

Doctoring and Clinical Skills (DCS) – FOM2

FM-204 85 course hours

Updated March 2021

The **Doctoring and Clinical Skills (DCS)** course is the major curricular component of Learning Communities. DCS 2 spans the second year of medical school furthers the teaching from DCS teaching students the fundamental clinical skills clinical communication, physical examination, clinical problem solving, advanced clinical communication and professionalism. The DCS course also provides clinical reinforcement of basic biomedical, social determinants of health and quantitative health sciences curricular content. This content is taught by their House Mentors.

DCS has three main components: 1) **small group sessions**, to learn and practice skills in core competencies including the medical interview, clinical reasoning, teamwork and oral presentation skills; this component is led by LC mentors in FOM2.

2) **Hospital sessions** (in which students work with their LC mentors to perform histories, physical examinations, oral presentation and write ups for hospitalized patients. A major focus is clinical reasoning and problem solving in a hospital setting.

3) the **Longitudinal Preceptorship Program (LPP)** which places students in a consistent clinical setting providing the opportunity to practice skills taught in small group to interact with patients under the supervision of an assigned faculty physician preceptor or 4 the year medical students in diverse preceptorship sites including urban, rural and underserved, hospital and community settings.

After completion of DCS-2, the MS2 student will be able to:

- Gather a complete history with emphasis on integrating problem solving with interviewing, medications, and health care maintenance issues related to chief complaint (Physician as a Communicator)
- Give direction to the medical interview, including focusing patient to promote interviewers understanding, respectfully re-directing the patient, asking open- or closed-ended questions as the patient encounter dictates, as measured by observed interviews and OSCEs (Physician as a Communicator)
- Use patient-centered counseling skills for health promotion and disease prevention, including alcohol, smoking, diet, exercise and contraceptive use, as measured by observed interviews and OSCEs (Physician as a Communicator)
- Communicate effectively with the health care team, including presenting a complete H&P, doing a complete write-up of an outpatient visit utilizing the SOAP format, doing a complete a writeup of an inpatient with details in all areas of history and physical examination, writing a problem list and assessment (including differential diagnosis) and plan.
- Apply critical thinking skills to medical decision making, including making choices about which areas of questioning are pertinent for the HPI, which portions of the physical exam are related to the chief complaint. The student will be able to perform an oral presentation that integrates critical thinking develop a complete problem list, interpret lab and x-ray data and integrate with problem list, and use a problem list to develop assessment and plan for each patient problem including differential diagnosis for each problem, as measured by oral and written presentations during small groups and OSCEs (Physician as a Clinical Problem Solver)
- Demonstrate comfort with patients in the hospital as well as in the ambulatory setting, including, attending to issues of patient and examiner privacy and comfort in performing the physical examination, performing a complete physical examination accurately and efficiently

with standardized patient and real patients, differentiating normal from abnormal physical findings, describing normal and abnormal physical findings in objective terms, performing a focused physical examination dictated by the history obtained, performing a male genitourinary and female gynecological exam on a standardized patient, and describing expected physical findings on a patient with a specific history (Physician as a Clinical Problem Solver)

- Apply information from the basic sciences to patient cases, including: applying knowledge of anatomy, biochemistry, physiology, pathophysiology and genetics when appropriate, applying knowledge of mind and brain development to mental illnesses, and applying knowledge of organ-based systems to specific organ-based illnesses (Physician as a Scientist)
- Develop self-directed learning skills, as measured by reflective write-ups in LPP; and performance of self-assessment of skills leading to formation of new learning goals in hospital sessions (Physician as a Professional)
- Give and receive feedback, and incorporate feedback into subsequent performance of a skill, as measured by observation of improvement by course faculty (Physician as a Professional)
- Reflect on their personal growth as a physician. Achievement of this objective will be based on evaluation by faculty and the students' written goals (Physician as a Person)
- Reflect on personal reactions to patients, peers, and people in a community with a particular health problem, as measured by students' reflective write-ups about their LPP experiences and reflections in hospital sessions (Physician as a Person)
- Demonstrate the mechanical skills and advanced techniques of the physical examination designed to figure out patient problems (Physician as a Clinical Problem Solver)

Student assessment includes participation in all components, completion of reflective assignments and patient write-ups, standardized patient interactions.

Course co-leaders

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