

Ohio University College of Osteopathic Medicine (OU-COM)
Centers for Osteopathic Research and Education (CORE)
Osteopathic Family Medicine 1 (OCOM 819)
Year 3 Family Medicine Clerkship
Appendix H

GUIDELINES FOR COMPLETING REQUIRED LEARNING ACTIVITIES

The following guidelines are to help you satisfactorily accomplish the required learning activities for the Year 3 Family Medicine Clerkship. The learning activities are designed to be completed by either selecting one patient case in your preceptor's practice to provide the clinical material needed to do most of the activities or choosing different patient cases in your preceptor's practice to meet the individual criteria for completing each activity.

For instance, if you are able to identify an interesting patient case early in the clerkship, you could plan to do your first focused H & P, topic presentation, and the case discussion from your clinical experiences with one patient.

Or, you may identify several interesting patient cases that you feel would be suitable for different learning activities.

Either approach is acceptable; it is simply a matter of preference. How you select patients to meet the required learning activities should be decided between you and your preceptor with facilitator input as needed.

Learning Activity Assignment and Feedback Forms

Feedback forms and checklists needed for Required Learning Activities are explained in this section. (All forms can be found in Appendix G of the course syllabus.) They include:

- 1) a "Facilitator Feedback for Student Learning Activities" form (see Appendix G in the course syllabus) that the clerkship seminar facilitator (CSF) will be using to evaluate your presentations of the four major learning activities - prescribed drug of choice, procedure demonstration, student-led case discussion, and topic presentation - at the weekly small group sessions.
- 2) the Preceptor Checklist of Focused H&P (see Appendix G in the course syllabus) that the preceptor or designated supervising physician will be using to evaluate the focused H & P's that you perform and the SOAP note you write.

In preparation for your small group presentations or focused H&Ps, refer to the specific assignment criteria indicated on the related segment of the feedback form or the appropriate checklist for each required learning activity. CORE Clinical Faculty (preceptors and facilitators) receive sample feedback forms in their versions of the Year 3 Family Medicine Clerkship Manual. It is your responsibility to personally give each feedback form (which may be printed from Appendix G of the course syllabus) to your preceptor to complete at the appropriate time throughout the clerkship.

Instructions for completing the checklists and segment of the feedback form for each learning activity are specified in this section. For clarification of instructions regarding any learning activity, contact your CORE administrator. ***The proper route for submission of paperwork for all learning activities is to the CORE administrative assistant at your base CORE hospital.*** It is important for you to submit all written work and signed forms as completed to your CORE administrative assistant so that credit can be given for satisfactory completion of the course.

An *Evaluation Forms & Learning Activity Checklist* is provided here and in Appendix G to help you monitor which learning activities you have completed and for which you have submitted all required forms. Use of the checklist is recommended, but is not mandatory.



To the Student: *This checklist has been provided to help you keep track of evaluation forms and learning activities. Please note when each form has been completed and submitted to the CORE administrative assistant (if appropriate). Evaluation forms and assignments are due the week specified. This checklist does not need to be submitted.*

**Date submitted
to CORE Office
or completed on
New Innovation**

EVALUATION FORMS

- 1. Preceptor Evaluation of Student Performance
 - A. Mid-Clerkship (Preceptor completes during week three of the clerkship) (E-1)
 - B. End of Clerkship (Preceptor completes during week six of the clerkship) (E-2)*
(Log-on to www.new-innov.com to complete this form or use the standard "blue form")
- 2. Facilitator Evaluation of Student Seminar Performance (E-3)
(Facilitator completes during week six of the clerkship)
- 3. Student Evaluation of Preceptor and Rotation (E-4)*
(Student completes during week five or six of the clerkship)
(Log-on to www.new-innov.com to complete this form)

LEARNING ACTIVITIES

- 1. Student Learning Profile (LA-1)
(Student completes prior to day one of the Clerkship, and shares with Preceptor and Facilitator)
- 2. Facilitator Feedback for Student Required Learning Activities (LA-2)
(Clerkship Seminar Facilitator completes as appropriate, during student presentations)
- 3. Preceptor Checklist of Student Focused H&P (LA-3)
 - A. Mid-Clerkship (Preceptor completes during week three of the Clerkship)
 - B. End of Clerkship (Preceptor completes the same form during week six of the Clerkship)
- 4. Student Focused H&P SOAP Note Write-up
 - A. Mid-Clerkship (Student completes during week three of the Clerkship)
 - B. End of Clerkship (Student completes by week five of the Clerkship)
- 5. Preceptor Scoring Sheet of Student Focused H&P SOAP Note (LA-4)
 - A. Mid-Clerkship (Preceptor completes during week three of the Clerkship)
 - B. End of Clerkship (Preceptor completes the same form by week six of the Clerkship)
- 6. Student Procedure Logs/Log Report*
(Student completes by end of the Rotation, student must have the report signed by their Preceptor)

NOTE: Students are responsible for the submission of all evaluation and learning activity forms as they are completed. Please make certain that your preceptor and clerkship seminar facilitator complete the appropriate forms by the specified week of the clerkship. *All forms can be found in Appendix G of the course syllabus.*

** Affiliate COM Students are expected to do all OUCOM evaluation forms except for E-2 and E-4 and are expected to do all Learning Activities, but may complete their logs and final evaluation through their school's system.*

Learning Activity: Focused History and Physical (H&P) and SOAP Note

During the third week of the clerkship, ask your preceptor to help you select a patient in his/her office with whom you can comfortably conduct a focused history and physical (an appropriate history and physical based on the patient's chief complaint). You will also write a SOAP note documenting this focused H&P. Your preceptor is expected to observe you; he or she is aware that it will take you longer than it would him or her to conduct this focused H & P. Your preceptor realizes that this is an important part of clinical teaching and recognizes the necessity of giving you feedback. Using the *Preceptor Checklist of Student Focused H&P (Form LA-3)* provided in Appendix G of the course syllabus, ask your preceptor to immediately provide you with written comments after observing you conduct the focused H & P. Please provide your preceptor with this form.

Ask your preceptor about what his or her expectations are for SOAP notes, then write a SOAP note for this focused H&P. When you are finished with the SOAP note, ask for feedback from your preceptor via the *Preceptor Scoring Sheet of Student Focused H&P SOAP Note (Form LA-4)*.

During the sixth week of the clerkship, repeat this process using the same forms as described in the previous two paragraphs.

An *Outline for the Medical History and Physical Examination* is included in this section as a reference for you. When completing this learning activity you are to:

1. record your history and physical findings in a concise, legible format using a black pen, (black ink copies best);
2. document your findings on the appropriate form used by the preceptor in his/her office; and
3. discuss your findings and impressions with the supervising physician and formulate a differential diagnosis.

After completing two focused H&P's and the appropriate SOAP notes, and receiving feedback from your preceptor or designated supervising physician on the appropriate forms, ask the physician to sign the forms. After reviewing your feedback, you should sign the forms as well.

Submit two of each of these signed forms (Forms LA-3 and LA-4) to the CORE administrative assistant no later than Friday, October 20, 2006.

Rationale: Conducting a focused H & P and SOAP note, and receiving constructive feedback from your preceptor will give you the opportunity to practice the interviewing and examination skills that you learned during the first two years on main campus with simulated patients during your clinical skills courses and with real patients during your Clinical and Community Experiences (CCE). You now have the opportunity to continue building and perfecting your H & P skills daily in the clinical setting. Obtaining feedback on the H & P and SOAP notes at this very critical point in your clinical education will help you become more proficient and experienced in interviewing and examination techniques as you continue to perfect your H & P and SOAP note skills daily.

Outline for Medical History and Physical Examination

Order of examination and type of information desired is indicated. Further details may be necessary in individual cases.

I. History

- A. Date
- B. Name
- C. Status of Examiner, e.g., John Doe, MS III or third year medical student.

II. Chief Complaint

- A. This is a simple statement in answer to the question, "What symptoms brought you to the hospital?"
- B. Give verbatim (in patient's own words).

III. History of Chief Complaint

- A. Include age, sex, race, and occupation in initial statement.
- B. Give details of all symptoms and events concerned in the illness with qualitative and quantitative appraisal. Give location, character, severity, duration, intermittency, and radiation of pain. Describe factors making pain worse or better.
- C. Description of events must be in chronological order. The appearance of each symptom or event during the course of the present illness should be related to the time of the present admission.
- D. Type of onset insidious or sudden?
- E. It is essential to give all negative as well as positive information in relating the symptoms and circumstance of a patient's disease.
- F. If a patient has had one or more previous admissions to this Medical Service, the present illness should start with a detailed summary of each admission. This is followed by an interval note, describing the subsequent events leading to admission.
- G. Never use abbreviations in writing a history (or physical examination). Put patient's name and hospital number on each sheet.
- H. Make clear why patient seeks aid at this particular time.
- I. List all medications patient has taken for this illness and response to them.
- J. Same or similar symptoms before? Treatment and results?

IV. Past History

- A. General Health
 - 1. General Quality. Average weight, recent loss or gain.
 - 2. Operations or Injuries.
 - 3. Hospitalizations.
- B. Birth and Development - "Blue baby," known difficult delivery. Healthy in infancy and childhood.
- C. Infectious Disease. State presence or absence of typhoid, acute rheumatic fever, chorea, poliomyelitis, meningitis, malaria, scarlet fever, diphtheria, hepatitis, gonorrhea or syphilis, undiagnosed fever, measles, mumps, pertussis, rubella, chicken pox. Previous immunizations, chemotherapy.
- D. Allergies. Asthma, hay fever, hives, drug or food reactions.

V. Personal and Social History

- A. Place of birth and residence.
- B. Marital. Duration, health of partner, children, giving age and health.
- C. Habits. Sleeping, tea, coffee, tobacco, alcohol, medicines, habits of eating and exercise. Adequacy of diet in protein, fat, and carbohydrate.
- D. Occupation. Past and present work, conditions of work, emotional and physical reaction of work. Exposure to occupational disease and chemicals.
- E. Environmental Factors. Presence of epidemics, exposure to contagious disease, or infected animals, especially rats, rabbits and parakeets. Water and milk supply. adequacy of housing and sewerage. Residence in tropical or endemic disease areas.
- F. Name and address of patient's physician.
- G. Data on service in the armed forces.

VI. Family History

- A. State health or cause of death of parents, brothers or sisters, with ages of death.
- B. State presence or absence of rheumatic disease, gout, allergy, tuberculosis (giving patient's association therewith), renal disease, diabetes, cancer, mental and neurological disorders, epilepsy, migraine, hypertension, blood diseases, and obesity.
- C. Report details and family tree if any hereditary disease is discovered such as sickle cell anemia, muscular dystrophy, etc.

VII. Review of Systems

- A. Skin. Eruptions, itching, changes in pigmentation and texture.
- B. Head. Headaches, dizziness, vertigo.
- C. Eyes. Vision, diplopia pain, lacrimation, scotomata, jaundice.
- D. Ears. Hearing, earache, discharge, tinnitus, bleeding.
- E. Nose. Epistaxis, colds, obstruction, discharge, bleeding, smell.
- F. Mouth and Throat. Dental difficulties, how long since last visit with dentist, sore throat, hoarseness, dysphagia, bleeding.
- G. Neck. Stiffness, pain, tenderness, masses in thyroid or other areas.
- H. Lymph nodes. Local or general glandular enlargement or tenderness.
- I. Breasts. Lumps, tenderness, swelling, nipple discharge, bleeding.
- J. Respiratory. Pain, shortness of breath, wheezing, chronic cough, sputum (amount and description), hemoptysis, pneumonia, tuberculosis or exposure, fever or night sweats, AM cough, productive? Blood?
- K. Cardiovascular. Precordial pain or distress, palpitation, dyspnea or exertion, orthopnea, nocturnal paroxysmal dyspnea, edema, cyanosis, hypertension, heart murmurs, varicosities, phlebitis, claudication.
- L. Gastrointestinal. Appetite and digestion, abdominal pain, eructation, nausea, vomiting, hematemesis, jaundice, diarrhea, abnormal stools (clay colored, tarry, bloody), steatorrhea, hemorrhoids, recent change in bowel habits, food dyscrasias.
- M. Genitourinary and Menstrual. Urgency, frequency, dysuria, pain, nocturia, hematuria, polyuria, facial edema, oliguria, unusual color of urine, stones, known kidney or bladder inflammations, nephritis. Difficulty in starting stream, size of stream, acute retention or incontinence. Libido, genital sores, discharge, sexually transmitted diseases, sexual orientation, symptoms of sexual dysfunction (e.g. dyspareunia, impotency, vaginismus, etc. Menses: age at onset, regularity, last period, dysmenorrhea, menorrhagia or metrorrhagia leukorrhoea or post-menopausal bleeding. Number and results of pregnancies. Complications of pregnancy, including toxemia.
- N. Musculoskeletal. Pain, swelling, redness or heat of muscles or joints. Limitation of motion, muscular weakness, atrophy, cramps.
- O. Metabolic. Polydipsia, polyuria, asthenia, hormone therapy, intolerance to heat or cold, alopecia.
- P. Hematological. Anemia, bleeding tendency, previous transfusions and reactions, Rh incompatibility.
- Q. Neuropsychiatric. Convulsions, paralysis, tremor, incoordination, syncope, paresthesias. Difficulties with memory, speech, special senses, and gait. Nervous or emotional difficulties, anxiety, depression, previous psychiatric care.

VIII. Physical Examination

- A. Temperature, pulse, respiratory rates, blood pressure, height, weight
- B. General Appearance and Mental Status. Sex, body type, apparent period of life, apparent state of health, nutrition and development, gross deformities, gait, posture, clubbing of fingers, dyspnea, orthopnea, edema, facies, mental condition, sensorium, personality.
- C. Skin. Texture, turgor, color, moisture, eruption, pigmentations, pallor, spiders and abnormalities of nails and hair.
- D. Head. Deformity, scars, tenderness, bruit.
- E. Eyes. Conjunctive and sclera, injection, petechiae, jaundice, pallor. Pupils- size, shape, reaction, equality. Eyeballs - prominence, motion tension. Iris lesions, corneal or lenticular opacities. Plois of lids, vision, visual fields, and confrontation. Fundi.
- F. Ears. Hearing, air and bone conduction, discharge, tophi, mastoid tenderness, canals and tympanic membranes.
- G. Nose. Septal deviation or perforation, obstruction, sinus tenderness, appearance of mucosa.

- H. Mouth and Throat. Breath, fissures. Mucosal lesion and color. Tongue - coat moisture, coloration, papillatrophy, tremors. Teeth - pyorrhea, caries, lead line. Throat - appearance of tonsils and mucosa.
- I. Neck. Scars. Thyroid, other masses, venous engorgement, abnormal pulsation, tracheal tug, position of trachea. Resistance to flexion.
- J. Lymph Nodes. Enlargement, consistency and tenderness of cervical, axillary epitrochlear, and lingual nodes.
- K. Musculoskeletal. The narration should include position in which the patient was examined, body type, gait, posture, kyphosis, lordosis, scoliosis, areas of hyperalgesia, tenderness or pain on motion or palpation, tissue change, joint hypermobility or restriction, osteopathic lesions (somatic dysfunction), vasomotor or trophic changes of skin, muscles, etc., contracture. Figures may be used to supplement the narrative by labeling areas of importance.
- L. Thorax and Breasts. Configuration, symmetry, mobility, scars, abnormal pulsations or retractions, dilated veins, retromanubrial dullness.
- M. Lungs. Type of respiration, cough, symmetry of respiratory movements. Fremitus. Resonance, lung borders and their mobility. Breath sounds, voice and whisper, rales, rhonchi, and rubs.
- N. Heart. Apical impulse, thrills, heart border. Heart sounds, character and rhythm, murmurs, friction rub. Unless contraindicated, listen to heart in erect and recumbent posture. Cover all valve areas, neck and back.
- O. Abdomen. Scars, contour, dilated veins, fluid waves, spasm, tenderness (direct, indirect, and rebound). Hernia, costovertebral angle tenderness. Location, size, shape consistency, mobility, tenderness of mass including liver, spleen, kidneys, bladder. Distention, shifting dullness, areas of hepatic, splenic and bladder dullness, bowel sounds.
- P. Extremities. Character of peripheral arteries and veins. Presence of varicosities. Color, temperature, deformities, limitation of motion.
- Q. Genitalia.
 1. Male: discharge, scars, scrotal masses.
 2. Female: perineum and external genitalia, vagina, cervix, fundus, adnexae. tenderness, discharge, bleeding, ulcerations, masses.
- R. Neurological.
 1. Sensory, including Romberg test.
 2. Motor, muscle strength, atrophy, tremors, fasciculations spasticity, clonus. Reflexes Superficial - abdominal, cremasteric. Deep biceps, patellar. Achilles. Abnormal reflexes - Babinski, Hoffman.
- S. Rectal. Hemorrhoids, fissures, fistulas. Digital-sphincter tone, tenderness, masses, prostrate, blood on examining finger. Test for occult blood.

IX. Summarizations of Each Problem as Follows:

- A. Subjective supporting data (History)- Briefly - details in H.C.C.
- B. Objective supporting data (Physical and Lab) - Briefly - details in H.C.C. and physical
- C. Assessment (discussion of provisional diagnosis, including differential diagnosis, i.e., hypotheses)
- D. Plan
 1. Diagnostic (methods of ruling in or ruling out)
 2. Therapeutic
 3. Patient Education
- E. SOAP each problem and assign it a number
- F. Signature
- G. Note concerning name and address of informants if other than patient and apparent reliability.

Learning Activity: Prescribed Drug of Choice

For this assignment you are to select a patient who is being treated for one of the following common conditions/diseases:

- . anxiety
- . arthritis
- . asthma
- . chronic pain
- . depression
- . diabetes
- . hypertension
- . urinary tract infections

Include in your presentation:

1. the classification of drugs commonly used to treat the patient's disease or condition
2. a comparison of several drugs within the classification
3. identification of the specific drug prescribed for the patient
4. the cost, generic and trade name of the prescribed drug
5. dosage information and pharmacokinetics of the prescribed drug
6. indications, contraindications, and adverse reactions of the prescribed drug
7. an explanation of why the drug prescribed is indicated for the condition or disease under discussion rather than other available medication
8. an explanation of why the preceptor chose this particular drug (i.e., drug of choice) over other drugs that may have accomplished the same therapeutic effect
9. OMM as a possible alternative to drug therapy
10. complementary or alternative treatments to drug therapy
11. patient compliance issues.

This activity should be based on a patient case seen in your preceptor's practice, not just relaying what information is stated in a reference textbook. If possible, locate a relevant journal article on the classification of drugs and/or prescribed drug. Use information from the article in your presentation.

This section includes a suggested list of medications that you can refer to when completing this assignment along with supporting drug information resources. You do not have to adhere to this list or to the references if the preceptor has prescribed a relatively *new* drug on the market for a patient or if you have an interest in focusing on a classification of drugs not listed.

Preparation: When preparing for this assignment, refer to Segment A "Prescribed Drug of Choice" of the Facilitator Feedback for Student Learning Activities form (LA-2) that your clerkship seminar facilitator (CSF) will be using to evaluate your presentation.

Evaluation: After completing that segment of the form, your CSF will sign it. After reviewing your ratings, sign and date directly under the appropriate segment of the form. The feedback form is to be submitted to the CORE administrative assistant once all segments of the form are completed by the CSF.

Rationale: Medical students in the clinical setting must develop a way of thinking about pharmacology which shifts from learning just the generic names for drugs to learning the various trade names for any given drug. You must begin applying technical knowledge regarding pharmacokinetics to the more complex responsibilities of prescribing drug therapy for patients. You need to recognize signs and symptoms of potential adverse reactions and be able to intervene based upon a sound knowledge of any drug being prescribed.

Sample Listing of Drugs for Prescribed Drug of Choice Activity

| <u>Drug Classification</u> | <u>Generic Drug Names (Trade name)</u> |
|----------------------------|---|
| ACE Inhibitor | Captopril (Capoten), Enalapril (Vasotec), Captopril HCL (Capozide) |
| ACE II Inhibitor | Losartan Potassium (Cozaar), Losartan Potassium HCL (Hyzaar) |
| Antianxiety/Anxiolytic | Buspirone (Buspar), Alprazolam (Xanax), Lorazepam (Ativan), Diazepam (Valium) |
| Antibacterial | Sulfamethoxazole (Bactrim), Norfloxacin (Noroxin), Nitrofurantoin (Macrobid), Amoxicillin (Amoxil), amoxicillin/clavulonic acid (Augmentin), Pen V-K, Erythromycin, Clarithromycin (Biaxin), Telithromycin (Ketek), Doxycycline (Adox), Vancomycin, Levofloxacin (levaquin), Cephalexin (Keflex), Cefdinir (Omnicef). |
| Antidepressant | Fluoxetine HCL (Prozac), Sertraline (Zoloft), Amitriptyline (Elavil), Trazadone (Desyrel), Trimipramine Maleate (Surmontil), Doxepin (Adapin, Sinequan), Amoxapine (Ascendin), Nortriptyline (Pamelor, Aventyl), Maprotiline (Ludiomil), Imipramine (Tofranil) |
| Beta Blocker | Class U General, Atenolol (Tenormin), Nadolol (Corgard) Propranolol HCL (Inderal), Acebutolol HCL (Sectral), Metoprolol Tartrate (Lopressor) |
| Bronchodilators | Albuterol (Proventil, Ventolin, Volmax), Bitolterol Mesylate (Tornalate), Aminophylline (Phyllocontin), Theophylline (Quibron), Triamcinolone Acetate (Azmacort) |
| Calcium Channel Blocker | Diltiazem (Cardizem), Amlodipine Besylate (Norvasc), Verapamil Hydrochloride (Calan), Nifedipine (Procardia) |
| Combination Drugs | Verapamil/trandolapril (Tarka), Amlodipine/benazepril (Lotrel) |
| Hyperlipidemics | Simvastatin (Lipitor), Ezetimibe (Zetia), Fenofibrate (Tricor), atorvastatin calcium (Lipitor), rosuvastatin (Crestor), Pioglitazone HCl (Actos), insulin glargine (Lantus) |
| Hypoglycemic Agent | Metformin (Glucophage), Humulin N Insulin, Humulin R Insulin, Humalog Insulin, Lente Insulin |
| Hypoglycemic-Oral | Acarbose (Precose), Glipizide (Glucotrol), Metformin (Glucophage), Glyburide (Micronase, Diabeta), Chlorpropamide (Diabinese), Acetohexamide (Dymelor), Tolbutamide (Orinase), Tolazamide, rosiglitazone (Avandia), |
| NSAIDs | Ketorolac Tromethamine (Toradol), Nabumetone (Relafen), Diclofenac (Voltaren), Naproxen (Anaprox, Naprosyn), Ibuprofen (Motrin), Ketoprofen (Orudis), Sulindac (Clinoril), Celecoxib (Celebrex) |

Learning Activity: Procedure Instruction/Demonstration

At a weekly clerkship seminar as scheduled, you are to teach your peers how to complete a simple procedure and have them demonstrate what they have learned. This should be a procedure that you observed, assisted with, or performed with supervision in your preceptor's office. Select a procedure that can be easily demonstrated (e.g., venipuncture/phlebotomy, skin staple placement or removal, electrode placement for ECG, tuberculin intradermal skin test, punch biopsy of the skin, injections).

Inform the clerkship seminar facilitator (CSF) of the procedure you plan to demonstrate at least one week in advance so s/he can determine if it is appropriate based on available resources and the number of students in your small group. Ask your preceptor if s/he has any patient education materials, articles, or videotapes that pertain to the procedure you have chosen and can be used to augment your instruction. Make certain that you bring sufficient supplies so that students in your group are able to participate and practice the procedure.

During your explanation, you should include aspects such as

- 1) equipment needed to do the procedure
- 2) patient education regarding procedure
- 3) physical preparation of the patient for the procedure
- 4) indications and contraindications for doing the procedure
- 5) proper sequence of steps in performing the procedure and rationale
- 6) what to do if something negative or unexpected happens while the procedure is in progress
- 7) action to take in an emergency;
- 8) other pertinent information

Preparation: When preparing for this activity, refer to Segment B "Procedure/Demonstration" of the Facilitator Feedback for Student Learning Activity form (L-2A) that your CSF will be using to evaluate your presentation. After completing that segment of the form, your CSF will sign it.

Evaluation: After completing that segment of the form, your CSF will sign it. After reviewing your ratings, sign and date directly under the appropriate segment of the form. The feedback form is to be submitted to the CORE administrative assistant once all segments of the form are completed by the CSF.

Rationale: This activity is intended to inform you about different procedures that can be done in an outpatient setting and to make you aware of the procedures being done by physicians other than your assigned preceptor(s). You may see how the same procedure can be performed differently, yet correctly, using various techniques and equipment. You will understand the details and principles of performing a procedure more thoroughly by explaining and teaching it to others.

Learning Activity: Student-Led Case Discussion

Ask your preceptor to help you select an appropriate patient case for this assignment. The case should include psychosocial and family systems aspects in addition to the biomedical and important osteopathic components. If ethical, cultural, or complementary medicine issues are relevant in the case that you select, be sure to address these during your case discussion. Explore as many aspects of the patient case as you can using the progressive disclosure method and SOAP format.

Organize the case so that pertinent information is disclosed as needed to progress through the following elements:

- 1) chief complaint
- 2) history of present illness
- 3) differential diagnosis
- 4) results of physical exam (including structural exam)
- 5) laboratory and diagnostic test results
- 6) diagnosis and treatment plan (including OMM)

Discussion questions should focus on the hierarchy of medical knowledge (i.e., environmental level, person level, organ level, tissue level, cellular level, molecular level). NOTE: This assignment is not intended to be a presentation, but an interactive discussion with other members of your small group about a patient case promoting problem-solving.

Your preceptor could contribute details and/or answer questions about the patient case you have selected for your case discussion. Thus, you may wish to make arrangements with your preceptor to have him/her attend the clerkship seminar on the day you are scheduled to lead a case discussion. If your preceptor agrees to be in attendance during your case discussion, you need to let your CSF know so an exact time can be set for this activity.

Preparation: When preparing for your case discussion, refer to Segment C “Student-Led Case Discussion” of the Facilitator Feedback for Student Learning Activity form (L-2A) that your CSF will be using to evaluate your presentation.

Evaluation: After completing that segment of the form, your CSF will sign it. After reviewing your ratings, sign and date directly under the appropriate segment of the form. The feedback form is to be submitted to the CORE administrative assistant once all segments of the form are completed by the CSF.

Rationale: Leading a case discussion will enable you to learn about a patient case in depth. Additionally, it will give you the opportunity to teach your peers and become more adept at using case studies as a teaching/learning tool. Research indicates that in the small group environment the use of the case discussion method has several advantages over lecturing. These advantages include:

- 1) students retain information longer
- 2) students learn from each other
- 3) the affective domain of learning receives attention
- 4) problem solving is encouraged
- 5) higher quality solutions result from group problem solving

Learning Activity: Topic Presentation

You will prepare and deliver a 15-20 minute presentation on one of the following topics: anxiety, arthritis, asthma, chronic pain, depression, diabetes, hypertension, or urinary tract infection. Mold the topic to fit your interests. For example, if you select the topic of diabetes mellitus, the title of your presentation might be "Managing NIDDM in Elderly Patients with Circulation Problems." *Narrow the topic to something that is manageable in the amount of time allotted. Allow time (approximately five minutes) to answer questions from members of the group.* Inform the clerkship seminar facilitator (CSF) of your topic at least one week in advance so s/he can help you narrow your focus and suggest written and/or audiovisual materials that may augment your presentation.

During your presentation, address the different levels in the hierarchy of medical knowledge (i.e., environmental level, person level, organ level, tissue level, cellular level, molecular level) as appropriate. Support your presentation with references, including textbooks and journal articles. Provide your audience with a copy of the journal article(s) or at least the abstract(s). Please check with the CORE administrator to be sure financial resources are available for photocopying costs if you need to make extensive copies for distribution.

Obtain references by doing an on-line literature search. You may access the medical literature from the National Library of Medicine at <http://www.nlm.nih.gov>. Contact either the hospital librarian or Bobbi Conliffe, the Learning Resources Coordinator in the college's Learning Resource Center (LRC) on main campus, if you have questions or problems conducting a literature search. The information gathered from literature searches can be used by practicing physicians to help make patient care decisions, for writing articles, and for preparing presentations.

Use evidence-based medicine (EBM) strategies to access additional information on your topic.

Preparation: When preparing for this presentation, refer to Segment C "Topic Presentation" of the Facilitator Feedback for Student Learning Activity form (L-2A) that your CSF will be using to evaluate your presentation.

Evaluation: After completing that segment of the form, your CSF will sign it. After reviewing your ratings, sign and date directly under the appropriate segment of the form. The feedback form is to be submitted to the CORE administrative assistant once all segments of the form are completed by the CSF.

Rationale: This learning activity allows you to practice a valuable teaching skill that can be used throughout the continuum of your osteopathic medical education. Mini-lectures on various topics presented by your peers are intended to provide you with current information about a subject that you may want to research, read more about, and/or apply to a patient care situation. Knowing how to search the literature will enable you to communicate your information needs to a librarian and become a more sophisticated user of the literature searching computer technology. Computer access to current medical literature is an essential tool for the modern practicing physician, both for keeping up with trends in areas of interest and for finding specific information pertinent to the care of patients.

Learning Activity: Sharing a Significant Learning Experience

Every effort should be made to conduct this learning activity for approximately 30 to 40 minutes (depending on the size of the group), at the beginning of each weekly clerkship seminar. Each student is to briefly share (five minutes) the most significant thing learned from an actual experience in his/her preceptor's office or other clinical setting since the last weekly conference.

Do not just relate the events of an entire day. Information shared can be about a new situation or particular patient case. For example, you may have seen a patient that presented a unique challenge or did not conform to what you would describe as the "ideal" doctor-patient relationship. You may want to share with your peers:

- 1) how these patients gain access and use the health care system
- 2) factors that contribute to their choices in seeking health care
- 3) what made these patients particularly difficult to manage
- 4) what emotions you felt during such a patient encounter
- 5) what coping strategies you used to deal with these patients
- 6) how you might approach this type of patient differently.

This is designed to be an informal activity, but it is still important for you to make a succinct presentation in a standard format.

Rationale: This activity makes it possible for you to hear about the variety of available educational opportunities and patient cases being seen by physicians in medical practices other than that of your assigned preceptor(s). Throughout the remainder of your osteopathic medical education you will be called upon to present to attendings and inform colleagues of details about patients' conditions and their courses of treatment with very little, if any, preparation time. Therefore, this activity also gives you a chance to develop your impromptu verbal presentation skills.

Learning Activity: Identifying Minority Health and/or Cultural Issue

This learning activity will be conducted weekly as the need arises and time permits. This is designed to be an informal activity and should not take more than 30 minutes during a weekly seminar for the discussion of one to two issues identified by any given student.

You are to examine the health care problems of a given patient in a social/cultural context and to identify a minority health and/or cultural issue confronting a patient, a patient's family, or physician that they have either encountered in the clinical setting or discussed with their respective preceptor. If you or other students in your group find it difficult to determine such issues as they occur during your actual clinical experiences, you may want to ask your preceptor to point out such issues when seeing patients based on his/her clinical experience and expertise. You are expected to briefly discuss any conflicts/challenges implicit in a particular situation and offer suggestions for dealing with those problems.

Rationale: As osteopathic medical students and future practicing physicians, you will grapple daily with a maze of uncertainties and quandaries associated with the delivery of health care. This activity serves to raise your awareness of cultural diversity and minority health issues that frequently arise in the practice of medicine and that are used as a basis for establishing health policies and procedures. As a future practicing physician you need to be able to think through these types of issues for yourself and deal directly with proposals and arguments incompatible with your own views and values.

Learning Activity: Discussing Complementary/Alternative Medicine Issues

This learning activity will be conducted weekly as the need arises and time permits. This is designed to be an informal activity and should not take more than 30 minutes during a weekly seminar for the discussion of one to two issues identified by any given student.

You are to discuss complementary and alternative medicine (CAM) issues confronting a patient, a patient's family, or physician that they have encountered in the clinical setting or discussed with their respective preceptor. Issues may arise when completing the CAM module that you want to address. You should be prepared to discuss the current evidence that supports or refutes the use of CAM and apply this to specific CAM being used or avoided by actual patients seen in their respective preceptor's office.

Focus on Alternative and Complementary Therapies (FACT) is an evidenced-based journal that summarizes the most important, factual papers from all journals followed by expert commentary that may be a helpful resource as you explore complementary and alternative medicine. To learn more about this publication, go to <http://www.ex.ac.uk/FACT/> or consult your hospital librarian.

Rationale: The use of complementary and alternative medicine (CAM) is increasing and being recognized by physicians in practice. It is important that CAMs are assessed by the same rigorous standards as traditional or orthodox medicine. This activity will allow you to explore the importance of knowing the impact of CAM on a patient's plan of treatment.