Patient Encounter I
Fall 2017

Course Number: PHAS 5326
Credit Hours: 3 semester credit hours
Course Title: Patient Encounter I
Course Location: Lecture: ESTAC 1.112
Lab: EHABE 2.134 and 2.135
Course Dates: August 28 – December 14
Class Time(s): Lecture: Monday & Wednesday 3:05 pm – 4:20 pm
Lab A Tuesday 8:00 am – 10:40 am Abdelbary
Lab B Tuesday 10:50 am – 1:30 pm Tawil
Lab C Tuesday 1:40 pm – 4:20 pm Paz
Lab D Thursday 8:00 am – 10:40 am Kiker
Lab E Thursday 10:50 am – 1:30 pm Dennett
Lab F Thursday 1:40 pm – 4:20 pm Gonzales

Required Texts & Materials:

Textbooks


Bates’ Guide to Physical Examination and History Taking by Lynn S. Bickley, 11e.

Web links

Materials
Diagnostic set
Eye chart (hand held) Bag (optional, but recommended)
Pocket pen light Disposable ear specula
Tuning fork - 256 and 512        Jacket, patch, and name tag
Sphygmomanometer
Stethoscope w/bell and diaphragm
Scrub uniform (top and bottom, any color)

Note: The PA patch will be attached to and centered on the left breast pocket of your jacket length coat. The name tag, identifying you as a physician assistant student, will be worn above the patch.

**Instructor & Contact Information:**

- **Professor Name:** Bassent Abdelbary, MD, MPH, PhD
- **Office Location:** EHABE 2.142
- **Office hours:** M & W 10-12, T 1-3
- **Email Address:** [Bassent.Abdelbary@UTRGV.EDU](mailto:Bassent.Abdelbary@UTRGV.EDU)
- **Phone Contact:** (956) 665 – 2298

**Course Description:**

This course is the first in a two-course series. It provides students with an introduction to medical history-taking and physical examination. Emphasis is placed on the normal adult patient. A patient-centered philosophy of health communication is used as a framework for obtaining the medical history. Physical examination of the patient is approached using a systematic model. Basic principles of documentation and presentation of subjective and objective findings in professional healthcare settings is introduced. The laboratory setting employs clinical scenarios, case studies, simulated patients, and role-play situations as opportunities to practice the application of skills and techniques. Incremental course content builds a foundation for the development of clinical reasoning skills necessary to formulate differential diagnoses. Students are assessed using written, verbal, and practical exercises.

Prerequisite: Admission into the Physician Assistant Studies Program

**Course Grading:**

- Written Examination #1  10%
- Written Examination #2  10%
- Written Examination #3  10%
- Written Examination #4  10%
- Final Comprehensive Examination  20%
- Practical Examination 1 (interview)  20%
- Practical Examination 2 (physical exam)  20%

Total  100%

There will be no curving of the grades on any components of this course.
All items listed in the evaluation methods are a requirement to complete the course. Forfeit of any of the above course requirements will result in an incomplete grade until all course requirements have been completed.

**Grading Scale:**

- A = 90.0 – 100
- B = 80.0 – < 90
- C = 70.0 – < 80
- F = < 70

**Students with Disabilities:**

If you have a documented disability (physical, psychological, learning, or other disability which affects your academic performance) and would like to receive academic accommodations, please inform your instructor and contact Student Accessibility Services to schedule an appointment to initiate services. It is recommended that you schedule an appointment with Student Accessibility Services before classes start. However, accommodations can be provided at any time. **Brownsville Campus:** Student Accessibility Services is located in Cortez Hall Room 129 and can be contacted by phone at (956) 882-7374 (Voice) or via email at accessibility@utrgv.edu. **Edinburg Campus:** Student Accessibility Services is located in 108 University Center and can be contacted by phone at (956) 665-7005 (Voice), (956) 665-3840 (Fax), or via email at accessibility@utrgv.edu.

**Learning and Assessment Activities:**

**Lectures**

Lectures are provided during class time. They are used to convey critical information and background regarding the subject matter. They are intended as a supplement to the information already provided in the required textbook(s). Lectures are delivered utilizing student-centered techniques to promote active learning.

**Online Media & Technology:**

Weblinks and iPad app recommendations are provided to supplement instruction. They are used to give students examples of demonstrations and techniques also discussed in lecture and laboratory. In class use of technology will include iPad projection, and Tegrity lecture capture. This ensures every student is engaged and attentive in the active learning process.

**Laboratory Experience:**

Laboratory experiences are designed to allow the student time to practice the practical application of the subject matter. Instruction during lab times is completely student-centered and interactive encouraging active learning. Students have the opportunity to work individually, in pairs and in group settings. Emphasis is placed on performance and practical application.
Written Examination(s):
There are four written examinations and one final written comprehensive examination for this course. Exams consist of multiple choice questions. One and a half minutes of time per question will be allotted on the examination. Please refer to the policy manual for testing failure and remediation. Retesting is not offered for written examinations in this course. All written examinations are delivered through Examplify for iPad.

Practical Examination(s):
There are two practical examinations for this course. The examinations consist of a live interview and a live physical examination with a real, simulated patient in an outpatient type setting. Your lab instructor will grade the examination. Students are expected to dress appropriately and conduct the interview or the physical examination as if it were conducted in a real office setting. The grading forms/rubrics used for the practical examination can be found on Blackboard. All students must pass the practical examination in order to pass the class. A passing score for the practical examination is an 80. Remediation and retesting is offered to students who fail the practical examination. Students who pass the practical examination on their second attempt will receive a maximum score of 80. Students failing to obtain a passing score on the second practical examination will receive an “F” for the entire course regardless of performance on all other coursework. A student may attempt the practical examination no more than two times. Student failing the practical examination will not be allowed to see patients in any clinical settings; thus affecting progress in the physician assistant program. Consult the FYI for further instructions.

Course Goals:
1. Demonstrate appropriate medical terminology associated with the history and physical exam.
2. Set the stage, make the connection, establish the relationship and create the context in which medical care is delivered
3. Gather information to create a thorough history of the patient’s illness or problem in an organized way.
4. Determine appropriate questions to ask in obtaining relevant patient medical history.
5. Utilize a systems approach to understand the rationale for the physical exam and relating exam to patient history.
6. Perform a thorough physical exam, identifying normal physical findings.
7. Assess the patient problems and develop appropriate management plans.
8. Communicate the history and physical findings in an organized and thorough oral and written form.

Laboratory Goals:
1. Practice collecting the patient’s medical history and performing physical exam
2. Play the role of the physician assistant performing the medical interview and physical exam
3. Play the role of the patient who readily gives historical/medical data and the patient to be examined
4. Record, review, and evaluate history-taking performance
5. Practice the assigned physical exam techniques

**Learning Outcomes & Expected Competencies:**

1. Understand and evaluate signs and symptoms of medical and surgical conditions.
2. Apply screening methods to detect conditions in an asymptomatic individual.
3. Apply history and physical findings and diagnostic studies to formulate differential diagnoses.
4. Create and sustain a therapeutic and ethically sound relationship with patients.
5. Use effective communication skills to elicit and provide information.
6. Adapt communication style and messages to the context of the interaction.
7. Demonstrate emotional resilience and stability, adaptability, flexibility and tolerance of ambiguity and anxiety.
9. Demonstrate caring and respectful behaviors when interacting with patients and their families.
10. Obtain essential and accurate information about their patients.
11. Make decisions about diagnostic and therapeutic interventions based on patient information and preferences, current scientific evidence, and informed clinical judgment.
12. Demonstrate accountability to patients, society, and the profession.
13. Demonstrate sensitivity and responsiveness to patients' culture, age, gender, and abilities.

**Mandatory Course Evaluation Period:**

Students are required to complete an ONLINE evaluation of this course, accessed through your UTRGV account (http://my.utrgv.edu); you will be contacted through email with further instructions. Online evaluations will be available:

- **Fall 2017 Module 1**  Oct. 5 – Oct. 11
- **Fall 2017 Module 2**  Nov. 29 – Dec. 5
- **Fall 2017 (full semester)**  Nov. 15 – Dec. 6

**Course Drops:**

According to UTRGV policy, students may drop any class without penalty earning a grade of DR until the official drop date. Following that date, students must be assigned a letter grade and can no longer drop the class.
Calendar of Activities

The UTRGV academic calendar can be found at https://my.utrgv.edu/home at the bottom of the screen, prior to login. Some important dates for Fall 2017 include:
August 28      First day of classes
August 31      Last day to add a course or register for fall 2017
September 4    Labor Day – NO classes
November 15     Last day to drop a course; will count toward the 6-drop rule
November 23 – 26 Thanksgiving Holiday – NO classes
December 6      Last day of classes
December 7      Study Day – NO class
December 8 -14  Fall 2017 Final Exams
December 15-16  Commencement Ceremonies

Attendance:

Students are expected to attend all scheduled classes and may be dropped from the course for excessive absences. UTRGV’s attendance policy excuses students from attending class if they are participating in officially sponsored university activities, such as athletics; for observance of religious holy days; or for military service. Students should contact the instructor in advance of the excused absence and arrange to make up missed work or examinations. Consult the Physician Assistant Department For Your Information (FYI) manual for more specific details.

Make-up Examination:

No allowances will be made for an exam being missed, other than for an unavoidable anticipated or unavoidable unanticipated absence. Make-up examinations are permitted for excused absences only (see criteria and definition of departmental excused absences in the policy manual under section titled Punctuality and Absences). Make-up examinations must be completed within 5 class (business) days upon the student’s return; otherwise a grade of “0” will be assigned. The content and format of any make-up examination is at the discretion of the course instructor.

Scholastic Integrity:

As members of a community dedicated to Honesty, Integrity and Respect, students are reminded that those who engage in scholastic dishonesty are subject to disciplinary penalties, including the possibility of failure in the course and expulsion from the University. Scholastic dishonesty includes but is not limited to: cheating, plagiarism, and collusion; submission for credit of any work or materials that are attributable in whole or in part to another person; taking an examination for another person; any act designed to give unfair advantage to a student; or the attempt to commit such acts. Since scholastic dishonesty harms the individual, all students and the integrity of the University, policies on scholastic dishonesty will be strictly enforced (Board of Regents Rules and
Regulations and UTRGV Academic Integrity Guidelines). All scholastic dishonesty incidents will be reported to the Dean of Students.

**Sexual Harassment, Discrimination, and Violence:**

In accordance with UT System regulations, your instructor is a “responsible employee” for reporting purposes under Title IX regulations and so must report any instance, occurring during a student’s time in college, of sexual assault, stalking, dating violence, domestic violence, or sexual harassment about which she/he becomes aware during this course through writing, discussion, or personal disclosure. More information can be found at [www.utrgv.edu/equity](http://www.utrgv.edu/equity), including confidential resources available on campus. The faculty and staff of UTRGV actively strive to provide a learning, working, and living environment that promotes personal integrity, civility, and mutual respect in an environment free from sexual misconduct and discrimination.

---

**Course Outline & Schedule:**

**08/28/2017 Introduction & Review syllabus**

Reading assignment: Smith’s Patient-Centered Interviewing- Chapter 1-6, The Patient History by Henderson – Chapter 3, assigned readings on BB.

Objectives:

1. Define the medical interview
2. Discuss techniques to establish rapport
3. Compare and contrast open- and close-ended questions
4. Differentiate the complete and focused medical histories
5. Describe the Four Habits Model and it's utility in obtaining a medical history
6. List the sections of the complete medical history

**08/30/2017 Chief Complaint & History of Present Illness**

Reading assignment: assigned readings on BB.

Lecture and Lab Objectives:

1. Define chief complaint
2. List the parts of the History of Present Illness
3. Recognize problem questions and offer better ways to ask those problem questions
4. Define cardinal features
5. Compare and contrast pertinent positive and pertinent negative symptoms
09/05/2017 & 09/07/2017 Laboratory 1

Chief Complaint & History of Present Illness

09/06/2017 Past Medical History

Reading assignment: assigned readings on BB.

Lecture and Lab Objectives:

1. Define Past Medical History (PMH)
2. Formulate a transition statement from HPI to PMH
3. Understand both the importance and the danger of archival medical data
4. List the parts of the Past Medical History
5. Describe the detailed data needed for each part of the Past Medical History

09/11/2017 Family History and Integrating Genetics into the Family History

Reading assignment: assigned readings on BB.

Lecture and Lab Objectives:

1. Define Family History (FHx)
2. List and differentiate the types of family histories
3. Discuss the importance of a genetic family pedigree
4. Identify common pedigree symbols
5. Build a genetic family pedigree for three generations of a patient’s family
6. Interpret a genetic family pedigree to assess genetic risk
7. Develop a smooth transition from the Past Medical History to the Family History

09/12/2017 & 09/14/2017 Laboratory 2

Past Medical History and Family History

09/13/2017 Social History

Reading assignment: assigned readings on BB.

Lecture and Lab Objectives:

1. Define the social history
2. Discuss the purpose of collecting a social history
3. List the items needed to collect a social history
4. Describe the detailed data needed for each part of the Social History
Exam one will include material up to 09/13/2017 lecture.

Social History & review of previous labs.

Reading assignment: assigned readings on BB.

Lecture and Lab Objectives:

1. Define Review of Symptoms (ROS)
2. List and discuss the various collection methods for the ROS
3. List all of the component systems for the ROS
4. Describe common symptoms for each system in the ROS
5. Practice collecting the ROS using the interview method

Reading assignment: assigned readings on BB.

Lecture and Lab Objectives:

1. Describe the 5 P’s of the sexual history
2. Identify patient populations that may be more difficult to collect a sexual history
3. Discuss the relevance and the importance of collecting the sexual history
4. Understand that certain patient populations are more sensitive with regard to the assumptions that we make regarding sexuality
5. Describe the sexual concerns of patients at different stages of the life cycle
6. List the elements of the PLISSIT model and discuss their use in obtaining a sexual history from various age groups

Review of Systems & Sexual History

Reading assignment: assigned readings on BB.
Lecture and Lab Objectives:

1. List and discuss the unique parts of the psychiatric history
2. Compare and contrast the general medical history taking process with that of the psychiatric history
3. Define the BATHE method. Discuss both indications and contraindications to its use
4. Understand the multiaxial assessment system in psychiatry
5. Use the BATHE technique to screen a patient for psychiatric illness

10/02/2017 Difficult Patient History

Reading assignment: Smith's Patient-Centered Interviewing- Chapter 7, assigned readings on BB.

Lecture and Lab Objectives:

1. Critically reflect on personal reactions to difficult patient interactions.
2. Initiate empathic and appropriate behavior in difficult patient-physician relationships.
3. Acquire a strategy to manage difficult patient interactions.
4. Discuss appropriate solutions for managing difficult patients.

10/03/2017 & 10/05/2017 Laboratory 5

Practical Exam I

10/04/207 Health History and Mental Status

Reading assignment: Bates' Guide to Physical Examination and History Taking Chapters 1, 3, and 5.

Lecture and Lab Objectives:

1. Review how to collect a complete health/medical history from the patient.
2. Develop a systematic approach for reviewing the patient's medical record.
3. Develop a technique for taking notes while collecting data from the patient.
4. Interpret the patient's level of consciousness, memory, attention, thought processes content, and insight.
5. Interpret patient's affect and mood.
6. Recognize age-related changes in the mental status.
7. Correlate findings with historical data and other findings on the physical exam.
8. Correlate findings of the mental status exam with treatment plan.
9. Employ testing to aid in determining the patient’s level cognitive functioning.
10. List Glasgow coma scale.
**10/09/2017 General Survey & Vital Signs**

Reading assignment: Bates’ Guide to Physical Examination & History Taking Chapter 4.

Lecture and Lab Objectives:

1. Identify clues to patient’s history based upon the general survey.
2. Interpret the significance of non-verbal cues to the patient’s medical history.
3. Compare/contrast the findings on the general survey with the findings of the history and physical exam.
4. State findings of general survey.
5. Discuss the significance of vital signs.
6. Select appropriate size blood pressure cuff.
7. Select the appropriate location to check blood pressure and pulse.
8. Question the impact of external factors on vital signs.
9. Appreciate patient’s comfort level during the exam.

**10/10/2017 & 10/12/2017 Laboratory 6**

Psychiatric History, Mental Status, & Vital Signs.

**10/11/2017 Skin, Hair, & Nails**


Lecture and Lab Objectives:

1. Recall anatomy and physiology of the skin.
2. Correlate and communicate physical findings with data gathered in history.
3. Describe skin lesions using appropriate medical terminology.
4. Relate integument findings to systemic findings.
5. Perform appropriate inspection and palpation of skin.
6. Appreciate normal variations in skin pigmentation.
7. Identify normal and abnormal skin lesions and conditions based on physical examination.
8. Identify age related and normal variations to the lymphatic system, distinguish normal from abnormal findings.
9. Appreciate patient’s comfort level during the exam.

**10/16/2017 Written Exam II**

Exam two will include material up to 10/09/2017 lecture.

**10/17/2017 & 10/19/2017 Laboratory 7**

Skin, Hair, Nails & Vital Signs
10/18/2017 & 10/23/2017 Head, Eyes, Ears, Nose, & Throat (HEENT)


Lecture and Lab Objectives:

10. Review anatomy and physiology of the head, eyes, ears, nose, throat, and neck.
11. Identify anatomical landmarks.
12. Give appropriate instructions to patient.
13. Perform HEENT exam.
14. Develop appropriate technique for using instruments.
15. Correlate physical findings with historical data and communicate findings.
16. Appreciate patient’s level of comfort throughout HEENT exam.
17. Appreciate patient’s comfort level during the exam.

10/24/2017 & 10/26/2017 Laboratory 8

Head, Eyes, Ears, Nose, & Throat.

10/25/2017 Oral Health History

Online module. No class.

Objectives:

1. Understand the Relationship of Oral to Systemic Health
2. Describe acute Dental Problems
3. Perform caries Risk Assessment & Counseling
4. Identify normal and abnormal dental findings
5. Educate about the importance of dental hygiene

10/30/2017 Thorax & Lungs

Reading assignment: Bates’ Guide to Physical Examination & History Taking Chapter 8.

Lecture and Lab Objectives:

1. Review the anatomy and physiology of the thorax and lungs.
2. Identify anatomical landmarks.
3. Develop appropriate techniques for inspection, palpation, percussion, and auscultation.
4. Give patient appropriate instructions.
5. Use stethoscope appropriately.
6. Classify breath sounds.
7. Identify correct location for each type of breath sound.
8. Compare/contrast adventitious breath sounds with normal breath sounds.
9. Appreciate patient’s comfort level during the exam.

**10/31/2017 & 11/02/2017 Laboratory 9**

Thorax & Lungs

**11/01/2017 Cardiovascular System**


Lecture and Lab Objectives:

1. Review anatomy and physiology of the cardiovascular system, identifying anatomical landmarks.
2. Develop a systematic approach for employing the correct technique in the evaluation of the cardiovascular system.
3. Use stethoscope appropriately to identify each heart sound and its timing in the cardiac cycle.
4. Give patient appropriate instructions.
5. Differentiate normal cardiovascular variations from abnormal findings.
6. Correlate cardiovascular findings with other physical findings and the medical history.
7. Appreciate patient’s comfort level during the exam.

**11/06/2017 Written Exam III**

Exam three will include material up to 10/30/2017 lecture.

**11/07/2017 & 11/09/2017 Laboratory 10**

Cardiovascular System

**11/08/2017 Abdomen**

Reading assignment: Bates’ Guide Chapter 11.

Lecture and Lab Objectives:

1. Review anatomy and physiology, identifying anatomical landmarks and changes with age.
2. Recognize organs and structures that can be palpated during the abdominal exam.
3. Demonstrate correct order and technique for examining the abdomen, including appropriate use of equipment.
4. Interpret percussion notes over the entire abdomen.
5. Correlate physical findings with the historical data.
6. Appreciate patient’s comfort level during the abdominal exam.
7. Employ appropriate description when documenting findings.

**11/13/2017 Musculoskeletal System**

**Reading assignment:** Bates’ Guide Chapter 16.

**Lecture and Lab Objectives:**

1. Review anatomy and physiology, identifying anatomical landmarks and changes with age.
2. Develop a systematic approach for examining the musculoskeletal system.
3. Differentiate variations of normal from abnormal findings.
4. Correlate physical findings with the historical data.
5. Give the patient appropriate instructions.
6. Appreciate the patient’s level of comfort during the musculoskeletal exam.

**11/14/2017 & 11/16/2017 Laboratory 11**

Abdomen and MSK.

**11/15/2017 Peripheral Vascular System & Nervous System**

**Reading assignment:** Bates’ Guide Chapter 12 & 17.

**Lecture and Lab Objectives:**

1. Review anatomy and physiology, identifying anatomical landmarks and changes with age.
2. Develop a systematic approach and employ appropriate technique during the peripheral vascular and neurological exam.
3. Differentiate variations of normal from abnormal findings.
4. Correlate physical findings with the historical data.
5. Appreciate the patient’s level of comfort during the peripheral vascular and neurological exam.
6. Label affected dermatome(s).
7. Demonstrate functions of the cranial nerves, motor system, and sensory system.
8. Grade muscle strength and deep tendon reflexes.
9. Correlate physical findings with historical data and other findings on the physical exam.
10. Give patient appropriate instructions to facilitate the neurological exam.
11/20/2017 Breasts & Axillae


Objectives:
1. Review anatomy and physiology of the breast and identify anatomical landmarks.
2. Recognize changes with age.
3. Develop a systematic approach for the breast exam.
4. Differentiate normal breast variations from abnormal findings.
5. Give patient proper instruction during exam.
6. Appreciate patient’s emotional and physical comfort level during the exam.
7. Correlate physical findings with historical data.
8. Employ appropriate description when documenting findings.

11/21/2017 & 11/12/2017 Laboratory 12

No Lab due to thanksgiving holiday on Thursday.

11/22/2017 Documentation of Health History and Physical Findings


Objectives:
1. Identify appropriate information to be included in the patient’s chart.
2. Compare and contrast SOAP notes and complete patient write-ups.
3. Analyze changes made to a patient’s chart.
4. Perform key components necessary to clear athletes for participation.
5. Identify conditions which prevent athletes from short term or long term participation.
6. Identify signs and symptoms of concussion and post-concussion syndrome.

11/27/2017 Spiritual History and Cultural Competency

Reading assignment: assigned readings on BB.

Objectives:
1. Recognize that spiritual histories are an essential piece of patient-provider interactions.
2. Distinguish between spiritual screens, spiritual histories, and spiritual assessments.
3. Identify when spiritual histories are appropriate and useful for health care providers to use.
4. Ask questions in a manner that is respectful and will facilitate trust and opens on the part of the patient.
5. Discuss what providers should do with spiritual and cultural information
6. Identify at least five areas related to cultural and linguistic competency in medical practice.
7. Identify at least three strategies to promote self-awareness about attitudes, beliefs, biases, and behaviors that may influence clinical care.
8. Devise strategies to enhance skills toward the provision of care in a culturally competent clinical practice.
9. Demonstrate the advantages of the adoption of the National CLAS Standards in clinical practice.

11/28/2017 & 11/30/2017 Laboratory 12

MSK and CNS

11/29/2017 Delivering Bad News

Reading assignment: assigned readings on BB.

Objectives:
1. Define sad and bad news
2. Describe the goals for giving bad news
3. List the six steps in the SPIKES protocol
4. Describe the principles of SPIKES, the six-step approach for giving sad and bad news.
5. Prepare and equip the future health care provider with the tools and knowledge to give information that is laden emotionally in a manner that is conducive with compassion and empathy.

12/04/2017 Written Exam IV

Exam four will include material up to 11/29/2017 lecture.

Comprehensive Exam Wednesday 12/13/2017 1:15 -3:00 pm.
Practical II Exam
Dates to be announced during finals week