

Paul L. Foster School of Medicine

# Syllabus Medical Skills Course (MSC)

PMSK 6311 (MSC III)

**PMSK 6302 (MSC IV)** 

Academic Year 2018-2019

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### **Course Description**

In the end we retain from our studies only that which we practically apply.

Johann Wolfgang von Goethe

#### Overview

The Medical Skills Courses III and IV are the last two semesters of a two-year series of courses that are designed to teach each medical student the basic clinical skills needed for medical practice. These skills include effective communication, scheme-based history taking and physical examination, development of clinical reasoning, formation of an initial diagnostic plan, interpretation of basic diagnostic studies, performance of selected procedures, provision of counseling and feedback, and articulate clinical case presentation.

The Medical Skills Courses are closely coordinated with Scientific Principles of Medicine so that each Medical Skills session applies instruction provided during the prior week in SPM. Through this integration, the two courses reinforce each other and deepen the learning of the students.

Learning is accomplished through pre-session review of preparatory material, readiness assurance quizzes, standardized patient interactions, group debriefing following standardized patient encounters, demonstration and guided practice with feedback on performance of simulated clinical procedures, team-based simulated problem solving scenarios, field trips to outlying facilities, and other modalities. Formative feedback on each student's performance is provided through faculty guided review of performance in the standardized patient encounters, peer assessment using predetermined criteria, and periodic review with a faculty member of videotaped SP encounters.

Students are assessed through their performance in simulated settings with standardized patients (OSCE examinations), through their answers on readiness assurance quizzes, and through demonstration of their proficiency with selected procedural tasks. Assessments are administered at the end of each academic unit. At the end of the second year of medical school, a comprehensive OSCE examination is performed testing students over the content covered during the first two years.

#### Integration with the Medical School Curriculum

The Presentation-based Curriculum creates an unprecedented opportunity for integration and application of topics in Medical Skills with content covered in Scientific Principles of Medicine. Matching the standardized patient cases and skill building activities with the content of the basic sciences curriculum creates reinforcement between these two courses that deepens and strengthens the learning in both. In addition, the skills developed in the Medical Skills Course are also practiced during clinical experiences in the Society, Community and the Individual.

Eventually, the clinical schemes covered during the first two years of medical school will be carried on into the clinical clerkships in the third year of medical school.

#### **Educational Methods and Learning Experiences**

Medical Skills Courses III and IV will be presented as a series of weekly sessions throughout the first year of medical school. Students will be divided into learning groups and will meet together for two-hour sessions. Each group will rotate through the learning activities being presented that day.

**Preparatory reading assignments:** Prior to each session, students will study the preparatory material. Typically, this will include an Exam Room Guide related to the clinical scheme, and a video recording that reviews the Guide. They may also have a reading assignment, for example, a section from MacLeod's Clinical Examination 14<sup>th</sup> Edition.

Session instructions and preparatory materials are posted on CHAMP. Students are also responsible for reading announcements posted on Canvas in regards to the course. Announcements will include important information about testing, sessions, sign-ups for OSCE physical exam evaluations and History and Physical assignment, etc. Students should check their Canvas account settings to have Canvas announcements and notifications sent to their email.

**Objective Structured Clinical Encounter (OSCE)**: Both a learning and an assessment tool, the OSCE is a structured exercise in which the student interacts with a standardized patient who has memorized a clinical scenario. Students will be required to demonstrate specific skills in communication, history taking, physical examination, and recording of clinical information. Students receive specific feedback on their performance.

**Small-group activities:** Demonstrations, facilitated performance, and practice with interview skills, physical examination techniques, and clinical procedures will be principally carried out in small groups supervised by clinical faculty.

**Team Based Learning Sessions:** Some units may include Team Based Learning sessions. TBL sessions consist of individual readiness assurance test, a group readiness assurance test, and an application exercise.

**Clinical simulations:** The ATACS Center is capable of simulating numerous clinical procedures on mannequins or in computer-generated virtual reality. Students will use the Center to develop and refine their skills before performing procedures on actual patients.

**Patient encounter log:** During medical school, each medical student maintains a log of their patient encounters, including standardized patient encounters. The Online Patient Log (OP Log) can be found on the Canvas page for the Medical Skills Course.

Hospital and Clinic Patient Interviews and Write-ups: Students will interview and examine one patient from the purpose of writing a complete history and physical in the standard format. Students will transmit their completed documents to the course faculty for individualized review and feedback. Students may be asked to complete a second patient interview if the first write-up is not satisfactory.

## Competencies, Program Goals and Objectives, and Outcome Measures

The Paul L. Foster School of Medicine education program goals and objectives are outcomebased statements that guide instruction and assessment as you develop the knowledge and

#### **Patient Care**

abilities expected of a physician. All elements of the PLFSOM curriculum are derived from and contribute to the fulfillment of one or more of the medical education program's goals and objectives, which can be found at <u>PLFSOM PGOs</u>.

The overall goal of the Medical Skills Course is for each medical student to achieve proficiency and competence in the fundamental skills of doctoring. Specifically, the Medical Skills Course is designed to promote student achievement of the following learning objectives (associated PLFSOM Education and Program Objective (PGO) IDs are given in parenthesis and detailed in the subsequent table):

- Communicate effectively with patients, family members, faculty, staff, and peers in a respectful and diplomatic manner. (PGO 4.1, 4.2, 4.3)
- Communicate using language that is clear, understandable, and appropriate to each patient. (PGO 1.8, 2.5, 5.1)
- Maintain each patient's dignity and modesty during clinical encounters. (PGO 5.2)
- Identify the chief reason for the clinical encounter and use questions effectively to find the most pertinent history needed for decision-making. (PGO 1.1, 1.5)
- Use effective approaches to help patients promote behavioral change for the purpose of avoiding preventable diseases. (PGO 1.8, 1.9)
- Select and perform the most pertinent physical examination maneuvers to search for findings that support or refute likely diagnoses under consideration. (PGO 1.1)
- Concisely, accurately, and legibly record the patient's history in the medical record. (PGO 1.7, 4.4)
- Use the patient's history, physical examination, and diagnostic studies to generate a list of active medical problems. (PGO 1.3, 2.3)
- Orally present a patient's history and physical examination in an organized and concise manner. (PGO 4.2)
- List the appropriate indications, potential risks and intended benefits of common procedures such as venipuncture, bladder catheterization. (PGO 1.2, 1.10)
- Proficiently perform several common clinical procedures. (PGO 1.6, 1.10)
- Participate effectively and collaboratively with a healthcare team in an urgent situation. (PGO 7.1, 7.2, 7.3, 7.4)
- Maintain ongoing learning practices that promote the development of optimal medical skills including careful preparation, active engagement, and reflection on formative feedback. (PGO 3.3)

Educat	cional Program Objectives	Outcome Measures
1.1	Gather essential information about patients and their conditions through history taking, physical examination, and the use of laboratory data, imaging studies, and other tests.	<ul> <li>Clinical Performance         Rating/Checklist (SP checklist         criteria – learning encounter)</li> <li>Multisource Assessment (Faculty         debriefing following each         encounter)</li> <li>Exam – Institutionally Developed,         Clinical Performance (End-of Unit         OSCE; Open Lab practice sessions)</li> </ul>
1.2	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.	<ul> <li>Participation (Procedure skill building activities with feedback)</li> </ul>
1.3	For a given clinical presentation, use data derived from the history, physical examination, imaging and/or laboratory investigation to categorize the disease process and generate and prioritize a focused list of diagnostic considerations.	<ul> <li>Multisource Assessment (Weekly learning encounter debrief)</li> <li>Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)</li> </ul>
1.5	Recognize a patient requiring urgent or emergent care, and initiate evaluation and management.	<ul> <li>Clinical Performance         Rating/Checklist (SP checklist         criteria – learning encounter)</li> <li>Multisource Assessment (Faculty         debriefing following each         encounter)</li> <li>Participation (manikin simulations         activities with feedback)</li> <li>Exam – Institutionally Developed,         Clinical Performance (End-of Unit         OSCE)</li> </ul>
1.6	Describe and propose treatments appropriate to the patient's condition and preferences.	<ul> <li>Participation (Procedure skill building activities with feedback)</li> </ul>
1.7	Accurately document history, physical examination, assessment, investigatory steps and treatment plans in the medical record.	<ul> <li>Clinical Documentation Review (Weekly learning encounter SOAP note; OSCE exam SOAP note)</li> <li>Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)</li> </ul>
1.8	Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making.	<ul> <li>Clinical Performance         Rating/Checklist (SP checklist         criteria and verbal feedback –         learning encounter)</li> </ul>
1.9	Provide preventative health care services and promote health in patients, families and communities.	Clinical Performance     Rating/Checklist (SP checklist     criteria and verbal feedback –     learning encounter)

1.10	Demonstrates and applies understanding of key issues in performing procedures and mitigating complications, and demonstrates reliable mechanical skills in performing the general procedures of a physician.	<ul> <li>Clinical Documentation Review         (Weekly learning encounter SOAP         note; OSCE exam SOAP note)</li> <li>Participation (Procedure skill         building activities with feedback)</li> </ul>
	dge for Practice	
	ional Program Objectives	Outcome Measures
2.3	Apply evidenced-based principles of clinical sciences to diagnostic and therapeutic decision-making and clinical problem solving.	<ul> <li>Multisource Assessment (Weekly learning encounter debrief)</li> <li>Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)</li> </ul>
2.5	Apply principles of social-behavioral sciences to patient care including assessment of the impact of psychosocial, cultural, and societal influences on health, disease, care seeking, adherence and barriers to care.	<ul> <li>Clinical Performance         Rating/Checklist (SP checklist         criteria and verbal feedback –         learning encounter)</li> <li>Clinical Documentation Review         (History and Physical hospital         visits)</li> </ul>
Practic	e-Based Learning and Improvement	
Educati	onal Program Objectives	Outcome Measures
3.3	Accept and incorporate feedback into practice.	<ul> <li>Participation (Mastery based assessment of physical examination skills; SP encounter debrief)</li> </ul>
Interpe	ersonal and Communication Skills	
Educati	onal Program Objectives	Outcome Measures
4.1	Communicate effectively with patients and families across a broad range of socioeconomic and cultural backgrounds.	<ul> <li>Clinical Performance         Rating/Checklist (SP checklist         criteria and verbal feedback –         learning encounter)</li> <li>Peer Assessment (Peer feedback         – learning encounter)</li> </ul>
4.2	Communicate effectively with colleagues and other health care professionals.	<ul> <li>Clinical Performance         Rating/Checklist (SP checklist         criteria and verbal feedback –         learning encounter)</li> <li>Peer Assessment (Peer feedback         – learning encounter)</li> <li>Multisource Assessment (Weekly</li> </ul>

4.4	and empathy.  Maintain comprehensive and timely medical records.	Rating/Checklist (SP checklist criteria and verbal feedback – learning encounter)  • Peer Assessment (Peer feedback – learning encounter)  • Clinical Documentation Review
		<ul> <li>(Weekly learning encounter SOAP note; OSCE exam SOAP note; Hospital H&amp;P)</li> <li>Exam – Institutionally Developed, Clinical Performance (End-of Unit OSCE)</li> </ul>
Profes	sionalism	
Educat	ional Program Objectives	Outcome Measures
5.1	Demonstrate sensitivity, compassion, integrity and respect for all people.	Clinical Performance     Rating/Checklist (SP checklist     criteria and verbal feedback –     learning encounter)
5.2	Demonstrate knowledge of and appropriately apply ethical principles pertaining to patient privacy, autonomy and informed consent.	Clinical Performance     Rating/Checklist (SP checklist     criteria – learning encounter;     Professionalism criteria – learning     encounter)
Interp	rofessional Collaboration	
Educat	ional Program Objectives	Outcome Measures
7.1	Describe the roles of health care professionals.	<ul> <li>Participation (manikin simulation activities with feedback)</li> </ul>
7.2	Use knowledge of one's own role and the roles of other health care professionals to work together in providing safe and effective care.	Participation (manikin simulation activities with feedback)
7.3	Function effectively both as a team leader and team member.	<ul> <li>Participation (manikin simulation activities with feedback)</li> </ul>
7.4	Recognize and respond appropriately to circumstances involving conflict with other health care professionals and team members.	Participation (manikin simulation activities with feedback)

# **Grading System**

#### Formative Assessment and Feedback

Formative feedback is provided to the students on a weekly basis through the following mechanisms: Standardized Patient checklist and feedback, peer observer feedback, group debriefing and note writing. One on one feedback to each student is also provided by faculty supervising the skill practice stations. In addition, Open Lab is designed to provide formative feedback.

#### Summative Assessment and Grading

On the basis of a composite assessment, each student in the Medical Skills Course will receive a grade of either Pass or Fail for each semester of the course. The components of the composite assessment are:

- Attendance: Attendance is required and will be recorded weekly. 10% of each student's grade for each Unit can be earned based on performance on weekly quizzes and completion of the Online Patient Log (OP Log)
  - Performance on weekly quizzes: A readiness assurance quiz is regularly included at the beginning of each Medical Skills session. Students achieving a cumulative performance of 80% or more on these quizzes will earn five points towards their unit grade. Students achieving a cumulative performance of 50% to 79% on these quizzes will earn two and half points towards their unit grade. Students earning below a 50% will receive no points.
  - Completion of the OP Log: Students are expected to record each standardized
    patient encounter in their Online Patient Log (OP Log). Students completing their OP
    Log with all of their standardized patient encounters by the end of the Unit will earn
    five points towards their unit grade.
- Performance on OSCE examinations: Each End-of-Unit OSCE will have between 2-4 stations.
  One or more of these stations will be a Standardized Patient encounter. Assessment at
  each station will be based on demonstration of proficiency as assessed using predetermined
  criteria that assess history taking skills, physical examination technique, communication
  skills, clinical reasoning, documentation, and professional demeanor. Performance on the
  OSCE examinations will constitute 90% of the grade for each Unit.
- Physical Exam Skill Demonstration: Each Unit may require that students demonstrate
  mastery of a physical examination skill. Testing times will be arranged during each Unit.
  Performance criteria will be set and each student will be expected to perform all steps of
  the physical examination skill correctly. A passing score will be 90%. Students will have
  multiple opportunities to achieve a passing score on this activity.

- Passing score: Students must demonstrate a cumulative score of at least 75% in order to
  receive a grade of Pass for an academic Unit. Students must receive a grade of Pass in all
  constituent Units in order to receive a grade of Pass for a semester of the Medical Skills
  Course.
- **Unprofessional behavior:** Students demonstrating unprofessional behavior may receive a grade of Fail for a Unit regardless of their cumulative score.
- Make up examinations: A makeup examination will be offered to students who achieve a score of less than 75% on an end-of-Unit OSCE. Those students who demonstrate a score of less than 75% on the makeup examination will receive a grade of Fail for the Unit. Those students will be offered an opportunity to take the End-of-Year 2 OSCE at the end of the academic year. If they successfully pass the End-of-Year 2 OSCE, the corresponding semester grade of Fail will be changed to a grade of "Successfully Remediated".
- Hospital patient history and physical examinations: During the second year, each student
  will interview and examine one patient for the purpose of writing a complete history and
  physical examination. Students will prepare a write up of the standard history and physical
  exam format and submit the write-up via Canvas to the faculty for feedback. Students may
  be asked to complete a second patient interview if the first write-up is not satisfactory or if
  the first patient case is not optimal. Students must complete this assignment at an
  appropriate level of quality and diligence in order for their semester grade to be reported.
- **End-of-Year 2 OSCE:** Students meeting the following criteria are required to take the End-of-Year 2 OSCE.
  - a. Failure of any end-of-Unit OSCE in more than one unit (on first attempt) OR
  - Failure of any end-of-Unit OSCE in one unit (on first attempt) and unsatisfactory
     Hospital patient history and physical examination write up OR
  - c. Failure of a makeup examination of any end-of-unit OSCE

The end-of-Year 2 OSCE will have 3 standardized patients' encounters. Assessment at each station will be based on demonstration of proficiency as assessed using predetermined criteria that assess history taking skills, physical examination technique, communication skills, clinical reasoning, documentation, and professional demeanor. Students must demonstrate a cumulative score of at least 75% in order to receive a grade of "Pass" for an end-of-year 2 OSCE & "Pass" or "Successfully Remediated" for the corresponding semester grade of the medical skills course. A makeup examination will be offered to students who achieve a score of less than 75% on end-of-year 2 OSCE. Students who failed the make up exam of the end-of Year 2 OSCE will receive a grade of "Fail" for the second semester.

• **Posting of grades:** Each student's Unit OSCE grade will be released within 30 days of the end of the Unit. If the student does not demonstrate mastery of a required physical examination skill prior to the end of the semester, their grade will be listed as incomplete until the physical examination skill is mastered.

#### **Course Policies and Procedures**

The Medical Skills Course follows all applicable policies and procedures of the Office of Student Affairs of the Texas Tech University Health Sciences Center Paul L. Foster School of Medicine. In addition, the Medical Skills Course has established additional course-specific policies that are created to maintain an optimal learning environment, promote professional conduct with standardized patients, faculty, staff and peers, and protect the resources of the Center for Advanced Teaching and Assessment in Clinical Simulation (ATACS).

#### Schedule

- Medical Skills sessions for MS2 students are generally held once a week on Monday.
   Students are assigned to attend for 2 hours sessions are held from 10 to 12, 1 to 3 PM, and 3:30 to 5:30 PM. Each student will be assigned a time. The time of the assigned session will rotate each semester.
- Timing may vary for specific activities such as visits to the newborn nursery during the Mind and Human Development Unit. The calendar will be posted well in advance of the session.
- Open labs are generally held on Wednesdays by the Nurse Educators. Times are posted on Canvas.
- H&P visits to the hospital are scheduled separately. Sign-up sheets will be available. One H&P from the hospital is required.

#### **Attendance Policy**

Attendance at Medical Skills Course activities is required. Students are required to arrive on time and participate in course activities until excused by the supervising faculty member. Students arriving late may receive an unexcused absence for the session from the Course Co-Director.

**Absences:** Students must notify the Course Coordinator in advance of an anticipated absence, preferentially at least two working days prior to the MSC session (so that adjustments can be made in the number of standardized patients). In the event of an emergency that results in a full or partial absence from an MSC session, the student must notify the course Directors or Coordinator within three working days or the session will be counted as an unexcused absence. These notifications are in addition to the notice provided to the Office of Student Affairs through the <a href="mailto:plfabsence@ttuhsc.edu">plfabsence@ttuhsc.edu</a> email address. The Office of Student Affairs makes the final determination regarding whether an absence is excused.

**Make up sessions:** On a case-by-case basis the MSC Course Directors in coordination with the ATACS Center staff may schedule make up sessions for students with absences from MSC sessions.

**Prior commitments:** For conflicts due to events that are anticipated well in advance (such as religious holidays or weddings), the student must contact the Course Coordinator or Course Co-Director and the Office of Student Affairs. The Office of Student Affairs will make the determination whether the absence is excused.

#### Conduct

**Deportment:** Students are expected to be attentive to the activities and instruction in each session, and conduct themselves in a courteous and professional manner with peers, staff, faculty, and standardized patients.

**Personal belongings:** Students will be provided with dry erase boards during the MSC sessions. Students should bring only required equipment to each MSC session. Do not bring cell phones, backpacks, purses, or computers into the ATACS Center. These should be stored in your locker. The ATACS Center is not responsible for lost or stolen items. Items left behind will be sent to the TTUHSC El Paso Police Department.

**Internet:** In sessions where computers are used, students may use the internet only for purposes related to the MSC session.

**Electronic devices:** No personal electronic devices (e.g. cell phone, iPad, iPod, tablets, smart watches, Bluetooth headsets, headphones, earbuds, etc.) are permitted during sessions. Use of these items during End-of-Unit OSCE examinations will be considered a breach of the student honor code and grounds for disciplinary action.

**Guests and Children:** Students may not bring friends or children to the ATACS Center during learning sessions.

**Consumables:** Students may not bring food, drinks, or gum into the ATACS Center.

**Security:** The ATACS Center is a secure area. Unauthorized entry is not permitted.

**Property:** Removing equipment from the ATACS Center is not permitted under any circumstance.

#### **Professional Attire**

Policies regarding appropriate attire are covered in the policies and procedures of the Office of Student Affairs of the Texas Tech University Health Science Center Paul L. Foster School of Medicine. In addition, policies specific to the ATACS Center are outlined in the ATACS Policy for Students and Other Training Participants. Students can find a copy of the ATACS Policy posted on Canvas.

ATACS is considered to be a clinical area, and standardized patients are to be treated the same as actual patients. Because of the requirement that medical students examine standardized patients who are partially disrobed, it is required that students dress in a modest and understated manner, commensurate with proper decorum for clinical work.

All learners participating in sessions at the ATACS Center are required to wear their white coats over their professional business attire.

#### 1. Clothing

Clothing will be worn appropriate to the ATACS Center's environment. All clothing should be neat, clean, pressed and fit properly. Fabrics should be traditionally acceptable for a standard clinical care setting. Articles of clothing that are considered inappropriate for the ATACS Center are those described below (this list is not all-inclusive):

- a. Tight-fitting, revealing, overly loose-fitting, wrinkled, soiled, and casual clothing such as shorts, skorts, denim jeans/skirts/shirts of any color and clothing that may expose the midriff and torso.
- b. Skirt lengths that are more than two (2) inches above the knee or with a dramatic/revealing slit.
- c. Tank tops or blouses with racer backs or spaghetti straps.
- d. Plunging neckline, V-neck, or blouse/shirts unbuttoned that reveal undergarments.
- e Stirrup pants, low rise pants, baggy pants, sweat pants or outfits, warm-ups, wind suits and leggings.
- f. Fabrics such as denim (any color), sheer, clinging, open weave knit, dressy metallic, sequins, and sweatshirts.

#### 2. Shoes

Footwear should be worn at all times while at the ATACS Center. All footwear worn should fit comfortably.

- a. For safety reasons shoes will be closed-toed, solid rubber sole, and low heeled to prevent slipping, falling or accidents. Flip-flops, slipper-type wear, Sperry's, Converse, VANS etc., open toe or any type of sneaker/tennis/boat shoes are not acceptable.
- b. Hosiery is not a requirement. When worn, hosiery or socks should be a shade that compliments the overall appearance of professional appearance and attire.

#### 3. Scrubs

#### a. MSI or MSII students

MSI or MSII students are not permitted to wear scrubs unless advance approval of the ATACS Center Director(s) and Medical Skills Course Director. If advance approval is given scrubs should be neat, clean, fit properly and professional. V-neck scrubs should be worn with an under-shirt if chest hair is visible.

#### 2. Jewelry

- a. Jewelry, if worn, must reflect a professional image. Jewelry that could become a hazard, interfere with the care of a standardized patient or cause an accident while in the ATACS Center may not be worn.
- b. Earrings will be limed to earlobes only. Ear gauges must be flesh color when attending sessions.
- c. Multiple necklaces or bracelets that are distracting or pose a safety hazard should not be worn.
- d. Other visible body (nose, eyebrow, chin, etc.) or tongue piercings are prohibited.

#### 3. Head Gear

Hats, caps, and other head gear are not permitted in the ATACS Center or during Medical Skills sessions. Only head gear worn for religious purposes and approved in advance by the Office of Student Affairs is permissible.

#### 4. Makeup

The wearing of makeup shall be complimentary to a learners natural feature and create a fresh, natural appearance. Makeup should be modest and minimal.

#### 5. Identification badges

Identification badges will be visible and worn in the chest area on the outside of the white coat at all times while at the ATACS Center. The photo ID badge will be helpful in identifying learners during sessions and in the event of an emergency.

#### Hygiene

- 1. Every participant in any training session at the ATACS Center shall follow infection control measures in regards to grooming and professional appearance.
- 2. Hair, including beards and mustaches, should be clean and groomed so that it presents an overall professional appearance. Hair longer than shoulder length must be confined so that it does not interfere with patient care or present a safety hazard.
- 3. Shaving of only a portion of hair and extreme hair color or hairstyles are prohibited.
- 4. Hand hygiene, including hand washing, is an essential part of infection control. Hand nails should be trimmed of an even length so standardized patients will not be scratched or hurt during a session. Same requirement applies to simulators or simulations involving physical exam or skills procedures, including but not limited to pelvic exam, venous catheterization, central line placement, etc.
- 5. Nail polish should be clear or natural color, color nail polish is not allowed.

6. Use of perfume and cologne should be in moderation.

At the discretion of the ATACS Center Director(s), Medical Skills Director, or Organizer of the session, learners and other training participants not complying with this policy will not be allowed to participate in the session.

#### **Immunization Policy**

In accordance to TTUHSC El Paso Operating Policy, students must be current on all immunizations prior to entering a patient clinic or hospital unit. To review the TTUHSC El Paso Health Surveillance Program, go to <a href="http://elpaso.ttuhsc.edu/opp/documents/75/op7511a.pdf">http://elpaso.ttuhsc.edu/opp/documents/75/op7511a.pdf</a>

#### Occupational Exposure Management

All students are expected to follow the policy regarding exposures to blood-borne pathogens and body fluids established by the TTUHSC El Paso Occupational Exposure Management Program. Information regarding this policy can be found at:

http://elpaso.ttuhsc.edu/opp/\_documents/75/op7511.pdf, http://elpaso.ttuhsc.edu/occupationalhealth/BloodBodyFluidExposures.aspx

#### Professionalism

Students are expected to adhere to the Standards of Professional Conduct that are delineated in the Medical Student Handbook of the Paul L. Foster School of Medicine. Unprofessional conduct may result in a Unit grade of Fail regardless of examination scores or attendance. Episodes of unprofessional behavior may be documented by a course faculty member or by a member of the staff on an incident card. These cards will be handled according to policies established by the Office of Student Affairs.

#### **Textbooks**

The required textbook for the course is:

Alastair Innes J, Dover A, Fairhurst K, eds. MACLEOD'S CLINICAL EXAMINATION, 14th edition. ELSEVIER HEALTH SCIENCES, 2018. ISBN: 9780702069932

This book is available through the TTUHSC El Paso electronic library.

Optional textbooks for the course include:

• Evidence-based Physical Diagnosis, 3<sup>rd</sup> ed. (2012), by Steven McGee, Saunders Elsevier, St. Louis.

- Bickley, Lynn S, Bates' Guide to Physical Examination and History-Taking, 11th Edition. Lippincott Williams & Wilkins, 2013. ISBN-978-60913-762-5.
- Symptoms to Diagnosis, An Evidence-Based Guide, 3<sup>rd</sup> ed. (2014), by Scott D. Stern, Adam S. Cifu, Diane Altkorn
- The Patient History, Evidence-Based Approach, (2015), by Mark Henderson
- Dan Longo, et al., Harrison's Principles of Internal Medicine; 18th edition (2011), which is available online through the TTUHSC El Paso Library web site. Click on TTUHSC > Library > eBooks > AccessMedicine > Harrison's Online.

#### **Electronic Resource:**

 UpToDate which is available online through the TTUHSC El Paso Library web site. http://www.uptodate.com/

#### Required Equipment

- A stethoscope
- 2. A 256 Hz tuning fork
- 3. A Dejerine reflex hammer
- 4. A penlight
- 5. A tape ruler
- 6. A Snellen eye card (for vision testing)
- 7. A white coat
- 8. Analog wristwatch with a second hand
- 9. Writing utensil: pen/pencil

Note: Each exam room in the ATACS Center is equipped with an otoscope, an ophthalmoscope, and a blood pressure cuff. Therefore, students do not need to purchase a diagnostic instrument set or sphygmomanometer for the Medical Skills Course.

#### **Disability Support Services**

TTUHSC El Paso is committed to providing equal access to learning opportunities to students with documented disabilities. To ensure access to this course, and your program, please contact the Director of Disability Support Services (DSS), Dr. Tammy Salazar, to engage in a confidential conversation about the process for requesting accommodations in the classroom and clinical setting. Accommodations are not provided retroactively so students are encouraged to register with DSS as soon as possible. More information can be found on the DSS website: <a href="http://elpaso.ttuhsc.edu/studentservices/disability-support-services">http://elpaso.ttuhsc.edu/studentservices/disability-support-services</a>.

#### Staff and Faculty Roster and Scheduled Office Hours

#### **Course Director:**

Thwe Htay, MD, FACP

Dr. Htay has an open door policy. Students are welcome to visit any time if the office door is open.

MEB 4140

thwe.htay@ttuhsc.edu

915-215-4357

#### **Interim Course Co-Director:**

Gordon Woods, MD, MHPE, FACP

Dr. Woods has an open door policy. Students are welcome to visit any time if the office door is open.

MEB 2240-C

gordon.woods@ttuhsc.edu

915-215-4353

#### **Course Faculty:**

Sylvia Gonzalez, MD, FASN Tuesday and Thursday MEB 3185

Dr. Gonzalez office hours to be announced.

#### **Nurse Educator:**

Laura Gorby, MSN, RN-BC MEB 3185A laura.gorby@ttuhsc.edu 915-215-4583

#### **Physician Assistant Educator:**

Damaris Rosado, MS, MPAS, PA-C MEB 3185A damaris.rosado@ttuhsc.edu

Telephone number TBD

#### **Course Coordinators:**

Eddie Estrada MEB 3185 Eddie.Estrada@ttuhsc.edu 915-215-4581 Matthew Ramirez
MEB 2200
matthew.d.ramirez@ttuhsc.edu
Telephone number TBD