

## RATIONALE/NEED

Traditionally, the History & Physical Exam (H&P) at Brody School of Medicine has been taught to the first-year medical students in comprehensive fashion, from head-to-toe, with no attention to clinical relevance. This has led to challenges in application during later clinical rotations when patient cases are presented by chief complaint, which is systems-based in nature. On both written and verbal feedback, students frequently noted difficulty determining and performing a focused H&P in these situations.

## EVALUATION PLAN

Students will be evaluated using midterm and final Objective Structured Clinical Exams (OSCEs). These exams have been a mainstay of objective and specific feedback in the course for many years, so prior class scores will be used as a baseline to compare against students in Phases 1 and 2. Successful completion of the course is defined as a score of at least 80% on each section of the OSCE checklist for a comprehensive H&P, and success of the changes will be defined as an increase in the class average score compared to previous year scores. Students will also receive narrative feedback from their longitudinal preceptor in Phase 2 which, while subjective, can be used to assess progress and may indirectly affect OSCE scores.

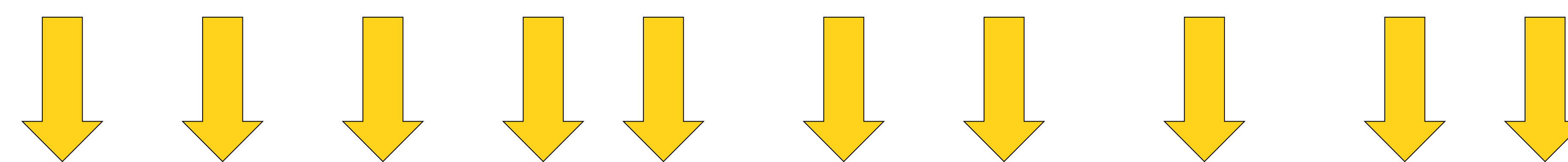
## METHODS/DESCRIPTION

We instituted curricular innovations to the Doctoring 1 course in two phases:

**Phase 1** – we restructured the entire Doctoring 1 curriculum into eight 3-week modules that are systems-based. Students learn how to conduct a focused H&P for that organ system, interview a patient with a complaint from that system, then research a potential diagnosis. By the end of Doctoring 1, students should perform a comprehensive H&P from accumulated knowledge from each module.

**Phase 2** – we will convert the traditional 5-day community preceptorship into a longitudinal university-based preceptorship. Students will be assigned a primary care mentor and work with them in clinic for 10 half-days over the entire year-long course. During Phase 1, this change was instituted for 20% of the class and in Phase 2 will be expanded to 100% of the class.

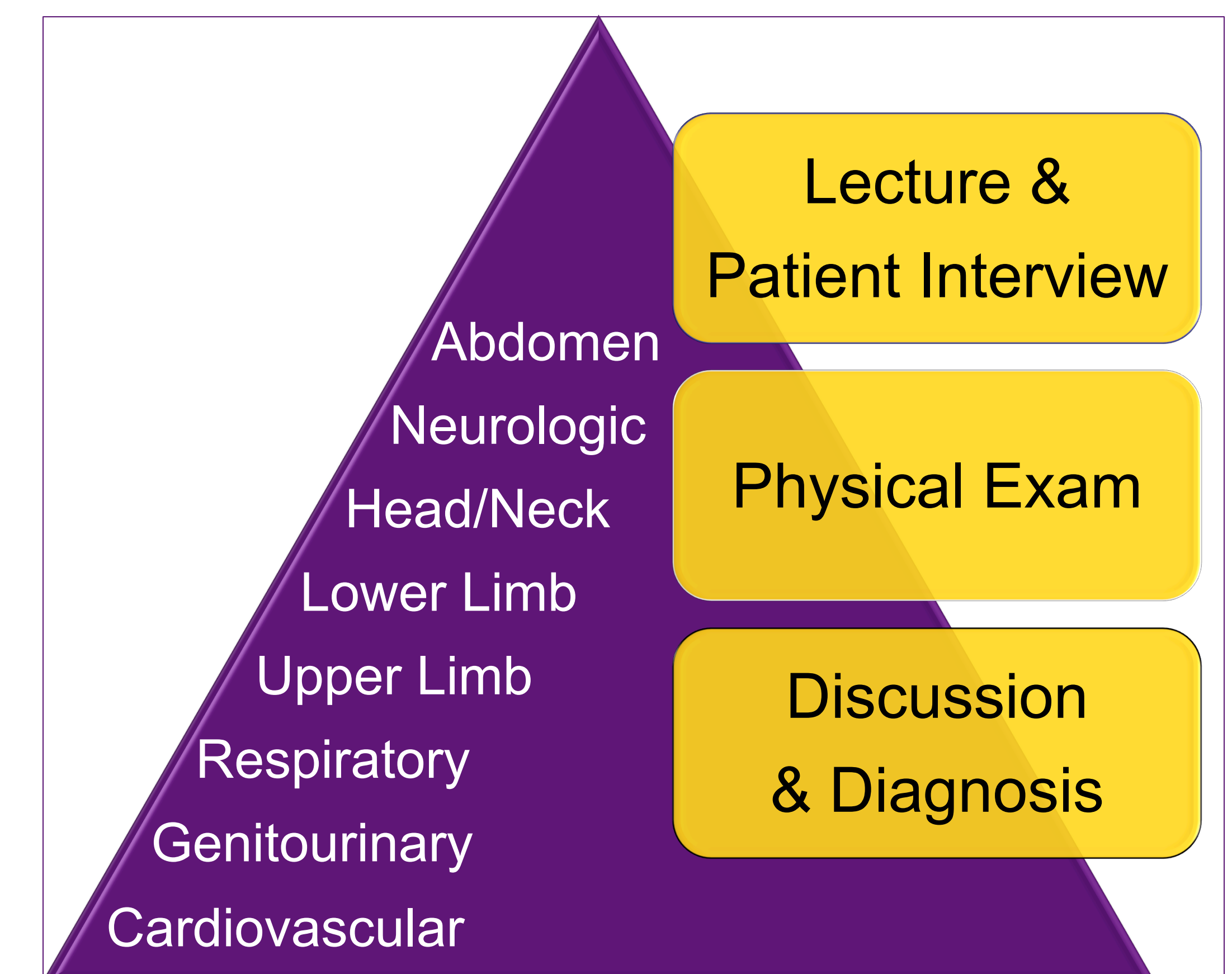
## Phase 2



M1 Year

Traditional  
Preceptorship

## Phase 1



## POTENTIAL IMPACT

Students who learn H&P skills in focused segments by organ system will be better prepared to apply their knowledge and skills in the care of real-world patients who present with systems-based complaints. By having multiple points of contact with their preceptor over the entire year instead of one week, progress toward this goal can be better assessed and addressed to ensure each student's full potential is developed and a broad foundation of knowledge and skills is established.

Ears		
16. Inspects externally - bilaterally (including behind ears).		
17. Palpates auricles - bilaterally between fingers.		
18. Otoscopic examination - bilaterally.		
19. Otoscopic examination performed without pain.		
20. Auricles pulled superiorly and posteriorly away from patient during otoscopic exam.		
21. Auditory acuity tested correctly - (eyes closed if finger rub and you can see movement of hands or arm).		
22. Auditory acuity tested in both ears.		
23. Address incorrect technique issues for EARS in the box below.		