Course: __Family Medicine: Symptoms to Diagnosis Course_____ Course Number _____

Department: Family and Community Medicine

Faculty Coordinator: Tamara McGregor MD

Asst. Fac. Coordinators: Zaiba Jetpuri DO, Dan Sepdham MD, Tasaduq Mir, MD, Neelima Kale MD

Periods Offered: Odd months (1,3,5,7,9,11)- could start in July

Length: 4 weeks

Max # of Students: 20-30 students

First Day Contact: Carolyn.lindeman@utsw.edu;tamara.mcgregor@utsw.edu

First Contact Time: July 2020

First Day Location: REMOTE Elective- estimate 20 hrs/week. Zoom meetings w didactics and faculty facilitated discussion/interactions = 2-4 hours per week including all participants as well as smaller groupings. Facilitators will be experienced FM faculty with a variety of clinical interests.

Prerequisites: *Year 2.5 and up (clerkship+)*

I. Course Description:

Patients, for the most part, do not have an in-depth understanding of the significance of physical symptoms they develop. Medical students, similarly, often struggle with patient evaluations (especially early in their training) with not knowing "which symptoms are the ones to focus on". Medical encounters are often a random smattering of patient seemingly unrelated (in time/space and etiology) complaints and feelings, which must then be pieced together by the student/physician doing the interviewing. This increases the challenge of efficient data gathering toward a prompt diagnosis and treatment plan and can be overwhelming especially to the medical student learner without experience. The text: Symptoms to Diagnosis (4th edition) is already provided/recommended to our colleges medical students but my experience is that the students do not consistent this convenient teaching tool. The e-version of the book lends itself well to a remote educational elective with supplemental case studies, student group pairings and group presentations and reflection exercises. Completion of this 4-week course will contribute to student comfort levels in patient interview

skills, the development of good differential diagnoses and better diagnosis and treatment due to improved student understanding of typical disease scripts obtained during direct patient care. The student will learn about: importance of clinical reasoning, and would base their process on a Clinical Reasoning Model from the book Symptoms to Diagnosis. FM faculty would choose 10 most common symptoms seen in FM and students would pair up to address at least 2 symptom sets each week for four weeks. Students are to review selected online meded caseX cases and present them to the group during shared sessions and demonstrate the process of narrowing down logical diagnoses with a broad symptom set. Pertinent history elements and typical physical exam findings should lead the students into a systematic approach utilizing simple first-line testing/imaging on an outpatient basis as the backbone of diagnostic evaluations. Students should be able to then present their DDx with at least 3 elements per major problem and make recommendations as to initial treatment plans, when to refer to specialty care, when to admit acutely. Recognition of common "red flag symptoms" and the distinguishing of "sick vs not-sick" should be included but "zebra-hunting" is not the goal of this course.

The purpose of the course is to allow the student the opportunity to have an introduction to the wide variety of patients seen in Family Medicine and learn to tailor their clinical encounters specific to the patient. This is an essential skill for all diagnosticians, particularly those in primary care.

Educational Program Objectives	Related Course Objectives	Assessment methods *(examples below)*
Patient Care: Students will demonstrate the ability to better elucidate and clarify patient history elements to improve prompt diagnosis and treatment of disease.	Learn how to better sort through random symptoms toward development of differential diagnoses of major symptoms in a systematic and logical fashion.	Students will read cases and practice history gathering skills via online cases and role play w student partners.
Knowledge for Practice: Students will utilize the model for clinical reasoning in the conversion of patient symptoms into potential diagnoses.	Most "encounters" will be outpatient-based clinical cases in a primary care/family medicine setting. Students are to consider cost-benefit ratios as appropriate in their diagnostic work-ups	Students will outline and apply the model for clinical reasoning (chapter 1 "Sx to Dx" text) to several of the most common diagnoses described by patients in a Family Medicine setting.

Students will elucidate likely diagnoses for common symptoms: Abdominal pain Chest pain Back/Joint/MSK pain Cough/Respiratory infections Shortness of breath Nausea/Vomiting/Diarrhea/Constipation HTN, low BP, dizziness, syncope Metabolic disturbances (K, Ca, Na, Glucose) Students will suggest appropriate diagnostic tools (labs/imaging/biopsy) and specialty consultations as intellectually and financially appropriate based on clinical suspicion and resources available.		Students will pair up to cover each of the most common symptom sets and to the group their DDx and reasonable work-ups and treatment plans. Students will refer in appropriate cases to costs of diagnostic testing and be aware of common payment sources in an outpatient care setting.
Interpersonal and communication skills: Students will demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, families and health professionals.	1. Students will communicate effectively via chat, online meetings, written assignments, email.	-Participation in group discussions, 1:1 partnerships, observed simulated patient interactions.
Personal and professional development: Students will adhere to professional standards and demonstrate the qualities required to sustain lifelong personal and professional growth.	1. Students will adhere to the professional guidelines for online sessions. (separate document)	
Critical thinking and Discovery: Students will be able to critically appraise literature, apply knowledge and engage in scholarly activity		-Assigned reading: Symptoms to Diagnosis chapters -Use of Up to date and online search tools

Health Care systems and society: Students will demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care.	Most "encounters" will be outpatient-based clinical cases in a primary care/family medicine setting. Students are to consider cost-benefit ratios as appropriate in their diagnostic work-ups	-Economic and ethical issues will be considered in context when diagnostic testing and treatment plans are presented

III. Methods of Instruction: remote

Content will be delivered online and via googledocs/cloudsharing resources. Students will be expected to read ahead and be prepared to present project findings, write-ups of virtual patients interviewed. Students will pair up to improve small-group discussions and co-teaching/co-learning of key concepts. Students will participate in end-of-week reflections and QRAs regarding challenges encountered and insights gained.

IV. Overview of student responsibilities: Grading will be Pass-Fail (full attendance by sign-ins, video/audio presence during all sessions with participation noted, quality of presentations to group and cooperativity with student partners for work completed will be essential for completion of course requirements. Students will need adequate internet access, smartphone/tablet/computer compatibility and a comfort level with Zoom/other group remote learning platforms. Write-ups (individual) will be submitted biweekly (per common symptom set performed)to attending and may be reviewed in group settings for learning purposes.

IV. Method of evaluation of students and requirements: Evaluation based on assessment methods listed above, grade is Pass/Fail

(monitored attendance, twice weekly group meetings w appropriate didactics and discussions, patient write-ups, QRAs with each write-up/learning session, paired projects and group presentations, reflections and participation.

III. Methods of Instruction: *Remote, describe how content will be delivered, synchronous, asynchronous, group work, in teams, what online resources will be used if any.*

IV. Overview of student responsibilities: (*attendance, participation in online sessions, completion of a project/problem set)*

IV. Method of evaluation of students and requirements: Evaluation based on assessment methods listed above, grade is Pass/Fail

(in addition to attendance which can be monitored, and participation, consider requirement of a team project, QRA, presentation to peers)