

**FACULTY OF HEALTH SCIENCES**

**school OF MEDICINE**

 Term 2

Communication and Clinical Skills Tutor Guide

 2012

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## **INTRODUCTION**

Welcome to Term 2 Clinical Skills! Throughout Term 2 students will continue to learn the art of **medical interviewing** and improve their **physical examination** **skills**. Students will apply their skills in clinical interactions with hospitalized, volunteer and standardized patients. As medical knowledge increases, they will understand the mechanisms underlying the symptoms and signs demonstrated by patients. They will begin to apply clinical reasoning to the information gathered. They will be expected to begin to create a complete, organized, and problem-oriented **medical record** and to summarize a patient encounter in **a concise oral case** **presentation**.

Throughout this course, the relationships between basic science, clinical manifestations of disease, and the psychosocial aspects of illness will be emphasized. They should begin to learn from and reflect on patients’ **illness experiences**.They will learn that all of these factors are important in the diagnosis, prognosis and clinical management of each individual patient. They will continue to develop insight into your knowledge, skills and attitudes of a clinician.

## COURSE CONTACTS

*Clinical Skills Director:* Dr. Henry Averns (avernsh@queensu.ca)

*Clinical Skills Co-Director Term 2*: Dr. Cherie Jones (Cherie@cogeco.ca)

*Clinical Skills Coordinator:* Kathy Bowes 613-533-6528 (Kathryn.bowes@queensu.ca)

*Clinical Skills Administrative Assistant:* Danielle Wallace

## **TERM 2 COURSE OBJECTIVES**

The objectives to be achieved at the end of the entire Clinical Skills Program are listed on MedTech.

In Term 2 students will begin to apply and develop skills in clinical encounters. The following expectations for Term 2 are reflected in the form that tutors will use as part of the Term 2 assessment

All of the following are described in greater detail in the Queens Clinical Skills Resource and Physical Examination Manuals.

**Professional Attitudes and Behaviours**

The student shall be able to:

1. Describe the key elements of an effective doctor patient relationship and understand how these allow the physician to act as advocate.
2. Describe and reflect upon the importance of the difference between disease and the patient’s experience of illness.
3. Demonstrate insight into his/her skills as a physician and practice self-reflection as a means of developing clinical skills.
4. Demonstrate effective, respectful interactions with colleagues and health care professionals including preparation for learning and participation in group activities, and the ability to provide and utilize effective feedback. These skills fall in to the collaborator domain.
5. Practice confidentiality regarding patient information.
6. Demonstrate consideration for the privacy, comfort and safety of the patient at all times.
7. Demonstrate self-directed learning and a spirit of enquiry in broadening his/her clinical knowledge.

**Communication Skills**

The student shall be able to:

1. Establish and maintain rapport with a patient.
2. Show compassion, interest and understanding for the patient as a person.
3. Demonstrate a non-judgmental attitude toward a patient.
4. Demonstrate effective verbal and non-verbal communication skills.
5. Use responses that indicate s/he is actively listening to the patient.
6. Use effective questioning techniques including:
* appropriate use of open- and closed-ended questions
* transitional statements
* summary statements
* allowing the patient to complete the answer to the question asked.
1. Use language during the interview that will promote patient understanding and avoid medical jargon.
2. Reflect on skills necessary to foster relationships with families, patient advocates, and other health care professionals.

**The Medical Interview**

The student shall be able to:

1. Reflect upon the value of a good history in clinical diagnosis.
2. Demonstrate an organized approach to an interview which includes opening the interview, gathering information and closing the interview.
3. Allow the patient to tell her/his story and follow the narrative thread.
4. Elicit and appreciate the patient’s experience of the illness, utilizing the FIFE (Function, Ideas, Feelings, Expectations) approach.
5. Demonstrate effective use of the standard (“sacred seven”) qualifiers used to describe a symptom.
6. List the components of a complete medical history.
7. List the cardinal symptoms included in a review of systems.

**The Physical Examination**

The student shall be able to:

1. Demonstrate courtesy, respect, and concern for a patient’s privacy and comfort when conducting a physical examination.
2. Maintain a communicative approach while conducting the physical examination.
3. Correctly drape and position patients during the physical examination.
4. Use correct basic physical examination techniques for each system as outlined in the Queen’s Physical Examination Manual.
5. Begin to develop an organized approach to the physical examination.
6. Develop the necessary skills to carry out a comprehensive clinical assessment

**Oral Reports**

A student’s reports will:

* Accurately describe the chief complaint and main features of the history of the present illness (HPI), and identifying data.
* Summarize the major features of the physical exam,(i.e. pertinent positives and negatives)
* Use professional language correctly,
* Be succinct (< 5 minutes).
* Practice the skill of creating a differential diagnosis for the chief complaint.

**Written Reports**

A student’s reports will:

* Be prepared according to the guidelines on MedTech,
* Include a problem list, clear description of the chief complaint and HPI, and accurate description of the physical examination,
* Include a summary that usually identifies the significant clinical features relevant to the presenting problem,
* Be neat, legible, use professional language and be submitted on time.
* Make a preliminary attempt and identifying potential differential diagnoses.

**Clinical Reasoning and Knowledge**

The student will:

* Demonstrate basic knowledge and the development of clinical reasoning skills in discussions, verbal and written reports
* Demonstrate independent learning around clinical problems seen in the course.

**Technical Skills**:

The student will:

* Be able to prepare and suture a wound, utilizing appropriate sterile technique
* Apply a cast

**Personal Learning Plan:**

The student will:

* Reflect on feedback given by tutors and peers to create a personal learning plan
* Prepare a written summary of personal strengths and weaknesses based on tutor feedback
* Use identified weaknesses to create a personal learning plan to improve.

## **PROFESSIONAL EXPECTATIONS IN THE CLINICAL SKILLS COURSE**

Please refer to MedTech page and/or Resource Manual

## **COURSE RESOURCES**

Refer to MedTech page and/or Resource and Physical Examination Manuals

## **TERM 2 COURSE FORMAT**

Students will remain in their original Term 1 group of 10 students with 2 clinician tutors. Every attempt is made to keep tutors with the same groups. Tutors will rotate with their own group of students to a variety of clinical settings. You do not need to attend either of the technical skills sessions nor the toddler session. Due to the fact each group only has 2 tutors we need to creatively utilise tutors who do not need to accompany their own students to a session.

**When you students are**:

* ***Attending Technical Skills #1 please attend the SP Session #1***
* ***Attending Technical Skills #2 please attend the SP Session #2***
* ***Attending Toddler Session one tutor will attend the Observed Skills Session and the other tutor will attend the VP, Hx and Px Session (all these sessions are held in the Glaxo CEC so you will be in the same location as your own students)***

This will be specified on MEdTech and on the rotation schedule as well.

The Term 2 course is held every **Thursday afternoon usually from 1:30 - 4:30,** but you should recheck MedTech each week in case of changes. The clinical skills coordinator will also let you know about via e-mail of any changes.

There are 15 sessions in Term 2:

* + 13 clinical small-group sessions
	+ 5 lectures
	+ 1 Formative OSCE
	+ 1 Summative OSCE

The Term 2 sessions are: 1 technical skills session on casting

 1 session with KGH in - patients

 1 session with KGH in-patient findings

 2 sessions with Standardized Patients at the new medical bldg

 1 session with Volunteer Patients at Glaxo CEC

 1 session with toddlers at the Glaxo CEC

 1 session with adolescent interviewing at the new medical bldg

1 observed skills session with at the Glaxo CEC

 1 technical skills session on suturing

In each of the patient-based sessions students will interview and examine, alone or in pairs, a patient for an hour. You expect the students to prepare a written case record of their encounter and to present a brief verbal case summary to the tutor group, using the model practiced in term 1. There will also be time to review clinical cases or conditions.

## **INTRODUCTION TO TERM 2 CLINICAL SKILLS January 11**

**Site:** Lecture Hall 032A

**Time:**  January 11, 2012

## **THE SEXUAL HEALTH HISTORY January 12**

##### Sexual health is an important aspect of overall health, but we can feel awkward or shy inquiring about sexual health. Physicians need to be comfortable to ask about sexual health as it relates to emotional well-being, reproduction, safe sexual practices, and symptoms of disease or dysfunction. Sexual function is often affected by illness in other systems or their treatments, which patients will hesitate to discuss unless we provide the opportunity. This session will provide a basic introduction on “how to take a sexual history”. It will suggest appropriate questions pertaining to sexual health and will focus on communication skills needed to perform a good sexual history. We will explore approaches used in general screening interviews and in more focused interviews.

##### Objectives:

After completing this section the student will be able to:

* List and explain the clinical rationale for the information to be elicited in screening sexual histories
* formulate specific questions assessing sexual health and behaviours for use in screening sexual histories
* develop communication and interviewing skills that promote information sharing and demonstrate respect for diversity

**References:** Queen’s Resource and Physical Examination Manuals

**Session Format:**

**1:30 – 2:15: Large Group Session**

**Topic: The Sexual History**

**Lecturer:**Dr. Stephen Steele will discuss the rationale behind the sexual health screening history and present a ‘script’ of questions for this part of the medical interview.

**Location:** Lecture Hall 032A, Medical School Building

**2:30 – 4:30 Small Group Session**

**Location:** New Medical Building

**2:30 – 2:45:** Tutors will meet with students to answer questions and outline format and expectations for the afternoon.

**2:45 – 3:30**: Divide the group into 2 groups. One group will perform the role of the 1st year medical student whose job it is to take a sexual history. The second group of students will be provided the specific role scenarios which they will portray.

**3:30 – 4:15:** Repeat the above exercise by having the groups reverse roles.

**4:15 – 4:30:** Debrief with the entire group and remind the students to prepare for the next weeks session

Note: The Clinical Skills Coordinator will distribute the roles to the tutors before the session.

## **Ophthalmology Lecture January 18**

**Large Group Session: 0930**

**Topic:** Introduction to examination of the eye

**Lecturer**: Dr. Stephanie Baxter

**Location:** Lecture Hall 032A Medical School Building

This lecture will provide a practical background and requisite clinical skills for examining the eye and the visual system for the January 19 session.

**Objectives:**

To review the technique of examining the eye and the visual system including:

* How to measure visual acuity
* How to assess visual field
* How to examine the Lids, Conjunctiva and Cornea
* How to assess eye movements
* How to assess the pupil
* How to use an ophthalmoscope and examine the fundus

This lecture is optional for tutors.

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## **Cranial Nerves January 19**

#### Objectives

At the end of this session students will be able to:

1. Examine the eye (eyelids, conjunctiva, sclera, iris, visual acuity and visual fields).
2. Use the ophthalmoscope to examine internal structures of the eye (anterior chamber, lens, and fundus).
3. Examine the cranial nerves.
4. Explain the rationale for these elements of the physical examination.
5. List the cardinal symptoms of disorders of the eye.
6. List the cardinal symptoms of disorders in the cranial nerves.

***References***

Bates Videos/CDs Neurological System and Cranial Nerves

Bates Text Chapters 7 and 17

Queen’s University Resource and Physical Examination Manuals

MEdTech

**Session Format:**

**1:30 – 2:15:** Large Group Session

**Topic**: Cranial Nerves

**Lecturer**: Dr.Stuart Reid

**Location**: Lecture Hall 032A, Medical School Building

**2:30 – 4:30**: Small Group Session

(See Board inside CEC area for room assignments – clinic rooms will change for this session)

In today’s small group session there are two aspects of the physical exam on which to focus.

* 1. Cranial Nerve Examination
	2. Oopthalmoscopic examination of the eye. (Students have had a large group session regarding this earlier in the week – see previous page)

In both instances, the students are encouraged to exam each other. All students will be invited to have one eye dilated for the eye examination after being asked to sign a consent form.

**2:30 – 2:45** – Group meeting

**2:45 – 3:30**

**Groups 1 – 5** – student will be guided through the examination of the eye including use of opthalmoscope for fundoscopy. Each group will be facilitated by an opthamologist or opthamology resident. This will be in clinical rooms 101P - 101T.

**Groups 6 – 10** - students will practise examination of the cranial nerves on each other and receive feedback from tutors re: strengths and weaknesses.

**3:30 – 4:15 -**  Groups 1 – 5 – cranial nerves

Groups 6 – 10 – Opthmalmology

**4:15 – 4:30 –** Regroup and debrief regarding today’s session

 Remind students to prepare for next week’s session and to bring their own equipment necessary for a peripheral nervous system examination – 128 Hz tuning fork and reflex hamnmer. Students will be examining one another and it is strongly recommended that they bring a change of clothes (shorts and t-shirts) to facilitate this process.

**Peripheral Nerves January 26**

#### Objectives

Students will be able to

1. Examine the motor system, including inspection of muscle bulk and examination of muscle power.
2. Examine the muscle stretch reflexes, abdominal superficial reflexes and plantar reflex.
3. Examine the sensory system, including testing for light touch, pain sense, temperature, vibration and position sense.
4. Assess muscle tone.
5. Assess co-ordination by observing for tremor, point-to-point testing (finger to nose, heel to shin), rapid alternating movement and tandem (heel to toe) walking.
6. Explain the rationale for these elements of the physical examination.
7. List the cardinal symptoms of disorders in sensation, strength or coordination.

**References**:

Bates Videos/CDs: Musculoskeletal System

 Neurologic System: Cranial Nerves and Sensory System

 Neurologic System: Motor System and Reflexes

Queen’s Video: Examination of the Neurologic System. Dr. Melanson 2005

Bates Text: Chapter 17

Queen’s Resource and Physical Examination Manuals

**Session Format:**

**1:30 – 2:15:**  Large Group Session

**Topic:** Peripheral Neurological Examination

**Lecturer:** Dr. Michel Melanson

**Location:** Lecture Hall 032A Medical School Building

**2:30 – 4:30** **Small Group Session**

 Medical School Building (see board in CEC area for room assignments)

**2:30 – 2:45** Meet as a group

**2:45 – 4:15** – During this time tutors will guide students through the examination of the peripheral nervous system. Please see Queen’s Physical Exam Manual for required components. Please include an opportunity for students to perform the examination on

* + 1. A patient wearing a gown (over clothing)
		2. In a patient who must remain in a supine position.

**4:15 – 4:30** Regroup and debrief. Next week students will be participating in the Formative OSCE (FOSCE) to familiarise them with the process. It is quite probable that they will have questions regarding the structure of an OSCE during this time.

## **PEDIATRIC LECTURE January 31**

**Large Group Session**: 1:30

**Topic** The Pediatric Interview

**Lecturer**: Dr. Richard Van Wylick

**Location**: Lecture Hall 032A, Medical School Building

**Objectives**:

Pediatric Clinical Skills will prepare the student to apply their skills in history taking and physical examination to the examination of newborns, infants, children and adolescents.

This whole class session will introduce the student to Pediatric history taking and physical examination. Specific techniques for interviewing adolescents will be introduced. Techniques for modifying the standard history and physical to children of all ages will be introduced and demonstrated.

Attendance at this lecture is optional for tutors.

## TERM 2 FORMATIVE OSCE FEBRUARY 2

**Site: Medical School Building**

**Time: 12:15 – 4:30**

**Please note: this session is mandatory and not optional.**

An Objective Structured Clinical Examination (OSCE) is a form of evaluation in which students are observed during a clinical encounter. To ensure consistency, patients are usually standardized patients. Each encounter is called a “station” and typically lasts 5 – 7 minutes. Students rotate through a number of stations. A student’s performance is assessed using a checklist that indicates essential aspects of the interview or physical examination relevant to the clinical scenario presented. Value is also given to a student’s overall approach, organization and communication skills.

OSCE examinations have been validated as useful tools to evaluate clinical skills and are used by the Medical Council of Canada and other licensing bodies.

An OSCE will be a new evaluation technique for most of you. To help you become comfortable with this examination format, and to give you formative feedback on specific clinical skills, there will be a practice, or formative OSCE in Term 2 on February 3 2011. There is no marking on this OSCE.

**Preparation:**

Come prepared for a clinical encounter with patients: appropriately attired, with your identification, clinical jacket, and medical instruments.

**Format:**

Your tutor group will come to the CEC for approximately 90 minutes.

You will be observed in 3 stations, each of approximately 7 minutes duration. You will have 5 minutes to perform the task, and then you and the observer will exchange feedback for approximately 2 minutes.

The schedule for the groups, final design and further details about the OSCE will be provided closer to the day.

## STANDARDIZED PATIENT SESSIONS

**Site: CEC**

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

You will have 2 sessions with standardized patients in Term 2. These are excellent opportunities to perform a thorough interview and physical examination with a patient who has one problem and is mobile. Insofar as possible, the cases are chosen to draw on clinical conditions you have studied in the core curriculum. Your tutors will be able to observe you and will have a précis of the condition the standardized patient is presenting to guide the discussion after the encounter.

**Tutors**

When you arrive at the CEC, you will be given the fictional name of the standardized patient for your session. You may also receive a summary describing the major features of the history, physical examination and the differential diagnosis that the standardized patient was representing.

**Students**

The standardized patient is playing the role of someone else from the time he/she meets you until the history and physical are completed. Usually the patient role is that of a new patient whom you have not previously met. You are yourself: a medical student. The roles will be clearly defined before each session begins. You will both stay in role until the feedback session.

If the tutor or the student wants to call a “time out” to discuss any part of the clinical interaction, the standardized patient will remain quiet until you are ready to resume the encounter.

Tutors normally watch from the observation area or join the students in the examining room.

The physical examination of a standardized patient does not include a breast examination or rectal examination. A female standardized patient expects to be asked to remove her bra for examination of the cardio-respiratory system.

The standardized patients are trained to provide specific feedback on a student’s performance. When the history or physical exam is completed the standardized patient will usually change into street clothes and will give feedback to the student.

Please bring concerns or comments about a standardized patient to your tutor and to Caroline Averns caroline.averns@queensu.ca Coordinator of the Standardized Patient Program at the CEC:

You should bring your own equipment and wear white lab coats and name tags to all sessions with standardized patients. Please dress appropriately for a professional encounter with a patient.

**Preparation for this Session**

Come prepared for a clinical encounter with a patient, wearing appropriate attire, clinical jacket, identification and bring your medical instruments.

**Format of sessions with Standardized Patients in Term 2**

**All teachers and students should arrive at the CEC at 1:30PM.**

There will be 2 groups of students seeing standardized patients; therefore your group will be assigned to the **“EARLY or LATE” time slot to see your standardized patient.**

**The early group – meet in Room 227**

1:30 arrive at CEC and meet tutor group

1:40 - 2:40 interview and examine patients

2:40 - 2:55 feedback from patient

3:00 - 4:30 case review and discussion with tutors

**The late group – meet in Room 226**

1:30 arrive at CEC and meet tutor group

1:30 - 3:00 discussion with tutor group

3:05 - 4:05 interview and examine patients

4:05 - 4:15 feedback from patients

4:15 - 4:30 brief case review with tutors

A case write-up is expected.

**Objectives**

Working in pairs:

* both students will demonstrate effective communication and interviewing skills
* one student in a pair will perform a complete history
* the other student in the pair will perform a thorough physical exam
* both students will request feedback from the patient
* both students will contribute to the verbal presentation of their case using the guidelines in the course manual and the structure developed in term 1.
* students will receive feedback from and participate in discussion with the tutors
* both students **will prepare a written case report** using the guidelines on MedTech that includes an analysis of the patient’s presentation and evidence of reading around the problem.
* Students will be introduced to the skill of peer assessment, and will offer constructive feedback to their partner

## KGH Findings

**Site: Etherington Hall Room 1017**

Tutors will be given information about patients selected for the Findings session. There will be time to review the clinical presentation, discuss the possible differential diagnoses and look at the discriminating clinical features in the history and physical exam. You will also have an opportunity to review your focused physical exam techniques and to start to recognize abnormal findings in patients.

**Format:**

1:30-1:45 Meet with tutors

1:45- 4:20 In smaller groups, you will examine several patients with specific clinical findings

 and discuss their findings with your tutors.

**Objectives:**

Students will:

* identify specific and discriminating clinical findings relevant to different clinical presentations
* identify and practice the elements of a focused physical exam
* understand the importance of a hypothesis driven physical exam
* demonstrate effective communication and interviewing skills adapted to the patient’s situation

**Tutor Information**:

Ask the student to demonstrate the PEX manoeuvres ensuring that they follow the structure for each system developed in term 1. The tutor should discuss the patient's conditions and help the student understand the contribution made by the physical examination. The students are not expected to understand the clinical reasoning process in year one, but this session is designed to help them see the relevance of what has been learnt so far.

## The Pediatric Interview

**Site: CEC Room 224**

**Facilitator: Pediatrician**

**Time: 1:00 – 3:00**

Prior to this session, please review the Pediatric History and Physical resource materials which will be available on the On-line Course Resources (MEdTech).

A good source of information on pediatric clinical skills is: Goldbloom R B. Pediatric Clinical Skills, 3rd ed. PA: Saunders, 2003 (*on reserve in Bracken Library)*

In this small group session students will use a variety of experiences and media to practice skills in pediatric examination and the interpretation of physical findings in children of all ages.

## OBSERVED SKILLS SESSION

**Site: CEC Room 122A**

**Time: 1:30 – 4:20 PM**

This session is an opportunity to review your interviewing and physical examination skills with your tutors, by practicing on fellow students. when available we will provide volunteer patients too. Most sessions will be facilitated by the group's tutors and Dr H Averns.

**Preparation for this Session**

Agree as a tutor group prior to this session which parts of the physical examination you fell you need to focus on. You will need to plan for this session and come prepared (e.g. shorts / tee-shirt etc).

**Format for the Session**

We have found a successful model for this session is for tutor groups to develop an OSCE style format in room 122 a and b with a number of stations to practice demonstrating physical examinations e.g. blood pressure, lymph node examination etc. Make sure that you are *observed* performing the parts of the physical examination.

## TECHNICAL SKILLS PROGRAM – Basic Suturing

**Principal Tutors:** Dr. Karen Graham/Dr. Jim Landine

 Department of Emergency Medicine, tel. 548-2368

 grahamk@kgh.kari.net;  landinej@kgh.kari.net

**Teaching Assistant:** Lucy Rebelo RN

**Site:** Technical Skills Lab, Cataraqui Building, 92 Barrie Street room # 221

**Time:** 1:30 to 4:20 PM

The purpose of this session is to introduce students to the principles of wound management and basic suturing. Students will not see patients in this session.

**Preparation for the Session**

**Prior to the session,** students **must** review the Technical Skills Handbook. This reading material can also be found at Technical Skills Website at <http://meds.queensu.ca/simlab/undergrad_medicine/technical_skills_program> Casual attire is appropriate, and you do not need to wear your clinical jacket. Please wear your identification.

**Format:**

1:30 - 4:20 Students meet at Technical Skills Lab

 Multiple - choice pre-test based on reading material

 Demonstration and review of techniques

 Practice on tissues

**Documentation of Completion**

**Students must have the technical skills clinical supervisor document their successful completion** **of this module.**

**Objectives:**

By the end of this session students will:

1. Understand the principles of wound management as they apply to a simple laceration.
2. Be able to demonstrate the preparation of a simple laceration for closure.
3. Be able to demonstrate sterile technique while preparing and suturing a simple laceration on a model.
4. Be able to demonstrate basic suturing techniques on a model.

Students can access further information and video demonstrating the skills at the Technical Skills website at http://meds.queensu.ca/~pmsp/index2.html, in the CEC computer room, in the Technical Skills Lab and in the Multi-media learning center in Bracken Library.

There is equipment for practice in the Technical Skills Lab and in the CEC.

**Tutor Information**:

Tutors are not required to attend this session but are asked to report to the CEC, Room 122A, at 1:30 to assist with observation of students from other groups in the observed skills session.

## KGH IN-PATIENT SESSIONS

**Site:** **Etherington Hall Room 1016**

**Time:** **1:30 – 4:20 PM**

In this encounter, students will interview and examine hospitalized patients at KGH.

**Preparation for this Session**

Please come dressed to see patients, wearing your clinical jacket and ID, and bringing your medical instruments.

*Important: Review the Guidelines for working with In-patients posted on MedTech.*

**Format:**

1:30 – 2:00 Group meets with tutor

2:00 – 3:00 In pairs, students interview and examine an in-patient.

Some students will be observed by their tutors;

3:00 – 4:20 Review patients individually or as a group with tutors. This is an

 excellent opportunity to practice an oral presentation in front of your peers

 A case write-up is expected.

**Objectives:**

Working in pairs:

* both students will demonstrate effective communication and interviewing skills
* one student in a pair will perform a complete history
* the other student in the pair will perform a thorough physical exam
* both students will request feedback from the patient
* both students will contribute to the verbal presentation of their case using the guidelines on MedTech
* students will receive feedback from and participate in discussion with the tutors
* both students will prepare a written case report using the guidelines in the course manual.

## PEDIATRIC – ADOLESCENT INTERVIEW

**Site: CEC Room 224**

**Time: 3:00 – 5:00**

**Adolescent Interviewing sessions**

Providing health care for adolescents requires particular skills in relationship-building and interviewing. Working with adolescents is an opportunity to identify and address emerging health-related behaviours.

Each student will participate in one adolescent history-taking session. Students will interview standardized adolescent patients using the HEADDSS format.

At the end of the adolescent session, the student will be able to obtain a comprehensive social history from an adolescent, using the HEEADDSS format, regarding

* 1. Home situation
	2. Education and Employment
	3. Eating
	4. Activities
	5. Drugs
	6. Depression
	7. Safety
	8. Sexuality

 Feedback will be provided by both the tutor and the Standardized Adolescent Patient.

For Adolescent Session:

Goldenring JM, Rosen DS: Getting into adolescent heads: An essential update, Contemporary Pediatrics January 2004; 21:64 (web link available on MEdTech)

Formative Feedback

You will receive feedback after each session for the express purpose of guiding your continuing skills development, and knowledge base expansion.

## VOLUNTEER PATIENT SESSIONS

**Site: CEC Room 121**

**Time: 1:00**

Tutors will be able to observe your clinical interaction and will be given a brief précis of the volunteer patient’s medical condition to guide their discussion with you.

This is an excellent opportunity to practice your ability elicit a comprehensive history from a patient with a stable medical condition.

**Preparation for this Session**

Come prepared for a clinical encounter with a patient, wearing appropriate attire, clinical jacket, identification and bring your medical instruments.

NB No jacket or ID , or inappropriate dress, and you will NOT be allowed to examine our patients.

**Guidelines for Sessions with Volunteer Patients**

See MedTech

History and Physical Session with Volunteer Patients

This is an excellent opportunity to practice your ability to control an interview and elicit a comprehensive history from a patient with a stable medical condition. **You may wish to videotape your session and review it during the subsequent week**. For purposes of confidentiality all videotapes must remain in the CEC and will be erased at the end of the academic year.

**Format for the sessions:**

1:00 – 1:30 Meet with tutors and group

1:30 – 2:30 See patients

2:30 – 3:00 Receive feedback from tutors

A case write-up will be expected.

**Objectives**

* Working in pairs, one student will perform a complete history; the other student of the pair will perform a thorough physical examination;
* Both students will receive verbal feedback from the volunteer patient;
* Both students will contribute to a verbal presentation of the patient’s case to the tutor
* Both students will prepare a complete write-up.