

Patient Care

Students must be able to provide evidence based care that is compassionate, respectful of patients' differences, values, and preferences. They should demonstrate the ability to listen, clearly inform, communicate and educate patients' for the promotion of health and the treatment of illness; they must advocate for disease prevention, wellness and the promotion of healthy lifestyles including a focus on population health. They must be able to accurately evaluate relevant social and clinical information in the context of the patient's visit.

Learning Categories	End of Phase A	End of Phase B	End of Phase C
Clinical History Taking (PC1)	<ul style="list-style-type: none"> • Demonstrates the ability to obtain a clinical history and organize the information in a timely manner • Demonstrates the ability to gather additional clinical information in areas relevant to the presenting chief complaint • Clearly identifies historical gaps of information • Documents sensitivity to relevant social/cultural situations affecting patient care 	<ul style="list-style-type: none"> • Demonstrates ability to obtain all relevant clinical history and organize the information in a timely manner • Is able to identify alternative sources of information to fill in history gaps • Shares knowledge in topics of disease prevention with patient • Documents sensitivity to relevant social/cultural situations which limit the implementation or effectiveness of possible treatment options 	<ul style="list-style-type: none"> • Demonstrates the ability to organize all relevant clinical history in a timely manner (1.2) • Able to identify alternative sources and or intuitively fill in the history gaps (1.2) • Shares knowledge in topics of disease prevention with patient (1.7,1.9) • Documents how social/cultural situations have impacted the treatment recommendations (1.2, 2.5) • Demonstrates ability to inquire (non-judgmentally) about alternative medical practices being utilized by the patient at the time of presentation (1.2)
Patient Examination (PC2)	<ul style="list-style-type: none"> • Can perform a full physical exam on an adult patient in a logical sequence appropriate for both full physical visit as well as targeted complaint visit • Can identify and describe normal and abnormal findings • Can complete a functional assessment of an elderly patient • Can describe the growth and 	<ul style="list-style-type: none"> • Can perform a physical exam pertinent to the reason the patient is being seen and is able to identify physical findings which will dictate changing said exam into a more comprehensive evaluation • Can describe abnormal findings and pertinent negative findings on an adult patient in a logical sequence appropriate for both full and 	<ul style="list-style-type: none"> • Can perform a full or focused physical exam on an adult patient in a logical sequence appropriate for the scheduled visit in a timely manner for pediatric, adolescent, adult and elderly patients (1.1) • Can complete a full mental and functional assessment of an elderly patient (1.1) • Can fully assess a pediatric patient for developmental delay and genetic

	<p>development assessment of a pediatric patient</p> <ul style="list-style-type: none"> • Can relate the developmental milestones for a pediatric patient 	<p>targeted visit in a timely manner</p> <ul style="list-style-type: none"> • Can use the presenting complaint to focus the exam on the system/anatomic area that is relevant to identifying abnormal findings • Can complete a functional assessment of an elderly patient • Can describe the growth and development assessment and important milestones of a pediatric patient • Can identify and categorize pediatric abnormalities and findings into a context of genetic versus environmental causation 	<p>abnormalities (1.2)</p> <ul style="list-style-type: none"> • Can identify pertinent positives and negatives in the exam to accurately determine stage of medical condition (1.4) • Can utilize clinical findings to prioritize additional anatomic or physiologic testing (1.3, 1.5)
<p>Medical Notes (PC3)</p>	<ul style="list-style-type: none"> • Can complete a written H&P including all components in a timely fashion with a well developed differential diagnosis using the clinical presentation (CP) schemes presented in Phase A of the curriculum • Can complete a SOAP note showing how the CP schemes assist in developing a treatment plan 	<ul style="list-style-type: none"> • Can complete a written H&P including all components in a timely fashion with a more well developed differential diagnosis using the clinical presentation (CP) schemes presented in Phase B of the curriculum • Can complete a SOAP note showing how the CP schemes assist in developing a problem list format which is the basis of an ongoing treatment plan 	<ul style="list-style-type: none"> • Can accurately complete a written H&P in a timely fashion with a more well developed differential diagnosis using the CP schemes to develop a differential diagnosis (1.2, 4.2, 4.5) • Can complete a SOAP note using CP schemes to assist in developing a problem list (1.1, 4.2) • Utilizes the problem list to develop a well thought out plan for ongoing treatment. (1.6) • Integrates periodic evaluation of said plan above to re-evaluate the efficacy of the plan to ensure treatment success (1.2, 2.1)
<p>Oral Presentation</p>	<ul style="list-style-type: none"> • Can present an H&P or SOAP note to an attending using only note cards 	<ul style="list-style-type: none"> • Can accurately present an H&P or SOAP note to an attending using only note cards in a timely fashion 	<ul style="list-style-type: none"> • Can accurately present a H&P or SOAP note to an attending without the use of note cards in a timely fashion indicating

<p>(PC4)</p>	<ul style="list-style-type: none"> • Is able to produce a differential or problem list with treatment updates 	<p>indicating when to use “not relevant” or “no pertinent positives”</p> <ul style="list-style-type: none"> • Includes a differential or problem list with treatment updates • Includes accurate assessments with prioritized diagnosis or problem list using relevant CP schemes 	<p>when to use “not relevant” or “no pertinent positives” (4.2)</p> <ul style="list-style-type: none"> • Includes a differential or problem list with treatment updates (1.2, 1.5, 1.6) • Includes accurate assessments with prioritized diagnosis or problem list using relevant CP schemes (1.6) • Can participate in a discussion of prioritized diagnostic approaches and is able to identify where patient teams and consultants are needed (4.2, 4.3)
<p>Medical Skills (PC5)</p>	<ul style="list-style-type: none"> • Is able to describe and practice the basic principles of universal precautions in all settings • Has achievement of a level of “Master” in all of the Medical Skills outlined for Phase A. • Has achieved certification in Basic Life Support (BLS) 	<ul style="list-style-type: none"> • Is able to describe and practice the basic principles of universal precautions in all settings • Has collected a signature to demonstrate observed performance of the skills outlined in the required clerkship Phase B • Has achieved certification in Basic Life Support (BLS) 	<ul style="list-style-type: none"> • Is able to describe and practice the basic principles of universal precautions in all settings* • Has achieved certification in Basic Life Support (BLS) • Has achieved certification in Advanced Cardiovascular Life Support (ACLS)
<p>Patient Care Teams (PC6)</p>	<ul style="list-style-type: none"> • Can identify all members of an adult hospitalized patient care team and can explain how the team could be utilized to facilitate recovery time • Can identify all members of an outpatient adult patient care team, can explain how an outpatient adult PCT can be utilized, and can identify the 	<ul style="list-style-type: none"> • Can explain how the composition of an adult and pediatric hospitalized PCT differs on each clinical service and can recognize and evaluate when their use should be ordered to facilitate recovery • Can explain how the composition of an adult and pediatric outpatient PCT differs and can evaluate when their services should be requested 	<ul style="list-style-type: none"> • Can explain how the composition of an adult and pediatric hospitalized PCT differs on each clinical service and can recognize and evaluate when their use should be ordered to facilitate recovery (4.2, 6.1) • Can explain how the composition of an adult and pediatric outpatient PCT differs on each clinical service setting (primary care versus specialty) and can evaluate

	<p>measures used to determine length of participation</p> <ul style="list-style-type: none"> • Can explain how a pediatric hospitalized PCT may differ from that of an adult • Can explain how an outpatient pediatric PCT can be utilized and can identify and evaluate the measures used to determine length of participation for social, environmental and genetic abnormalities 		<p>when their services should be requested (4.2, 6.1)</p>
<p>Patient Management (PC7)</p>	<ul style="list-style-type: none"> • Can describe the basic approach to the diagnosis and management of adult and pediatric patients with acute and chronic illnesses in the adult population • Can discuss how to construct a patient management plan utilizing a team approach 	<ul style="list-style-type: none"> • Can describe the basic approach to the diagnosis and management of adult and pediatric patients with acute and chronic illnesses in the adult population • With appropriate supervision can begin to construct a patient management plan 	<ul style="list-style-type: none"> • Can describe a well thought out plan of management of all patients with acute and chronic illnesses in the adult population • With appropriate supervision can construct a detailed patient management plan utilizing appropriate PCT members (6.2)
<p>Cost Effective Comparisons in Treatment (PC8)</p>	<ul style="list-style-type: none"> • Is able to recognize that there are differences in the cost of treatment options • Can discuss treatment costs in the context of efficacy, social and cultural factors 	<ul style="list-style-type: none"> • Is able to recognize that there are differences in the cost of treatment options • Can discuss treatment costs in the context of efficacy, social and cultural factors • Can use this information to discuss a stepped approach to treatment therapies 	<ul style="list-style-type: none"> • Is able to recognize that there are differences in the cost of treatment options (6.3) • Can discuss treatment costs in the context of efficacy, social and cultural factors (6.3) • Can use this information to recommend a stepped approach to the treatment of common medical conditions in the adult patient (6.3)