

Term 1

CLINICAL SKILLS

2011



**INTRODUCTION TO CLINICAL SKILLS TERM 1**

Welcome to Term 1 Clinical Skills. It is very exciting to be able to offer most of the sessions this year in the new Medical School Building. Some sessions will be held at the Glaxo Clinical Education Centre however so be sure to check MEdTech for weekly changes.

Term 1 clinical skills are held on Thursday afternoons beginning September 8 and ending December 8. Most Thursday afternoon sessions begin with a 45 minute lecture for both students and tutors. Attendance at these Thursday afternoon lectures is considered mandatory for tutors and part of the weekly workforce commitment. Attendance at the lecture also helps tutors ensure that there is consistency and continuity of teaching across all of the tutorial groups. Throughout the term there are lectures outside of the regular Thursday afternoons and all tutors are welcome to attend any of these lectures although it is not required. The first five weeks introduce the student to communication skills and focuses on history taking skills from beginning the interview, completing the interview and finally putting it all together. In the remaining weeks of the term the students will begin to learn aspects of the physical examination.

After the main lecture, tutors will remain in the lecture theatre with their fellow tutors to meet with the Clinical Skills Director to review how the skill the student has just learned about in the lecture will be taught. The students are just beginning to learn these new skills so consistency between tutors is essential. Tutors will then join their students in the assigned group rooms either at the New Medical Building or the Clinical Education Centre, to review the skills taught during the lecture and to discuss how the afternoon session will be run.

 This year the Physical Examination Manual was revised and is available from the Clinical Skills Coordinator or at the UGME office. As well, we have produced a Resource Manual this year for both students and tutors, which will be available from the Clinical Skills Coordinator or at the UGME office. The Resource Manual will serve as a resource for the students across the four years of their medical education. It covers a wide range of topics such as dress code, professionalism, how to give an oral report, how to do a written report etc. It is recommended that every tutor familiarize themselves with the Resource Manual as the information there will help you to answer additional questions that your students may have throughout the term.

Thank you for agreeing to be a tutor for the first year medical students and their first term of clinical skills. You will find it a rewarding experience.

 **Optional Lectures (consult MEdTech as times and locations are subject to change)**:

***Sept 19*** at 1130, BOT 139. - How to perform Peer Assessments: Dr. H Averns, Dr. C Jones-Hiscock, L. McEwen

***Oct 3*** at 1030, BOT 139- How to do a full history: Dr. C. Jones-Hiscock

***Oct 11*** at 1130, BOT 139 - Vital Signs: Dr. H. Averns

***Oct 17*** at 1030, Lecture Hall 132A, Medical School Bldg - General Appearance: Dr. H. Averns

***Oct 17*** at 1530, Lecture Hall 132A, Medical School Bldg - ENT; Dr. A. Tan

***October 31*** at 1330, Lecture Hall 132A, Medical School Bldg - TBL Cardiovascular Examination: TBA

***Nov 8*** at 1330, Lecture Hall 132A or 401A, Medical School Bldg TBL- Respiratory Examination: Dr. S Moffat

**Small Group Room Assignments**

When sessions are held at Site 2, in the New Medical Building, each group will have their own small group room in which to meet before and after the session plus 2 clinical rooms. The room assignments are as follows:

Group 1 - Room 112, 101A and 101B

Group 2 - Room 114. 101C and 101D

Group 3 - Room 117, 101E and 101F

Group 4 - Room 207, 101G and 101H

Group 5 - Room 209, 101J and 101K

Group 6 - Room 211, 101L and 101M

Group 7 - Room 220, 101N and 101P

Group 8 - Room 222, 101Q and 101R

Group 9 - Room 224, 101S and 101T

Group 10 - Room 226, 101U and 101V

For those sessions held at Site 1, the Glaxo Clinical Education Centre the room assignments are as follows:

Group 1 - Room 226, 216 and 213

Group 2 - Room 227 and 215

Group 3 - Room 228 and 214

Group 4 - Room 116, 117 and 207

Group 5 - Room 204 and 217A

Group 6 - Room 224, 211 and 212

Group 7 - Room 121, 112, and 113

Group 8 - Room 122A and 114

Group 9 - Room 122B and 115

Group 10 - Room 111A, 111B and 217B

Contacts:

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Coordinator: Kathy Bowes Kathryn.bowes@queensu.ca

**TUTOR GROUPS**

**Group 1 Dr. Henry Averns**

 **Dr. Peggy Robertson**

**Group 2 Dr. Michael Sylvester**

 **Dr. David Walker**

 **Dr. Jim Boseovski**

**Group 3 Dr. Ramiro Arellano**

 **Dr. David Barber**

**Group 4 Dr. Tim Holden**

 **Dr. Heather Ostic**

**Group 5 Dr. Peter Brown**

 **Dr. Ian Casson**

**Group 6 Dr. Christine Miller-Hart**

 **Dr. David Taylor**

**Group 7 Dr. Chris Frank**

 **Dr. Alina Marin**

**Group 8 Dr. Dimitri Petsikas**

 **Dr. Brent Wolfrom**

**Group 9 Dr. Jane Griffiths**

 **Dr. Fred Watkins**

**Group 10 Dr. Melanie Jaeger**

 **Dr. Diane Lu**

**September 8, 2011**

***1:30 – 2:30:***

***Whole Class Lecture:*** *Beginning the Interview: Dr. Sue Moffatt*

***Botterell 139***

#### Objectives

#### A clinician will present material that will enable students to achieve the following objectives during the small group session today.

#### Students will be able to:

#### 1. Identify behaviours and characteristics of physicians that facilitate effective doctor-patient relationships.

#### 2. Explain the importance of communication skills in the doctor-patient relationships.

#### 3. Recognize that clinical encounters require skills in gathering relevant information, building a relationship, and guiding the interaction.

#### 4. Practice self-reflection regarding the style, biases and values they bring to the doctor-patient relationship.

#### 5. Appreciate and practice confidentiality regarding patient information.

#### 6. Discuss and demonstrate how to prepare for and initiate a medical interview.

#### 7. Discuss and demonstrate verbal and non-verbal processes that develop rapport.

#### 8. Practice self-awareness during an interview.

####

#### 2:30 – 4:30:

#### Small Group Session

#### Site 2, Medical School Building (See page 2 of Tutor Manual for room assignments)

#### Purpose

# 1. To encourage students to get to know you and each other,

# 2. To establish how the group will operate, and

# 3. To encourage students to practice observation and self-reflection about communication skills and recognize the elements of content, process and insight.

#

# **Suggested Small Group Activities**

# **Part I**

# **Introduce** yourself and allow the students to introduce a bit about themselves (name, home town, prior courses…).

# **Discuss** the “rules of participation” that your group wants to use. Please emphasize the importance of keeping the group discussions **confidential.**

# **Discuss** the importance of being able to give and get feedback in learning clinical skills

# It may be worth considering Pendleton’s rules of feedback which is a structured (and sometimes rigid) approach to providing feedback. A potential format for providing feedback might be:

#

# Following the observed event the following steps are utilized in order.

# ● Step 1 - You ask the learner “what do you believe went well?”

# ● Step 2 - You then offer what you think went well, eg “this is what I think you did well….”

# ● Step 3 - You then ask “What would you do differently if you had the opportunity to do it again?”

# ● Step 4 - You then tell the learner what you think they might do differently and discuss these points.

#

# **Part II**

# **Ask** students to pair up and interview each other for 2-3 minutes about more personal topics (family situation, worst and best experiences about first week at medical school, most memorable Kingston moment so far…)Following the encounter, each interviewer will then introduce their “subject” to the group.

# **Debrief** the students on how they felt about interviewing and being interviewed. As part of the debriefing exercise they could discuss:

* content (was accurate and meaningful information collected and presented?)
* process (verbal and non-verbal interview skills)
* insight: (how did it feel to be interviewed, or to question someone?)

# If time permits, students could share an experience of illness or contact with the medical system that they think is influencing their interest in medicine as a career, or impacts on their attitude to the doctor-patient relationship. Alternatively, you may wish to save this for a journaling activity or for a discussion point in a later session.

# **Part III**

# **Discuss** the purpose and process of **journaling**.

# Journaling encourages students to personalize their weekly experience in Clinical Skills. We have suggested some journaling questions each week, but your group may wish to address different issues. The student’s entry should be a thoughtful consideration, not simply a regurgitation of “our group did this”. Your reply should be at least a few sentences and validate or explore the student’s comments. Your group can decide how you want the entries submitted and your tutor responses returned (many groups use email.). For many students (and for some tutors) reflective journaling is difficult and this may be their first experience.

# **Inform** students of this week’s journaling questions:

* What is a physician behaviour that you value and would like to develop? Why do you value that?
* Describe an experience that has influenced your attitude towards medicine. Why was that such a compelling experience and how do you think it will affect your approach to patients?

# **Remind students what they need to prepare for the following week**

**September 15, 2011**

 **1:30 – 2:30:**

***Whole Class Lecture:*** *Gathering Information: Dr. Sue Moffatt*

***Lecture Theatre 132A, Medical School Building:***

***Objectives***

The student will be able to

1. Understand and appreciate the difference between the concepts of “disease” and “illness”.

2. Learn how to establish the reason for the visit

3. Describe the content to be included in a history of the present illness (HPI).

4. List the defining characteristics of a symptom (also called “qualifiers” or the “sacred seven”).

5. Encourage a patient to tell his/her own story and follow the narrative thread.

6. Utilize effective questioning skills including open-ended and clarifying questions and transition statements.

7. Use verbal and non-verbal responses that indicate he/she is actively listening to the patient

***2:30 - 4:30:***

***Small group session-*** *Beginning the Interview, Building Rapport, Identifying the Chief Complaint*

***Site 1, Glaxo Clinical Education Centre (See page 2 of Tutor Manual for room assignments)***

**Purpose**

1. to practice beginning an interview and identifying the reason for the visit

2. to become more aware of behaviours that promote or inhibit rapport

3. to introduce role-playing as a learning tool

4. to practice giving and getting feedback.

**Suggested Small Group Activities**

**Part I: Role Plays**

**Discuss** with your group how to role play (see suggestions below). You could explore students’ prior experience or anxieties about the processes of role playing.

**Part II:** Tutor Role Play Demonstration

As an application of the principle that "we teach best what we do often” tutors are asked to do a brief role play while the students observe.

* One tutor is the doctor and one tutor is a patient. The role play need only go for 5 minutes. By your example you can illustrate how you begin an interview and establish the purpose of a visit as well as how to set up and engage in a role play.
* After the role play, tutors candemonstrate analyzing the experience (ie.debriefing) “When you said this, I felt this...”, “I could have responded like this” and illustrate to students how to learn from observation and feedback.

**Part III:** Student Role Play Exercise (One role play exercise usually takes about 30 minutes in all to set up, do, debrief).

Each student will do one role as a **medical student** and one as a **patient** Students playing medical students in these scenarios will be told they are working as medical students in a clinic to which these patients have come. They are asked to take a history of the present illness. Students playing the patient will be given the basic history on a cue card and can make the rest up on their own.

* Students work in pairs and the **medical student** interviews the **patient** regarding the assigned clinical presentation for 6 to 10 minutes. (Patient roles are outlined below and cue cards for the students will be provided to tutors by the Clinical Skills Coordinator upon arrival to the CEC)
* For the first role play have everyone do the same scenario.
* Inform the students that the focus of the interview is **learning about the person they are interviewing** **rather than being a “diagnostic detective”**.
* Tutors wander around and watch each pair for a while.
* Once the role play is finished, debrief all the “medical students” and all the “patients” about the scenario using the suggested debriefing questions listed below.
* Once debriefing has finished, **change** the assigned case, **reverse** doctor/patient roles, and **repeat** the process.

**Part IV:**

**Inform** students of this week’s journaling questions:

* Which techniques for developing rapport do you find easiest to use? What new techniques that you learned today might you try in future interviews?
* What aspects of interview do you anticipate to be the most challenging for you? Why is that? How do you plan to address those?
* Recall the interview that you did today in the role of a patient. How well do you feel that the medical student interviewing you “heard your story”? How did the student give you that feeling? Describe one important idea or concept you learned from this experience of being a patient.

**Remind students what they need to prepare for the following week**

* Next week students will interview standardized patients to elicit the cardinal features of a symptom. Please review with the students the guidelines for working with standardized patients

**Role-Playing in Clinical Skills**

### **Why role play?**

* Develops skills of listening, observing and analyzing interactions
* Encourages even shy students to participate
* Practice skills in a safe environment

**How do you role play?**

Typically, students work in pairs or triads with one student **acting as a medical student** the second student a patient and in triads, the third student is an observer who gives feedback. **Students do not pretend to be doctors.** .

* Be sure participants understand their roles and the setting (clinic, ER, etc)
* Try to give the role directions to the “patients” and “medical student” separately
* Encourage students to remain in role – not laugh or act inappropriately casual
* Let students know that any participant can call a “time out” if they are uncomfortable or wish to discuss a certain aspect of the interview.
* There must be time for participants to “come out of role” and debrief the experience. It may help to have them leave the room in role and return as themselves.
* If many groups are working concurrently, provide a 1 minute warning when you think it looks like everyone is nearly done.
* If all the students have the same scenario, during the debriefing period it is possible to generate a summary of the learning points.

**When a student is stuck in a role play, what do you do?**

* Allow them to struggle with it. This is the opportunity for significant learning.
* Suggest they summarize back to the patient what they know so far about the patient and have them check out if they have all of the right information.
* Suggest they ask the person playing the role of the patient if they have any ideas
* Offer a “time out”.

### **Debriefing a Role Play**

* Have the student doing the most challenging role begin the debriefing (usually the one in the medical student role)
* Debriefing is an opportunity to address the emotional as well as the behavioral aspect of the experience: discuss both what the student did and how they felt in the process.
* Model empathy by acknowledging the challenges that the students experienced in the role
* Identify how a communication skill aided or detracted from history-taking
* Consider using the Macy Model (on the website) as a checklist to focus the feedback on the interview

#### Suggested De-Briefing Questions

* What did you think you did well?
* What was the most difficult part of the interview for you?
* If you were to do one thing differently next time, what would it be?

**Student Role Plays for Developing Rapport**

# **Case 1** *"I am worried about my daughter."*

# You are a 40 year old single parent who is at the Family Medicine clinic because you are worried about your 12 year old daughter who is losing weight.

# noticed her weight loss gradually over the summer

# increasing her exercise (running more)

# she is not eating any junk food and is eating very small, "healthy" meals

# You are divorced, have no other children and don't see your ex so don't know what he/she thinks

# You eventually indicate that you are worried she may have an eating disorder. Your worry is affecting you at work and at home. You are looking for advice and support for both you and your daughter.

**Case 2** *"I need a sleeping pill."*

# You are a 20 year old life science student just beginning first year. You have come to the Student Health Clinic for a sleeping pill because you are having trouble sleeping.

# you are tired all the time and fall asleep in class

# can't get to class on time because sleeping in

# you drink about 4 cups of coffee a day (spread over the day/evening)

# You are worried about how you will make it through first year if can't get sleep.

# eventually you admit to doctor you are worried about your mom who was just diagnosed with breast cancer. You don't know how serious her illness is since she just had biopsy. Surgery booked for 2 weeks.

# **Case 3** *“I’m new here (and I’m worried about my blood pressure)”*

# You are a recently divorced person who just moved into the area and this is your first visit to the clinic.

# you miss your home and support of your friends, though closer to a family member

# had to move since needed a new job

# have 2 children, worried about their adjustment, 1 daughter has asthma

# Eventually disclose that you have high blood pressure. At the drugstore your BP in the machine there was very high 160/100.

# your mother died of a stroke when you were 20 and you are worried that you will too.

**September 22, 2011**

***1:30 – 2:30***

***Whole Class Lecture:*** *Exploring the Patient Perspective, Dr. Sue Moffatt*

***Lecture Theatre 132A, Medical School Building***

#### Objectives

Students will be able to:

1. Understand and appreciate the difference between the concepts of “disease” and “illness”.
2. Consider the experience of illness from a patient’s perspective and utilize the Function, Ideas, Feelings, Expectations model (FIFE) to explore it.
3. Use a range of approaches to respond to patients’ feelings and build relationship.
4. Describe and demonstrate the importance of appreciating the illness experience

***2:30 - 4:30***

***Small group session:*** *History of Present Illness and Questioning & Listening Skills*

***Site 2, Medical School Building,***

**Purpose**

1. To work with standardized patients for the first time.

2. To practice opening an interview, establishing the reason for the visit and developing rapport3

3. To practice verbal and non-verbal interviewing skills that encourage patients to tell their story

4. `To elicit the “sacred 7” features of the chief complaint and the impact of the illness

## Session Format

**Part I: Introduction (**Your introduction will have to be brief, so you can **start the SP portion by 2:40.**

 Tutors may want to discuss

* How do we cope with anxiety about meeting patients (the students are very nervous about this first encounter).
* How should they introduce themselves to patients?

**Part II: Standardized Patient Interviews (**Every student will get to do 2 interviews each with a different SP. See below for a visual outline of the session.)

**2:40-3:40**

* Assign 5 students and one tutor to each room. At 14:40 an SP will come to each of your 2 group rooms and be ready to start. One SP will do the **frozen shoulder** role and the other the **carpal tunnel** role.
* Students are playing the role of a medical student working in a clinic and will take ~ 5 minutes to interview the SP about the presenting complaint.
* After the 5 minute interview, the SP, the tutor and the observing medical student will provide 2-3 minutes of feedback each regarding content and process skills. (See below)
* Each student will observe at least one interview after completing their own, and can contribute to the feedback process.

**3:40-4:30**

* Groups switch rooms to meet the other SP in the new role. Tutors can move with the students, or stay with the SP role.

**Part III:**

**Inform** students of this week’s journaling questions:

* What was the most difficult aspect of this interview experience for you? Why do you think that was a challenge and how are you going to approach it the next time?
* If you tried a new questioning technique today, describe it and how well you think it worked. Will you try it again or, if not, how would you modify it.

**Note to Tutors:**

**Next week Small Groups will be divided between Medical School Building and the Glaxo Clinical Education Centre**

**Groups 1 – 5 will be at the Medical School Building**

**Groups 6 – 10 will be at the Glaxo Clinical Education Centre**

**Visual Outline of the SP Session**

Room 1

SP role A

Students 1-5

Room 2

SP Role B

Students 6-10

Room 1

SP Role A

Students 6-10

Room 2

SP Role B

Students 1-5

2:30 - 2:40

Introduction

2:40

3:30

4:20 - 4:30

Wrap up (if time)

**Content and Process Skills to Practice in the Interview**

|  |  |
| --- | --- |
| **Content** | **Process**  |
| Patient Profile | Encourages patient to tell their story without interruptions |
| Chief complaint | Begins with open-ended questions and follows up with clarifying questions |
| “Sacred Seven” : | Listens attentively |
| Chronology: onset, duration, course | Uses verbal and non-verbal facilitative responses e.g. repetition, paraphrasing |
| Location/radiation | Picks up, checks out and acknowledges cues |
| Quality/character | Clarifies patient’s statements |
| Severity | Periodically summarizes |
| Setting | Uses easily understood language and avoids jargon |
| Aggravating and relieving factors | Establishes the sequence of events |
| Associated symptoms | Encourages patient to express feelings |
|  |  |
| **Effect of the Illness on:** |  |
| Function |  |
| Feelings |  |
| Ideas |  |
| Expectations/hopes |  |

**September 29, 2011**

***1:30 – 2:30:***

***Whole Class Lecture:*** *Completing and Closing the Interview, Dr. Henry Averns*

***Lecture Theatre 132A, Medical School Building***

#### Objectives

Students will be able to:

1. Outline the essential information to be obtained regarding:

* Other Active Problems
* Medications and Allergies
* Family History
* Social History, Life Situation, Habits
* Review of Systems
* Learn how to close the interview
* Learn how to transition to the physical examination
* Communicate during the physical examination
* Use techniques to control the flow of the interview

***2:30 - 4:30:***

***Small group session:***

*The Patient’s Perspective – Social History and Illness Experiences with Volunteer Patients*

***Groups 1 – 5 Medical School Building***

***Groups 6 – 10 Glaxo Clinical Education Centre***

## Purpose

By interviewing volunteer patients students will:

1. appreciate the value of understanding a patient’s illness experience
2. practice building rapport
3. elicit the illness experience using the FIFE model
4. use verbal and non-verbal skills such as PEARLS to respond to patients’ stories (see “Helpful Phrases” from “Skills for Communicating with Patients” pages 43, 95, 96 listed below).
5. close the interview

### **Session Format**

This is an opportunity for students to interview volunteer patients and learn how real illnesses have affected their lives. Students will practice how to enquire about a patient’s experience and how to respond to their story. The patients’ chief problems are fairly simple and they are expecting that students will spend only a minute or two identifying it.

Suggested opening statements students could use:

* “What is the major health problem you are dealing with?”
* “Could you tell us how that has affected your life…has been for you…”

**Please note:** This is **not** a simulated “clinic visit” and students are **not** expected to take a detailed “cardinal 7” type history. Rather it is a clinical encounter that allows the students to focus on listening and learning how the illness has affected the person’s life.

**Part I:** Interviewing Volunteer Patients (Please see the following visual outline of the session)

* Divide the students into groups of 6 or 4 and assign a tutor to each group.
* Half of the students in each group will collaborate to interview the volunteer patient for 15 minutes while the other half observes.
* After the 15 minute group interview the tutor and the observing students will provide feedback for 10 minutes.
* Repeat the process three more times so that each half of the group interviews two volunteer patients over the course of the afternoon.

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**Part II**

**Inform** the students of the journaling question for this week:

* Reflect on your interview today and suggest how your understanding of the patient’s illness experience would influence the care you would offer.
* What do you perceive are the benefits and risks to the physician and the patient of exploring the illness experience as part of a clinical encounter?

**Remind students what they need to prepare for next week**

* Next week students will interview standardized patients to practice completeing the interview. Please review with the students the guidelines for working with standardized patients (See Resource Manual) and remind them that professional attire is required.

**Note to Tutors: The session next week begins at 1:30 at Site 2, The Medical School Building. There is no whole class lecture.**

**Visual** **Outline of Volunteer Interviews**

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**Helpful excerpts from “Skills for Communicating with Patients”**

**The Opening Question: page 43,**

* *How can I help you?*
* *Tel lme what you have come to see me about.*
* *What would you like to talk about today?*
* *What can I do for you?*
* *How are you doing?*
* *How are things?*
* *What’s up?*

**Examples of different phrasing required when asking “FIFE questions” ie. Ideas (beliefs), Feelings (concerns) and Expectations: page 95 and 96**

**A. Ideas (beliefs)**

* *Tell me about what you think is causing it*
* *What do you think might be happening?*
* *Have you any ideas about it yourself?*
* *Do you have any clues? Have you any theories?*
* *You’ve obviously given this some thought. It would help me to know what you were thinking it might be.*

**B. Feelings (Concerns)**

* *What are you concerned it might be?*
* *Is there anything particular or specific that you were concerned about…*
* *What was the worst thing you were thinking it might be?*
* *In your darkest moments……*

 **Skills involved in discovering and responding to patients’ feelings:**

* **Picking up and checking out verbal cues**

 *You said you felt miserable. Could you tell me more about how you’ve been feeling?*

* **Repetition of verbal cues**

*Angry……?*

* **Picking up and reflecting non-verbal cues**

 *I sense that you’re very tense – would it help to talk about it?* Or *You sound sad when you talk about John.*

* **Direct questions**

 *How did that leave you feeling?*

* **Using acceptance, empathy, concern, understanding to allow the patient to feel that you are interested in their feelings**

 *I can see that must have been hard for you.*

* **Early use of feelings questions to establish your interest in the subject or Asking for particular examples**

 *Can you remember a time when you felt like that? What actually happened?*

* **Asking permission to enter the feelings realm**

 *Could you bear to tell me just how you have been feeling?*

* **How to end the discussion of feelings and not sink into the downward spiral with the patient**

*Thank you for telling me how you have been feeling. It helps me to understand the situation much better.*

 *Do you think you’ve told me enough about how you are feeling to help me understand things?*

 *I think I understand now a little more what you have been feeling. Let’s look at the practical things that we can do together to help.*

**C. Expectations**

* *What were you hoping we might be able to do for this?*
* *What do you think might be the best plan of action?*
* *How might I best help you with this?*
* *You’ve obviously given this some thought. What were you thinking would be the best way of tackling this?*

**October 6, 2011**

**NOTE: There is no whole class lecture this week – meet your group in your small group room at the New Medical School Building**

***1:30 - 4:30***

***Small group Session:*** *Completing and Closing the Interview*

***Site 2, Medical School Building***

## Purpose

By interviewing standardized patients, students will:

* collect accurate patient/illness information
* gain an appreciation of the patient’s illness experience
* establish rapport with the patient
* actively demonstrate communication techniques introduced earlier in the course

**Session Format**

**Part I**

* Assign 5 students and one tutor to each room. An SP will come to each of your 2 group rooms and be ready to start. Students are playing the role of a **medical student** working in a clinic and will take 10 minutes to interview the SP about the presenting complaint while the tutors and a fellow medical student observe. A medical student should complete the interview themselves before sitting in to provide feedback. (The first interview therefore will not have a student observer) During the ten minutes the student interviewer will:
1. Demonstrate an organized approach to beginning an interview, gathering information and ending an interview
2. Demonstrate effective communication skills including questioning techniques
3. Elicit a basic patient profile, simple history of the presenting complaint/illness and the patient’s illness experience
* After the 10 minute interview, the SP, the tutor and the observing medical student will provide feedback regarding (See below)
* Each student will observe at least one interview after completing their own, and can contribute to the feedback process.
* Each student should interview two SP’s over the course of the afternoon.

**Part II**

**Inform** the students of this the journaling question for this week:

**Remind students what they need to prepare for next week**

* Next week students will be practicing two skills; universal precautions and vital signs. Students are expected to bring stethoscopes and blood pressure cuffs to the session.

**Note to Tutors: There is no whole class lecture next week.**

* **Tutors for Gr. 1-5 start at 1:30 at Site 2, The Medical School Building**
* **Tutors for Gr. 6-10 start at 3:00 at Site 2, The Medical School Building**

**October 13, 2011**

**NOTE: There is no whole class lecture this week – meet your group in your small group room at the New Medical School Building.**

**Groups 1 – 5: begin at 1:30 and finish at 2:55**

**Groups 6 – 10 begin at 3:05 and finish at 4:30**

***1:30-4:30***

***Small Group Sessions:*** *Routine Precautions and History Taking and Vital Sign*

*(****Note to tutors****: The students had a lecture earlier this week regarding Vital Signs but the y will likely need you to demonstrate the proper technique of pulse palpation and blood pressure measurement during today’s session. Please use the* ***Queen’s Guide to the Physical Examination*** *and the Standard Resource WebPages for Clinical Skills on MEdTech as the “go to” references for the standardized approach we want our students to use).*

**Purpose**

During this session each student will:

1. practice history taking and vital signs with fellow students
2. be introduced to and practice routine precautions.

**Session Format**

**1:30 – 2:55 -**  Groups 1 - 5 will practice history taking and vital signs with their tutors at **Site 2**  ( medical school building)

 Groups 6 - 10 will do routine practices and precautions at **Site 1**. (CEC)

**3:05 – 4:30 -** Groups 1 -5 will do routine practices and precautions at **Site 1.** (CEC)

 Groups 6 - 10 will practice history taking and vital signs with their tutors at **Site 2.** (Medical school building)

Tutors do not need to attend routine practices and precautions with their students but are welcome to join them if they would like to refresh their own skills.

**Remind students what they need to prepare for next week**

Next week students will be learning and practising the examination of Lymph Nodes on each other and, potentially with SP’s and VP’s. Please encourage them to review the guidelines for working with SP’s and VP’s. Professional attire is required.

**Next Week: Tutors are requested to meet with Dr Cherie Jones-Hiscock in Seminar Rooms 112/114 in the Medical School Building next week at 1:30 while the students attend the lecture on lymph node assessment. Dr. Jones- Hiscock will review the approved standard for completion of the revised assessment forms.**

**Remind students to complete their mid-term assessment forms this week and return them to you next week**

**Goals of Physical Exam Sessions: Overview**

Students are now moving into the next phase of the term and will focus on learning and practising the skills required to conduct a physical examination of a patient while refining their communication and history taking skills. Students will need to be reminded of the skills they are practicing each week and encouraged to “look ahead” and review the recommended resources for the upcoming session.

We have the opportunity to teach students good habits that will last them a lifetime and remember that your good example is irreplaceable. As such, at the beginning of each session consider:

* demonstrating the skills of focus for that particular session, if you feel comfortable doing so
* using the electronic resources accessible using the laptops in the examination rooms
* reviewing The Queen’s Guide to the Physical Examination as a reference.
* having students take turns demonstrating each bit of the examination and discussing it together.

The Queen’s Guide to the Physical Examination outlines what skills students are expected to perform when examining each system. Please use and refer students to this as the “go to” reference. Additionally the clinical skills website, on Medtech <http://meds.queenus.ca/courses/clinicalskills> provides:

* Most of the Queen’s produced videotapes
* The Bates DVD’s
* Standard Resource WebPages for Clinical Skills

Some of these sessions will involve SP’s and VP’s so continuous awareness of the guidelines for working with SP’s and VP’s is essential. Please impress upon students frequently, the importance of adhering to these guidelines at all times throughout the term. Professional attire is required for these sessions.

At other times the student’s will practice with one another. Having students examine each other is intended to:

1. Promote team work in learning
2. Increase awareness of the patient’s perspective: privacy, comfort, need for directions
3. Increase opportunities for practice in each session and
4. Promote practicing with each other as a necessary aspect of learning

### **October 20, 2011**

***1:30 – 2:30: Seminar Room 112/114, Medical School Building***

Dr. Jones-Hiscock will review the approved standard for completion of the revised assessment forms.

### ***2:30 - 4:30:***

### ***Small Group Session:*** *General Appearance, ENT and Lymph Nodes*

### ***Site 2 Medical School Building,***

This is a new session which aims to address an area which we felt was inadequately covered previously. There will be a whole class session to demonstrate technique and discuss the importance of lymph node examination. Please ensure students palpate correctly, both in terms of location and technique. They will be assessed on their examination technique in a standardized clinical encounter with an SP in two weeks time.

**Purpose**

Through examining SP’s and each other students will:

1. Learn and practise proper technique when examining:
	* the ear, nose and sinuses
	* the mouth, buccal mucosa, gums and teeth, tongue, palate and structures of the pharynx (anterior and posterior pillars, tonsils, posterior pharynx)
	* the neck, including lymph nodes (anterior & posterior triangle, pre- and post-auricular chains, and supraclavicular nodes), trachea and carotid pulse
	* additional lymph node regions
2. Explain the rationale for these elements of the physical examination
* Link the elements together efficiently
* Understand the elements of the related review of systems
1. Learn and practise how to drape patients for dignity (listed on website and in Resource Manual)
2. Speak with patients during the examination using appropriate language and giving clear instructions
3. Practice universal precautions (at this stage, hand cleansing)

**Session Format:**

**Part I: Getting Started**

* Gather in meeting room with students for 15 minutes to demonstrate, review, and discuss the skills to be covered for the day.

**Part II:** **Physical Examination of Ears, Nose, Throat, Neck and Lymph Nodes**

* Assign 5 students and one tutor to each room.
* While one student practices examination technique with the SP, have the others pair off and practice examining each other. Each student should have the opportunity to examine the SP while the tutor provides one on one feedback.
* Plan to finish this part of the session by 4pm.

**Part III: Finishing Up**

* Review the elements of the related review of systems (can be found in the Queen’s Guide to the Physical Examination)
* Debrief the students regarding the challenges and success they experienced over the course of today’s session

**Remind students what they need to prepare for next week**

* Next week students will be learning and practicing the physical examination of the Thyroid. They will examine each other and should not expect SP’s or VP’s at the session.

**Formative Assessment next week:**

Collect from your students their completed mid-term assessment forms. Over the week you and your co-tutor should meet to complete the tutor portion of the mid-term assessment form. Next week at the end of the clinical skills afternoon you will review the assessment form with your students. The forms will be printed in triplicate and the top two copies are to be returned to the clinical skills coordinator and the back copy is for the student to keep for their portfolio.

### **October 27 2011**

***1:30 – 2:30:***

***Whole Class Lecture:*** *Examination of the Thyroid: TBA*

***Lecture Theatre 132A, Medical School Building***

***Objectives:***

* To learn how to examine the thyroid from in front of and behind the patient.
* To learn to seek other evidence of thyroid disease on physical examination
* To list the cardinal symptoms of disorders of the thyroid.

### ***2:30 - 4:30:***

### ***Small Group Session:*** *Examination of the Thyroid*

### ***Site 2 Medical School Building***

**Purpose**

Through examining each other students will learn and/or practise:

1. Proper technique when examining:
	1. the thyroid gland
	2. for associated physical manifestations of active thyroid disease. In particular students need to know that part of the thyroid examination involves looking for other physical signs suggesting hypo- or hyperthyroidism. In the absence of any knowledge of thyroid pathology this needs careful explanation, but it is important that students begin to appreciate that the art of clinical examination involves more than examining the specific organ.
2. Explaining the rationale for these elements of the physical examination
* Link the elements together efficiently
* Understand the elements of the related review of systems and cardinal symptoms of thyroid disease
1. How to attend to patient comfort during an examination
2. Speaking with patients during the examination using appropriate language and giving clear instructions
3. Universal precautions (at this stage, hand cleansing)

**Session Format:**

The technique of examining the Thyroid has already been demonstrated in the whole class session. However, it may still be necessary to review the technique with the students in your tutorial group at the start of today’s small group session. Students can choose whether they prefer to examine the patient from in front or behind.

**Part I: Getting Started**

* Gather in meeting room with students for 15 minutes to demonstrate, review, and discuss the skills to be covered for the day.

**Part II:** **Physical Examination of Thyroid**

* Have the students pair off and practice examining each other (See 1a. and b. above). Each student should have the opportunity to examine several different people.
* Review the elements of the related review of systems (can be found in the Queen’s Guide to the Physical Examination) and cardinal symptoms of thyroid disease.

**Part III: Finishing Up**

* Debrief the students regarding the challenges and success they experienced over the course of today’s session.
* Plan to finish this portion of the session by 3:30

**Remind students what they need to prepare for next week**

* Next week students will be learning and practicing the physical examination of the Cardiovascular System. Students will examine SP’s and VP’s and thus professional attire is required.
* There is NO whole class session on Thursday next week. Instead there is a tutors only training session at 1:30pm.
* The small group session with your tutorial groups starts at 2 pm.

**Part IV: Formative Assessment**

This is an opportunity to meet with each student and review their progress to date. If there are concerns regarding the progress of any of your students you should inform Dr. Cherie Jones-Hiscock, Course Director for Clinical Skills Terms 1 and 2. The student should maintain the back page of the mid-term assessment form and the top two copies should be returned to the Clinical Skills Coordinator for the student’s file.

**November 3, 2011**

***1:30 to 2:00:***

***Tutor Training:***

This session is only for tutors to confirm our understanding of the technique of cardiovascular examination and thus provide a standardized and consistent approach to examination of the cardiovascular system across all tutorial groups.

***Room 021, Medical School Building***

***2:00 to 4:30:***

*S****mall Group Session:*** *Cardiac examination*

***Site 2, Medical School Building***

***Objectives and Purpose***:

Through examining each other students will learn and practise:

1. Demonstrating the surface anatomy of the anterior thorax, including the surface projections of the heart and great vessels and the usual auscultatory areas for heart sounds.
2. Outlining the events in the cardiac cycle and clinically identifying systole and diastole.
3. Palpating the carotid and peripheral pulses.
4. Palpating for the apical beat and precordial movement.
5. Auscultating normal heart sounds in the supine, left lateral and sitting positions; identifying physiological splitting of the second sound.
6. Describing the appropriate use of the stethoscope to identify low and high-pitched sounds.
7. Demonstrating examination for peripheral edema.
8. Demonstrating measurement of the JVP.
9. Explaining the rationale for these elements of the physical examination
10. Linking the elements together efficiently
11. Eliciting the elements of the related review of systems and cardinal symptoms of cardiovascular disease
12. How to attend to patient comfort and draping during an examination. (***Students occasionally worry about exposure of breasts. Our stance is that the inspection of the precordium, and the palpation of the chest wall cannot be performed properly with the bra on, but it is possible to achieve this with dignity using correct draping technique and a professional approach.)***
13. Speaking with patients during the examination using appropriate language and giving clear instructions
14. Universal precautions (at this stage, hand cleansing)

**Session Format**

Students have already completed the module on examination of the heart and attended a comprehensive TBL exercise earlier this week. There is also a video demonstrating draping technique for physical examination on the MEdTech site that they have been directed to review.

**Part I: Getting Started**

* Gather in meeting room with students for 15 minutes to demonstrate, review, and discuss the skills to be covered for the day.

**Part II:** **Physical Examination of the Cardiovascular System**

* The SPs will be in the examination room wearing gowns by 1:45 and are prepared to stay until 4:20.
* Have the students pair off and practise examining each other or divide them into groups to examine SP’s.
* Plan to finish this portion of the session by 4:00.

**Part III: Finishing Up**

* Review the elements of the related review of systems (can be found in the Queen’s Guide to the Physical Examination, a.k.a. The Blue Book) and the cardinal symptoms of cardiovascular disease
* Debrief the students regarding the challenges and success they experienced over the course of today’s session.

**Remind students what they need to prepare for next week**

* Next week students will be learning and practicing the physical examination of the Respiratory System. Students will examine SP’s and VP’s and thus professional attire is required (and clinical jackets if available).
* There is NO whole class session on Thursday next week. The small group session with your tutorial groups starts at 1:30 pm.

### **November 10, 2011**

***1:30 – 4:30***

### ***Small Group Session: Respiratory Examination***

###  ***Site 2, Medical School Building:***

#### Objectives and Purpose

In today’ session the student will learn and practice:

1. demonstrating the relevant surface anatomy of the thoracic structures and normal movement during respiration.
2. Observing the use of accessory muscles, and identifying signs of respiratory distress and abnormal thoracic movement.
3. Demonstrating assessment of chest expansion by palpation.
4. Demonstrating the examination for fremitus and explain the principle of normal and decreased fremitus.
5. Demonstrating the appropriate sites and technique of chest percussion. Discriminate normal and decreased resonance.
6. Demonstrating auscultation of the lungs. Describe the characteristics of normal and bronchial breath sounds, crackles, wheezes, stridor and rubs.
7. Demonstrating and describe the principle of increased vocal transmission. Use proper draping techniques for examination of the thorax
8. Explaining the rationale for these elements of the physical examination.
9. Listing the cardinal symptoms of respiratory disease.

**Session Format**

**Part I:** Getting Started

* Earlier this week the students participated in a three hour TBL on functioning and examination of the respiratory system. While a respiratory physical examination was demonstrated for the students they will need a brief review to quickly orient them to this afternoons session. As such, please spend the first 15 minutes of today’s session demonstrating, reviewing and discussing the skills for the day

**Part II:** Physical Examination

* Divide your tutorial group into groups of five an assign one tutor to each room. In each room every student will examine an SP/VP, while the other four split into pairs to examine each other.
* This is a good opportunity to link the cardio-respiratory examinations since in practice, they are usually done together.
* Aim to be finished this part of the session by 4:00 pm.

Today is with female SP’s and male VPs and student should have an opportunity to perform a respiratory exam on both. The female SP has consented to being examined without a bra and as such, today’s session provides additional opportunity for practising draping for examination

**Part III:** Finishing Up

* Review the relevant review of symptoms and the cardinal symptoms of respiratory disease.
* Debrief with the students regarding the challenges and successes of today’s session.

**Remind students what they need to prepare for next week**

Next week students will be practising the abdominal examination with SP’s. Professional attire (including

white clinical jackets and name tags) is required.

### **November 17, 2011**

***1:30 – 2:30:***

***Whole Class Lecture:*** *Abdominal Examination, Dr. Bill Depew*

***Lecture Theatre 132A, Medical School Building***

#### Lecture Objectives

#### Students will be learn how to :

1. Drape the patient appropriately for examination of the abdomen.
2. Outline the surface anatomy of the abdomen and the underlying structures.
3. Inspect and auscultate a normal abdomen.
4. Demonstrate light and deep palpation of the abdomen.
5. Demonstrate techniques for palpation of the liver, spleen, inguinal lymph nodes and kidney.
6. Demonstrate percussion of the abdomen and the upper border of the liver.
7. Measure liver span.
8. Demonstrate the location of a palpable bladder or fundus.
9. Explain the rationale for these elements of the physical examination.
10. List the cardinal symptoms of the GI system elicited in the ROS
11. List the cardinal symptoms of GU system elicited in the ROS

### ***2:30 - 4:30 Small Group Session:*** *Abdominal Examination*

***Site 2, Medical School Building***

**Purpose**

Students will practise:

* 1. Draping the patient appropriately for examination of the abdomen.
	2. Outlining the surface anatomy of the abdomen and the underlying structures.
	3. Inspecting and auscultating a normal abdomen.
	4. Demonstrating light and deep palpation of the abdomen.
	5. Demonstrating techniques for palpation of the liver, spleen, inguinal lymph nodes and kidney.
	6. Demonstrating percussion of the abdomen and the upper border of the liver.
	7. Measuring liver span.
	8. Demonstrating the location of a palpable bladder or fundus.
	9. Explaining the rationale for these elements of the physical examination.
	10. Listing the cardinal symptoms of the GI system elicited in the ROS
	11. Listing the cardinal symptoms of GU system elicited in the ROS

**Session Format**

**Part I:** Getting Started

* Please spend the first 15 minutes of today’s session demonstrating, reviewing and discussing the skills for the day.

**Part II:** Physical Examination

* Divide your tutorial group into groups of five and assign one tutor to each room.
* In each room every student will examine an SP/VP, while the other four split into pairs to examine each other.
* Please particularly watch how deeply the student palpates, and discourage poking their fingers deeply as opposed to flattening their hand.
* Aim to be finished this part of the session by 4:00 pm.

**Part III:** Finishing Up

* Review the relevant review of symptoms and the cardinal symptoms of GI and GU disease.
* Debrief with the students regarding the challenges and successes of today’s session.

**Remind students what they need to prepare for next week**

Next week students will be practising examination of the breast and axilla. Professional attire (including

white clinical jackets and name tags) is required.

### ***November 24, 2011***

***1:30 – 2:30***

***Whole Class Lecture:*** *Breast and Axilla Examination: Dr. Jay Engel*

***Lecture Theatre 132A, Medical School Building***

***Objectives:***

Students will learn :

1. the anatomy and lymphatic drainage of the breast and axilla.
2. the correct draping for proper exposure during the breast examination.
3. the techniques for examining the breast and axilla:
	* 1. inspection of the breasts in sitting and lying positions.
		2. breast palpation.
		3. palpation for the axillary lymph nodes.
4. the characteristics that describe a mass.
5. the rationale for these elements of the physical examination.
6. the cardinal symptoms of disorder of the breast.

### ***Small Group Sessions, Site 2, Medical School Building: 2:30 - 4:30***

### ***Breast and Axilla Examination***

**Purpose:**

Students will practise:

* 1. Draping the patient appropriately for examination of the abdomen
	2. The techniques for examining the breast and axilla:
		1. inspection of the breasts in sitting and lying positions.
		2. breast palpation.
		3. palpation for the axillary lymph nodes.

**Session Format**

**Part I:** Getting Started

* Please spend the first 15 minutes of today’s session demonstrating, reviewing and discussing the skills for the day.

**Part II:** Physical Examination

* Divide your tutorial group into groups of five and assign one tutor to each room.
* In each room every student will examine an SP/VP, while the other four split into pairs to examine each other.
* The SP is expecting to have both breasts examined by 5 students, one at a time, with another student observing. They are trained to give basic feedback about comfort and technique.
* Draping and smooth coordination of this examination are important skills to practice.
* Students may wish to wear gloves for the axillary node examination and these will be in the room.
* Aim to be finished this part of the session by 4:00 pm.

**Part III:** Finishing Up

* Review the relevant review of symptoms and the cardinal symptoms of breast disease.
* Debrief with the students regarding the challenges and successes of today’s session.

**Remind students what they need to prepare for next week**

Next week students will be practicing the skill of presenting an oral reporting after conducting a focused

history with an SP. Professional attire (including white clinical jackets and name tags) is required.

**Remind students to complete their final assessment forms this week and return them to you next week**.

**December 1, 2011**

***1:30 – 2:30***

***Whole Class Lecture:*** *The Oral Report, Dr. Michael Sylvester*

***Botterell 139***

***Objectives:***

In this session the student will learn how to present an oral report using the format outlined in the Clinical and Communications Skills Resource Manual.

***2:30-4:30***

***Small Group Session:*** *History Taking and Presenting an Oral Report*

***Site 2, Medical School Building***

Standardized patients will present with one of the symptoms that has been studied in the ‘Approaches in Family Medicine’ course. The student will take a focused history using the studied approach, including other elements of a complete history, and FIFE as appropriate. The student will then present an oral report following the format outlined in the Clinical and Communications Skills Resource Manual starting with a “Headline” and concluding with a “Summary” and “Assessment”.

### **Purpose:**

1. To allow the students a formative opportunity to work from approach right through to differential diagnosis with a standardized patient.
2. To build upon the history taking skills students have learned throughout the term, and to transfer clinical reasoning skills from the ‘Approaches in Family Medicine’ course.
3. To allow the students a formative opportunity to present a complete oral report and analysis to their peers and tutors.

**Session Format**

**Part I:** Getting Started

* Please spend the first 15 minutes of today’s session demonstrating, reviewing and discussing the skills for the day.

**Part II:** The Oral Report

Split group into half – 2 groups of five students. Five students and one tutor will be assigned to one room for presentations.

Format:

A schedule for the afternoon will be provided.

* At the time indicated on the schedule one student from each group of 5 will take a history from an SP. The SP will be located within another area of the building.
* The student will then return to their original room to deliver the oral report to Tutor “A” and their fellow students who have remained in the room.
* Tutors will provide feedback to the student regarding the oral report that they deliver.
* Following the schedule the student will then proceed to take a history from a second SP.
* The student will return to the second room to present their second oral report to Tutor “B” and their fellow students who are in that room.

Over the course of the afternoon, the students will have two opportunities to interview SP’s and alternate tutors to provide an oral report. Therefore at any given time there will be one student with an SP taking a history, another student presenting an oral report and 3 students along with a tutor listening to a fellow student’s oral report

* Aim to be finished this part of the session by 4:00 pm.

**Part III:** Finishing Up

* Debrief with the students regarding the challenges and successes of today’s session.

**Final Assessments Next Week:**

Collect from your students their completed final assessment forms. Over the week you and your co-tutor should meet to complete the tutor portion of the final assessment form. Next week at the end of the clinical skills afternoon you will review the assessment form with your students. The forms will be printed in triplicate and the top two copies are to be returned to the clinical skills coordinator and the back copy is for the student to keep for their portfolio**.**

**December 8, 2011**

***1:30 – 2:30:*** *Jeopardy Quiz- Course Review, Dr Averns*

***Botterell 139***

Based on subjects learned in Clinical Skills in Term 1, Dr. Averns will lead a Jeopardy Quiz.

***2:30 – 4:30:*** *End of Term Student Assessments*

***Site 2 Medical School Building***

This is an opportunity to meet with each student and review their progress to date. If there are concerns regarding the progress of any of your students you should inform Dr. Cherie Jones-Hiscock, Course Director for Clinical Skills Terms 1 and 2. The student should maintain the back page of the mid-term assessment form and the top two copies should be returned to the Clinical Skills Coordinator for the student’s file.

**STUDENT GROUPS**

**Group 1 Group 2 Group 3**

Chaikof Michael Hassan Nizar Alexander Ainsley

Chen Amy Johnson Heather Cao Lu

Corazzola Daniel Klein Shane Chakraborty , Debarati

Daya Tahira Lepp Amanda Curtis Randolph

Jozefacki Alexis Presvelos John Kwan Jennifer

McTavish Elspeth Purdy Eve MacGillivray , Megan

Milko Christopher Steen Kalil Moolji Jalaluddin

Singh Niomi Tejani Zahra Simpson James

Wong Dennis Wynn Aaron Xu Shelina

Xu Yan Xu James Yu David

**Group 4 Group 5 Group 6**

Blanchard Eric Emack Jeffrey Brace Chantalle

Bricks Corey Martin David Kim Michael

Brown Meghan Kleinman Robert Lenson Sophia

Charenko Michael Leung Marie Newman Daniel

Dalziel Katie Murdoch Amanda Ramasubbu, Ashwin

Glicksman Rachel Parikh Prasan Reginold William

Herman Stephanie Pizzuto Katerina Singh Krishin

Prokubovskaya, Anastasia Shah Nilay Song Lan

Taylor Ryan Stern Emily Zalay Osbert

Wen Di Zur Rebecca Zhang Shannon

**Group 7 Group 8 Group 9**

Andersen Sarah Al-Aswad Nadine Bell Justin

Gabriel Joseph Buttemer Samantha Burrows Dianne

Ghare Aisha Chandrakumar, Shivani Gysel Michael

Gregor Alexander Clinkard David Huang Paul

He David Finner Kevin Juneau Eric

Jagan Lisa Frid Benjamin Meilleur Shanno

Mather Richard Hoare Dylan Robinson Andrea

Sharma Soniya Mulder Daniel Speare Janette

Song Belle Sugeng Clarissa Xu Josie

Veldhoen Richard Wong Pui You Peng

**Group 10**

Barua Reeta Ramic Nina Yakhsi Tafti, Ali

Bowman Lindsay Roth Nathan Zhou Cheng

Kwong Wilson Sienna Julianna

McAlpine Kristen Thomson Ashley