Georgetown University School of Medicine

PHYSICIAN-PATIENT COMMUNICATION
AY 2014 – 2015

Faculty and Staff (*Indicates preferred method of contact.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Office</th>
<th>Phone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Co-Director:</strong></td>
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<td></td>
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</tr>
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<td>Stacey Kaltman, PhD</td>
<td>2115 Wisconsin Avenue, Suite 120</td>
<td>687-6571</td>
<td><a href="mailto:sk279@georgetown.edu">sk279@georgetown.edu</a>*</td>
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<td><strong>Co-Director:</strong></td>
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<td>2115 Wisconsin Avenue, Suite 200</td>
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<td><a href="mailto:yasmin.d.jilla@gunet.georgetown.edu">yasmin.d.jilla@gunet.georgetown.edu</a>*</td>
</tr>
<tr>
<td><strong>Coordinator:</strong></td>
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<td>Sandra Perlmutter</td>
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<td><a href="mailto:spp3@gunet.georgetown.edu">spp3@gunet.georgetown.edu</a>*</td>
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<tr>
<td><strong>Faculty:</strong></td>
<td></td>
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</tr>
<tr>
<td>Dennis Murphy, MD</td>
<td>6th Floor PHC</td>
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<tr>
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<td>2115 Wisconsin Avenue, Suite 200</td>
<td>944-5444</td>
<td><a href="mailto:epsteins@gunet.georgetown.edu">epsteins@gunet.georgetown.edu</a>*</td>
</tr>
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<tr>
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<td>2115 Wisconsin Avenue, Suite 200</td>
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</tr>
<tr>
<td>Venkatesh Handratta, MD</td>
<td>2115 Wisconsin Avenue, Suite 200</td>
<td>944-5357</td>
<td><a href="mailto:Venkatesh.d.handratta@medstar.net">Venkatesh.d.handratta@medstar.net</a>*</td>
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<tr>
<td>Carrie Holl, PsyD</td>
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<td><a href="mailto:drcarrieholl@prodigy.net">drcarrieholl@prodigy.net</a>*</td>
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<tr>
<td>Caroline Hall, PhD, LCSW</td>
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<td>944-5408</td>
<td><a href="mailto:Caroline.B.Hall@gunet.georgetown.edu">Caroline.B.Hall@gunet.georgetown.edu</a>*</td>
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<tr>
<td>George Kolodner, MD</td>
<td></td>
<td></td>
<td><a href="mailto:gkolodner@kolmac.com">gkolodner@kolmac.com</a>*</td>
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</tbody>
</table>
**Module Goal Statement**
In Physician-Patient Communication (PPC), students will learn foundational communication skills that they will continue to build on throughout their four years of medical school.

In PPC-1, students will develop basic interviewing skills and will gain an understanding of the importance of effective doctor-patient communication. This will include an introduction to Patient-Centered Interviewing with a focus on how to open the interview, establish rapport with patients, and elicit and respond to patient emotions. Students will learn about specific factors that influence the doctor-patient relationship including physician self-care and difficult patient encounters. Challenging communication topics including breaking bad news, assessing for violence exposure, and talking about sex will also be addressed. Students will interview hospitalized patients.

In PPC-2, students will further develop interviewing skills by focusing on certain components of the medical history. In addition, students will learn about developmental stages from early childhood through advanced age. Students will be exposed to different theories of behavior and an introduced to Motivational Interviewing, an effective strategy to help patients work on changing negative health behaviors.

**Module Audience**
This course is intended as a course for students enrolled in the undergraduate medical education program at Georgetown University School of Medicine.

**Meeting Location and Times**
Lectures will be held in LA-6, Preclinical Science building. Small groups have their own designated meeting places and classrooms. These are noted on your small group guides.

**Module Directors**

**Dr. Stacey Kaltman** is an Associate Professor and clinical psychologist. She has been on the faculty of the Department of Psychiatry, Georgetown University since 2002. She has served as Co-Course Director for PPC since 2003. Dr. Kaltman also teaches in the mind-body medicine program. When not teaching, Dr. Kaltman has an active research program in the area of mental health services research. Her research focuses on building sustainable primary care interventions to address the behavioral needs of underserved populations. She is an Associate Director of the Georgetown Center for Trauma and the Community.

**Dr. Yasmin Jilla** is board certified in child, adolescent and adult psychiatry with special interests in community psychiatry, post-traumatic stress disorder, anxiety disorders and bereavement. Dr. Jilla received her medical degree from the University of Virginia. She completed three years of adult psychiatry training at the Medical University of South Carolina and a two-year child and adolescent psychiatry fellowship as chief fellow at Children’s National Medical Center, George Washington University. Upon completion of her training, Dr. Jilla worked as Assistant Professor at Yale University/Connecticut Mental Health Center where she specialized in psychiatric care for young adults. She is currently an Assistant Professor in the Department of Psychiatry at Georgetown University and is active in training Georgetown medical students, residents, and fellows. She also works with the Georgetown pediatric mobile van providing child and adolescent psychiatric clinical services in Southeast D.C.
Module Objectives

By the end of this course, the student will:

**KNOWLEDGE-RELATED COMPETENCIES**

1. Analyze the many factors that influence the development of the patient-physician relationship (PPC-1, PCC-2).
2. Identify the elements that enhance or threaten the maintenance of the patient-physician relationship (PPC-1).
3. Define common barriers to open communication (PPC-1).
4. Distinguish strategies for successfully discussing difficult topics with patients (e.g., screening for domestic violence, talking about sex, domestic violence, breaking bad news) (PPC-1).
5. Identify the etiology, prevalence, risk factors, signs and symptoms of aggression and violence (PPC-1).
6. Understand the fundamental terminology and concepts related to sexual development and adult sexuality that form the building blocks necessary to effectively communicate with patients about sex and sexuality (PPC-1).
7. Identify key developmental stages of childhood, adolescence, and adulthood (PPC-2).
8. Understand the relationship between aging, loss, and grief (PPC-2).
9. Distinguish between key concepts of behavior theory including classical conditioning and operant conditioning (PPC-2).
10. Define key concepts of psychoanalytic theory including Freud’s theory of mind, defense mechanisms, and transference/countertransference (PPC-2).
11. Analyze components of motivational interviewing and how to apply them in the context of helping a patient change behavior (PPC-2).
12. Analyze factors that contribute to substance use behaviors (PPC-2).
13. Identify important aspects of a 12-step substance abuse program and how these programs can be an effective treatment component (PPC-2).

**SKILL-RELATED COMPETENCIES**

14. Conduct a patient interview in an empathic and respectful manner, demonstrating the student’s ability to establish rapport (PPC-1, PPC-2).
15. Utilize Patient-Centered Interviewing skills to elicit information regarding the patient’s chief concern and history of present illness (PPC-1, PPC-2).
16. Demonstrate professionalism in your interactions with patients, colleagues, and nursing staff (PPC-1, PPC-2).
17. Display active listening, group participation, self-reflection, and constructive engagement of other students during small group sessions (PPC-1, PPC-2).

Note: Objectives for individual lectures will be provided prior to each lecture. Objectives for individual small group sessions are included in this document.

**PPC Philosophy**

This is a graduate level course with the following assumptions:

- Each student brings a wealth of experience and knowledge that should be and can be tapped in classroom and small group discussions.
- Adults learn best through actively participating in their own education.
- People best clarify their ideas and understanding of concepts and issues through discussion and writing.
- The design takes into consideration the differences in learning styles and interests of students to ensure the best learning experience for everyone.
- Adults learn best from close and prompt feedback on classroom comments and on written work.
Module Organization and Design
PPC is divided into two parts, PPC-1 and PPC-2. Each part includes lectures and small groups sessions.

Lectures: In PPC-1, large group sessions will include an introduction to physician-patient communication, a master clinician interview, an introduction to Patient-Centered Interviewing, as well as lectures on difficult patient interviews, self-care, talking about sex with patients, screening for domestic violence, and breaking bad news. In PPC-2, lecture topics will include child and adolescent development, aging and loss, behavior theory, psychoanalytic theory, motivational interviewing, and addictive disorders including a patient panel. The schedule of lecture topics can be found on page 9 of the syllabus. Material covered in the lectures and readings is not redundant. Therefore, attendance at the lectures is strongly recommended. In addition, please note that attendance for the lecture on January 5 (Introduction to PPC-2) is strongly recommended in order to be adequately prepared for PPC2 small groups. Attendance for the January 23 (Patient Panel) lecture is mandatory.

Small Group Sessions: PPC-1 and PPC-2 each have small groups that are essential components of the course. The preceptors are faculty members who have volunteered their time because they truly enjoy not only teaching students, but learning from students as well! Student attendance and active participation in small groups is mandatory. Attendance records will be kept to aid in tracking student participation. Your presence is required for effective team functioning, and you will be graded on your contribution to the group. If you must miss a group (due to illness, funeral, etc.), please contact the Module Directors and Coordinator to schedule a make-up session. Appropriate dress is required. A description of what comprises appropriate dress is provided for you in the medical student handbook: https://georgetown.app.box.com/s/eluaisp2ttnt553zohdes

Students are expected to display professionalism as exemplified by the following. Small group participants will:
- Be alert, attentive, honest, and willing to share with others.
- Concentrate on active listening, recognizing the importance of the contributions of classmates.
- Recognize that questions and contributions from each participant are essential.
- Create an atmosphere of mutual respect, inquiry, and personal awareness. Nonjudgmental acceptance of others is required.
- Try to engage each other rather than speaking solely to the faculty leader(s).
- Acknowledge that ambiguity may be present, and be able to say, “I don’t know.”
- Assume responsibility for the learning that takes place within the group.

Access to Small Group Rooms
Students will facilitate opening and locking small group sessions. This will involve going to the library and checking out the key to the small group room and then returning the key after the small group session. You will need your GU ID to check out the key. Keys can only be checked out for 2 hours.

For PPC-1, course staff will open the doors for the first two weeks of small groups. Starting the third week, the student who interviewed the week prior will be responsible for opening the doors.

For PPC-2, the student responsible for getting the key each week will be indicated on the small group guide with an asterisk (*) by his/her name.

PPC-1 Small Groups: Small groups will meet weekly for two hours per session. Students will be assigned in groups of 7-8 to either a Tuesday, Thursday, or Friday group, led by one or two faculty members who will serve as preceptor(s) for this course. Please note that the Thursday groups have two sessions that meet on Wednesdays. Sessions will consist of two parts. During the first hour, students will have the opportunity to conduct an interview with a hospitalized patient and receive feedback from the group and preceptor(s). During the second hour, the group will participate in exercises and discussions related to various topics in related to physician-patient communication. Please see page 10 for the PPC-1 small group learning objectives and page 11 for the PPC-1 small group grading rubric. Small group assignments will be posted on Bb.

PPC-2 Small Groups: The small group sessions will meet weekly for two hours per session. Students will be assigned in groups of 7-8. Sessions will consist of two parts. During the first hour, two students per week will have the opportunity to conduct an interview with a hospitalized patient. During the second hour, the group members and preceptor will provide feedback to the student interviewers. Please see page 12 for the PPC-2 small group learning objectives and page 13 for the PPC-2 small group grading rubric. Small group assignments for PPC-2 will be distributed closer to the start of that component of the course. **It is important to note that PPC1 and PPC2 group assignments are made independently. Therefore, you will have a new group of student colleagues, a new preceptor, and your PPC2 group may meet on a different day of the week than your PPC1 group.**
Course Materials

Texts: Required

Texts: Recommended

Additional required readings that are not found in the required text will be provided for students on Bb.

NOTE: The readings are a complement to, not a substitute for, the material from the lectures. Students are responsible for the content of the lectures, assigned readings, and discussion topics for the written examination. Reading assignments are listed on the schedule of lectures (see page 9).

Additional Resources

A. **BlackBoard Course Management System:** PPC will actively use BlackBoard. In addition to course syllabus, handouts, current and updated schedule, and audio recordings of lectures, students will submit assignments via Bb.

B. **Medical Student Note Taking Service (MNTS):** Medical students operate a note taking service to which you can subscribe. While this cannot replace the experience of taking one's own notes, it may prove useful to you. The quality of the notes depends on the quality of the notetaker. Lecturers in this course do NOT edit the note sets prior to distribution.

Student Support

E. **Student Handbook.** The Georgetown University School of Medicine Student Handbook contains both general policies and academic policies. It is available online at: http://som.georgetown.edu/studentservices/administrative/studenthandbook/

E. **ADA Accommodations.** The School of Medicine is committed to providing an environment that is supportive of students with physical or psychological disabilities and gives such students the opportunity to succeed academically. Students who believe that they may have a disability are encouraged to contact the Georgetown University Learning Services office, which provides services to students with learning disabilities, including physical disabilities, and psychological disabilities. The office’s phone number is 202.687.6985. Information is also available on the web at http://www3.georgetown.edu/student-affairs/caps/index.html

C. **Counseling and Psychiatric Services (CAPS).** When students experience life events or academic pressures that leave them feeling anxious, confused, lonely, angry, depressed or overwhelmed, they may seek assistance at the Counseling and Psychiatric Services (CAPS) office. When those feelings persist for more than just a few days, it is often helpful to speak with an unbiased "objective" professional. If you wish to know more, information is available on the web at http://www3.georgetown.edu/student-affairs/caps/index.html

D. **Dean of Students.** If you have academic or personal concerns or questions, contact the Dean of Students, Princy Kumar, MD, directly (kumarp@gunet.goergetown.edu, Direct Line: 202-687-8514, or Pager: 202-405-2283.

E. **Change in Military Status.** If you are called to active military status, contact Module Director immediately to make arrangements for completing the Module.

Communication with Faculty
Questions about logistics should be directed to the module coordinator. Direct questions, comments, or concerns about lectures and readings to the Module Directors. Contact information and office location are on the front page of this document. The Module Directors are also available to meet in person. Please email to arrange an appointment.
To ensure that your email will not be lost in the large volume of email received, please use the following convention for the subject line:

SUBJECT: MODULE NAME, your last name, your PPC small group #, your issue (e.g. XXX, Smith, request for appointment)

Major Assignments/Grading

PPC includes four assessment strategies: online assignments, small group participation, written exam, and OSCE (Observed Structured Clinical Examination). The relative contribution of each component to the final grade will be:

A. Self-Directed Learning Assignments PPC-1 7.5%
B. Small Group Participation PPC-1 20%
C. Self-Directed Learning Assignments PPC-2 7.5%
D. Small Group Participation PPC-2 20%
E. Written Examination 30%
F. OSCE 15%

A. Self-Directed Learning Assignments PPC-1: Your learning in PPC-1 will be aided by self-directed learning assignments and will comprise 7.5% of the final grade. These online assignments include 2 interview simulations and 3 self-assessments. The interview simulations are exercises designed to give you practice with basic interviewing skills. The self-assessments evaluate comprehension of the assigned reading material from BRS Behavioral Science as well as other assigned readings. The self-directed learning assignments will be graded pass/fail for being completed only. The 2 interview simulations and 3 self-assessments must be completed by Friday, September 26th at 5:00 PM. No make-up assignments will be offered.

B. Small Group Participation PPC-1: PPC-1 small group participation will comprise 20% of the final course grade. Attendance at small groups is mandatory. There will be a mandatory 5-point reduction of the final grade for each unexcused session absence.

Small Group Grading Criteria PPC-1: Your small group participation will be evaluated based on the following criteria:
1. Attention/Active listening
2. Contribution to the group discussion
3. Preparation/Knowledge
4. Professionalism
5. Reflection Assignment

The PPC-1 Small Group Grading Scale is appended to the syllabus and contains a detailed description of how each criterion will be assessed (See page 11).

There will also be a Formative Evaluation of each student’s PPC-1 patient interview. Criteria for the preceptor’s formative evaluation of the patient interview are listed in the GUSOM Communication Skills Checklist. Each student will be provided with written feedback from his/her preceptor based on this checklist.

C. Self-Directed Learning Assignments PPC-2: Self-directed learning assessments for PPC-2 will comprise 7.5% of the final grade. These online assignments include 1 interview simulation and 3 self-assessments (see descriptions above). These assignments must be completed by Friday, January 23rd at 5:00 PM.

D. Small Group Participation PPC-2: Small group participation will comprise 20% of the final course grade. Attendance at small groups is mandatory. There will be a mandatory 5-point reduction of the final grade for each unexcused session absence.

Small Group Grading Criteria PPC-2: Your small group participation will be evaluated based on the following criteria:
1. Attention/Active listening
2. Contribution to the group discussion
3. Preparation/Knowledge
4. Professionalism
5. Interview
6. AA Assignment
The PPC-2 Small Group Grading Scale is appended to the syllabus and contains a detailed description of how each criterion will be assessed (See page 13).

**E. The Written Examination** will be administered on **Monday, January 26th at 8:30 am**, and will comprise 30% of the final grade. The one-hour written examination will cover all material from the lectures, assigned readings, and small group exercises from both PPC-1 and PPC-2. Please note that each course component provides independent information that will be tested. The written examination will consist of selected response test items (true-false, matching, multiple-choice, short answer). The exam will be protected and will not be returned to the students. The exam will be administered according to testing procedures found in Appendix Q of the Student Handbook for testing procedures https://georgetown.app.box.com/s/p8e9mjdtx3xa195pexon. **The date of the exam cannot be changed.** All students must be present on the specified date.

**F. The Observed Structured Clinical Examination (OSCE)** will comprise 15% of the final grade. This exam occurs during a scheduled time during the spring in the Integrated Learning Center. This component of your grade will be scored as Professional or Room for Growth based on feedback from the Standardized Patients and/or Course Director review. If you receive a grade of Room for Growth, you will be offered the opportunity to review your OSCE video with the Course Directors to identify strategies to improve your communication skills.

**Grading Scheme**

Specific academic policies are located in your student handbook, but you must maintain satisfactory academic progress. Grades can range from Honors, High Pass, Pass, Low Pass, and Fail. **Failing grades remain on the transcript even if students retake and pass the course at a later date. Grade appeals are conducted as outlined in the student handbook.**

*The Course Directors have the right to reduce the final grade if assignments are turned in late and/or if academic dishonesty is detected.*

**The Grading Scale:**

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<thead>
<tr>
<th>Grade</th>
<th>Points Equivalent</th>
<th>What this means:</th>
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<tbody>
<tr>
<td>H</td>
<td>95-100</td>
<td>Exceptional performance</td>
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<tr>
<td>HP</td>
<td>85-94</td>
<td>Above average performance</td>
</tr>
<tr>
<td>P</td>
<td>75-84</td>
<td>Fully satisfactory performance</td>
</tr>
<tr>
<td>LP</td>
<td>65-74</td>
<td>Marginal or minimal satisfactory performance</td>
</tr>
<tr>
<td>F</td>
<td>64 or less</td>
<td>Unacceptable performance</td>
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</tbody>
</table>

**Due Dates**

Assignments are due on the designated date. Online assignments should be submitted electronically on Bb no later than 11:59 pm on the date designated.

**Grading**

The Module Directors and the Office of Medical Education monitor individual student performance in all modules and across the disciplines. **Students receiving failing grades will be referred to the Dean of Students.**

**Remediation:** Remediation may be available to students under standard policies set for the medical class and for specific graduate programs. **The highest grade that can be earned through remediation is a LP for medical students.**

**Incompletes:** A grade of incomplete will not be awarded except in situations of dire emergency that preclude completion of module and coursework.

**Expectations of Students**

A. **Be an active learner.** This requires you to take an active role in your own learning and to share responsibility in the learning process with other students in the class. The components of active learning include the following:

- **Attendance.** As a professional in the field, you should make a conscientious effort to attend each lecture and to be on time. History and experience show that students who attend classes regularly do much better work and earn better grades. Attendance in lectures is **strongly encouraged.** Small group attendance is mandatory.
• **Adequate preparation for class.** Do the assigned reading and make note of questions and areas of interest.

• **Active Participation.** Participate actively in lectures and small groups. This will provide an opportunity to test your assumptions about professional practice, as well as expand the worldview of others in the class.

• **Study Groups.** Research on learning indicates that students can better "make the material their own" through extensive discussion. Unfortunately, our short meeting time does not provide sufficient time for such in-depth discussion. Therefore, you are urged to continue class discussions with your colleagues and to organize into study groups to review readings and to prepare for this and your other classes.

• **Technology:** You must be competent in the use of email and the E-reserve/Blackboard (Bb) course management system. Information and grades will be disseminated via Bb. Assignments will be submitted electronically to the course site. It is your responsibility to understand this technology. Blackboard is available at https://campus.georgetown.edu/. Login with your net ID and password.

**Academic Honesty and the “Code of Professionalism”** You are expected to abide by the School of Medicine "Code of Professionalism. The expectations include the application of academic integrity and honesty in your class participation and assignments; and that you will listen without bias or preconception to the ideas of your classmates, while giving them, as they give you, the benefit of opportunity to test out ideas and opinions in an educational environment of trust and openness. The GU statement is located in the Student Handbook at http://som.georgetown.edu/docs/Handbook%20Appendix%20O.pdf

• **Cheating** - Dishonesty of any kind with respect to examinations, course assignments, alteration of records, or illegal possession of examinations shall be considered cheating. It is the responsibility of the student not only to abstain from cheating but, in addition, to avoid the appearance of cheating and to guard against making it possible for others to cheat. Any student who helps another student to cheat is as guilty of cheating as the student he or she assists.

• **Plagiarism** - Plagiarism is the using of other's words or ideas as your own without giving credit to the original user. This is a serious offence that can result in failing grades on papers or in classes and even in expulsion from the university or legal action. It is expected that all students correctly credit information gathered from others. You are expected to take care not to use - intentionally or unintentionally - work by others. If you have questions about how to handle a particular situation, please get in touch with me.

• **Disciplinary Action** - Any student found engaged in cheating, aiding in cheating, plagiarism, or any other unfair practice will be dealt with immediately and strictly according to University policies.

**Academic Continuity:** In the case of prolonged disruption to the academic mission of the Medical School in a crisis situation caused by a natural disaster (e.g. weather, influenza outbreak), human-induced (“man-made”) disaster, or other precipitating factor, the Dean for Medical Education will notify the Module and Clerkship Directors, who in turn will notify you regarding how the learning activities in this module will be adjusted so as to maintain continuity of learning. **You will be notified of adjustments via email as well as a posting on the Announcements page in the module Blackboard® site.**

The following summarizes the plan for this module:

**Lectures:** Scheduled lectures will be shifted to an electronic format and accessible via a link in the module Blackboard® site, which will take you to the PowerPoint slides and streamed audio from previous academic year.

**Small Group Sessions:** The small group sessions will be rescheduled.

**Course Evaluation**
PPC is a constantly evolving course. We value your input because it greatly influences future course revisions. We are open to your comments and suggestions on the course overall as well as on specific class sessions. PPC-1 and PPC-2 will be evaluated via CourseEval, GU's online course evaluation tool. We intend to have the evaluation open during the entirety of each part of the course to allow you to evaluate lecturers as we progress. Please complete the evaluation in total by one week following the final session of each part of the course. **Submissions are anonymous; candor makes responses more useful. Please note that scores for each component will be distributed only after feedback is received from 80% of the class on CourseEval for both PPC-1 and PPC-2.**
**PPC-1 Lecture Schedule**

<table>
<thead>
<tr>
<th>#</th>
<th>Day, Date</th>
<th>Time</th>
<th>Topic</th>
<th>Lecturer</th>
<th>Readings</th>
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<tbody>
<tr>
<td>1</td>
<td>M, Aug 11</td>
<td>11:00-12:00</td>
<td>Introduction to PPC-1</td>
<td>Kaltman</td>
<td></td>
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<tr>
<td>2</td>
<td>M, Aug 11</td>
<td>1:00-2:00</td>
<td>Patient Centered Interviewing</td>
<td>Kaltman/Jilla</td>
<td>PCI Chapters 1-3</td>
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<tr>
<td>3</td>
<td>M, Aug 11</td>
<td>2:00-3:00</td>
<td>Master Clinician Interview</td>
<td>Murphy/Jilla</td>
<td>BRS Chapter 21</td>
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<tr>
<td></td>
<td>M, Aug 18</td>
<td>3:00-5:00</td>
<td>MCP Panel on Sickle Cell Grand Rounds (Cross-listed with PPC)</td>
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<tr>
<td>4</td>
<td>W, Aug 20</td>
<td>11:00-12:00</td>
<td>Difficult Patient Encounters</td>
<td>Epstein</td>
<td>Stoudemire pp. 21-35</td>
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<tr>
<td>5</td>
<td>W, Aug 27</td>
<td>11:00-12:00</td>
<td>Challenging Topics: Talking about Sex</td>
<td>McClaskey</td>
<td>BRS Chapter 19</td>
</tr>
<tr>
<td>6</td>
<td>T, Sept 2</td>
<td>10:00-11:00</td>
<td>Self-Care</td>
<td>Harazduk</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>W, Sept 10</td>
<td>9:00-10:00</td>
<td>Challenging Topics: Intimate Partner Violence</td>
<td>Kaltman</td>
<td>BRS Chapter 20</td>
</tr>
<tr>
<td>8</td>
<td>T, Sept 16</td>
<td>11:10-12:00</td>
<td>Challenging Topics: Breaking Bad News</td>
<td>Shad</td>
<td>Coulehan &amp; Block pp. 279-294</td>
</tr>
</tbody>
</table>

Self-directed learning assignments must be completed by Friday, September 26th at 5:00 PM.

**PPC-2 Lecture Schedule**

<table>
<thead>
<tr>
<th>#</th>
<th>Day, Date</th>
<th>Time</th>
<th>Topic</th>
<th>Lecturer</th>
<th>Readings</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>M, Jan 5</td>
<td>1:00-2:00</td>
<td>Introduction to PPC-2*</td>
<td>Kaltman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>M, Jan 5</td>
<td>11:00-12:00</td>
<td>PD Lecture: Introduction to History Taking**</td>
<td>TBD</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>M, Jan 12</td>
<td>9:00-10:00</td>
<td>Child and Adolescent Development</td>
<td>Biel</td>
<td>BRS Chs 1, 2, &amp; 3</td>
</tr>
<tr>
<td>11</td>
<td>M, Jan 12</td>
<td>10:00-11:00</td>
<td>Aging and Loss***</td>
<td>Handratta</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>W, Jan 21</td>
<td>8:00-9:00</td>
<td>Psychoanalytic Theory/Behavior Theory</td>
<td>Hall/Holl</td>
<td>BRS Chs 6, 7, and MI Reading – Zimmerman et al. 2000</td>
</tr>
<tr>
<td>13</td>
<td>W, Jan 21</td>
<td>9:00-10:00</td>
<td>Motivational Interviewing</td>
<td>Kaltman</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>F, Jan 23</td>
<td>8:00-10:00</td>
<td>Addictive Disorders/AA and AL-ANON Panel***</td>
<td>Kolodner</td>
<td>BRS Ch 9</td>
</tr>
</tbody>
</table>

Self-directed learning assignments must be completed by Friday, January 23rd at 5:00 PM.

Exam M, Jan 26 8:30-9:30 PPC Exam

Lectures will be held in LA-6.

*Attendance is strongly recommended for orientation to PPC2.
**This is a PD lecture but will provide important information regarding history taking.
***Attendance is required.
PPC-1 SMALL GROUPS

PPC-1 Small Group Lists
PPC-1 small group lists and specific small group guides are posted on Bb.

PPC-1 General Small Group Session Learning Objectives

1. Conduct a patient interview in an empathic and respectful manner, demonstrating the student’s ability to establish rapport.
2. Utilize Patient-Centered Interviewing skills to elicit information regarding the patient’s chief concern and history of present illness.
3. Demonstrate professionalism in your interactions with patients, colleagues, and nursing staff.
4. Display active listening, group participation, self-reflection, and constructive engagement of other students during small group sessions.

PPC-1 Session-Specific Learning Objectives

Sessions #1 and #2: Communications Microskills

1. Apply Patient-Centered Interviewing in a role-played patient encounter.
2. Identify communication skills that are most difficult for you.

Session #3: Effective Communication in Difficult Patient Encounters – Part A

1. Identify the type of patient that is likely to be most difficult for you.
2. Articulate communication techniques to employ in specific difficult patient encounters.

Session #4: Effective Communication in Difficult Patient Encounters – Part B*

1. Analyze factors that lead to difficult patient encounters.


Session #5: Self-Care

1. Interpret what self-care means for you personally.
2. Understand the importance of self-care.

Session #6: Intimate Partner Violence

1. Identify components of an empathic screening for intimate partner violence.
2. Illustrate collaborative safety planning.
3. Recognize the survivor’s perspective in an abusive relationship and the barriers to his/her seeking help.

Session #7: Breaking Bad News

1. Identify challenges that physicians face when breaking bad news to patients.
2. Generate strategies to cope with the challenges physicians face when breaking bad news to patients.

Session #8: Next Steps in Communication**

1. Analyze which communication skills come naturally and which you struggle with.
2. Identify strategies for effective communication in brief patient encounters.
3. Appraise barriers to utilizing effective communication skills and strategies to overcome them.

**Submit a written reflection analyzing your communication skills-related strengths and weaknesses as well as a plan to address identified weaknesses in terms of your PPC2 interview and any other clinical exposures you have during the M1 year.
## PPC-1 Small Group Student Assessment Scale

<table>
<thead>
<tr>
<th></th>
<th>Room for Growth</th>
<th>Professional</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attention/Active Listening</strong></td>
<td>Occasionally actively listens</td>
<td>Mostly listens attentively and actively</td>
<td>Consistently listens attentively and actively</td>
</tr>
<tr>
<td><strong>Contribution</strong></td>
<td>Offers limited contributions to the discussion or participates minimally. Rarely engages other students Rarely shares experiences</td>
<td>Participates regularly in the group discussions without dominating the conversation. Interacts with other students constructively. Willing to share</td>
<td>Participates regularly and provides insights and thoughts that advance the direction of the discussion. Often engages other students with ideas, questions, or feedback Always open, candid, willing to share information or personal experiences</td>
</tr>
<tr>
<td><strong>Preparation/Knowledge</strong></td>
<td>Rarely prepares for group discussions/activities. Student had gaps in knowledge.</td>
<td>Comes to the group well-prepared. Seems to have adequate knowledge and ability to learn the necessary material.</td>
<td>Demonstrates exceptional preparation. Incorporates material from the lectures and readings into the group discussion.</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td>Does not demonstrate adequate professionalism.</td>
<td>Demonstrates professionalism (e.g., dress, conduct in the hospital, handwashing).</td>
<td>Demonstrates superior professionalism (e.g., in interactions with hospital staff, behavior on units).</td>
</tr>
<tr>
<td><strong>Communication Skills</strong></td>
<td>Did not complete assignment or completed assignment with only minimal reflection on communication-related strengths and weaknesses.</td>
<td>Completed assignment and reflected on strengths/weaknesses and included a minimal plan to address weaknesses.</td>
<td>Completed assignment and included a thoughtful analysis of strengths/weaknesses and a detailed plan of how to address weaknesses.</td>
</tr>
<tr>
<td><strong>Overall Grade</strong></td>
<td>Room for Growth</td>
<td>Professional</td>
<td>Exceptional</td>
</tr>
</tbody>
</table>
PPC-2 SMALL GROUPS

PPC-2 Small Group Lists

PPC-2 small group lists and specific small group guides will be posted on Bb.

PPC-2 Small Group Session Learning Objectives

1. Conduct a patient interview in an empathic and respectful manner, demonstrating the student’s ability to establish rapport.
2. Utilize Patient-Centered Interviewing skills to elicit information regarding the patient’s chief concern and history of present illness.
3. Demonstrate professionalism in your interactions with patients, colleagues, and nursing staff.
4. Display active listening, group participation, self-reflection, and constructive engagement of other students during small group sessions.
5. Reflect on experience attending a 12-step meeting.

Attending a 12-Step Meeting

Each student is expected to attend a 12-step meeting (AA, Al-Anon, NA, or SMART Recovery). You are encouraged to do so over Winter break. If you are unable to go to a meeting over winter break, each small group will be assigned a period of time in which to go to an AA/AL-ANON/NA/SMART Recovery meeting. Although you are assigned to dates as a group, you are encouraged to attend a meeting alone or with one other group member if you are unable to attend alone. This is to both approximate the experience of someone who is attending such a meeting for the first time and to not overwhelm the meetings. You may attend any OPEN meeting. Meeting locations and times are accessible on the internet. In addition, we will post meetings that we are familiar with on Bb. You should be prepared to introduce yourself and explain why you are attending (e.g., to learn about 12-step programs in conjunction with your medical education). You will be asked to write a brief reflection about your experience (see below), which will be turned in to your small group preceptor on the last small group session.

<table>
<thead>
<tr>
<th>12-Step Program</th>
<th>URL</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td><a href="http://portaltools.na.org/portaltools/MeetingLoc/">http://portaltools.na.org/portaltools/MeetingLoc/</a> (when you search for a meeting, notice the column that says “closed to the public” to identify which meetings are closed vs. open)</td>
</tr>
</tbody>
</table>

AA Assignment

After you attend an AA/AL-ANON/NA meeting, you will be expected to write a brief (approximately 200 words) reflection responding to the prompts below. You will be expected to turn in your reflection to your small group preceptor during the last small group session.

- What was your experience at AA/AL-ANON/NA like for you?
- How was this similar to or different from your expectations?
- How do you think AA/AL-ANON/NA could be helpful to your future patients?
### PPC-2 Small Group Student Assessment Scale

<table>
<thead>
<tr>
<th></th>
<th>Room for Growth</th>
<th>Professional</th>
<th>Exceptional</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Attention/Active Listening</strong></td>
<td>Occasionally actively listens.</td>
<td>Mostly listens attentively and actively.</td>
<td>Consistently listens attentively and actively.</td>
</tr>
<tr>
<td><strong>Contribution</strong></td>
<td>Rarely provides interviewing feedback to classmates.</td>
<td>Provides constructive interviewing feedback to classmates.</td>
<td>Provides particularly insightful and constructive interviewing feedback to classmates.</td>
</tr>
<tr>
<td></td>
<td>Offers limited contributions to the discussion or participates minimally.</td>
<td>Participates regularly in the group discussions without dominating the conversation.</td>
<td>Participates regularly and provides insights and thoughts that advance the direction of the discussion.</td>
</tr>
<tr>
<td></td>
<td>Rarely engages other students.</td>
<td>Interacts with other students constructively.</td>
<td>Often engages other students with ideas, questions, or feedback.</td>
</tr>
<tr>
<td><strong>Interview</strong></td>
<td>Unable to conduct a patient interview in an empathic and respectful manner.</td>
<td>Conducts interview in a respectful manner.</td>
<td>Conducts interview in a respectful manner and verbally expresses empathy.</td>
</tr>
<tr>
<td></td>
<td>Minimally elicits information about the present illness.</td>
<td>Adequately elicits information about the present illness.</td>
<td>Thoroughly explores information about the present illness.</td>
</tr>
<tr>
<td></td>
<td>Elicits minimal social history.</td>
<td>Adequately elicits information about the social history.</td>
<td>Superior exploration of social history.</td>
</tr>
<tr>
<td><strong>Professionalism</strong></td>
<td>Does not demonstrate adequate professionalism.</td>
<td>Demonstrates professionalism (e.g., dress, conduct in the hospital, handwashing).</td>
<td>Demonstrates superior professionalism (e.g., in interactions with hospital staff, behavior on units).</td>
</tr>
<tr>
<td><strong>AA Reflection</strong></td>
<td>Did not complete assignment or completed assignment with only minimal reflection on experience at AA/NA/Al-Anon meeting.</td>
<td>Completed assignment and reflected on experience and how it may apply to future practice.</td>
<td>Completed assignment and reflection was particularly insightful and included a detailed articulation of the impact of the experience both personally and professionally.</td>
</tr>
<tr>
<td><strong>Overall Grade</strong></td>
<td>Room for Growth</td>
<td>Professional</td>
<td>Exceptional</td>
</tr>
</tbody>
</table>