

Patient Centered Medicine 2

The Stritch School of Medicine (SSOM) is dedicated to building a diverse and inclusive community that upholds access, equity, and excellence as core values. Our Jesuit tradition calls Loyola faculty, staff, and students to intentionally honor the dignity of all persons, and to continually strive to promote a more just, caring, and thriving world. Accordingly, we believe diversity and inclusion are essential to fulfilling our mission of transformative education, innovative discovery, and service to others. In congress with the AAMC, Stritch faculty recognizes “the educational benefits of diversity as including its contributions to improving both the cultural competence of the physicians our schools educate and improving access to care for underserved populations” (AAMC, n.d.). To that end, all SSOM students, faculty, and staff educators are expected to cultivate and sustain genuine relationships of mutual respect. As “people for others” and our core value of “cura personalis,” we are called to individually and collectively model our most sacred Jesuit ideals and vocational oaths—and ensure our classrooms, clinics, and communities alike remain spaces that honor and value the lived experiences, backgrounds, identities, and fundamental human rights of peace and dignity for all. In such a pursuit, we may build a more ‘beloved community’ and the rich contributions of each will, together, nurture a dynamic environment—radiating a cadre of inspired and empowered leaders in science and medicine—purposed and prepared for lives of great consequence: advancing the betterment of our world.

General Course Information

Patient Centered Medicine (PCM) is a progressive four-year, longitudinal, interdisciplinary course with a primary emphasis on preparing students to care for patients and families in a humanistic and professional manner.

The emphasis in PCM2 is on further developing concepts from PCM1, especially the clinical skills of history taking and physical examination, written and oral communication of patient information, clinical decision making, and learning to apply many facets of excellent patient care.

PCM2 has many components and offers a variety of instructional methods, which include lectures, small group sessions, OSCEs, clinical skills sessions and workshops, working with patients and faculty through preceptorship in the clinic or wards, and visits from real patients to the classroom.

Course Goals by Competency

Within Stritch School of Medicine’s competency-based curriculum, this course provides opportunities for learning and evaluation as listed in the following competencies:

Medical Knowledge

- Discuss the relationships between disease and their clinical presentation in each organ system.
- Reinforce understanding of principles of disease and physical exam findings in real-life patients.

- Describe the underlying principles of basic electrocardiography and demonstrate skill in the systematic interpretation of EKGs.
- Describe the underlying principles of radiography and demonstrate skill in the systematic interpretation of chest x-rays.
- Define basic key concepts of matters of end of life, including topics such as advanced directives, power of attorney for health care, surrogate decision making, and approach to discussing end of life issues with patients.
- Define basic key concepts of ethical principles such as informed consent, proper patient-physician relationships

Patient Care

- Demonstrate competency to take, record and present a complete patient history in an accurate, organized, unbiased and consistent manner while focusing on the patient's problems.
- Demonstrate competency in the performance of the basic screening physical examination and interpret the findings.
- Utilize the information gathered in the history and physical to create a list of the pertinent positives and negatives, a problem list, a reasonable differential diagnosis for level of training, an assessment, and a plan.
- Demonstrate skills in critical thinking, reasoning and problem-solving.
- Demonstrate the ability to write the basic components of admit orders and apply this knowledge to a particular case.
- Recall the basic principles of obtaining informed consent.
- Recall principles of care in end of life situations.
- Recall and use standard precautions and appropriate personal protective equipment to prevent the transmission of infectious diseases.

Interpersonal and Communication Skills

- Demonstrate competency in the write up of the history and physical exam
- Demonstrate competency in the oral presentation of clinical data.
- Demonstrate effective interpersonal and communication skills in both simple and complex interactions with patients, families, colleagues, other healthcare professionals and staff.

Practice-Based Learning and Improvement

- Critically assess one's own strengths and limitations in knowledge, skills and in patient interactions by both self-assessment and being open to feedback.
- Seek assistance from appropriate and available resources to successfully remediate deficiencies.
- Present information from the literature to small group that applies to one's own patient cases.

Professionalism

- Develop professional attitudes to become a Patient Centered Physician in the spirit of Jesuit values at Loyola University's Stritch School of Medicine.

- Interact with patients, faculty, staff and peers with courtesy and respect.
- Recall principles of ethics in the physician patient relationship.
- Maintain respect for patient privacy.
- Form a respectful working alliance with a small group of peers and faculty as a basis for future professional relationships
- Demonstrate responsibility, accountability, and punctuality in course activities, including lectures, small group sessions, workshops, and preceptor activities.
- Demonstrate appropriate use of and participation in remote learning methods.
- Demonstrate proper care of all equipment, tools and resources used in medical education and simulation.
- Complete course evaluations in a timely manner and provide constructive feedback to course faculty and the course director in a professional manner.
- Complete course examinations and assignments honestly.

Systems Based Practice

- Commit to being an advocate for patient safety and quality care and improvement.
- Commit to being an advocate for the underserved and underrepresented patient population.
- Promote and engage in activities that enhance diversity, equity, and inclusion in medical education

Interprofessional Collaboration

- Identify roles and responsibilities of medical students, nurses, and other allied health care professionals in infection prevention.
- Collaborate and communicate with nursing students and other allied health care students and staff in a manner that develops team-delivered care.
- Collaborate and communicate with physical therapists to learn techniques of the musculoskeletal examination.

Personal and Professional Development

- Respectfully receive and incorporate feedback to advance personal and professional growth.
- Demonstrate self-directed and life-long learning around the cases presented in small group.
- Write a reflection on one's own experiences and growth from participating in community service.

For specific **session objectives** see *PCM2 Webpage/ Course Description/ "Key Concepts"*

COURSE REQUIREMENTS

PCM2 Sessions and Course Requirements

Requirements and procedures listed here are subject to change, particularly due to the changing circumstances of the COVID19 pandemic.

Attendance at EACH Small Group, Workshop and OSCE is a Course Requirement

Each student is responsible for attending small group sessions, workshops, and OSCEs:

- **Attendance at small groups** – recorded via paper sign-in sheets within your yellow small group folders.
- **Attendance at workshops and OSCEs** – you will be checked in to confirm your attendance.
- **Attendance at in-person lectures** – you will sign a paper attendance sheet.

Repeated absences will result in a “Concern” being noted within the “Professionalism” Competency Assessment. A pattern of excessive absences will result in a “Does Not Meet Expectations” for the “Professionalism” Competency.

Leaving a small group, workshop, or OSCE before its completion will be considered an absence for the session and a professionalism concern.

Sessions include in-person lectures, small groups, workshops, clinical skills sessions, mastery sessions and OSCEs.

Attendance at all sessions is required to “meet expectations” for the course. To have the best educational experience for the individual student and fellow classmates, students are expected to come prepared to sessions, complete the assigned readings and questions before each session, view the recommended physical exam videos prior to the associated sessions and actively participate in discussions.

Students should take advantage of additional instructional materials online and/or in the Academic Center for Excellence and Accessibility as recommended or needed. Not meeting the benchmark for passing will require specific remediation at the discretion of the course director.

Lectures

It is the expectation that students review lecture material. This should be done prior to the associated small group or in-person activity where applicable. Many lectures will be remote/recorded. For live in-person lectures or remote-live lectures, your presence at lecture is required and attendance may be taken.

Small Group, Workshops, Clinical Skills Sessions and OSCEs (and all other in-person sessions). These sessions are required, and attendance will be taken.

Small Group Sessions

The benchmarks are spelled out on the PCM2 mid-year and end-of-year small group grade sheet forms.

- “Meets Expectations” in all components of the Small Group Evaluations each semester is expected. The course director will review any “Meets with Concerns” and a passing grade for small group sessions will be determined on an individual basis.

Workshops and Clinical Skills Sessions Students are required to participate in the skill training offered throughout the year unless designated as optional. These may include demonstration of skills, training sessions, or independent practice. Skills may consist of Point of Care Ultrasound, ophthalmological and otolaryngology skills, skills in auscultation of heart and lung sounds, skills in GU and Breast examination, skills in systematically interpreting an EKG and any additional skills as may be determined by the course directors.

- Attend and achieve expected level of mastery at each session = Pass for these sessions

Musculoskeletal Workshop/Mastery Session

The benchmark for mastery will be set at 95% correct for each component. Further practice toward mastery for any individual student may take place on the same day or alternate day as determined by the Course Director or by Dr. James Winger, who oversees the workshop.

- Attend and achieve expected level of mastery at each session = Pass for these sessions

PEER TO PEER EXAMINATION STEPS

Please note that many sessions involve students practicing examination steps upon each other. This does not include what is traditionally considered more sensitive or private examinations, such as the breast or male/female GU examinations. However, if for ANY reason, for ANY part of the exam, a student wishes to decline to participate as someone upon whom a peer practices they may do so, or similarly, in situations in which students are asked to demonstrate an exam step upon themselves (ex. demonstrate how to take a radial pulse) they may also decline. Please notify the Course Director(s) as soon as possible, prior to the session, to discuss and implement a possible alternative arrangement.

EXAMINATIONS

Objective Structured Clinical Exams (OSCEs) *The emphasis is on deliberate, purposeful execution of physical exam steps and clinical reasoning. Students may be asked to provide explanations on the examination steps and/or why it is being done. The written portion of the examination offers the opportunity for the student to demonstrate their clinical reasoning/critical thinking.*

Below are the grading components:

The Patient Perception Scale (PPS) is the tool used to evaluate communication skills. Receiving “Meets with Concerns,” “Meets Expectations,” or “Exceeds Expectations” on all checklist items on the PPS = P of this component of the OSCE. Receiving even one “Does Not Meet Expectations” from the SP on the PPS will result in a failure.

Plus

A grade of $\geq 70\%$ for each checklist (both the history and the physical exam checklists) assessing the clinical encounter = P of this component of the OSCE

Plus

A grade of $\geq 70\%$ for a.) the computer component/critical thinking (which may include the pertinent positive and negative findings, a problem list, and/or a list of diagnostic studies indicated) and b.) a passing evaluation of the differential diagnosis and justifications as graded by the faculty and/or clinical skills staff using a standardized rubric = P of this component of the OSCE.

Remediation, if needed, is performed within 1- 2 weeks, or as determined by the Course Director.

Clinical Skills Exams/OSCE remediation exams If the remediation of clinical skills testing is successful during the course, the student may still earn a “Pass” for the course. If the student is unsuccessful in routine remediation, the student will be given one additional attempt outside of the normal activities of the course. If the student successfully completes this second attempt at remediation, then the student will earn a grade of P* for the course. (Remediated Pass).

If the student earns “*Does Not Meet Expectations*” on the second remediation, the student fails the course and must repeat the course in its entirety and not move on to the next phase of training.

WRITTEN/ONLINE/COMPUTER EXAMINATIONS:

Examinations may cover material from lectures, lecture handouts, small group sessions, assigned readings, EKGs, chest x-rays (CXRs), online instructional materials, and textbook material.

The written exams are not cumulative except on items that naturally build upon each other, such as basic physical exam concepts, EKGs and CXRs.

Meeting Expectations” on the written examinations:

Students must score $\geq 70\%$ on the written exams **over the entire academic year** to pass the written exam component of PCM2.

Thus, a passing grade on the written exams is achieved if the sum of all points earned from correct answers on each examination is $\geq 70\%$ of the total number of possible points for the entire academic year.

Remediation of written exams:

A failure of the written exams (as determined above) will require passing a remediation written examination as determined by the Course Director(s). If a remediation examination is required but is passed, the grade for the course will be a P*. Failure of the remediation examination earns a failure of the course and PCM2 will need to be repeated in its entirety and the student will not move on to the next phase in training.

REMOTE TRAINING AND TESTING:

In the event that skills or testing sessions need to be remote, session information and methods of skill demonstration will be given to students and faculty as soon as possible and guided by the circumstances in regard to safety of students and staff during the pandemic if applicable.

ABSENCES

1. In all cases of absence, it is the student’s responsibility to inform each of the following: the course coordinator, the course directors, and both small group facilitators if it is a small group activity.
2. Follow Stritch School of Medicine (SSOM) policy on any absence for medical reasons.
3. The student is responsible for the missed information and skills presented, discussed, and demonstrated during the session.

4. Students may be required to meet with the course director(s) to determine an appropriate course of action for a missed session.
5. Any planned, non-emergent absences must be cleared through the Office of Student Affairs.
6. Procedure for requests for absences should follow the Academic Policy Manual.
7. For any small group session that is not attended, in addition to following the SSOM policy, students must submit their answers to any small group assignments, such as questions, cases, EKGs or CXRs, to the course coordinator by 9:00 am on the day of the scheduled session if it is a *planned* absence. If it is an absence due to an urgent matter, it should be submitted within two days of the student's return to school. Failure to submit the materials by the designated deadline may result in a "Concern" for the Professionalism Competency.

PROFESSIONALISM

****See the appendix below regarding SSOM Dress Code***

- In addition to medical knowledge and clinical skills, PCM places an emphasis on professionalism, it includes all professional behaviors as outlined in the Course Goals.
- Students are expected to be courteous and respectful toward all and to demonstrate responsibility, accountability, punctuality, and appropriate dress* at course activities, including lectures, small group sessions, workshops, and preceptor activities and at all remote sessions.

Professionalism grading: "Meets Expectations" = P

- ***Unprofessional behavior*** (including that towards course coordinators, faculty, other students, and all staff) will be considered a "Does Not Meet Expectations."
- ***All Written Assignments.*** Students must turn in all assignments by the due date to pass the course. Failure to turn in assignments by the deadline is considered a 'failure.' It will be recorded as "*Does Not Meet Expectations*" for *Professionalism*.
- **A failure in the professionalism component can result in failure of PCM2.**
- Remediation for professionalism will be determined through the Office of Student Affairs.

Also, please reference this link regarding Intellectual Property Information:

https://www.luc.edu/info/copyright_disclaimer.shtml

PRECEPTOR PROGRAM

During the COVID19 pandemic the preceptor program will proceed as safe to do so and as guided by oversight from the University, our hospital partners and government regulations.

Beginning in approximately September and extending through April, students meet with a preceptor on a regular basis. Students should plan and arrange to meet with their preceptor approximately every other week--one week to take an H&P, the following week to meet to discuss the write up and practice an oral

presentation. Over the academic year, M2s will perform and write up **five** History and Physical Examinations (H&Ps) on patients in the clinical setting.

For each H&P, the student will submit the H&P in standard format initially learned in PCM1, plus, a differential diagnosis, pertinent +/- list, problem list, assessment, and plan (A/P), and admitting orders when applicable. It is understood that M2s are just beginning to hone these skills and the goal is to see steady progression such that the student may be ready to begin their clerkships with the expected skills for the next phase of their training.

All papers with comments from preceptor are due the dates given. All write-ups and accompanying forms are to be submitted online (Sakai) by the set deadlines.

Failure to turn in a write-up by the deadline will result in receiving an “Incomplete” for this component of PCM2. A student cannot pass PCM2 until the “Incomplete” is corrected. Completion of H&Ps is considered similar to physician charting in the real patient care environment and must be submitted in a timely manner.

If there are extenuating circumstances, the student must notify the Course Coordinator and the Course Director as soon as possible.

It is the students’ responsibility to contact the preceptor to arrange timely meetings and ensure all write-ups are turned in by the set deadlines.

Students should plan meetings with their preceptor as early as possible throughout the preceptor program, well ahead of due dates.

Grading for the preceptorship:

The preceptor’s “Final Evaluation” is the basis for the grade for the preceptorship. “*Meets Expectations*” in all components of Final Preceptor Evaluation is needed to obtain a grade of Pass. Any ‘*Does Not Meet Expectations*’ is considered a failure.

Additionally, the student must complete all H&Ps, submit all H&P write ups, preceptor evaluations of each H&P write up, the final preceptor evaluation of student, and the student evaluation of the preceptor.

The Course Directors will review any “Meets with Concerns” and a passing grade for the preceptorship will be determined on an individual basis.

ORAL PRESENTATIONS:

The student will give an oral presentation of at least two of the histories and physicals (H&Ps) performed through the preceptor program to their small group.

At the time of the presentation, additional information about the topic of their case should also be presented as part of a Lifelong Learning effort. See this next section on lifelong learning.

Lifelong Learning: Independent lifelong learning is always encouraged. For this course, it shall be demonstrated by briefly sharing information the student has learned through reading and/or researching a topic around a case they have encountered during the preceptorship.

Any variety of reliable resources may be used, such as current peer-reviewed journals that address information relevant to their case. *To emphasize learning more about disparities within health care, one presentation should focus upon an issue related to their case and how underserved and underrepresented patient populations may experience a difference in health care, viable solutions or any other relevant or interesting information that highlights inequities.*

Other Assignments/Requirements:

Service Reflection: Keeping with our Jesuit Mission, service is an important aspect of our school. Students are asked to submit a brief reflection on their service (or their opting out of service). Details on this reflection assignment will be provided.

- Submission of reflection paper = P for this requirement

Pediatric Observation Experience:

2-hour Pediatric Outpatient Clinic assignment. Students observe the unique aspects of the pediatric encounter compared to adult patient visits.

Students may opt out of this experience if they already had a similar pediatric shadowing experience. Requests to opt out must include a brief written summary of the previous pediatric experience. Course Directors must approve all exemptions. All students, including those opting out of the clinical experience, submit a checklist and very brief reflection of their experience.

- Attendance (unless meets opt out criteria) and participation as described, plus reflection paper submission= P

Interprofessional Education— Working with other professionals in health care is part of the daily activities of the physician. Learning more about their training, work and perspective helps the physician be a better member of the health care team and helps them provide better patient care. Opportunities will be provided.

- Attendance and participation as described = P

GRADING POLICY:

This course is Pass/Fail. **A minimum satisfactory level for each component in PCM2 is required to successfully move on to the next phase of their training.** A final grade will be awarded at the end of the academic year. This grade is based on performance during both semesters according to school policy.

Evaluation in PCM is based on the following categories and their definitions:

Meets Expectations: The student is doing well, and is meeting the benchmark set for a solid, average medical student.

Meets Expectations with Concerns: The student is meeting the benchmark but at a minimum level and there are concerns that this student may need some extra assistance or work in a particular area to eventually pass the course.

Does Not Meet Expectations: A red flag that the student is not meeting the minimum level set for competency in this area.

Students must “Meet Expectations” set for each component of PCM2 to pass PCM2.

If, at any time, a student earns a single mark of “*Does Not Meet Expectations*,” they will fail that component of the course and will need to remediate that component.

PCM2 Grading Policy Brief Summary: P=Pass P*=Remediated Pass F=Failure

Students must pass all components to pass PCM2.

See above description for details.

Students are graded according to the Stritch School of Medicine competencies as:

Does Not Meet Expectations, Meets with Concerns, or Meets Expectations.

- “*Meets Expectations*” in all components each semester is expected. Any “*Meets with Concerns*,” particularly multiple “*Meets with Concerns*” will be reviewed by the Course Director(s) and a passing grade for that component will be determined on an individual basis. **Attendance is required at all live sessions.**

All components of PCM2 must be individually passed.

Components are:

- Lecture attendance
- Small group
- Clinical Skills and Mastery Sessions
- Workshops
- OSCEs
- Special sessions
- Written Exams
- Preceptor Program
- Professionalism

Note: The information in this document may change to accommodate unexpected events and or make improvements to the course.

Appendix: (from Loyola University Chicago Stritch School of Medicine Academic Policy Manual)

DRESS CODE, APPEARANCE, AND SCRUB ATTIRE

Students are expected to be in compliance with the following appearance and uniforms standards of the Stritch School of Medicine, which are in accord with the uniform policy of Loyola University Medical Center. *Students assigned to clinical sites other than LUMC are responsible for learning and following the clinical site’s policies and procedures concerning scrub attire.*

General Dress Standards

Preclinical

- During the preclinical years, students are expected to dress appropriately in the academic, business, and clinical areas on campus.
- Shirt and shoes are required in educational, administrative, and clinical buildings and on the property that is adjacent to them. Gym clothes (except inside the Fitness Center), low cut tops, short shorts, and bathing suits are not suitable inside or outside of campus buildings.
- Closed toe shoes are required in laboratory areas for safety.

Clinical

- Students are expected to maintain a professional appearance in the clinical settings. Clothing should be business-like; necklines and hemlines should be conservative.
- Students should wear clean, pressed, well-fitting personal attire; undergarments should be worn.
- Daily hygiene must include clean body, teeth, and clothes; heavily scented fragrances should be avoided.
- Hair should be clean, well-groomed, and tied back when engaging in patient care activities or operating machinery.
- Well-groomed beards, sideburns, mustaches are allowed, but may not interfere with personal protective face gear. Extreme cosmetic/make-up applications should be avoided.
- Nails should be well-manicured and polish color, if worn, should be conservative. Nail length should not interfere with clinical activities and safety of patients or staff.
- Body piercing, tattoos, and jewelry should be discreet; jewelry is not permitted in operating rooms.
- Shoes should be clean and in good condition; closed toe shoes are recommended for safety.
- T-shirts, cropped tops, very short skirts, spaghetti strap tops, flip flops, jeans, shorts, sweatshirts, and sweatpants are not acceptable.

Identification Badges

Students must wear a Loyola photo ID badge along with the Stritch student nametag on the vest pocket of their white coat. ID badges issued at other clinical teaching sites should be worn in addition to the Loyola ID when at the other clinical site.

White Coat

- Students should wear a clean, pressed, **short** white coat in clinical areas. Coats should be plain, white, with no embroidery above the vest pocket and an official LUMC patch may be sewn on the sleeve.
- A **long** white coat **must** be worn in lieu of a short coat at LUMC whenever green or blue scrub attire also is worn (*see Scrub Attire section*).

Scrub Attire

Students should arrive at the medical center campus in appropriate street clothing. Scrubs are not to be worn going in to or out of clinical areas, or between clinical areas and other campus buildings.

- Scrubs can be worn where performance of procedures is a major component of the patient care activities (i.e., operating rooms, trauma bay/emergency room, burn center, and surgical intensive care). Green, blue, and other colors of scrub attire must be restricted to the designated areas specified by the medical center. Students are expected to change from scrub attire as soon as possible when it is no longer necessary to wear such garb as a uniform.
- Scrub attire provided by the medical center is their property and must be returned immediately after use.
- After use, scrubs are not to be worn if they have bodily fluids on them. Scrubs should be changed **immediately** if they become contaminated.
- Scrubs worn outside of procedure areas are to be covered with a long lab coat that must remain buttoned at all times. Do not sit in the cafeteria or other areas with an unbuttoned lab coat if wearing scrubs.
- Surgical hats, booties, or masks are not to be worn outside of the operating room or procedure areas.