients about their illness and experience of healthcare (when possible)
- Observe members of the multi-disciplinary teams during their interactions with each other and with patients
- Reflect on their clinical experience as part of FOCM courses

The Enhanced Calgary-Cambridge guide to medical interview

THE BASIC FRAMEWORK



References

- Kurtz SM, Silverman JD, Draper J (1998) Teaching and Learning Communication Skills in Medicine. Radcliffe Medical Press (Oxford)
- Silverman JD, Kurtz SM, Draper J (1998) Skills for Communicating with Patients. Radcliffe Medical Press (Oxford)

The concepts introduced in this course will be re-visited and developed further in FOCM3.

Teaching and Learning Strategies	Interactive seminars
	Practical demonstrations in large and small groups
	Video based learning (VBL)

	Role play sessions (Peer learning)
	Standardized patient encounter
	Self-directed learning (SD)
	Simulation: using simulation manikins and part task trainers
	Clinical placements
	Reflective learning

This Study Guide contains the following:

- Information about the study coordinators and instructors
- General information of the course
- The program learning outcomes with the course learning outcomes mapped to the objectives
- Methods and dates of examinations: student assessments
- Course calendar
- Week by week description of the course topics and contents, practical sessions, and assignments
- Teaching and learning methodologies including any use of on-line instruments
- Guidance on the Code of Conduct, including dress and behaviour for students attending the practical sessions
- Guidance on simulation centre learning activities

Contribution to the Program Learning Outcomes (PLOs)

For Semester 3 & 4, Phase 2 students, the activities in this course contribute to achieving the highlighted program learning outcomes and sub-outcomes:

1	Practice in a safe and competent manner
1A	Describe normal human development, structure, function, and behaviour
1B	Explain mechanisms of abnormal development, structure, function, and behaviour underlying human disease
1C	Apply principles of normal and abnormal development, structure, function, and behaviour in the recognition of disease conditions
1D	Apply principles of normal and abnormal development, structure, function and behaviour in the prevention and treatment of disease
1E	Apply principles of safe patient care and clinical governance
2	Observe ethical and professional standards
2A	Describe the principles of biomedical ethics
2B	Apply the principles of biomedical ethics in patient-centred care
2C	Demonstrate professional behaviour towards self, patients, colleagues, and society
3	Practice evidence-based medicine and engage in scholarship and generation of new knowledge
3A	Comprehend the principles of research methods and evidence-based medicine
3B	Identify and critique relevant research findings and medical literature
3C	Formulate a hypothesis and design a research proposal
3D	Synthesize and apply key research findings in the care of patients and society
4	Communicate clearly and effectively
4A	Comprehend the principles of effective communication with patients and colleagues
4B	Demonstrate appropriate oral, written and electronic communication skills with various groups and within different clinical and cultural contexts
4C	Demonstrate the ability to manage and resolve conflicts
5	Advocate for health promotion of individuals and communities
5A	Comprehend principles of epidemiology and social determinants of health and disease
5B	Identify opportunities for health advocacy in the society
5C	Identify barriers to health care access and their impact at the patient and population level
5D	Apply principles of health advocacy in the care of patients and communities
6	Distinguish various healthcare systems and their management
6A	Describe principles of healthcare system structure and function
6B	Describe the evolution and present trends in healthcare management
6C	Evaluate and compare different healthcare systems
7	Educate and share knowledge and skills
7A	Comprehend principles of adult teaching and learning
7B	Identify opportunities for knowledge sharing and teaching
7C	Demonstrate effective teaching and knowledge transfer to patients, peers, and society
8	Participate effectively in multidisciplinary teams
8A	Apply principles of effective teamwork
8B	Demonstrate the ability to work effectively and respectfully in a team
8C	Critically and honestly evaluate colleagues and self
9	Demonstrate commitment to life-long, self-directed learning and performance improvement
9A	Recognize gaps in one's own knowledge and skills
9B	Identify and engage with opportunities for self-directed learning
9C	Apply new evidence to improve clinical practice and services

Course Learning Outcomes

Program Learning Outcomes	Objectives By the end of this course the student will be able to:	Assessment methods
1A, 1B, 1C, 4A, 4C, 9A, 9B	**Knowledge:** 1. Explain why self-reflection is a vital competence of a health professional. 2. Understand the role of medical consultation. 3. Appraise models of consultation skills and describe elements of the Calgary-Cambridge consultation skills framework. 4. Describe some of the communication skills used during a medical consultation and with colleagues. 5. Apply the essential knowledge and understanding of the structure, function, and derangement of the Cardiovascular, Respiratory and the Integumentary systems to perform a comprehensive physical examination on a standardized patient, mannequins, and part task trainers in the simulation centre and real patients during hospital visits. 6. Relate the findings of history and physical examination to pathophysiology of disease, investigative approaches, and principles of management. Describe the role and importance of clear, coherent, and concise oral summary and written documentation of a consultation in the care of patients. 7. Explain the concept of shared decision making and the tools that can be used to deliver it.	**Formative:** Practical sessions feedback **Summative:** Mini-CEX OSCE

1E, 4A ,4B 7B	**Skills:** 1. Demonstrate professionalism in all activities. 2. Demonstrate effective listening during medical consultation. 3. Demonstrate aspects of medical consultation based on the Calgary-Cambridge model. 4. Observe and demonstrate effective communication skills with patients and colleagues. 5. Practice information gathering during a medical consultation. 6. Demonstrate elements of physical examination including obtaining vital signs, inspection, palpation, auscultation, and percussion. 7. Conduct a consultation with a patient presenting with symptoms of cardiovascular, respiratory, or Integumentary systems disease. 8. Perform a comprehensive physical examination of the Cardiovascular, Respiratory and the Integumentary systems on a standardized patient, mannequin, part task trainers in the Simulation Centre. 9. Relate the findings of history and physical examination to pathophysiology of disease of the Cardiovascular, Respiratory and the Integumentary systems, their investigative approaches, and principles of management. 10. Document data gathered from history and physical examination in a clear, coherent, and systematic manner. 11. Practice explaining consultation outcomes to patients and shared decision making. 12. Present the consultation in written and oral format. 13. Demonstrate ability to work as part of a team in the interest of patient safety. 14. Embed reflective learning as a way of continuously improving your consultation skills.	**Formative:** Practical sessions feedback **Summative:** Mini-CEX OSCE

2B, 2C 2C, 7B, 8A, 8B, 8C	**Attitudes and aspects of Competency:** 1. **Autonomy and responsibility:** 2. Demonstrate ethical awareness and cultural sensitivity in all interactions during their learning in this course. 3. Display empathy towards standardized patients, respect their rights, protect their confidentiality. 4. Respect faculty, mentors, peers, and other members of the health care team. 5. Organize and complete set tasks in a timely manner. **B. Role in Context** 6. Demonstrate ability to work effectively in a team so as to contribute to group learning. **C. Self-development:** 7. Demonstrate independent thinking. 8. Display qualities of reflection, organisation, and time management. 9. Recognize and accept limitations in one's knowledge and skills. 10. Demonstrate ability for self-directed learning and commitment to improve continuously one's knowledge and ability.	**Formative:** Practical sessions feedback **Summative:** Mini-CEX OSCE

Course General Information

The course 'Foundations of Clinical Medicine 2' is a two-credit hour course. This course runs over two semesters, which are semesters 3 and 4 of the 2023/2024 academic calendar. The total course duration is 30 weeks. The learning and teaching methods will consist of sessions in the simulation centre and seminars. Students will be divided into sections for their practice sessions. All students are required to attend their designated section's practice sessions.

Learning Management System (LMS):

The MEDC2333 Course Guide will be uploaded on LMS. The course site will be made active one week prior to the first day of class. Prior to entry into the classroom, students should check the LMS for any of the following uploaded information submitted each week during the course: schedule, lectures, PowerPoint presentations, tutorials, assessments, reading materials, and video sites (when/ if available).

Recommended Reference Resources:

Topic	Learning Resources
Reflection and Documentation	**Recommended Reading:** • Bickley L.S. & Szilagyi P.G. Bates Guide to Physical Examination and History Taking. 12th Edition. 2016. Lippincott, Williams, and Wilkins pages 14-29 **Online Resources:** • BMJ careers. Reflection: tick box exercise or learning for all Available via: Http://careers.bmj.com/careers/advice/view-article.html?Id=20009702 • Student BMJ reflective medics Available via: http://student.bmj.com/student/view-article.html?Id=sbmj0804156 •
Medical Consultation	**Recommended Reading:** • Glyn Elwyn et al Shared decision making 2012 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445676/pdf/11606_2012_Article_2077.pdf • Bickley L.S. & Szilagyi P.G. Bates Guide to Physical Examination and History Taking. 12th Edition. 2016. Lippincott, Williams, and Wilkins Chapter 3 pages 65-105 • Nicholas J. Talley & Simon O'Connor Talley and O'Connor's Examination Medicine. 8th Edition. 2018. Elsevier • Teresa Parrot & Graham Crook Effective Communication Skills for Doctors. 1st Edition. 2011. BPP Learning Media • Elwyn, G., Frosch, D., Thomson, R., Joseph-Williams, N., Lloyd, A., Kinnersley, P., Cording, E., Tomson, D., Dodd, C., Rollnick, S., Edwards, A., & Barry, M. (2012). Shared decision making: a model for clinical practice. Journal of general internal medicine, 27(10), 1361–1367. Https://doi.org/10.1007/s11606-012-2077-6 • Understanding motivational interviewing https://motivationalinterviewing.org/understanding-motivational-interviewing • Lubman, D., Hall, K., Gibbie, T. (2012). Motivational interviewing techniques Facilitating behaviour change in the general practice setting. https://www.racgp.org.au/getattachment/1564cfd0-c1d4-4ab6-9e29-4205ffefdc85/Motivational-interviewing-techniques.aspx **Online Resources:** **Video Clips from Communication skills series – R Buckman, Medical Oncologist, Toronto, ON, Canada**
	Recommended Reading: • Bickley L.S. & Szilagyi P.G. Bates Guide to Physical Examination and History Taking. 12th Edition. 2016. Lippincott, Williams, and Wilkins pages 14-29

	Online Resources:
	Blood Pressure:
	• Aberdeen Medical Faculty Blood Pressure tutorial available via:
	  ○ Http://www.abdn.ac.uk/medical/bhs/booklet/proced.htm
	  ○ Http://www.abdn.ac.uk/medical/bhs/tutorial/tutorial.htm
	• British Hypertensive Society: Video on BP measurement available via: http://bhsoc.org//index.php?Cid=162
	• OSCE Stop: Blood Pressure Measurement via: https://oscestop.com/Blood_pressure.pdf
	Korotkoff Sounds:
	
	Introduction to Vital Signs Examination and Evaluation:
	• Department of Health Care Sciences, Wayne State University available via: http://healthcaresciencesocw.wayne.edu/vs/start.htm
	• Macleod's Physical Examination Head to Toe Assessment OSCE Guide 2016: https://www.youtube.com/watch?V=LQDUCB1HXkE
	• Module 4: Communicating through physical examination.UK Council of Clinical Communication. Http://www.ukccc.org.uk/e-learning-videos/
	• http://www.oscestop.com/osce_examinations.html
	Smart Applications:
	• Geeky Medics
	OSCE Reference Guide

General Physical Examination	**Recommended Reading:** • Bickley L.S. & Szilagyi P.G. Bates Guide to Physical Examination and History Taking. 12th Edition. 2016. Lippincott, Williams, and Wilkins pages 14-29 **Online Resources:** • Macleod's Physical Examination Head to Toe Assessment OSCE Guide 2016: https://www.youtube.com/watch?V=LQDUCB1HXkE • Module 4: Communicating through physical examination.UK Council of Clinical Communication. Http://www.ukccc.org.uk/e-learning-videos/ **Smart Applications:** • Geeky Medics • OSCE Reference Guide

Attendance:

All students should attend all classes; irrespective of whether they are lectures, tutorials, online sessions or simulation sessions. Students, who are absent for more than 20% of the teaching sessions without a valid reason may not be eligible to sit the exams and as a result fail the course. Students are required to be punctual as a marker of professionalism and to avoid disruption to their colleagues.

Note: This Study Guide is subject to minor changes. The student will be informed of any changes in the course content, exam dates, re-scheduling of lectures or tutorials, or any other announcements through the LMS.

Assessment

Breakdown of assessment

Assessment	Timescale	Percentage of overall grade	Course outcomes
Mini-CEX	During SIM sessions: - Semester 3: Week 6 (Formative) & Week 14 (summative) - Semester 4: Week 9 (summative)	40%	Knowledge/ Skills/ Competency
Participation and professionalism	Throughout the course	20%	Knowledge/ Skills/ Competency
Objective Structured Clinical Examination (OSCE)	Week 15, semester 4 7th May	40%	Knowledge/ Skills/ Competency

Summative Assessment:

1. **Mini-CEX:**
   The purpose of the formative Mini-CEX in Year 2 is to provide an opportunity for you (the student) to perform the clinical skills you are learning during the course and e assessed and given feedback by an instructor. It is normal to allow 10 minutes for the observation and a further 5 minutes to provide feedback, including completing the form in Appendix 4.

2. **Participation:** This will be assessed through a standardized format throughout the course and based on preparation for sessions (e.g., by reviewing and pre-reading material) and professionalism. At sessions where pre-reading is required the instructors will make a judgement of your level of preparedness based on your performance.

3. **The Objective Structured Clinical Examination (OSCE):**
   The OSCE is a versatile multipurpose evaluative tool that assesses competency, based on objective testing through direct observation. It is comprised of several "stations" in which examinees are expected to perform a variety of clinical tasks within a specified time against criteria formulated to the clinical skill, thus demonstrating competency of skills and/or attitudes. The OSCE is scheduled for week 15 of semester 4 and accounts for 40% of the total grade.

Formative assessment:

4. **Practical session feedback review**:
   a. Students should keep a case log of all practical encounters (Appendix 3). Throughout the practical component of the course (simulation session and patient interviews), students will be given feedback on their performance.

Quality Assurance in Assessment

Plagiarism:

The university at MBRU has established strong policies against plagiarism. In submitting your assignments, plagiarism will not be tolerated, and a failing grade will be incurred. Make sure to read the full text given to you in Student Handbook.

Competencies assessed:

1. **Mini-CEX**

a. Observe one element of the clinical encounter (Medical consultation and/or physical examination) and provide feedback.

2. OSCE:

a. Consultation skills including physical examination.
b. Patient-cantered communication skills.
c. Clinical reasoning.
d. Verbal Presentation skills.
e. Documentation skills.

Schedule of Course Activities, Semester 3, 2023-2024

Wk.	Date 2020	Day	Time	Sections	Venue	Session	Session title
1	Aug 22	Tues	No classes	All		-	Orientation
2	Aug 29	Tues	11:00-12:50 14:00 – 15:50	All* All	LH 5 LH 5	Seminar Seminar	Course Introduction Medical Consultation, reflection, and feedback models, verbal & non-verbal communication skills Introduction to clinical placements
3	Sep 5	Tues	11:00-12:50 14:00 – 15:50	All All	LH 5 LH 5	Seminar Seminar	Medical consultation Initiating and gathering information Motivational Interview (1)
4	Sep 12	Tues	11:00-12:50 14:00 – 15:50	All All	SIM CR 1-12	Role play	Medical Consultation Initiating and gathering information
5	Sep 19	Tues	11:00-12:50 14:00 – 15:50	All All	SIM CR 1-12	Role play	Medical Consultation: presentation and documentation
6	Sep 26	Tues	11:00-12:50 14:00 – 15:50	All All	SIM CR 1-12		1st Mini-CEX (Formative)
7	Oct 3	Tues	11:00-12:50 14:00 – 15:50	All All	LH5 SDL	Seminar	Motivational Interview (2)
8	Oct 10	Tues	No Classes	All		---	In course assessment week

9	Oct 17	Tues	11:00-11:50 12:00 – 12:50 14:00 – 15:50	All All	SIM CR 1-12	Practice Practice SDL	Principles of general physical examination and vital signs
10	Oct 24	Tues	11:00-11:50 12:00 – 12:50 14:00 – 15:50	All All All	SIM CR 1-12 & LH 5 SDL	Practice/ Seminar Practice/ Seminar	Principles of general physical examination and vital signs / Explanation and Planning
11	Oct 31	Tues	11:00-11:50 12:00 – 12:50	All All	SIM CR 1-12	Role Play Role Play	Explanation and Planning
12	Nov 7	Tues	11:00-12:50 14:00 – 15:50	All All	LH 5	Seminar/ Role play SDL	Closing the consultation and putting it together
13	Nov 14	Tues	11:00-12:50 14:00 – 15:50	All All	SIM CR 1-12	Practice Practice	Supervised Peer Practice
14	Nov 21	Tues	11:00-12:50 14:00 – 15:50	All All	SIM CR 1-12		2nd Mini-CEX (Summative)
15	Nov 28	Tues	**Revision Week**				

SDL= Self-directed learning, SIM=Sim centre
*All= Information about the section will be given to the students.

Semester 3 Weekly Session plans

Week 1: Orientation

Week 2: Introduction to the Foundations of Clinical Medicine (2) Course and clinical placements / Consultation and reflection models/ Medical Consultation - verbal & non-verbal communication skills

Content summary:

1. **Introduction**: This session will provide an overview of the course, its aims and objectives, content, schedule, and the plan of assessment to the students. Tutors and invited faculty members of the course will be introduced to the students as well.
2. **Seminar on Consultation and reflection models:** there will be an overview lecture followed by practice. Groups of 5 students working with 6 tutors to consider 2 different consultation and 2 different reflection models. Students compare 2 models and discuss with the wider group.
3. **Medical consultation:** Students will review videos of patient-doctor consultations and identify effective communication skills. Skills include allowing patients to tell the story, using open ended questions followed by more specific clarification, verbal, and non-verbal cues to enable patient to continue the story, use of summarizing and repetition, avoid medical jargon, explaining sequence of the consultation, explores patients' ideas, concerns, and expectations.

4. Discussion on professionalism, ethics, and cultural aspects of medical consultation will take place during the latter half of the session.
5. **Introduction to clinical placement (2 – 4 pm)**

Objectives:

At the end of this session, you will be able to:

- Recall the main learning objectives of the course.
- Understand 2 models of medical consultation and reflective practice.
- Develop skills to help you communicate effectively with individuals regardless of their social, cultural, or ethnic backgrounds, or their disabilities.
- Know the evidence base for the skills used in effective medical consultations.
- Understand that communication skills are acquired as part of lifelong learning and should be part of every clinician's continuing professional development plan.
- Recall effective communication skills both verbal and non-verbal that enable a doctor to establish a good rapport and relationship with the patient.
- Introduce consultation skills for behaviour change and motivational interviewing.
- Discuss professional, ethical, and cultural aspects and considerations during a doctor patient encounter for medical consultation.

Week 3 and 4: Initiating a Medical Consultation & gathering information/ Motivational Interview (1)

Content summary:

1. **Week 3 (Seminar)**: There will be a Seminar to introduce the topic for all students then students will be divided in small groups for discussion and questions.
2. Introduction to consultation skills for behaviour change and motivational interviewing.
3. **Week 4 (Role Play):** An opportunity to practice (role-play) medical consultation skills in SIM centre with an SP in small groups under observation of facilitators.

Skills will include:

- Initiating a consultation: greeting patient, introducing self, confirming identity, agree purpose of consultation, taking consent, ensuring privacy and confidentiality, asking if there is anything else patient wishes to discuss (shared agenda), showing respect to the patient, and demonstrating active listening.
- 'History taking'- presenting complaint. History of presenting complaint, review of systems, past medical history, medication history, family history and social history.
- Focus on elements history of presenting complaint when the presenting complaint is pain (SOCRATES approach).

Objectives:

At the end of week 3 and 4 you will be able to:

- Identify the individual components of an effective medical consultation.
- Initiate a consultation by establishing initial rapport and identifying the reasons for the consultation.
- Demonstrate the role of open and closed questions and importance of active listening.
- Discuss professional, ethical, and cultural aspects and considerations during a doctor patient encounter for medical consultation.
- Perform a systematic basic medical consultation with a standardized patient.
- Apply a comprehensive approach to gathering information in general.
- Gather information effusively when the presenting complaint incudes pain.

- Treat the patient in a professional and respectful manner.
- Reflect on the medical interview technique performed.

Week 5: Medical Consultation presentation and documentation / Motivational Interview (2)

Content summary:

Documentation and Presentation Practice (11 – 1):

1. **Role play (20 minutes):** we prepared a medical history case script. 1 SP will role play the patient's and 1 student is tasked to obtain the history and gather information. Then facilitator will give brief feedback on the student performance.
2. **Presentation (20 minutes):** Students will then work in their groups and discuss with a facilitator how they would summarize and present the consultation (role play case) verbally.
3. **Documentation (20 minutes):** then students will work in their groups to practice and document the case using a documentation checklist.
4. A structured debriefing session will blend in aspects of reflection on your performance to identify your strengths at documenting medical consultation and areas for development.

Objectives:

At the end of this session, the student will be able to:

- Present findings from a consultation verbally and document them in writing.

Week 6: 1st Mini-CEX (Formative)

Week 7: Motivational Interview (2)

Motivational Interview Seminar (11 - 1).

Objectives: At the end of this session, the student will be able to:

- Explain the stages of change model as well as know what discussion to facilitate at each stage.

Week 8: ICA week

Week 9: Principles of General Physical Examination and Vital Signs (Session 1)

Content summary:

Physical examination is integral part of information gathering to help reach a diagnosis or generate a problem list with a patient. Patients may have concerns about being examined and part of the skills of physical examination is how to put the patient at ease and ensure they are always comfortable and maintain their dignity. You will be introduced to physical examination by learning how to take vital signs.

1. **Reading Material on LMS:** students will go through an overview of the skills of taking blood pressure, pulse, respiratory rate, and oxygen saturations which will be uploaded on LMS.
2. **Practice (SIM):** students will have an opportunity to practice vital signs measurement in small groups on simulated patients under the supervision of a facilitator in simulation centre While practicing physical examination you will be encouraged to use effective communication skills learnt in previous sessions. In this session you will be also introduced to documentation of vital signs findings using Early Warning Score (EWS).

Objectives:

At the end of this session, the student will be able to:

- Appreciate how patients may respond to physical examination.
- Explain the rationale for assessing the vital signs.
- Describe how basic monitoring forms the basis for a track-and-trigger system for identifying acute illness.

- Identify the equipment used for measuring the individual components and interpret the readings obtained.
- Demonstrate, to a level expected of the student's stage of training, competence in the procedural steps required to perform basic monitoring of vital signs, and accurately record them using an observation chart such as an Early Warning Score (EWS) in a simulated or clinical setting.
- Explain the importance of appropriate preparation for a patient-cantered approach to physical examination.
- Learn how to maintain patient dignity at all times.
- Consider alterations to techniques depending on individual patients for example male vs female or person with disabilities.
- Identify the equipment required for preparing the patient for physical examination.
- Display a professional manner and good communication skills towards the patient (SP or student colleague) if present, and throughout the skills session.
- Evaluate own learning and reflect on how improvements can be made.

Week 10: Principles of General Physical Examination and vital signs (Session 2)/ Explanation and Planning Seminar

Content summary:

1. **Reading Material on LMS:** students will go through an overview to introduce them to basic techniques of physical examination. Principles and techniques of a general physical examination include Introduction, Privacy, Infection Control Measures, Inspection, Palpation, Percussion, and Auscultation, in addition to vital signs.
2. **Practice (SIM) (11 – 1):** students will have an opportunity to practice general physical examination in small groups on simulated patients under the supervision of a facilitator in simulation centre While practicing physical examination you will be encouraged to use effective communication skills learnt in previous sessions.
3. **Seminar (2 – 4):** Skills of explanation and planning during a consultation will be covered in this session. You will be introduced to tools that can support explanation and planning skills.

Objectives:

At the end of this session, the student will be able to:

- Practice principles of general physical examination with a standardized patient.
- Explain the importance of appropriate preparation for a patient-cantered approach to physical examination.
- Learn how to maintain patient dignity at all times.
- Consider alterations to techniques depending on individual patients for example male vs female or person with disabilities.
- Identify the equipment required for preparing the patient for physical examination.
- Demonstrate appropriate & standard universal safety precautions related to patient examination including infection control.
- Demonstrate a professional demeanour and a patient-centred approach to physical examination. At all times demonstrating respect and professionalism.
- Be aware of some of the different ways you can explain to a patient the outcome of a consultation and plan next steps.

Week 11: Explanation and planning

1. **Role play (11 – 1)**: You will practice explanation and planning skills in small groups under the supervision of a facilitator**.**
2. A structured debriefing session will blend in aspects of reflection on your performance for you to identify your strengths at shared decision making and areas for development.

Objectives:
At the end of this course, the student will:

- Be aware of some of the different ways you can explain to a patient the outcome of a consultation and plan next steps.
- Understand the role of explanation and planning in patient care and demonstrate knowledge of relevant tools.
- Summarize and explain consultation findings.
- Agree on a management plan with a patient.

Week 12: Closing the consultation

Content summary:

1. **Seminar:** There will be a Seminar to address models of closing a consultation and presenting your findings for all students.
2. **Role Play:** An opportunity to practice (role-play) full medical consultation skills in small groups with simulation patients under the supervision of a facilitator.
3. A structured debriefing session will blend in aspects of reflection on your performance to identify your strengths at medical consultation and areas of development.

Objectives:

At the end of this session, the student will be able to:

- Conduct a complete medical consultation.
- Describe the structure of a medical consultation based on Calgary Cambridge model.

Week 13: Supervised Peer Practice

Content summary:

1. **Practice**: The objective of the session is to have students practice a systematic approach to obtaining history, demonstrating a general physical exam including vital signs in a patient with specific presentations and explanation skills before the Mini-CEX next week.
2. During this session students will have an opportunity to practice the above-mentioned skills by their own under the supervision of the tutor to answer any students' questions.

Objectives:
At the end of this session, you will be able to:

- Complete a medical consultation including a general physical exam.
- Present and document your findings in a systematic manner.
- Reflect on the scenario and your performance & the overall experience in a structured debriefing style.
- Provide feedback to your peers on their performance.

Week 14: 2nd Mini-CEX (summative)

Week 15: Revision Week

Schedule of Course Activities, Semester 4, 2023-2022

Wk.	Date	Day	Time	Group	Venue	Session	Session title
1	Jan 9	Tues	11:00-12:50	All	LH 5	Seminar	Introduction to semester 4/ Introduction to Clinical Reasoning
			14:00 - 15:50			SDL	
2	Jan 16	Tues	11:00-12:50	All	LH 5	Seminar	Medical Consultation: cardiovascular and respiratory presenting complaints
			14:00 – 15:50	All		SDL	Prepare and revise next week material
3	Jan 23	Tues	11:00-12:50	All	SIM CR 1 - 12	Role play	Medical Consultation: cardiovascular and respiratory presenting complaints
			14:00 – 15:50	All		Role Play	
4	Jan 30	Tues	11:00-12:50	All	SIM CR 1 - 12	Practice	Respiratory Physical Examination
			14:00 – 15:50	All	SIM CR 1 - 12	Practice	
5	Feb 6	Tues	11:00-12:50	All	LH 5	Seminar	CXR Reading Skills
			14:00 – 14:50	All	SIM CR 1 - 12	Practice	Peer Practice Respiratory Physical Examination
			15:00 – 15:50	All			
6	Feb 13	Tues	11:00-12:50	All	SIM CR 1 - 12		Integumentary System: history taking and physical examination
			14:00 – 15:50	All			SDL
7	Feb 20	Tues	11:00-12:50	All	SIM CR 1 - 12	Practice	Explanation and Planning / Performing a 12-lead ECG
			14:00 – 15:50	All		Practice	
8	Feb 27	Tues					
9	Mar 5	Tues	11:00-12:50	All	SIM CR 1 - 12		3rd Mini CEX (Summative)
			14:00 – 15:50	All			
10	Mar 12	Tues	11:00-12:40	All	SIM CR 1 - 12	Practice	Cardiovascular Physical Examination
			13:00 – 14:40	All	SIM CR 1 - 12	Practice	

11	Mar 19	Tues	11:00-12:40	All	SIM CR 1 - 12	Practice	Putting it together
			13:00-14:40	All	SIM CR 1 - 12	Practice	Putting it together
	Mar 26	Tues					
	Apr 2	Tues					
12	Apr 9	Tues				**Eid Holiday**	
13	Apr 16	Tues	11:00-12:50	All	SIM CR 1 - 12	Practice	Putting it together
			13:00-14:50	All		Practice	Putting it together
14	Apr 23	Tues	11:00-11:50	All	SIM CR 1 - 12	Practice	Peer Practice
			12:00-12:50	All	SIM CR 1 - 12	Practice	Peer Practice
			13:00 -14:40	All		SDL	Prepare for OSCE
15	April 30	Tues				**Revision Week**	
16	7th May		TBC	ALL			OSCE

SDL= Self-directed learning, SIM=Sim centre
*All= Information about the section will be given to the students.

Semester 4 Weekly Session plans

Week 1: Introduction to Semester (2) / Introduction to Clinical Reasoning

Content summary:

1. **Introduction (11 – 11:30 am)**: This session will provide an overview of the course in semester 2, its aims and objectives, content, schedule, and the plan of assessment to the students. Tutors and invited faculty members of the course will be introduced to the students as well.
2. **Seminar (11:30 am – 1 pm)**: Clinical Reasoning: students will be introduced to structured clinical reasoning, formalizing clinical presentations and problem representation.

Objectives:

At the end of this session, the student will be able to:

- Recall the main learning objectives of the course throughout semester 2.
- Revise the Calgary-Cambridge model of medical consultation.
- Describe the types of clinical reasoning physician's use.
- Discuss the definition of an illness script and why it is important to clinical reasoning.

Week 2: Medical Consultation: cardiovascular and respiratory presenting complaints / Verbal presentation and documentation

Content summary:

1. **Seminar (11 am – 1 pm)**: Before the session, the students are encouraged to review the material recommended to guide them on how to obtain a focused history of the respiratory and cardiovascular systems. In this session, the students will be introduced to a structured approach to gather information from a patient presenting with respiratory and cardiovascular symptoms (presenting complaints).

Objectives:
At the end of this session, the student will be able to:

- Know what the main chief complaints that cardiovascular or respiratory patients can present with.
- Gather a focused and systematic history from a patient presenting with respiratory or cardiovascular symptoms (Chief Complaints).

Week 3: Medical Consultation: cardiovascular and respiratory presenting complaints (Role Pay)

Content summary:

1. This will be a **role play** session in SIM. There will be morning session (section 1) and afternoon session (section 2).
2. Before the session, the students are encouraged to review the material recommended to guide them on how to obtain a focused history of the respiratory and cardiovascular systems. In this session, the students will be introduced to a structured approach to gather information from a patient (simulated patient) presenting with respiratory and/or cardiovascular symptoms (presenting complaints) under facilitator supervision. A debriefing session after the practical session will blend in aspects of reflection on their performance, to identify their strengths at gathering information and identify areas of development and improvement.

Objectives:
At the end of this session, the student will be able to:

- Initiate a consultation and gather information from a patient presenting with a cardiovascular and /or respiratory symptoms.
- Demonstrate effective communication and interpersonal skills to establish a good rapport with the patient and to obtain a complete consultation from the patient.
- Formulate, present, and document a clear summary of the patient's consultation in a systematic manner.
- Demonstrate clinical reasoning skills in relation to cardiovascular and respiratory related conditions.

Week 4: Focused Physical Examination: Respiratory system

Content summary:

1. **Practice:** This session will be delivered in small groups in the SIM centre.

   Before the session, the students are encouraged to review the material recommended (including videos) to guide them on how to perform a focused physical examination of the Respiratory system. The session will focus on examination of the respiratory system, including general features and focused examination of the respiratory system using techniques of inspection, auscultation, percussion, and palpation through practice. Students will practice the skill under their facilitator's supervision followed by structured debriefing to blend in aspects of critical self-reflection on their performance and to identify their strengths at general examination and areas of improvement. Students will also get an opportunity to engage in small group peer-learning sessions.

Objectives:
At the end of this session, the student will be able to:

- Gather the necessary equipment required for the respiratory system examination.
- Demonstrate appropriate technique to approach and prepare a patient for a respiratory system examination including introduction, consent, patient preparation, positioning and draping etc.
- Locate the important landmarks on the chest that guide the examination of the respiratory system.
- Demonstrate the general head-to-toe assessment looking for signs of respiratory disease.
- Demonstrate appropriate patient encounter and examination closure technique including draping, repositioning, thanking etc.
- Systematically document and present a clear summary of the physical examination.

Week 5: CXR reading skills / Peer Practice

Content summary:

1. **Seminar (11 am – 1 pm):** This session will provide an overview of a systematic approach for interpretation of chest radiographs. This will complement the sessions delivered as part of the respiratory and cardiovascular courses.
2. **Peer Practice (2 pm – 4 pm)**

Objectives:

At the end of this session, the student will be able to:

- Employ a systematic approach for interpretation of chest radiographs and demonstrate use of the general principles required for accurate image interpretation.
- Recognize and name the radiographic signs of atelectasis, consolidation, pneumothorax, pleural effusions, tuberculosis, lobar/lung collapse, lung fibrosis and hyperinflation.

Week 6: Integumentary System: history taking and physical examination

Content summary:

1. Before the session, the students are encouraged to review the material recommended to guide them on how to obtain a focused History and physical examination of the Integumentary system (skin/hair/nail). In this session, the students will be introduced to a structured approach to taking a focused history and perform a focused examination from a patient presenting with Integumentary symptoms.
2. **Role Play (11 am – 1 pm):** students will practice how to take a focused history and perform a focused examination from a patient (simulated patient) presenting with Integumentary symptoms under facilitator supervision.

Objectives:

At the end of this session, the student will be able to:

1. Gather a focused and systematic history from a patient presenting with Integumentary symptoms.
2. Demonstrate appropriate technique to approach and prepare a patient for an Integumentary system examination including Introduction, consent, patient preparation, positioning and draping etc.
3. Accurately describe, record, and communicate examination findings of a complaint related to Integumentary system (skin, nail, hair).
4. Relate the observed findings of the patient's history and physical examination to pathophysiology of disease.

Week 7: Explanation and Planning / Performing 12-lead ECG

Content summary:

1. **Practice:** Skills of explanation and planning during a consultation will be covered in this session. Students will practice explanation and planning skills in small groups under the supervision of a facilitator. This session will also provide an opportunity to perform and conduct 12-lead ECG skills. This will complement the sessions delivered as part of the cardiovascular course.

Objectives:

At the end of this session, the students will:

- Be aware of some of the different ways they can explain to a patient the outcome of a consultation and plan next steps.
- Understand the role of explanation and planning in patient care and demonstrate knowledge of relevant tools.
- Summarize and explain consultation findings and agree on a management plan with a patient.
- Demonstrate the ability to correctly run a 12 lead ECG.

- Understand the importance of inspecting the equipment & the purpose of preparation prior to starting an ECG.
- State the importance of proper positioning during an EKG.
- Explain the importance of anatomic landmarks, skin prep and placing the electrodes accurately.
- Explain the benefits of communication in patient care.
- Understand the importance of infection control.

Week 8: ICA

Week 9: 3rd Mini-CEX

Week 10: Focused Physical Exam: Cardiovascular system

Content summary:

1. **Practice:**

   Before the session, the students are encouraged to review the material recommended (including videos) to guide them on how to perform a focused physical examination of the cardiovascular system. The session will focus on examination of the cardiovascular system, including general features and focused examination of the respiratory system using techniques of inspection, auscultation, and palpation through practice on standardized patients in a large group. Students will practice the skill under their facilitator's supervision followed by structured debriefing to blend in aspects of critical self-reflection on their performance and to identify their strengths at general examination and areas of improvement. Students will also get an opportunity to engage in small group peer-learning sessions.

Objectives:

At the end of this session, the student will be able to:

- Gather the necessary equipment required for the cardiovascular system examination.
- Demonstrate appropriate technique to approach and prepare a patient for a cardiovascular system examination including Introduction, consent, patient preparation, positioning and draping etc.
- Demonstrate the examination of peripheral pulses and measurement of blood pressure.
- Demonstrate the examination jugular venous pressure (JVP).
- Demonstrate how to locate of the apex beat.
- Demonstrate how to examine for right ventricular hypertrophy.
- Demonstrate the techniques of auscultation of normal heart sounds and added sound in the four valvular areas.
- Demonstrate a professional demeanour and a patient-cantered approach to physical examination, always demonstrating respect and professionalism.
- Demonstrate appropriate patient encounter and examination closure technique including draping, repositioning, thanking etc.
- Systematically document and present a clear summary of the physical examination.

Week 11, 12 & 13: Putting it Together / Peer Practice

Content summary:

The students will undergo supervised clinical simulation exercises with standardized patients/ mannequin / part task trainers in a small group. These integrated scenarios will be of varied difficulty levels and some improvised challenges where they will be expected to demonstrate a focused consultation and comprehensive physical examination followed by systematic documentation.

Objectives:

At the end of this session, the student will be able to:

1. Obtain a comprehensive focused consultation from a standardized patient on cardiovascular and/or respiratory and/or Integumentary symptoms.
2. Perform a comprehensive physical examination of cardiovascular and/or respiratory and/or integumentary system of a standardized patient.
3. Present and document their findings in a systematic manner.
4. Reflect on the scenario, their performance, and the overall experience in a structured debriefing style.
5. Provide feedback to their peers on their performance.
6. Relate the findings of consultation and physical examination of patients cardiovascular and/or respiratory and/or integumentary symptoms to pathophysiology of disease.
7. Demonstrate an understanding of basic clinical reasoning skills.

Week 14; Revision Week

Week 15: OSCE

The end of course summative assessment i.e., Objective Structure Clinical Examination (OSCE) will be held on week 15 of semester 2. More details of the OSCE schedule will be released closer to the exam date.

Appendix 1: Code of Conduct for Practical Sessions

Attendance:
All practical sessions will commence promptly. Entry after 10 minutes will not be allowed, unless under prior arrangement with the course coordinator, and will otherwise be recorded as an absence.

Behaviour:
Students should always exhibit professional behaviour and in when communicating with standardized patients. Tolerance and respect should be shown to class members, standardized patients, and teaching faculty.

Dress:
You will be meeting standardized patients during the practical sessions and should be neat, clean, and tidy in appearance. The standard of dress is that with which should make patients and clinicians feel comfortable. Jeans and trainers are not appropriate. You must wear your white coat showing your name badge. Failure to do so may mean you are not eligible and thereby unable to attend the practical sessions.

- Minimal jewellery worn on the hands or wrists. A simple wedding band is acceptable.
- Hands should be clean with no nail varnish and nails kept short.
- Shirts worn should be without brand logos, names, or unsuitable patterns.
- Clothing should be smart with no denim of any kind.
- Shoes should be comfortable and appropriate to the clinical environment.
    - No sneakers or trainers
    - No open toed footwear
    - Heels should be kept to a minimum
- Hair, if long, should be tied back and off the shoulder.

Appendix 2: Guidance for Students regarding Simulation Sessions

The learning activities students will engage in, during this course, while in the simulation centre at MBRU, will provide opportunities for them to participate in supervised medical consultations.

Therefore, students participating in sessions of this course in the simulation centre are expected to:

- Actively participate in the supervised consultation skills practical sessions.
- Relate the findings of consultations to pathophysiology of disease.
- Summarize, document, and present the consultation findings.

Appendix 3: Student Case Log

Weekly portfolio entry

How you reflect is personal and can take various forms. This form is one element of reflective practice which you will find helpful to complete following most of your FOCM sessions. Some fields may not be relevant each week. For example, for the introduction session you might feel that you did not demonstrate a certain skill, so you might not wish to include it as one of your strengths. However, you could choose to describe elements of consultation skills that you felt you were already confident in.
Please feel free to ask the coordinators questions about these entries which will contribute to your assessment. Please save the entries and we will ask you to upload a selection on an assessment page on the LMS in due course.

Weekly portfolio entry

Date:

Student name:

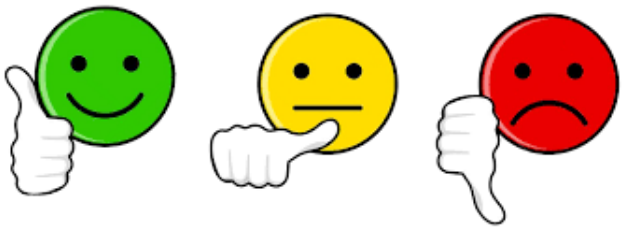
Focus of encounter: Medical consultation / Physical Examination ……

What were your strengths?

What do you need to work on improving?

Something new you have learnt today.

Overall, how did you enjoy the session (please circle)



Appendix 4: Mini-Clinical Evaluation Exercise (Mini-CEX)

Mini-Clinical Evaluation Exercise (Mini-CEX)

Phase 2 – SUMMATIVE FEEDBACK

The purpose of the *formative* Mini-CEX in Year 2 is to provide an opportunity for an instructor to observe **one element** of the clinical encounter and provide feedback. It is normal to allow 5 minutes for the observation and a further 5 minutes to provide feedback, including completing this form.
This form will be uploaded for you on the LMS.

For Tutors: **Please populate all domains of the form.**

Student Name: _____ Date: _____

FOCM2 Course:

Focus of encounter (e.g., history, physical examination, clinical reasoning):

Clinical presentation (e.g., patient with chest pain): *Click or tap here to enter text.*

What aspects went well?
Provide comments: *Click or tap here to enter text.*

What improvements can be made?
Provide comments: *Click or tap here to enter text.*

Overall rating for the performance of the student (please circle one only): Grade

Assessor Name: _____ Signature: _____

Assessor Position: _____

SCORING CRITERIA

Focus of encounter	**Positive indicators**
History	• Allows patient to elaborate problem • Phrases questions simply and clearly • Exhibits a well-organised approach to history taking • Recognizes patients' verbal and non-verbal clues
Problem Representation / Diagnosis	• Made a clinical assessment based on appropriate questioning • Seeks relevant history or physical signs to support diagnosis/es • Applies basic and clinical science to the problem
Examination	• Proceeds in a systematic manner using *instruments* competently and sensitively • Elicits appropriate clinical signs
Communication to patient	• Checks patient perceptions at start • Communicates clearly avoiding jargon • Ensures patient understands the information given • Uses audio-visual aids appropriately to support communication

Communication with staff	• Is able to communicate clearly and succinctly • Uses appropriate medical language • Presents information in a systematic manner

	1	2	3	4	5
GRADE Boundaries for the domains tested	**FAIL** Below expectations for a 2nd Year student	**BORDER-LINE** Borderline Performance for a 2nd Year student	**PASS** Meets expectations for a 2nd Year student	**GOOD** Exceeds expectations for a 2nd Year student	**EXCELLENT** Exemplary in all domains tested

Appendix 5: Grading scheme in this course is: A-D & F

Grade	*Grade Points	Definition
A **A-**	**4.00** **3.70**	Exceptional performance; all course objectives achieved; objectives met in a consistently outstanding manner (A and A-).
B+ **B** **B-**	**3.30** **3.00** **2.70**	Very good performance; significantly more than the majority of the course objectives achieved (majority being at least two-thirds); objectives met in a consistently thorough manner (B+, B and B-).
C+ **C** **C-**	**2.30** **2.00** **1.70**	This grade is awarded for an achievement considered by content experts as meeting the course requirements in all respect. i.e. (Range of C+ to C-)
D+ **D**	**1.30** **1.00**	This represents a borderline performance; not sufficient to progress
F	**0.00**	Unacceptable performance: minimum required course objectives not met; objectives not met at a minimally acceptable level; no credit earned (F).

*GPA will be rounded to the second decimal point.