

**COMMITTEE ON MEDICAL EDUCATION**  
**REPORT TO MEMBERS**  
**Foundations of Clinical Medicine - Year 1 and Year 2**  
**2005-2006 Academic Year**  
**Classes of 2009 and 2010**

The Course Director for Foundations of Clinical Medicine Years 1 and 2, J. Harry Isaacson, M.D., presented course evaluation feedback and proposed course revisions to the Curriculum Steering Council. The Foundations of Clinical Medicine course includes several components including Communication Skills Training, Physical Diagnosis, Longitudinal Clinic, Pediatrics experience, Geriatrics experience, and Subacute experience in Year 1, with the addition of an Acute Care Medicine experience in Year 2. The broad goals of the course are to help students develop interviewing, communication, and physical examination skills through practice with standardized patients and primary care patients in longitudinal clinics. In addition, students have introductory experiences in geriatrics and pediatrics in order to learn how to apply basic skills with patients at the beginning and at the end of the age spectrum. Feedback from students indicates that the broad goals of the course have been met and that the structure of the course is fundamentally sound. The longitudinal clinic experience was the most highly rated component of Foundations of Clinical Medicine in both Years 1 and 2.

Student evaluations and faculty feedback identified opportunities for course revision. With regards to the Communication Skills component of the course, the following changes will be implemented:

1. The Year 1 schedule will be revised to allow each student to have a 30 minute interview supervised by one of their Communication Skills preceptors at the end of the year. This will replace the OSCE video review.
2. A new model of teaching review of systems will be implemented and integrated with the Physical Diagnosis sessions.
3. Slides for the overview sessions will be eliminated and replaced by video clips and interactive discussions.
4. Course faculty will be provided weekly observation forms to facilitate their taking notes in order to provide feedback to students in the mid and end of course evaluations.
5. Faculty development will refocus on developing more consistency in terms of observation feedback skills.
6. A Standardized Patient trainer has been recruited to help refine the Standardized Patient cases and to improve training of Standardized Patients.

With regards to the Physical Diagnosis component of the course, students had a favorable experience and felt they had adequate time to practice skills. Changes in this aspect of the course include:

1. Revising the review of systems teaching so that it can be practiced in both Communication Skills and Physical Diagnosis sessions.
2. Improve faculty feedback through weekly observation forms.
3. There is a new edition of the Physical Diagnosis textbook and the syllabus will be revised to reflect new references.

With regards to the Longitudinal Clinic experience, this component was the most highly rated. Students greatly appreciated the opportunity to interact with real patients and practice the skills that they were taught during Communication and Physical Diagnosis sessions. Faculty development will continue to emphasize faculty observation and feedback skills.

The Pediatrics, Geriatrics, and Subacute experience in Year 1 are limited and no fundamental changes are planned. Basic improvement can be achieved through better logistical coordination.

With regards to the Year 2 Foundations of Clinical Medicine Course, the greatest challenge was related to the additional ½ day of contact hours reflecting student pressure to study for the USMLE examination and, in some instances, conflicts with student Masters coursework. In response, Dr. Isaacson worked to eliminate a few afternoon sessions towards the end of the year without compromising delivery of core content. The Longitudinal Clinic experience remained the highest rated component of the course. Similar to Year 1, feedback from students and faculty resulted in the following recommendations for change:

#### Communication Skills:

1. Eliminate separate Year 2 textbook.
2. Revise order of Communication Skills sessions and eliminate 1 session.
3. Add a session on violence screening.

#### Physical Diagnosis:

1. Attempt to coordinate Physical Diagnosis sessions and clinical correlations for neurologic exam, musculoskeletal exam, cardiac exam, and abdominal exam.

#### Longitudinal Clinic:

1. Improve the SOAP note where students are asked to list drugs by class and drug interactions.
2. Substitute 1 session on preventive care and 1 session on clinical reasoning for 2 longitudinal sessions.
3. Modify patient journal requirements by decreasing number of entries from 20 to 10 and providing students choice as to topics they will pursue with a list of suggested areas rather than required topics.

#### Integrated Patient Seminars:

1. The sessions will be integrated into the new Foundations of Clinical Medicine seminar series in the second half of the year with continuity of the same preceptors. Students will have a choice of topic to present related to one of their longitudinal care patients and will be encouraged to use a patient journal entry. A student assessment component will be utilized so that students can obtain and use feedback for their portfolios.

#### Acute Care Medicine:

1. Improve logistics of scheduling by providing flexibility for students to schedule time with faculty in the last portion of Year 2.

#### Geriatrics and Pediatrics

1. Reduce the number of sessions where feasible.

Overall, the Foundations of Clinical Medicine Year 1 and Year 2 Course was felt to have achieved its goals, providing students with a solid background to build upon in Year 3. In particular, faculty assessment suggested excellent student progress in Physical Diagnosis and Communication Skills throughout the 2 years. Dr. Isaacson and all of the course leadership and faculty are to be congratulated for effective implementation of this excellent course. The Curriculum Steering Council recognized Dr. Isaacson's effort to be responsive to student concerns with regards to time pressure. The Council thanked him for his leadership and accepted recommendations noted above.

Respectfully submitted,

A handwritten signature in cursive script that reads "Andrew Fishleder".

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Andrew J. Fishleder, M.D.