

# 2021-22 Pre-Clerkship Course Objectives

---

## Basecamp Course Objectives

1. Describe the basic structure of the US medical system and explore patients' experiences with the medical system through narrative
2. Define structural racism and identify examples of it within medicine including its sequela
3. Describe and value the role of physicians as patient and professional advocates within society especially for vulnerable patient populations
4. Identify and describe the diverse communities that students will serve as members of the DGSOM and UCLA care teams
5. Describe the role of medical student as an important member of the healthcare team
6. Apply basic teaching skills as students embrace their role as educators for both peers and patients
7. Describe the resources available at the DGSOM, in the greater UCLA and Los Angeles communities and identify areas of potential collaboration
8. Describe the overall curricular structure and goals of a DGSOM education
9. Name and identify ways to embody the values of the DGSOM community and cultural North Star
10. Describe ways advising networks are critical to personal and professional development. Identify and begin to develop a personalized support and advising network
11. Analyze and apply knowledge gained from self-reflection and personal inventories to draft a personalized vision statement for their medical education including a set of 3-month goals
12. Assess fundamental knowledge and acquire the necessary knowledge, skills and tools to succeed in Scientific Foundations of Medicine
13. Assess fundamental knowledge and acquire the necessary knowledge, skills and tools to succeed in Foundations of Practice
14. Acquire the necessary knowledge, skills and tools to succeed in Early Authentic Clinical Experience

## Foundations of Medical Science Course Objectives

### EACE Component

1. Engage longitudinally as active participants in, as opposed to passive observers of, an on-site, in-person clinical and/or community healthcare experience (e.g., direct medical care, health advocacy, social services provision, health education, care coordination, etc.).
2. Add value to their EACE site by contributing to the healthcare-related functions and tasks of their EACE
3. Identify the roles (e.g., peer support specialists, social workers, case managers, physicians, nurses, nurse practitioners, physician assistants, behavioral health

specialists, psychologists, nutritionists, pharmacists, medical assistants, support staff, physical/occupational/speech language therapists, front desk staff, interpreters, etc.) represented at their EACE site and that comprise their EACE site's interprofessional team, and define the responsibilities (i.e., tasks, duties) generally associated with those roles.

4. Rate as important each of the team members at their EACE site and explain and distinguish how each of the team members at their EACE site contributes to addressing the health and healthcare-related issues their EACE site's patients, clients and/or community face.
5. Integrate effectively into their EACE site's existing system(s) of providing healthcare, advocacy and/or social services and practice teamwork that is respectful of the experience and expertise of their EACE site's team members, patients, and community
6. Demonstrate interaction skills with patients, clients, caregivers, and interprofessional team members through words, body language and active listening to foster a respectful and collaborative environment and provide, with cultural humility and compassion, care that is nonjudgmental, unbiased, trauma-informed, thoughtful, and attentive.
7. Explain how the social and structural determinants of health – including but not limited to race, gender, culture, income, education, immigration, neighborhood environment, economic forces, public policies, language, country of origin, sexual orientation, religious affiliation – contribute to health and health care inequity among the patients, clients and/or neighborhoods their EACE site serves.
8. Look for, identify, and utilize resources to mitigate the effects of the social and structural determinants of health for the patients, clients and/or neighborhoods their EACE site serves.
9. Begin to employ a process of reflection (i.e., review, interpretation and understanding of experiences) to guide present and future behavior and to inform emerging professional identity development.

### Foundations of Practice (FOP) Component

1. Demonstrate a comprehensive, structured, and hypothesis-driven history through a patient interview, reviews of secondary sources, and reviews of medical records.
2. Demonstrate an appropriately focused physical examination relevant to the purpose and setting of the patient encounter, integrating patient history, clinical knowledge, and clinical reasoning.
3. Demonstrate Provider/Patient Interaction Skills during the History, Physical Examination, and Patient Counseling, through words, body language and active listening, that are caring and compassionate, nonjudgmental, and unbiased, trauma informed, motivational and supportive, therapeutic, and patient-centered.
4. Communicate, in oral and written formats, a complete, coherent, non-judgmental, and accurate patient history and assessments with an appropriately prioritized differential

diagnosis and care plan based on data gathered, including the patient history and physical exam.

5. Develop a means of educating and counseling patients, families and the public that is evidence-based, humanistic, culturally sensitive, ethical, and jargon-free.
6. Apply health information technology and electronic medical record systems to effectively create and communicate patient-centered and team-based assessments and care plans.
7. Practice teamwork that is collaborative, interprofessional, and respectful of the role and value of individual healthcare team members.
8. Integrate social determinants of health (the social, structural, and environmental factors that influence health) into the development of a diagnostic and therapeutic plan; identify, orally or in writing, biases and inequities that influence clinical reasoning and potential strategies to mitigate the impacts of social determinants of health in clinical care.
9. Demonstrate the basic operation of POCUS (point of care ultrasound) to perform and identify normal and abnormal findings including diagnostic bedside examinations of the heart, major blood vessels, lungs, and abdominal organs and the basic principles of POCUS technology, as well as the indications, benefits, and limitations of incorporating POCUS into bedside examination.
10. Describe, orally or in writing, the principles of humanities and biomedical ethics and the foundational concepts used in ethical medicine practice (what are the different conceptions and theories of health, disease, illness, therapy, disability, autonomy, liberty, harm, justice, vulnerability, bias, etc. as they show up in clinical, research, and social advocacy settings).
11. Demonstrate professional development with the skills needed to receive and give feedback for growth and improvement; using the ADAPT Model (ask, discuss, ask, plan together), as well as incorporating lessons from personal reflection, coaching sessions, and group debriefing.

### Scientific Foundations of Medicine (SFM) Component

1. Apply fundamental concepts and mechanisms from biomedical sciences in the context of medical conditions affecting one or more organ systems through all stages of life.
2. Identify anatomical and histological structures of the human body that are relevant to the practice of medicine.
3. Efficiently obtain and critically appraise information related to medical practice from sources that include biomedical literature and databases.

### Pre-Clerkship Theme Objectives

Medical Ethics

Medical & Health Humanities

Structural Racism & Health Equity