



AMERICAN  
UNIVERSITY  
OF ANTIGUA  
COLLEGE OF  
MEDICINE



KASTURBA  
MEDICAL  
COLLEGE

*C/O Greater Caribbean Learning Resources*

---

**FIFTH SEMESTER**

**PRELIMINARY  
CLINICAL MEDICINE**

**COURSE GUIDELINES\***  
**(September 6 - December 21, 2007)**

*\* Revised 09/05/2007*

---

**Administrative Office:** 2 Wall Street 10<sup>th</sup> Fl  
New York, NY 10005  
**Tel:** 212 - 661-8899 Fax: 212 - 661-8864  
1-888-AUA-UMED (1-888-282-8633)  
**Email:** info@auamed.org www.auamed.org

**Manipal Education & Medical Group**  
Manipal 576104 India  
**Tel:** 91-820 2571978/79 Fax: 01-820 2571982/257062  
**Email:** kmc\_aumed@manipal.edu  
www.manipal.edu

## TABLE OF CONTENTS

INTRODUCTION	.....	4
I	SCHEDULES .....	5
	A. Lectures, Practical Sessions, Quizzes, Exams. ....	5
	B. Practical Sessions .....	7
	C. Quizzes and Exams .....	7
	D. Correlation Course Tests .....	8
	E. Clinical Rotations .....	9
II	OBJECTIVES AND OUTCOMES BY THEME .....	11
	01 Introduction .....	11
	02 Registration .....	11
	03 Clinical history .....	11
	04 Lungs and respiratory System .....	12
	05 Heart and Respiratory System .....	13
	06 Eyes .....	14
	07 Ears, Nose and Throat .....	15
	08 Abdomen and GI System .....	17
	09 Imaging .....	18
	10 Neurological System .....	19
	11 Kidneys and Urinary System .....	19
	12 Skin .....	19
	13 Breast .....	20
	14 Osteo-muscular System .....	21
	15 Pediatrics .....	22
	16 Psychiatry .....	23
	17 OB/GYN .....	23
	18 Health maintenance .....	24
III	GUIDELINES FOR PHYSICAL EXAMINATION.....	24
	A. Basic Physical Examination .....	24, 26
	B. Mini-Mental Exam State Examination .....	25, 30
	C. Screening Tests for Alcohol Misuse .....	25
IV	GUIDELINES FOR VERBAL PRESENTATIONS AND WRITE-UPS .....	31

...		
	A. Two-minutes Write-up .....	31
	a) Contents and Example .....	31
	b) Pitfalls .....	33
	c) Method .....	34
	B. Hospital Admissions Write-ups .....	37
V	CORRELATON BASIC-CLINICAL SCIENCES COURSE .....	40
	A. Organization .....	40
	B. Method .....	40
	C. Registration .....	41
VI	PORTFOLIO .....	41
	VII. MEDICAL QUALIFYING EXAMS AND USMLE CERTIFICATION .....	41
	ATTACHMENTS (Forms and Instructions .....	43 -54
	A. Portfolio Forms and Instructions	
	1). List of Cases and Templates .....	44
	2) List of patients seen, observed and discussed .....	45
	3) List of Academic Activities attended .....	48
	B. Students' Evaluation Form	
	1) Lectures and other academic activities .....	49
	2) Practical Sessions, Clinical Rotations .....	51
	C. Evaluation of Students Performance .....	54
	D. Documents for Registration .....	56
	STRATEGIES FOR LIFE-LONG LEARNING .....	57

## INTRODUCTION

The *Course Guidelines Manual* complements the *Fifth Semester Syllabus* and consists of the following parts:

- Schedules of in-class and on-line lectures, tests and exams
- Objectives of lectures and practical sessions
- Guidelines for the elaboration of clinical case write-ups
- Forms for monitoring patients by students
- Evaluation forms of all academic activities by students
- Evaluation forms of students by the teaching staff.

The *Course Guidelines Manual* provides students with points of reference for daily work and study, delineates dead-lines, and offers many helpful tips on how to complete various tasks. The University encourages students to refer frequently to the *Guidelines* during the fifth semester.

While *Guidelines* for assignments are uniform, the schedules of lectures and practical sessions may vary from site to site. Differences may occur in the organization and content of individual lectures depending on the availability of local resources.

As with the *Syllabus*, the *Guidelines* are a work in progress. AUA is developing a dynamic academic model to train excellent physicians who are highly prepared to deliver effective and compassionate treatment and preventive care to patients and their families. AUA expects its teaching and administrative staff and students to provide constructive feedback for the continued development of all programs.

The fifth semester is truly critical in the formation of AUA physicians. Students must strive for excellence. Complete commitment to this course, a firm discipline, and the use of efficient study methods is required of all students.

Students will learn practical medicine from every patient they observe and examine. They will benefit from every case they discuss with preceptors and peers. For this reason students must attempt to study as many clinical cases as possible. Only then will the link between theory and practice and basic and clinical science become truly apparent.

# I. SCHEDULES

## A Lectures

*University of Antigua School of Medicine*  
*Course on Physical Diagnosis (September 06 - December 21, 2007)*  
 Site: \_\_\_\_\_

### **SCHEDULE OF LECTURES, PRACTICAL SESSIONS AND QUIZZES**

Date	Hour	Activity	Theme	Lecturer	Materials
		Lecture	Introduction, Orientation - (1h)		
			Registration - (1h)		
		Lecture	Clinical History - (2 h)		
		Practice	Vital Signs - Practice - (2 h)		BP cuff, tape
		Lecture	Lungs, Respiratory System - (2 h)		Stethoscope
		Video	Chest Exam - (1 h)		Stethoscope
		Practice	Chest Exam - (1 h)		Stethoscope
		Lecture	Heart Exam - (1 1/2h)		
		Lecture	Heart Exam -(1 1/2 h)		
		Video	Heart Exam - (1 h)		Stethoscope
		Practice	Heart Exam - (2 h)		Stethoscope
		Lecture	Imaging - (1h)		
		Lecture	Imaging - (1h)		
		Quizzes 1,2	Clinical Hx, VS, Respiratory (1h)		
		Presentation	Two-minutes case # 1 (#1h)		
		Quiz 3	Heart, CV System Exam (1 hour)		

		Lecture	Eyes Exam (1h)		Ophthalmoscope
		Practice	Eyes Exam ( 1h)		Penlight, Ophth.
		Quiz 4	Imaging (1h)		
		Lecture	Skin Exam (2 h)		
		Quizzes 5,6	Eyes, skin		
		Lecture	HENT Exam (1 1/2 h)		
		Practice	HENT Exam (1 h each group)		Penlight
		Lecture	Abdomen, GI System (1 h)		
		Lecture	Acute Abdomen (1 h)		
		Presentation	Two-minutes Case # 2 (1h)		
		Quizzes 7,8	HENT and Abdomen (1 h)		
		Lecture	Kidney, GU System Exam (1 h)		
		Lecture	Neurological Exam (1 h)		Hammer
		Practice	Neurological Exam (1 h)		Hammer
		Quiz 9,10	Neurological, GU Exam (1 h)		
		Lecture	Breast Exam (1 h)		
		Practice	Breast Exam (1 h)		
		Lecture	Musculo-skeletal exam (1 h)		
		Practice	Musculo-skeletal Exam (1h)		Hammer
		Quiz 11	Musculo-skeletal (1h)		
		Lecture	Pediatric Exam (1 h)		
		Lecture	Psychiatric Exam (1 h)		
		Quiz12,13	Pediatrics, Psychiatry (1 h)		

		Lecture	Hemopoietic, Lymphopoietic (1 h)		
		Lecture	OB/Gyn Exam (1 h)		
		Lecture	Health Maintenance (2 h)		
		Quiz 14,15	Blood, Lymph, OB/Gyn (1 h)		
		Presentation	Two-minutes # 3 (1 h)		
			Portfolio due (1 h)		
		Exam	Final written exam (4 h)		
		Exam	Final practical exam (1h per student)		
		Exam	Shelf-like on Line		
		Exam	Shelf		

### B Practical Sessions - Schedule

Date	Hours	Theme	Instructor
	One hour	VITAL SIGNS - Practice	
	One hour	CHEST EXAM - VIDEO	
	One hour	CHEST EXAM - PRACTICE	
	One hour	HEART EXAM - VIDEO	
	Two hours	HEART - PRACTICE	
	One hour	EYES EXAM	
	One hour/group	HENT - PRACTICE	
	One hour	NEUROLOGICAL EX - PRACTICE	
	One hour	OSTEO-MUSCULAR - PRACTICE	

### C Quizzes and Exams - Schedule

Date	Hours	Themes	Instructor
	One hour	Clinical Hist, VS, Respiratory	
	One hour	Heart, CV System	
	One hour	Imaging	
	One hour	Skin, Eyes Quiz	
	One hour	Abdomen, GI System, HENT	
	One hour	Urology, Neurology	
	One hour	Hemopoietic, Lymph, H Maint	
	Four hours	Final written Exam	

	By appointment	Final practical exam	
	Four hours	Shelf-like Exam on line (3 h)	
	Four hours	Shelf Exam	

#### D Clinical and Basic Sciences Correlation Course Tests - Schedule

Test No.	Subject	No Q ~	Date Posted	Date due
<b>001</b>	<b>1.00 Biochemistry and Molecular Biology</b> 1.01 Gene Expression: DNA Structure, Replication and Exchange	50	09/07	9/12
<b>002</b>	1.02 Gene Expression: Translation	20	09/07	9/14
<b>003</b>	1.03 Structure and Function of Proteins; Energy Metabolism; Metabolic pathways of small molecules and associated diseases	80	09/07	9/16
<b>004</b>	1.04 Biosynthesis and degradation of macromolecules and associated abnormalities; Carbohydrates, Bioenergetics	35	09/07	9/17
<b>005</b>	1.05 Lipids, Cell communication, Specific Functions of Proteins and Disorders of Metabolism.	50	09/07	9/18
<b>006</b>	1.06 Enzymes; Individual hormones; Cellular Metabolism and energy Production; Water and pH, biomolecular and biochemical methods	35	09/07	9/19
<b>007</b>	<b>2.00 Biology of Cells</b>	35	09/07	9/21
<b>008</b>	<b>3.00 Human development and Genetics</b> 3.01 Genetics 1	26	09/07	9/22
<b>009</b>	3.02 Genetics 2	65	09/07	9/23
<b>010</b>	3.04 Clinical Genetics 1	65	09/07	9/23
<b>011</b>	3.06 Clinical genetics 2	55	09/07	9/24
<b>012</b>	<b>4.00 Biology of Tissues and responses to diseases</b>	55	09/07	9/25
<b>013</b>	<b>5.00 Psychosocial, cultural, environmental influences</b>	40	09/07	9/28
<b>014</b>	<b>6.00 Multisystem Processes</b>	50	09/07	9/29
<b>015</b>	<b>7.00 Pharmacodynamic and Phamacokinetic Processes</b>	40	09/07	9/30
<b>016</b>	<b>8.00 Microbial Biology and Infection</b> 8.01 Bacterial, fungal and viral diseases 1	40	09/07	10/01
<b>017</b>	8.02 Bacterial, fungal and viral diseases 2	45	09/07	10/02
<b>018</b>	8.03 Parasitic diseases	40	09/07	10/04
<b>019</b>	8.04 Antimicrobials	40	09/07	10/05
<b>020</b>	8.05 Mycobacteria, G (+) and G(-) Cocci	40	09/07	10/06
<b>021</b>	8.06 Bacilli, Vibrio, Spirochetas and others	80	09/07	10/09
<b>022</b>	<b>9.00 Immune responses</b> 9.01 Immune responses 1	50	09/07	10/11
<b>023</b>	9.02 Immune responses 2	50	09/07	10/12
<b>024</b>	9.03 Immunological disorders and Immunology	40	09/07	10/13
<b>025</b>				



026	<b>10.00 Quantitative methods (Epidemiology and Statistics), Others</b>	80	09/07	10/15
027	<b>11.00 Hematopoietic, Lymphoreticular systems</b>			
028	11.01 Hematopoietic and LR Sytems 1	50	09/07	10/16
028	11.02 Hematopoietic and LR 2	45	09/07	10/18
029	<b>12.00 Nervous System</b>			
030	12.01 Nervous System 1	50	09/07	10/20
030	12.02 Nervous System 2	45	09/07	10/21
031	<b>13.00 Skin</b>	25	09/07	10/23
032	<b>14.00 Musculo Skeletal System</b>			
032	14.01 Musculo Skeletal System 1	50	09/07	10/26
033	14.02 Musculo Skeletal System 2	50	09/07	10/28
034	14.03 Musculo Skeletal System 3	40	09/07	10/29
035	<b>15.00 Respiratory System</b>	50	09/07	11/03
036	<b>16.00 Cardiovascular System</b>			
036	16.01 Cardiovascular System 1	50	09/07	11/03
037	16.02 Cardiovascular System 2	50	09/07	11/04
038	16.03 Cardiovascular System 3	50	09/07	11/07
039	<b>17.00 Gastrointestinal System</b>	70	09/07	11/09
040	<b>18.00 Renal and Urinary system</b>	50	09/07	11/10
041	<b>19.00 Reproductive System</b>	65	09/07	11/12
042	<b>20.00 Endocrine System</b>			
042	20.01 Endocrine System 1	50	09/07	11/13
043	20.02 Endocrine System 2	50	09/07	11/14
044	<b>21.03 Vignettes</b>	100	09/07	11/17
045	<b>21.00 Shelf - Like (#1)</b>	50	09/17	12/05
046	<b>21.00 Shelf - Like (#1)</b>	50	09/17	12/05
047	<b>21.00 Shelf - Like (#1)</b>	50	09/17	12/05
048	<b>21.00 Shelf - Like (#1)</b>	50	09/17	12/05

## E Clinical Rotations - Schedule

Clinical rotations are identified as follows:

Rotation in hospital wards (H), Emergency Department (ED), hospital outpatient facility (HO), preceptors office (PO)

Rotation in outpatient specialty services (either hospital or preceptor's office)  
Internal Medicine (IM), Surgery (S), Pediatrics (Ped), GYN/OB,  
Psychiatry (PS))

University of Antigua School of Medicine  
Fifth Semester - Fall 2007

**SCHEDULE OF CLINICAL ROTATIONS**

SITE: \_\_\_\_\_

Students name	e-mail ↓	Month Week starting on →	SEPTEMBER				OCTOBER				NOVEMBER				DECEMBER			
			10	17	24	4	4	8	15	22	29	5	12	19	26	3	10	17
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
21																		
22																		
23																		
24																		

- O** Outpatient rotation
- H** Hospital rotation
- ER** ER Rotation
- W** Write up preparation
- S** Study time
- E** Exams and Shelf

## II OBJECTIVES AND FINAL OUTCOMES BY THEME

No.	Description - Specific Objectives - Academic Activities
01	<p><b><u>INTRODUCTION</u></b></p> <p><b>a) Objectives</b></p> <ol style="list-style-type: none"> <li>1. To explain the purpose, objectives, activities and general organization of the course</li> <li>2. To familiarize students with the hospital campus, outpatient sites and campus learning resources.</li> <li>3. To familiarize students with the evaluation and grading systems used in the course.</li> </ol> <p><b>b) Activities</b></p> <p>One- hour lecture Questions and Answers</p>
02	<p><b>REGISTRATION</b></p> <p><b>a) Objectives</b></p> <ol style="list-style-type: none"> <li>1. To enroll the students in the V Semester.</li> <li>2..To credential the students and unable them to function in the hospital and outpatient environments.</li> </ol> <p><b>b) Activities</b></p> <p>. Two hours - Registrar One hour - Hospital Library One hour - Security Office</p>
03	<p><b>CLINICAL HISTORY</b></p> <p><b>a) Objectives</b></p> <p>At the end of the Course, the students will be able to:</p> <ol style="list-style-type: none"> <li>1. understand and know the basic components of a clinical history.</li> <li>2 understand and apply communication techniques for interviewing patients and their families and collect relevant clinical information from the latter taking into</li> </ol>

	<p>account cultural environment, patient habits (exercise, diet, smoking, alcohol consumption, sexual practices) and patient disposition.</p> <ol style="list-style-type: none"> <li>3. explain the differences between the comprehensive and the focused approach when interviewing and examining a patient.</li> <li>4. apply the basic principles and techniques of a physical examination.</li> <li>5. organize the collected data in an orderly and concise manner.</li> <li>6. understand the process of assessment and synthesis towards formulation of diagnostic hypothesis and identification of differential diagnostic alternatives.</li> <li>7. elaborate both comprehensive and focused clinical histories and physical examinations and properly present the corresponding verbal and written summaries to peers and medical audiences.</li> </ol> <p><b>b) Activities</b></p> <p>Two- and- a -half hour lectures          Outpatient and inpatient rotations practice          Quiz          Written and practical final exams</p>
--	--

<p><b>04</b></p>	<p><b>LUNGS AND RESPIRATORY SYSTEM</b></p> <p><b>a) Objectives</b></p> <p>At the end of the course students will be able to:</p> <ol style="list-style-type: none"> <li>1. identify the anatomic landmarks and the normal features related to inspection, palpation, percussion and auscultation of the chest.</li> <li>2. understand the basic physiological and biochemical phenomena that can explain symptomatic manifestations of chest diseases.</li> <li>3. detect clinical normalcy related to respiratory function.</li> <li>4. define, detect and explain the factors responsible for the onset and exacerbation of respiratory symptoms (dyspnea, orthopnea, paroxysmal nocturnal dyspnea, acute and chronic cough, sputum, halitosis)</li> <li>5. detect general signs of respiratory disease such as cyanosis, lip pursing, alae nasi flaring,</li> <li>6. detect abnormalities in the anatomical configuration of the chest (barrel, khyphosis, scoliosis, pectus carinatum, pectus excavatum) and abnormal positioning of the trachea</li> <li>7. detect abnormal respiratory patterns including bradypnea, tachypnea, hyperventilation and pathological patterns of respiration such as Kussmaul, Cheyne-Stokes, air trapping, biot, paradoxical breathing.</li> <li>8. detect and explain signs of respiratory obstruction including inspiratory stridor, hoarseness, nasal flaring, suprasternal and intercostal retraction, difficulty swallowing, barking cough, cyanosis refractory to supplemental O2</li> <li>9. detect and explain abnormal chest motion, (including abnormal diaphragmatic excursion), crepitus, pleural friction and abnormalities of the tactile fremitus.</li> <li>10. detect and explain abnormal percussion tones in the thoracic cage including hyper-resonance, tympanism and dullness and abnormal breathing sounds (crackles, rhonchi,</li> </ol>
------------------	---

	<p>wheezes and pleural rubs, egophony).</p> <ol style="list-style-type: none"> <li>11. identify and explain normal and abnormal respiratory function tests parameters including A-a gradient; lung compliance, TLC, FVC, FRC, TV, ERV, RV, FIO<sub>2</sub>, FEV<sub>1</sub>, MEP, MIP.</li> <li>12. use peakflow measurements in the out-patient setting</li> <li>13. identify and explain abnormalities in respiratory metabolism including respiratory acidosis, respiratory alkalosis and the corresponding compensatory phenomena.</li> <li>14. understand the purpose and indications of thoracic tests and procedures including CXR, bronchoscopy, thoracentesis and thoracostomy, bronchoscopic and percutaneous needle biopsies; thoracoscopy, mediastinoscopy, tracheal aspiration, MRI, CT scan, PET scan, angiogram, respiratory physical therapy.</li> <li>15. detect and explain the physical and radiological findings associated with common respiratory conditions including pneumonia, acute and chronic airway obstruction (asthma and COPD), bronchitis, atelectasis, pneumothorax, pleural effusions, TB, lung cancer, mesothelioma, pulmonary embolism), respiratory insufficiency, sleep apnea and hypopnea.</li> </ol> <p><b>b) Activities</b></p> <ul style="list-style-type: none"> <li>- Two one- hours lectures</li> <li>- Audio-visual session</li> <li>- One- hour practice session</li> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (fifty questions)</li> <li>- Written and practical exams</li> </ul>
--	---

<p><b>05</b></p>	<p><b>HEART AND CARDIOVASCULAR SYSTEM</b></p> <p><b>a) Objectives</b></p> <p>At the end of the Course, the students will be able to</p> <ol style="list-style-type: none"> <li>1. take the patient's vital signs with appropriate technique distinguishing between normal quality and values and pathological conditions.</li> <li>2. identify by palpation and with Doppler device the temporal, carotid, radial, femoral, popliteal, dorsalis pedis, posterior tibialis pulses.</li> <li>3. explain the characteristics of arterial pulse abnormal patterns and the conditions associated with them and identify during clinical rotations a minimum of three patients with abnormal findings.</li> <li>4. identify and explain the meaning of auscultatory gap</li> <li>5. identify and explain the components of the cardiac cycle, normal pressure venous waves, the normal EKG and components of the normal heart sounds.</li> <li>6. define and detect common symptoms related to the heart including chest pain, fatigue, dyspnea and orthopnea, cough and syncope.</li> <li>7. determine differential etiology of cardiac related symptoms including angina, dissection of the Aorta, pleural, GI, musculo-skeletal and psychoneurotic related</li> </ol>
------------------	--

	<p>chest pains.</p> <ol style="list-style-type: none"> <li>8. define the cardiovascular risk of patients based on their history of diabetes, dyslipidemia, HTN, cigarette smoking, CAD, and sedentary life style</li> <li>9) identify the traditional auscultatory areas and normal (auscultatory) findings of the heart including components of the heart sounds and splitting of S2</li> <li>10. identify and explain reasons for abnormal splitting of heart sounds including wide splitting, fixed splitting and paradoxical splitting.</li> <li>11. identify and explain the presence of abnormal heart sounds including increased S3 and S4, gallops, mitral opening snap, aortic and pulmonary ejection clicks and pericardial friction rubs.</li> <li>12. identify and explain the occurrence of early systolic, midsystolic, late systolic, early diastolic, middiastolic, late diastolic murmurs and their variations with respiratory phase and physical maneuvers.</li> <li>13. explain the auscultatory characteristics of common cardiac entities, including mitral stenosis. aortic and subaortic stenosis, pulmonic and tricuspid stenosis, mitral regurgitation and prolapse, aortic, pulmonic and tricuspid regurgitation.</li> <li>14 explain the common physical findings in patients affected by left and right ventricular hypertrophy, bacterial endocarditis, congestive heart failure, pericarditis, cardiac tamponade, cor pulmonae, myocardial infarction and myocarditis.</li> <li>15. Define and detect the following heart rate and rhythm abnormalities in EKG tracings: atrial fibrillation and flutter, sinus bradychardia and tachycardia, paroxysmal atrial tachycardia, heart blocks, centricular tachycardia and ventricular fibrillation.</li> </ol> <p><b>b) Activities</b></p> <ul style="list-style-type: none"> <li>- Three-hour lectures</li> <li>- Audio-visual session</li> <li>- Two- and- a -half- hour practice</li> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (fifty questions)</li> <li>- Written and practical final exams</li> </ul>
06	<p><b>EYES</b></p> <p><b>a) Objectives:</b></p> <ol style="list-style-type: none"> <li>1. Carry out general examination of the eye and the patient's vision</li> <li>2. Detect common eye abnormalities, including chalazion, hordeolum, conjunctivitis, blepharitis, xanthelasma, epiphora, ectropion, entropion, pterygium, cataracts.</li> <li>3 Perform fundoscopic examination and been able to detect common abnormalities including A-V crossings, copper appearance arteries, diabetic retinopathy, macular abnormal appearances.</li> <li>4. Detect common refraction abnormalities</li> </ol>

	<p>5. Identify conditions that require referral to the ophthalmologist</p> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One hour lecture</li> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (twenty questions)</li> <li>- Written and practical final exams</li> </ul>
<p>07</p>	<p><b>EARS, NOSE AND THROAT (ENT)</b></p> <p><b>a) Objectives:</b></p> <p><b>At the end of the Course, the students will be able to</b></p> <p><b>1. identify the anatomic landmarks of ear, nose and throat, including:</b></p> <ul style="list-style-type: none"> <li>• skull bones and facial landmarks</li> <li>• external ear: auricle (pinna): (helix, triangular fossa, antihelix, concha, antitragus, tragus, lobule) and external auditory canal.</li> <li>• middle and inner ear.</li> <li>• external nose (nares, ala nasi, vestibule, collumella, nostrils, nasal bridge).</li> <li>• floor of the nose.</li> <li>• internal nose: septum, vestibules, choanae, cribiform plate, <b>Kiesselbach plexus</b>, adenoids.</li> <li>• paranasal sinuses (frontal, maxillary, sphenoid, ethmoid).</li> <li>• oral cavity: Lips (and frenulums), teeth (1 – 32), vestibule of mouth, dorsum of tongue, uvula, palat tonsils, hard and soft palat, sublingual gland and caruncle, tongue frenulum, torus).</li> <li>• neck structures and landmarks (neck triangles, thyroid, parathyroid glands).</li> <li>• lymphatic groups and drainage</li> </ul> <p><b>2) Utilize the common techniques for HENT (Head, Ears, Nose, Throat)* and Neck Examination</b></p> <ul style="list-style-type: none"> <li>• <b>Clinical History</b> <ul style="list-style-type: none"> <li>Medical, surgical, family, occupational and social history</li> <li>i. History of smoking and drinking, exposure to noise, genetic disease.</li> <li>ii. Symptoms: headache, fever, nasal drainage, posterior discharge, epistaxis.</li> <li>iii. Loss of hearing, itching, tinnitus ear ache, vertigo, nausea, vomiting , unsteadiness nasal congestion, ear drainage; medications (aminoglycosides, gentamycin).</li> <li>iv. Sore throat, throat “whitish dots and plaques”,odynophagia, dysphagia, “choking” episodes, facial and neck lumps (with and without drainage), nasal discharge, snoring, dental problems, mouth lesions, dentures</li> <li>v. Hoarseness, wheezing</li> <li>vi. Allergies and exposure of dust and inhaled foreign substances.</li> </ul> </li> <li>• <b>Inspection</b> <ul style="list-style-type: none"> <li>vii. Facies, position of the head, facial asymmetry (eyes, nasolabial folds, preauricular regions), Apparent swelling and masses, hair pattern, mouth r</li> </ul> </li> </ul>

- expiration
- viii. Auricles: color, shape, size, symmetry, masses; external auditory canal: discharge
  - ix. External canal and tympanic membrane
  - x. External nose, color, shape, discharge, stability, patency; nasal cavity: mucosa, turbinates, septum, sense of smell; nasal sinuses
  - xi. Equilibrium: Romberg's Test
  - xii. Hearing (Weber and Rinne tests)
  - xiii. Lips, symmetry, cheilitis, cheilosis, lesions,
  - xiv. Oral cavity: Mucosa: aphthous and other ulcers, leukoplakia, torus palatinus; teeth (1-32), malocclusion, tongue appearance and motion (Geographic tongue), deviations (hypoglossal paralysis), gag reflex (IX and X cranial nerves); floor of the mouth; gums: swelling, bleeding; posterior discharge.
  - xv. Neck: visible arterial pulse and venous waves, masses (Midline and lateral)
- **Palpation**
    - xvi. Tender points (Pinna, sinuses, maxilla, mandible)
    - xvii. Masses (Scalp, pre-auricular, parotid and submaxillary, midline)
    - xviii. Palpation of trachea, thyroid gland, tongue and palate
    - xix. Temporal, carotid pulses
  - **Auscultation**
    - xx. Pre tracheal rhonchi
    - xxi. Bruits (Temporal, carotid)
  - **Exam aids**
    - xxii. Stethoscope
    - xxiii. Tuning Forks
    - xxiv. Othoscope
    - xxv. Penlight
    - xxvi. Audiometer
    - xxvii. Ultrasound, Xrays, CT scan, MRI, MRA, PET scan

**3) Being able to diagnose some common non malignant entities, including:**

- **Ears:**

- xxviii. Otitis media and External Otitis
- xxix. Tinnitus
- xxx. Cholesteatoma
- xxxi. Otosclerosis
- xxxii. Meniere Disease
- xxxiii. Labyrinthitis
- xxxiv. Branchial cleft sinuses

- **Nose**

- xxxv. Epistaxis
- xxxvi. Sinusitis
- Deviated nasal septum (DNS)
- xxxvii. Allergic rhinitis
- xxxviii. Cocaine abuse

- **Mouth and Oropharynx**

- i. Candidiasis
- ii. Aphthae
- iii. Tonsillitis and pharyngitis (strep throat)



	<ul style="list-style-type: none"> <li>iv. Viral Pharyngitis</li> <li>v. Peritonsillar abscess</li> <li>vi. Retropharyngeal abscess</li> <li>vii. Sleep apnea</li> <li>viii. Malocclusion</li> <li>ix. Cavities</li> <li>x. Gingivitis</li> </ul> <ul style="list-style-type: none"> <li>• <b>Trachea</b> <ul style="list-style-type: none"> <li>i. Tracheitis</li> </ul> </li> <li>• <b>Larynx</b> <ul style="list-style-type: none"> <li>i. Laryngitis</li> </ul> </li> <li>• <b>Thyroid</b> <ul style="list-style-type: none"> <li>i. Mass(es) (goiter, ca)</li> </ul> </li> <li>• <b>Parathyroid Glands</b> <ul style="list-style-type: none"> <li>i. Mass (adenoma, ca)</li> </ul> </li> <li>• <b>Lymphadenopathies</b> <ul style="list-style-type: none"> <li>i. Anterior and posterior triangles</li> <li>ii. Benign and malignant (metastatic)</li> </ul> </li> </ul> <p><b>4) Being able to explain the symptoms and signs related to common ENT malignancies, including:</b></p> <ul style="list-style-type: none"> <li>• Ca of the Salivary Glands</li> <li>• Ca of the Tonsils</li> <li>• Ca of the Larynx</li> <li>• Ca of the Thyroid</li> <li>• Ca of the parathyroid Glands</li> <li>• Oral Kaposi Sarcoma (HIV)</li> </ul> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- Two- hour lecture</li> <li>- One practical session (1 hour)</li> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (fifty questions)</li> <li>- Written and practical final exams</li> </ul>
--	--

<p><b>08</b></p>	<p><b>ABDOMEN AND GI SYSTEM</b></p> <p><b>a) Objectives</b></p> <p><b>At the end of the course, the students will be able to:</b></p> <p>1) examine the normal abdomen using techniques of percussion and palpation to determine dimensions and consistency of the normal liver . palpation to determine normal and pathologically hypertrophic spleen.</p>
------------------	---

	<p>2) assess pathologic changes of acute abdomen. Assess acute abdomen for tenderness, guarding, and rebound tenderness. Be able to list differential diagnosis for acute abdominal pain in each quadrant or area of the abdomen.</p> <p>3) assess abdomen for splenomegaly and hepatomegaly and assess pathologic changes to the liver to include nodules, masses, and hardness.</p> <p>4) assess abdomen for abdominal aortic aneurysms.</p> <p>5) be able to demonstrate the presence of common signs: Murphy's , Kehr'sn, Cullen's , Turner's , Rovsing's , Markle's, Obturator iliopsoas , Sister Mary Joseph nodule, caput medusae</p> <p>6) Assess abdomen for ascites or other intra-abdominal fluid by shifting dullness, positive fluid wave, and shock wave.</p> <p>7) Recognize and palpate abdominal wall and inguinal hernia's.</p> <p>8) Auscultate abdomen with stethoscope for intestinal hypoactivity or hyperactivity and signs of acute abdominal perforation or bowel obstruction. Auscultate for renal artery stenosis or liver bruits for angiomas.</p> <p>9) Complete rectal examination for evidence of malignancy, hemorrhoids, and gross or occult bleeding. Examine for Blumer's shelf sign.</p> <p>10) Examine abdomen for obesity, stria of cushings disease.</p> <p>11) Examine skin and sclera for evidence of jaundice or bruising.</p> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- Two- hour lecturee</li> <li>- Out-patient and In-patient 5otations practice</li> <li>- Quiz (Fifty questions)</li> <li>- Written and practical tinal 4xams</li> </ul>
<p><b>09</b></p>	<p><b>IMAGING</b></p> <p><b>a) Objectives:</b></p> <p><b>At the end of the course, the students will be able to identify</b></p> <ol style="list-style-type: none"> <li>1) <b>By plain chest X Rays</b>, the normal heart borders and of the normal appearance of the lung parenchyma, kerly B lines of congestive heart failure, and the appearance of a pneumothorax, a lung infiltrate, a pleural effusion.</li> <li>2) <b>By Abdominal x-ray-</b>, the appearance of normal abdominal film, viscus perforation with air under diaphragm on upright x-ray, step ladder sign of small bowel obstruction, renal stones seen on x-ray, appearance of gall-stone ileus, appearance of cecal and sigmoid volvulus, large bowel obstruction, and applecore lesion of colon carcinoma seen on barium enema.</li> <li>3) <b>By Ultrasound u/s</b> gallbladder stones, pancreatic masses and normal pancreatic image, hydroureter and renal cysts.</li> <li>4) <b>By Mammography</b>, microcalcifications indicative of breast carcinoma.</li> <li>5) <b>By CT Scan abdomen</b> recognize liver parenchyma and kidney parenchyma, normal pancreas and bladder appearance and detect abdominal aortic aneurysms.</li> <li><b>6) By X-ray of extremities-</b> detect fractures of extremities, dislocations of hip and shoulder, bone tumor, osteomyelitis, fracture of carpal bones.</li> </ol>

	<p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- Two one- hour lectures</li> <li>- Out-patient and In-patient rotations practice</li> <li>- Quiz (Fifty questions)</li> <li>- Written and practical final exams</li> </ul>
<p><b>10</b></p>	<p><b>NEUROLOGICAL SYSTEM</b></p> <p><b>a) Objectives</b></p> <p><b>At the end of the Course, the students will be able to:</b></p> <ol style="list-style-type: none"> <li>1) Perform assessment of motor strength (power assessment) of proximal upper extremities, triceps and proximal arm, proximal hip, proximal lower extremity, elbow, wrist, and ankle.</li> <li>2) Perform Deep tendon reflex examination of biceps, triceps, quadriceps, Achille's tendons. Perform superficial reflex examination-upper abdominal, lower abdominal, cremasteric and plantar reflex.</li> <li>3) Conduct cranial nerve examination by performing the following maneuvers:       <ul style="list-style-type: none"> <li>. (I) Use (vanilla and coffee) to test smell each nares</li> <li>. (II) test vision by rotating black and white drum, test vision with Snellen Chart and Rosenbaum near vision chart.</li> <li>. (III, IV, and VI) Test function of extraocular muscles by moving finger in H or X fashion with patient following finger with eyes. Inspect pupil size with regard to reponse to light and accommodation. Inspect eyelids for drooping.</li> <li>. (V) Assess masseter motor strength and assess sensory components V1,V2, V3</li> <li>. (VII) Assess facial muscle nerve function by having patient puff out cheeks, smile, and close eyes tightly. Test ability to identify sweet and salty tests on each side of tongue.</li> <li>. (VIII) Test hearing by rubbing fingers. Use Rinne and Weber tests as appropriate.</li> <li>. (IX and X) Examine patients for deviation of uvula when saying "Ahhhh". Test gag reflex and ability to swallow.</li> <li>.(XI) Have patient actively rotate head against resistance. Test shoulder shrug against resistance.</li> <li>.(XII) Have patient protrude tongue</li> </ul> </li> <li>4) Complete Kernig's and Brudzinski's sign test.</li> <li>5) Conduct sensory examination using tuning fork for vibratory examination, broken tip of swab for superficial pain, and cotton tipped swab for light touch</li> <li>6) Conduct mini mental status examination</li> <li>7) Conduct study of patient's gait by having patient walk across room, have patient hop on one foot.</li> <li>8) Assess equilibrium by Romberg test</li> <li>9) Assess Cerebellar function by running heel of one leg against shin of the other leg. Have patient alternatively touch own nose and the examiner's index finger with the index finger of one hand and alternatively touch own nose with the index finger of each hand.</li> <li>10) Evaluate cortical sensory function, by testing two point discrimination with two sharp objects, draw a letter or number on body without actually writing it and have patient identify it, and have patient close eyes and identify common objects in hand by feeling it.</li> </ol> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- One -hour practice</li> <li>- Out-patient and In-patient rotations practice</li> <li>- Quiz (Fifty questions)</li> <li>- Written and practical final exams</li> </ul>

<p>11</p>	<p><b>KIDNEYS AND URINARY SYSTEM</b></p> <p><b>a) Objectives</b></p> <ul style="list-style-type: none"> <li>• <b>Male GU System</b>  <b>At the end of the Course, the students will be able to understand how to :</b> <ol style="list-style-type: none"> <li>1) Assess penis and scrotum for normal appearance and evidence of skin lesions.</li> <li>2) Retract foreskin if patient is uncircumcised. Inspect glans penis for color, external meatus of urethra, and look for urethral discharge</li> <li>3) Ability to differential direct, indirect, and femoral inguinal hernias.</li> <li>4) Palpate testis for masses and palpate spermatic cord for varicoceles, vas deferens and epididymis.</li> <li>5) Palpate inguinal nodes</li> <li>6) Percuss for CVA tenderness.</li> <li>7) Perform Rectal exam to assess for prostatitis and for prostatic induration and masses.</li> <li>8) Palpate bladder for evidence of distension.</li> <li>9) Know how to do microscopic and dipstick urinalysis to test for sugar, protein, bilirubin, blood, white blood cells etc. Collect sediment from centrifuged urine and examine for bacteria, red blood cells, white blood cells, granular, tubular and red blood cell cast</li> <li>10) Inserti foley catheter</li> </ol> </li> <li>• <b>Female GU System</b>  <b>At the end of the course students will be able to understand how to perform:</b> <ol style="list-style-type: none"> <li>1) Examination of labia majora, labia minora, clitoris, intraoitus for normal appearance.</li> <li>2) Bimanual pelvic abdominal examination of normal adnexa, ovaries, and uterus.   Rectovaginal examination for masses and other pathology.</li> <li>3) Speculum examinations of normal vagina and normal cervix.</li> <li>4) Techniques of colposcopy and culdocentesis.</li> <li>5) Insertion of a foley catheter</li> </ol> </li> </ul> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (Fifty questions)</li> <li>- Written and practical final exams</li> </ul>
<p>12</p>	<p><b>SKIN</b></p> <p><b>a) Objectives:</b></p> <p><b>At the end of the course, the students will be able to:</b></p> <ol style="list-style-type: none"> <li>1) Know appearance of normal skin and slight alterations such as dry skin, oily skin.</li> <li>2) Know differences in skin texture and appearance between different racial and ethnic groups.</li> <li>3) Know skin color changes in different disease states-slate color of liver disease, yellow skin hue of jaundice.</li> <li>4) Know normal hair distribution of scalp hair, body hair and, pubic hair, and deviations from normal.</li> <li>5) Know normal shape of finger nails and toe nails.</li> <li>6) Smell the skin for odors (ie rotten apples, grapelike, pungent).</li> </ol>

	<p>7) Examine morphologic characteristics of skin lesions -distribution, shape/arrangement, border/margin, pigmentation, associated changes within lesions.</p> <p>8) Examine skin lesions for size, shape, color, texture, elevation/depression, pedunculation, configuration, and location.</p> <p>9) Know generally how to discriminate between malignant and benign skin lesions on basis of appearance and how to biopsy skin lesions for malignancy.</p> <p>10) Know how to examine skin with a Wood's lamp for evidence fungal infection.</p> <p>11) Assess lymph nodes for size and induration: axillary, cervical, inguinal, popliteal, posterior cervical, etc.</p> <p>12) Be able to establish various etiologies for skin disease- fungal, viral, autoimmune, vascular, cancerous, traumatic etc.</p> <p>13) Differentiate various exanthems on basis of various symptoms.</p> <p>14) Being able to diagnose common typical forms of skin conditions including ACTINIC CHEILITIS;; CHRONIC ATOPIC DERMATITIS; HERPES SIMPLEX; MOLUSCUM CONTAGIOSUM; PARONYCHIA; SARCOIDOSIS; SCLERODERMA; TINEA CORPORIS; TINEA PEDIS; XANTHELASM; ACNE; ALOPECIAS; ANGULAR CHEILITIS; APHTOUS ULCER (STOMATITIS); BASAL CELL CARCINOMA; CUTNEOUS HORN; DEVIATED NASAL SEPTUM ; TOXIC EPIDERMAL NECROLYSIS; GANGRENE 2o TO ISCHEMIA; RHEUMATOID NODULES; HERPES ZOSTER; INGROWN TOENAIL; LIVEDO RETICULARIS; MELANOMA; MELASMA; NECRIBIOSIS LIPOIDICA DIABETICORUM; ONYCHOMYCOSIS; PEMPHIGUS; ONYCOGRYPHOSIS; PITYRIASIS ROSEA; PITYRIASIS VERSICOLOR; DISCOID LUPUS; PSEUDOMONA INFECTION; PSORIASIS; RAYNAUD PHENOMENON</p> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- Two hours on-line practice</li> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (Fifty questions)</li> <li>- Written and practical final exams</li> </ul>
13	<p><b>BREAST</b></p> <p><b>a) Objectives:</b></p> <p><b>At the end of the Course, the students will be able to</b></p> <ol style="list-style-type: none"> <li>1) Be familiar with consistency to palpation of normal breast tissue.</li> <li>2) Be able to examine axilla for enlarged lymph nodes.</li> <li>3) Be able to define fibrocystic disease in breast tissue.</li> <li>4) Be familiar with palpation of malignant lesions in breast tissue.</li> <li>5) Be familiar with skin changes such as peau d-orange in malignancies of the breast.</li> <li>6) Understand how to aspirate cysts of cystic fluid and send for cytology</li> <li>7) Be able to examine the male breast for evidence of malignancy.</li> <li>8) Be able to identify Paget's disease of the nipple.</li> <li>9) Be familiar with normal variants of breast structure such as breast asymmetry and virginal hypertrophy.</li> <li>10) Be familiar with normal cyclic variations of breast tissue throughout the menstrual cycle.</li> <li>11) Be familiar with changes in breast consistency through out life to include adolescence, pregnancy and lactation, and menopausal changes.</li> <li>12) Be able to teach men and woman how to self-screen for breast cancer</li> </ol> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- One- hour practice</li> </ul>

	<ul style="list-style-type: none"> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (Ten questions)</li> <li>- Written and practical final exams</li> </ul>
14	<p><b><u>OSTEO-MUSCULAR SYSTEM</u></b></p> <p><b>a) Objectives:</b></p> <p><b>At the end of the course students will be able to:</b></p> <ol style="list-style-type: none"> <li>1) Examine neck for flexion, extension, rotation to right and left, and lateral bending (except when neck injury suspected). Likewise, test all other joints for range of motion (see below)</li> <li>2) Examine back for flexion, extension, rotation to right and left, lateral bending. Examine for kyphosis/ scoliosis. Examine for positive straight leg raising test</li> <li>3) Examine shoulder for internal and external rotation, flexion and extension, adduction and abduction</li> <li>4) Examine elbow for pronation, supination of forearm, flexion and extension</li> <li>5) Examine wrist joint for flexion/extension abduction and adduction. Conduct thumb abduction test, tinel, and phalen test for carpal tunnel syndrome.</li> <li>6) Examine fingers for flexion, extension and adduction, abduction of thumb.</li> <li>7) Examine hip for flexion, extension, internal and external rotation, and adduction abduction. Conduct Trendelenberg test.</li> <li>8) Examine knee for flexion and extension. Ballottement of knee for proof of excess fluid or effusion of knee. Conduct anterior and posterior drawer signs test, Lachman test, Varus and Valgus stress tests, and McMurray tests.</li> <li>9) Examine ankle for eversion/inversion flexion and extension</li> <li>10) Inspect, palpate, measure range of motion with goniometer, all joints test muscle strength.</li> <li>11) Examine all bones and joints for heat, swelling, tenderness, crepitus, muscle tone.</li> <li>12) Understand indications for tapping knee joints for fluid for analysis</li> </ol> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- One hour practical session</li> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (Fifty questions)</li> <li>- Written and practical final exams</li> </ul>
15	<p><b><u>PEDIATRICS</u></b></p> <p><b>a) Objectives:</b></p> <p><b>At the end of the Course, the students will be able to understand:</b></p> <ol style="list-style-type: none"> <li>1) <b>The importance of measuring APGAR</b> for newborns;</li> <li>2) Assessment of skin turgor, mottling, acrocyanosis, and Mongolian spots in newborns.</li> <li>3) Assessment of Moro, plantar grasp, and palmar grasp for newborns.</li> <li>4) Inspect hand and foot creases in newborn .</li> <li>5) Assess degree suture closure skull bones in infants.</li> <li>6) Conduct Barlow-Ortolini test for hip dislocation in newborns. Inspect umbilicus in newborns.</li> <li>7) Assessment of periorbital swelling.</li> <li>8) Assess fontanels for normality, cleft lip and cleft palate, inguinal hernia and umbilical hernia, imperforate anus, ambiguous genitalia, clubfoot, myelomeningocele, heart murmurs. In older children, the students will be able to:</li> <li>9) Measure height, weight, head circumference plot with age on standardized curves to</li> </ol>

	<p>assess normality and percentile growth</p> <ol style="list-style-type: none"> <li>10) Be familiar with the Denver II Developmental screening tool .</li> <li>11) Assess Tanner stage.</li> <li>12) Assess for strabismus and visual acuity with Snellen E game.</li> <li>13) Assess teeth for proper development.</li> <li>14) Palpate abdomen for Wilm’s tumor and Neuroblastoma</li> </ol> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- Out-patient and In-patient rotations practice</li> <li>- Quiz (Twenty-five questions)</li> <li>- Written and practical final exams</li> </ul>
<p><b>16</b></p>	<p><b>PSYCHIATRY</b></p> <p><b>a) Objectives</b></p> <p><b>At the end of the Course, the students will be able to:</b></p> <ol style="list-style-type: none"> <li>1) Assess threat to self (of suicide) and to others (homicide)</li> <li>2) Examine for weight change, change in appetite, sleep, and sad mood for depression</li> <li>3) Examine for delusions and hallucinations for acute psychosis vs. schizophrenia</li> <li>4) Examine for history of drug or alcohol abuse.</li> <li>5) Conduct examination of General Psychiatric status- general description, description of speech, assess state of consciousness, description of mood, note anxiety level, assessment of thought stream and content, information and intelligence, concentration, abstract thinking, judgment, insight, dreams and fantasies, and value systems.</li> <li>6) Differentiate various personality disorders.</li> <li>7) Differentiate various medical conditions that produce psychiatric symptoms.</li> <li>8) Differentiate various neurotic states.</li> <li>9) Define basis characteristics of manic depressive illness.</li> <li>10) Become familiar with features of post traumatic stress disorder</li> <li>11) Assign Axis I - V diagnosis to different common clinical situations</li> </ol> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- Out-patient and In-patient rotations practice</li> <li>- Quiz (Thirty questions)</li> <li>- Written and practical final exams</li> </ul>
<p><b>17</b></p>	<p><b>OB/Gyn</b></p> <p><b>a) Objectives:</b></p> <p><b>At the end of the Course, the students will be able to:</b></p> <ol style="list-style-type: none"> <li>1) Measure blood pressure, fundal height, and weight of patient..</li> <li>2) Assess for Cullen’s and Hegar’s signs.</li> <li>3) Recognize skin changes pregnancy; striae gravidarum, linea nigra, chloasma. Understand how to determine fetal position by abdominal examination.</li> <li>4) Measure fetal heart rate.</li> <li>5) Understand how to assess uterine size, cervical length and dilatation, station and fetal head position.</li> <li>6) Assess for systolic murmur over pulmonic area.</li> <li>7) Assess number of weeks gestation.</li> </ol>

	<p>8) Note increase in breast size and pigmentation of areolae</p> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- Out-patient and In-patient rotations practice</li> <li>- Quiz (Twenty questions)</li> <li>- Written and practical final exams</li> </ul>
<p><b>18</b></p>	<p><b>HEALTH MAINTENANCE</b></p> <p><b>a) Objectives</b> By the end of the Course, the students will be able to:</p> <ol style="list-style-type: none"> <li>1) Identify the Primary and secondary Preventive Services recommended by the U.S. Preventive Services Task Force (USPSTF) for conditions with high impact on Public Health.</li> <li>2) Routinely collect the pertinent information during the elaboration of clinical histories</li> <li>3) Use common clinical screening tests, measurements or tools for identifying patients currently affected by or at high risk for developing Obesity (Waist circumference) , Dysmetabolic Syndrome X, Coronary Artery Disease (Framingham Risk Factors based calculator), HTN, Diabetes , Depression (Depression Scales), Dementia (Minimental Exam), Sexually transmitted diseases, Alcoholism (CAGE Questionnaire), HIV, Drug Addiction, Cancer of the Colon, Cancer of the Breast, Cancer of the Prostate, Melanoma, Cervical cancer and Osteoporosis.</li> </ol> <p><b>b) Activities:</b></p> <ul style="list-style-type: none"> <li>- One- hour lecture</li> <li>- Out-patient and in-patient rotations practice</li> <li>- Quiz (Ten questions)</li> <li>- Written and practical final exams</li> </ul>

### III GUIDELINES FOR PHYSICAL EXAMINATION

#### A. Basic Physical Exam

A checklist to systematically perform a basic comprehensive physical examination on a patient is given on pages (25-8). This is a complementary instrument to help students work with greater efficiency in clinical wards or outpatient facilities. The list is obviously not a substitute for studying the physical exam techniques explained in textbooks, lectures and practices.

The check-list is also used for the final practical exam. Students are urged to refer to the checklist until they are in total command of the information and delivery.



No mathematical formula exists to perform a high quality history and physical exam. Students will perfect this art by seeing and examining as many patients as possible, observing experienced physicians at work, asking pertinent questions and studying a wide variety of clinical cases. The fifth semester course will hopefully provide a sound basis for developing these processes.

## B. Mini-Mental Exam State Examination

From the "The Guide to Clinical Preventive Services 2006 Recommendations of the U.S. Preventive Task Force":

*" The Mini-Mental Status Examination (MMSE) (Page 31) is the best studied Instrument for screening for cognitive impairment. When the MMSE is used to select unscreened patients, the predictive value of a positive result is only fair. The accuracy of the MMSE depends upon a person's age and educational level: using an arbitrary cut-point may potentially lead to more false-positives among older people with lower educational levels, and more false negatives among younger people with higher educational levels. Tests that assess functional limitations rather than cognitive impairment such as Functional Activities Questionnaire (FAQ), can detect dementia with sensitivity and specificity comparable to that of the MMSE."*

*"Early recognition of cognitive impairment, in addition to helping make diagnostic and treatment decision, allows clinicians to anticipate problems the patients may have in understanding and adhering to recommended therapy. This information may also be useful to the patient's caregiver(s) and family member(s) in helping to anticipate and plan for future problems that may develop as a result of progression of cognitive impairment."*

*"Although current evidence does not support routine screening of patients on whom cognitive impairment is not otherwise suspected, clinicians should assess cognitive function whenever cognitive impairment or deterioration is suspected, based on direct observation, patient report. Or concerns raised by family members, friends or caretakers."*

## C. Screening tests for alcohol misuse

**The National Institute on Alcohol Abuse and Alcoholism** Web page (<http://www.niaa.nih.gov/>) displays several useful screening tests for detecting alcohol misuse. During the Course, the students should become familiar with the most popular of those tests (CAGE).

<b>BASIC PHYSICAL EXAM SEQUENCE ICM 2007</b>				
<b>PATIENT SITTING, EXAMINER STANDING IN FRONT</b>				
<ul style="list-style-type: none"> <li>• Student washes hands before exam</li> <li>• Student introduces self and purpose of exam</li> <li>• Student speaks in a professional manner, no jargon or inappropriate language used</li> </ul>				
<b>I. Vital Signs</b>				
a. Palpate radial pulse bilaterally (rate, rhythm)				
b. Measure respiratory rate				
c. Auscultate blood pressure - right or left arm sitting				
<b>II. Head and Face &amp; Cranial Nerves</b>				
a. Inspect skin for color and texture				
b. Inspect and palpate hair and scalp systematically				
c. Note any deviation of open jaw (CN-V)				
d. Palpate masseter and temporalis muscles with jaw clenched (CN-V)				
e. Test facial sensation for light touch and pain (CN-V-ophthalmic-maxillary-mandibular)				
f. Observe for symmetry with patient wrinkling forehead, closing eyes tightly, showing teeth (CN-VII)				
g. Test for shoulder shrug and sternocleidomastoid strength (CN-XI)				
<b>III. Eyes</b>				
a. Check for visual acuity (vision card held 14") Test each eye separately				
b. Check visual fields (CN II) <i>Test each eye separately</i>				
c. Check for position and alignment of eyes / Inspect eyebrows, lids, irides, conjunctivae and sclerae				
d. Test pupils for reactivity to:				
1. Light (direct and consensual (CN-III).				
2. Accommodation -- Instruct patient to look at fixed point at least five feet away & back to finger				
e. Check conjugate extra ocular movements (CN-III,IV,VI) moving finger slowly to 8 cardinal fields of gaze				
f. Perform funduscopic exam (CN-II) – Uses ophthalmoscope in right hand; look w/ right eye to examine patient's right eye. Opposite directions for left eye.				
<b>IV. Ears</b>				
a. Check auditory acuity (CN-VIII) – ex. whisper test. (Optional: Weber test & Rinne test)				
b. Examine external ear				
c. Perform otoscopic exam (grasp and retract pinnae)				
<b>V. Nose and Sinuses</b>				
a. Inspect external nose, nasal mucosa, nasal septum and turbinates				
b. Palpate for tenderness of frontal and maxillary sinuses				
<b>VI. Mouth and Pharynx</b>				
a. Inspect lips, oral vestibule, buccal mucosa, teeth, gums (remove dentures)				
b. Inspect posterior pharynx & palate with tongue depressor if necessary. Asks patient to say "ah".				
c. Test gag reflex (CN-IX) (use gentle pressure posterior pharynx)				
d. Inspect tongue (palpate [gloved hand] if indicated). Asks patient to stick out tongue (CN-XII)				
e. Inspect subglottal area.				
<b>VII. Neck and Shoulders</b>				
a. Check range of motion of neck and shoulders				
b. Palpate the following areas for masses & nodes.				
1. Occipital, pre and post-auricular, submental, submandibular, tonsillar				
2. Anterior cervical, posterior cervical				
3. Supraclavicular				
c. Inspect thyroid. Identify thyroid lobes and isthmus. Inspect thyroid gland with patient swallowing				
<b>PATIENT SITTING, EXAMINER STANDING BEHIND (ALTERNATIVELY, EXAMINER MAY STAND IN FRONT)</b>				
d. Palpate thyroid gland - size, symmetry, consistency				

<b>VIII.</b>	<b>Upper Extremities (May be done at the end with Neuromuscular Exam)</b>			
	a. Hands: inspect nails (including capillary refill), skin, muscles, & joints			
	b. Arms: inspect skin, muscles, joints, & feel for epitrochlear nodes			
	c. Range of motion of hands, wrists, elbows. (flexion, extension, rotation)			
	d. Motor Strength: Handgrip Strength			
	Flexion and Extension strength at Elbows			
	Flexion and Extension strength at Wrist			
	Shoulder Abduction strength			
<b>IX.</b>	<b>Back, Posterior Thorax and Lungs</b>			
	a. Inspect spine, palpate & percuss each vertebral process from cervical to sacral.			
	b. Percussion of Lungs: Test right and left alternately, comparing symmetric points sequentially			
	c. Auscultate posterior and axillary lung fields			
	d. Check for costo-vertebral angle tenderness (CVAT) with mild punch pressure.			
<b>PATIENT SITTING, EXAMINER STANDING IN FRONT</b>				
<b>X.</b>	<b>Anterior Thorax and Lungs and Heart (Upright)</b>			
	a. Auscultate anterior LUNG fields (including right middle lobe & lingula)			
	b. Auscultate HEART: Aortic area			
	Pulmonic area			
	Tricuspid area			
	Mitral area (Apex)			
	c. uses special position for aortic & pulmonic murmurs: (pt leans forward & exhales) listen with diaphragm in aortic, pulmonic areas			
<b>XI.</b>	<b>Axillae (MALE AND FEMALE)</b>			
	a. Palpate axillary lymph nodes (patient upright)			
<b>PATIENT SUPINE (at 30 or 45 degrees) (examiner at right side of patient)</b>				
<b>XII.</b>	<b>Carotid Pulsations and Jugular Venous Pulses,</b>			
	a. Inspect neck veins at 30° and measure neck veins in relation to sternal notch 30° or 45°			
	b. Auscultate carotid pulses for bruits			
	c. Palpate carotid pulses individually if no bruits (GENTLY)			
<b>XIII.</b>	<b>Heart</b>			
	a. Palpate apical impulse, noting its location, size, force, duration			
	b. Auscultate precordium: Aortic area			
	Pulmonic area			
	Tricuspid area			
	Mitral area (Apex)			
	c. Use special positions: Have patient roll to left side (L- lateral position), listen w/ bell at apex			
<b>XIV.</b>	<b>Abdomen, (examiner to right of patient) (Instruct patient to relax, bend knees to relax abdomen if necessary)</b>			
	a. Auscultate for bowel sounds and arterial bruits			
	b. Percuss abdomen			
	1. Liver: percuss along right mid-clavicular line (determine upper & lower border of liver dullness)			
	2. Spleen: percusses in left anterior axillary line, 1st in full expiration, then full inspiration			
	3. Suprapubic area: percusses systematically downward, umbilicus to pubis			
	c. Palpate abdomen: Systematically palpate entire abdomen, first light then deep			
	1. All 4 quadrants			
	2. Epigastrium (aorta)			
	3. Liver			
	4. Spleen			
	5. Kidney: bimanual exam in left and right upper quadrants			
<b>XV.</b>	<b>Inguinal Area - Adequate exposure of area during exam</b>			
	a. Palpate and auscultate: Femoral artery pulses			
	b. Palpate: Inguinal Lymph Nodes			
<b>XI</b>	<b>Legs and Feet</b>			
	a. Palpate joints for tenderness			
	b. Test range of motion of knees and ankles. (May flex knee, hip and ankle joints all in one motion)			
	c. Test hip flexion, abduction and external rotation by placing ankle on opposite knee			
	d. Check for edema (Press on dorsum of foot, behind medial malleolus or lower tibia)			

e. Palpate popliteal, dorsalis pedis and posterior tibial pulses				
e. Palpate popliteal, dorsalis pedis and posterior tibial pulses				
<b>PATIENT SITTING, EXAMINER STANDING IN FRONT</b>				
<b>XVII. Screening Neurological Exam</b>				
<b>a. Assess Mental Status</b>				
• Orientation (ask patient his/her name, where they are, and the date)				
• Concentration / Calculation (perform serial 7's or spell WORLD backwards, simple addition or subtraction)				
• Remote memory (ask patient about past well-known events, their birthdate, anniversary, etc)				
• Recent memory (ask patient about recent events, what they had for breakfast, etc)				
• Recall - tell patient 3 unrelated words, have patient repeat them. 5 min. later ask patient to recall the 3 words.				
• Information (ask about current events; name current President of the US)				
• Abstract thinking (proverb interpretation or similarities - "what is similar about an apple and an orange?")				
• Judgment ("What would you do if you found a stamped, addressed envelope on the sidewalk?")				
• Construct ability (ask patient to draw a clock face or copy a shape)				
<b>PATIENT SITTING, EXAMINER STANDING IN FRONT</b>				
<b>b. Cranial Nerve Exam (if not done as part of Head &amp; Neck Exam) (Smell (I) tested only when indicated.)</b>				
<b>c. Motor Exam: Test for strength - compare for symmetry</b>				
<b>Upper Extremities (See Section VIII on page 2)</b>				
<b>Lower Extremities</b>				
Hip adduction (L2-4 adductors)				
Hip abduction (L4-5, S1 gluteus medius & minimus)				
Hip flexion				
Hip extension (S1 gluteus maximus)				
Knees - flexion and extension				
Ankles - dorsiflexion and plantar flexion				
<b>d. Reflex exam</b>				
1. biceps (C5-6)				
2. brachioradialis (C5-6)				
3. triceps (C6-7)				
4. knee (L2-4)				
5. ankle (Achilles) (S1)				
6. plantar response (Babinski) (L5,S1) - a pathological reflex ("present" or "absent")				
<b>e. Sensory exam [Alternatively, sensory exam could be done during extremity exams]</b>				
1. Test for light touch on limbs.				
2. Test for pain sense in arms and legs				
3. Test for vibratory sensation in hands & feet.				
<b>f. Coordination/station/gait exam</b>				
1. Observe extended arms (palms up) for drift or tremor				
2. Finger to nose (full arm extension)				
3. Rapid alternating movements				
4. Heel to shin				
<b>PATIENT STANDING</b>				
5. Observe gait				
6. Heel to toe walking (tandem)				
7. Walking on heels and toes				
8. Check Romberg's				
<b>PATIENT STANDING</b>				
<b>XVIII. Back</b>				
a. Inspect spine for back & side and look for pelvic tilt (unequal heights of iliac crests).				
b. Check range of motion (flexion, extension, lateral and rotary mobility) of lumbar spine				

<b>A. Breasts, Axillae (FEMALE)</b>				
1. Instruct patient to disrobe to waist, re-drape at end of exam				
2. Inspect breasts (with arms relaxed, then elevated, and with hands pressed on hips)				
3. Systematically palpate both breasts (supine) with proper arm position				
4. Palpate retroalveolar area and nipple				
5. Palpate axillary lymph nodes				
<b>B. Breasts, Axillae (MALE)</b>				
1. Inspect for palpable breast tissue (supine) using pincer technique				
2. Palpate the retroalveolar area				
3. If gynecomastia is present, examine the breast/axilla completely (use checklist XXa)				
4. Palpate axillary lymph nodes				
<b>XX. Male G-U and Rectal Exam</b>				
a. Inspect and palpate penis and scrotum				
b. Palpate external inguinal canal and have patient cough				
c. Position patient in: left lateral decubitus, knee-chest, or standing & bent over exam table. Inspect anus & perianal area.				
d. Gloved, well lubricated index finger of dominant hand is placed at anus and patient is requested to bear down to facilitate insertion. Have patient relax and palpate rectal ampulla by sweeping finger 360°, checking for tone, masses, tenderness, or irregularities. Palpate prostate: check for size, consistency, and contour of the surface.				
<b>XXI. Female G-U and Rectal Exam [NOT TO BE PERFORMED AS PART OF ICM-III]</b>				
a. Inspect external genitalia, vagina, and cervix				
b. Palpate uterus and adnexae (bimanual)				
c. Rectovaginal and rectal (see above) exam				



## IV GUIDELINES FOR VERBAL PRESENTATIONS AND WRITE-UPS

### A. Two-minutes Clinical Bedside Presentations

At the end of the fifth semester students should be able to concisely and effectively present clinical cases at bedside, during ward rounds and other clinical gatherings. The goal is to organize the clinical material in such a way that the presenter covers all relevant information in two minutes or less.

#### a) Contents and Example

The following text boxes display the content of the two minutes -minutes bedside presentation. Each box is followed by the corresponding description of an actual case.

##### **CHIEF COMPLAINT:**

It includes:

- a) Number of hospital admission(s) or of visits to the ER or outpatient facility,
- b) Age,
- c) Sex,
- d) One main current complaint
- e) Duration of the main complaint.

*This is the 4<sup>th</sup> hospital admission for a 46 year old woman with because of right upper quadrant abdominal pain of four hour duration.*

##### **STORY OF PRESENT ILLNESS:**

- a) Other relevant diseases or conditions that the patient had and that are not likely related to the reason for the present admission (or visit),
- b) A description of how the main and other related symptoms have evolved from the onset until now,

*This patient, with previous episodes of migraine, benign lumpectomy, hypertension, and adult onset diabetes, developed colicky right upper quadrant abdominal pain half an hour after consuming several pieces of fried chicken. The pain radiates to the tip of the right scapula.*

- b) All positive historical facts from the present illness, past history, social history, review of systems and family history that relate to the illness.

*The patient relates problems with obesity, fatty food intolerance, early satiety, occasional chest tightness and family history of gall bladder surgery.*

- c) The list of all pertinent negative symptoms (The symptoms that you would expect the patient to have should he/she suffers from the condition you have chosen as Working or Differential Diagnosis).

*She denies nausea, vomiting, anorexia, starvation, flatulence, previous abdominal surgery, and high protein liquid diets.*

#### EXAMINATION:

- a) A description of the patient apparent state of health, followed by the vital signs

*She is fair skinned, moderately obese and in mild distress with a pulse of 88, respiratory rate of 18, blood pressure of 180/92 and a temperature of 100 rectally.*

- b) All positive physical findings in an anatomic order beginning with skin, lymph nodes, head, neck, chest, abdomen, extremities, neurological, and pelvic and rectal.

*She has shoddy inguinal nodes and arcus cornealis bilaterally, a grade II/VI systolic ejection murmur at the apex, moderate tenderness in the right upper quadrant, and moderate osteoarthritic changes in both hands.*

- c) List of pertinent negative signs (The signs that you would expect the patient to have should he/she suffer from the condition you have chosen as Working or Differential Diagnosis).

*There are no abdominal masses or surgical scars. Bowel sounds are normal.*



### LABORATORY FINDINGS:

Only include abnormal results without mentioning any pertinent negatives. The students should present them in order beginning with the simplest to the most complex. (i.e. urinalysis, CBC, chemistries, EKG, Chest X-Ray, and special laboratory and imaging studies.

*The urine was positive for bile; White count: 11,000 with a left shift; LDH: 400; ST segments depressed in V1-3; The Right costophrenic angle was blunted, and there were several air filled loops of small bowel.*

### IMPRESSION:

- a) the most probable (working) diagnosis
- b) the list of differential diagnoses (those that may also be compatible with the symptoms and signs present in the particular patient).

*The working diagnosis is acute cholecystitis secondary to gall stones, superimposed on chronic cholelithiasis with a differential of retrocecal appendicitis.*

### PLAN

- a) the therapeutic (treatment) plan described in general terms
- b) the further diagnostic confirmatory actions.

*Abdominal sonography and possible MRI have been scheduled to confirm the diagnosis. Nasogastric tube has been placed, intravenous fluids started, antibiotics and analgesics administered and a surgical consult arranged.*

### b) Pitfalls to avoid

- 1) Omission of any of the five components of the chief complaints;
- 2) Attempt to squeeze the whole description of the history of present illness into the chief complaint section;
- 3) Improper inclusion of signs in the chief complaint or in the history of present illness and symptoms in the description of the physical exam. [Symptoms is what the patient feels

and signs are what the examiner finds (by using of the six senses] during the physical and mental examination of the patient)];

- 4) Failure to include the pertinent negative symptoms in the HPI or the pertinent negative signs in the description of the physical exam;
- 5) Failure to mention the patient's vital signs;
- 6) Insertion of unnecessary words into the presentation. For example stating: "Vital signs were" when an educated audience knows that blood pressure, pulse rate, respiratory rate, temperature are all vital signs;
- 7) Unnecessary repetition of words, such as beginning each phrase with "The patient had", " The patient said", etc
- 8) Reference to the body part examined. For example, saying "Examination of the chest revealed" when everybody knows that breathing sounds only occur in the chest or that localization of PMI (point of maximal impulse) is also part of the chest (heart) examination.
- 9) Reading a long list of patient's medications and doses rather than a general description of the latter (unless the condition affecting the patient is due to, for example, an overdose or a low therapeutic level of a certain drug)
- 10) Failure to state the working or differential diagnosis or the therapeutic or diagnostic confirmatory plan
- 11) Exceeding the two-minutes time to present the case;
- 12) Failure to establish eye contact with the audience during the case presentation;
- 13) Vacillation or hesitation during the presentation;

### c) Method for preparing the two-minutes bedside presentation

#### **1.- Select a case**

Choose cases from among the cases you have seen during your rotations. You are required to write-up a minimum of fifteen cases and prepare a verbal presentation of three. Out of the fifteen cases, three should be cardiovascular, two respiratory and at least one should address each of the other body systems. You may select conditions specified below.

#### **2.- Create a template**

Identify the most probable disease (working diagnosis) affecting the patient whose case you wish to present. and read about it in a medical textbook, Then make a list of:

- Epidemiological characteristics of the groups most commonly affected including sex, age, ethnicity, occupation, environmental factors, etc
- Most common symptoms
- Most common signs
- Differential diagnosis
- Most sensitive and specific confirmatory tests
- Frequent complications

- Highlights of state- of- the- art treatment
- Briefly describe your reference source.

### **3.- Write-up the case**

Following the steps in Page 26, concisely describe your case. A thorough history and physical examination will reveal findings to be incorporated into the presentation as positive findings. Next,

- Compare your template with your case description.
- If any of the cardinal symptoms or signs in the template are not in your write-up draft, go back to question and examine the patient to be sure that indeed he/she does not have those symptoms.
- The absence of findings cited in the textbook is listed as pertinent negatives. Inclusion of pertinent negatives will indicate that the presenter is conversant with the literature.

### **4.- Read your presentation**

Critically review your presentation and polish it. Then, time yourself while reading it aloud. . If you run over two minutes review and edit the document. Review your presentation for the common pitfalls described above. Then, repeat the process until you are able to give a smooth, confident, and accurate delivery.

### **5.- Practice delivering your presentation**

An important course requirement is your ability to give an oral presentation about patients within two (2) minutes. In addition you will submit for a grade, fifteen (15) written oral presentations and fifteen (15) templates on clinical entities chosen from the following list.

<p style="text-align: center;"><b>i. General</b></p> <ul style="list-style-type: none"> <li>• Weight Loss</li> <li>• Fever of Unknown Origin</li> </ul> <p style="text-align: center;"><b>ii. Respiratory System:</b></p> <ul style="list-style-type: none"> <li>• Pneumonia</li> <li>• Chronic Obstructive Pulmonary Disease</li> <li>• Asthma</li> <li>• Bronchitis</li> <li>• Pulmonary embolism</li> <li>• Cough (Acute or chronic)</li> <li>• Pneumothorax</li> <li>• Atelectasis</li> <li>• Cancer of the Lung</li> <li>• Mesothelioma</li> </ul> <p style="text-align: center;"><b>iii. Cardiovascular System:</b></p> <ul style="list-style-type: none"> <li>• Angina pectoris</li> <li>• Myocardial Infarction</li> <li>• Cardiac Arrhythmias</li> <li>• Myocarditis</li> <li>• Cardiomyopathy</li> <li>• Heart Failure</li> <li>• Arterial Hypertension</li> <li>• Infectious Endocarditis</li> </ul> <p style="text-align: center;"><b>iv. Gastro-Intestinal System:</b></p> <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Gastroenteritis</li> <li>• Inflammatory Bowel Disease</li> <li>• Cancer of the digestive tract</li> <li>• GI Bleeding</li> <li>• Peptic Ulcer Disease</li> <li>• Esophagitis</li> <li>• Gastro-esophageal Reflux</li> <li>• Jaundice (Obstructive or Non obstructive)</li> <li>• Appendicitis</li> <li>• Cholelithiasis/Cholecystitis</li> <li>• Hepatitis (A, B or C)</li> <li>• Liver Cirrhosis</li> <li>• Intestinal Obstruction</li> <li>• Abdominal wall hernia (Direct, Indirect, Incisional)</li> </ul>	<p style="text-align: center;"><b>v. Head, Ears, Nose and Throat:</b></p> <ul style="list-style-type: none"> <li>• Tonsillitis, Pharyngitis, laryngitis</li> <li>• Acute Otitis (Externa or Media)</li> <li>• Cervical Lymphadenopathy</li> <li>• Cancer of the Salivary Glands, Pharynx or Larynx</li> <li>• Sialadenitis</li> <li>• Sinusitis</li> <li>• Branchial cleft cysts</li> <li>• Tinnitus</li> <li>• Vertigo</li> </ul> <p style="text-align: center;"><b>vi. Endocrine System:</b></p> <ul style="list-style-type: none"> <li>• Dysmetabolic Syndrome X</li> <li>• Diabetes Mellitas</li> <li>• Hypothyroidism</li> <li>• Hyperthyroidism</li> <li>• Thyroid Goiter</li> <li>• Cushing Disease (and Cushinoid conditions)</li> <li>• Addison Disease</li> <li>• Tumor of the Endocrine System</li> </ul> <p style="text-align: center;"><b>vii. Nervous System:</b></p> <ul style="list-style-type: none"> <li>• Cerebro-vascular Accident (CVA) Occlusive or Hemorrhagic</li> <li>• Tumor of the Nervous System</li> <li>• Transient Ischemic Attack (TIA)</li> <li>• Headaches</li> <li>• Parkinson's Disease</li> <li>• Ataxia</li> <li>• Alzheimer's Disease</li> <li>• Bell's (Facial) Paralysis</li> <li>• Multiple Sclerosis</li> <li>• Tumors of the Nervous System</li> <li>• Cervical, Thoracic Lumbar Radiculopathy</li> <li>• Mononeuritis</li> <li>• Reflex Sympathetic Dystrophy</li> </ul> <p style="text-align: center;"><b>viii. Kidney and GU System:</b></p> <p>Interstitial Cystitis</p> <ul style="list-style-type: none"> <li>• Urinary Tract Infection</li> <li>• Urolithiasis</li> <li>• Renal failure (Acute or Chronic)</li> <li>• Polycystic Kidney Disease</li> </ul>
--	---

<p style="text-align: center;"><b>Female</b></p> <ul style="list-style-type: none"> <li>•</li> <li>• Vaginitis</li> <li>• Endometriosis</li> <li>• Hypermenorrhea</li> <li>• Dysmenorrhea</li> <li>• Uterine Fibroids</li> <li>• Endometriosis</li> <li>• Ca of the Cervix, Ca of the Endometrium</li> </ul> <p style="text-align: center;"><b>Male</b></p> <ul style="list-style-type: none"> <li>• Erectile Dysfunction</li> <li>• Cancer of the GU system (Kidney, Ureter, Bladder, Prostate, Testis)</li> <li>• Varicocele, Spermatocele</li> <li>• Epididymitis</li> <li>• Phymosis</li> <li>• Benign Prostatic Hypertrophy (BPH)</li> <li>•</li> </ul> <p style="text-align: center;"><b>ix. Breast:</b></p> <ul style="list-style-type: none"> <li>• Mastitis</li> <li>• Breast mass</li> <li>• Fibrocystic Disease, Fibroadenoma</li> <li>• Breast Cancer (including Paget's Disease of the breast)</li> </ul> <p style="text-align: center;"><b>x. Osteomuscular Sytem:</b></p> <ul style="list-style-type: none"> <li>• Sprain, Strain</li> <li>• Tenosynovitis, Bursitis</li> <li>• Carpal Tunnel Syndrome</li> <li>• Rotator Cuff Tear</li> <li>• Osteoporosis</li> <li>• Dupuytren Contracture</li> <li>• Fracture</li> <li>• Spinal Stenosis</li> <li>• Herniated Disc and Compression Fracture of Spinal vertebra</li> <li>• Osteomyelitis</li> <li>• Rheumatoid Arthritis</li> <li>• Osteoarthritis</li> <li>• Fibromyalgia</li> <li>• Paget's Disease of the bones</li> <li>• Back pain</li> </ul>	<p style="text-align: center;"><b>xi. Skin:</b></p> <ul style="list-style-type: none"> <li>• Herpes Simplex and Zoster</li> <li>• Eczema</li> <li>• Contact Dermatitis</li> <li>• Psoriasis</li> <li>• Scleroderma</li> <li>• Impetigo</li> <li>• Purpura</li> <li>• Urticaria</li> <li>• Tinea (Corporis, Pedis, Ungueum)</li> <li>• Cancer of the Skin (Melanoma, Squamous Cell ca, Basal Cell Ca)</li> </ul> <p style="text-align: center;"><b>xii. Psychiatry:</b></p> <ul style="list-style-type: none"> <li>• Depression</li> <li>• Obsessive-compulsive disorder</li> <li>• Panic Attack</li> <li>• Schizophrenia</li> <li>• Bi-polar disorder</li> <li>• Post traumatic Stress Disorder</li> </ul> <p style="text-align: center;"><b>xiii. Hemopoietic and Lymphopoietic</b></p> <ul style="list-style-type: none"> <li>• Anemia</li> <li>• Leukemia</li> <li>• Idiopathic Throbocytopenic Purpura</li> </ul> <p style="text-align: center;"><b>xiv. Infectious and Immunologic Disorders</b></p> <ul style="list-style-type: none"> <li>• STD</li> <li>• Infectious Diarrhea</li> <li>• AIDS</li> <li>• Tuberculosis</li> <li>• SLE</li> <li>• Rheumatoid Arthritis</li> <li>• Vasculitis</li> </ul>
---	---

## B. HOSPITAL ADMISSION WRITE-UPS

During hospital rotations, the student must complete two full write-ups of patients admitted to the hospital whom the student has observed. These documents will be submitted as part of the student's portfolio during the twelfth week. .

Students should become familiar with the textbooks chapters on the structure and organization of the clinical history and physical examination.

Below is a summary of helpful hints on how to prepare the write-up..

### Identification

- i) Date of the physical examination
- ii) Name of preceptor or mentor who oversaw the physical examination

### History

- i) Chief complaint

Includes in the chief complaint the seven basic elements discussed in the two minute clinical bedside presentation. .

- ii) History of present illness

Includes: a) the relevant personal health or family conditions that probably were the determinant factor of the current illness; b) the historical progression of the patient's symptoms, especially that of the chief complaint. The symptoms need to be described in terms of (i) onset, (ii) temporal sequence or chronology, (iii) severity and quality, (iv) aggravating and alleviating factors, (vi) associated symptoms, and (vii) concurrent medical problems.

Other significant ongoing conditions or problems may be described as separate sections within the HPI.

- iii) Past history

- Medical
- Surgical
- GYN/OB
- Drug allergies
- Medications
- Family history
- Social history and habits
- Health maintenance

- iv) Review of Systems

This **only** includes **symptoms**. Illnesses or conditions belong in the HPI of PMH. Thus, if a history of a prior urinary tract infection is elicited while

taking the ROS, it should appear under the PMH. Note that many of the symptoms included (positive or negative) pertain to the patient's conditions (e.g. polyuria pertains to diabetes; claudication is relevant to ischemic heart disease).

v) Physical Examination

The physical exam should be as comprehensive as possible, especially in aspects relating to the system(s) affected by the current illness. (See the Guide above). It should include both positive (present) and relevant negative signs. An inability to perform part of the physical exam should be noted and described by the examiner (i.e. unable to perform rectal exam because of patient's discomfort).

vi) Laboratory Data

- Clinical Laboratory
- Imaging
- Special tests

vi) Problem List

It includes all new and old significant problems that were detected during the history and physical exam. Cases involving psychiatric examinations are well summarized in the I - V diagnostic axis.

vii) Assessment

Working Diagnosis

This is the most likely diagnosis or condition affecting the patient, in the opinion of the examiner. Generally, it corresponds to a recognized pathological entity or disease. However, occasionally a WD must be based only on an identified syndrome (collection of symptoms and signs) or, even, on one specific symptom.

Differential Diagnosis

These are other conditions or diseases that could be causing similar symptoms and signs. The differential diagnosis should be listed in order of likelihood with an indication of the pros and cons for each one based on the history and the physical exam findings and on available laboratory results. Some books provide evidence-based physical diagnosis information, that is, the probability that a particular patient is affected by a condition based on his/her symptoms, the presence of some signs, and laboratory results.

viii) Hospital Course

- Medications and treatment(s) instituted
- Patient response

- Specialist consultations
  - Condition at discharge
- ix) Discharge disposition
- Medications
  - Other treatment(s)
  - Follow-up instructions
- x) Literature Search

Pose an explicit and specific question about an aspect of the case that requires more information in order to provide the best care possible for your patient. Then, perform a medical literature search and identify the reference source that you think provides the best clinical evidence to answer the question you posed. After reading the article(s) describe the answer it provides to your question. Finally provide the reference sources and submit your work as part of your portfolio.

#### IV CORRELATION CLINICAL-BASIC SCIENCES COURSE

##### A. Organization:

- The AUA Department of Clinical Sciences is in charge of managing this on-line course which includes 44 tests and six Pre-Shelf tests. .
- All tests but the Pre-Shelf will be available by September 6, 2007.
- A passing grade for the course requires answering a minimum of 1,600 questions during the first fourteen weeks of the semester. Questions mechanically answered by marking the same key for all questions with the purpose of just "meeting" the course requirement are unacceptable.
- Each test has an individual deadline that the students must meet. (See "Schedules").
- Students who miss a test may take it at a later date if they e-mail a valid excuse to the Course Director, Mr. George Kroons. (gekroon@gmail.com).
- Students who take all 44 tests by the end of the fourteenth week will be permitted to sit for the six pre-Shelf tests which offer excellent practice in preparation for the Shelf.

##### B. Method:

- To obtain maximum benefit from the Course, the student must:
- prepare individually or collectively for all tests by reviewing textbooks and materials that he/she has already studied during the Basic Sciences Courses.
  - take the test on-line in order to identify individual weaknesses.



- study the post-test on-line explanatory material provided by EM and, if necessary textbooks, summaries and other materials studied during the Basic Courses.
- Retake the tests and quickly review the materials in preparation for the Shelf.

C) Registration (Exam Master On-Line Registration for AUA 5<sup>th</sup> Semester Program)

All 5<sup>th</sup> Semester program students are REQUIRED to register with Exam Master to receive their examinations. Students are responsible for setting up their own accounts properly and promptly. To register please follow the steps outlined below.

Go to the AUA 5<sup>th</sup> Semester entry: <http://www.exammaster2.com/wdsentry/aua-balt.htm>

Click "Click to Start" and Click "Not Registered Yet?"

To continue, click **[I Accept]** on the Licensing Agreement page

Complete the registration form:

In the field that asks for your First Name put your FIRST and LAST NAMES.

In the field that asks for your Last Name put your AUA 5th Semester Program City (Baltimore, Miami, or Pontiac).

You may choose any user name you would like to use.

Enter your Email address. If you have never signed up for Exam Master you may use any email. If you have used Exam Master before you will need to use a new email address.

If you need a new email address you may obtain one at hotmail.com, gmail.com, or yahoo.com free of charge.

Remember that all system and exam related emails will be sent to this email account.

For the City and State fields use your AUA 5th Semester Program City [Baltimore, Maryland (MD); Miami, Florida (FL); Pontiac, Michigan (MI)]

Postal Codes are as Follows: b=21227, m=33138, p=48341

For Country select United States.

Click "Submit Registration".

Confirmation of registration and your temporary password will be emailed to you immediately.

NOTE:

1. Students with Macs will find it easier to access Exam Master using Internet Explorer—the most recent version available can be found by scrolling down through this site and downloading IE: <http://www.pure-mac.com/webb.html>
2. If there are problems contact [customer\\_service@exammaster.com](mailto:customer_service@exammaster.com) or call 1-800-572-3627 option 3.

VI. PORTFOLIO

Each student will elaborate a portfolio during the fifth semester that includes write-ups, summaries of all academic sessions attended, and clinical work performed. The bound and indexed portfolio, due by the end of the twelfth week, consists of the following parts:

1. Front page ( includes school's name, V Semester, date and student's name)
2. Table of contents
3. List of cases (working diagnoses) of fifteen two-minute presentations and fifteentemplates\*
4. Two-minute presentations
5. Templates
6. List of patients seen, observed and discussed\*
7. List of academic activities attended\*
8. Student evaluation of academic activities\*

---

\* Forms included in Attachment

## VII. MEDICAL QUALIFYING EXAMS AND USMLE CERTIFICATION

The student is responsible for keeping up-to-date with all policies and regulations of USMLE, [www.uslme.org](http://www.uslme.org), and ECFMG, [www.ecfmq.org](http://www.ecfmq.org). For details, contact the Dean of Registrarial and Student Services at (212) 881-8899.

At this writing, medical school students must continue to submit FORM 183, the *Certification Statement*, for the examination application. Effective with the release of the 2007 Information Booklet, ECFMG's interactive web application, IWA, will be the only version of the application materials that are available on the website for Step 1 and Step 2 CK and CS. Although the website will no longer include the downloadable and printable application, the Information Booklet will be accessible to download and print.

- Mail the completed USMLE Certification Statement to the New York Office, Attention Dean of Registry and Student Services.
- Schedule test date after the successful completion of the fifth semester.
- Forward the mandatory copy of your scores to the Dean of Student Services.

## ATTACHMENTS

A. Portfolio Forms and Instructions  
 1) List of Cases and Templates (Form 01)

AMERICAN UNIVERSITY OF ANTIGUA COLLEGE OF MEDICINE  
 SEMESTER V: INTRODUCTION TO CLINICAL MEDICINE  
 SITE \_\_\_\_\_ - FALL 2007

LIST OF TWO MINUTES CLINICAL CASES AND TEMPLATES - SCORING AND GRADES

**STUDENT'S NAME:**

TWO-MINUTES PRESENTATIONS	TEMPLATES
01.-	01.-
02.-	02.-
03.-	03.-
04.-	04.-
05.-	05.-
06.-	06.-
07.-	07.-
08.-	08.-
09.-	09.-
10.-	10.-
11.-	11.-
12.-	12.-
13.-	13.-
14.-	14.-
15.-	15.-
16.-	16.-
17.-	17.-
18.-	18.-
19.-	19.-
20.-	20.-

**TWO MINUTES CLINICAL CASES AND TEMPLATES - SCORING**

STUDENT'S NAME:

Components	Poi nts	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15
<b>Chief Complaint:</b>																
. Place	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Age	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Sex	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Main complaint	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Duration	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Past History</b>																
. Previous pathology	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Symptoms progression	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Pertinent negative Symptoms	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Exam</b>																
. General condition	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Vital Signs	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Positive Findings	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Pertinent negative signs	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Assessment</b>																
. Working Diagnosis	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Differential Diagnosis	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Plan</b>																
. Therapeutic	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Diagnostic	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Template</b>																
. Epidemiology																
- Age	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sex	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Ethnicity	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Special Groups	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Symptoms	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Signs	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
. Differential Diagnosis	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Timing &lt; / = 2 minutes</b>	21															
<b>Preparation</b>	6															
<b>Clarity</b>	4															
<b>TOTAL</b>	100															

Form DOCS- EVALUATION 01 - 09/01/07 JEC

2) List of Patients (Form 02)

AMERICAN UNIVERSITY OF ANTIGUA COLLEGE OF MEDICINE  
 SEMESTER V: PRELIMINARY CLINICAL TRAINING  
**CLINICAL CASES DISCUSSED, OBSERVED AND EXAMINED**  
 SITE \_\_\_\_\_ - FALL 2007

STUDENT NAME: \_\_\_\_\_

No.	Date	Activity*			Working Diagnosis / Final Diagnosis	Prominent symptoms	Prominent Signs	Observations
		I	E	O				
		I	E	O	D			
		I	E	O	D			
		I	E	O	D			
		I	E	O	D			
		I	E	O	D			
		I	E	O	D			
		I	E	O	D			
		I	E	O	D			
		I	E	O	D			

  

<b>ACTIVITY * I:</b>	Interviewed	<b>LOCATION:</b>	Wards	MR: Morning Reports	O: Outpatient
<b>E:</b>	Examined	ER: Emergency Room	GR: Grand Rounds		
<b>O:</b>	Observed	ICU: Intensive Care	L: Lecture		
<b>D:</b>	Discussed				

Form DOCS-EVALUATION 02 - 09/01/07 JEC



B. 1) Students' Evaluation Form (Lectures - (Form 04))

SEMESTER V: PRELIMINARY CLINICAL TRAINING  
**STUDENTS' EVALUATION OF LECTURES**  
**SITE - FALL 2007**

\* G: GRADE \*\* S: SUGGESTIONS

No.	Lectures	Knowledge		Preparation		Clarity		Audiovisuals		Questions answered		Overall Presentation		CODE	SUGGESTIONS DESCRIPTION
		G*	S**	G*	S**	G*	S**	G*	S**	G*	S**	G*	S**		
01			01K		01S		01C		01A		01Q		01O		
02			02K		02S		02C		02A		02Q		02O		
03			03K		03S		03C		03A		03Q		03O		
04			04K		04S		04C		04A		04Q		04O		
05			05K		05S		05C		05A		05Q		05O		
06			06K		06S		06C		06A		06Q		06O		
07			07K		07S		07C		07A		07Q		07O		
08			08K		08S		08C		08A		08Q		08O		
09			09K		09S		09C		09A		09Q		09O		
10			10K		10S		10C		10A		10Q		10O		
11			11K		11S		11C		11A		11Q		11O		
12			12K		12S		12C		12A		12Q		12O		
13			13K		13S		13C		13A		13Q		13O		
14			14K		14S		14C		14A		14Q		14O		
15			15K		15S		15C		15A		15Q		15O		
16			16K		16S		16C		16A		16Q		16O		
17			17K		17S		17C		17A		17Q		17O		
18			18K		18S		18C		18A		18Q		18O		
19			19K		19S		19C		19A		19Q		19O		
20			20K		20S		20C		20A		20Q		20O		



## ATTACHMENT B - 1

### STUDENTS EVALUATION OF LECTURES

a) Students grade each lecture based upon its contribution to the overall objectives of the course on history and physical examination. The objectives of the course seek fully to prepare the students

1. To elaborate comprehensive and relevant health histories through proper communication with patients and families.
2. To carry out full general physical examination of all body systems.
3. To recognize normal conditions from abnormal symptoms and signs.
4. To understand the role of diagnostic testing in the medical examination process.
5. To collect and logically organize and document the information related to patients' condition.
6. To formulate working diagnoses expressed as syndromes and/or specific pathological processes or diseases.
7. To understand the interaction among physicians and other health professionals from different disciplines and specialties
8. To present clinical cases effectively via written and verbal form before peers, preceptors and other medical audiences.
9. To identify and learn the links/correlations between basic and clinical sciences.
10. To be able to explain symptoms and signs on the basis of physiological, pathological and biochemical changes occurring in the human body.
11. To start the in-depth study of general clinical sciences, including Internal Medicine, Pediatrics, Surgery, Gynecology, Obstetrics, and Psychiatry.
12. To be able to collect clinical data from individual patients related to primary prevention during their life cycles which will also encompass secondary prevention from those affected to prevalent illnesses in the USA.
13. To understand and properly use the clinical and technical terms used in the medical profession to describe symptoms, signs and syndromes.

b) Each student will assign a grade to the following aspects related to each one of the lectures that he/she has attended:

**(K):** Lecturer's **knowledge** of the subject

**(P):** Lecturer's **preparedness** for the lecture

**(C):** **Clarity** with which the lecture was presented

**(A):** Quality of the **audiovisual aids** used in the lecture

**(Q):** Opportunity given to the students to answer **questions** and whether or not the questions were satisfactorily answered by the lecturer

**(O):** **Effectiveness of the overall presentation**

c) The Evaluation Form is pre-coded to facilitate compilation and analysis of data. The students will assign one of the following grades to each particular aspect (listed in the previous paragraph) of each lecture:

- EXCELLENT:** Aspect of lecture fully met and exceeded course objectives and students expectations
- VERY GOOD:** Aspect of lecture met course objectives and student expectations
- GOOD:** A aspect of lecture met most of the course objectives and student expectations, but could be improved somewhat.
- FAIR:** Aspect of lecture met some of the course objectives and student Expectations, but could be significantly improved.
- POOR:** Aspect of lecture did not meet most or any of the course objectives and student expectations and needs to be redesigned or eliminated.

d) The School encourages all students to **write** suggestion(s) for improvement **whenever the student has assigned a grade of C, D or E** grade to any aspect of a particular lecture.

In order to facilitate compilation and analysis of information, the suggestions are pre-coded as follows:

- The lectures are sequentially numerated from 01 to 20
  - The aspects of the lecture under evaluation are identified with the letters that appear in paragraph # 3 of this document.
- e) The student will circle the code corresponding to the specific aspect of the lecture he/she wants to make the suggestion about. Thereafter, he/she will write the code number in the Column Suggestions (Code) and a full explanation in front of it.
- f) The Course Directors will be available to answer questions about the evaluation process

SEMESTER V: PRELIMINARY CLINICAL TRAINING  
**STUDENTS' EVALUATION OF PRACTICES, CLINICAL ROTATIONS AND TESTS**  
 SITE \_\_\_\_\_ - FALL 2007

\* G: GRADE    \*\* S: SUGGESTIONS

No.	Lectures	Relevance		Time Spent		Quality of Instruction		Questions answered		Overall Activity	SUGGESTIONS DESCRIPTION
		G*	S**	G*	S**	G*	S**	G*	S**		
21	VITAL SIGNS Practice		R21		T21		I21		Q21	G* S**	O21
22	CHEST EXAM Video/Practice		R22		T22		I22		Q22		O22
23	HEART Practice		R23		T23		I23		Q23		O23
24	EYES Practice		R24		T24		I24		Q24		O24
25	HENT Practice		R25		T25		I25		Q25		O25
26	NEUROLOGIC EX Practice		R26		T26		I26		Q26		O26
27	OSTEO-MUSCULAR Practice		R27		T27		I27		Q27		O27
28	BREAST, ABDOMEN Practice		R28		T28		I28		Q28		O28
29	HOSPITAL Morning Reports		R29		T29		I29		Q29		O29
30	HOSPITAL Lectures		R30		T30		I30		Q30		O30
31	HOSPITAL Ward Rounds		31		T31		I31		Q31		O31
32	HOSPITAL Grand Rounds		32		T32		I32		Q32		O32
33	HOSPITAL Emergency Room		33		T33		I33		Q33		O33
34	HOSPITAL ICU		34		T34		I34		Q34		O34
35	OUTPATIENT ROT Preceptor :		35		T35		I35		Q35		O35
36	QUIZZES		36		T36		I36		Q36		O36
37	CORRELATION COURSE		37		T37		I37		Q37		O37
38	SHELF-LIKE EXAM		38		T38		I38		Q38		O38
39	SHELF		38		T38		I38		Q38		O38

The **Evaluation of Practical sessions, Clinical Rotations and Tests** should be filled by all students and included in each individual portfolio.

- a) The students will grade each lecture according to the degree with which it had contributed to the objective(s) of the Preliminary Clinical Training Course. Such objectives are to fully prepare the students:
1. To elaborate comprehensive and relevant health histories through proper communication with patients and families.
  2. To carry out full general physical examination of all body systems.
  3. To recognize normal conditions from abnormal symptoms and signs.
  4. To understand the role of diagnostic testing in the medical examination process.
  5. To collect and logically organize and document the information related to patients' condition.
  6. To formulate working diagnoses expressed as syndromes and /or specific pathological processes or diseases.
  7. To understand the interaction among physicians and other health professional from different disciplines and specialties.
  8. To effectively present clinical cases in both verbal and written form before their peers, preceptors and other medical audiences.
  9. To identify and learn the links between basic and clinical sciences.
  10. To be able to explain symptoms and signs on the basis of physiological, pathological and biochemical changes occurring in the human body.
  11. To start the in-depth study of general clinical sciences, including Internal Medicine, Pediatrics, Surgery, Gynecology, Obstetrics and Psychiatry.
  12. To be able to collect clinical data from individual patients related to primary prevention during their life cycles and concerning secondary prevention from those affected to prevalent illnesses in the USA.
  13. To understand and properly use the clinical and technical terms used in the medical profession to describe symptoms, signs and syndromes.

b) Each student will assign a grade to the following aspects related to each one of the academic sessions that he/she has attended:

- (R): Relevance of the subject for achieving objectives
- (T): Time devoted to the academic session
- (I): Quality of the instruction
- (Q): Questions answered satisfactorily
- (O): **Fulfillment** of objectives

c) The Evaluation Form is pre-coded to facilitate compilation and analysis of data. The students will assign one of the following grades to each particular aspect (listed in the previous paragraph) of each academic activity:

**EXCELLENT:** Aspect of lecture fully met and exceeded course objectives and students expectations

**VERY GOOD:** Aspect of lecture met course objectives and student expectations

**GOOD:** A aspect of lecture met most of the course objectives and student expectations, but could be improved somewhat.

**FAIR:** Aspect of lecture met some of the course objectives and student Expectations, but could be significantly improved.

**POOR:** Aspect of lecture did not meet most or any of the course objectives and student expectations and needs to be redesigned or eliminated.

d) The School encourages all students to write suggestion(s) for improvement whenever the

student has assigned a C, D or E grade to any aspect of a particular academic activity.

In

order to facilitate compilation and analysis of information, the suggestions are pre-coded as

follows:

- ❖ The academic activities are sequentially numbered from 21 to 39
- ❖ The aspects of the academic activity under evaluation are identified with the letters that appear in paragraph # 3 of this document.

e) The student will circle the code corresponding to the specific aspect of the lecture he/she

wants to make the suggestion about. Thereafter, he/she will write the code number in the

Column Suggestions (Code) and a full explanation in front of it.

f) The Course Directors will be available to answer questions about the evaluation process.



SEMESTER V: PRELIMINARY CLINICAL TRAINING  
SITE \_\_\_\_\_ - FALL 2007  
**STUDENT EVALUATION - OUTPATIENT ROTATION**

Student's Name:	Preceptor's Name:	Dates: From:	To:
-----------------	-------------------	--------------	-----

**1) PLEASE, RATE THE STUDENT FROM A TO F:**

<b>1.0</b> <b>Attendance: Attended scheduled sessions at your Office</b>	<b>RATE</b>								
<table style="width:100%; text-align:center;"> <tr> <td><b>F</b></td> <td><b>C</b></td> <td><b>B</b></td> <td><b>A</b></td> </tr> <tr> <td>(Missed 3 or more sessions in 6 weeks)</td> <td>(Missed 2 sessions in 6 weeks)</td> <td>(Missed 1 session in 6 weeks)</td> <td>(Attended all scheduled sessions)</td> </tr> </table>	<b>F</b>	<b>C</b>	<b>B</b>	<b>A</b>	(Missed 3 or more sessions in 6 weeks)	(Missed 2 sessions in 6 weeks)	(Missed 1 session in 6 weeks)	(Attended all scheduled sessions)	<input style="width:50px; height:50px;" type="text"/>
<b>F</b>	<b>C</b>	<b>B</b>	<b>A</b>						
(Missed 3 or more sessions in 6 weeks)	(Missed 2 sessions in 6 weeks)	(Missed 1 session in 6 weeks)	(Attended all scheduled sessions)						

**2) PLEASE, GIVE THE STUDENT A PERCENTAGE SCORE AS FOLLOWS:**

- < 60%      **Substandard**
- 60 - <70%      **Borderline adequate**
- 70 - <80%      **Competent**
- 80 - <90%      **Superior**
- 90 - 100%      **Outstanding**

<b>2.1</b> <b>Medical Knowledge:</b> Demonstrated appropriate <b>knowledge of basic sciences</b> and was able to apply it to the clinical situations he/she encountered.	<b>SCORE</b>
	<input style="width:50px; height:50px;" type="text"/>

<b>2.2</b> <b>Attitude:</b> Displayed initiative and positive disposition to learn, <b>cooperative and constructive</b> attitude toward the members of team or Group that he/she was assigned to (As opposite to being negative and conflictive)	<b>SCORE</b>
	<input style="width:50px; height:50px;" type="text"/>

<b>2.3</b> <b>Learning Skills:</b> Gradually started to <b>master proper skills</b> concerning elaboration of clinical history and examination of the different body systems, analyses of the results, and formulation of working diagnosis.	<b>SCORE</b>
	<input style="width:50px; height:50px;" type="text"/>

<b>2.4</b> <b>Communication Skills:</b> Demonstrates listening skills, interchange medically related information with other members of the team, shows progress in <b>concisely and effectively</b> presenting clinical cases both in written and verbal form.	<b>SCORE</b>
	<input style="width:50px; height:50px;" type="text"/>

<b>2.5</b> <b>Professionalism:</b> a) Demonstrated commitment to professional development and solid ethical principles and sensitivity to patients/family and peer diversity; b) showed compassion, respect and honesty; c) Accepted responsibility for his/her acts.	<b>SCORE</b>
	<input style="width:50px; height:50px;" type="text"/>

**3. - General observations on the student's performance and suggestions for improvement:**

**4. - Please, fill the following portion for the students rotating at your Office from March 1 through March 29, 2007.**

The student has mastered the following skills:

- < 60%                      **Substandard**
- 60 - <70%                **Borderline adequate**
- 70 - <80%                **Competent**
- 80 - <90%                **Superior**
- 90 - 100%                **Outstanding**

Skills	Score	Pointed Suggestions for improvement
<b>A) Elaboration of solid comprehensive clinical history</b>		
<b>B) Elaboration of focused Clinical History</b>		
a) General examination of the eyes		
b) Examination of HENT and Neck		
c) Examination of Chest and Lungs		
d) Examination of Heart and CV System		
e) Examination of Abdomen		
f) Examination of Breast		
g) Examination of Female GU System		
h) Examination of Male GU System		
i) Examination of Nervous System		
j) Gross examination of Mental Condition		
k) Examination of Musculoskeletal System		
l) Examination of Skin		
<b>C) Overall skill to perform comprehensive physical examination</b>		
<b>D) Overall Skill to perform focused Physical examination</b>		

**4. - Evaluation discussed with student:**

\_\_\_\_\_  
Preceptor's Signature                      Date

\_\_\_\_\_  
Student's Signature                      Date

Docs evaluation 06 - 09/03/07 JEC

Form DOCS- EVALUATION 05 - 09/01/07 JEC

## D. Documents for Registration

### CHECK LIST for REQUIRED DOCUMENTS for ORIENTATION

*A student CAN NOT REGISTER at the time of registration without possession of the ABOVE DOCUMENT COPIES.*

- Drug/urine test
- Background Check required by state (FDLE/national/international) level
  - Social security number verification;
  - Criminal Search (7 years); Not required for Baltimore Program
  - HHS/OIG/GSA;
  - Violent Sexual Offender & Predator Registry.
- :
- Complete Physical Examination;
- Documentation of Immunizations: (Good to secure as soon as possible)
  - MMR (within ten (10) years
  - Varicella Vaccines or titers or sign waiver form (from rotating hospital)
  - HEP B series (if more than 10 years, booster)
  - Completion of two steps PPD documentation (within last 12months)/ or  
C X-Ray Following a + PPD, or sign waiver form (from rotating hospital)
  - Tetanus/TD (within ten years)
  - TB/ppd (one year\$)
  - HIV test (3 months) or education
  - Valid HIPA card

### \_\_\_\_\_ STEP ONE RESULTS RELEASE FORM

#### OTHER IMPORTANT DOCUMENTS

The following documents, for a fee, will be available in Baltimore *only* for a student who did not secure them prior to arrival:

- a) Health insurance
- b) Basic Cardiac Life Support (BCLS)
- c) Advance Cardiac Life Support (ACLS)
- d) Occupational Safety Hazard Association (OSHA)



## **STRATEGIES FOR LIFE-LONG LEARNING**

- ❖ Identify any gap in knowledge base.
- ❖ Formulate a specific question addressing knowledge gap.
- ❖ Conduct a literature search using specialized evidence-based medical terms
- ❖ Appraise new clinical information critically.