

Background

- Clerkship directors recognize mastery of physical examination skills as an important part of learning Medicine, but how to best teach these skills can be problematic
- Students complain that Physical Diagnosis rounds are a “waste of time” and dislike being pulled away from the wards for this activity
- Students express discomfort at going in groups to “gawk at” patients; findings

Aim

To develop a flexible, valuable method for teaching physical examination skills that can be used on daily rounds as well as in dedicated Physical Diagnosis rounds.

Innovation

- Weekly Physical Diagnosis rounds are conducted for clerkship students by faculty at the University of Massachusetts Medical School.
- Students meet in groups of four to six to discuss patients who have interesting physical findings and go to the bedside to see the patients and review the findings.
- Rounds are conducted in the PE IDEA format.
- Students rate their experiences on an End of Clerkship survey



What is **PE IDEA**?

P – Preview the patients. The student whose patient is being presented gives a brief “bullet presentation” about the patient’s background and problems.

E- Explore the possible findings one might encounter for the patient’s problems. For example, in a patient with pneumonia, the group can explore whether the breath sounds are likely to be increased vs. decreased, whether the chest will be more dull or more resonant, and whether any adventitious sounds may be heard. This helps students to go to the bedside with a prepared mind.

I – Introduce the group to the patient and invite the patient to tell his/her story. This helps to make the patient part of the process and avoids having the patient feel “gawked at”.

D- Demonstrate proper physical exam techniques (or have a student demonstrate this and give feedback.)

E- Evaluate how students are performing the exam and evaluate their level of understanding of the findings. For example, after having discussed grading of murmurs in the Explore phase and then examining the patient, they can be asked to grade the murmur when they listen to the patient.

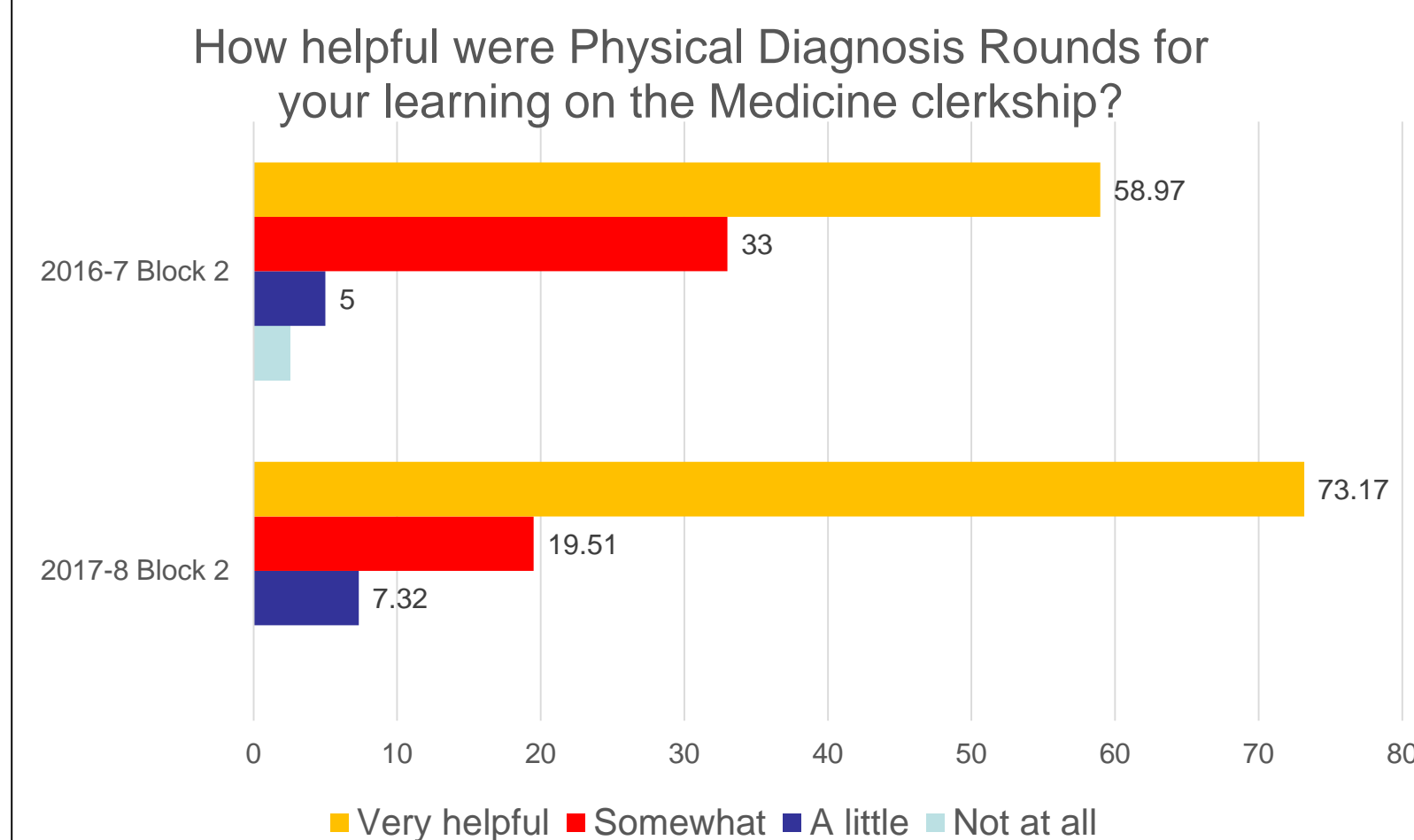
A – Augment students’ knowledge of the entity they just saw. For example, after listening to an aortic stenosis murmur, teach the clinical triad of aortic stenosis symptoms and discuss pathophysiology.

Results

End of Clerkship Survey of Student Experience on the Medicine Clerkship

All Surveys Used a 1-4 Likert Scale

- 4=Very helpful
- 3=Somewhat helpful
- 2= A little helpful
- 1= Not at all helpful



Student comments about PE IDEA

- It was helpful to think about what we might find before going to see the patient and fun to see how accurate we were in predicting what the findings actually were
- I liked learning about hepato-jugular reflux and was happy we got help in eliciting it at the bedside
- I liked that we didn’t have to keep the findings a secret when we presented our patients. It was less stressful and made it easier to learn.
- It is still hard to get pulled away from our teams at University campus for these rounds.



Discussion/Future Plans

- Students who have gone through this format comment that they find Physical Diagnosis rounds fun and interesting.
- Students feel they remember the clinical pearls better after having seen a patient a patient with whom they can associate them.
- Students feel the patient is part of the process, and no longer express discomfort at “gawking at” their patients.
- Ward teaching faculty may be trained in PE IDEA to implement on daily work rounds.
- Faculty development in PE IDEA for faculty at affiliated sites