Marshall University Joan C. Edwards School of Medicine Core Competencies with Milestones

Patient Care/Clinical Skills (PC)				
Students must be able to provide care that is compassionate, appropriate, and effective for treating health problems and promoting health, specifically:				
Enabling Competency	**Milestones students should achieve**			
	Year 1	**Year 2**	**Year 3**	**Year 4**
A. Obtain an accurate, age-appropriate medical history	**PC1A1.** List the elements of the full medical history. **PC1A2.** Perform a focused history on an ambulatory adult patient. **PC1A3.** Include sexual history, functional status, relevant family history, community and family context of care, and cultural competence in medical history. Explain to reluctant patients why these components are included in the history. **PC1A4.** Demonstrate that the patient's autonomy and privacy are respected in the history taking process.	**PC2A1.** Perform a complete medical history of an adult patient integrating across organ systems and including elements necessary for development of a therapeutic plan. **PC2A4**. Discuss differences in the approach to patient history based on patient's presenting complaint.	**PC3A1.** Obtain appropriately focused and accurate history and physicals across all age groups and clinical settings. **PC3A2.** Obtain a medical history from a pediatric patient incorporating parent(s) as appropriate. **PC3A3.** Describe issues related to obtaining a medical history from geriatric patients and patients at the end of life. **PC3A4.** Identify and address barriers to history taking including patient's right to refuse to provide information and to censor information. **PC3A5.** Compare and contrast appropriate versus inappropriate methods for obtaining a history e.g. persuasion compared to manipulation and coercion.	**PC4A1.** Reliably obtain accurate information from patients, including children and patients with special situations (e.g., end-of-life, bedbound/demented patients, by telephone). **PC4A2.** Adjust interview to overcome potential barriers including socioeconomic circumstance, literacy levels, ethnicity, and cultural practices.
B. Demonstrate proper technique in performing both a complete and symptom-	**PC1B1.** Sensitively perform a focused physical examination in healthy men and women	**PC2B1.** Sensitively perform and interpret the results of a full physical examination in	**PC3B1.** Perform an independent, reliable examination across all organ	**PC4B1.** Perform focused physical examination in area(s) of

focused examination, addressing issues of patient modesty and comfort.	and identify basic abnormalities. **PC1B2.** Demonstrate comfort with the examination while assuring patient dignity, privacy, safety, and satisfaction. **PC1B3.** Sensitively perform male and female GU exam and female breast exam. **PC1B4.** Perform proper hand washing technique before each patient encounter.	patients with common abnormalities. **PC2B2.** Discuss differences in the approach to the physical examination based on patient presenting complaint. **PC2B3.** Perform a pediatric physical exam.	systems with respect to age and gender and identifying major abnormalities found.	specialty/disciplinary interest.
C.Perform routine technical procedures and tests under supervision and with minimal discomfort to the patient.	**PC1C1.** Identify important elements related to patient privacy, comfort, and safety during basic procedures. **PC1C2.** Describe proper procedure/protocol for gowning/draping of patients for procedures. **PC1C3.** Discuss technique(s) and basic science foundation for basic procedures. **PC1C4.** Perform basic procedures in a simulated setting. Discuss the indications for, and risks of, these procedures. **PC1C5.** Outline the important elements of, and process for, obtaining informed consent.	**PC2C1.** Discuss technique(s) and basic science foundation for advanced procedures. **PC2C2.** Perform advanced procedures in a simulated setting. Discuss the indications for, and risks of, these procedures. **PC2C3.** Identify important elements related to patient privacy, comfort, and safety during advanced procedures.	**PC3C1.** Assist with the performance of advanced procedures. Discuss the indications for, and risks of, these procedures **PC3C2.** Discuss under what circumstances a procedure should be halted including withdrawal of consent. **PC3C3.** Perform basic procedures under supervision and with minimal discomfort of the patient. Discuss the indications for, and risks of, these procedures.	**PC4C1.** Perform selected advanced procedures under supervision and with minimal discomfort of the patient. Discuss the indications for, and risks of, these procedures.

	PC1C6. Perform proper hand washing technique before each patient encounter.			
D. Justify each diagnostic test ordered and management strategy proposed with regard to cost, effectiveness, risks, and complications, and the patient's overall goals and values.	**PC1D1.** Discuss scientific basis for Clinical and diagnostic testing.	**PC2D1.** Explain the rationale, expected results, cost, risks, scientific basis and complications of diagnostic tests and therapeutic strategies commonly used in the clinical setting. **PC2D2**. List the common testing methodologies, the advantages and disadvantages of the tests, how test samples are procured, and how to prepare patients to undergo the tests. **PC2D3.** Identify the key questions to ask when developing a risk to benefit ration for any given diagnostic or therapeutic intervention.	**PC3D1.** Choose appropriate tests and management strategies based on effectiveness, risk, cost, and patient goals and values for core clinical conditions. **PC3D2.** Demonstrate that shared decision making is reflected in development of the diagnostic and management plan. **PC3D3.** Recognize the role of elective medications and procedures in patient care and discuss how to balance the risks and benefits in individual patients.	**PC4D2.** Recognize the limitations of rural diagnostic tests and management strategies.
E.Apply clinical reasoning and critical thinking skills in developing a differential diagnosis and management plan.	**PC1E1.** Generate a broad differential diagnosis based on mechanisms of disease and patient characteristics. **PC1E2.** Develop a plan to test diagnostic hypotheses.	**PC2E1.** Generate a broad differential diagnosis based on pathological mechanisms and disease prevalence, and identify the most likely diagnoses on that list. **PC2E2.** Develop a basic diagnostic and therapeutic plan based on this	**PC3E1.** Integrate information obtained from history, physical and diagnostic testing, and the medical literature to generate an appropriate differential diagnosis (incorporating knowledge of pretest probability, testing characteristics, and post-test	**PC4E1.** Integrate information obtained from history and physical examinations, and diagnostic testing, and review of the clinical literature to formulate and appropriate differential diagnosis and plan of care for critically ill and emergent patients.

		differential diagnosis.	probability) and basic management plan for core patient types. **PC3E2.** Develop appropriate care plans which reflect the cost, risks, and benefits of various diagnostic and therapeutic measures in the context of the patient's goals. **PC3E3.** Discuss how a patient is involved in developing care plans.	
F. Apply the principles of pharmacology, therapeutics, and therapeutic decision-making to the care of an individual patient.	**PC1F1.** Obtain a medication history and identify potential side effects and drug interactions.	**PC2F1.** List mechanism of action, therapeutic indications] and common side effects for major drug classes. **PC2F2.** Discuss the mechanism of action, common adverse effects, effectiveness, risks, and costs of pharmacological therapeutics used to treat core medical conditions. Include discussion of brand versus generic medication. **PC2F3.** Discuss the use of alternative medications.	**PC3F1.** Select appropriate medications to treat core conditions in inpatient and outpatient settings. **PC3F2.** Discuss the rationale for selection of these medications including indications, side effects, cost, and effectiveness. **PC3F3.** Perform medication reconciliation for patients at time of discharge.	**PC4F1.** Differentiate between alternative medications for common conditions based on therapeutic effectiveness and cost considerations. **PC4F2.** Identify cost-related barriers to patient medication use with consideration to cost, gender, ethnicity sexual identity, socioeconomic status, rural setting, religious and cultural beliefs
G. Identify and incorporate into the care of patient's appropriate prevention strategies for common conditions.	**PC1G1.** Identify the most common causes of morbidity and mortality in specific patient populations and discuss recommended	**PC2G1.** Apply principles of clinical epidemiology to select and evaluate prevention strategies for clinical cases.	**PC3G1**. Apply principles of clinical epidemiology to select and evaluate prevention strategies for patients with core medical	**PC4G1.** Select appropriate prevention strategies for disease management within diverse populations including intended and unintended

	screening test for these conditions. **PC1G2.** Identify the levels of prevention. **PC1G3.** Describe available strategies of prevention (screening, vaccination, education/counseling, etc.) and their respective characteristics, limitations, and benefits.	**PC2G2.** Complete a motivational interview and identify the basic principles of behavior change related to prevention.	conditions.	consequences.PC4G2. Counsel patients about preventive services in non-judgmental, culturally sensitive terms. **PC4G3**. Appropriately select and integrate prevention strategies into management of patients in area(s) of specialty/disciplinary interest. **PC4G4.** Discuss the use of national guidelines (e.g. US Preventive Services Task Force) in the care of individual patients. **PC4G5.** Critically evaluate the benefits and limitations of the use of guidelines for common conditions.
H. Identify when patients have life-threatening conditions and institute appropriate initial therapy.	**PC1H1.** Identify the normal and abnormal parameters for age specific vital signs. **PC1H2.** Achieve certification in Basic Life Support.	**PC2H1.** Discuss the etiology, presentation, and management of common life-threatening conditions.	**PC3H1.** Achieve certification in Advanced Cardiac Life Support. **PC3H2.** Participate in code-blue, trauma response, and rapid response for adult and pediatric patients. **PC3H3.** Identify the normal and abnormal parameters for adult vital signs	**PC4H1.** Participate in the diagnosis and management of common life-threatening conditions.
I. Sensitively address end-of-life issues with patients and	PC1I1. Describe the application of history-taking	PC2I1. Assess functionality, pain; support needs,	PC3I1. Identify salient end-of-life issues for discussion with	PC4I1. Assist with the creation of a multi-

their families, including do-not-resuscitate orders and pain management	elements to end-of-life care, e.g., health care beliefs, support system. PC1I2. Perform a basic evaluation of pain symptoms during history taking. PC1I3. Discuss death as a personal and cultural practice, including various conceptual approaches such as the Kubler-Ross stages of dying, or ideas about the afterlife.	familiarity with functions of DNR orders, health care power of attorney, advance directives and palliative care. PC2I2. Discuss the basic elements of therapeutic pain management. PC2I3. Identify the core elements of advance directives and palliative care.	patient and family; actively participate in discussion with patient and family alongside other treatment team members. PC3I2. Develop recommendations for treatment plans involving end-of-life care. PC3I3. Assess alternatives, risks and benefits re: options for pain and symptom control at the end-of-life.	dimensional treatment plan for patients at end-of-life. PC4I2. Collaborate with a patient in creating an advanced directive.