

MED 4006 –Patient History

Course Name	Code	Semester	Type of course	Theory (hours)	Group work(hours)	ECTS
Patient History	MED 4006	VIII	Mandatory	8	18	2
Patient Safety and Interprofessional Collaboration	Faculty of Medicine, one-cycle Educational Program “Medicine”					
Author (s)	Natia Kharati - invited teacher; Mob: 599 502 512; e-mail: natiakharati@yahoo.com Consulting day - individually					
Teaching and learning format	Lecture Group Work					
Educational course format	Total: 60 hours Contact hours: 30 h 1. Lecture – 8 h 2. Group work – 18 h 3. Midterms – 2 h 4. Final exam -2 h Independent work – 30 h					
Prerequisites	No prerequisites					
The purpose (s) of tutorial course/modules	The course aims to teach students anamnesis collection; physical examination techniques: inspection, palpation, percussion, blood pressure measurement and others; to reveal the objective evidence of disease; to design the laboratory and instrumental research plans; to collect and compile the details of the patient’s history. The course also aims to develop the the following skills: verbal and nonverbal communication skills with the patients as well as their family members, the correct interpretation of received information, obtained results declaration and presentation the argumentative conclusion.					
Teaching and learning strategy	Lecture - Face-to-Face - Direct verbal contact; Demonstration and visualization method, with practical examples supporting is necessary for effective study. Patient histories observation and discussion – attended patients’ physical examination in according of current medical standard During work in group will be used " role-playing games " around medical communication, the simulated cases will be played. the important part of this playind games will be devoted to non-verbal communication skills enhancement, including the study of body language and gestures. Brief-inquire (3) –short questions and answers; collected information analysis, interpretation, classification and assessment.					
Assessment criteria	Maximum score – 100 scores Midterm assessment – 60 scores, that includes:					

- Attendance – 10 scores;
- Activity – 30 scores:
 - Clinical skills– 10 scores;
 - Medical history taking– 10 scores;
 - Pole-playing– 10 scores;
- **Mid-term exam – 20 scores**

Clinical skills Assessment – 10 scores max.

- Accordance of theoretical knowledge and clinical skills -1 scores;
- Manipulation exact consequence – 1 scores;
- Clinical results interpretation skills - 1 scores;
- Patients and doctors safety – 1scores;
- Communication skills with patients – 1scores;
- Ethical and deontology principles – 1score;
- Analytical thinking about diagnose – 1 score;
- Proper orientation it terms of time-limit – 1 scores;
- Emergency situation manage skills – 1 scores;
- Patients' agreement signing and preparation for procedure – 1scores.

Medical History Taking Assesment – max 10 scores

9-10 scores- the task is understood properly, medical history component, clinical picture and diagnostics data, diagnosing and the treatment scheme is adequate and all the steps are described in consequential order; list of drugs is appointed properly with correct name and dozes;

7-8 scores- the task is completely understood, medical history component, clinical picture and diagnostics data, diagnosing and the general steps treatment is assembled in consequential order;

5-6 scores -the task is completely understood, but medical history component, clinical picture and diagnostics data, diagnosing and the general steps treatment is assembled in no consequential order;

3-4 scores– the task is not completely understood, medical history component, clinical picture and diagnostics data, diagnosing and the general steps treatment is assembled in no consequential order;

2-1 score– Student demonstrates misunderstanding and no complete skills of medical history taking

0 score- Student is not able to complete the task.

Role playing games (10 scores):

1. Ability of verbal communication – 1 score;
2. Ability of nonverbal communication - 1 score;
3. Diagnostics test selection – 1 score;
4. Data interpretation -1 score;
5. Ability of knowledge applying for the medical problem decision -1 scores;

1.3. Midterm Exam – 20 scores

Written test -40 question, 0,5 score for each – max. 20);

Minimal scores of midterm assessment (for final exam) – is 11.

1. Final Exam -40 scores

Is held in the written test form (test consists of 80 questions, each question is rated as 0,5 score).

The final exam would accounted as passed in case of maximum 70% or more ($40 \times 70 / 100 = 28$ scores).

Credit will be given to the student if he has collected at minimum 51 scores out of 100.

	<p>Student's assessment has to be done in the following way:</p> <p>Positive rate:</p> <ul style="list-style-type: none"> • (A) Excellent- 91 or more scores; • (B) Very Good- 81-90 scores; • (C) Good- 71-80 scores; • (D) Satisfactory- 61-70 scores; • (E) Enough- 51-60 scores; <p>Negative rate:</p> <ul style="list-style-type: none"> • (FX) Failure - 41-50 scores, which means that a student needs to work more and an independent and considerable further work is required to pass the exam once again to be re-awarded; • (F) Fail – 40 scores or less, which means that the student's diligence is not sufficient and student has to learn the subject all over again. <p>Student can pass the additional exam during the same semester.</p> <p>The time interval between the final and the additional exams should be not less than 10 days.</p>
The basic literature	<ol style="list-style-type: none"> 1. Bates' guide to physical examination and history-taking. Bickley, Lynn S., Philadelphia : Wolters Kluwer Health/Lippincott Williams & Wilkins, 10th ed, 2009. 2. Guide to Physical Examination and History of Taking (Case Studies to Accompany). Fiona R.Prabhu & Lynn S.Bickley. Lippincott Williams&Wilkins, 9th ed, 2007.
The auxiliary literature	<ol style="list-style-type: none"> 3. ADLER CARLTON, INTRODUCTION TO RADIOGRAPHY AND PATIENT CARE; HISTORY TAKUNG (P.119-135); SAUNDERS ELSEVIER, 1994.

The tutorial/training course content

№	Subjects	Lecture (hour)	Work in group (hour)
1	Physical examination and review of the patient's medical history: the main components of history, history of current disease or damage. Past, medical and family history. Clinical reasoning, assessment, and the following action plan design. Interviewing. The main examination, vital signs and pain. Patient communication, medical professionalism;	2	4
2	Basic physical evaluation review: review of body systems. Behavior and mental status. Observation and testing of skin, nails and hair. head and neck regions.	2	4
3	Observation and testing of chest, abdomen regions and limbs. Cardiovascular system examination. Observation and examination of musculoskeletal system.	2	2
	Midterm	-	2
4	Observation and testing of male and female genitals. Observation and examination of the anal sphincter, rectum and prostate gland.	2	4
5	Inspection, palpation, percussion, blood pressure measurements and other manipulations.		4

	Make the subcutaneous, intramuscular, intravenous injections. Medicines administration, intramuscular injection complications, wound treatment and care. Blood sampling techniques. Additional laboratory tests and the patient's research plan design;		
	Final Exam		2

Learning Outcomes

Criteria	Competences
Knowledge and understanding	<p>Student will have deep knowledge of the issues on the study course, which allows them to cope with task and realize the importance of this task.</p> <p>Aware the major components of the patient's medical history, physical assessment and vital signs.</p> <p>Knows all the procedures necessary for the organ system tasting.</p>
Applying knowledge	<p>After completing the course students (a doctor's supervision) will be able to:</p> <p>survey of the patient;</p> <ul style="list-style-type: none"> • carry out the basic physical (inspection, palpation, percussion, blood pressure measurement, etc.) examination and recognize the evidence signs of disease; • design the additional laboratory and instrumental research plan; • to diagnose the specially distributed and the most common diseases of the internal organs.
Making Judgment	<p>The student is able to:</p> <ul style="list-style-type: none"> • work with non standard setting patient's health-related issues; • interviewing patient and synthesize the results of physical examination, analyze and make the appropriate conclusions and make the adequate action according to the patient's condition.
Communication Skills	<p>Student will have proper and adequate communication ability with patients and their relatives as well as with colleagues. They are able to perform patients' researches results presentations and discussions and design the following treatment plan</p>
Life-long learning ability	<p>Students manage their own learning process independently, have the ability to realize the strategic plan of the course, constantly update their knowledge throughout his professional activities.</p>
Values	<p>Student always considers and respects the privacy of the patient, protect confidentiality and professional ethics.</p>