



**MACQUARIE UNIVERSITY
DEPARTMENT OF HEALTH & CHIROPRACTIC
DIVISION OF ENVIRONMENTAL & LIFE SCIENCES
UNIT OUTLINE: CHIR 877 CLINIC PREPARATION 1**

Year and Semester: 2008, Semester 1

Unit convenors: Robyn Beirman

Prerequisites: Entry into M. Chir

Students in this unit should read this unit outline carefully at the start of semester. It contains important information about the unit. If anything in it is unclear, please consult one of the teaching staff in the unit.

Semester 1 2008 academic teaching year commences on Monday 25 February 2008 and concludes on Friday 27 June 2008.

ABOUT THIS UNIT

CHIR 877 is the first of 2 units designed to prepare the student for clinic internship. It provides the building blocks required for the development of effective patient encounters.

The components of patient assessment, in terms of the interview process, examination procedures, and investigative techniques are studied. Development of communication skills are also an integral part of this assessment.

The unit aims to start the process of integrating the various facets of theoretical knowledge into a clinically orientated practical art.

CHIR 877 is a 3 credit point unit.

CHIR 877 is a pre-requisite for the unit CHIR 878.

TEACHING STAFF

Robyn Beirman Unit Convenor	E5A Rm 348 98506392 rbeirman@els.mq.edu.au Consultation Hours: By appointment
Rosemary Giuriato Unit Convenor	
Chris Jolliffe	cjolliffe@els.mq.edu.au
Samar Hamid	shamid@els.mq.edu.au
Suzanne Saks	
Jana Kalokay	

CLASSES

- 1 x 1 hour lecture
Tuesday 10-11 am
- 1 x 2 hour tutorial
Monday 1-3 or
Tuesday 8-10 or 4-6
Thursday 11-1 or 1-3
- The timetable for classes can be found on the University web site at:
<http://www.timetables.mq.edu.au/>
- Coloured timetables for both the Postgraduate and Undergraduate technique rooms as well as E5A 301 will be published in each location for students.

In order to satisfy the unit requirements, students must attend 80% of the tutorials.

REQUIRED AND RECOMMENDED TEXTS AND/OR MATERIALS

Required unit materials:

1. CHIR 877 Unit Workbook (available from the Co-op)

2. Bickley, L: Bates' Pocket Guide to Physical Examination and History Taking 5th ed Lippincott Williams and Wilkins (approximately \$60 retail)

OR

Bickley, L: Bates' Guide to Physical Examination and History Taking 9th ed Lippincott Williams and Wilkins (approximately \$120 retail).

Fabulous – just heavier and more expensive than the pocket version.

Recommended references:

Muscle Testing and Function 4th edition (Kendall, McCreary & Provance)

Physical Examination of the Spine (Hoppenfield)

Textbook of Clinical Chiropractic (Plaughner & Lopes)

Principles and practice of Chiropractic (Halderman)

Orthopaedic Physical assessment 3rd edition (Magee)

Understanding Disease Processes 2005 (Beirman et al) or Handbook of Clinical Diagnosis 2003 (Beirman et al)

Recommended Web Sites

<http://medlib.med.utah.edu/WebPath/>

<http://dermis.multimedica.de/dermisroot/>

<http://www.mic.ki.se/Diseases/index.html>

<http://www.mic.ki.se/MEDCASES.html#G02.403.776.409.445>

<http://pathweb.uchc.edu/>

<http://www.mdchoice.com/photo/phototoc.asp>

http://www.medical-library.org/mddx_index.htm

<http://www.labtestsonline.org/index.html>

<http://medicine.ucsd.edu/clinicalmed/lung.htm>

<http://www.emedicine.com/specialties.htm>

<http://medweb.uwcm.ac.uk/otoscopy/>

http://www.bris.ac.uk/Depts/ENT/otoscopy_tutorial.htm

<http://www.audiologynet.com/medical-imaging-and-video-otoscopy.html>

UNIT WEB PAGE

- The web page for this unit can be found at: www.chiro.mq.edu.au and following the links for either Postgraduate or Undergraduate students

LEARNING OUTCOMES

By the conclusion of this unit, students should be able to:

1. Obtain and record a patient history

Performance Indicators

- Patient apprehension and physical discomfort is minimised to promote cooperation;
- History taking is approached in a structured manner;
- Patient cooperation is developed by appropriate responses showing concern, empathy and understanding, relieving anxiety, tension and discomfort;
- Verbal communication is delivered in a friendly, warm and relaxed manner;
- Non-verbal communication including tone of voice, appearance, posture, body movements, eye contact, facial expressions, body proximity are used in a positive manner.
- Exclamatory statements and physical responses that may exacerbate patient concern, whether real or imaged are avoided;
- Questions are asked in a clear, concise, purposeful and organised manner. They are appropriately directed and redirected to obtain a substantial history, using open, non-leading questions, verbal and non-verbal techniques; probing elicits more explicit information by seeking clarification, extension or accuracy;
- Patient's responses are actively listened to;
- Symptoms relating to the patient's problems are explored;
- The patient's presenting and other complaints are explored and recorded in a narrative form;
- Verbal and non-verbal clues are recognised;
- All diagnostic clues elicited from the history are pursued;
- Factors which may explain the patient's symptoms (including psychosocial factors), are considered;
- The significance of the history is effectively discussed with the patient or other appropriate party;
- Patients who exhibit hostile, abnormal, or disorganised behaviour are effectively dealt with in order to obtain a history and other clinical data;
- Patients with different ethnic, cultural, or linguistic background to the practitioner are effectively dealt with in order to obtain a history and other clinical data;
- Silence during delayed responses is tolerated;
- Social and non-verbal communication is maintained when there is no apparent response.

2. Performs a thorough general physical examination

Performance Indicators

- The risks and benefits are considered in all studies conducted to evaluate the patient's clinical status;
- Patient cooperation is developed by appropriate responses showing concern, empathy and understanding, relieving anxiety, tension and discomfort;
- Verbal communication is delivered in a friendly, warm and relaxed manner;
- Non-verbal communication including tone of voice, appearance, posture, body movements, eye contact, facial expressions, body proximity are used in a positive manner;
- The purpose and significance of the physical examination is explained;
- Physical examination is approached in a structure, deductive manner, ensuring adequate and relevant assessment of the patient's presenting and other complaints; and appropriate procedures of inspection, palpation, percussion and auscultation are used where required;
- Relevant equipment is used for performing a physical examination;
- Patient modesty and comfort is considered;
- Adequate time is allocated;
- Abnormal physical findings are pursued and investigated in a deliberate, logical and appropriate manner;
- The reliability of the data obtained is assessed and appropriate clinical correlation with the patient's complaints is established where possible.
- A suitable method and level of detail is selected;
- Physical examination data is recorded in an organised manner;
- Physical and historical data integration is used to initiate accurate and adequate identification of the process(es) responsible for the patient's complaints;
- Historical and clinical data is used to monitor change in the patient's clinical status.

3. Understands the need for investigative procedures and interprets laboratory pathology procedures

Performance Indicators

- Describe common investigative procedures.
- The rationale which supports the selection of specific tests and procedures and the normal, abnormal reference values are understood.
- The inherent limitations of laboratory investigations which may invalidate test results are considered when interpreting tests.

In addition to the discipline-based learning objectives, all academic programs at Macquarie seek to develop students' generic skills in a range of areas.

Included in the aims of this unit, is the development of skills in the following areas:

- Academic
The ability to improve cognitive and reasoning skills
The ability to problem solve
The ability to think critically and independently
The ability to apply and adapt knowledge to the real world
- Information technology/literacy
Improve general computer literacy
Improve the student's ability to use application software
- Self-management skills
The ability to work independently
The ability to become more self aware
- Communication skills
Improve interpersonal/social skills
Improve listening comprehension skills
Able to become assertive/professional but non threatening
To develop empathy and understanding for others

TEACHING AND LEARNING STRATEGY

This unit utilizes a range of teaching methods to deliver the course material.

Lectures: 1 x 1 hour

Tutorials: 1 x 2 hour

Week by Week outline

Week	Lecture topic	Tutorial	Chapters to read prior to tutorial class (Bickley)
1	Introduction to the unit History Taking & Communication 1	No class	
2	History taking & Communication 2	History taking and communication 1	Ch 1 pp 1-8, Chapter 2, 17-26
3	History taking & Communication 3	History taking and communication 2	Chapter 2, pp 27-35
4	History taking & Communication 4	History taking and communication 3	Chapter 3
5	Physical examination 1	No class	Ch 1 pp 8-16 Ch 4
6	Physical examination 2	Physical examination – a) General survey; vital signs; skin, hair and nails b) Peripheral vascular system	Ch 14 Ch 8
7	Laboratory Investigations 1	Physical examination – Chest 1	Ch 7
8	Laboratory Investigations 2	Physical examination – a) Chest 2 b) Breast and Testicular self-examination	Ch 9
9	Laboratory Investigations 3	Physical examination – Abdomen and pelvis 1	Ch 10
10	Laboratory Investigations 4	a) Physical examination – Abdomen and pelvis 2 b) Urinalysis	Ch 10
11	Laboratory Investigations 5	Physical examination - Head and neck	Ch 6
12	Revision	Putting it all together – assessment of the adult	Ch 18, 20
13		OSCE	

RELATIONSHIP BETWEEN ASSESSMENT AND LEARNING OUTCOMES

The modes of assessment are aimed at providing feedback on the student's progress towards clinical competency. The assessment tasks and their percentage weighting are listed below:

	Task	% weighting	Week
Component A	Practical book submission	25	Week 13
Component B	OSCE practical exam	30	Week 13
Component C	Theory examination	45	University examination period

The **OSCE** will assess physical examination skills only.

The **THEORY EXAM** will assess all learning outcomes from this unit, from a theoretical perspective.

The **PRACTICAL BOOK SUBMISSION** will be assessed using the following criteria:

- Criterion 1: Completion of all activities in workbook
- Criterion 2: Accuracy and clarity of answers – randomly chosen by the marker
- Criterion 3: Effort and care in answering questions
- Criterion 4: Spelling and general presentation

Each criterion will be assessed as either:

- Excellent
- Very good
- Satisfactory
- Unsatisfactory

The grade you receive for your workbook submission will be determined as follows:

- High Distinction +: awarded with exceptional presentations
- High Distinction: requires all criteria to be assessed as *excellent*
- Distinction +: requires 3 *very good* and 1 *excellent*
- Distinction: requires *very good* for each criterion
- Credit +: requires 3 *very good* and 1 *satisfactory*
- Credit: requires 2 *very good* and 2 *satisfactory*
- Pass +: requires 1 *very good* and 3 *satisfactory*
- Pass: requires *satisfactory* for each criterion
- Pass conceded: awarded if 1 criterion is deemed *unsatisfactory*
- Fail: awarded if 2 criteria are deemed *unsatisfactory*

It is recommended that you either make a copy of your completed workbook prior to submission (you will need it for exam study)

OR

Use the electronic version available on the chiro web site to complete the tasks.
(Please remember to back it up!!!)

A MINIMUM RAW MARK OF 60% IS REQUIRED IN COMPONENT A TO PASS THIS UNIT.

A MINIMUM RAW MARK OF 50% IS REQUIRED IN COMPONENT B TO PASS THIS UNIT.

A MINIMUM RAW MARK OF 60% OVERALL IS REQUIRED TO PASS THIS UNIT

Grades

HD	High Distinction	Denotes work of outstanding quality
D	Distinction	Denotes work of superior quality
Cr	Credit	Denotes work of predominantly good quality
P	Pass	Denotes work of satisfactory quality
PC	Pass Conceded	Denotes work which is marginal
F	Fail	Denotes a candidate has failed to complete the unit satisfactorily

Examinations

The University Examination period in for First Half Year 2008 is from Wednesday 11 June to Friday 27 June 2008.

You are expected to present yourself for examination at the time and place designated in the University Examination Timetable. The timetable will be available in Draft form approximately eight weeks before the commencement of the examinations and in Final form approximately four weeks before the commencement of the examinations.

<http://www.timetables.mq.edu.au/exam>

The only exception to not sitting an examination at the designated time is because of documented illness or unavoidable disruption. In these circumstances you may wish to consider applying for Special Consideration. Information about unavoidable disruption and the special consideration process is available at <http://www.reg.mq.edu.au/Forms/APSCon.pdf>

If a Supplementary Examination is granted as a result of the Special Consideration process the examination will be scheduled after the conclusion of the official examination period.

You are advised that it is Macquarie University policy not to set early examinations for individuals or groups of students. All students are expected to ensure that they are available until the end of the teaching semester, that is the final day of the official examination period.

PLAGIARISM

The University defines plagiarism in its rules: "Plagiarism involves using the work of another person and presenting it as one's own." Plagiarism is a serious breach of the University's rules and carries significant penalties. You must read the University's practices and procedures on plagiarism. These can be found in the *Handbook of Undergraduate Studies* or on the web at: <http://www.student.mq.edu.au/plagiarism/>

The policies and procedures explain what plagiarism is, how to avoid it, the procedures that will be taken in cases of suspected plagiarism, and the penalties if you are found guilty. Penalties may include a deduction of marks, failure in the unit, and/or referral to the University Discipline Committee.

UNIVERSITY POLICY ON GRADING

Academic Senate has a set of guidelines on the distribution of grades across the range from fail to high distinction. Your final result will include one of these grades plus a standardised numerical grade (SNG).

On occasion your raw mark for a unit (i.e., the total of your marks for each assessment item) may not be the same as the SNG which you receive. Under the Senate guidelines, results may be scaled to ensure that there is a degree of comparability across the university, so that units with the same past performances of their students should achieve similar results.

It is important that you realise that the policy does not require that a minimum number of students are to be failed in any unit. In fact it does something like the opposite, in requiring examiners to explain their actions if more than 20% of students fail in a unit.

The process of scaling does not change the order of marks among students. A student who receives a higher raw mark than another will also receive a higher final scaled mark.

For an explanation of the policy see

<http://www.mq.edu.au/senate/MQUonly/Issues/Guidelines2003.doc> or
<http://www.mq.edu.au/senate/MQUonly/Issues/detailedguidelines.doc>.

STUDENT SUPPORT SERVICES

Macquarie University provides a range of Academic Student Support Services. Details of these services can be accessed at <http://www.student.mq.edu.au>.