APPENDIX to:
Vertical Integration of the Physical Exam across the Four Years of Medical School

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Physical Exam Curricula from 3 Medical Schools

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Overview PSOM Clinical Skills
- MS1 year:
  - Fall: Clinical Skills 1a
  - EI, History-taking, Communication & Cost
  - Winter: Clinical Skills 1b
  - Physical exam
  - Spring: Clinical Skills 1c
  - Population-based CS
- MS2 year:
  - Fall, Winter: Clinical Skills 2a, 2b
  - Problem-focused physical exam, history taking and write-up, case presentation, clinical reasoning, advanced communication skills, safety and ultrasound
- End of MS3 year:
  - Clinical Performance Experience (CPX)
  - Formative assessment of clinical skills
- M4 year:
  - Transition to internship curriculum

M1 History & Communication Skills
- Adult medical history
- Population-based communication skills
  - Geriatrics, adolescents, LGBT health
- Physician-to-Physician communication
- Medication reconciliation & cost-related underuse
- Emotional intelligence
- Managing difficult patient encounters

M1 Physical Examination Skills
- Driven by Organ Physiology coursework
- 45-minute didactic followed by peer and SP teaching of:
  - Cardiac
  - Pulmonary
  - Abdomen
  - MSK
  - OHNS
  - Breast
### How do we accomplish these goals?

- **Didactic**
  - Review anatomy and physiology
  - Discuss/demonstrate particular exam step
- **Self-directed learning**
  - Video of exam step on Chalk
- **Small group practice sessions**
  - Practice step of exam with practical instructor
- **Clinic visits with faculty to reinforce skills**

### M2 History & Communication Skills

- **Pediatric and Obstetric history**
  - Three-person (family) interview
- **Mental status exam**
- **Problem-focused history & reasoning**
- **Specific communication skills**
  - Delivering bad news
  - Counseling for behavior change
  - Obtaining informed consent
  - Discussing end-of-life decisions

### M2 Physical Examination Skills

- **Driven by CPP&T and basic sciences**
- **Problem-focused approach to the following:**
  - Advanced auscultation
  - Fundoscopy
  - Male and female GU
  - Neurology
  - Handheld ultrasound

### Student Evaluation

- **M1:** end of term and end of year OSCE
- **M2:**
  - H2T examination end of Fall Quarter
  - Hospitalized patient experience
  - SP encounters
- **M3:**
  - Direct observation
  - Clinical Performance Experience (CPX)
The Ohio State University
College of Medicine
Lead Serve Inspire
Curriculum

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Med 1/Med 2 Physical Exam Curriculum
- Overview of basic PE early in Med 1
- System specific exam Med 1 and 2 (integrated with Blocks)
- Teaching in Longitudinal Groups
- Practice in Longitudinal Practice (early clinical experience)

PE Teaching Learning Methods
- Small group orientation
- Video examples
- Facilitator demo on standardized patient
- Student practice with Med 4 patient instructors/teaching assistants
- Simulators – task trainers

Med 1/Med 2 PE Assessment
- LP direct observation
- OSCE's after each Block

Med 3 Physical Exam Curriculum
- Clinical rings introduce specific and advanced techniques
- Pilot – evidence-based techniques
- Bedside teaching rounds (Cardio, Hepatology)
- Direct observation

Med 3 Physical Exam Curriculum LSI
- Increase direct observation
- Simulated “patients with findings” and simulators
- Ensure competency in all components
- Standard exam and EB components
Years 1 and 2 Physical Exam Curriculum

**Prior Curriculum**
- **Year 1**
  - 13-week introduction to physical exam with culminating head-to-toe exam
- **Year 2**
  - Biweekly sessions of physical exam practice and some medical history practice, in sync with organs covered in science
  - Culminating OSCE assessing history, physical, presentation skills, counseling

**New Curriculum**
- Entire curriculum is like year 2 of old
  - One preceptor follows students over the year
  - Culminating head-to-toe in December and culminating six-station OSCE in March before May clerkship start

Content of M1/M2 Curriculum

- Bates text
- Access online, watch streaming videos prior
- Small group skills sessions about every other week
- Preceptorships
  - Start during first month of medical school
  - “Site visit goals” include performing each component of the exam after the skills session
- Four hospitalized patient H and Ps are submitted in year 2
- Attempt to introduce evidence based physical diagnosis to some M1s in 2007-8
  - Students receiving evidence perceived parts of exam as less useful than control

Clinical Years centralized physical exam curriculum

- M3 Advanced Physical Diagnosis
  - Four small group sessions over a four month period
    - Each session, 6-9 Students see x patients with a faculty member
    - Volunteer Outpatient with fixed physical findings
- M4 Teaching Selective
  - M4s come back to clinical education center to precept skills sessions for M1/M2s.
  - Must teach 12 hours total (most is in this context)
  - Faculty are usually present in the adjacent room

New ideas for M3 / M4 centralized physical exam curriculum

- Rational Clinical Exam Workshops
- Bedside physical finding rounds to replace APDx
- Discussing use of ultrasound at bedside

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