

CLINICAL CORE GUIDELINES

Purpose of this Document:

To provide guidelines for MD students and faculty during a clinical core teaching session.

1. Preamble

Throughout the development of the Undergraduate Medical Education curriculum, clinical correlation has been consistently rated highly by students and graduates. The clinical correlation experience or “Clinical Core” provides an early opportunity for patient contact, a window into the patient experience of illness and disease, and a strategy for integrating various aspects of medical education. The sessions provide context and meaning to the historical information and physical findings described in course material. The primary goal of Clinical Core is to reinforce the features of a clinical presentation in a real patient.

2. Learning Objectives

General learning objectives for all Clinical Core sessions are as follows:

- a. Observe the preceptor as a role model for professional behavior, communication and empathy.
- b. Correlate clinical cases with basic and clinical sciences learnt in the classroom.
- c. Develop skills in history taking, communication and physical examination.
- d. Identify and describe abnormal findings, in contrast to the normal physical exam findings stressed in the Medical Skills Course, and correlate these abnormal findings with the underlying disease process.
- e. Identify and describe aspects of the illness experience, and correlate these experiences with the underlying disease process.
- f. Develop the skills and knowledge necessary to navigate health care delivery environments such as hospitals and clinics.

Course specific learning objectives for Clinical Core are located in the MD Program student information system OSLER or online in the course outline.

3. Benefits from Clinical Correlation Sessions

- a. Interaction with real patients increases student motivation to learn the required knowledge and skills of the course being studied.
- b. Demonstration of clinical presentations and their causes at the bedside correlates classroom work (basic and clinical sciences) with the real world.
- c. The importance of history and physical examination in solving clinical problems is clearly demonstrated.
- d. Reinforcement of problem-solving skills occurs through the use of schemes (problem-solving pathways, classification systems).
- e. Clinical reasoning skills are demonstrated and developed.

- f. There is an opportunity to appreciate abnormal physical findings.
- g. Understanding of the impact of illness on a patient's life and family is developed.
- h. The student can begin to learn to navigate the systems and culture of the health care setting- Students have an opportunity to take on appropriate roles and behaviors necessary to function as a clinical learner.

4. Implementation of Clinical Correlation Sessions

- a. Small groups of students will accompany a clinical preceptor to take histories and examine patients demonstrating clinical presentations taught in the course.
- b. Clinical Core groups are the same ones as for the Communications and Physical Exam components of the Medical Skills Program to avoid scheduling conflicts.
- c. Cases are not meant to be standardized across student groups because the patient population available varies day-to-day.
- d. Only a limited number of clinical presentations can be addressed. These sessions are not meant to be all-inclusive.
- e. Placeholders for clinical core will be included in the timetables. Sessions may not be scheduled during other learning activities (such as lectures or small groups) and will be scheduled during normal UME program hours of 8:30 to 17:30 Monday to Friday. Student group leaders from each Clinical Core group will develop with the preceptor an acceptable schedule at the beginning of each course, preferably by the third day of the course¹.

5. Number of Sessions

The number of sessions of clinical correlation in each course will be determined by the course committee with the following guidelines:

- a. A minimum of 3 sessions (2 hours each) is expected in each of the pre-clerkship courses including Course 1, 2, 3, 4, 5, 6, 7.
- b. Courses may schedule more hours (up to maximum of 2 hours per week of course) if desired in order to cover a broader range of clinical presentations.
- c. Courses seeking to provide fewer than 6 hours of clinical correlation require approval at PCC. Normally, courses will be required to provide an alternate clinical experience with patients to justify such requests.

6. Preceptor Responsibilities

- a. Preceptors are asked to identify appropriate patients for Clinical Core from their or their colleagues' practice; patients can be hospital in-patients or clinical out-patients.
- b. Preceptors can hold the Clinical Core sessions with in-patients on the hospital wards, with clinical outpatients in existing clinic time provided the students can be closely supervised, or alternately, with ambulatory out-patients in the Medical Skills Centre (rooms must be booked ahead, parking is provided for patients).
- c. Preceptors are to guide students and allow them to participate in the conduct of a history and physical examination with a patient under the preceptors' care or the care of one of their colleagues; the patient case will then be discussed with the students in the context of their acquired knowledge to date.
- d. One45 evaluations to be completed by the summative examination for the course. For evaluations received greater than one week past the summative exam students will be

¹ ***Courses may require other deadlines for students to contact preceptors to facilitate scheduling***

considered complete and satisfactory and evaluations will be closed. Preceptor payment is linked to evaluation completion.

7. Student Responsibilities

- a. Student attendance is mandatory at Clinical Core sessions, as per the Undergraduate Medical Education Attendance Policy.
- b. Each Clinical Core group will select a student leader who will be responsible for:
 - acting as a liaison between the preceptor and the Clinical Core group
 - establishing, with the preceptor, a mutually agreeable time and meeting place for the Clinical core sessions at the beginning of the course
 - ensuring there is no conflict between Clinical Core sessions and other scheduled UME curriculum demands, such as lectures and small group sessions
- c. Students are expected to demonstrate professional behavior which includes:
 - arriving on time for Clinical Core sessions
 - bringing appropriate equipment (eg. white coat, stethoscope, reflex hammer, notebook, etc.) to each clinical core session
 - wearing professional attire (ie. no jeans or T-shirts) as described in the student handbook
 - respecting patient confidentiality
 - being respectful of patients and preceptors
 - not bringing food or drinks to any of the sessions

8. Student Evaluation

- a. Each individual student will provide the preceptor with the evaluation form via One45. The evaluation form must be submitted by one week past the final exam for the course.
- b. Students will be evaluated on:
 - Professional behavior
 - Appropriateness of interactions with patients
 - Attendance, preparation and participation in sessions
- c. Preceptors will also be asked to provide comments if concerns about student performance are apparent. The evaluation form and process will be periodically reviewed and approved by the Student Evaluation Committee.

9. Preceptor Evaluation

Students will also complete a preceptor evaluation at the time of their end of course survey.

10. Alternate Clinical Correlation Experiences

Courses that wish to offer clinical experiences that differ significantly from the criteria described above will require prior approval by PCC.

11. Rules of Conduct

Please refer to the MD Student Physical Examination Conduct policy for rules of conduct.

**Approved & Updated By: UME Management
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