Course Director: Elizabeth Ferrenz, MD
Office of Medical Education, A-311
617-638-5020, e-mail: eferrenz@bu.edu

Course Coordinator: Ginny Potter
Office of Medical Education, A305A
617-414-7449, e-mail: gpotter@bu.edu
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GOALS AND LEARNING OBJECTIVES

BUSM Institutional Learning Objectives (BU CARES):

The BUSM Graduate:

Behaves in a caring, compassionate and sensitive manner toward patients and colleagues of all cultures and backgrounds, using effective interpersonal and communication skills

Uses the science of normal and abnormal states of health to diagnose illness and provide effective management of care

Communicates with colleagues and patients to ensure effective interdisciplinary medical care

Acts in accordance with the highest ethical standards of medical practice

Researches and critically appraises biomedical information and contributes to the advancement of science and the practice of medicine

Exhibits commitment and aptitude for life-long learning and continuing improvement as a physician

Supports optimal patient care through identifying and using resources of the health care system

ICM 1 SPRING

GOALS:

The purpose of ICM 1 Spring is for the BUSM 1 student to continue to develop communication and interviewing skills, begin to learn the normal physical exam, and to observe and develop these skills in the context of an actual clinical setting where they will observe patient care, the meaning of illness, and the impact of culture by observing their mentor and practicing their skills.

LEARNING OBJECTIVES and alignment with BUSM Institutional Learning Objectives:

By the end of ICM 1 Spring the first year BUSM student will:

- Demonstrate increased sophistication of communication skills in a clinical setting with patients and preceptors and in the small group setting (BCAE)
- Discover specific interviewing techniques for special topics such as depression, screening for substance abuse, screening for domestic violence, assessing gender identity and taking a sexual history (BCAES)
- Identify and apply the Boston University School of Medicine Patient Encounter Checklist (MIPEP) framework for the Patient encounter and organization of clinical information (BUCAES)
- Demonstrate skills of the normal Physical Examination of vital signs, manipulation of the diagnostic kit, cardiopulmonary and abdominal examinations (BUCAE)
- Discover the impact that Culture and the Meaning of Illness plays in the role patient care (BUCAES)
- Display professionalism including integrity, commitment, honesty, empathy and accountability in all interactions and conduct with patients, faculty, staff and peers (BCAE)

Pre-Requisite for ICM 1 B: a Pass for ICM 1A Fall
I. OVERVIEW-
In ICM 1 Spring you will continue to work on the medical interview and be introduced to the physical examination through lectures, small group exercises, on-line teaching modules and direct clinical exposure. A five-month-long longitudinal clinical placement will give you the opportunity to practice these skills and observe the practice of medicine one-on-one with a clinical mentor. At the end of the course you will participate in the End of First Year Assessment (EOFYA) in the Clinical Skills and Simulation Center which will be your first formal evaluation of your Interview and Physical Exam skills with a Standardized Patient.

II. COURSE STRUCTURE : REFER TO MASTER SCHEDULE FOR DETAILS

Lecture and Small Group Discussion
There will be three lectures, seven small group sessions and an EOFYA practice session. On lecture days, the first hour consists of a didactic session beginning in Keefer or Bakst at 1:00 PM followed by the small group sessions. On small group session days without lecture, you will go directly to your group at 1:00 or possibly later (you will receive schedule). In group, you will have an opportunity to discuss the material from the lecture, have physical exam workshops, and discuss and practice presenting various parts of the history and physical exam from your experiences in your clinic settings. **It is essential that you come to class prepared for the unit by doing the reading assigned prior to your small group meeting and bring your medical diagnostic equipment pertinent to the day’s topic.** Attendance at ALL lectures and small groups is **required** for completion of this course.

Quizzes:
There will be 5 short, straightforward quizzes based on the reading assignments. Each quiz is due by noon prior to the first five small group sessions. They will be accessed on the course’s Blackboard site and will be posted 48 hours in advance. These are closed book and may not be discussed or shared with your classmates. They do not require prolonged studying... just read the assigned pages in the textbook.

Online Teaching Modules:
There will be a series of interactive teaching modules on the patient encounter and on specific interviewing issues which can be accessed via Blackboard on various topics. Going through each module and completing the text boxes, quizzes and evaluations in each of them is **required** for completion of the course. The schedule for completion of each module is on your course schedule.

Clinical Sessions
The weeks not spent in Lecture and/or Small Group sessions will be spent in the clinical setting. Every student has a clinical placement where s/he will work for two to three sessions per month beginning at the end of January. CCHERS students will have their sessions arranged by their CCHERS mentor at their health center. Many placements are with primary care doctors (family medicine, internal medicine, pediatrics doctors), but some students will be working with other specialists and health care providers. On a clinical day, students are expected to work with the mentor for the Thursday afternoon session (or the assigned afternoon/evening session). Some students will need to tailor their time to the schedule of their site mentor. Session lengths will vary depending upon the mentor’s schedule. It is expected that students will stay for the physician’s full session that day but may leave at 5PM if necessary. Many sites will involve ‘travel’ off campus to get to the site. Anyone with an off campus site will receive a travel stipend of $70 for the semester.
While experiences in the clinical setting will differ widely from site to site, all mentors have agreed to provide the same core experiences for the purposes of the ICM-1 course. Students will have a Clinical Task Card for each block of time with tasks for interviewing, physical exam (PE) and patient write ups. **Please have your site mentor initial that you have completed the interview and PE tasks as you go along. Your write-ups will be handed in to your small group leader.** Although the tasks are assigned with dates to complete them by, it is understood that at some sites it will be more difficult to do the assignments in the written order and it is expected that you will keep track of what you have done and be sure to complete all the tasks by the end of the semester. Clinical supervisors will arrange for the student to interview a patient and complete the specified screening questions and PE tasks and to initial the student’s Clinical Cards. Note that the supervising clinician does not need to have witnessed the interview. Clinical Cards and write ups will be checked by the Small Group Leader at the end of each block. Confidentiality of the patient must be maintained and the patient may only be identified by initials, age and gender. Mentors will be asked to fill out an evaluation of your time at their site. (See evaluation section of syllabus).

**IF you cannot complete the assigned task, you must discuss this with your small group leader and course director to find an alternate way to fulfill the assignment.**

**Making the Most of Your Clinical Placement**

It is **your responsibility** to contact your mentor’s office to confirm where and when to report for your first clinical session. To avoid misunderstanding or disappointment it is recommended that you discuss the following with your mentor on the first day of the mentorship:

- Session hours
- Schedule for the semester and assignments (as far ahead as possible)- please be flexible
- Expected Professional conduct
  - Attire (including use of a name tag)
  - Title by which you should introduce yourself
  - Your needs and expectations
  - Confidentiality issues
  - Office layout (where should you leave your belongings)
  - Introduction to office staff and personnel
- Illness Plan (who you should contact if you will be out sick and how to make up the time?)

You are expected to honor the confidentiality of the physician/patient relationship and to exhibit honest and professional conduct always. At no time, should you volunteer (or be asked) to engage in any activity that may be construed as the actual practice of medicine without the supervision of the mentor.

You should arrive promptly and reliably for sessions. If for any reason you are unable to attend a planned session, you should notify the mentor as much in advance as possible and arrange to reschedule the session. This is part of professional conduct.

During the Small Group, you may be asked to present or discuss your write-up as part of the class discussion. Please do not include the patient’s name. Small Group Leaders will comment in writing on your write-ups and return them to you. **Completion of the write-ups and the Clinical Task Card is required to pass the course.**
III. COURSE REQUIREMENTS

- **ATTENDANCE AT ALL SESSIONS IS MANDATORY.** If a student needs to miss a session due to a religious holiday s/he must inform Dr. Ferrenz by the first week of the semester. In the event of illness or family emergency the student must inform the mentor or small group leader before missing the session. Site visit sessions are to be rescheduled for a total of 10 visits. If a student misses more than one ICM session for any reason, then a verifying physician’s note or other supporting documentation may be required. Failure to attend a session without excuse will be mentioned in the course evaluation and may lead to a failing grade in the course on grounds of lack of professionalism. **Missing a clinic session due to an upcoming exam is not an excused absence.**

- Completion of all quizzes
- Completion of all online modules
- All Clinical Task Cards turned in on the lecture/small group dates as indicated on the course schedule to your small group leader.
- All Write-ups turned in to small group leader in person or electronically.
- All write-ups must be submitted on time.
- Taking the End of First Year Assessment (EOFYA) in May
- Display of professionalism in every component of the course and interaction with patients, faculty, staff and peers

Evaluations will be completed by the Clinical Mentor and the Discussion Group Leader regarding student attendance and participation. These scripted comments will become part of a student’s file. A copy of the form is reprinted in this syllabus.

**There are three marks used for this course: Pass, Incomplete, or Fail.**
The final grade is conferred at the discretion of the course director after assessing completion of all aspects of the course. Incomplete or Fail may be given in instances where a student has demonstrated a lack of professionalism in any part of the course. Remediation plans are created collaboratively with the Course Director and the student.

**Student Disciplinary Code of Academic and Professional Conduct**

IV. REQUIRED TEXTS AND EQUIPMENT:
The reading assignment for each unit is in the syllabus at the beginning of each unit. It is essential that you come to the small group having read these units in advance. Part of your evaluation will be based on being prepared for these small group sessions.

**Required Text**
Use the code in the front of the book to create access to the entire book online as well as great tapes and instructional material. This text will also be used in ICM 2.
Optional texts:

Required Medical Equipment: Stethoscope, Diagnostic Kit (ophthalmoscope and otoscope) and Blood Pressure Cuff (This equipment will be provided to you by BUSM)

BLACKBOARD SITE: This web site will have all the info in this syllabus, links to required online modules, PLUS announcements and possible changes.

Please check the site frequently for updates. http://learn.bu.edu

V. STUDENT FEEDBACK

Evaluations and comments from students on all aspects of the course will be gathered on eValue. There is a SAC committee, which will meet 3 times this semester to offer feedback on the course.

VI. BUSM POLICIES:

1. Needle stick Procedure for Exposure to Potentially Contaminated or Infectious Material
On the OSA’s Student Policy and Reference Manual Page

2. Boston University Sexual Misconduct Policy:

3. Copyright Policy

Copyright Policy on the Use of Course Materials
The course’s Blackboard site contains educational materials to be used only by students and faculty in conjunction with the course, or by non-course faculty and staff for other approved purposes. None of the posted materials are to be used or distributed without explicit permission from the author of the materials, e.g. lecture notes, PowerPoint presentations, practice exam questions, case-based exercises, problem sets, etc.

Course materials are protected by copyright and may not be uploaded or copied to other sites for any purpose, regardless of whether the materials are made accessible publicly or on a private account. When content is uploaded to a site, the user is representing and warranting that they have rights to distribute the content, which requires explicit permission from the author of the materials.

Students who distribute materials without permission may be in violation of copyright laws, as well as required to go before the Medical Student Disciplinary Committee.

For additional information:
Medical Student Disciplinary Code of Academic and Professional Conduct: http://www.bumc.bu.edu/busm-facultycentral/disciplinary-policy/

VII. COURSE CONTACTS

**Course Director:** Elizabeth Ferrenz, MD
Office of Medical Education, A-311
617-638-5020, e-mail: eferrenz@bu.edu

**Course Coordinator:** Ginny Potter
Office of Medical Education, A-305A
617-414-7449, e-mail: gpotter@bu.edu
ICM 1 Spring: CLINICAL COMPETENCIES

By the end of the semester the BUSM 1 Student will be able to demonstrate competency in performing the following clinical skills:

Communication and Interviewing Skills:
- Establish rapport with patient
- Demonstrate effective interview techniques using patient centered interviewing technique with effective transitional statements
- Obtain a complete History of Present Illness (HPI)
- Obtain the seven cardinal features of symptom if relevant
- Obtain past medical history, family history, sexual history and screen for depression, substance abuse and domestic violence
- Ascertain the patient’s perspective and concerns, including intercultural communication and understanding
- Ascertain the impact of the illness, symptom or concern on patient and family
- Demonstrate respect, empathy, responsiveness and concern regardless of the patient’s problems or personal characteristics
- Demonstrate beginner level oral presentation
- Demonstrate beginner level written presentation
- Incorporate MIPEP into clinical encounters

Physical Examination Skills:
- Describe patient’s general appearance (eg. Alert, lethargic, ill appearing etc)
- Obtain Vital Signs: pulse rate and rhythm, respiratory rate and blood pressure
- Perform proper manipulation of an ophthalmoscope (right hand, right eye, pts right eye and left hand, left eye to examine patient’s left eye). Demonstrate how to turn light on and adjust focus
- Perform proper manipulation of the otoscope. Turn instrument on, adjust focus, and introduce properly into ear canal while stabilized on head. Describe landmarks if seen
- Perform the Pulmonary Exam: Inspection, Palpation, Percussion and Auscultation
- Perform the Cardiac Examination: Inspection, Palpation, Percussion (not used as much) and Auscultation. Identify S1 (tricuspid, mitral) and S2 (pulmonary, aortic). Identify specific areas on the thorax where each of the valves are best heard (aortic, pulmonic, tricuspid and mitral valves)
- Perform the examination of the normal abdomen: Inspection, Auscultation (note change in order of exam), Percussion, Palpation
  Listen for bowel sounds as well as percuss and palpate in all 4 quadrants. Percuss liver span and attempt to feel liver edge

Presenting Skills:
- Present the Medical Interview of a Patient to Peers and discussion group leaders
- Include CC, HPI with 7 cardinal features of the presenting issue, patient concern/attribution and meaning of illness
- Include PMH, Meds/allergies; Social History; Substance screen; Violence Screen; Sexual History/gender identity
Resources:
- Small Group Sessions
- Bates textbook/Bates CD and Bates videos on library website
- ICM PE website with PE demonstrations- on Blackboard
- ICM handbook
- Booklet and CD that came with your stethoscope
- Modules
- Optional review sessions

**PRACTICE often at sites and on each other**
<table>
<thead>
<tr>
<th>CORE COMPETENCY</th>
<th>BEHAVIOR, ABILITY, OR SKILL</th>
<th>Outstanding in Certain Respects*</th>
<th>Appropriate</th>
<th>Cause for Concern*</th>
<th>No Basis To Judge</th>
<th>Comments and Explanations</th>
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<tbody>
<tr>
<td>Foundational Science &amp; Clinical Knowledge Use</td>
<td>Demonstration of knowledge base</td>
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<td>Clinical Skills</td>
<td>Skills Acquired in small group/individual session</td>
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<td>Effective Communication</td>
<td>Ability to communicate orally (listening and speaking)</td>
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<td></td>
<td>Ability to communicate with patients</td>
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<td>Ability to communicate in writing</td>
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<tr>
<td>Self-directed Lifelong Learning</td>
<td>Enthusiasm for learning/Scientific curiosity/engaging in clinical work</td>
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<td></td>
<td>Initiative in carrying out assignments (ex: Timeliness)</td>
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<td></td>
<td>Participation in group activities</td>
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<tr>
<td>Professionalism</td>
<td>Interaction with peers (respect/patience/teamwork/leadership)</td>
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<td></td>
<td>Interaction with faculty</td>
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<td>Interaction with Staff</td>
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<td></td>
<td>Interaction with patients-empathy</td>
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<td></td>
<td>Assumption of responsibility/timeliness</td>
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<td></td>
<td>General demeanor (reliability/temperament/maturity/)</td>
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<tr>
<td>Self-knowledge</td>
<td>Ability to self-assess/Response to feedback</td>
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</table>

Faculty (signature): _________________________________ Date: _________________________ Return to: Ginny Potter, OME, B2839, 72 East Concord St, Boston MA 02118

The student will have access to this report as it will become part of the student’s record. Has report been discussed with the student? ( ) No ( ) Yes
# BLOCK ONE

<table>
<thead>
<tr>
<th>Date</th>
<th>Time/Location</th>
<th>Session Topic</th>
<th>Faculty</th>
<th>Pre-Reading/Pre-Session Assignment</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dec 7</td>
<td>1:00-2:15 Keefer</td>
<td>Course Intro &amp; History of Present Illness</td>
<td>Ferrenz/ Cohen-Osher</td>
<td>Bates 12th: 123-134 Quiz #1 by NOON Optional: Bates visual guide video</td>
<td>All requirements must be completed by 2/15</td>
</tr>
<tr>
<td></td>
<td>2:30-4:00 See Room Assignments</td>
<td>Small Group: Vital Signs</td>
<td>Staff</td>
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<tr>
<td>Dec 14</td>
<td>1:00-3:00* See Room Assignments</td>
<td>Small Group: HEENT exam/diagnostic kit</td>
<td>Staff</td>
<td>Bates 12th: 238-246 &amp; 259-263 Quiz #2 by NOON Optional: Bates visual guide video (Ophtho &amp; ENT)</td>
<td></td>
</tr>
<tr>
<td>Jan 4</td>
<td>1:00-3:00* See Room Assignments</td>
<td>Small Group: Cardio-pulmonary exam</td>
<td>Staff</td>
<td>Bates 12th: 303-309;317-329; 343-344; 382-393 Quiz #3 by NOON Optional: Bates visual guide video (Cardiac &amp; Pulm)</td>
<td></td>
</tr>
<tr>
<td>Jan 11</td>
<td>1:00-3:00* See Room Assignments</td>
<td>Small Group: Abdominal Exam <strong>SAC Meeting 12-1p</strong></td>
<td>Staff</td>
<td>Bates 12th: 449-452; 470-482 Quiz #4 by NOON Optional: Bates visual guide video (Abdominal)</td>
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<tr>
<td>Jan 18</td>
<td>NO ICM</td>
<td>PRISM Exam Day</td>
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<tr>
<td>Jan 25</td>
<td>As per mentor**</td>
<td>Clinical Placement #1</td>
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<tr>
<td>Feb 1</td>
<td>As per mentor**</td>
<td>Clinical Placement #2</td>
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<tr>
<td>Feb 8</td>
<td>As per mentor**</td>
<td>Clinical Placement #3</td>
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*Start time may be later per individual group schedule  
** Clinical site days and times may vary as per mentor
### BLOCK TWO

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<thead>
<tr>
<th>Date</th>
<th>Time/Location</th>
<th>Session Topic</th>
<th>Faculty</th>
<th>Pre-Reading/Pre-Session Assignment</th>
<th>Additional Requirements</th>
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</thead>
<tbody>
<tr>
<td>Feb 15</td>
<td>1:00-2:00 Bakst</td>
<td>Lecture: Cultural Competence</td>
<td>Ferrenz</td>
<td>eCLipp Cultural Competence unit. Quiz #5 by NOON</td>
<td>All requirements must be completed by 3/29</td>
</tr>
<tr>
<td></td>
<td>2:15-4:00 See Room Assignments</td>
<td>Small Group: Cultural Competence Exercise &amp; clinical site briefing ** SAC meeting 4p-5p**</td>
<td>Staff</td>
<td>Language Barrier/Medical Interpreter section of ICM Handbook- Due 2/15</td>
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<tr>
<td>Feb 22</td>
<td>As per mentor</td>
<td>Clinical Placement #4</td>
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<tr>
<td>Mar 1</td>
<td>As per mentor</td>
<td>Clinical Placement #5</td>
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<tr>
<td>Mar 8</td>
<td>As per mentor</td>
<td>Clinical Placement #6</td>
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<tr>
<td>Mar 15</td>
<td>NO ICM</td>
<td>READING DAY</td>
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<tr>
<td>Mar 22</td>
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<td>Spring Break!!</td>
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<tr>
<th>Date</th>
<th>Time/Location</th>
<th>Session Topic</th>
<th>Faculty</th>
<th>Additional Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mar 29</td>
<td>1:00-2:00 Bakst</td>
<td>Lecture: Domestic Violence Screening/Resources</td>
<td>Ferrenz</td>
<td>All requirements must be completed by 5/3</td>
</tr>
<tr>
<td></td>
<td>2:15-4:00 See Room Assignments</td>
<td>Small Group: DV Debrief &amp; Patient Presentations ** SAC Meeting 4p-5p**</td>
<td>Staff</td>
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</tr>
<tr>
<td>Apr 5</td>
<td>As per mentor</td>
<td>Clinical Placement #7</td>
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<tr>
<td>Apr 9</td>
<td>CSSC or as per mentor</td>
<td>EOFYA Review Session or Clinical Placement #8</td>
<td>Staff</td>
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<tr>
<td>Apr 12</td>
<td>CSSC or as per mentor</td>
<td>EOFYA Review Session or Clinical Placement #8</td>
<td>Staff</td>
<td></td>
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<tr>
<td>Apr 19</td>
<td>As per mentor</td>
<td>Clinical Placement #9</td>
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<tr>
<td>EOFYA</td>
<td>CSSC</td>
<td>Mon 4/30 or Fri 5/4 or Wed 5/9</td>
<td>Staff</td>
<td></td>
</tr>
<tr>
<td>May 3</td>
<td>1:00-3:00* See Room Assignments</td>
<td>Small Group: Presentations</td>
<td>Staff</td>
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<tr>
<td>May 10</td>
<td>As per mentor</td>
<td>Clinical Placement #10</td>
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</table>

*Start time may be later per individual group schedule*
There is a fair amount of reading as Physical Exam workshops are early in the course and there are a number of modules in this block too. Please pace yourself. There is REQUIRED READING to be done prior to most small group sessions: Please refer to master schedule.

**LEARNING OBJECTIVES and ASSIGNMENTS**

**Dec 7: Lecture, 1:00, Keefer Auditorium**

Dr. Elizabeth Ferrenz and Dr. Molly Cohen-Osher: Introduction to the Clinical Setting (BUCAES)

By the end of the ICM-1 Introduction to the Clinical Setting Lecture the BUSM-1 student will be able to:

- Summarize the structure and format of ICM 1 Spring course
- Recognize the format of the Complete Medical Work-up (MIPEP)
- Discuss the History of Present Illness (HPI) and 7 cardinal features of a symptom
- Discuss the Family History and the reason(s) for obtaining it
- Discuss the Meaning of Illness and Patient attribution
- Explain student’s role in the clinical setting

**2:30-4:00: Small Group Session #1: Vital Signs**

By the end of the ICM-1 Vital Sign, the BUSM-1 student will be able to:

- Demonstrate the Physical Exam tasks to obtain Vital Signs
- Summarize the components of a patient encounter during discussion of previous lecture

**Dec 14: Small Group Session #2: Head and Neck Exam/Diagnostic Kit**

By the end of the ICM -1 Diagnostic Kit session the BUSM 1 student will be able to:

- Perform the examination of the head and neck
- Demonstrate the use of the ophthalmoscope
- Demonstrate the use of the otoscope
- Discuss the Seven Cardinal Features of a Symptom

**Jan 4: Small Group Session #3 Cardiopulmonary Examinations**

By the end of the ICM 1 Cardiopulmonary examinations sections the BUSM1 student will be able to:

- Identify S1 and S2
- Perform the systematic normal cardiac exam (excludes murmurs and extra heart sounds) including Inspection, Palpation, Percussion and Auscultation
- Perform the systematic normal pulmonary exam including Inspection, Palpation, Percussion and Auscultation in all lung fields
**Jan 11: Small Group Session # 4 Abdominal Examination**
By the end of the ICM-1 Abdominal Exam Small Group Session; the BUSM-1 student will be able to:

- Demonstrate the systematic normal abdomen including Inspection, Auscultation, Percussion and Palpation.
- Discuss and plan for upcoming clinical site visits

**Jan 18:** No ICM – PRISM Exam Day  
**Jan 25:** Clinical Placement Week #1  
**Feb 1:** Clinical Placement Week #2  
**Feb 8:** Clinical Placement Week #3

**Patient WRITE UP # 1 DUE in Small Group on 2/15:** Case write up. See sample after MIPEP pages
Boston University School of Medicine Patient Encounter Checklist: MIPEP
Created by Dr. Nanette Harvey, Dr. Douglas Hughes, Dr. Gail March, and Dr. Lorraine Stanfield

<table>
<thead>
<tr>
<th>Meet the Patient</th>
<th>Investigate</th>
<th>Physical Exam</th>
<th>End the Encounter</th>
<th>Present Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>❑ Introduce yourself</td>
<td>❑ Ask the patient for the reason for the visit/admission (CC)</td>
<td>❑ Set up the exam</td>
<td>❑ Summarize your historical and PE findings</td>
<td>❑ Orally present findings to the Attending</td>
</tr>
<tr>
<td>• Give your name</td>
<td>❑ Utilize standard interview techniques</td>
<td>❑ Attend to patient’s comfort</td>
<td>❑ Avoid jargon</td>
<td>❑ Do the write up</td>
</tr>
<tr>
<td>• Shake hands</td>
<td>❑ Collect Information</td>
<td>❑ Explain what you are doing and why</td>
<td>❑ Discuss the differential diagnosis where appropriate</td>
<td>❑ Follow HIPAA guidelines</td>
</tr>
<tr>
<td>• Explain your role as a medical student</td>
<td>• History of Present Illness (HPI)</td>
<td>❑ Describe your findings as appropriate</td>
<td>❑ Outline your plan for future testing/treatment</td>
<td>❑ Attend to Ethical Issues</td>
</tr>
<tr>
<td>• Set the scene</td>
<td>• Past Medical History (PMH)</td>
<td>❑ Conclude the exam</td>
<td>❑ Instruct when appropriate</td>
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<tr>
<td>• Show respect by maintaining eye contact and listening attentively</td>
<td>• Medications/vitamins/herbs</td>
<td>❑ Allow the patient to dress in private</td>
<td>❑ Ask the patient if there are any questions</td>
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<tr>
<td>• Explore the patient’s perspective</td>
<td>• Allergies</td>
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<td>❑ Explain the next step</td>
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<td></td>
<td>• Habits</td>
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<td>❑ Thank the patient</td>
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<td></td>
<td>• Family History (FH)</td>
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<td></td>
<td>• Social History</td>
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<td>• Occupational History</td>
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<td></td>
<td>• Review of Systems (ROS)</td>
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<tr>
<td>Meet the Patient</td>
<td>1. Introduce Yourself</td>
<td>2. Set the Scene</td>
<td>3. Show Respect</td>
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<td></td>
<td>§ Give your name</td>
<td>§ Ensure privacy for patient</td>
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<td></td>
<td>§ Shake hands</td>
<td>● Pull curtains</td>
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<td></td>
<td>§ Explain your role as a medical student</td>
<td>● Close door</td>
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<td></td>
<td>§ Reduce distractions (TV, radio, cell phone)</td>
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<td>§ Make the patient comfortable</td>
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<td></td>
<td></td>
<td>§ Make yourself comfortable</td>
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<td>§ Be at the patient’s eye level when possible</td>
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<td>§ Use the patient’s name</td>
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<td></td>
<td>● Last name</td>
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<td>● First name for children or when the patient requests it</td>
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<td>● When in doubt ask the patient how s/he would like to be addressed</td>
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<td></td>
<td></td>
<td>§ Maintain eye contact</td>
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<td>§ Listen attentively</td>
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<td>§ Be responsive to the patient’s concerns</td>
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<tr>
<td>☑ Ask patient the reason for visit/admission</td>
<td>☑ Start with open-ended questions</td>
<td>☑ History of Present Illness</td>
<td>☑ What do you understand about the problem?</td>
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<tr>
<td>☑ Avoid assumptions and interruptions</td>
<td>☑ Clarify as needed</td>
<td>Cardinal Features:</td>
<td>☑ What are your concerns?</td>
<td></td>
</tr>
<tr>
<td>☑ Develop agenda</td>
<td>☑ Use reflection</td>
<td>• Timing</td>
<td>☑ What effect has the condition had on your life?</td>
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<tr>
<td>☑ Begin to consider the differential diagnosis</td>
<td>☑ Use transitional statements</td>
<td>• Onset</td>
<td>☑ What do you hope will be done about the problem?</td>
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<td></td>
<td>☑ Encourage disclosure through non-verbal communication</td>
<td>• Duration</td>
<td>☑ What do you think is causing the problem?</td>
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<td></td>
<td>• Silence</td>
<td>• Frequency</td>
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<td></td>
<td>• Body language</td>
<td>• Location</td>
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<td>• Head nod</td>
<td>+/- Radiation</td>
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<td></td>
<td>• “uh huh”</td>
<td>• Quality</td>
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<td>• Severity</td>
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<td>• Setting</td>
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<td>• Associated symptoms</td>
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<td>• Alleviating/aggravating factors</td>
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<td>• Note non-verbal cues from patient</td>
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<td>• Name the emotion</td>
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<td>• Summarize periodically</td>
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<td>• Check for accuracy</td>
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<td>• Avoid jargon</td>
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<td>Other Data:</td>
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<td>• Pertinent positives</td>
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<td>• Pertinent negatives</td>
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<td>Past History</td>
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<td>Meds, vits, herbs, supplements</td>
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<td>Allergies</td>
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<td>Habits</td>
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<td>Family History</td>
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<td>Social History</td>
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<td>Occupational History including Military Service</td>
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<td>Review of Systems</td>
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<td>WASH HANDS</td>
<td>Explain what you are doing and why</td>
<td>Use proper draping techniques</td>
<td>Describe the next step</td>
</tr>
<tr>
<td></td>
<td>Ask patient to disrobe if necessary</td>
<td>Describe your findings to the patient as appropriate</td>
<td>Assess patient comfort</td>
<td>Allow patient to dress in private</td>
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<tr>
<td></td>
<td>Provide gown/ sheet</td>
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<td>Warm hands and cold instruments</td>
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<td>Respect patient’s privacy</td>
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<td>Avoid frequent position changes</td>
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<td></td>
<td>• Pull curtain</td>
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<td>Provide hand for balance or assurance</td>
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<td></td>
<td>• Close door</td>
<td></td>
<td>Consider doing pediatric HEENT exam and pelvic/rectal exam last</td>
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<td></td>
<td>• Knock before entering</td>
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<td>Offer tissues if necessary</td>
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<td>Arrange chaperone as indicated</td>
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<tr>
<td>□ Outline historical and PE findings</td>
<td>□ Explain your plan for future tests/treatment</td>
<td>□ Tell the patient you will present your findings to the attending</td>
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<tr>
<td>□ Discuss differential diagnosis as appropriate</td>
<td>□ Instruct and negotiate as necessary (smoking, substance abuse, nutrition)</td>
<td>□ Describe what the patient will do next</td>
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<tr>
<td>□ Ask if the patient understands what you have said</td>
<td>□ Ask if there are any questions</td>
<td>□ Propose next meeting if necessary</td>
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<tr>
<td>□ Question patient about any missing information</td>
<td></td>
<td>□ Thank patient</td>
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<tr>
<td>Present Findings</td>
<td>1. Report to Attending</td>
<td>2. Do Write-up</td>
<td>3. Ethics/ Privacy</td>
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<td></td>
<td>Opening Statement</td>
<td>Identify patient</td>
<td>Attend to HIPAA regulations</td>
<td></td>
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<td></td>
<td>• Identifying data</td>
<td>CC</td>
<td>Do not discuss case in public areas</td>
<td></td>
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<tr>
<td></td>
<td>• Chief Complaint (CC)</td>
<td>Source and Reliability</td>
<td>Ethics: attend to issues such as</td>
<td></td>
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<tr>
<td></td>
<td>• Relevant history</td>
<td>HPI, PMH, Meds, Allergies, Habits, FH, SH, ROS</td>
<td>• Informed consent</td>
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<tr>
<td></td>
<td>Source and Reliability</td>
<td>PE findings</td>
<td>Guardianship</td>
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<td></td>
<td>HPI</td>
<td>Laboratory and Imaging Data</td>
<td>Advance Directives</td>
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<td></td>
<td>Relevant information from PMH, Meds, Allergies, Habits, FH, SH, ROS</td>
<td>Synthesis</td>
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<td></td>
<td>Pertinent PE findings</td>
<td>Problem List</td>
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<td></td>
<td>Laboratory and Imaging Data</td>
<td>• Assessment</td>
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<td></td>
<td>Synthesis</td>
<td>• Plan</td>
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<td>Problem List</td>
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<td>• Assessment</td>
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<td>• Plan</td>
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SAMPLE Write-up: The History of Present Illness

BUSM I student: DB                January 10, 2014

Chief Complaint:” bad cold”
AC is a fourteen-year old girl with a history of asthma who was brought in to the doctor’s office because of what she described as “a bad cold”. AC states that she started getting sick about five days ago. She felt feverish and had a scratchy throat. She took over-the-counter pain reliever, Acetaminophen, and throat lozenges with only partial relief in symptoms. Gym class made her feel much worse.

About three days ago she began to cough. For the past two days the cough has been non-stop, and violent. Although she is only getting up a small amount of yellow phlegm, she vomited once in a fit of coughing. Her chest hurts every time she coughs or takes a deep breath. Today, after a coughing spell, she noted some blood specks in her phlegm. Because of this and increasing wheezing for two days, and because AC has stayed out of school for the past two days, her mother scheduled the appointment.

AC has had asthma since she was ten years old. She doesn’t smoke, but her father does in the house. She generally does not use her inhalers at all, and notes only mild shortness of breath and wheezing with exertion. For the past three days she has used the Albuterol inhaler about every four hours without much relief. She currently feels a little out of breath with coughing or climbing stairs.

AC’s concern is that her illness and school absence will affect her ability to pass upcoming history and math tests. She expresses frustration that her illness seems to be getting worse.

PMH: Asthma
Medications: Albuterol MDI 2 puffs qid PRN
Allergies: none known
Family History: mother- “weight problem”
    Father: smoker, hypertension
    Brother: age 15- healthy
Social History: 9th grade. She states she is an “ok student” Tried out for JV soccer but has not heard if on the team yet. Has 5 “good friends”
Habits: smoking: no
    Recreational drugs: no
Sexual History: “Likes boys” Not in a relationship. Has not been sexually active

(Student’s comments...not for the medical record)
During the interview I was the only one in the rooms aside from AC and her mother. They seemed very open to talking with me once it was clear that my mentor would also be seeing them. I took AC’s blood pressure and heart rate, and this helped me feel like I was being helpful. When Dr. L. arrived she asked
me to present the case, which was exciting, but made me feel nervous. Dr. L asked the mother to step out of the room for the exam and then obtained the substance and sexual history. I wasn’t sure how to do that with the mother in the room. I forgot to ask about passive exposure to smoke, but learned that AC’s father smokes from Dr. L’s subsequent interview. I had a conversation with Dr L afterwards about how to deal with sensitive issues with another person present. I think next time I will feel more confident about asking a parent to step out for the PE and I can ask some more sensitive questions at that time.
BLOCK 2: CULTURAL AWARENESS AND SCREENING FOR SUBSTANCE ABUSE

LEARNING OBJECTIVES
Feb 15: Lecture, 1:00, Bakst Auditorium
Dr. Elizabeth Ferrenz on Cultural Competence in Medicine (BUCAES)

By the end of the ICM-1 Cross Cultural Issues Lecture the BUSM-1 student will be able to:
• Identify Cross Cultural Issues in Medicine
• Discuss the implications of the cross-cultural issues in practicing medicine
• Identify and discuss role of personal bias in medical care

2:15-4:00: Small Group Session, Cultural Competence Exercise
Block 1 Clinical Task form due in small group session
By the end of the ICM-1 Cross Cultural Issues Small Group Sessions the BUSM-1 student will be able to:
• Participate in a Cross-Cultural Awareness Exercise
• Present one HPI from a previous site visit
• Discuss observation and performance of PE tasks from Block 1

REQUIRED READING: TO BE COMPLETED BEFORE SMALL GROUP see master schedule

Feb 22: Clinical Placement Week #4
March 1: Clinical Placement Week #5
March 8: Clinical Placement Week #6
March 15: No ICM – reading day
March 22: Spring Break!

WRITE UP # 2: RESPECT MODEL WRITE UP DUE March 29. See following pages for information
Write up assignment: This written assignment is different from others in this course. Instead of writing about what you learned in your interview of the patient you will be asked to comment on a clinical encounter you observed.

Using the RESPECT Model (in syllabus), do a brief (one page) description of an interaction between a clinician and a patient in whom you observed cross-cultural issues playing a role. Note that any interaction between a patient and a provider can be examined from a cross-cultural perspective. Belief systems can vary widely among people who are of the same background. Making assumptions about people’s belief systems can get in the way of understanding your patients and giving good care. Consider the culture of gender, age, education, or economics (i.e., the provider and patient do not have to be of different religions or ethnic groups for the RESPECT Model techniques to be useful).
After you write up your observations, reflect on the following questions.

1. What kind of questions or what techniques did the clinician use to obtain the data s/he did?
2. What did the clinician discover that was surprising or different from what you expected?
3. What other elements of the RESPECT Model did you observe in the encounter?

**The RESPECT model** is an acronym which conveys a value essential to medicine and required for all effective communication. It also is a handy way of listing essential components to optimize health care encounters for both patient and physician, especially when there are additional differences of culture, race, class, etc. between the parties. Clearly these components of the encounter will occur at various times during the interview, not necessarily in the order they are listed.

*NOTE: Make sure to observe non-verbal as well as verbal clues regarding the following.*

R Did the physician convey Respect? If so, in which ways? What seemed to be the patient’s reaction? (optional: were there any displays of respect which seemed different from what you are familiar with from your own culture?)

E What did you learn about the patient’s Explanatory model of the illness and ideas of what s/he needed? (e.g. what’s wrong with me and what do I think will make me better?)

S What did you learn about the Social and Spiritual context of the patient, including Stressors and Supports, which might impact his/her health, treatment, expectations or relationship with the doctor and healthcare system? How does the patient’s life affect his illness and how does his illness affect his life? Are there spiritual beliefs/resources or religious practices which help the patient cope or conflict with medical regimens?

P What expectations and preferences did the patient and doctor each seem to have for the Power relationship? Notice both non-verbal and verbal cues. Pay attention to displays of deference, control, hierarchy. Who does the talking? Who determines the agenda? What did the doctor or patient do or say during the encounter which seemed to empower or disempower either party? Does the doctor seek the patient’s input and preferences or announce to the patient what will happen? (Optional: What experiences with hospital/clinic/security staff from the time the patient entered or left the building for this (or previous appointments), may have increased or decreased the patient’s sense of empowerment? These issues of power differentials are often even more vivid in the in-patient setting.)

E What opportunities were there for the doctor to convey Empathy? What did the doctor do or say which conveyed an understanding of the patient’s experience and its significance to the patient? What were the patient’s responses?

C Are there any Concerns and fears which underlie or coexist with the patient’s presenting problems? What prompted the patient to share these? What did the physician do to elicit or facilitate this fuller, possibly more emotional disclosure?

T What seemed to be the patient’s initial level of Trust? (What verbal and non-verbal indicators did you notice?) What did the doctor say or do during the course of the interview which seemed to impact the patient’s level of Trust?
Was a Therapeutic plan created? i.e. Did the doctor and patient reach common ground regarding the problem and the approach to treatment? Most compliance rates are notoriously low. Are there any indications that there might be obstacles and/or disagreements about the next steps? What evidence do you have that the patient understands can and will adhere to the treatment regimen? If there remained divergent preferences at the end of the interview, was the doctor able to negotiate a partnership based on other shared goals?

*The RESPECT Model was designed by the Diversity Curriculum Task Force of the Department of Medicine, Boston Medical Center, and Boston University School of Medicine. It is an adaptation of the knowledge/skills/attitudes model to the area of sensitive cultural and racial health care. It incorporates a framework of gathering information, showing empathy and developing therapeutic relationships that borrows from prior work in this field. Ranging from medical anthropology to medical education curricula on cultural competence the work of Kleinman, Like, Welch, Carrillo and others informs their approach. They have chosen the mnemonic RESPECT to help learners remember their approach to any provider/patient encounter, but particularly helpful across cultural and racial barriers. Their RESPECT model has evolved directly from their initial use of the ESFT model developed at Cornell Medical College by Betancourt, Carrillo, and Green. This was provided to us by: Carol Mostow LICSW
Sample ICM-1 RESPECT Model Write-up
Josephine Smith, BUSM 1

My mentor always asks his patients to bring in their medication bottles so that he can see what they are taking. For some patients it is a chance to review medications that are about to run out. For others it is a time to check on possible interactions with other, over the counter, medications. But he also does this because no one but the patient really knows what he or she is using (and how). I had the chance to see how this practice can be useful in my clinical placement today.

HD is a 55 year-old man Vietnamese immigrant who works in an electronics plant. He has been seeing Dr. Shiffren for several years for his high blood pressure. Although an interpreter was present for the interview and physical exam, I want to focus on the negotiating that went on in regards to his blood pressure management, not the language or cultural differences (though they certainly played a part).

HD’s blood pressure has not been well controlled recently. His BP was 160/100 today, and it was 155/100 last month. Dr. Shiffren adjusted one of HD’s blood pressure medications last month and was seeing him in follow-up today. For the sake of simplicity I’ll say that HD is supposed to be taking 25 mg of med A and 50 mg of med B a day now. Dr Shiffren started the interview by greeting HD and shaking his hand. He asked him how he felt on the new dose of medication, and HD stated that he felt fine. Then Dr. S. asked HD exactly how he was using the medication (noting that HD had only brought in the bottle containing medication A). HD stated that he had not filled the new prescription yet. When Dr. S asked why, HD replied that the medications were very costly, and that he felt fine. With further discussion it became apparent that HD’s insurance does not pay much for medications, so the 20 dollar co-pay for med A, and the 40 dollar co-pay for med B, made it difficult for HD to afford the medications.

I went from being frustrated that this patient for not following the doctor’s advice to feeling bad that he couldn’t afford them. Dr. S. asked the questions in a very straightforward, non-judgmental way. Because of that he was able to find out several things:

1) the patient feels well and doesn’t believe he has an illness
2) the patient is not taking his medications as prescribed
3) the patient is unable to afford his medications as prescribed
4) the patient still wants to get medical care from Dr. S.

(See next page)
Through further inquiry Dr. S. found that the patient would be willing to take his medications as prescribed if he could find a less expensive alternative. Dr. S. then made a plan with the patient’s input for the patient to take $\frac{1}{2}$ pill of a higher dose of medication A, and by giving him 100 pills at a time which reduced his six month cost of med A to about 8 dollars. The patient seemed happy with this option. Dr. S. also changed med B to a less expensive type of medication. The two plan to follow-up in one month.

So with regards to the RESPECT model I saw:

Respect- by listening to the patient without judging his actions
Explanatory Model- he figured out the patient’s understanding of illness- “I feel well, therefore my high blood pressure is not a serious problem”
Socio-cultural context- figuring out the economic aspects of the problem, using an interpreter, etc
Power- he certainly proved to me that although the doctor seems powerful, the patient has the final say in terms of how he chooses to take the medication.
Empathy- he did show empathy for the patient by agreeing “medications are very expensive”
Concerns and Fears- The patient’s main concern was of the cost of medications.
Therapeutic Alliance- Dr. S. created the new medication plan with the patient’s input, They seemed to work together to come up with a solution that would work.

-Josephine Smith, BUSM 1
BLOCK 3: DOMESTIC VIOLENCE SCREENING, TAKING A SEXUAL HISTORY

LEARNING OBJECTIVES

March 29: Lecture, 1:00, Bakst Auditorium
Dr. Elizabeth Ferrenz and Joanne Timmons: Screening for Domestic Violence (BUCAES)
By the end of the ICM-1 Assessing the Risk of Violence Lecture, the BUSM-1 student will be able to:
• Identify the issues of domestic violence
• Recall intervention approaches and appropriate referrals
• Summarize screening techniques for Domestic Violence
• Identify BMC resources

2:15-4:00: Small Group Session: Presenting Clinical Information
By the end of the ICM-1 Small Group on Presenting, the student will be able to:
• Present their History of Present Illness Write up
• Present a RESPECT Model write up

REQUIRED READING: none for this group. See module assignments

April 5: Clinical Placement Week #7
April 9: Clinical Placement Week #8 OR EOFYA Review (Individual schedule released in March)
April 12: Clinical Placement Week #8 OR EOFYA Review (Individual schedule released in March)
April 19: Clinical Placement Week #9
EOFYA: Mon, April 30th OR Friday, May 4th or Wednesday, May 9th (You will be scheduled for a 3 hour time block on one of these afternoons)
May 3: Final small group (see below)
May 10: Clinical Placement Week #10

Final write ups # 3 and # 4 due May 3 in Small Group; See following page
MAY 3: SMALL GROUP: ICM wrap up and case presentations.

WRITE UPS #3 and #4 DUE MAY 3:

Please write up a full interview with HPI, PMH, Meds/allergies, FH AND the following:
- Substance abuse screening: tobacco, alcohol and drug use
- Sexual History
- Domestic violence screen

Refer to your modules and your domestic violence lecture for direction. It is usually best to start with an HPI but some of you will just have time to do these focused parts of the interview. If you were able to do an HPI please write that up as well and then document your screenings. If you have not been able to do an HPI please describe the context. For example: “PT is a 59 YO in for a cough...” and then document your screening. While doing the interview it is best to frame your questions with, “I ask all my patients these questions....” or another form of a framing sentence. Please also add how the experience of doing these screenings went with regard to comfort of you and pt. You may do all of these screenings on the same or different patients. We ask that you do the write up of 2 of them.

Example of question types for Alcohol:

A. Alcohol
   1. On an average, how many days per week do you drink alcohol? If any follow with: On a typical day how many drinks?; if answer is positive proceed to CAGE questions.]

CAGE questions (JAMA 252: 1905, 1984)
C- "Have you ever felt you ought to Cut down on your drinking?"
A- "Have people Annoyed you by criticizing your drinking?"
G- "Have you ever felt bad or Guilty about your drinking?"
E- "Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover - an Eye-opener
ICM MODULES - learning objectives: Access from link on Blackboard. Each module should take 30-60 minutes with MIPEP module 3 and the Interview module being the longest

MIPEP MODULES

MIPEP MODULE 1: By the end of viewing MIPEP Module 1 the ICM student will be able to define the components of MIPEP and describe its use.

MIPEP MODULE 2: By the end of MIPEP Module 2, the ICM student will be able to initiate a pt encounter by properly meeting the patient, setting the scene and showing respect.

MIPEP MODULE 3: By the end of MIPEP Module 3 the ICM student will:

- Define and describe a chief complaint.
- Define and describe the History of Present Illness.
- Recall the seven cardinal features of a symptom.

ICM INTERVIEW MODULES (*OPTIONAL*):

1. INTERVIEW MODULE: You may read Bates 12th: pp 68-81 if you would like to review how to perform a medical interview (to touch up from ICM-1).

After reading, the student will:

- Recognize communication tasks of a patient –centered medical interview including transition statement techniques.
- Understand the stages of an interview and the goals of each stage.
- Identify the physician’s responsibilities for guiding and structuring the medical interview

2. AFFECT MODULE: By the end of viewing the Affect Module the ICM 1 student will:

- Recognize patients’ emotional expression as a key element of the medical interview.
- Discover techniques for identifying patient’s affective expression.
- Become familiar with the basic skills of affective interviewing.

SCREENING FOR SUBSTANCE ABUSE MODULE: By the end of viewing the Substance Abuse module the ICM 1 student will be able to:

- Realize the need to screen patients for substance abuse
- Identify and apply recognized screening techniques for substance abuse
• Express concern to the patient about a positive screen
• Assess the patient’s readiness for change
• Reflect on her/his own attitudes regarding substance abuse

**DEPRESSION MODULE:** Found in the ICM Interview Module grouping on BB. By the end of viewing the Depression Module the ICM 1 student will:

• Discover the prevalence and impact of depressive disorders.
• Identify key risk factors for depression.
• Recognize when and how to screen patients for depression.
• Recognize common signs of depression in primary care patients.

**NUTRITION SELF ASSESSMENT MODULE:** By the end of viewing this module the ICM 1 student will be able to:

• Explain the recommendations of the US Dietary Guidelines
• Give examples of nutrient and energy dense foods
• Explain the difference between portion and serving sizes
• Calculate BMI
• Perform a 24-hour dietary recall and self assessment

**SEXUAL HISTORY MODULE:** Access off Blackboard: Estimate 30-60 minutes to complete

Learning Objectives: By the end of viewing the Taking a Sexual History module, the ICM 1 student will be able to:

• Reflect on your values and reactions regarding sexual activity
• Recognize the medical and psychological reasons for taking a sexual history
• Summarize the core content in a sexual history
• Identify effective approaches to asking questions about a patient’s sexual history
• Express concern over sexual issues and recognize the need for patient education
• Discover available resources for further patient counseling and education

**FENWAY LGBT MODULES:**

Module 1 Fenway **Ending Invisibility: Better Care for LGBT Populations**

Learning Objectives
At the end of this module, participants will be able to:
- Explain terminology and concepts related to lesbian, gay, bisexual, and transgender (LGBT) populations
- Describe LGBT population demographics
- Explain what it means to give cross-cultural care
- List strategies for creating a safe and welcoming environment for LGBT patients

Module 2 Knowing Your Patients: Taking a History and Providing Risk Reduction Counseling

Learning Objectives At the end of this module, participants will be able to:
- Explain approaches to taking a comprehensive history with lesbian, gay, bisexual, and transgender (LGBT) patients
- Describe approaches to taking a sensitive and thorough sexual history
- Clarify strategies for providing relevant sexual risk reduction counseling

Info regarding access and which ones to do will be found in BB in course documents>>Online Modules

Gender History: Note that this is new curriculum in ICM 1 Spring which was created by Samuel Sheffield and Jamie Weinand, former BUSM students. It should be accessed via a link on Blackboard.

Learning Objectives:
1. Recognize the importance of asking questions about gender identity when relevant and medically necessary.
2. Use respectful, affirming, and accurate language about gender, including the patient’s own words used to describe their identity and their body.
3. Understand the unique health concerns of transgender, intersex and gender non-conforming people.
ICM 1 SPRING CLINICAL TASK CARD

You will have a brightly colored card to bring with you to each small group session and each clinic session. Tasks must be signed off by a health care provider at your site. Attendance record will be on back of card.

Small Group leader will check card for progress at each small group beginning Feb 15.
Write up’s and screenings: - It is preferable if you interview the patient, but if this was not possible then your write ups may be on encounters you observed. In either case, comment on the process of the interview, your comfort level, how you would have done it differently if you could do it again, and what other information you would like to know. There is an example of an HPI and RESPECT model write-up in your syllabus.

INTERVIEW TASKS: Write ups turned in to Small Group leaders
Write up #1: 1 required by 2/15
Respect Interview: 1 required by 3/29
Final write up with Screenings: 2 screenings written up, required by 5/3
(Substances, Sexual history, and Violence)

PHYSICAL EXAM TASKS: Clinical Mentor or provider at their office to sign off task. You may get these signed off on in any order but would suggest they be as noted below

<table>
<thead>
<tr>
<th>Task:</th>
<th>Required:</th>
<th>Due:</th>
<th>Signature 1</th>
<th>Signature 2</th>
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</thead>
<tbody>
<tr>
<td>Vital Signs:</td>
<td>2 sets</td>
<td>2/15</td>
<td></td>
<td></td>
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<tr>
<td>Ophthalmoscope:</td>
<td>2 pts.</td>
<td>2/15</td>
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<tr>
<td>Otoscope:</td>
<td>2 pts.</td>
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<tr>
<td>Pulmonary exam:</td>
<td>2 pts.</td>
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<td>Cardiac exam:</td>
<td>2 pts.</td>
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<tr>
<td>Abdominal Exam:</td>
<td>2 pts.</td>
<td>3/29</td>
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COMPLETED CARDS MUST BE TURNED IN TO SMALL GROUP LEADER ON 5/3