## HOSPITAL, INTERVENTIONAL, AND SURGICAL CARE COURSE

## **MEDICINE BLOCK DIDACTICS**

## 01.30.20

- PC3. Perform routine technical procedures and tests under supervision and with minimal discomfort to the patient
- PC4. Justify each diagnostic test ordered with regard to cost, effectiveness, risks and complications, and the patient's overall goals and values.
- PC5. Apply clinical reasoning and critical thinking skills in developing a differential diagnosis
- PC6. Apply the principles of pharmacology, therapeutics, and therapeutic decision-making to develop a management plan
- MK1. Describe the normal structure and function of the human body and of each of its major organ systems across the life span.
- MK3. Describe how the altered structure and function (pathology and pathophysiology) of the body and its major organ systems are manifest through major diseases and conditions.
- MK5. Demonstrate knowledge of the common medical conditions within each clinical discipline, including its pathophysiology and fundamentals of treatment.
- IC1. Communicate effectively in oral format with patients and patients' families.
- IC2. Communicate effectively in oral format with colleagues, and other health care professionals.
- IC3. Communicate effectively in written format with colleagues, and other health care professionals.
- IC4. Sensitively participate in end-of-life activities with other health care professionals and patients. Examples may include end of life discussions and pain management.
- LL1. Demonstrate skills in retrieving, critically assessing, and integrating social and biomedical information into clinical decision-making.

Didactic Topic	Competencies and Learning Objectives	Assessments	Teaching Method
Diagnostic Reasoning	Explain in plain English the concepts of prevalence, sensitivity, specificity, positive predictive value, negative predictive value, positive likelihood ratio, negative likelihood ratio, pretest probability and posttest probability; as well as explain the interrelationship of these concepts (e.g., calculate each value when given several of the other values; describe which values change with prevalence of disease and which can be considered characteristics of the test itself). (PC4, PC5)	Quiz (formative)  UNC Internal  Medicine Exam (summative)	Small Group

	Convert from probability to adds and from adds to probability (DC4, DCC)		
	Convert from probability to odds and from odds to probability (PC4, PC5)		
	Determine which test has the best ability to "rule in" or "rule out" a given		
	disease when given sensitivity, specificity and likelihood ratios. (PC4, PC5)		
	Calculate likelihood ratios when given information in a 2 x 2 table format. (PC4, PC5)		
	(1 64, 1 63)		
	Calculate likelihood ratios when given sensitivity and specificity. (PC4, PC5)		
	Calculate posttest probability when given pretest probability and		
	likelihood ratios (by using longhand math and Fagan nomogram). (PC4, PC5)		
	FC3)		
Therapeutic Reasoning	Explain what to do with the posttest probability once it has been	Case-Based	Small Group
	calculated. (PC4, PC5, LL1)	Exercises	
		(formative)	
	Explain when it is best to do nothing (observe), to test, or to treat		
	empirically without testing. (PC4, PC5, PC6, LL1)	UNC Internal	
	Discuss when it is appropriate to treat someone based on the underlying	Medicine Exam (summative)	
	treatment principle of treat only if it does more good than harm (PC4, PC5,	(Summative)	
	PC6, LL1)		
	Discuss when it is appropriate to treat someone based on the underlying		
	principle of testing decisions: do not test unless it has the potential to		
	change management (PC4, PC5, PC6, LL1)		
EKG Interpretation	Identify the elements of a "the normal EKG," including determination of	EKG Problem Set	Small Group,
	rate, rhythm, intervals, axis, evidence for hypertrophy and ischemic	(formative)	Computer-based
	changes (MK1).	,	module
		UNC Internal	
	Identify common EKG abnormalities, including supraventricular	Medicine Exam	
	tachycardias (including SVT, afib and atrial flutter), ventricular tachycardias	(summative)	
	(including vtach and vfib), ischemic changes (including localization of acute	NA - district Cl. 15	
	myocardial infarctions), left and right bundle branch blocks,	Medicine Shelf	
	first/second/third degree heart blocks and hyperkalemia (MK3).	Exam (summative)	
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Chest X-Ray Interpretation	Identify the features of "the normal chest x-ray." (MK1)	UNC Internal	Computer-based
		Medicine Exam	module
	Recognize several common chest x-ray abnormalities, including alveolar	(summative)	
	and interstitial infiltrates, CHF, pleural effusions, pneumothorax, and		
	pulmonary masses. (MK4)	Medicine Shelf	
		Exam (summative)	
Palliative Care	Practice how to communicate what is palliative care (IC4)	Written Reflection	Small Group
		(formative)	
	Discuss spectrum of communication topics appropriate for outpatient		
	setting (IC1 & IC4):		
	Prognosis		
	Goals of Care		
	Review mechanisms for translating goals communication into care		
	decisions (IC2, IC3 & IC4):		
	Advance Care Planning		
	MOST form		