

<b>Policy 3.1.2</b> UAMS COM Undergraduate Medical Education
<b>Section</b> Student Progression, Promotion, and Graduation
<b>Title</b> <b>SPECIFIC CLINICAL SKILLS EXPECTATIONS</b>
<b>LCME Element(s)</b> 9.3 Clinical Supervision of Medical Students
<b>Approved By</b> UAMS COM Curriculum Committee
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## **SOPHOMORE LEVEL OBJECTIVES FOR CLINICAL SKILLS**

At the end of the sophomore year, students have completed two clinical courses: Practice of Medicine 1 (POM 1), a two-semester course in the freshman year, and Practice of Medicine 2 (POM 2), a two-semester course in the sophomore year. By that time, students should have developed clinical skills in several broad task areas. The following is a listing of reasonable expectations for all medical students at the end of the sophomore year.

### The Patient Encounter

When encountering a patient, the student should be prepared to:

1. Demonstrate an understanding of the patient/doctor relationship and show consideration for the multi-facets of the patient encounter- the psychological, physical and social aspects of the individual.
2. Demonstrate basic interviewing techniques to obtain the patient history
3. Correctly perform the techniques that are used to physically examine the patient
4. Begin to formulate a general problem list based on information from the interview and examination
5. Recognize and interpret common abnormal findings on the physical examination

### Patient Case Presentation/Communication

Following a patient encounter, the student should be prepared to:

1. Give an oral presentation of the patient that is readily understandable, well organized, concise, and correct
2. Produce a written report of the encounter that is understandable, well organized, and concise

### Interpersonal Skills

The student should have developed appropriate interpersonal skills to permit him/her to:

1. Interact effectively with patients, caregivers, and other healthcare professionals
2. Effectively communicate with a patient and a patient's family during the interview process

### Patient Care Skills

Although it is understood that a student at this level of training is not prepared to provide comprehensive patient care, a student should have sufficiently mastered appropriate skills that permit him/her to:

1. Treat the patient as a person, not a disease, realizing that the person who is ill is more important as an individual and as a member of his or her social group than is the illness that person has
2. Respect the patient's rights and privacy and be cognizant of HIPAA regulations
3. Adopt a professional manner in each patient encounter such that the patient feels that he or she has received a satisfactory, empathetic, and professional service
4. Recognize the following issues that could affect the appropriate management of the patient:
  - a. conflict of values between the patient and the physician
  - b. conflict of values between the patient and the community
  - c. psychosocial issues
  - d. spiritual and cultural issues
  - e. economic issues
  - f. sexual orientation

### Professional Manner

Professional attitude and demeanor are hallmarks of the medical professional and an important part of medical training. By the end of the sophomore year, a student is expected to have developed a professional attitude that will permit him/her to:

1. Behave in a responsible, reliable, and dependable manner
2. Demonstrate personal integrity, honesty, and self-discipline
3. Project a professional image in manner, dress, grooming, speech, and interpersonal relationships that is consistent with the medical profession's accepted contemporary standards in the community
4. Recognize his/her personal biases whether they are intellectual, physical, or emotional and how they might confound appropriate patient care
5. Demonstrate sound judgment and function appropriately under pressure

### **Objective Structured Clinical Examinations**

The clinical skills noted above are assessed through a series of practical tests referred to as Objective Structured Clinical Examinations (OSCE) in POM 1 and POM 2. In general, these tests

include several stations at which the student interacts with a standardized patient (SP) to perform a history and physical exam relevant to a chief complaint in a specified amount of time. Detailed information about each OSCE is provided in the POM 1 and POM 2 course manuals. **In order to advance to the junior year, a student must achieve a passing grade on the final OSCE in POM II.**

All practical clinical examinations are conducted in the Clinical Skills Center. Occasionally, SP-student interactions are videotaped. These videotapes are used to assess the quality of the SP performance and for formative evaluation for the students.

## **JUNIOR CLINICAL SKILLS OBJECTIVES**

At the end of the junior year, students have completed seven clinical courses: Internal Medicine, Psychiatry, Obstetrics/Gynecology, Pediatrics, Surgery, Family Medicine, Neurology, and two specialty selectives. Students may choose two selectives from a list of eleven. In addition, they have completed the POM 3 course, which is a longitudinal required third-year course focusing on advanced critical thinking and clinical skills.

By that time, students should have further developed their clinical skills in preparation for what is needed for the start of the intern year. The following is a listing of reasonable expectations for all medical students at the end of the junior year.

**When encountering a patient, the student should be capable of the following:**

### Patient Encounter

1. Make appropriate introductions and explanation of his/her role and plans for the interaction
2. Carry out an appropriate, focused inquiry when taking a medical history and while performing a physical examination.
3. Use open-ended techniques that encourage the patient to explain the situation in his/her own words and in a manner relevant to the situation at hand, and by developing an understanding of the expectations and priorities of the patient and/or how the health issue has affected the patient
4. Correctly perform the techniques of taking a medical history and performing a physical examination
5. Accurately interpret the responses or objective results obtained from or about the patient
6. At the conclusion of the inquiry develop working diagnoses
7. Synthesize the findings into a database that effectively and succinctly communicates the nature of the patient's problem
8. List the patient's findings not explained by the working diagnoses

9. Design an appropriate and comprehensive treatment and management plan for the patient using terms the patient can understand and the words that should be used in common usage.
10. Accurately interpret the results of laboratory and diagnostic tests ordered in light of the diagnoses or problem formulations and treatment plans under consideration
11. Refine working diagnoses or treatment plans using information obtained from investigation to provide as accurate a diagnosis or problem formulation as possible with the data available, to include the organic, psychological, and social dysfunctions that may be responsible for the patient's problems
12. Explain in a way that is understandable to the patient any problems that involve on-going medical management, health risk management, and counseling
13. Obtain written and informed consent as needed

#### Patient Case Presentation/Communication

1. Produce a legible written report of the encounter, as well as present an oral presentation of the encounter that is understandable, well organized and concise
2. Provide follow-up notes, progress notes, physician's orders or discharge orders as indicated

#### Interpersonal Skills

1. Interact effectively with patients, caregivers and other healthcare professionals.
2. Foster the doctor-patient relationship by listening attentively, showing interest in the patient as a person, and by demonstrating genuineness, caring, concern, and respect.
3. Effectively communicate with a patient or the patient's family or representative, when the patient has the following problems:
  - a. Unable to speak English or is hearing impaired or deaf
  - b. confused, obtunded
  - c. hostile
  - d. withdrawn
  - e. mentally retarded
  - f. from a different ethnic, racial or cultural background
  - g. a very young or pre-verbal child
4. Support emotions when a clinical situation warrants in by seeking clarification or elaboration of the patient's feelings and by using statements of understanding and support

#### Patient Care Skills

1. Adopt a professional manner in each patient encounter such that the patient feels he/she has received satisfactory, empathetic and professional service.
2. Recognize the following issues that could affect the patient's management and modify management as appropriate:
  - a. legal issues
  - b. ethical issues

- c. conflict of values between the patient, the patient's family, the physician, and the community
  - d. psychosocial issues
  - e. religious issues
  - f. psychiatric issues
3. Help the patient make decisions by outlining what should happen next, linked to a rationale, and assess a patient's level of willingness, and ability to carry out next steps.

#### Risk Management/Health Maintenance

1. Identify persons at risk for common and important health problems and carry out risk assessment and educational procedures appropriate to the patient's:
  - a. age
  - b. gender and sexual orientation
  - c. genetic predisposition for certain diseases
  - d. health status
  - e. occupation
  - f. exposure to risk factors
  - g. lifestyle
2. Provide appropriate health maintenance and disease prevention strategies.

#### Medical Informatics

1. Utilize electronic databases to obtain clinically relevant information.

(Adapted from The Clinical Practice Examination, Six-Year Summary, Southern Illinois University, 1998, Springfield, Illinois, approved by the UAMS Curriculum Committee, 1/19/98, and the UAMS Executive Committee, February 5, 1998)

### **Objective Structured Clinical Examinations**

The clinical skills noted above are assessed through a final OSCE in POM 3. This includes several stations at which the student interacts with a SP to perform advanced history and physical exam skills relevant to a chief complaint in a specified amount of time. In addition, the student must demonstrate advanced communication skills and should be able to write an organized focused history and physical note based on their interaction with a detailed differential diagnosis and plan relevant to the differential diagnosis. Detailed information about this OSCE is provided in the POM 3 course manual.

### **SENIOR CLINICAL SKILLS OBJECTIVES**

During the senior year, students will complete the Geriatrics clerkship and an acting internship. The following is a list of reasonable expectations of all medical students at the completion of their senior year.

Patient Encounter

1. Develop a cost-effective plan for further investigation (if necessary) to rule in or rule out the working diagnosis under consideration by selecting appropriate diagnostic procedures and laboratory tests
2. Arrange for follow-up on all problems identified
3. Consider the patient's potential for compliance and undertake any educational steps for follow-up care that may be needed to improve compliance.

Patient Case Presentation/Communication

1. Produce a legible written report of the encounter, as well as present an oral presentation of the encounter that is understandable, well organized, and concise
2. In addition to follow-up notes and progress notes, be able to write a cohesive transfer note on a patient

Interpersonal Skills

1. Effectively communicate with a patient or the patient's family or representative, when the patient has the following problems:
  - a. a geriatric patient presenting with communication difficulties
  - b. a geriatric patient with an illness in the nursing home setting
  - c. a patient facing end-of-life care issues



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Executive Associate Dean for Academic Affairs

December 5, 2022

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Date