

# Medicine, Patients and Society I

## 2011-2012

### **Course Director**

Joseph Murray, MD

(212) 746-7158

[jfmurray@med.cornell.edu](mailto:jfmurray@med.cornell.edu)

### **Vice Course Director**

Keith LaScalea, MD

(646) 962-7310

[kal9006@med.cornell.edu](mailto:kal9006@med.cornell.edu)

### **Clinical Curriculum Coordinator**

Caryn Davi, MS

(212) 746-1046

[cad2006@med.cornell.edu](mailto:cad2006@med.cornell.edu)

### **Clinical Curriculum Secretary**

Analia Almanzar, BA

(212)746-1042

[ana2025@med.cornell.edu](mailto:ana2025@med.cornell.edu)

# Medicine, Patients, and Society I

## **Introduction**

Welcome to Medicine, Patients, and Society I (MPS I), your first clinical course at Weill Cornell Medical College. The knowledge and skills you will acquire in this course will form the foundation of your clinical practice and are important building blocks in the development of your professional identity.

The year-long, one-day-a-week course is structured in several segments. In the fall, we begin the segment of the course called **Medical Encounter**. Our focus here is on the physician-patient relationship. We explore such topics as communication, professionalism, the medical history, clinical reasoning, the patient's perspective, medicine and culture, the social history, health care disparities, patient education and adherence. In your Skills Groups, you will practice portions of the medical interview, and you will begin talking to patients in your office preceptor sessions. By December, you will be able to take a complete medical history of a patient, and you will learn how to document your findings in a write-up. You will also learn how to take basic vital signs, become BCLS certified, and learn how to act as a first responder in a crisis. Other topics covered include a survey of the history of medicine, global health, and complementary medicine.

In January, we begin the **Biostatistics/Epidemiology** module, under the direction of Madelon Finkel, Ph.D. Here you will learn about research design, data analysis, and the basic tools of how to design, read, and evaluate studies. You will also learn about the prevalence and incidence of disease and the impact that disease can have on populations. Using skills learned from Biostatistics/Epidemiology, you enter the **Evidence-Based Medicine (EBM)** segment, also directed by Dr. Finkel, where you learn how to search and interpret the medical literature to answer questions about specific clinical scenarios.

Next comes the segment entitled **Life Cycle**. This segment provides a survey of issues related to different periods in the development of the individual person, from birth through infancy, childhood, adolescence, adulthood, and old age. Coupled with this segment is our **Nutrition** segment, under the direction of Jonathan Waitman, M.D., where you learn about nutritional and metabolic concerns through the life cycle. During this time, you also will begin another semester at a new office preceptor location.

We close the course with a return to the **Medical Encounter**, where we examine some more advanced topics in clinical care. Smoking cessation, physicians and human rights, an introduction to health care economics, breaking bad news, mistakes in medicine, and your first formal medical ethics session round out the course. A more in-depth study of medical ethics occurs in your MPS II course. By the end of the course, you will be able to achieve all of the course objectives listed below.

## **Course Objectives**

This course is designed to involve you in a structured curriculum to achieve the following objectives:

### **Knowledge**

- Describe and analyze attributes of the physician patient relationship
- Describe the structure of the medical interview
- Define communication techniques and styles
- Identify how patient care changes in the different stages of the life cycle
- Identify the principles of patient-centered culturally effective care, including cultural self-awareness and humility
- Discuss types of complementary medicine
- Identify clinical reasoning strategies
- Describe the core principles of global health initiatives
- Identify techniques for providing patient education and counseling for behavior change
- Describe the general principles of clinical nutrition in preventative medicine
- Describe the components of a nutrition history
- Analyze a nutrition history and describe the components of effective nutritional counseling
- Describe how socio-medical issues, such as substance abuse and domestic violence, impact on health and health care
- Identify techniques used in the study of epidemiology focusing on the distribution and determinants of disease in human populations, and the factors that influence this distribution.
- Identify statistical tests used in calculating statistical significance
- Describe the different types of study design used in epidemiologic research
- Describe the methods used to assess risks of disease by calculating strength of association between risk factors and disease (causal association)
- Identify techniques for question framing, critical appraisal, and data base searching, essential to the practice of evidence based medicine (EBM)

### **Skills**

- Elicit and document a complete medical history
- Demonstrate clear and organized communication and interpersonal skills in information-gathering, including effective relationship building and structuring of the interview
- Obtain accurate vital signs
- Apply the principles of biostatistics, epidemiology and evidence-based medicine (EBM) to clinical scenarios

### **Attitudes**

- Identify how age, social class, gender, race, ethnicity, and culture influence health care delivery, and how they may influence health care disparities
- Demonstrate a professional identity and demeanor, including punctuality; respect for patients, colleagues, and families; reliability; and accountability in the performance of duties
- Demonstrate a patient-centered approach to the care of the patient
- Recognize and accept ambiguity and uncertainty in clinical situations and medical decision-making

## **Course Logistics**

The course will be held one day a week (Thursday mornings and some Thursday afternoons). In the morning you will usually attend a large group session and participate in a small group (skills group/seminar). For many of the afternoons you will go to a doctor's office for the office preceptor session. The course will be held while the Medical College is in session, as per the course schedule.

### **Large Group Sessions**

Large group sessions include lectures, interviews with patients, physician panels, and video clips. These sessions begin promptly at 8AM in A-250, and we ask you to be on time. Any changes to the start time will be announced and/or e-mailed to you. You are expected to dress professionally and wear your white coat as you would for any clinical experience.

### **Skills Groups/Seminars**

The skills groups serve as a laboratory to learn and practice your clinical skills and as a forum to reflect upon your office preceptor experiences. You will be divided into groups and will be supervised by a faculty member, the skills group facilitator. Seminars will also be held in the Biostats/Epi and EBM modules. You will learn more about the small group/seminars in the individual syllabi of those modules.

Skills group sessions might begin with a debrief of the office preceptor session in which you may report on your experience from the previous week. This discussion is designed to be brief but to allow your group to hear about the variety of experiences that are encountered in different office settings. In these debriefs, we hope that you can appreciate the wide range of interactions that occur in clinical medicine, see how some approaches work for certain individuals, and use the literature on patient-physician interactions and medical ethics to your advantage as you develop your own clinical style. The skills groups are also designed to help you see the relevance and application of the reading materials to clinical medicine. The facilitators will try to provide a stimulating and comfortable learning climate that will allow you the opportunity to express your opinions, back them up with literature, and problem solve in areas of uncertainty. As a professional, you will need to develop the ability to weigh competing factors, consider all sides respectfully, and support your decisions based on accepted principles. You will also need to be able to hear others' ideas, interact with those ideas respectfully, raise additional ideas, and try to reach some consensus. Thus, your active participation in MPS sessions is essential, as is your ability to hear other views and incorporate them into your discussions.

Finally, you will have the opportunity to practice your clinical skills in interviewing and patient counseling. This will allow you to develop interviewing skills in preparation for your office preceptor sessions.

## **Office Preceptor Sessions**

This is an exciting opportunity to see clinical practice in action and to use your new clinical skills. It is also a chance to observe and discuss topics from the morning sessions. Each scheduled afternoon, you will go to the office of your assigned office preceptor. The session should begin with a discussion of the weekly clinical assignment with your preceptor, usually some aspect of the patient interview. You will then observe your preceptor's interactions with patients and staff, and you will interview patients selected by your preceptor. The nature of these interviews will in part be negotiated by you, your preceptor and the patient, however, they should include the weekly clinical assignment. You may be able to work with the patients while they are waiting to be seen by the preceptor or after they have been seen. These details will be handled at the preceptor's office.

The flow of the office will continue as usual in most circumstances. We ask that you make every attempt to fit into the schedule of the office activities. Occasionally, an office may be set up in a way that makes it difficult to carry out the exercise exactly as outlined. Also, emergencies may occur that interrupt the normal flow of patient care. In these circumstances, flexibility is the rule: try to fit in, find an opportunity to speak with patients, or find a way to be helpful to the doctor. No matter what happens, it is likely you will learn something interesting, unexpected, and useful for the future. You will also be learning about the patient-physician interaction in the Skills Groups at Weill Cornell. Try to appreciate how your office preceptor accomplishes his/her daily activities, note the skills that they use well, note what does not seem to work as well, and learn as much as you can from observing the physician-patient interaction.

The reality of clinical practice is that it is usually a busy activity. Teaching students in the office setting usually results in decreased clinical productivity for the office physician. The physicians participating in this course have been extremely generous with their clinical time in giving you this educational experience. In part as an expression of gratitude for their generosity, but also to foster a more collegial relationship between you and the physician, this course has as a part of its structure the concept of the Educational Partnership. The specific tasks or duties of the partnership are negotiated by the physician and his/her student. The idea of the partnership is that the student, in exchange for being able to work with the physician's patient population in his/her office, can find a way to be helpful to the physician. There are a variety of kinds of office activities that can be helpful and educational (helping with office functions, phone call reminders to patients, taking patient weights, vital signs etc.) and there may be other kinds of activities that are suitable as well (helping the office preceptor with literature searches on topics of interest, providing copies of some of your bibliographic references). We expect that the partnership experiences will vary greatly, and we look forward to seeing what kinds of activities you and your office practitioner negotiate.

Dr. Keith LaScalea directs the Office Preceptor Sessions.

## **Office Preceptor Documentation**

Each week you will be asked to document some aspect of the office preceptor assignment in your Clinical Record. In this way, you will develop not only your interviewing skills, but also your skills of medical documentation. Each Clinical Record should be handed into Caryn Davi and also to your office preceptor. These Clinical Records are reviewed and given back to you with feedback comments and suggestions. The aim of this feedback is to help you improve your clinical writing skills.

You will also document your reflections on your office preceptor experience. These entries, your Clinical Observations, should be about one typed page long and should reflect some topic pertinent to the week's discussion. For each Clinical Observation exercise, you will be given some prompting questions. If the questions do not apply to your experience at the office that week, you can apply the prompting questions to a previous week's clinical encounter, or you can write about some aspect of the physician-patient relationship.

These Clinical Observations are not shared with your office preceptor. Each week you will give them to your Skills Group leader. We hope you take this opportunity to reflect meaningfully on your clinical experiences and not answer the questions in a perfunctory manner. Part of your Skills Group evaluation will include your Clinical Observations.

In the Spring semester, in place of the Clinical Observations there may be a few other writing assignments. These may include take-home cases as well as documentation of self-directed learning. We will orient you to these writing exercises in the Spring of 2012. These exercises will be read and evaluated by either your Skills Group leader or by other faculty in the course.

## **Biostatistics/Epidemiology**

This segment begins in January 2012. You will receive a separate syllabus at that time.

## **Evidence Based Medicine (EBM)**

This segment begins in February 2012. You will receive a separate syllabus at that time.

## **Course Requirements**

### **Attendance**

MPS I is the first of your clinical rotations. Like your other clinical rotations, it is largely an experiential course. Reading about these topics is not equivalent to the experience of attending class, groups, or office preceptor sections. Participation is fundamental to the learning experience in this course. Missing a session not only affects your learning but it also detracts from the experience of your classmates. *Attendance at all activities is expected; attendance will be taken at all small group activities and at your office preceptor.* The attendance policy as outlined on pages 47-52 in the Student Handbook applies. You must notify Ms. Davi in writing (preferably via email) of any absence as soon as possible. Unexcused absences from any course activity are tallied, and this number will appear on your Final Course Performance Profile.

With over one hundred students and nearly as many office preceptors, the logistics of coordinating the office preceptor experience can be quite a challenge. You should go to your office preceptor on the day you are assigned and not make changes in the office preceptor schedule. If your preceptor requests a change, you should notify Ms. Davi as soon as possible prior to the date.

Unexcused absences from small groups (Skills Groups, small groups, or seminars) or Office Preceptor sessions can be particularly disruptive to the function of the group or to the office preceptor. Each unexcused absence from small groups or Office Preceptor sessions will result in a 10% point deduction in the overall grade in each of those respective components.

Frequent unexcused absence from course activities may result in a notation in the Comments on Professionalism in your Final Course Performance Profile.

### **Reading Assignments**

You are expected to complete reading assignments that are specified in the syllabi of the individual components. The readings are chosen not only to provide you with important factual information, but also to serve as thought-provoking launching points for discussion. Each week there will be “Required Readings” and “Recommended Readings”. Required readings that are not in the required texts will be accessible on the course web site.

### **Required texts: Fall 2011**

- Bickley LS and Szialgyi PG. Bates' Guide to Physical Examination and History Taking. Tenth Edition, Philadelphia: Lippincott, 2009. (available through Inkling)
- Hark L, Morrison G. Medical Nutrition and Disease: A Case-Based Approach. Fourth Edition, Singapore: Wiley-Blackwell, 2009. (available through Weill Cornell Medical College library on reserve in hard copy)
- Required text for the Biostatistics/Epidemiology and Evidence-Based Medicine segments of the course - TBA

### **Recommended text:**

- Groopman J. How Doctors Think., Boston: Houghton Mifflin, 2007. This book of clinical vignettes traces ways that practicing physicians think about patients' diagnoses and treatment. It is not a required text.

### **Active and Respectful Participation**

Each of you brings real life experiences and independent knowledge of many topics we discuss. In addition, each week you will have read about the topics at hand prior to each session. Your regular participation in all components of the course is essential. In small group settings, your participation can help move discussions forward and enhance the learning of all. If you are someone who has a tendency to dominate discussions, one skill you might work on is learning how to listen to other members of the group. If you are someone who tends to be quiet in group settings, you can work on speaking up in group. The aim of discussion is not to score political points; rather, our aim is to work as a team to explore a clinical scenario, to try to reach some consensus, and to recommend one or more plans of action.

### **Written Reports**

Some components of the course require written reports. Reports are expected to conform to the guidelines for format, length, and due date that are specified in the individual syllabi or instruction manuals provided. The Clinical Records (see Office Preceptor Session) must be completed and handed in to Caryn Davi and to your office preceptor. They will be reviewed by Dr. LaScalea or Dr. Murray weekly. The Clinical Observations will be reviewed by your Skills Group leaders. You are expected to complete each assigned Clinical Record and Clinical Observation. Further details about written assignments of the Medical Encounter segment in Spring 2012 will be provided to you later in the year.

## **Written Exams**

The dates and format of written exams will be specified in the individual syllabi provided for the Biostatistics/Epidemiology component and the Evidence-Based Medicine component. There is a mid-course exam on Thursday, December 8, 2011. There will be a final exam for the course in June 2012 – details about the scope of this exam will be provided to you later in the year.

## **Observed Structured Clinical Exam (OSCE)**

You are expected to successfully complete a mid-course OSCE. This interview with a standardized patient will demonstrate your proficiency in taking a complete medical history. The interview is videotaped, and you will review your performance with both the standardized patient and a faculty member. Students who do not demonstrate adequate performance on the OSCE will be required to redo the OSCE.

## **Wheelchair Exercise**

In our spring Life Cycle segment, you will participate in an exercise where you navigate the medical center in a wheelchair and fill out a survey about your experience. You are expected to participate in this Wheelchair Exercise and complete the paperwork associated with this exercise.

## **Labor and Delivery**

You are expected to sign up for and attend a labor and delivery session. You will sign up for the session with Caryn Davi, and she will issue you hospital scrubs to wear.

## **Course Evaluation**

We rely on your feedback to continue to improve the course. It is required that you complete all course evaluations.

## **Student Assessment**

Student assessment is based on attendance, participation, the quality of written reports, completion of the OSCE, and performance on written examinations.

The grade report card is called the “Final Course Performance Profile” and will list the defined course components, the percentage of the maximum component points achieved (% score, if applicable), and a grade of P or F for each component. A passing score for each component is 65% or above.

The required course components are:

- 1) Medical Encounter – Office Preceptor – Fall 2011
- 2) Medical Encounter – Office Preceptor – Spring 2012
- 3) Medical Encounter – Skills Group – Fall 2011
- 4) Medical Encounter – Skills Group – Spring 2012
- 5) Medical Encounter – Mid-Course Examination - December 8, 2011
- 6) Final Examination – June 2012 – details to be announced
- 7) Biostatistics/Epidemiology
- 8) Evidence-Based Medicine

In addition, there are two required course components which are not graded

- 1) Labor and Delivery Session\*
- 2) Wheelchair Exercise\*

The final grade reported to the registrar will be P (pass), M (marginal), I (incomplete) or F (failure). Students who fail 4 or more of the 8 graded course components will fail the course. Students who fail fewer than half of the course components will receive a grade of M (marginal), and they must remediate each failed component to receive a final grade of P (pass) on the official transcript.

Your Final Course Performance Profile will contain the following narrative sections:

- Assessment on Academic Performance (Summative)
- Comments on Professionalism (Summative)
- Additional Formative Comments (not for Dean’s Letter)

The Final Course Performance Profile also contains the number of unexcused absences from course activities (including lectures, small groups, office preceptor sessions, and other required activities). Grades on the official transcript will be reported as P (Pass) or F (Fail).

\*Successful completion of these exercises is required, and failure to complete either or both of them will result in an overall grade of Marginal for the course.