Doctoring and Clinical Skills (DCS) – FOM1 FM-104 173 course hours Updated March 2021

The **Doctoring and Clinical Skills** (DCS) course is the major curricular component of Learning Communities. DCS is comprised of two parts (DCS1, DCS2) and spans the first two years of medical school. It teaches students the fundamental clinical skills of the medical interview and clinical communication, physical examination, clinical problem solving, professionalism and medical ethics, while attending to core issues of our students' professional identity formation as studentphysicians. The DCS course also provides clinical reinforcement of basic biomedical, social determinants of health, quantitative health sciences, and health system sciences curricular content. Much of this content is taught in small groups consisting of students and key faculty, with some portions of the course taught by student's House Mentor. By teaching their students in portions of the DCS course and in other curriculum over portions of the first 3 years, House Mentors observe their students in action over time and monitor their development of competencies.

DCS1 is taught in the first year, has three main components: 1) **small group sessions**, in which students meet regularly with two faculty facilitators (physicians and other health professionals) to learn and practice skills in core content areas that include the medical interview, clinical reasoning, teamwork and presentation skills; this component includes extensive experience with Standardized Patients and a "Clinical Observation" that links students with interprofessional colleagues in ambulatory and inpatient settings throughout the Health Care system; 2) **Physical Diagnosis** (PD) in which students work with their LC mentors and Advanced Studies peer teachers to acquire the mechanical skill of the physical examination and focus on their efficient and respectful execution; 3) the **Longitudinal Preceptorship Program** (LPP) which places students in a consistent clinical setting beginning in the first weeks of medical school, providing the opportunity to practice skills taught in small group or PD and to interact with patients under the supervision of an assigned faculty physician preceptor in diverse preceptorship sites including urban, rural and underserved, hospital and community settings.

After completion of DCS-1, the MS1 student will be able to:

- Describe and practice the patient-centered interview, including: gathering complete and accurate information in both sick and well visits, forming a relationship with the patient, demonstrating respect and a caring attitude, eliciting psychosocial and other contextual variables, and educating and counseling patients about ways to improve their health (Physician as a Communicator)
- Communicate effectively with other members of the team, including: giving an oral presentation, generating a problem list, as evidenced by oral presentations(Physician as a Communicator and Advocate)
- Apply critical thinking skills to medical decision making, including: gathering data, forming an initial hypothesis, narrowing the problem to appropriate systems, asking questions which help refine the hypothesis to specific systems or diseases, and generating a problem list (Physician as a Scientist)
- Apply the fundamental principles of Ethics, including beneficence and non-maleficence, primacy of life, autonomy and paternalism, justice and proportionality, fidelity, virtue, and confidentiality, as measured by case discussion and individual interviews (Physician as a Scientist)
- Demonstrate beginning knowledge of how to assess an office practice with an eye towards interprofessional team roles and evaluate team function and patient experience of care in an

inpatient setting as measured by small group discussion and process improvement notes about team function (Physician as a Scientist)

- Reflect on their learning, request and give appropriate feedback, incorporate feedback into subsequent performance of tasks, work collaboratively with other healthcare providers and community agencies, take advantage of opportunities for professional growth, as measured by participation in large and small group activities and sessions (Physician as a Professional)
- Reflect on their personal growth as a physician. Achievement of this objective will be based on evaluation by faculty and the students' written goals (Physician as a Professional)
- Reflect on challenges in balancing personal and professional life, as assessed by their written personal goals (Physician as a Person)
- Reflect on personal reactions to patients, peers, and people in a community with a particular health problem, as measured by students' reflective write-ups about their LPP experiences (Physician as a Person)

Student assessment includes participation in all components, completion of reflective assignments and patient write-ups, standardized patient interactions.

Course co-leaders

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Physical Diagnosis and Longitudinal Preceptor Program-Peggy Wu MD