

# General Medicine

Clinical Elective Program for International Medical Students

Sept. 2015

## Introduction

For reforming current over-subspecialized medical system, enhancing and integrating medical knowledge and foundational medical skills of resident physicians, the Section of General Medicine was established according to the “post graduate year program” by the order of the Ministry of Health and Welfare in 2003. The Section of General Medicine belongs to the Department of Internal Medicine. Our major tasks is to train the post graduate year one (PGY1) resident physicians, so that they are familiar the usual internal medical diseases with the ability of performing daily primary health care under the holistic view. As one of the PGY Internal Medicine Training Demonstration Centers in Taiwan, we provide the services to train the medical educators.

We provide kinds of teaching programs for enhancing inpatient, outpatient, and consultation skills. The training physician in our section will have opportunities to contact with different kinds of patients with usual, general, but wide ranges of internal medical disease; and will be instructed to be competent as primary care physicians and educational assistants of senior physicians. Currently we have one principle program investigator physician (also as the director of the Section of General Medicine), four full-time attending physicians and one part-time attending physician.

Our training result is fruitful and well recognized by the trainees, and we have been elected as excellent performance of medical education every year since 2003.

## Objectives

The trainees (medical clerk students) will understand and fulfill the following core competences after finished the program.

### 1.1. Patients Care

- 1.1.1. Be friendly with your patients; your patients are teachers and textbooks; always dialogue with your patients.
- 1.1.2. A more genuine dialogue with your patients
- 1.1.3. Take account the context, psychological and emotional responses of the patients and well recognize the hope, fear, religion, thought, and living environment of the patients when you dialogue with them.
- 1.1.4. Then fully inform your patients about the diagnosis and therapeutic choices with respects of the patients' autonomy, and help them to make a

reasonable and most beneficial choice.

- 1.1.5. The “patient-centered health care” is the sublimation of “physician-centered health care”
- 1.1.6. Help your patients to solve the physical and mental health issues with all of your love and empathy in humanity.
- 1.1.7. Recognize the importance of humanity and medical ethics and communication in daily medical practice.
- 1.1.8. Attach importance to the value system, personal favor and necessity of each individual patient; relieve their suffering, fear, and anxiety; always listen, communicate and educate them; share information and make decisions together with your patient; strengthening disease prevention and facilitate health.

## 1.2. Medical Knowledge

- 1.2.1. Common internal medical diseases: the pathophysiology and treatment principles of heart diseases, renal diseases, metabolic and endocrine diseases, oncological diseases, hematological diseases, chest medical diseases, hepatological diseases, gastrointestinal diseases, rheumatological diseases, infectious diseases, neurological diseases, psychological diseases, and genitourinary diseases, etc.
- 1.2.2. Pharmacology, adverse effects, indications of medicines; renal function impacts of different medicines; principles of dosage adjustment for renal impairment patients.
- 1.2.3. Familiar to the basic concepts of infectious diseases, prevention nosocomial infection, and basic knowledge of emerging infectious diseases.
- 1.2.4. Understanding the basic principles of hospice care.
- 1.2.5. Understanding the long-term care system.
- 1.2.6. Understanding the anatomical and physiological impacts of aging process, and the influences of aging process to diagnosis and treatment.
- 1.2.7. Understanding neuroanatomy, neuropathophysiology, and clinical neurological common diseases.

## 1.3. Practice-based learning and improvement

- 1.3.1. Training in the clinical ward:
  - 1.3.1.1. History taking skills
  - 1.3.1.2. Familiar common internal medical symptoms: anemia, fever, chest pain, abdominal pain, oligouria, edema, tarry stool passage, palpitation, dyspnea, etc.
  - 1.3.1.3. Physical examination skills

1.3.1.4. Diagnosis and treatment of common internal medical diseases: upper gastrointestinal tract bleeding, cerebrovascular diseases, urinary tract infection, lower respiratory tract infection, diabetes mellitus, essential hypertension, bronchial asthma, cellulitis, and gouty arthritis, etc.

1.3.1.5. Build-up the doctor-patient relationship:

1.3.1.5.1. Communication ability:

1.3.1.5.1.1. Competence of detail and correct history taking, build-up and maintain the doctor-patient relationship which is beneficial to therapy.

1.3.1.5.1.2. Interaction and communicate with other staffs, learn to organize and lead a medical team.

1.3.1.5.1.3. Discuss and exchange information with your team members about the patient care.

1.3.1.5.2. Responsibility of patient care:

1.3.1.5.2.1. Under the evaluation, recognition, instruction, and guidance of resident doctor and attending physician, medical clerk student should practice primary care including therapeutic planning, history recording and prescription writing.

1.3.1.5.2.2. The medical clerk students should have strong sense of responsibility to the patients.

1.3.2. Training of the laboratory diagnosis:

1.3.2.1. Blood biochemistry report interpretation

1.3.2.2. Chest X-ray interpretation

1.3.2.3. Urinary analysis report interpretation

1.3.2.4. Electrocardiography interpretation

1.3.3. Clinical skills training:

1.3.4. Out-patient service learning:

#### 1.4. Interpersonal and communication skill

1.4.1. Well understanding the background knowledge and value of other professional medical system; learning communication skills including management of conflicts; providing the necessary and on-time information; pay attention to integrated health care and ensure the continuity of health care; reinforce the cooperation and communication in the team.

1.4.2. Patient-doctor relationship for cancer patients, critical emergent patients, and end-stage hospice patients.

#### 1.5. Professionalism

1.5.1. Compassion, integrity, and respect for others;

1.5.2. Responsiveness to patient needs that supersedes self-interest;

- 1.5.3. Respect for patient privacy and autonomy;
- 1.5.4. Accountability to patients, society and the profession;
- 1.5.5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.

#### 1.6. System-based practice

- 1.6.1. Work effectively in various health care delivery settings and systems relevant to their clinical specialty
- 1.6.2. Coordinate patient care within the health care system relevant to their clinical specialty;
- 1.6.3. Incorporate considerations of cost awareness and risk benefit analysis in patient care;
- 1.6.4. Advocate for quality patient care and optimal patient care systems;
- 1.6.5. Work in inter-professional teams to enhance patient safety and improve patient care quality;
- 1.6.6. Participate in identifying system errors and in implementing potential systems solutions.

### **Available Supervisors**

The principle investigator of teaching demonstration centre: Prof. Hui-Chi Hsu

The ward director: Prof. Hui-Chi Hsu

Senior teaching professor: Prof. Hui-Chi Hsu, Prof. Tjin-Shing Jap, Prof. Chen-Huan Chen

Clinical instructors:

Prof. Hui-Chi Hsu, Hematology

Assistant Prof. Ching-Chih Chang, Hepatology

Assistant Prof. Chiao-Lin Chuang, Nephrology

Instructor Wen-Shin Lee, Cardiology

Instructor Ling-Ju Hwang, Infectious Disease

Prof. Ying Ying Yang, Hepatology (part time)

### **Tentative Schedule**

#### **Monday**

07:30~09:00: Give Me Five, Journal reading, CbD, In-patient teaching

09:00~12:00: In-patient ward learning, Senior professor teaching round  
(09:30~11:30)

13:30~17:30: In-patient ward learning

18:00-20:00: Chief Round

## **Tuesday**

07:30~09:00: Give Me Five, Evidence-based Medicine, Morbidity-Mortality Conference

09:00~12:00: In-patient ward learning, Senior professor teaching round  
(10:30~12:00)

13:30~17:30: Out-patient service learning, Self e-learning on the website

## **Wednesday**

07:30~09:00: Give Me Five, In-patient teaching, Holistic care meeting

09:00~12:00: In-patient ward learning

14:00~16:00: Grand Round

16:00~17:30: Clinical instructor teaching round, Self e-learning on the website

## **Thursday**

07:30~09:00: Give Me Five, infectious disease case discussion

09:00~12:00: In-patient ward learning, Senior professor teaching round  
(10:00~12:00)

13:30~17:30: In-patient ward learning

18:00: Core Lecture

18:00~20:00: PGY 40-hour lecture (except the 1st week)

## **Friday**

07:30~09:00: Give Me Five, Medical ethics

09:00~12:00: In-patient ward learning

13:30~17:30: In-patient ward learning

14:00~15:00: Joint case seminar (the 3rd week)

18:00: Core Lecture

18:00~20:00: PGY 40-hour lecture (except the 1st week)

Laboratory report interpretation lecture: chest X-ray, CBC, ABG, Body fluid analysis, sMAC, PB/BM smear

## **Daily Works:**

1. Joint and learn with a resident physician and a attending physician as a team.  
Under the instructions of these senior physicians, practice the health care and medical record writing.
2. Joint with all of the teaching and academic activities in this center.

## **Assessment**

MINI-CEX performed by supervisors

## References

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