INTRODUCTION TO CLINICAL MEDICINE SYLLABUS

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Medicine is both an art and a science. Most of the courses you will have in your first year of medical school at Boston University will focus on the science of medicine. This course along with Human Behavior in Medicine attempts to teach you more of the art of medicine.

*This painting “Square within a Square” was painted by the American modernist James Foresberg in 1948
I GOALS AND LEARNING OBJECTIVES

INSTITUTIONAL OBJECTIVES (BU CARES)
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)

COURSE GOAL
The purpose of this course is to provide instruction in basic medical interviewing to small groups of first-year BUSM students.

COURSE LEARNING OBJECTIVES

<table>
<thead>
<tr>
<th>Learning Objective</th>
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<tbody>
<tr>
<td>1. Demonstrate knowledge of basic medical interview skills and components of medical history</td>
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<tr>
<td>2. Effectively open clinical encounter, set agenda and establish rapport</td>
</tr>
<tr>
<td>3. Gather relevant patient information using effective interviewing techniques and observational skills</td>
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<tr>
<td>4. Understand the patient perspective</td>
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<tr>
<td>5. Share information effectively with patient/family</td>
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<td>6. Provide closure for clinical encounter</td>
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<tr>
<td>7. Develop oral and written communication skills pertinent to medical setting</td>
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<tr>
<td>8. Demonstrate professionalism</td>
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<tr>
<td>9. Demonstrate proficiency in relational skills</td>
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II COURSE DESCRIPTION

The Introduction to Clinical Medicine course will provide you with the opportunity to begin to develop your clinical interviewing skills. The course consists of two half-day orientation sessions and 10 weekly small group sessions. During the Fall semester, you will be meet from 1pm to 3pm on your assigned day with a group of 4-6 students and 2 senior medical student preceptors. You will first meet as a small group for a 30-minute teaching huddle. Teaching huddles will help you learn interviewing techniques, vital signs maneuvers and data gathering frameworks. Following the teaching huddle, you will travel/walk with your group to various hospital wards where you will interview patients and observe your peers interviewing patients. Afterwards, you will discuss the patient interviews with your group, provide feedback, and practice delivering concise and informative verbal case presentations. This feedback and discussion format will help you prepare for medical rounds and clinical supervisions.

The 3 Key Components to ICM

1. Learning Data Gathering and Interviewing Skills
2. Learning Oral and Written Presentation Skills
3. Learning how to offer and receive constructive feedback from peers and preceptors

At first glance it might seem that anyone with good intentions, manners, and personality could easily establish rapport with a patient. Certainly, these things help but many aspects of the doctor-patient interaction, including the hospital setting and your own long list of questions you want to ask, can interfere with building rapport. It is important for you to become familiar with various clinical settings and types of patients you will encounter early in your education. This early exposure assists in the development of sophisticated interviewing skills, clinical knowledge, and a composed professional demeanor. The ICM 1 Fall course curriculum topics is listed below in Table 1.

<table>
<thead>
<tr>
<th>Date</th>
<th>Curriculum Topic</th>
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<tbody>
<tr>
<td>Week 1</td>
<td>Professionalism in Hospital Settings</td>
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<tr>
<td></td>
<td>Effectively Open Encounter</td>
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<td></td>
<td>Gather Information – the HPI</td>
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<tr>
<td>Week 2</td>
<td>Gather Information – PMH, Fam Hx</td>
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<tr>
<td></td>
<td>Understand the patient perspective</td>
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<td></td>
<td>Provide closure for clinical encounter</td>
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<tr>
<td>Week 3</td>
<td>Gather Information - Social History</td>
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<tr>
<td></td>
<td>Develop oral and written communication skills pertinent to medical setting</td>
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<tr>
<td>Week 4</td>
<td>Relational Competency in Clinical Interviewing</td>
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<td>Week 5</td>
<td>Vital Signs</td>
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<tr>
<td></td>
<td>Communication During Physical Exam</td>
</tr>
<tr>
<td></td>
<td>Share information effectively with patient/family</td>
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<tr>
<td>Week 6</td>
<td>Gather information - sexual history</td>
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<tr>
<td>Week 7</td>
<td>Diverse Populations - Explanatory Models of Health Beliefs</td>
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<tr>
<td>Week 8</td>
<td>Peer coaching and feedback</td>
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<td></td>
<td>Empathy/Reflection</td>
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<tr>
<td>Week 9</td>
<td>Diverse Populations</td>
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<tr>
<td></td>
<td>Implicit Bias</td>
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<tr>
<td>Week 10</td>
<td>Cultivating Trust, Humility and Compassion</td>
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**Medical Students’ First Interview**

Over the next few months, you will observe many clinical interviews and you will take the lead on four interviews. The group leader will help you to recognize the external factors (hospital room noises, smells, and patient questions) and internal factors (student’s efforts to "ask the right questions", worries about intrusiveness, or concerns about being evaluated) that can interfere with the flow of an interview. Medical students may believe that they need to know more about medicine to interview a patient correctly; this is not true. The goal of this course is not for you to learn to make a diagnosis and recommend a treatment; that will come later in your medical education. The overall goal of this course is to give you an introduction to basic medical interviewing. During these interviews, we would like you to observe and listen to your patients. Consider how social factors, psychological vulnerabilities, and illness can interact with one another. In order to gather the necessary information you will need to develop a rapport with the patient, formulate questions that will invite the patient to share his or her experience with you, listen empathetically, and be sensitive to the patient’s distress or anxieties.

**How to begin:** The first part of the interview will usually consist of more open-ended questions (“Can you tell me what brought you to the hospital?”) and facilitative statements (“Please tell me more about what it is like to have diabetes?”) Closed-ended questions are used to gather more concrete or specific information (“How many times have you been in the hospital because of your diabetes? “What gets in the way of your taking insulin every day? How many drinks do you have per week?”).

While you are not yet ready to perform a complete medical evaluation, there are still portions of the medical history that can be completed. Group leaders will introduce you to the components of the medical history, including the “chief complaint” and the present illness. You should ask your patients about the management of their illness, what helps them cope, and what help they need. Questions about safety (“Have you been threatened or hurt by anyone?”), substance use (“Do you drink? Has it been a problem for you?”), and health prevention (“Do you smoke? Have you tried to quit?”), are routine parts of an evaluation. In addition, you will learn to assess patients’ mental status, including their emotional state and cognitive abilities, which may impair their ability to participate in the interview or comprehend medical information. You may also have an opportunity to learn about your patients’ culture and belief system.
COMPONENTS OF THE CLINICAL INTERVIEW

Introduction
- Introduce yourself your first and last name, your role as medical student and verify patients name
- Ask permission to interview
- Set up the room: turn down the TV, pull up a chair and get on the patient’s level
- Elicit Chief Complaint: “How are you doing today? What brought you in to the hospital?”

History of Present Illness (HPI)
Seven Cardinal Features of symptom(s)
- Location (including radiation)
- Quality: Describe the symptom
- Severity/Quantity: (Scale of 0 to 10 with 10 being the worst and 0 being not noticeable)
- Timing: Onset, Duration, Frequency
- Setting: where is the patient and what are they doing when it occurs
- Associated symptoms: fever, nausea, vomiting, shortness of breath, etc.
- Alleviating/aggravating factors: What makes it better and worse
- Other data: patient perspective and concerns, and pertinent positive and negatives

Past Medical History (PMH) - Any medical problems patient has had in the past including past surgical history.

Medications

Allergies

Family History – physical and psychiatric illnesses among blood relatives

Social History – the way in which a person leads his/her life
- Living situation
- Occupational History
- Substance use
- Sexual history
- Family Situation
- Support network

Summary Statement: Briefly describe the current clinical situation and the patient's mode of adaptation, with references to the patient's personality, important past events and influences, lifespan issues, sociocultural issues, and the meaning of the illness to the patient.

Interview Groups
After the orientation meetings with Dr. Mitchell, students will meet weekly in groups of 4 to 6 students with group leaders drawn from the Medical School. Groups will meet at the Boston Medical Center and rotate on different wards each week according to the schedule. In addition, we hope to schedule each small group for an afternoon session at the Boston Healthcare for the Homeless program with Dr. David Munson. This unique opportunity allows students to interview persons experiencing homelessness and to inquire about social determinants of health that increase health risks. Small group leaders will provide additional details for these sessions.
STUDENT ADVISORY COMMITTEE (SAC)
In order to respond to medical students’ concerns in a timely fashion and to allow for student-faculty dialogue about the course, a Student Advisory Committee (SAC) will be convened. That committee will include several first-year medical students and the Course Director, Dr. Mitchell. The names, email addresses, & photos of the student volunteers will be posted on the Blackboard site to better facilitate communication. All students are encouraged to bring concerns to one of their SAC representatives. Students are always welcome to talk directly to Dr. Mitchell, and this can be arranged by e-mailing or calling Scott to schedule an appointment with her.

III COURSE SCHEDULE

<table>
<thead>
<tr>
<th>Orientation Schedule</th>
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<tbody>
<tr>
<td>Wednesday August 8, 1:00 to 5:00, Bakst Auditorium, Part 1 Orientation</td>
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<tr>
<td>Thursday August 9, 1:00 to 4:30, Bakst Auditorium, Part 2 Orientation</td>
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<tr>
<th>Class Schedule</th>
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<tr>
<td><strong>Tuesday</strong></td>
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<tr>
<td>8/28/2018</td>
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<td>9/4/2018</td>
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<td>9/18/2018</td>
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<td>10/9/2018</td>
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<td>10/16/2018</td>
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<td>10/23/2018</td>
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<td>10/30/2018</td>
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<td>11/13/2018</td>
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MEETING TIMES
You will meet from 1-3pm on a Tuesday, Thursday or Friday of each week. It is important that you arrive on time and prepared for interviewing, including wearing professional attire. Each weekly session will be comprised of a 30-minute teaching huddle, a 1 hour interviewing practice and a 30 minute debrief.
IV CONTACT INFORMATION & FACULTY

<table>
<thead>
<tr>
<th>COURSE DIRECTOR</th>
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| Suzanne Mitchell, MD MS  
Assistant Professor, Family Medicine and Palliative Care  
Email: suzanne.mitchell@bmc.org  
Sem1014@bu.edu  
Dowling 5, North Boston Medical Center One  
Boston Medical Center Place  
Boston, MA 02118 |

<table>
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<tr>
<th>COURSE COORDINATOR</th>
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| Scott Harris, MPH  
Medical Education Coordinator  
T: 617.358.7499  
F: 617.358.7478  
Email: scotth@bu.edu  
Office Hours: 8:30am - 4:30pm, Monday-Friday  
72 E. Concord St, A307  
Boston, MA 02118 |

ONSITE ROOM LOCATIONS
- **Medical School L & R Rooms** are located in the Instructional Building. R rooms are on the right side of the elevators, L rooms are on the left of the elevators. Floor number can be determined by the first digit following the L or R.

**MENINO & EAST NEWTON WARD CONTACT INFORMATION**

<table>
<thead>
<tr>
<th>ENC - Primary Contact</th>
<th>Phone</th>
<th>Menino - Primary Contact</th>
<th>Phone</th>
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</table>
| 7N NM Karen Villanova  
Cardiology  
Karen.Villanova@bmc.org | x85766 | 7E NM Marilyn Joyce  
Marilyn.Joyce@bmc.org | x46722 |
| 7E Heme/onc  
& 7W NM Jane Keilty  
Jane.Keilty@bmc.org | 617-638-5716 | 6E NM Manager  
Maggie Faulds -  
Margaret.Faulds@bmc.org | x45819 |
| 8E NM Christine DeAngelis  
Christine.DeAngelis@bmc.org | x82800 | 6W Ann Carey  
Ann.Carey@bmc.org | x45818 |
| 8W NM Andrew Bostrom  
andrew.bostrom@bmc.org | X82858 | 3W NM Jennifer Plummer  
Jennifer.Plummer@bmc.org | x44403 |
| 6W (Family Med) NM Jenny Jarbeau  
jennifer.jarbeau@bmc.org | X82815 | | |
V ROLES AND RESPONSIBILITIES

COURSE DIRECTOR
The Course Director (Dr. Mitchell) is responsible for course content, student evaluations and monitoring the student feedback in real time during the course to improve the student experience in ICM-1.

INSTRUCTORS
Your instructor will be a fourth year medical student. Instructors are responsible for teaching students the basics that they need to conduct a patient interview, including open and closed-ended questions and how to establish rapport with the patient. Instructors will provide feedback on how to improve your interview and presentation (both oral and written) processes.

STUDENTS

Professional Comportment
1. Respect the patients, nurses, your fellow classmates, and your instructor.
2. Arrive on time for each ICM session. If you are late, you may have difficulty connecting with your group on the inpatient wards.
3. Do not have side conversations with classmates during patient interviews
4. Turn cell-phones and pagers off.
5. Be an active participant in your group.
6. Wear your white coat with name tag. Dress professionally, that includes no jeans, no bare midriffs, no caps, and avoid excessive use of perfumes and aftershaves.

Attendance
Attendance is required for all of the ICM interviewing sessions. Exceptions are made for religious holidays, but a student must email their group leader and Dr. Mitchell by August 27 to inform them of observances that are not listed on the official BU medical school calendar ahead of time. If there is a family emergency or if the student becomes suddenly ill, the student needs to email both their group leader and Dr. Mitchell and inform them of the situation. If a student misses more than one of the sessions due to illness or family emergency, a verifying physician note and other supporting documentation will be required.

Reporting on the First Day
Every medical student will be assigned to one group with one group leader, a fourth-year medical student for the entire course. The room location and time of your meeting will be indicated beneath their name(s). Contact Scott Harris or Dr. Mitchell if you are unclear on where to report and when. Please be on time,
your group will leave your meeting room to interview patients on the inpatient wards or clinic.

**Ethical Behavior**
1. Don’t discuss patients you interview in public areas with your ICM group.
2. Remember patient confidentiality; do not discuss patients outside of your ICM group.

**Student Disciplinary Code of Academic and Professional Conduct**
The Student Disciplinary Code is located at http://www.bumc.bu.edu/busm/faculty/faculty-handbook-and-school-bylaws/medical-student-disciplinary-code/

**BU POLICIES AND STUDENT SUPPORT SERVICES**

*Boston University Sexual Harassment Policy*

*Appropriate Treatment in Medicine (ATM)*
The ATM site is located at http://www.bumc.bu.edu/atm. This resource is available to any students who feel that they have been mistreated during courses or clerkships by faculty, residents, attending’s, clerical staff, administrative staff, nurses, and other students.

*Needle stick Procedure for Exposure to Potentially Contaminated or Infectious Material*

*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: Intellectual Property Protection: http://www.bu.edu/otd/for-researchers/intellectual-property-protection/

VI EVALUATION METHODS

Your overall summative evaluation will be based upon the criteria shown on the evaluation form. Formative evaluation throughout this course includes patient interviews, oral presentations, and written presentations.

PATIENT INTERVIEWS
It is the expectation that students will conduct four interviews during the course. Different instructors and different sites will approach the task of teaching interviewing skills differently. Students may interview alone, in pairs, or groups; you may watch one another or watch your instructor. There is no one specific way to learn interviewing and no single correct approach. Students will continue to improve their skills and modify their interviewing style throughout their professional life.

ORAL PRESENTATIONS
After conducting an interview, students will be asked to organize the data and make a brief oral presentation to the group and the instructor. Being able to present a logical and concise verbal clinical history is a skill that develops over time. The interviewer will need to consider the data obtained in the interview, which will follow the storyline of the patient, and reorganize it so that it can be presented in the form of a concise medical history. Traditionally this begins with the following five elements, in this order:

1. introductory data (name, age, gender)
2. chief complaint (in the patient’s words, if possible)
3. source of history and reliability
4. history of present illness (HPI), including the cultural context of the illness and the patient’s coping skills
5. identification of the biological and psychological contributions to the patient’s illness

WRITTEN PRESENTATION
At least once this semester medical students will be asked to submit a write-up of a patient interview to their instructor utilizing the same components of the medical history as in the oral presentation including a discussion of the biopsychosocial aspects of the case. In this way, students will begin to prepare for the many occasions throughout the rest of their training and careers when they will be asked to organize data according to the structure of the medical history. At this point in the ICM course, the oral presentation and subsequent patient write-up need only include the indicated five components of the medical history listed under the Oral Presentation section. Students may wish to review the chapters in Behavior Science and Medicine by Fadem that are pertinent to the patient and include their discussion of the case. These may include behaviors related to specific diseases (e.g. cardiovascular disease), core patient issues (e.g. stress and
illness), the patient’s issues related to life cycle, and/or the patient’s interactions with his or her physician(s), family, and society. Students’ patient write-up should be handed in to the group instructor.

VII GRADING POLICY

If a student receives two or more “Never” or if a student receives one “Never” in the area of Professionalism the student will fail the course. Students who fail ICM-1 Fall cannot proceed into ICM-1 Spring and must repeat this course the following academic year. Refer to page 17 for a copy of the student evaluation/grade form.

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.

Ethical Behavior for Examinations and Mandatory Sessions
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

Each student will be evaluated on clinical competencies by their instructor. The student will be given specific feedback and re-evaluated in a second interview during the course. If the student is still unable to attend mastery or if these deficiencies become apparent only towards the end of the course, the student will be required to remediate the course. Students will also receive oral feedback on their patient write-ups.

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<thead>
<tr>
<th>Grades</th>
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<tr>
<td>Pass</td>
<td>None to one “Never” (excluding Professionalism)</td>
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<tr>
<td>Fail</td>
<td>Two or more “Never”, or just one “Never” in the area of Professionalism</td>
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POLICY & PROCEDURES GOVERNING THE EVALUATION, GRADING, & PROMOTION OF STUDENTS
This is a school-wide policy and can be located at http://www.bumc.bu.edu/busm/education/academic-affairs/policies/

VII LEARNING STRATEGIES AND TOOLS

REQUIRED TEXTBOOK
The required textbook for this course is *Behavioral Science in Medicine* by Barbara Fadem, Second Edition (Baltimore: Lippincott Williams & Wilkins, 2012). This will also be a required textbook for the Human Behavior in Medicine Course and the Psychiatry module of the Disease & Therapy Course in the spring of your second year, as well as a companion reference text for your third-year psychiatry clerkship. Required readings are Chapter 24, Doctor-Patient Communication and Chapter 26, Ethical and Legal Issues in Medicine.

BLACKBOARD
All Boston University medical students have access to the Blackboard Learn sites (www.learn.bu.edu) for their courses. Students will obtain a Kerberos password during their general orientation that gains them access to these online sites. This Blackboard site will be among your course options and will be identified by both its name; Introduction to Clinical Medicine and by its course number. Students who do not have or cannot gain access to any of the Blackboard sites should contact Caroline Mulligan.

This site contains videos of a medical student interviewing a patient, as well as one of a medical student concluding an interview. The site also contains a text sample of an oral presentation, samples of SOAP notes, the student evaluation form, and a video on safety. The video on personal safety is important particularly for students who are interviewing at away sites.

TUTORS
The Tutor Program at BUSM offers tutoring free-of-charge to students during the first and second year of medical school. Students who require additional educational support should visit the BUSM Tutor Management system at: http://dccweb.bumc.bu.edu/tutors

OFFICE OF DISABILITY SERVICES
Boston University is committed to providing equal and integrated access for individuals with disabilities. The Office of Disability Services provides services and support to ensure that students are able to access and participate in the opportunities available at Boston University. http://www.bu.edu/disability/policies/accommodations.html

EVALUATION FORM COMPLETED BY GROUP LEADERS

<table>
<thead>
<tr>
<th>Dates of Course:</th>
<th>Introduction to Clinical Medicine - 1A Fall w Mitchell</th>
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<tbody>
<tr>
<td>Course:</td>
<td>Instructor Evaluation of Student</td>
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<tr>
<td>Form:</td>
<td>Consistently</td>
</tr>
</tbody>
</table>

**BOSTON UNIVERSITY SCHOOL OF MEDICINE STUDENT EVALUATION  ICM-1A**
| Demonstrate the Institution's Professionalism Learning Objectives while on clinical sites | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Initiate the interview by informing the patient of your name and about your role as a medical student | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Communicate the purpose of the interview, the length of the interview and explain that the interview is a learning experience for the interviewer and the group, as well as an opportunity for the patient to tell his or her story | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Inquire about the patient's chief complaint | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Gather the necessary patient information, using open-ended and closed-ended questions | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Assess the patient's general mood and appearance | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Demonstrate the ability to establish rapport with the patient using skills including eye contact, reflective listening, and body language | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Terminate the interview by both summarizing briefly some of the main points and expressing your gratitude for the patient's time | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Organize the data from the interview and make a brief oral presentation to peers and the instructors | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Incorporate constructive feedback from peers and attendings/instructors to improve interview performance | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |
| Complete a brief write up of the interview including the following key elements: introduction data (name, age, and gender), chief compliant, source of history and reliability, and a history of present illness | 5.0 | 4.0 | 3.0 | 2.0 | 1.0 |

**COMMENTS AND EXPLANATIONS** *(Question 2 of 2 - Mandatory)*