# Introduction to Clinical Medicine II

Run by the Medical Education Office

Course Syllabus 2018-2019

## INDEX

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Contacts</td>
<td>2</td>
</tr>
<tr>
<td>Course Description</td>
<td>3</td>
</tr>
<tr>
<td>Course Goals</td>
<td>3</td>
</tr>
<tr>
<td>Learning Objectives</td>
<td>3</td>
</tr>
<tr>
<td>BU CARES</td>
<td>4</td>
</tr>
<tr>
<td>Link to ACGME Competencies</td>
<td>5</td>
</tr>
<tr>
<td>Course Structure</td>
<td>6-8</td>
</tr>
<tr>
<td>Prerequisite</td>
<td>8</td>
</tr>
<tr>
<td>MIPEP</td>
<td>9</td>
</tr>
<tr>
<td>Roles and Responsibilities for Learning</td>
<td>9-10</td>
</tr>
<tr>
<td>BU Policies and Support Services</td>
<td>10</td>
</tr>
<tr>
<td>Student Evaluation of Course</td>
<td>11</td>
</tr>
<tr>
<td>Changes Made in Response to Feedback and other Factors</td>
<td>12</td>
</tr>
<tr>
<td>Learning Tips</td>
<td>12</td>
</tr>
<tr>
<td>Mechanism by Which Students Evaluate the Course</td>
<td>13</td>
</tr>
<tr>
<td>Assessment</td>
<td>13-14</td>
</tr>
<tr>
<td>E-Value Evaluation Form for Clinical Sessions</td>
<td>15-22</td>
</tr>
<tr>
<td>Required Equipment</td>
<td>23</td>
</tr>
<tr>
<td>Required Text</td>
<td>23</td>
</tr>
</tbody>
</table>
COURSE CONTACTS

Administration:
Course Manager: Dr. Christine Philips, M.D. 617-358-7477

E-mail: christine.phillips@bmc.org

Course Coordinators: Jodie Trainor Patti Gibbs
617-358-7498 617-358-7477
jtrain@bu.edu lovendal@bu.edu

Address: Boston University School of Medicine, Office of Medical Education (OME)
A 303, 72 East Concord Street, Boston, MA 02118
Fax 617-358-7478

Clinical Skills and Simulation center (CSSC) Contact- Patricia Ward, pward@bu.edu, (617)-358-7664

Website: http://learn.bu.edu > MS 214 A1 Introduction to Clinical Medicine 2

Session Specific Contacts:
- BREAST AND PELVIC EXAM PRACTICUM- Contact OME. Direct CSSC phone # (617)- 358-7664
- CANCER SEMINAR- Contact OME
- CLINICAL SKILLS AND SIMULATION CENTER (CSSC)- Contact OME, or CSSC (617)- 358-7664
- ENT- Contact Sophia Boulas, Sophia.panagiotopoulos@bmc.org, (617) 638-7934
- EOSYA- Contact OME/ CSSC, Ms. Patricia Ward, pward@bu.edu, (617) 358-7664
- EOSYA Practice- Contact OME, or CSSC (617)- 358-7664
- EYE- Contact OME
- HPE- see separate handout with site contacts (available in January)
  - West Roxbury VA Medical Center (617)-323-7700, 1400 VFW Parkway, West Roxbury
    Laura Muckerheide (credentialing), laura.muckerheide@va.gov, (857) 203-6942
    Mr. Mark Bialas (education coordinator) mark.bialas@va.gov, (857) 203-6856,
    Dr. Alex Nothenr – (faculty educator) alex.northern@va.gov
- MALE GU/RECTAL EXAM- Contact OME. Direct CSSC phone # (617)- 358-7664
- OFFICE SESSIONS- contact OME, Ms. Jodie Trainor jtrain@bu.edu 617-358-7498
- PEDIATRIC- Contact OME and/or Dr. B. Lorrie Edwards barbara.edwards@bmc.org
- PDX
  - BMC- see OME
- STANDARDIZED PATIENT EXPERIENCES- Contact OME, or CSSC (617)- 358-7664
- RADIOLoGY- Dr. Kitt Shaffer, Dept of Radiology, Kitt.Shaffer@bmc.org, 617-638-6598
- SKILLS CLINICS- Contact OME, or CSSC (617)- 358-7664
- When in doubt, contact the course administrators or Dr. Phillips who will assist you
COURSE DESCRIPTION

BUSM’s Introduction to Clinical Medicine 2 (ICM-2) is a full year course that meets in the afternoons on Tuesday, Wednesdays OR Thursday in the fall, and Tuesday or Wednesdays in the winter. In ICM-2 students advance their interview and physical examination skills in order to perform complete history and physical examinations. Using simulators, live models, and standardized patients, students learn to identify heart sounds, perform breast, pelvic, male genital, and rectal examinations, and perform a brief negotiated interview regarding substance use problems. Along the way, students have specialized sessions in imaging, clinical reasoning, cancer screening, and pediatric topics. All students are required to pass the substance use interview standardized patient and standardized patient physical examination exercises, pass the fall multiple choice examination, and present four complete patient work-ups in standard oral and written format. The course prepares students for the End of Second Year Assessment, a three-station clinical skills examination scheduled in the Clinical Skills and Simulation Center, and readies them for the third year clerkships.

COURSE GOALS

ICM-2 provides students with the content and clinical skills to interview and examine patients. It gives students practice in presenting data orally and in writing, and provides feedback on communication skills and professionalism. It provides students with the necessary skills to begin the third year clerkships.

COURSE LEARNING OBJECTIVES (Starting with Course Learning Objectives connected to BUCARES)

<table>
<thead>
<tr>
<th>CLO #</th>
<th>ICM-2 Course learning objectives (CLO)</th>
<th>BU CARES</th>
<th>MEPOs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Interview a patient and obtain a medical history, targeted or complete depending on the needs of the encounter, in a manner that is sensitive to the patient's emotional needs and personal background</td>
<td>BUCA</td>
<td>B.1.B.2.B.3.B.4 ,U.2, C.1.A.2</td>
</tr>
<tr>
<td>2</td>
<td>Perform a targeted or complete physical examination in a manner sensitive to patient comfort and modesty.</td>
<td>BU</td>
<td>B.3, B.4, U.2.C.1</td>
</tr>
<tr>
<td>3</td>
<td>Demonstrate effective communication skills to gather information, offer comfort, and provide effective patient education.</td>
<td>BC</td>
<td>B.1.B.2.B.3.B.4 ,C.1, C.2.C.3, C.4</td>
</tr>
<tr>
<td>4</td>
<td>Orally present historical and physical exam findings in an organized format</td>
<td>UC</td>
<td>U.2.C.1, C.5</td>
</tr>
<tr>
<td>5</td>
<td>Record the historical and physical exam data in the standard written format</td>
<td>UC</td>
<td>U.2.C.1.C.5, C.6</td>
</tr>
<tr>
<td>6</td>
<td>Formulate and revise the differential diagnosis for a presenting patient’s problem</td>
<td>UC</td>
<td>U.2, U.3.C.1</td>
</tr>
<tr>
<td>7</td>
<td>Use clinical reasoning skills to interpret historical and physical examination data and identify the next steps in evaluation and treatment of a patient</td>
<td>UCS</td>
<td>U.2, U.3, U.4.C.1</td>
</tr>
<tr>
<td>8</td>
<td>Behave in a professional manner with patients, classmates, faculty, and staff</td>
<td>BCA</td>
<td>B.1, B.2, B.3, B.4, C.1, C.4, C.5, C.8.A.1, A.2, A.3, A.4, A.5, A.6</td>
</tr>
<tr>
<td>9</td>
<td>Perform targeted interviews and physical examinations of standardized patients in a timed setting (OSCE)</td>
<td>BUC</td>
<td>B.1, B.2, B.3.B.4, U.2.C.1</td>
</tr>
<tr>
<td>10</td>
<td>Recognize different imaging modalities and make conclusions about a patient’s condition based on imaging studies</td>
<td>U</td>
<td>U.3</td>
</tr>
</tbody>
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Session Specific Learning Objectives are listed in the "Overview" document available in each SESSIONS folder. Printed below are the institutional Learning Objectives BUCARES:
The BU CARES Institutional Learning Objectives

BU CARES is the acronym for the seven fundamental objectives of the BUSM Education Program and describes the knowledge, skills, and attitudes that every graduate should possess. The principles behind BU CARES guide the management of the curriculum, inform student assessments, and form the basis of all course and clerkship learning objectives.

The BU CARES Institutional Learning Objectives
(The linked ACGME competencies are in parenthesis)

The BUSM Graduate:

Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds. (Patient Care and Professionalism)

Uses the science of normal and abnormal states of health to prevent disease, to recognize and diagnose illness and to provide an appropriate level of care (Medical Knowledge; Patient Care)

Communicates with colleagues and patients to ensure effective interprofessional medical care (Interpersonal and Communication Skills, Patient Care)

Acts in accordance with the highest ethical standards of medical practice (Professionalism)

Reviews and critically appraises biomedical literature and evidence for the purpose of ongoing improvement of the practice of medicine (Practice-based learning and Improvement, Medical Knowledge)

Exhibits commitment and aptitude for life-long learning and continuing improvement as a physician (Practice-based Learning)

Supports optimal patient care through identifying and using resources of the health care system (Systems-based Practice; Patient Care)
Link to ACGME Competencies

Students may be interested to know where they are heading with regard to Learning objectives. The Accreditation Council for Graduate Medical Education (ACGME) has outlined competencies for resident teaching programs. Medical schools address the same ACGME competencies to ensure that their graduates enter residency with the necessary tools. The competencies addressed in ICM-2 include:

Patient care- Residents must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Residents are expected to:

- communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families
- gather essential and accurate information about their patients
- counsel and educate patients and their families

Interpersonal and Communication Skills- Residents must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their patients’ families, and professional associates. Residents are expected to:

- create and sustain a therapeutic and ethically sound relationship with patients
- use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills
- work effectively with others as a member or leader of a health care team or other professional group

Professionalism- Residents must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Residents are expected to:

- demonstrate respect, compassion, and integrity; a responsiveness to the needs of patients and society that supersedes self-interest; accountability to patients, society, and the profession; and a commitment to excellence and on-going professional development
- demonstrate a commitment to ethical principles pertaining to provision or withholding of clinical care, confidentiality of patient information, informed consent, and business practices
- demonstrate sensitivity and responsiveness to patients’ culture, age, gender, and disabilities

For further information about the ACGME competencies visit their website (for residency training):  http://www.acgme.org
**COURSE STRUCTURE**

ICM-2 begins with an orientation and ends with a series of complete history and physical examinations. It is scheduled on Tuesday/Wednesday/or Thursday afternoons in the fall and Tuesday or Wednesday afternoons in the second semester. Occasionally other afternoons or evenings may be substituted depending on instructor or patient availability.

Most sessions are taught in small groups. Group composition, size, and instructor vary throughout the year. The setting will range from classroom to health center to private office to hospital ward.

A number of ICM-2 experiences are scheduled in the evenings or on other, non-Tuesday, days. For example, the two standardized patient sessions occur in the evening at the Clinical Skills and Simulation Center (CSSC), located in the basement of the Evans Building. When this occurs students will be given a compensatory half-day off at some point in the semester which will appear as FREE TIME on their Personal Schedule. A hard copy of each semester’s schedule will be handed to students at the fall and spring orientations. Students can also view their Personal Schedule on line by going to ICM-2 Schedule/Personal Schedule link. Note that all students will rotate through all ICM-2 sessions, though occasionally this will happen in a different semester.

There are block experiences that start with the fundamental skills of patient examination and progress through the performance of a complete history and physical examination; and a series of reinforcing experiences that broaden and enhance the required skills. There is more in-depth information available for ICMZ2 in Blackboard under the sessions by topic section. ([https://learn.bu.edu](https://learn.bu.edu))

**Block Experiences:**

**Physical Diagnosis (PDx):** Students meet in groups of 4-8 with a faculty instructor for six afternoons in the fall to learn basic physical examination skills. There is required reading from Bickley/Bates' to prepare for each session, and a detailed PDx task sheet that outlines what techniques will be covered on each day. Upon completion of these sessions students should be acquainted with the parts of the physical examination and should begin to be able to carry out an examination on their own. Additionally, students should become familiar with the Review of Systems questions and should be able to report the findings of the physical exam using standard medical vocabulary. To this end a brief physical exam and review of systems write-up is completed as part of the Office Sessions (In Fall) and the History and Physical Exam Sessions (In Spring). In the final PDx session (PDx #6) students are observed to perform a physical examination on a classmate and receive direct feedback from their instructor. For PDx#6 the same physical examination checklist used by the standardized patients on the pass-fail Standardized Patient: Physical Examination is used.

**Office Sessions:** Students arrange to spend two half-days with their first year mentor (or with a different instructor if their mentor is unavailable). The two sessions should re-acquaint students with the context of medical practice and permit the practice of some history and physical examination skills. A write-up of a medical interview will be completed during these sessions. After it is reviewed by the office session instructor students must submit their write-up via Blackboard by the Friday before Thanksgiving. An Office Session Quiz for formative feedback must also be completed.

**History and Physical Exam (HPE):** Students will spend four Tuesdays or Wednesdays in the second semester practicing the focus and complete history and physical exam. At the conclusion of the experience students should feel acquainted with the form of the complete exam as well as the usual format in which the findings are presented both verbally and in writing. Students should have additional
practice in using standard medical vocabulary, and should practice and receive feedback on their ability to outline and support a differential diagnosis. Four complete work-ups (including interview and physical exam, oral presentation, and write-up) are required of all students. After being corrected by the instructor the write-ups must be submitted together to the Office of Medical Education within one week of the last HPE session.

**Reinforcement Experiences:**

**Radiology (Rad):** These two sessions cover some of the basics of the radiologic exam. Students will work independently on on-line cases before and after class. In class they will participate in an interactive session uses cases to learn basic use and interpretation of radiographic films.

**Pediatrics (Pedi):** Students spend three sessions learning the special aspects of data collection that pertain to infants and children. There are sessions (including a live demonstration of the pediatric interview) and a series of on-line CLIPP cases (more of which are assigned in BUSM III). Upon completion of these sessions students will have begun to appreciate the techniques for interviewing families and applying the bio-psycho-social approach to solving patients’ problems. In addition, they will learn the aspects of the history and physical exam as it pertains to a newborn, toddler or teenager.

Students will spend one session in each of the following exercises:

**Brief Negotiated Interview for Substance Use (BNI):** In this afternoon seminar students will be introduced to the brief negotiated interview (BNI), a form of motivational interviewing used to counsel patients who have unhealthy substance use. The seminar will use ARS questions, short video clips, live interview, and skills practice simulation in small groups, to enhance student skills.

**Standardized Patient- Substance Use Interview (SP:SU):** Scheduled in the afternoon or evening in the CSSC, students interview a series of three patients to learn about their health and their substance use, counseling using BNI techniques, then receive immediate feedback. This sessions occurs in the fall semester and is graded on a pass-fail basis.

**Standardized Patient- Physical Examination (SP: PE):** Scheduled in the afternoon or evening in the CSSC, students perform a complete physical examination on a standardized patient who provides immediate feedback. This is a graded exercise and students need to complete at least 80% of the maneuvers correctly in order to pass.

**Eye Session:** This hands-on session is taught by the Ophthalmology Department. Students are urged to bring sunglasses as each student will have one pupil dilated.

**ENT Session:** This hands-on session is taught by an otorlaryngologist.

**Heart Sounds Session:** This 90-minute session in the CSSC will review normal and abnormal heart sounds, and will involve student use of SimMan and SAM simulators.

**Cancer Skills Lab:** In this interactive seminar students learn how to counsel patients and screen for common types of cancer.

**Breast and Pelvic Examination Practicum:** Taught in the CSSC, students are taught how to perform the breast and pelvic examinations by a Gynecology Teaching Associate (GTAs).
**Male GU/ Rectal Examination:** Taught in the CSSC, students are taught how to perform the male genital and rectal examinations by a male GU instructor.

**Self-Directed Learning:**

**Optional CSSC Sessions**

There are many opportunities for students to practice their clinical skills in the Clinical Skills and Simulation Center:

- **Skills Clinics**- Dr. Phillips and colleagues run a series of optional clinical skills sessions in the CSSC called Skills Clinics. The topic ranges from interview skills (to prepare students for the substance use interview), to targeted PE skills (such as a musculoskeletal session), to general PE skills. Students can practice with classmates and receive assistance from faculty.
- **Drop-in Sessions**- scheduled during the lunch hour on Mondays/ Wednesdays/ Fridays students can practice with classmates in the CSSC. The schedule is in the Schedule tab on Blackboard. Students interested in using a room in the CSSC at other times can request this from Patricia Ward pward@bu.edu.
- **Pelvic Exam Practice**- in the second semester pelvic simulators are used to help prepare students for the live pelvic examination. Students must sign up in advance for these sessions.

**PREREQUISITE**

Completion of ICM-1 fall and spring, enrollment in the BUSM II curriculum.
MIPEP

Students will be familiar with MIPEP from ICM-1. MIPEP, an acronym for M-eet the Patient, I-nterview the Patient, P-ysical Exam, E-n-d the Encounter, P-resent Findings), is a conceptual model that outlines how interview, communication, and physical examination skills fit together in the whole patient work-up. The link to MIPEP is available in the RESOURCES tab.

<table>
<thead>
<tr>
<th>Meet the Patient</th>
<th>Investigate</th>
<th>Physical Exam</th>
<th>End the Encounter</th>
<th>Present Findings</th>
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</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Meet the Patient" /></td>
<td><img src="image2.png" alt="Investigate" /></td>
<td><img src="image3.png" alt="Physical Exam" /></td>
<td><img src="image4.png" alt="End the Encounter" /></td>
<td><img src="image5.png" alt="Present Findings" /></td>
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</tbody>
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ROLES AND RESPONSIBILITIES FOR LEARNING

This section outlines student and faculty responsibilities, tips to promote learning, and assessment.

**Your Role as Student is to**

Review the corresponding Sessions by Topic Link and/or the Sessions by Week Link on BlackBoard well in advance of each ICM-2 session (at least one week before class)
Complete any preparatory assignment before class
Complete the pre or post-class quizzes as assigned (found in ASSIGNMENTS or a link in the DUE DATE SECTION)
Keep track of standardized patient sessions and other sessions scheduled at off-times (Please transfer dates to your personal date book)
Plan transportation in advance for all distant sessions (Check time and directions, arrange a carpool, etc.)
Keep your diagnostic kit charged at all times
Bring your diagnostic equipment to sessions as directed
ATTEND ALL SESSIONS- This is a clinical course in which instructors and patients are expecting you. As in the third year clerkships, all sessions are mandatory. If illness or other circumstance prevents you from attending, please contact your instructor AND the Office of Medical Education
Behave professionally (BE ON TIME, dress appropriately for the setting, and show respect for patients as well as staff and other students)
Do not discuss personal information that you learn about a patient or a classmate outside of the context of the learning session
Ask questions
Elicit feedback on your clinical skills from instructors
Identify clinical skills in which you feel weak and address them (by reading, reviewing on-line materials, addressing with your instructor, coming to a SKILLS CLINIC, or practicing with a friend)
Complete and submit write-ups ON TIME
Prepare for and pass the Standardized Patient: Substance Use Interview
Prepare for and pass the Standardized Patient: Physical Examination
Prepare for and pass the written exam (in December)

The Instructor Role is to
Demonstrate some interview and a wide variety of physical examination techniques
Assess and give feedback on communication and interview skills
Assess and give feedback on physical examination skills
Guide and critique oral presentation skills
Critique write-ups in a timely fashion and at a thorough level
Act as a role model for patient interactions
Provide formal written evaluation of students through E-Value

BUSM POLICIES AND STUDENT SUPPORT SERVICES

BU Policies and Student Support Services Student Policies:
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/

BUSM Student Work Hours Policy:
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/work-hours/

The Boston University Sexual Misconduct Policy:

Appropriate Treatment in Medicine (ATM) Initiative:
http://www.bumc.bu.edu/atm

Office of Disability Services: http://www.bu.edu/disability/

Needle Sick Procedure for Exposure to Potentially Contaminated or Infectious Material:
http://www.bumc.bu.edu/busm/student-life/health/needle-stickexposure/


Exam Policies for Medical Students:
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/exam-policies-for-medical-students/

Weather Policy:
http://www.bumc.bu.edu/busm/education/academic-affairs/policies/weather-policy
STUDENT EVALUATION OF COURSE

Student feedback is a highly valued, critical resource for helping us continually improve our curriculum.

Evaluation of learning experiences is a requirement of the Liaison Committee on Medical Education. To ensure that we have a representative amount of data on our courses and clerkships, all students are expected to complete an evaluation via E*Value (www.e-value.net) for each of the courses/modules and their instructors.

All evaluations are anonymous and aggregate data is only released to clerkship directors after grades have been submitted for the blocks. Please comment freely and honestly about your experience.

The school considers the completion of course and clerkship evaluation to be part of a student’s professional responsibilities and essential feedback for the ongoing monitoring of the learning environment. To obtain adequate feedback, all students must complete at least 80%, per academic year, of their assigned evaluations of courses, modules, faculty, clerkships, and clinical sites. In order to obtain actionable feedback, evaluations must be submitted via E*Value within 10 business days of the completion of the module/course. Students are highly encouraged to complete evaluations after the completion of exams. When possible, faculty will provide time after the exam to complete evaluations. Evaluations not completed within 10 business days will be automatically removed and no longer available for completion by the student.

The Office of Medical Education monitors compliance rates multiple times a year and formally notifies students of their compliance rate quarterly. Students will be notified of delinquent evaluations 48 hours before they expire. Students who have completed less than 80% of course evaluations at the end of a quarter will receive a warning email from the Director of Evaluation and Curriculum Management. If the compliance rate is less than 80% at mid-year, students will be expected to meet with either the Assistant Dean for Medical Education or the Associate Dean for Academic Affairs to develop a plan for improvement. Any student with less than 80% of course evaluation completed at the end of a full academic year will be referred to the Student Evaluation and Promotion Committee (SEPC).

In addition, a Student Advisory Committee (SAC Meetings) allows us to obtain feedback on the course and we will be asking for volunteers. We will meet at least twice during the course and minutes will be available on blackboard.
CHANGES MADE IN RESPONSE TO STUDENT FEEDBACK AND OTHER FACTORS

- Reorganized Blackboard into Fall and Spring and organized various sections
  - Added a Google Calendar and added the ability for students to download their personal schedule to their calendar
- Reduced travel by having all PDx Sessions moved to BUSM CSSC. This also helps to improve standardization of teaching.
- PDx Sessions are now on Tuesday, Wednesday or Thursday afternoons
- Moved Write up requirement from PDx to Office Sessions and HPE
- Added brief HDPE discussions to the PDx sessions
- Updated SP-PE checklist to reflect a plausible order and added HDPE/specific maneuvers portion to the end
- Computerized SP-PE checklist exam
- Added more optional CS sessions for students to practice with faculty feedback
- Teaching pilot incentive added to improve instructor availability for sessions
- Decreased amount of reading requirements and provided reading learning objectives for the PDx reading requirements
- Physical Exam videos to be viewed at home prior to sessions by students and faculty
- Limiting travel for HPE—away sights now only VA, DotHouse Health, Neponset and South Boston. HPE now on Tuesdays if travel and Tuesday or Wednesday afternoon if at BMC
- New ICM2 Course Manager—Christine Phillips MD
- New Pediatrics instructor—B. Lorrie Edwards MD

LEARNING TIPS

1) Prepare for class to learn the most from each session.
2) Take the on line quizzes promptly after completing the sessions. If you don’t feel comfortable answering the questions then review the materials assigned. The quizzes assess comprehension of the written and practical material, but they also integrate the material with questions based on clinical vignettes. In addition to helping students prepare for the ICM exam, the quizzes should help students prepare for the ICM-type USMLE type questions.
3) The library has purchased access to a complete set of PE videos. Bates’ Guide to Physical Examination is an excellent resource and contains targeted interview/ anatomy/ PE/ and write-ups sections. It houses several head to toe physical examination tapes, as well, that will help students consider how to knit the pieces of the physical exam together. The tapes are accessible from campus at: http://www.batesvisualguide.com/
   And from off campus by Kerberos username/ password at: http://www.medlib.bu.edu/bates_vgtpe/
4) Complete write-ups as soon as possible after you see a patient, no later than 24 hours. Otherwise the information gets stale and details will be forgotten. Write-ups are not term papers, they are official recordings of what was learned on patient interview and exam
5) Read about what you are seeing. If you meet a patient with alcoholic liver disease, read about it. Real life cases stimulate your ability to learn about illness.
6) Practice, practice, practice your PE skills on friends, classmates, and family members. Attend Skill Clinics to solidify your skills.
Mechanism by Which Students Evaluate the Course

Students complete official evaluations of the course and their instructors at the end of each semester, but have continual input through designates on the Student Advisory Committee. In addition, direct feedback is welcome to the course director and course administrators.

ASSESSMENT

ICM-2 is a Pass- Fail course. In order to pass, students must attend all sessions, act professionally, complete all on-line and written work to a satisfactory level and in a timely fashion, pass the standardized patient substance use interview session, pass the standardized patient physical examination session, and pass the multiple choice exam. Students with unexcused absence, consistently poor write-ups, serious comportment issues, incomplete work without excuse, or those who are unable to improve their grade on the exam or on a standardized patient exercise, will receive a failing grade.

Several methods of student assessment will be used:

Attendance -- As outlined above, ATTENDANCE AT ALL SESSIONS IS MANDATORY. Failure to attend sessions without excuse will lead to a failing grade in the course on grounds of lack of professionalism.

Narrative evaluations* by instructors in the Physical Diagnosis, Office, and HPE Sessions. (see details in next section)

Professional Behavior*- as evidenced in narrative evaluations and by instructors and staff (see details in next section). As in other courses, students can fail this course for professionalism related issues, regardless of exam scores. This includes engaging in unethical behaviors such as (but not limited to) cheating on exams, quizzes, or other assignments, signing peers in for mandatory sessions, requesting peers sign them in for mandatory sessions, or misrepresenting participation in required classes or assignments in other ways.

Clinical Performance in PDX/ Office/ HPE sessions* (see details in next section)

Completion of the following write-ups of reasonable quality and in a timely fashion (as outlined in the corresponding folders on Blackboard):

- Office Session Write-up (1): a one to two page narrative of the medical interview done during the Office Sessions. This should be reviewed by the instructor and must be posted on Blackboard within one week of the last Office Session. (See sample and how to submit in the Office Session folder.)
- HPE Write-ups (Complete History and Physical Examination- 4): The instructor will correct them, but the student is responsible for handing all four of them in to the Office of Medical Education within one week of the final HPE session.

Completion of the two CLIPP cases (on line pediatric clinical reasoning cases)

Standardized Patient Substance Use Interview: Students must pass both interview and communications components of this three station clinical skills examination in order to pass. Those who score less than that must remediate and retake the exam.

Standardized Patient Physical Exam: Students must receive a grade of 80% or better in order to pass the exam. Those who score less than that must remediate and retake the exam.

ICM-2 Exam: This multiple choice exam is given in December and covers all fall ICM-2 sessions.

Review of the Bickley/Bates text will be essential. The on line quizzes should help prepare students. Students must receive a passing grade of 70% or above in order to pass. Those who score below 70% will need to meet with the course director to make arrangements for remediation and retake the exam. Students who do not pass the retake with a 70% will receive a failing grade in the course.
Also applicable in ICM-2 is the following PCS outline on Ethical Behavior for Examinations and Mandatory

1. During exams and as you are leaving, refrain from any conversation with your peers while in the L-11 testing space (including within the vending room and elevator waiting area) until you are on the elevator.
2. Don’t seek or receive copies of the examinations
3. Signing in classmates for mandatory sessions is considered cheating and violations will be referred to Medical Student Disciplinary Committee
4. If you are aware of any violations of the ethical standards listed above, within the Student Disciplinary Code of Academic and Professional Conduct, or otherwise, report it to the Course Director
*E-Value Evaluation Form for Clinical Sessions*

Instructors in the PDx, Office, and HPE sessions complete an on-line evaluation to include the following:

- **Narrative description** of the student’s performance
- **Assessment of whether the student needs clinical skills remediation** (yes/ no)

In addition they agree/ disagree on a Likert Scale to versions of the following statements (adjusted to reflect the learning objections of the session being evaluated):

- **Interview**- The student was able to gather appropriately detailed and accurate historical information from the patient.
- **Communication**- The student was observed to communicate effectively with patients and fellow students.
- **Physical Examination**- The student developed appropriate physical examination techniques and was able to integrate skills and demonstrate them in a manner sensitive to patient comfort.
- **Oral presentation**- The student was able to summarize a patient’s story using appropriately detailed information organized in a logical format.
- **Write-up**- The student was able to record the patient's history in the standard written format including cardinal features, pertinent positives and negatives pertaining to the chief complaint, and a well-organized non-HPI history.
- **Professionalism**- The student was punctual, enthusiastic, respectful, completed write-ups in a timely fashion, and responded well to feedback
Click **HERE** to review the Course Goals, Learning Objectives and BUSM Policies (ATM, Supervision)  (Question 1 of 10 - Mandatory)

- I have reviewed the Course Goals, Learning Objectives and BUSM Policies (ATM, Supervision)

Click **HERE** to review the Policy for Separation of Academic/Physician Roles in the Provision of Health Treatment

If you have been involved in direct medical care for this student, please SUSPEND this evaluation.

- I have NOT provided or been involved in direct medical care for this student, to the best of my knowledge.
  
**This evaluation is:**  (Question 3 of 10 - Mandatory)

(Please choose one)

**SUMMATIVE COMMENTS**

(Question 4 of 10 - Mandatory)

Please provide a narrative of the student's performance.
Please provide specific behaviors you observed with strengths and potential next steps for improvement.
**Directions:** Select ONE descriptor that most accurately reflects the student’s performance based on the behaviors they were most consistently demonstrating at the end of the course.

In this evaluation the following terms are defined as:

- **Consistently** – Student exhibits this behavior ~ 80% of the time
- **Inconsistently** – Student exhibits this behavior ~ 50% of the time
- **Rarely** – Student exhibit this behavior ~ 20% of the time

If you did not observe the student in the domain, please mark 0, Unable to Assess.

**PHYSICAL EXAMINATION SKILLS**

Washes hands before examining patient or fellow student

Uses correct exam technique

Performs all exam techniques in an appropriate amount of time

Performs exam in a patient-sensitive manner  (Question 5 of 10 - Mandatory )

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**PHYSICAL EXAMINATION COMMENTS**  (Question 6 of 10 )


**PROFESSIONALISM**

Student is punctual and prepared

Reliably completes assigned tasks

Respects all patients, students, staff and colleagues

Responded well to feedback  (Question 7 of 10 - Mandatory )

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**PROFESSIONALISM COMMENTS**  (Question 8 of 10 )

Please provide comments on the student’s professional behavior. Please include clinical and administrative Professionalism. These are formative comments for improvement and feedback.
At this point in the student’s training, do you feel that the student needs clinical skills remediation?  (Question 9 of 10 - Mandatory)

● Yes  ● No

If you answered "Yes", please elaborate. (optional unless remediation recommended)
(Question 10 of 10, Confidential)

Review your answers in this evaluation. If you are satisfied with the evaluation, click the SUBMIT button below. Once submitted, evaluations are no longer available for you to make further changes.

Save For Later     Submit
Click HERE to review the Course Goals, Learning Objectives and BUSM Policies (ATM, Supervision) (Question 1 of 16 - Mandatory)
- I have reviewed the Course Goals, Learning Objectives and BUSM Policies (ATM, Supervision)

Click HERE to review the Policy for Separation of Academic/Physician Roles in the Provision of Health Treatment

If you have been involved in direct medical care for this student, please SUSPEND this evaluation.
- I have NOT provided or been involved in direct medical care for this student, to the best of my knowledge.

This evaluation is: (Question 3 of 16 - Mandatory)
(Please choose one)

SUMMATIVE COMMENTS
(Question 4 of 16 - Mandatory)
Please provide a narrative of the student's performance. Please provide specific behaviors you observed with strengths and potential next steps for improvement.
**Directions:** Select ONE descriptor that most accurately reflects the student’s performance based on the behaviors they were most consistently demonstrating at the end of the course.

**In this evaluation the following terms are defined as:**
- **Consistently** – Student exhibits this behavior ~ 80% of the time
- **Inconsistently** – Student exhibits this behavior ~50% of the time
- **Rarely** – Student exhibit this behavior ~ 20% of the time

**If you did not observe the student in the domain, please mark 0, Unable to Assess.**

**Directions for Comments:** Please provide comments on the student’s performance in the various domains.
Please include clinical and administrative examples. These are formative comments for improvement and feedback.

**INTERVIEWING TECHNIQUE**

Introduces self to patient
Follows organized interview framework
Uses mix of open and close-ended questions
Actively listens and uses nonverbal techniques (e.g. eye contact)
Completes within appropriate time frame (Question 5 of 16 - Mandatory)

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**INTERVIEWING TECHNIQUE COMMENTS** (Question 6 of 16)

**PHYSICAL EXAMINATION SKILLS**

Washes hands before examining patient
Uses correct exam technique
Performs all exam techniques in an appropriate amount of time
Performs exam in a patient-sensitive manner (Question 7 of 16 - Mandatory)

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**PHYSICAL EXAMINATION COMMENTS**  
(Question 8 of 16)

- 

**ORAL PRESENTATION SKILLS**

Delivers organized presentations for straightforward patient encounters

Accurately reports patient data (history, exams, etc.)

Presentations include most of the vital information  
(Question 9 of 16 - Mandatory)

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**ORAL PRESENTATION COMMENTS**  
(Question 10 of 16)

- 

**DOCUMENTATION SKILLS**

Documents history and physical exam using appropriate template

Write-up is focused around the primary problem

Documentation accurately reflects patient data (history, exams, etc.)  
(Question 11 of 16 - Mandatory)

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**DOCUMENTATION SKILLS COMMENTS**  
(Question 12 of 16)

-
**PROFESSIONALISM**

Student is punctual and prepared
Reliably completes assigned patient care tasks
Respects patients, staff and colleagues  (Question 13 of 16 - Mandatory )

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**PROFESSIONALISM COMMENTS**

(Question 14 of 16 )

Please provide comments on the student's professional behavior. Please include clinical and administrative Professionalism. These are formative comments for improvement and feedback.

At this point in the student's training, do you feel that the student needs clinical skills remediation?  (Question 15 of 16 - Mandatory )

● Yes  ● No

If you answered "Yes", please elaborate. (optional unless remediation recommended)
(Question 16 of 16 , Confidential )

Review your answers in this evaluation. If you are satisfied with the evaluation, click the **SUBMIT** button below. Once submitted, evaluations are no longer available for you to make further changes.
REQUIRED EQUIPMENT

1) Doctor's bag (backpack is fine)
2) Diagnostic kit = Oto-ophthalmoscope (make sure to charge it prior to the first ICM session)
3) Sphygmomanometer
4) Stethoscope
5) Flexible ruler, clear plastic, pocket size
6) Reflex hammer
7) Tuning forks with dampeners--128 cps and 512 cps
8) Several tongue depressors (available in OME and CSSC)
9) Cotton-tipped applicators (for sensory testing, available in OME and CSSC)
10) At least two of the following (to be used in testing sense of smell): clove, cinnamon, vanilla, peppermint, soap, or coffee.
11) White coat, name tag, appropriate dress in clinical settings (e.g., shirt and tie with slacks for men, dresses or slacks and blouses for women). You will be seeing patients in most sections of the course, so when in doubt, dress as if it is a clinical encounter. (Note that each Session Overview file will advise on what to wear.)

REQUIRED TEXT

Philadelphia: J.B. Lippincott Company

As mentioned, the streaming video 'Bates' Visual Guide to Physical Examination' is available through the library's website. This resource is accessible to Boston University students, faculty, and staff through EZproxy (BU Kerberos) authentication.