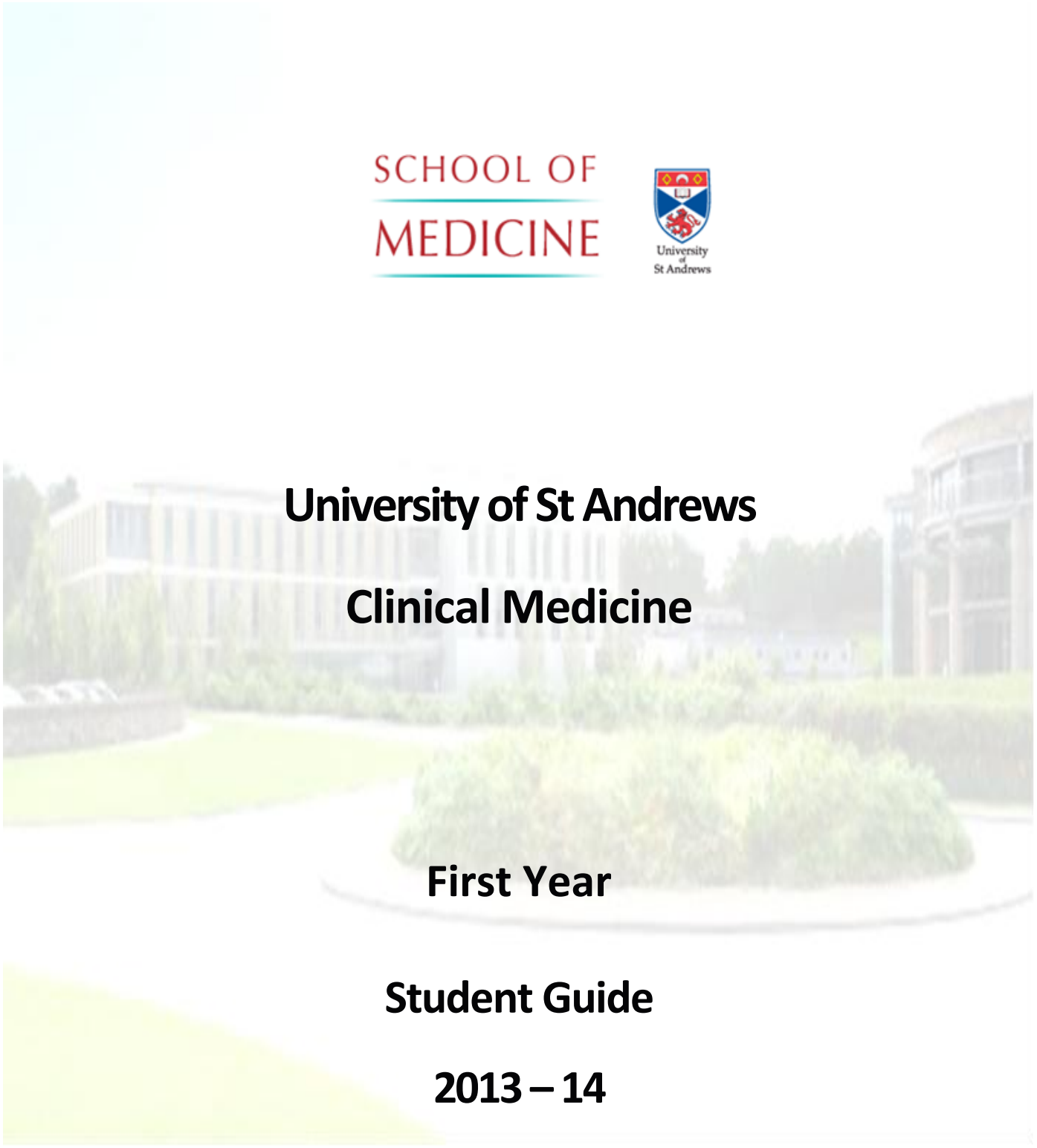
SCHOOL OF MEDICINE

University of St Andrews



University of St Andrews

Clinical Medicine

First Year

Student Guide

2013 – 14

For further information or assistance, please contact one of the course co-ordinators:

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Contents

Introduction

Welcome to the Clinical Medicine strand of the St Andrews medical course. This strand runs throughout all three years and incorporates skills, communication, professionalism, knowledge and practice. Clinical medicine teaching takes place in a variety of settings throughout the three years, not only in the medical school but also in clinics and hospitals. To ensure that you have the opportunity to practise your skills in a safe setting before using them "for real", you will have opportunities to practise on yourselves, simulated patients and patient volunteers in addition to "real" patients in clinical settings.

It is hoped that you will find this part of the course very enjoyable and that it will help to provide the foundations for your future medical career whatever direction that might take. To ensure that this strand provides a valuable learning experience, we will be asking for your feedback and suggestions as to how you feel the strand might be improved are always welcomed and can be e-mailed to any of the course coordinators.

In your first year you will spend 3 sessions talking to patients who have volunteered to come and share their experiences with you. There will be one session in semester 1 and two in semester 2. Through these sessions, we hope that you will be able to develop your consultation skills. It is important that you think about consultation skills as a whole, rather than to dividing it into communication and history taking skills. They are both intricately linked and you cannot do one effectively without the other. Therefore, in addition to following the sequence of a medical history, you must practise skills acquired in your communication sessions (encouraging, attentive listening to the patient's narrative, open and closed questioning, facilitating, clarifying, verbal and non-verbal cues, summarising etc.)

If you have any queries or questions about the practicalities of attending the sessions these should be addressed in the first instance to Linda Kirkcaldy email lk1@st-andrews.ac.uk who will pass on the queries as she feels appropriate. Any queries about the strand content itself should be directed to the course coordinators.

Most of all, we hope that you will enjoy your first introduction to clinical medicine and that it will help to confirm that you have made the right career choice!

Learning Outcomes

The clinical medicine strand of the medical course should help you to:-

- Understand the application and relevance of the basic sciences to clinical practice
- Feel comfortable when talking to patients
- Begin to have an understanding as to what the primary health care team is and the roles of the individual members
- Refine and practise communication skills with colleagues and patients
- Develop skills for self-reflection

Professional Standards

You are now all members of the medical profession albeit the most junior members, and as such you are expected to maintain the highest professional standards of the profession in all respects. The governing body of our profession the General Medical Council (GMC) states that:

- Doctors must provide good standards of clinical care, must practise within the limits of their competence, and must ensure that patients are not put at unnecessary risk.
- Doctors must keep up to date with developments in their field, maintain their skills and audit their performance
- Doctors must develop and maintain successful relationships with their patients, by respecting patients' autonomy and other rights.
- Doctors must work effectively with their colleagues.

Becoming a member of the medical profession is a great privilege; however with privilege comes responsibility and it is your responsibility to uphold the standards of the profession.

You should take this opportunity to familiarise yourself with duties of a doctor as described in Good Medical Practice:

www.gmc-uk.org/guidance/goodmedicalpractice/dutiesofadoctor.asp

Dress code

All students should dress in a smart and professional manner, which is likely to inspire public confidence. The following dress code has been implemented by the Chief Medical and Nursing Officers for Scotland, taking into account infection and health and safety risks. All staff and students, in hospitals, primary care and Clinical Skills Centres, within NHS Scotland are required to follow these guidelines. These guidelines may be updated from time to time.

Clean clothes should be worn at all times (no ripped clothes, bare midriffs or low cut tops)
Hair tied back off the collar
Nails kept short and clean with no nail varnish (coloured or clear) or false nails
Wear a clear, visible identity badge at all times (neck lanyards should not be used)
Arms should be bare below the elbow (short-sleeves or rolled up)
Avoid wearing neck ties when providing patient care or if ties are worn tuck them in during clinical work
Students should no longer wear white coats
No hand or wrist jewellery (other than a wedding ring or band)
No wrist watches
Students should not wear excessive jewellery such as necklaces, visible piercings and multiple earrings
Make-up must be suitable and appropriate to the profession
Students should wear soft-soled, closed toe shoes with no heels
Students should not carry pens or scissors in outside breast pockets
Tattoos which could be deemed offensive should be covered where this does not compromise good clinical practice

In practice this means simply wearing a short sleeved shirt or blouse, a skirt (which should be no shorter than just above the knees) or trousers (no jeans) and white trainers should be avoided as patients find these unacceptable. Hair tied back, name badge on and no jewellery. This dress code should be applied in all clinical settings and is particularly important when there are patients either real or simulated involved.

N.B. If it is thought that you are not appropriately dressed, your tutor may ask you to leave the teaching session.

Confidentiality

As a member of the medical profession, patients and colleagues will entrust you with information which it is anticipated that you will treat as confidential, this may relate to patient histories or details, or perhaps information about other colleagues. **ALL** information that they hear or see in a clinical setting must be regarded as confidential and all students have signed a confidentiality statement as part of the medical agreement signed when they join the school.

NO information concerning **any** aspect of patient contact (anonymised or not) must be included in any posting on websites such as Facebook, My space, Twitter, etc.

No images or sound recordings may be captured in any clinical setting using any device – all clinical images or clinical sound recordings require informed consent by all parties and may not be obtained by a student in this context.

Any breach of confidentiality will result in your fitness to practise medicine being investigated by the medical school.

Professional Behaviour

The GP Tutors taking these sessions are providing you with an opportunity to practise your skills. As a professional member of the team you are expected to treat all other members of the team at all times with the professional courtesy that they deserve.

Preparation

- Read pages 1-21 of "Shut Up And Listen" Cathy Jackson (all royalties go the York Hill Children's Hospital) which will help you to prepare for you first encounter with a real patient. As you get more skilled, you may wish to read further through the (very short) book so that your patient encounters become easier and more productive.
- Revise you communication skills- Lloyd M and Bor R Communication Skills for Medicine (3rd edition 2009) Chapter 3. The Medical Interview. Please read pages 28 – 48
- Be familiar with the document entitled 'Sequencing a Medical History' – attached to Galen as a PDF
- Print out and bring along a copy of the 'Consultation Skills Peer Assessment document'. This is attached as a separate file, but a smaller copy is also provided at the end of this document.

Patients and Student Ambassadors

Patients are at the heart of everything that we do as doctors and learning how to interact with patients and pick up other non-verbal clues are essential skills for all good doctors. These first three sessions in clinical medicine will help you practise the skills that you will have learnt in communication skills sessions, and will also help you to understand why a knowledge and understanding of the basic sciences such as anatomy/physiology/biochemistry is important in understanding the problems that patient's bring to our attention and helping to put them right. Your time spent talking to patients will also allow you to begin to understand who is involved in a health care team and how they interact to bring about the best result for the patient.

The patients who have volunteered their time to talk to you will have a variety of different conditions and some may have disabilities. It is important that you look after them and ensure that they are comfortable whilst talking to you e.g. do they have a glass of water, is their chair comfortable or do they need a pillow.

Each session, one of you from each group will be the nominated "Student Ambassador". This role is to help you learn more about considering the needs of patients and always putting those needs first. It is the job of the student ambassadors to put the needs of the patient first. This will mean introducing yourself and your group as well as ensuring their comfort (eg carrying bags, ensuring they know where to sit, pointing out where the toilets are and providing a drink if necessary). Each student will be expected to perform this role at least once over the year. If the patient has any special requirements eg they need to be away for a certain time, please make sure that the coordinator is aware of them before the start of the session.

Reflection

Part of being a good doctor is to constantly reflect on your practice. How you feel about what you are doing, how well you are doing it, what you are learning from the experience, what you might need to do to improve your practice in the future and many other factors. We are none of us perfect and we are all on a path of life- long learning to constantly improve what we do.

Part of the process of doing this is to be honest with yourself about how you feel in any situation, how you can improve any situation, what skills you might need to work on, what you can learn from others etc. Good doctors reflect all the time on their progress and develop their skills in a way which will constantly improve what they do. Reflection is not about writing down what you think that others want to hear, it is about learning about yourself and directing your own learning to improve your practice.

As such, you will be asked to complete two reflective pieces - one in first semester and one in second. You should try and do this as soon after the session as possible while this is still fresh in your mind.

Further details will be available as a guided study on Galen in due course.

Making sense of medicine

In all of the sessions you will be asked to use your senses to learn what you can from a patient before you have even met them or before either of you has spoken a word. There are many clues that patients give as to the nature of their underlying problems if you know how to look for them. Body language and the way that a patient carries themselves or moves can speak volumes to the trained eye as can the odours emanating from a patient. Most of you will be familiar with the smell of someone who smokes, but the smells of patients with drink problems, slight incontinence or various forms of infection and many other conditions will also become familiar to you as you progress through the profession.

Look

Watch the patients, do they look anxious or relaxed? How do you know? What is it about their body language that tells you this? What are they wearing, carrying? What do they do when they come in the room? Is this a familiar or strange environment for them? How do you know? Are they in pain if so where? Do they move normally or is their movement restricted in some way? Are they looking at you or somewhere else when they are talking?

All these observations will tell you a lot about the person you are watching and will help to build up a picture of the patient. Observation skills can be practised in many environments such as pubs, clubs on buses etc. Find a group of people out of ear shot and see if you can work out what is going on, see if you can work out the relationships between the people or whether there are those in the group who would like to change the relationship in any way.

You may think that some things are obvious, but even then ask yourself how you know, what is it about what is happening that makes it obvious? In this way you will begin to refine your skills and will become better at reading body language, and understanding body language is an extremely valuable tool in all clinical settings.

Listen

Listen to what the patients are saying, not only in answer to your questions but also at other times as well. Are they nervous? Are there things that they are trying to tell you that you have not asked them - if so what and why? Listening to patients is one of the most important skills that you must develop to become a good doctor. Only a patient is able to tell you their story and how they feel, only the patient knows what concerns them most and what they are hoping that you can do for them. The doctor only thinks they know, and we are often not right. Listen for clues as to which direction the patient is trying to take the conversation, see if you can found out why it is important to them. You will often learn far more from a patient by letting them talk than by stopping them and asking questions.

Smell

What can you smell? Are there any clues you can get from the smell of patients clothes or their environment? Do they smoke or drink? Can you tell their occupation? Have they recently applied perfume or aftershave and if so, are there any other smells that they are

trying to cover up? Have they been sick recently? Do they smell clean or unwashed? Are there any strange smells that you can't as yet identify? There are lots of clues that patient's smells can give us and many will not fit with what the patient tells us verbally e.g. whether or not they smoke or drink.

Developing all your senses in this way will help you to gain a great deal of information about a patient, and possibly information that they themselves won't give you. Body language speaks far more accurately than any other language spoken by a patient, and is often at odds with what the patient is telling you. Picking up clues like this helps you to build a better picture of a patient and their problem and the more information that you have about a patient the more likely you are to be able to make an accurate diagnosis at an earlier stage and therefore set about helping them.

Starting the conversation

In each session you will have the opportunity to take a history from a patient. Before coming to the session you might like to think about how you are going to start the conversation and gather the information. Your sessions in communication skills and clinical skills in the weeks before the first session will help to prepare you for your first encounter with a real patient. How will you greet the patient and introduce yourself? How might a doctor start a consultation and how might they respond to what the patient tells them? What opening lines will you use? If a different opening line is used does it change the way that the patient responds? If you get the chance ask GPs or other doctors what opening lines they use and how they decide which situations to use which opening with?

Hint:

For the purposes of these sessions, opening with 'what can I do for you today?' or 'can you tell me why you have come today?' often results in the answer that the patient has come to help with your learning, or that they have come to speak to you. A phrase such as 'can you tell me a bit about your health problems?' or 'what was the problem that originally made you see the doctor?' may lead to a more 'natural' start to the consultation.

Structure of the sessions

Each session will last for 2 hours and will follow the format outlined below:

1. **Introduction (15 mins) – to whole group**

    - Overview of session (what you should get out of this experience)

2. **Patient stations (3 x 30 mins) – in small groups**

    - Breakout into small groups (6 students, 1 patient, 1 tutor)
    - Each patient rotates through 3 groups for 30 mins each
    - In each room:
        - **2 students consult**. Your role is to lead the consultation – to follow the sequence of the medical history and use consultation skills to gather as much information as possible
        - **2 students support.** Your role is to listen attentively to what is being said and to help your colleagues if they get stuck. You will be asked to give a summary of your colleagues' findings at the end of the consultation. When doing this, think about **SBAR (S**ituation, **B**ackground, **A**ssessment and **R**ecommendations)
        - **2 students observe**. Your role is to observe the consultation and to use the attached 'Peer Assessment' form to give feedback

    Patients will rotate through 3 stations so each member has opportunity to practise / observe / support.

3. **Debrief (15 mins) – to whole group**

NB Remember not to take notes when speaking to patients - this breaks eye contact with the patient and is very distracting for them as they are trying to tell their story. If you do feel the need to write notes, try not to do it while you are with the patient and NEVER write their name on your notes as if you lose them or if someone else reads them you have breached their confidentiality.

Although you will have the opportunity to take a full medical history from patients during all 3 sessions, the emphasis of the consultation is slightly different in each:

- **Session 1 - "An approach to the patient and the medical interview"**

  This session focuses on how to initiate a consultation with a patient, and will concentrate on finding out more about their health problems. These health problems will have impacted their family and social life to varying degrees, and they will have ideas and concerns about these, as well as expectations of what should happen. You should take the opportunity to explore these with each patient.

- **Session 2 - "Obtaining further clinical information"**

  During session 2, it is hoped that you will be able to build on your experience from your first patient encounter and take a more structured history e.g. continuing to practise the medical history framework, asking questions to explore symptoms in more depth, and trying to establish a 'time-line' of events. Try to organize the information that they are giving you into a logical sequence in your mind that follows the history taking structure. This way, you will be able to present what they have told you to your tutor without notes.

- **Session 3 "Explanation, planning and closure"**

  Although you will have had practise summarising and closing consultations in the previous sessions, the emphasis of session 3 is to ensure that you can do this effectively, and in the time allocated. You should have developed your skills for making patients feel at ease and relaxed in telling their stories and for gathering all the information that you need in order to begin thinking about what you would plan to do next. You should be able to summarise what the patient has told you and check with the patient that you have understood and ensure there is nothing more they wish to add. You should also be able to present what the patient has told you logically and without leaving out any valuable information to the GP tutor taking the session.

Tutors

During the sessions the GP tutors are there to help you to learn from your experiences with patients. Don't be afraid to ask them questions they will be glad to help. They will give you suggestions as to how to use skills differently to help the interview along and guidance as to how doing things slightly differently may bring about different results – don't be worried if they comment on something they have noticed when it was your turn to speak to the patient.

Anticipated Outcomes

Whilst undertaking your clinical medicine sessions we would like you to consider the following 5 areas which are particularly relevant to this part of the course. The anticipated stage that you will have reached by the end of year 1 is also listed together with where those goals fit with the learning objectives or outcomes as defined by the document "Scottish Doctors" (For the full document see Galen) which in turn fulfills the requirements of the GMC document Tomorrows Doctors 2009 which outlines the required knowledge to be gained by all doctors in training.

1. Clinical Management (Outcomes 1,2,3,4,10)

Gained experience in speaking to patients
Begin to be aware of the importance of continuity of care in the management of chronic conditions
Begin to be aware of the wider concept of patient care
Begin to be aware of the health care needs of special groups such as the elderly or disabled
Have some awareness of the different reasons why patients might choose to consult a GP at any given time.

2. Patient in Context (Outcomes 1,5,8,9)

Begin to be aware of the effects that a patient's family and environment might have on their health or their reasons for consulting a GP.
Be aware of the need to respect the patient's opinion and consider their point of view when making health care decisions

3. Communication Skills (Outcomes 6,7)

Demonstrate good listening skills within a consultation.
Begin to develop the ability to show empathy and gain the patient's trust and confidence.
Become comfortable talking to other health professionals about a range of conditions.

4. Teamwork and Collaboration (Outcome 11)

Begin to have an understanding of the roles of the different members of the primary health care team and how they interact with each other.
Begin to have some understanding as to how the success or failure of teamwork in the community can impact on the standard of care provided to patients

5. Personal and Professional Development (Outcome 12)

Demonstrate respect for all colleagues and staff at all times
Reflect on your time in every learning situation and understand how honest self-reflection can improve practice.
Be able to produce your own learning plan and effectively use every learning opportunity.

INTERVIEWING THE PATIENT: PHYSICAL EXAMINATION

(This is an aide-memoir, not an exhaustive list)

General features

Well/ill; Habitus; facies; Demeanour; Nutritional status; Deformity/scars;
Temperature; Pallor/Cy/Jaundice; Skin; nails; hands; Eyes; face; neck; Thyroid; LN

CVS

Pulse – rate/rhythm/char. BP; JVP; Precordium - Deformity; scars; Trachea; apex beat; Thrills; heaves;
Auscultation - Mitral/ap;TC/LSE; Pul/2L.ic;Aor/2R.ic HS I,II,III,IV; split; Murmurs; rubs; Pulses; oedema

RS

Shape; symmetry; Movements; scars Respiratory rate & rhythm; Tracheal position; Expansion; Percussion; VR/TVF;
Breath sounds: vesicular/ bronchial Added: wheeze/ creps/crackles/ rub/rhonchi

GIS

Mouth; tongue; teeth Abdomen: Distension; scars; mvts; Tenderness/guarding Liver; kidneys; spleen; colon; Masses; AAA; Percuss – bladder; ascites;
Bowel sounds; Hernial orifices; External genitalia; Digital rectal exam.

NS

Conscious level/AVPU/GCS Orientation TPP Skull; spine Dysphasia; dysarthria Cranial nerves II-XII Memory Mental state examination
Limbs: Tone Power Co-ordination Tendon reflexes Plantar response Sensation

Musculoskeletal (GALS screen)

Gait
Arms hands, elbows, sh'ders
Legs hips, knees, feet
Spine neck, back
Inspect Palpate Move (active & passive)

INTERVIEWING THE PATIENT: RECORDING THE CONTENT

PATIENT'S PRESENTING COMPLAINT(S) PC
1.
2.
3.
4.

BIOMEDICAL PERSPECTIVE (DISEASE) HPC
Sequence of events
Symptom analysis
Relevant systems review

PATIENT'S PERSPECTIVE (ILLNESS)
Ideas
Concerns
Expectations
Effects on life
Feelings

BACKGROUND INFO. (CONTEXT)
Past medical history PMH
Medications and OTC DH
Allergy All
Review of systems (general) RoS
Personal and social history SH
Family history FH

PHYSICAL EXAMINATION

DIFFERENTIAL DIAGNOSIS/PROBLEM LIST
Including both disease and illness issues ΔDx

PLAN OF MANAGEMENT
Investigations; treatment alternatives Plan

EXPLANATION AND PLANNING
What the patient has been told
Plan of action negotiated

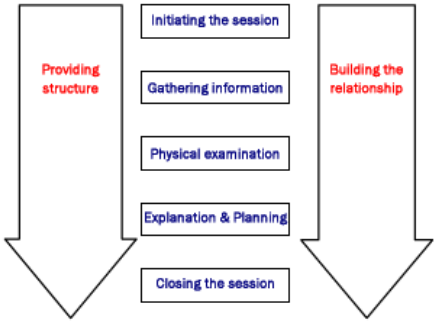
This pocket guide is based on the Calgary-Cambridge Method which is the work of:

Jonathan Silverman, School of Clinical Medicine, University of Cambridge
Suzanne Kurtz, Faculties of Ed. And Med., University of Calgary

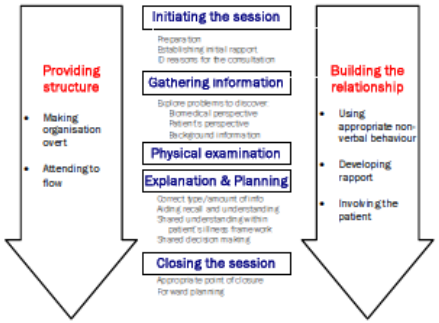
PRACTISING MEDICINE A POCKET GUIDE

TALKING TO PATIENTS

The basic framework



The expanded framework



INTERVIEWING THE PATIENT: HOW TO DO IT

INITIATE THE SESSION

Establish initial rapport

Greet patient; obtain patient's name
Introduce self, role, nature of interview; obtain consent
Demonstrate respect and interest; attend to patient's physical comfort

Identify the reason (s) for the consultation

Use appropriate **opening question** to identify problems/issues
Listen attentively to opening statement without interruption
Confirm list and **screen** for further problems
Negotiate agenda

GATHER INFORMATION

Explore patient's problems

Encourage patient to **tell the story** from when it first started
Use **open to closed cone**
Listen attentively
Facilitate patient's responses verbally and non-verbally
Pick up verbal and non-verbal **cues**
Clarify statements
Periodically **summarise**
Use concise, easily understood **language**
Establish dates

Understand the patient's perspective

Determine, acknowledge and appropriately explore:

- patient's **ideas** and **concerns**
- patient's **expectations**
- how each problem affects the patient's life

Encourage expression of the patient's **feelings**

STRUCTURE TO THE CONSULTATION

Make organisation overt

Summarise at the end of a specific line of enquiry
Signpost next section

Attend to flow

Structure interview in **logical sequence**
Attend to **timing**

BUILD THE RELATIONSHIP

Use appropriate non-verbal behaviour

Demonstrate appropriate **non-verbal behaviour**:

- eye contact; facial expression
- posture, position and movement
- vocal cues e.g. rate, volume, tone

If writing **notes**, ensure does not interfere with dialogue or rapport

Develop rapport

Accept patient's views and feelings non-judgementally
Use **empathy**, acknowledge feelings and predicament
Provide **support**
Deal **sensitively** with embarrassing and disturbing topics/pain

Involve the patient

Share thinking with patient
Explain rationale for questions
During **physical examination** explain process and ask permission

CLOSE THE SESSION

Give any provisional information in clear, well organised manner; avoid or explain jargon
Check patient's understanding and acceptance of explanation and plans
Encourage patient to discuss any additional points and provide opportunity to do so
Summarise session briefly
Contract with patient re next steps

INTERVIEWING THE PATIENT: SUMMARY OF THE SYSTEMS REVIEW

General
Fatigue; malaise; weight;
Skin/hair/nail changes; rash; itch; lumps;
Fever; rigors; night sweats; thirst;
Sleep disturbance; heat preference

CVS
Chest pain;
Palpitations;
Dyspnoea: exercise/PND/orthopnoea;
Ankle oedema; claudication

RS
Cough; sputum; haemoptysis;
Wheeze; hoarseness;
Chest pain;
Dyspnoea

GIS
Appetite; weight loss/gain;
Abdominal pain;
Indigestion/heartburn;
Dysphagia;
Nausea; vomiting; haematemesis;
Bowel change/constipation/diarrhoea;
PR blood/malaena

GUS
Frequency; dysuria; polyuria; nocturia;
Incontinence; hesitancy; urgency; flow;
Vaginal/urethral discharge; haematuria;
LMP; cycle; pain/dyspareunia;
Bleeding - intermenstrual/postcoital/ post-menopausal; flooding/clots;
Menarche; menopause; contraception;
Obstetric history

NS
Headache;
Taste; smell;
Vision – loss/diplopia/blurring/glasses;
Hearing; tinnitus; vertigo;
Dysphasia; dysathria;
Loss of consciousness; fits;
Involuntary movements/tremor;
Weakness; paraesthesia;
Memory; personality change

Other
Eg. endocrine/psych/dermatology etc.

Musculoskeletal
Pain; stiffness; swelling; – muscles/joints/back
Activities of daily living: wash/dress/climb stairs

SCHOOL OF MEDICINE

Consultation Skills Peer - Assessment Form

	Unsatisfactory	Satisfactory	Competent	Good	Excellent	Comments
INTRODUCTION: Introduces self / identifies patient / seeks permission						
ESTABLISHES RAPPORT:						
PRESENTING COMPLAINT: Identifies Presenting Compliant						
HISTORY OF PRESENTING COMPLAINT: Dates (establishes time-line) / specifics / associated symptoms						
PAST MEDICAL HISTORY: Operations / admissions / GP visits /scans / tests / travel / transfusions etc.						
MEDICATION: Date commenced / dose / frequency / route / compliance / over-the-counter meds						
ALLERGIES: Medication *and* symptoms						
SOCIAL HISTORY: Occupation / alcohol / smoking / activities of daily living / hobbies / housing / support						
FAMILY HISTORY: Discusses family history of relevant health problems (e.g. IHD/cancer/early deaths)						

ELICITING PATIENT IDEAS / CONCERNS / EXPECTATIONS						
RESPONDING TO PATIENT IDEAS / CONCERNS / EXPECTATIONS						
ACTIVE LISTENING						
SHOWING EMPATHY						
LANGUAGE USED Jargon / medical terms / explains adequately						
PICKS UP NON-VERBAL CUES						
SUMMARISES AND ENSURES UNDERSTANDING						
CLOSES THE CONSULTATION						
MANAGES INTERVIEW EFFECTIVELY						