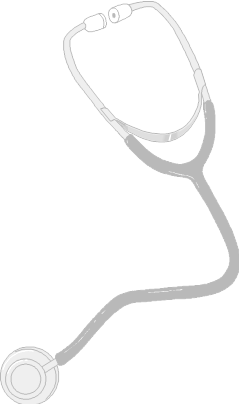


Term 3

CLINICAL SKILLS

2011



**Welcome to Term 3 Clinical Skills**.

It is very exciting this year to be able to offer some of the weekly sessions in the new Medical School Building. We will still be using the Glaxo Clinical Education Centre for some of the sessions. As a general rule any sessions involving standardized patients will be in the new building and sessions with volunteer patients will be at the Glaxo Clinical Education Centre. With the addition of the new medical building it provides us more space so that we can increase our ratio of patient: student encounters. However you should check MEdTech weekly as some weeks the sessions may have to move locations.

Term 3 clinical skills are held on Tuesday afternoons beginning September 13 and ending November 22.

**Important Dates**:

Oct 18 – Clinical skills tutor midterm assessments

Nov 29 – Term 3 OSCE – It is expected that all Term 3 tutors will be available that afternoon to be examiners.

Thursday Dec 8 – Clinical skills final tutor assessments. Note: This is a Thursday rather than a Tuesday due to the fact Dec 6 is Commerative Day.

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.

This tutor guide outlines the expectations of tutors and format for each session. You do not need to attend technical skills with your students unless you would like to. However we recommend you take this opportunity to review the tapes of your students performing the physical examination from a previous week.

Thank you for agreeing to be a tutor for second year clinical skills.

If you have any questions or concerns you may contact

Dr. Henry Averns, Program Director – [avernsh@queensu.ca](mailto:avernsh@queensu.ca)

Kathy Bowes Clinical Skills Coordinator – Kathryn.bowes@queensu.ca

**TUTOR GROUPS**

**Group 1 T. Anastassiades**

**J. Drover**

**J. Erb**

**Group 2 P. Ellis**

**J. Molson**

**M. Leveridge**

**Group 3 B. Farnell**

**R. Holden**

**Group 4 F. Watkins**

**W. Kong**

**J. Bornstein/G. Jones**

**Group 5 D. Holland**

**K. Reid**

**M. Mates**

**Group 6 M. O’Connor**

**M. Joneja**

**J. Geddes**

**Group 7 G. Shanks**

**M. O’Reilly**

**Group 8 S. Steele**

**D. Daneshmend**

**Group 9 L. Leung**

**D. Mercer**

**Group 10 N. Touma**

**T. Saha**

**“Findings" Session with CEC Volunteer Patients**

**1:30 PM**

**Glaxo Clinical Education Centre**

**Event Description**

The patients the students will see today are members of the community with stable medical conditions that have resulted in abnormal physical findings. This will resemble a clinic in which students evaluate patients with positive physical findings. Divide the students into 4 groups and each student and will meet at least 4 patients from the community. They will spend 30 minutes with each of the 4 Volunteers. The VP Coordinator will provide advance information about the patients so you can discuss the significance of the specific findings. The aim of this session is to revise and reinforce clinical examination technique.

**Objectives**

1. use a discussion of analytical clinical reasoning to determine appropriate physical findings

2. identify specific positive physical findings using appropriate physical examination techniques

3. effectively utilize feedback from tutors and volunteers to improve physical diagnosis techniques

4. learn the clinical significance of those findings through a process of reading and discussion

**Format for the session**:

Students in 4 groups (A, B, C, D)

Patients: PP, V1, V2, V3

Tutors stay with V1, V2 and V3

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1:30 | Plenary | | | |
|  | PP | V1 | V2 | V3 |
| 1:45 | A | B | C | D |
| 2:15 | D | A | B | C |
| 2:45 | C | D | A | B |
| 3:15 | B | C | D | A |
| 3:45 | Wrap up | | | |

Review the presenting complaints with the students and explain your reasons for choosing the history

and PEX maneuvers which you feel are relevant to the patients. You can also use this time to review any relevant topics or techniques.

It is easier for the Volunteers if the tutor remains with one Volunteer and the students rotate. The patient partner will not need a tutor with them, they are able to teach the students themselves. You should provide feedback to the students after they demonstrate the PEX maneuvers.

**Analytical Reasoning #1**

**Facilitator: Dr. Heather Murray**

**1:30 Simulation Lab, Medical School Building**

**Event Description:**

During this session, students will have an opportunity, in groups, to interview and examine 2 patients with a chief complaint of chest pain. Through facilitated large group discussion they will understand the process of generating a differential diagnosis and be introduced to the concept of using clinical reasoning to narrow down and define a working diagnosis and active alternatives.

Students should come dressed appropriately to interact with standardized patients, and having read the chapter on chest pain which will be available on MEdTech.

Tutors should come prepared to directly observe their students in history and physical examination skills for the chief complaint of chest pain.

**Objectives**

Goal: Demonstrate the process of diagnosis using directed history taking and physical examination

Using selected cases with a specific chief complaint, students will:

1) Generate a broad differential diagnosis (DDx) for the specific presenting complaint

2) Refine this DDx by soliciting a presentation focused history, including “red flag” symptoms pertinent to the complaint

3) Generate a list of pertinent examination maneuvers specific to the case DDx and demonstrate them

4) Use the physical findings to further refine the DDx to a working diagnosis and, where relevant, ongoing active alternatives

**Clinical Reasoning - Back Pain**

**Facilitator: Dr. Stephen Bagg**

**1:30 Medical School Building, Seminar Room 112**

**Event Description**

In this session the student will apply the principles of clinical reasoning. Experienced clinicians use analytical reasoning and develop a differential diagnosis while they are taking the history and then use the information to actively look for the findings during the physical examination. Students will meet with SPs who presents with a back pain and conduct a comprehensive and appropriate history and physical examination and use the discriminating findings to offer a provisional diagnosis.

After the encounter the student will be able to request and interpret appropriate investigations ( e.g. bloodwork, x-ray). The student will write up the assessment and management on the patient's progress notes as they would in the real clinical setting.

**Objectives**

**Students will:**

* be more comfortable in applying the principles of analytical reasoning while taking a history form a patient with back pain.
* understand and apply the key questions that should/must be asked with every patient who presents with moderately severe back pain.
* be familiar with some of the cardinal features of back pain that may warrant more urgent intervention.
* have considered a differential diagnosis which will guide the physical examination upon completion of the patient’s history of back pain.
* Will demonstrate the cardinal features of the back/spine examination including:
* Inspection with a particular focus on structural deviation as well as on abnormalities of gait.
* Demonstrate the palpation of the spine and associated structures with a sequential focus on skin, soft tissues, and hard tissues
* Demonstrate the examination of the range of motion of the spine
* Demonstrate the straight leg raise, foraminal compression test, deep tendon reflexes, manual muscle power, sensation assessment.
* Special techniques to complete a full examination in a patient with limited movement due to pain and/or disability.
* will be prepared to provide a rationale for a series of most appropriate investigations relating to a patient presenting with back pain.
* will be able to describe and initiate common forms of management options in order to assist a patient with back pain.

**Format:**

1:30 – 2:15 Plenary Session with Session Facilitator

2:15 – 3:00 Meet with Standardised patients

3:00 – 3:30 Present oral report to small group and tutors

3:30 – 4:30 Request and interpretation of investigations. Write up of progress notes.

**Back Pain Case Scenarios**

Case #1 – Mechanical Back Pain .

A 20 -30 year old male/female with 2-3 weeks of back pain that is making studying-work/athletic endeavors very difficult. Patient in obvious discomfort, has tried minimal standard conservative treatment and very anxious to return to playing field or work.

Case #2 – Evolving Epidural Abscess

A 30 – 40 year old IV drug abuser with a 5 day history of increasingly painful mid back pain. Will admit to antisocial life style, very difficult life and fever/chills over the past 3 days.

Case #3 – Metastatic throacolumbar pain

A 50 – 60 year old male/female with increasingly severe pain (acute onset) who will admit to a history of breast/lung CA that was “cured’ 7 years ago.

Case # 4

A 60 – 70 year old male with back pain. Is known to have both osteoporosis and prostatic CA.

Case #5

A 40 – 50 year old with an acute disc prolapsed and signs of foot impingement.

**Full History and Physical with Volunteer Patients**

**Facilitator: Dr. Beth Rubenstein**

**1:30** **Glaxo Clinical Education Centre Room 121**

**Event Description**

This is an excellent opportunity for students to elicit a comprehensive history from a patient with a stable medical condition and to perform a complete physical examination. Each student will have their own volunteer patient.

**Objectives**

1. students will demonstrate effective communication and interviewing skills

2. student will have the opportunity to perform a complete history and PEX

3. students will self asses and receive feedback from the volunteer patient, peer and tutor

4. students will prepare a written case report that reflects reading around the symptoms, physical findings and health condition of the patient seen.

**Format for the session**:

1:30 – 1: 45 - Introduction Plenary

1:45 – 2:10 – Student #s 1, 2 and 3 are observed taking history

2:10 – 2:15 – Tutors, VPs and peers provides feedback re: history

2:15 – 2:45 – Student #1, 2 and 3 perform physical exam which will be taped and reviewed by tutors the following week

2:15 – 2:40 –Student #s 4, 5 and 6 are observed taking history

2:40 – 2:45 – Tutors, VPs and peers provides feedback to students re: history

2:45 – 3:15 – Students 4, 5 and 6 performs physical exam which will be taped and reviewed by tutors the following week

2:45 – 3:10 – Student #s 7, 8, 9 and 10 are observed taking history

3:10 – 3:15 – Tutors, VPs and peers provides feedback to students re: history

3:15 – 3:45 – Student #s 7, 8, 9, and 10 which will be taped and reviewed by tutors the following week (tutors may also observe physical exam at time)

3:45 – 4:30 – Wrap up

Throughout the afternoon the students can do peer assessments when they are not doing history and physical exams.

This is one of the opportunities a student will have where skills can be observed and remediated. Review taped physical examinations next week while students are attending technical skills and set the bar high. You will need to follow up with your students the following week after you have reviewed their tape. Despite passing year one many students will demonstrate errors in technique and this is a unique opportunity to address them

**Introduction to the Emergency Department**

**Facilitator: Dr. Paul Dungey**

**1:30 Empire 3 Conference Room**

**Event Description**

The workload of an Emergency Room physician is unique among clinical specialties. Patient presentations are non-elective, cover the spectrum of illness and severity and require the physician to interact with almost all other specialists and allied health care disciplines.

During this session students will discuss and observe the work flow of the Emergency Department and perform a focused history and physical exam, based on patient availability. Tutors will observe history taking and physical examinations. They, and you, will tour the Emergency Department to appreciate the process of triage and patient flow. Due to the nature of the Emergency Department each student may have a very unique experience. Every effort will be made to allow students to interact with patients and/or to observe the clinical activities of the Emergency Department, while respecting ongoing clinical care of the patients

**Objectives**

At the end of this session the student will:

1. Have an understanding of the triage, prioritization and flow of patients within a Canadian Emergency Department.

2. Understand the importance of verbal communication in all aspects of patient care in an Emergency Department

3. Perform a focused H & P on an emergency patient or observe ongoing clinical care within an Emergency department.

**Format**:

1:30 - 2:00 Group discussion re: Emergency care, Tutors and Emergency Room Physician (Dr. Dungey).

2:00 - 4:00 Tour / observation and Focused H&P in KGH Emergency Department

4:00 - 4:30 Discussion, Case presentations and Wrap up.

**KGH In-Patient Findings**

**1:30 Etherington Hall Room 3047**

**Event Description**

Students and tutors will meet as a group at 1330 hrs and then at 1400 hrs, divide into groups each with a tutor, and will rotate to see 3-5 in-patients who have specific findings. Students will be expected to demonstrate their physical and history taking skills and to receive feedback from their tutor. These are difficult sessions to organize as we never know until that day which patients with clinical signs will be available, so please be patient and understand this.

**NOTE*: If you have any patients in hospital each week who you feel have findings that would be educational for students to see please let the Clinical Skills Coordinator know on Monday of each week and she will obtain consent from the patient on Tuesday morning.***

**Objectives**

1. Practice elements of the physical exam to identify specific clinical findings in different systems

2. Learn through observation, discussion and reading the clinical significance of the findings detected

**Format for the session**:

1330 - 1400 Group discussion: review the patient and presenting problems

1400 - 1600 Rotate to the identified patients; take a brief history and have a student perform the PEX demonstrating the findings; discuss the clinical reasoning behind discriminating elements of the history and PEX; if possible access investigation results. It is important that students approach these focused clinical examinations in an organized manner, following the order taught during year one. Students should be able to verbalize their findings concisely and accurately

1600 – 1630 Wrap-up

Patient lists will be available for tutors to pick up at the KGH Information Desk by 11:00 the morning of this session. You will need to sign out the list. The receptionists will not release the list to students.

**Lennox and Addington Hospital - Napanee**

**12:30 Meet bus outside Botterell Hall**

**to travel to L&A Hospital**

**Event Description**

This session at the Lennox and Addington community hospital in Napanee will provide students with experience in a community hospital and allow them to practice interviewing and physical examination skills.

In addition, the community physicians will share their expertise in delivering a succinct and effective oral

presentation and provide the student with feedback on presenting their patient.

**Objectives**

1. Students will experience the nature of practice in a community setting

2. A student will perform a complete history

3. A student (the other if in a pair) will perform a thorough physical exam

4. Both students will receive feedback from the tutor

5. Both students will contribute to the oral presentation of their case

6. Both students will prepare a written case report

**Format for the session**:

1230 You can take the bus to Napanee or if you are driving, please let the students know so that they are not delayed waiting for you. The bus departs from Bracken Library. The bus will drop you off at Napanee Hospital, where you will meet Dr. Curran or one of his physician colleagues. All sessions will be in Conference Room 201.

1330 - 1430 Discussion of community practice with a community physician; brief review of the structure and style of oral case presentations.

1430 - 1530 Alone or in pairs students will perform a history and physical examination on an adult in-patient or Emergency patient. Observe a student in their clinical encounter and provide verbal and written feedback

1530 - 1630 Provide feedback on the cases and oral presentations.

1630 - 1700 The bus will return you back to Bracken Library by 1700

Students will provide a written case report to their tutors.

**Patient Communication/Education - Prescription of Medication**

**Facilitator: Dr. Martin Feakins**

**1:30 New Medical School Building, Seminar Room 114**

**Event Description**

The aim of this session is to introduce students to the art of educating patients. Education of patients can range from an explanation of drug therapy to lifestyles that threaten one’s health.

The afternoon will begin with a plenary discussion surrounding education of patients led by Dr. Martin Feakins.

Objectives:

• To develop an approach to educating a patient about medication

• To diversify this approach to other areas of treatment such as diet, smoking and alcohol

• To practice writing prescriptions

The afternoon will be divided into three parts.

Part 1 :

1:30 – 2:00 Plenary discussion led by Dr. Martin Feakins

2:00 – 2:20 Students 1 – 5 will interview standardised patients who present with hypertension. They will take a history, be provided blood results and BP readings. Students will write a prescription for an anti-hypertensive and educate the patient about the medication.

2:20 – 2:30 The standardised patient will provide feedback.

Students 6 - 10 will observe.

Part 2:

2:30 – 2:50 Students 6 – 10 will interview standardised patient who requires an anti-inflammatory. They will take a history, and be provided x-ray results. Students will write a prescription for an anti-inflammatory and educate the patient about the medication.

2:50 – 3:00 – The standardised patient will provide feedback.

Students 1 – 5 will observe.

Part 3:

3:00 – 3:20 Students will re-convene in the seminar room and debrief about their experiences in parts 1 and 2 and discuss “ talking about obesity”.

3:20 – 3:25 All students will interview obese patients

3:35 – 3:45 - The standardised patient will provide feedback.

3:45 – 4:00 Debrief and wrap up.

**STUDENT GROUPS**

**Group 1 Group 2 Group 3**

Chang Justues Ang Jacqueline Bahrami Jasmine

Cusimano Maria Cao Amy Baylis Jared

Fitzpatrick Ryan Dossa Fahima Cho Jane

Kroll Ryan Fage Bruce Franchetto Marin

Luckett-Gatopoulos, Sarah Jumaa Klaudia Jairath Isha

Lusty Avril Koumpan Yuri Koppikar Sahil

Osumek Jessica Nahiddi Negine Mazzetti Adam

Ross Graeme O’Leary Meghan Morrow Sarah

Sudenis Tess Wang Peter Sittambalam Cheromi

Zhang Tracy Worley Brandon Tryphonopoulos Peter

**Group 4 Group 5 Group 6**

Ahpin Chrissell Brown Tyler Armstrong Andrew

Cameron Paul Dipierdomenico, Andrew Fregeau Ben

El-Korazati Adila Felder Sarah Geisheimer Andrew

Ginsberg Darrell Garg Vinay Juraschka Kyle

Jindal Priya Khan Michelle Law Bosco

Kokrovic Andrea Lun Grace Leitch Jordan

Sisson Daniel Mohajer Kiarash MacDonald Heather

Squissato Victoria Narducci Laura Patterson Sarah

Ting Daniel O’Loghlen Sean Shum Bonnie

Tohidi Mina Rogers Erin Swinkin Emily

**Group 7 Group 8 Group 9**

Chopra Deepti Alldred Tracy Fernando Shannon

Climans Seth Corneman Alex Fitzpatrick Aisling

Doherty Jordan Gao Megan Gray Alia

Eid Laeticia Hoover Brittany Higgins James

Goel Aankita Leung Lesley Kurji Ayaz

Lotimer Suzanne Lo Calvin Lopez Sofia

Rumman Amir O’Brien Michael Munir Sohaib

Sim Andrew Wang Gennie Reznikov Sergei

Walsh Samuel Webster Andrew Traboulis Danya

Wang Michelle Xu John Urbanellis Peter

Ramsay John

**Group 10**

Badowski Marcin Guo Anne Tam Derrick

Brown Lukas Lacombe Shawn

Campbell Anthony Magee Diana

Farrell Renee Mok Daniel

Ferrara Sarah Stewart Kaylie