

University of California, Irvine
School of Medicine

Ambulatory Medicine Clerkship
Academic Year 2010-2011

Ambulatory Medicine Seminars



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Doctoring/Ambulatory Care Rounds at UCIMC

1. Objectives

- A. Discuss the process of analysis for ethical issues.
- B. Understand the role of values and spirituality in developing insight into the doctor-patient relationship; and cultivating understanding and empathy for both patients and physicians.

Schedule Times and Locations (Sample see official schedule)

| | Week 1 Tues. | Week 2 Tues. | Week 3 Tues. | Week 4 Tues. |
|---------------|----------------------|----------------------|-------------------------------|---------------------|
| 11am-12:00pm | | | | |
| 1:10-1:30pm | Ambulatory Clinic | Ambulatory Clinic | Travel Time | |
| 1:00pm-2:00pm | | | Ethics | |
| 2:00pm-3:00pm | | | Values | |
| 3:00-4:00pm | | | Quality and Patient Safety | |
| 4:00 - 5:00pm | | | Documentation and Billing | |

The Quality and Patient Safety will be held Bldg. 22A, Rm. 2114 with Dr. Cohn.

The Documentation and Billing will be in Bldg. 22A, Rm. 2114

The Ethics sessions will be Bldg. 22A, Rm. 2114 with Drs. Butteri/Cohn.

The Values Session will be held in Bldg. 22A, Rm. 2114 Butteri/Cohn.

◆ Shelf Exam

The Final Shelf Examinations will be administered upon completion of both your Ambulatory and Inpatient rotation. It will be given on Friday from 9:00-11:20 am.

- Tracks 1 - 8 will test Friday, October 15, 2010
- Tracks 9 - 16 will test Friday, March 4, 2011
- Tracks 17 - 24 will test Friday, June 24, 2011

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III. **Schedules – Times/Locations on Tuesday afternoon (subject to change see schedule)**

| | |
|-------------|---|
| 1:30-5:30pm | Week 1 & 2 or 3 & 4 (as assigned on schedule) - Students will report to their Ambulatory Preceptor's clinic (all afternoon) |
| 1:00-2:00pm | Week 3- Students meet in Library conference room with Drs. Cohn/Butteri for the Ethics session |
| 2:00-3:00pm | Week 3 - Students meet in Library conference room with Drs. Cohn/Butteri for the Values session |
| 3:00-4:00pm | Week 3 - Students meet in UCIMC Library conference room for Patient Safety and Medical Errors with Dr. Cohn |
| 4:00-5:00pm | Week 3- Students meet in UCIMC Library conference room for Documentation and Billing with Nancy Becker. |

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VI. Ethics, Values and the Art of Medicine: During Ambulatory Rotation

Our Ethics discussion will occur during week 3 of the ambulatory rotation. This assignment is mandatory and must be completed successfully to pass the clerkship. The faculty will define whether the projects meet criteria for successful completion.

The goals of these sessions are:

- To define a process for identifying and evaluating ethical and professional conflict

Overview of Values/ Ethics Sessions:

Week 3: Ethics

Focus on the identification of ethical conflicts or questions and issues of professionalism and the structured analysis of those conflicts, questions and issues.

UCI COM Ambulatory Medicine Clerkship
Ethics Discussion
Felicia Cohn, PhD
949-824-9158, fcohn@uci.edu

The purpose of this session is to discuss and analyze issues of ethics and professionalism as they relate to you as students that have arisen during this clerkship or other clinical experiences. Background readings are provided to illustrate ethical issues often encountered by medical students and provide examples of brief ethics case analysis.

Steps of ethics and professionalism case analysis:

- 1) Briefly describe the relevant facts of the situation: the course of events, parties involved, and varying perspectives of those involved. To maintain confidentiality, do not identify involved parties by name. Relevant facts may include the clinical situation (e.g. patient diagnosis, capacity for decision making), perspectives of persons involved, contextual factors (demographics, relationships), known preferences, needs, institutional factors, laws/regulations/hospital policies.
- 2) Make the “moral diagnosis.” Identify the ethical or professional question(s), problem(s), or conflict(s). Describe this with respect to professional values (e.g., compassion, integrity, empathy) the principles of bioethics (i.e., nonmaleficence, beneficence, respect for autonomy, justice, proportionality), or competing theories for determining the right action (e.g., inherent features of the act, consequences, intentions, character of the involved persons)
- 3) List alternatives for resolution, including the course of action taken, if known.
- 4) Evaluate and rank the alternatives. Weigh the advantages and disadvantages of each option.
- 5) Indicate which of the alternatives offers the best available course of action for the particular situation. Explain why based on the values involved in the situation. For resolved situations, contrast this goal and expected outcome with what actually did happen.

Assignment: (Due to Dr. Cohn by email [fcohn@uci.edu] before or on the day of class.)

Each student should identify a situation in which they have been involved where they have perceived conflict and/or inappropriate behavior related to patient care, health care team interaction, or other professional obligations. Based on the situation identified, conduct a search for cases, research studies, commentaries, policies, or other materials that are helpful in informing the analysis of the situation. This information should be incorporated as appropriate into the analysis. The above framework should guide the written assignment, which may be presented in either narrative or outline form. *Please be prepared to discuss your case in class.* **For reference it may be helpful to bring a to class 1) a brief written description and analysis of the situation and 2) the reference(s) you found helpful in analyzing the situation.**

Evaluation:

The papers will be evaluated on a 5-point scale. The points will be assigned as follows:

- .5 point for identifying an ethical issue
- 1 point for providing adequate detail for analysis
- .5 point for description of moral diagnosis
- .5 point for list of alternatives
- 1 point for evaluation of alternatives

.5 point for identifying and explaining the best available option

1 point for identifying and incorporating reference materials (include citation in the paper)

Background readings:

- 1) Christakis DA and Feudtner C, Ethics in A Short White Coat: The Ethical Dilemmas That Medical Students Confront, *Academic Medicine* 68:4 (April 1993) 249-254.
- 2) Short case reports from Synder L, ed *Ethical Choices: Case Histories for Medical Practice*, Philadelphia, PA: American College of Physicians, 1996. (“When Residents and Attendings Disagree;” “Medical Residents, Attendings, and Mistakes;” “The Impaired Colleague,” “Sex and the Single Physician”)

PATIENT SAFETY, MEDICAL ERRORS, AND INCIDENT REPORTING
Felicia Cohn, PhD
Nance Hove, CPHRM, LHRM

The purpose of this session is to discuss and analyze issues of patient safety and quality that you have observed as medical students. The assigned readings listed below provide background as to the meaning of patient safety, medical error, and health care quality and illustrate medical student responses to these issues. The executive summaries of the Institute of Medicine reports provide particularly important background information. During class we will discuss how to identify these issues, file incident reports appropriately, what happens when a report is filed, and the student's role in reporting incidents.

Assignment: Please use attached form.

Due: Thursday, 5pm before the scheduled Tuesday class.

Identify a situation in which you have perceived a medical error or other issue of patient safety or health care quality. **Fill out the attached form submit your incident report by email to Felicia Cohn (fcohn@uci.edu) and Nance Hove (nlhove@uci.edu).** The information submitted and discussed will remain confidential.

Readings:

- 1) Pam R. Rejendran, Ethical Issues Involved in Disclosing Medical Errors,
Norman Fost, Ethical Issues in Whistleblowing,
Courtney Wusthoff, Medical Mistakes and Disclosure: The Role of the Medical Student
Susan K. Lee, Medical Students and Remediation of Error
In MSJAMA, 286:9 (September 5, 2001) 1078-1083.
- 2) Elise C. Becher, Mark R. Chassin, Taking Health Care Back: The Physician's Role in Quality Improvement,
Academic Medicine 77:10 (October 2002) 953-962.
- 3) Linda T. Kohn, Janet M. Corrigan, and Molla S. Donaldson, Editors, for the Committee on Quality of Health Care in America, Executive Summary, To Err is Human: Building a Safer Health Care System, Washington, DC: National Academy Press, 2000, 1-16.
- 4) Committee on Quality Health Care in America, Institute of Medicine, Executive Summary, Crossing the Quality Chasm: A New Health System for the 21st Century, Washington, DC: National Academy Press, 2001, 1-22.

INCIDENT REPORT (Do not use real names or medical record numbers!)

Reporter (Student name):

Date:

Mark one category:

This incident involved the care of a Patient. Please fill in the patient's Medical Record Number before continuing.

MRN:

This incident involved a Visitor to the UC Health System

This incident involved an Employee (Nurse, Physician, or other staff) or a Contractor

This incident does not involve a Patient, Visitor, or Employee. (e.g. Hazardous Conditions, Equipment Failure)

Patient/Visitor/Employee name:

Gender:

Date of Birth:

Incident date and time:

Department:

Location:

Select the National Patient Safety Goals that apply:

Improve the accuracy of patient identification

Improve the effectiveness of communication among caregivers: *Verbal Orders*

Improve the effectiveness of communication among caregivers: *Abbreviations*

Improve the effectiveness of communication among caregivers: *Critical Tests*

Improve the effectiveness of communication among caregivers: *Handoffs*

Improve the safety of using medications: *High Alert Medications*

Improve the safety of using medications: *SALA Medications*

Improve the safety of using medications: *Standardized Drug Concentrations*

Improve the safety of using medications: *Labeling of Medications*

Eliminate wrong site, wrong patient or wrong procedure surgery

Improve the effectiveness of clinical alarm systems

Reduce the risk of health care associated infections

Accurately & completely reconcile medications across the continuum of care

Reduce the risk of patient harm resulting from falls

Reduce the risk of influenza and pneumococcal disease in order adults

Reduce the risk of surgical fires

Encourage patient's active involvement in their own care as a patient safety strategy

Prevent health care associated pressure ulcers (decubitus ulcers)

Not Applicable

Select category:

Cardiac/Respiratory Arrest; Confidentiality; Consent Issues; Construction (Hospital) Related Incidents; Controlled Substances Accountability; Diagnosis/Treatment Issues; Dietary Services; Environmental Safety; Falls/Injury other than Falls (Patient); Falls/Injury other than Falls (Non-Patient); Infection Control; IVs, Tubes, Catheters, Drains; Lab Results; Medical Devices/Products; Medication Related Events; Other: (Specify); Other Treatment Issue; Patient Flow/Clinics; Patient Flow/Hospital; Patient Property Loss; Patient Protection Events; Radiology Issues and Results; Security Issues; Sedation/Analgesia; Skin Issues; Smoke Free Environment; Surgical Issues; Transfusion Issues (Blood Bank Staff) ;Transfusion Issues (Clinical Staff); Unprofessional Behavior; Workplace Violence; Neuropsych Behavior; Hospital Operator Reports

Continued...

Reporter Name:

Describe the incident and add any additional pertinent information. Be as specific as possible.

List witnesses:

Name:

Title:

Phone:

Notes:

FOR FUTURE REFERENCE:
UCIMC has an online incident reporting system.

DO NOT USE THE ONLINE SYSTEM FOR THIS ASSIGNMENT

This system records the reporter's identity and submits the report automatically to the UCIMC faculty or staff member who is responsible for handling the category of complaint that is submitted, to you the persons responsible for the area in which the incident occurred, to the Department Chair for the department in which the incident occurred, and to your supervisor. All reports are reviewed and addressed as appropriate

Note: **YOU MUST USE A UNIVERSITY/CAMPUS COMPUTER TO ACCESS THE SYSTEM.** It is protected for confidentiality and will not work via the web.

1. From the UCIHS home page, <http://www.ucihs.uci.edu/>, go to the box of options on the left of the screen and click on "UCIHS intranet," or go directly to: <https://intranet.ha.uci.edu/> (You may be prompted to enter your user id and password.)
2. Under the heading "Most Frequently Accessed," click on "Incident Reporting System." On the incident reporting page, log in using your regular UCI user ID and password (HSnetID). If you have not already used the system, you will be taken to a "create profile" page. You must select a UCI employee as your supervisor. Choose whomever you feel most comfortable having seeing any incident you submit. You may change your supervisor as you wish.
3. Click on "login."
4. The next page should indicate that you are logged in. On this page, click on "New Incident."
5. Follow the steps as described in the system. The system will lead you through a series of questions appropriate to the category of incident you are submitting.
6. In the "**Incident Detail**" step, provide a detailed description of the incident you are submitting for class. Please only submit actual (TRUE) incidents and provide details about what happened, who was involved, and when and where the incident occurred.
6. Submit the incident.
7. Record your incident # from the "Incident Complete" page for your records.
8. Click on "close window" to end your incident reporting session to assure that no one else submits reports using your identity.

Patient-Student Stories/Values Histories

Felicia Cohn, PhD

The focus of this session will be on the context and meaning of health care. To facilitate discussion, each student will construct a patient-student story. This should include a description of the patient's current illness, the meaning of illness in that patient's life, and your role as a medical student, in that patient's life. Each student should interview a willing patient to collect the information needed to construct this narrative and should address issues related to family and friends, religion, personal values, and experience of illness. This interview should include the usual elements of a patient history, but should focus on a more in depth review of social history.

You might want to open with a description of the process that goes something like:

In order to provide you with the best possible medical care, it is important for me to know something about you as a person. I am going to ask you some questions about your beliefs and motivation. You can tell me you don't want to answer any of these questions.

Each physician develops his or her own style of approaching these issues. Each situation may call for a different set of questions. The following are offered as sample questions (feel free to restate these questions per your conversational style or as you feel is appropriate for the patient):

- 1) How does your state of health affect your life? On a daily basis?, The big picture?
- 2) What gives your life meaning? (What is important in your life?)
- 3) Are you a religious person? Are you a spiritual person? If so, what are your beliefs? Do your beliefs help you deal with illness? Do you belong to a religious or spiritual community? If so, what does it mean to you or how does help you?
- 4) What goals do you have for the future?
- 5) What fears or worries do you have? In general? About being sick?
- 6) What are your thoughts about death? Have you given much thought to it?
- 7) How would you like your health care providers to address these issues when caring for you?

Assignment (to be used for discussion):

- 1) Complete written responses to the questions above about yourself.
- 2) Select a patient and complete a written description predicting the patient's responses to the questions above.
- 3) Interview that patient and complete a written description of the patient's responses to the questions above.
- 4) Use the information about yourself, your perceptions of your patient, and the information the patient provided to construct a short narrative about the patient and your role in that patient's life.

Please email your assignments to Dr. Cohn (fcohn@uci.edu) and Dr. Butteri (mbutteri@uci.edu) before or on the day of class.

Background Readings:

- 1) Schmidt, SA, When You Come Into My Room, *JAMA* 276:7 (August 21, 1996) 512
- 2) Crichton, M, *Travels*, NY: Ballantine Books, 1988.

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RE: Patient Confidentiality

Students,

For all write-ups, please do not identify patients in your paperwork. This is a violation of patient confidentiality.

Thank you.

Alpesh Amin, M.D.
Director, Junior Medicine Clerkship