

PART B. REQUIRED COURSE FORM

Course title:	CLINICAL SKILLS
Sponsoring department or unit:	Department of Medicine
Name of course director:	Jeffrey Magaziner, MD

List all organizational units (e.g., physiology department, nursing school, library), including the lead department, with ongoing involvement in the course, and the number of instructional staff from each such unit:

Organizational Unit	Number of Teaching Staff Involved
Department of Medicine	72
Department of Neurology	10
Department of Ophthalmology	12
Department of Pediatrics	5
Department of Pathology	1
Department of Psychiatry	2
Department of Oncology	2
Department of Emergency Medicine	2
Department of Anesthesiology & Critical Care	2
Volunteer Faculty	70

Course Objectives

Are there written objectives for the course? (check)

Yes	X	No	
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Briefly summarize the objectives/content areas covered in the course.

1. Be able to perform a complete history
2. Be able to perform a complete physical examination
3. Demonstrate effective communication behaviors with patients including rapport-building skills
4. Be able to prepare a written presentation of a patient
5. Be able to prepare an oral presentation of a patient for colleagues
6. Be able to develop a differential diagnosis for a patient problem
7. Demonstrate integrity, confidentiality, and professionalism in all patient and peer interactions
8. Be able to perform a focused history and physical examination
9. Be able to develop shared decision making skills with patients
10. Demonstrate the ability to perform phlebotomy and intravenous therapy using universal precautions

Preparation for Teaching

If graduate students, postdoctoral fellows in the biomedical sciences, or residents teach in the course (as lecturers, small group facilitators, laboratory instructors), describe how they are informed about the course objectives and prepared for their teaching role.

➤ Not applicable.

If the entire course is taught at more than one site (e.g., at geographically separate campuses), describe how faculty members at all sites are oriented to the objectives and grading system.

Faculty orientation sessions are held before the start of each quarter during which faculty are briefed on all aspects of the course. In addition, all faculty are provided an extensive course syllabus. Individuals responsible for the course communicate with individuals at other sites a minimum of three times per course year via phone, e-mail, or regular mail. Faculty can take medical education course through the School of Medicine, and are provided part-time faculty status and free tuition to Topics of Internal Medicine. In addition, faculty teaching small group sessions focusing on communication skills are provided faculty development on small-group teaching, working with standardized patients, and the use of role-play.

Student Evaluation

If NBME subject (shelf) examinations are used, give the mean scores for the last three classes:

- Not applicable.

Year:			
Score:			

Check all the formats that are used in examinations or other evaluations that students must take in order to pass the course:

<input checked="" type="checkbox"/>	Multiple-choice, true/false, matching questions	X	Laboratory practical items
<input type="checkbox"/>	Fill-in, short answer questions		Problem-solving exercises
<input type="checkbox"/>	Essay questions or papers	X	Presentations
<input type="checkbox"/>	Oral exams	X	Other (describe) Structured observations by faculty
<input type="checkbox"/>			

Briefly describe any formative assessment activities (practice exams, quizzes, etc.)

Students receive feedback from preceptors and peers during and after clinical encounters with patients, in small group sessions utilizing role-play and standardized patients, and in a practice mid-term standardized patient exam with immediate feedback. Formal assessment is performed by two separate preceptors based on overall performance as well as performance on a final history and physical with a patient.

Is there a narrative evaluation submitted in addition to the course grade? (check)

Yes	X	No	
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Course Outcomes/Evaluation

Comment on the adequacy of faculty and other resources to teach the course (e.g., educational space, computer hardware and software, support personnel).

1. Faculty: This is one of major limitations of the course. As a result of increasing demands on time for full-time faculty and effort-reporting issues, it is becoming increasingly difficult for full-time faculty to commit to a course where they have to donate a large portion of their week to an educational endeavor. Likewise, the part-time faculty has huge financial ramifications for participating in the course and it is becoming increasingly difficult for them to do so. In addition,

the pool of part-time faculty in the area for the institution is quite limited and there is a perception by many part-time faculty that they aren't valued. As a result of these problems and the large number of faculty needed to keep the course running in its current state, it is a tremendous struggle every year to adequately staff the course with faculty. Given how difficult it is to find enough people to teach, quality control is also a large problem in that we have difficulty assuring that each student has the best possible experience with their preceptor.

2. Patients: We continue to rely on medical inpatients for the bulk of the patient encounters. This is suboptimal in teaching interviewing skills as well as learning how to develop a differential diagnosis as most of the patients have already been evaluated and have a firm diagnosis, and often are quite medically complex. Therefore, the experience turns into a data-gathering exercise rather than an opportunity to learn how to use the history and physical as a diagnostic tool. Ideally, the students should mix the inpatient experience with more outpatient or acute evaluations as well as more standardized patient interviews. However, there are tremendous logistical problems in moving forward with these changes in the types of patients the students see
3. Space: The space currently available to teach Clinical Skills is inadequate. There are not enough rooms in the hospital to accommodate the groups and often they need to meet in unused rooms on nursing units that are cluttered with chairs and beds for storage. The official teaching space on Blalock 4 is not really adequate as the rooms are too small to truly facilitate this type of educational experience (and, again, there are simply not enough of them).

Provide a summary of student feedback on the course (and any other available evaluation data) for the past two years. If the course is new or significantly revised, provide evaluation data for the new version of the course only. If problems have been identified by student evaluations or other data, describe how they are being addressed.

The most recent change to the course was the addition of a component called "An Integrated Medical Encounter", or AIME. AIME was designed to teach students how to integrate communication skills, clinical reasoning, and shared decision making in clinical encounters.

The evaluations over the last two years highlight many of the shortcomings already mentioned. Overall, the course has received positive feedback including the AIME curriculum. However, the main issues the students have raised are the variability in preceptor experiences and the ambiguity of the evaluation process. The variability of the preceptor experience is largely a function of the difficulty in identifying preceptors. The ambiguity of the grading process has been addressed by clearly defining what is meant by each grade and making this explicit definition available to both preceptors and students. However, the course by its very nature is subjectively assessed so this perception by the students of ambiguity is difficult to completely resolve.

Identify major successes in the course and problems to be overcome.

The major successes have been improved course organization to streamline the multiple facets of the course and create less confusion among the students, the implementation of an SP exam for a more objective measure of student performance, and the introduction of the AIME curriculum. The major challenges include facilitating preceptor recruitment as discussed above, improving the patient experiences for the students, and identifying adequate space.