STANDARDIZED PATIENT (SP) CLINICAL LAB FORMAT:
SP labs typically occur the second week of each block. SPs are lay people who are trained to portray patients with particular disorders or chief complaints. Some blocks may have more than one lab, and these are scheduled in subsequent weeks.

Prior to each SP lab, you will have been assigned one of the three reading sets (see below: “Reading Sets Format”). At each SP lab, your group will interact with an SP who will role-play complaints that correlate with these readings.

A pair of students will be assigned the reading set for one complaint. Using the assigned readings, you will decide ahead of time which elements of the history and physical are pertinent for your assigned patient complaint. When you begin the session with the SP, you will introduce yourself just as with any clinical encounter with a patient. Of the pair of students, one student will obtain the history, and the other will perform the physical exam, both making sure to include those items you decided were pertinent. Your colleagues and Mentor will participate and help as needed to ensure all the essential elements are covered. After you have performed the history and physical, you will give a brief oral presentation of your findings to your group. Your Mentor then will go over the list of key history and physical exam items, making sure you understand the importance of any that you omitted.

After the histories and physical exams have been performed, an informal teaching session will follow. Your Mentor will ask each student(s) to summarize for the rest of the group the most important points of their reading sets and the most important parts of the history and physical exam for the patient complaint assigned. Finally, the Mentor will distribute and go over a list of Key Teaching Points for each of the complaints. This list is what we consider the “take-home” clinical points for the SP lab.

These are exciting sessions, and as with all SP activities, you will have an opportunity to practice your skills in a safe and supportive environment.

READING SETS FORMAT:
For each SP lab session, three complaints (each with its corresponding reading set) will be used. These complaints will correlate with the current basic science block. Each pair of students will be responsible for one case; however, all students should know and become familiar with the remaining cases before the basic science block ends.
Each reading set contains several elements:

1. The appropriate chapter in “The Patient History” textbook.
2. A reading from “UpToDate.” There is extensive information presented in these articles; focus only on the sections that pertain to the medical history and the physical exam. Please note there is no need to memorize any of the information at this time.
3. The readings and DVD from the Bates textbook are provided for review, if needed.

Your task is to use the readings selectively to determine which elements of the history and physical exam are important for your assigned patient complaint. Ask yourself which parts of the history and physical exam can clarify the etiology of the patient complaint and why. You do not need to read or understand everything in the reading sets. Instead, use them as resources to help answer your questions. This especially applies to the “UpToDate” articles; please consider these as references rather than reading assignments. The reading sets will collectively form a database that you can refer to during your training.

As you work through the reading sets, take note of points you find particularly important; you can share these with the rest of your group during the SP lab. Remember, you will be teaching your peers who were not assigned your complaint!

**BEDSIDE TEACHING FORMAT:**

The Bedside Teaching Sessions are the core of the Societies Program activities; they are scheduled from 1-3pm on your Societies afternoon. During these sessions, you will practice performing a history and physical exam (H&P) on a hospitalized patient whose medical illness correlates, when possible, with the basic sciences material you are learning. A variety of activities occurs during a Bedside Teaching Session, as described below.

While performing the H&P you will be observed by your Mentor and at least one of your peers. The observers will keep you on track, help keep track of historical items, and take notes to provide detailed and specific feedback later in the session. Your Mentor may guide and correct you as you perform the H&P. The purpose of these sessions is to practice taking a medical history and performing a physical examination. We do not expect any student to have memorized all the steps nor understand all the nuances of performing a history and physical examination (and, in fact, we all are still learning). Performing the history and physical exam will take you one to two hours (or longer) depending on your experience and the particular patient.

When performing the H&P you should approach the patient from the standpoint of his/her history at the time of admission when he/she first presented for care. The history is collected and presented in a chronology organized on the basis of time “prior to admission” (PTA). You may add a brief section on the patient’s hospital course at the end of the HPI. This section describes what has occurred since admission and how the patient is doing now, with specific reference to the original symptoms.
Other 1-3 PM Activities
Students who are not performing or observing the H&P will be assigned various clinically related activities during the time the H&P is being performed. All students will eventually have an opportunity to participate in all of the different activities.

1. **H&P Practice**: Beginning in January, Year 1 students will be assigned to practice a focused H&P with an SP, observed by a 4th year medical student who will provide feedback and help with technique. Beginning in August, Year 2 students will be assigned to perform focused H&Ps with SPs and then submit a SOAP note for this encounter. Students also may practice the physical exam on each other to better appreciate normal (hopefully!) exam findings.

2. **Ophthalmology Clinic**: Recognizing the difficulty of learning the ophthalmology exam, students will go to the off-site BUMC Ophthalmology Clinic to further learn and practice with our ophthalmologists.

3. **Cross-Cultural Communication in Health Care**: These sessions will introduce you to the basic concepts of culture and its significance on physician-patient communication. You will identify common determinants of cultural heritage and areas of cultural dissonance. Several methods to elicit a patient’s explanatory model of disease will be presented. You will practice interviewing each other using case studies and the ETHNICS mnemonic. In the second hour you will learn the basic techniques of medical interpretation using videos and group discussion.

4. **HIV Clinic**: You will work with Dr. Klotz during his afternoon clinic and have the opportunity to do an H&P with his patients.

5. **Mentor Directed Time**: Students will be assigned a clinical learning activity by his/her mentor. Examples of these activities include:
   - Clinical Research on the current patient’s medical illness, focusing on presenting signs and symptoms, diagnosis and differential diagnosis, pathophysiology and anatomy, treatment and prognosis, and basic science/block correlations.
   - Specific clinical activities related to the block you are studying (e.g., ECG tutorial in the Cardiac portion of the CPR block, or Chest Radiograph tutorial in the Pulmonary portion of the CPR block).
   - Field trips to different parts of the hospital (e.g., the echocardiogram lab, the GI endoscopy suite, etc.) to watch and learn about different procedures.
   - If you want to do something specific, ask your mentor ahead of time so it can be set up.
**Back to the Bedside**
After the student performing the H&P has finished, the entire group will meet either at the bedside or in your TLC room. There will be times when meeting at the bedside is not feasible due to timing, patient fatigue, etc.). Be sure to check with your Mentor where to meet at 3pm.

The student who performed the H&P will give an *informal* (not graded, low stress!) summary of the information gathered. Those who observed may help with this. If at the bedside, the rest of the students will have an opportunity to ask the patient questions and perform key parts of the physical exam when appropriate. Your Mentor may choose to go over key objective data (ECGs, radiographs, etc.) as well.

**Discussion of the Case**
Once back in the TLC room the Societies Mentor will lead an interactive discussion of the case, focusing on clinical thinking techniques, differential diagnoses, treatment modalities, psychosocial issues, etc. Those students who did research will summarize their findings and help the group integrate the clinical material with basic science material. The Mentor will sum up key clinical points at the end of the discussion.

**Feedback**
After the discussion, the student who performed the H&P earlier will reflect on his/her performance and offer the group a first-person perspective of the experience. The Mentor and peer observer will give the student specific constructive feedback on what was done well and where improvement is needed.

**The Formal Presentation**
Next, the student who performed the H&P the week prior will give a formal oral presentation of his/her case. Specific feedback will be given after the presentation. The presenting student will turn in the written H&P at this time.

**The Written H&P**
After the full group is dismissed, the student who turned in a written H&P the week prior will have an opportunity to review his/her H&P with the Mentor. Specific feedback will be given.

**Year 2**
During Year 2, two students from each group will perform an H&P during the Bedside Teaching Sessions, and no peer observer will be present. The Mentor will divide his/her observation time between the two students. Given that two cases will be discussed, the discussions and presentations of the afternoon may be abbreviated.

**Differences**
There are many variables that go into the Bedside Teaching Sessions (as well as any clinical experience). Each Mentor is different, both in specialty and medical knowledge and in the approach to the practice of medicine. Likewise, each group of students will have its own dynamics, strengths, and weaknesses. Finally, each patient is different, and this can change.

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further depending on how ill he/she is feeling during the session. As adult learners, we trust that each of you will take advantage of the different educational experiences each bedside session offers.

PERSONAL AND PROFESSIONAL DEVELOPMENT (PPD) FORMAT:
Each session will revolve around a topic related to medical and/or personal professionalism. The entire class will meet in the lecture for a 20-minute presentation by faculty, and a list of objectives and trigger questions will be distributed. The group will have the next 30 minutes for discussion with Mentors and other invited faculty and guests.

For the 2nd hour, each Societies group will meet in its TLC room to continue the discussion of the day’s theme and the trigger questions. Candor and personal reflection are encouraged, as is multiplicity of views and experiences. Opinions expressed during this time are not evaluated in any way.

We believe that these sessions will be valuable to your personal development as you build your professional values.

Following the PPD discussion, a pair of Year 1 students will do an assigned H&P Bedside session from 3-5pm. The rest of the group is dismissed at 3pm.

Year 2 groups will review and discuss an assigned clinical medicine topic such as acid-base principles, oral presentations, etc.