

**ICM-III  
COURSE INTRODUCTION  
2007 - 2008**

**Purpose**

Welcome! ICM-III is a comprehensive clinical skills course that builds upon many other USU “pre-clerkship” experiences including ICM-I and II, Introduction to Clinical Reasoning (ICR), and the basic science clinical correlations. In composite, these courses provide an introduction and opportunity to practice fundamental clinical and reasoning skills required of entering third-year clerks.

**The core skills of a third-year clinical clerk include the ability to obtain an accurate history, perform a perceptive and thorough physical examination, compose an initial problem list with a differential diagnosis, and present this material in an organized and coherent fashion.**

During ICM-III, you will focus primarily on obtaining and presenting historical and physical exam findings at the bedside. These are bedrock skills for the clinician, and you should strive to achieve proficiency during the course. ICM-III consolidates the techniques introduced in ICM-I (The Medical Interview) and ICM-II (Physical Examination) utilizing both standardized and hospitalized patients. We will also introduce detailed examination techniques by organ system, and interpretation of abnormal findings.

In performing a history and physical, conveyance of a caring demeanor and facilitation of effective communication are crucial. Therefore, we will emphasize patient comfort, interpersonal skills, and communication throughout the course. You will be evaluated on these skills during the USMLE Step II CSE.

A good third-year clerk is not merely an efficient gatherer of clinical data. To be useful, the information gathered during the history and physical must be organized, prioritized, and then accurately **reported** to the rest of the patient care team. In ICM-III, you will be introduced to professional communication, and will practice reporting clinical data in the written and oral case presentation formats.

Finally, the clinical data gathered during the history and physical exam presented must be interpreted. Interpretation of clinical data and generation of problem lists and differential diagnosis are clerkship skills practiced in ICR and in basic science clinical correlations. However, the ability to form diagnostic hypotheses and test them *while performing the history and physical* is an advanced skill you should begin to practice. You will re-visit and master this skill during your third year clerkships and beyond.

## **Military Relevance**

To be a good military medical officer, you must be a superb physician. Physical diagnosis skills are important to all physicians, but have a unique relevance at USUHS. As military medical officers, you are likely to find yourself “working out of a bag” at some point in your career. Your skills in bedside diagnosis will be challenged. For a military medical officer, the ability to make bedside diagnoses in an austere environment, without the aid of laboratory or radiological studies, is indispensable. The training you need to meet that goal has already begun, and this course affords you the opportunity to continue to challenge yourself and your abilities.

## **A Word of Caution...**

The final semester of the MS2 year is difficult. You will face mountains of course work, the looming USMLE, and preparation for out-of-town clerkships. In the time crunch, you may be tempted to defer attention away from this course until “next year” when you “really need it”. However, please be aware that studies consistently show students receive alarmingly little bedside reinforcement of basic clinical skills during the MS3 and MS4 year, and the medical literature suggests the majority of basic clinical skills acquisition takes place during medical school with no significant increase in clinical skills specific competency accruing during residency. In summary, don’t count on a better opportunity to learn this stuff down the road.

We recognize the realities of your time constraints, and have tried to structure the ICM-III course in a manner that best utilizes your time. As you budget your time, keep in mind that basic clinical skills acquisition (history taking and physical examination techniques) is most effectively learned during this type of course.

## **We’re Here to Help**

The ICM staff welcomes you as new colleagues to clinical medicine. We look forward to working with you as you begin your transition from the classroom to the clinic. Please do not hesitate to contact us with any questions, concerns, or suggestions.

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## ICM-III 2007 - 2008

### COURSE OBJECTIVES AND STUDENT REQUIREMENTS

#### Course Objectives

1. Integrate, practice, and achieve basic proficiency in conducting all elements of the Medical Interview (ICM-I) to include effective nonverbal, explanatory, and questioning skills.
2. Integrate, practice, and achieve basic proficiency in conducting all elements of the Physical Exam (ICM-II) to include both normal and abnormal findings.
3. Integrate, practice, and achieve basic proficiency in applying analytic thinking to clinical situations (ICR) to include development of an appropriate differential diagnosis and basic therapeutic options.
4. Master using "Characterization of a Symptom" for both obtaining and presenting a medical history.
5. Introduce, practice, and achieve basic proficiency in the written History and Physical.
6. Introduce, practice, and achieve basic proficiency in oral case presentation.
7. Introduce, practice, and achieve basic proficiency in specialty elements of the history and physical exam to include preventive medicine and military specific issues.
8. Demonstration of professionalism to include exhibiting appropriate sensitivity and respect for patients, standardized patients, faculty, staff and adherence to USUHS academic integrity policy.
9. Demonstration of sensitivity and responsiveness to patients' culture, age, gender, and disabilities.

#### Student Requirements

1. Completion of the ROS course pre-test
2. Satisfactory completion of all SimCenter (5) and Hospital patient (1) H&P sessions
3. Submission of four written History and Physical exams (with preceptor acceptance)
4. Submission of two Simcenter Videotape Self-Assessments (with preceptor acceptance)
5. Passing performance on the graded (6th) history and physical exam
6. Attendance at ALL ICM-III scheduled sessions including lecture hall and off campus activities.
7. Passing performance on the OSCE
8. Completion of the NBME subject exam (final exam)
9. Demonstration of professionalism to include exhibiting appropriate sensitivity and respect for patients, standardized patients, faculty, staff and adherence to USUHS academic integrity policy

*Reminder: ICM-III is a prerequisite for participation in MS-III clerkships*

# INSTRUCTION METHODOLOGY

## **HISTORY AND PHYSICAL EXAM PATIENT ENCOUNTERS:**

Students will complete **four** practice comprehensive history and physical examinations at the NCA Simulation Center. The 5<sup>th</sup> session at the Sim Center is a final graded comprehensive H&P. Students will also have an opportunity to accomplish a focused history and physical held at USU in the MDL in addition to a comprehensive history and physical on a hospitalized patient at one of the MTF in the NCA.

### **Simulation Center**

During the Simulation Center block, students will proceed to the Simulation Center on five consecutive weeks. For the first four sessions, students will receive a patient/room assignment, and perform a comprehensive history and physical on a trained standardized patient in 75 minutes. You will then be expected to give a 5-7 minute oral presentation to your preceptor followed by approximately 70 minutes of preceptor instruction. The fifth session will again be a comprehensive history and physical that will be graded according to the ICM interview and physical exam checklist using the grading criteria listed in this syllabus. This session will not be graded by your preceptor. All patient encounters are observed by a faculty preceptor and are digitally recorded.

**Students are required to evaluate their recorded video at home for 2 of the first 3 sessions** using the VIDEOTAPE SELF-EVALUATION form. This form must be returned at the following SimCenter session. Students are encouraged to review all of their (4) practice sessions, but are only required to review two.

**All students will write and submit a minimum of four complete history and physical examination write-ups** in the format outlined in this syllabus. Each write-up is due to the preceptor prior to the following session, and should be submitted by email. Failure to submit four total write-ups will result in a NON-PASSING grade for the course.

The preceptor will use a standard checklist to evaluate both the case presentations and the observed medical interview. A copy of these checklists is available in your syllabus.

### **Hospital Session**

Students attending the hospital session at inpatient facilities will have 90 minutes to perform an H&P independently in the patient's room. After a short break, you will give an oral presentation to your preceptor based on your patient. You will then return to the bedside with the preceptor to discuss and demonstrate selected findings.

### **Focused History and Physical Session**

Students will proceed to their assigned rooms in the MDL, and will meet with their preceptors prior to the start of this session. The concept of this session will focus on the two students and the preceptor as a medical team, and each student will have the opportunity to perform a focused history and physical while the team observes. Each student will be given 30 minutes to accomplish a focused history and physical on a trained standardized patient in the presence of the other student and preceptor. After completing the history and physical, the student will give a brief oral presentation to the team at the patient's bedside. The student not performing the history and physical will be responsible for actively observing the history, physical, and presentation, and to provide both oral and written feedback. The preceptor and the standardized patient will also provide feedback, and the preceptor will discuss and demonstrate selected findings and physical examination techniques at the bedside.

## **SPECIALTY SESSIONS**

Specialty and sub-specialty physicians teach specific aspects of the physical examination and history taking. The topic areas to be covered include dermatology, psychiatry, rheumatology, gastroenterology, neurology, pediatrics, and gynecology.

The presentation style is a combination of didactic and practical clinical demonstrations. Students will have the opportunity to practice a variety of these techniques under the direct supervision of a specialist. The didactic material will supplement and reinforce the information presented in the required reading assignments included in this syllabus. Some specialty areas may have an associated online self-assessment quiz. Students are encouraged to complete the on-line quiz covering the assigned reading prior to attending specialty sessions.

A few additional notes concerning specialty sessions:

### **Pediatrics**

There are two pediatric sessions. The preschool physical takes place at the base daycare center, giving students experience in examining small children in a non-threatening environment for the child (although occasionally challenging for the student). The adolescent interview is conducted at a local high school and focuses on common problems of adolescence. A schedule of these sessions will be provided and posted on the ICM-III Website.

### **Women's Health**

Genito-urinary Teaching Associates (GUTAs) conduct the gynecologic and breast exam sessions. The Teaching Associates serve as both the instructor and examinee, and provide immediate feedback on technique and other aspects of the examinations. Timely arrival by the student is essential in order to successfully complete this activity.

### **Medical Communication**

The class will be divided into groups for an interactive session to introduce specific aspects of medical communication. This will include the medical interview, patient literacy, and practical aspects of how to organize and prepare both an oral case presentation and a written report based on the history and physical examination findings. A detailed guideline to the medical record, including different types of entries, orders, and their appropriate uses is provided in the course syllabus.

## **REVIEW OF SYSTEMS (ROS) QUIZ:**

Some things “*ya just gotta know*”. **You need to memorize the Review of Systems.** The ROS questions are series of organ system based, “yes or no” questions about symptoms the patient may have experienced over the previous 3-6 months. Questions answered “yes” should be explored in further detail.

Recall of the review of systems questions from memory is a valuable tool, allowing even the novice interviewer to obtain a complete history. The questions from the review of systems can help better characterize symptoms during the HPI, and serve as a “fail-safe” to insure critical but seemingly unrelated symptoms are elicited prior to completing the interview. In addition, the ROS questions can help you form a list of “pertinent negatives” to be used in the conclusion of the HPI in your oral and written case presentation.

Students providing feedback from previous classes recommended mastery of the ROS early in the ICM-III course. **Students will take a closed book quiz over the review of systems question list at the H&P introduction session.** You will be required to reproduce randomly selected portions of the ROS.

### **Computer-Based Learning: Physical Diagnosis Websites**

These are a series of online resources available through the course website. We encourage you to preview the various websites as a means of reinforcing your skills and knowledge throughout this course. You are highly encouraged to practice your cardiac auscultation skills using the Blaufuss Heartsounds tutorial on the website (<http://www.blaufuss.net/USUHS/tutorial>). This site is licensed to USU only, so please do not share the URL with your non-USU colleagues. In previous years, we have utilized an OSCE station to test heart sounds that come directly from the Blaufuss site, so it is in your best interest to continue practicing your cardiac auscultation skills with this resource.

## ICM-III STUDENT RESPONSIBILITIES

Please familiarize yourself with the course objectives and requirements found in this syllabus. This course has a complicated schedule, and the ICM staff will provide reminders to help you fulfill all the course requirements. However, it is ultimately your responsibility to complete all course requirements.

### ATTENDANCE

Attendance at all ICM-III sessions is academically required. Specific permission must be obtained from the **course director** for all absences. Students will not be excused from any of the history and physical examination sessions or any of the examination sessions except for medical quarters or personal emergencies. Please review the USU policy on obtaining medical quarters. Review your schedule in advance to avoid conflicts with major life events (birthdays, weddings, etc...). This course is your transition into the responsibility you will take as physicians for the remainder of your careers in medicine. **Preceptors are not authorized** to excuse students or to reschedule a clinical session without advance permission from the course director.

### COMMUNICATION

All announcements concerning ICM-III, including schedule changes, will be made available through:

1. The e-mail system primarily
2. ICM-III Website ([www.usuhs.mil/icm](http://www.usuhs.mil/icm))

It is your responsibility to check your e-mail and the ICM-III website prior to ICM-III sessions for late schedule changes or cancellations, especially before departing for off campus sessions.

You may contact the ICM staff at anytime. Our contact information is on the cover of the syllabus.

### SELF-DIRECTED LEARNING

Reading and repetition are critical to mastering basic clinical skills. Please review the required readings prior to ICM-III sessions. The seminars and clinical sessions are designed to clarify and practice the fund of knowledge obtained from the required reading material. You will be at a disadvantage if the reading is not accomplished prior to the individual sessions.

The key to mastery of basic clinical skills (the medical interview and physical examination) is repetitive practice. You may benefit from working independently with a partner to refine and improve techniques and develop skills as the course proceeds.

### READING

Prior to each session, students are expected to prepare by reading any assigned material in the syllabus. For specialty exam sessions, the suggested reading material includes the relevant chapters in the course textbook, *Evidence Based Physical Diagnosis*, pertinent chapters in *Mosby's Physical Examination* Textbook, and any assigned reading from the specialty session instructors.

For Simcenter and hospital sessions, there are no assigned readings. However, students should review and be ready to practice the checklists for obtaining a medical history, physical exam, and the basic format for oral case presentation found in the “Clinical Skills” and “Medical Communication” tabs of this syllabus.

## **EQUIPMENT**

Students should wear their white lab coat during Simcenter, hospital H&P sessions, and specialty sessions unless specifically indicated otherwise. Students are required to bring all their diagnostic equipment to the following sessions:

1. Pediatric Exercises (note: no white coat for these sessions)
2. All History & Physical Examination Sessions

Students may use equipment provided at the NCA Simulation center, but need to familiarize themselves with their personal equipment. Listing of specific equipment needed for each session is provided in the “Sessions at Glance” section.

## **GROUP ASSIGNMENTS**

The class will be divided into groups of six students (three sets of partners) for the entire course. Primary groups will be combined for certain course activities. Students should stay in their assigned group. Swapping groups or assigned sessions between students is not permitted without advance written permission from the Course Director.

## **COURSE EVALUATION**

Course and preceptor evaluations will be posted on the USU “student assessment of instruction” web page. These evaluations have regularly influenced the ongoing development of this course. Because we only receive feedback from two students per preceptor, completion of these evaluations is required.

## **PROFESSIONALISM**

Students are reminded during ICM-III that they will begin to deal closely with professional colleagues, and more importantly patients. Students are expected to treat both hospitalized and standardized patients with the exemplary respect and compassion traditional of USUHS students, and to maintain patient privacy and confidentiality.

Our goal in conducting ICM-III is to help students begin the evolution from classroom scholar to functional clinician. This course serves as the foundation on which you will build during your clerkships. Therefore, acts of academic fraud represent a failure to demonstrate clinical proficiency in requisite skills needed for safe participation in clerkship level patient care, and therefore are grounds for course failure and referral to the Student Promotions Committee. Acts of academic fraud include but are not limited to assuming credit for non-attended sessions, inappropriate behavior during testing sessions, inappropriate behavior during the OSCE, unauthorized disclosure of OSCE or examination content, and plagiarizing written H&Ps.

## UNIFORM

The uniform for all sessions conducted at the Simulation Center or in area hospitals is Class B or equivalent. ICM requirements supercede the USU uniform of the day. USUHS students may not wear BDUs to any ICM-III patient encounter or any NCA hospital. For the patient safety, please keep your fingernails short and clean.

## TRANSPORTATION

Transportation to most off-campus sites is your responsibility. However, parking at Walter Reed is notoriously difficult for patients, and ICM students are not permitted to park at WRAMC with the exception of students carpooling for their hospital H&P sessions only. Students are expected to use bus transportation provided and leave the parking spaces for the patients. Students who drive to WRAMC for any session other than their hospital H&P do so against course policy, and can be turned away at the parking garage or find themselves unable to park. Resulting absences will be unexcused.

Please allow adequate travel time for off-campus sessions. Allow a minimum of 45 minutes to travel to Malcolm Grow and the Soldiers home. You will need your military ID to enter any military installation. USU identification badges are not accepted at the Andrews AFB or Walter Reed gates.

## A WARNING ABOUT TEMPLATES

In past classes, students have found it helpful to create a computer “template” for the written H&P that can be modified for each patient. This strategy can help the student avoid the task of writing out the entire H&P de novo for each patient. While a potential time-saver, the use of templates has created a number of academic integrity issues for previous classes. **If using a template, it is critical the student carefully edit every line of the written H&P to insure the work submitted accurately reflects the data obtained from the patient.**

Failure to carefully edit template material can result in misrepresentation of clinical data. Examples include inclusion of elements of the H&P not actually performed, inaccurate recording of findings, and unintended inclusion of written material due to a lack of familiarity with the template. In the clinical setting, inaccurate documentation of findings in the H&P, as a result of either sloppy writing or lackadaisical template editing, can lead to medical errors. Such errors can result in injury to patients and can be difficult to defend in litigation. It’s best to start your career by learning to document accurately.

In the academic setting, misuse of templates can result in a written misrepresentation of work performed by the student, and may result in a violation of the USU academic integrity policy. ICM-III students may use templates for the written H&P in this course. However, **students who use templates do so at their own hazard, and are expected to create their own templates.** Students will be held to same USU standards of academic integrity regardless of how their written H&Ps are drafted. Honest mistakes occur, however, **template editing errors will not be accepted as a valid excuse for substandard work or violations of academic integrity.**