
The UCLA Doctoring Program

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Doctoring - UCLA



Typical US Medical School Structure

✍ **Year 1 and 2 : Basic sciences**

✍ **Year 3: Required clerkships**

✍ **Year 4: Elective Clerkships**



Doctoring - Desired Process

- ✍ **Active learning**
- ✍ **Critical thinking**
- ✍ **Integration into the curriculum**
- ✍ **Planned redundancy**
- ✍ **Progressive reinforcement**



Doctoring 1 – Key Subjects

- ✍ **Human development**
- ✍ **Doctor-patient relationship**
- ✍ **Doctor-patient communication**
- ✍ **Ethical concepts**



Doctoring 1 – Key Subjects

✍ Societal context of health/ sickness/ health care

» Health-care economics

- † Insurance

- † Practice organization

- † Apportionment of resources (rationing)

- † “Cost-effectiveness”

» Legal issues

» Impact of drugs and alcohol

» Impact of poverty



Doctoring 1 – Key Skills

Information *gathering*

» **Journals, Web, Experts, Patient Groups**

Introduction to clinical skills

» **History of present illness**

» **Vital signs**

» **Rudimentary physical examination**



Doctoring 1 – Small Group Structure

- ✍ **7-9 students / 2 tutors**
 - ✍ **1 medical clinician**
 - ✍ **1 mental health clinician**
- ✍ **4th year “Doctoring Fellow”**



Doctoring 1 - Teaching tools

- ✍ **Case-based learning**
 - ✍ **Standardized patients, video cases, paper cases**
- ✍ **Problem-based learning**
 - ✍ **Independent reading, web searches**
- ✍ **Clinical exercise (videotapes of individual students)**
- ✍ **Preceptor visits**
- ✍ **Site visits**



Doctoring 1 - Group Process

- ✍ **Assurance of confidentiality (unless ...)**
- ✍ **Respect for the opinion of others**
- ✍ **Encouragement of universal participation**
- ✍ **Creation of a safe, stimulating environment**



Doctoring 1 - Site Visits

- ✍ **AA meeting**
- ✍ **Evening home visit**
- ✍ **Community site visit**
- ✍ **Hospital rounds**
- ✍ **Grief workshop**



Doctoring 1 – A Different Point Of View

I never gave them a proper a burial. I don't know where they are. They were cremated. They decided, God knows why, that they would donate their bodies to science. We had no idea why.

But all of a sudden the orders were there – at some point they were picked and brought to this or that medical school, where they were used for God knows what....

Eggers, A Heartbreaking Work of Staggering Genius

Doctoring - UCLA



Doctoring 1 – A Different Point Of View

No, I know I won't find their bodies – they were cremated – but I have long dreamed... of coming closer... I want to see the face of the doctor or whoever who used my parents as cadavers.

God knows what they do with cancer-ridden bodies– if they're used as case studies or examined for their parts, like rusted cars on blocks, stripped ...

Eggers, A Heartbreaking Work of Staggering Genius



Doctoring 1 – A Different Point Of View

So I plan to go to the medical school, and find the teacher, and I will knock ... I only want to take a look at the man. I want him to be shorter than me, frail, bald, with glasses. I want him to be dumbstruck by my introduction, afraid ...

I will close in on him, all casual confidence, and will ask something like:

“So tell me. What did it look like?”

“Excuse me?” he’ll say.

Eggers, *A Heartbreaking Work of Staggering Genius*



Doctoring 1 – A Different Point Of View

“Was it like caviar? Or empty, like a dried gourd? See, I have a feeling it might have been like a dried gourd, empty and light, because when I carried her, she was so light, much lighter than I expected ...So which was it? Was it the dried gourd, or the festering cabal of tiny gleaming pods?”

“Well...”

“I have been wondering for many years.”

He will tell me. And I will know.

Eggers, A Heartbreaking Work of Staggering Genius

Doctoring - UCLA



Doctoring 1 - Adolescence

What would you want to teach...and how

- ✍ **Normal development / behavior**
- ✍ **Sexuality**
- ✍ **Drug use / Risk-taking**
- ✍ **Depression**

- ✍ **Doctor-Patient communication**



Doctoring 1: Adolescent Case

Teenager who faints

- ✍ **2/3 of sexually active girls do not regularly use contraceptives**
- ✍ **8% of all 15-19 year old females become pregnant each year**
- ✍ **1 in 5 high school seniors smokes cigarettes daily**
- ✍ **1 in 5 high school students used MJ in preceding month and 1 in 3 used alcohol > once a month**



Doctoring 1: Teenager who faints

Medical Issues (Basic)

- ✍ **Pregnancy (EP) / sexuality / STDs**
- ✍ **Drug use**
- ✍ **Anorexia/Bulimia**
- ✍ **Depression**



Doctoring 1: Teenager who Faints

“Doctoring Issues”

- ✍ **Communication**
 - ✍ Asking sensitive questions
 - ✍ Sympathetic listening
- ✍ **Privacy / Confidentiality / Trust**
 - ✍ Legal issues
 - ✍ Ethical issues
- ✍ **Role of the physician**



Doctoring 1: Adolescent Case

Teenager who faints: Privacy

- ✍ What does the law require?
- ✍ What are the ethical considerations?
- ✍ If we're going to tell, do we tell her?



Doctoring 1: Adolescent Case

Teenager who faints: Privacy

- ✍ **Concerns of the family**
- ✍ **Patient safety**
- ✍ **Patient autonomy**
- ✍ **Patient privacy**
- ✍ **Doctor-patient trust**



Doctoring 1: Using the Web



Questions one needs to be able to answer

- ✍ **Where can I get a patient get an abortion? What does it involve? What does it cost? Who pays?**
- ✍ **How can a patient put a baby up for adoption? What is the difference between using an adoption agency or a private adoption?**



Doctoring 1: Using the Web

Questions one needs to be able to answer

-  What help can an unwed teen get help if she keeps her baby? What about school? Healthcare? Child-care?
-  What are the most common STDs in teenagers and how are they prevented and treated?



Doctoring 1: Child with Cancer

What would you want to teach ... and how

- ✍ **What a child already knows**
- ✍ **What a child understands**
- ✍ **Giving bad news (especially to a child)**
- ✍ **Explaining disease / treatment / prognosis**



Doctoring 1: Child with Cancer

What would you want to teach...and how

- ✍ **Dealing with pain**
- ✍ **Psychological impact of disease**
- ✍ **CAM**
- ✍ **Role of the family**
- ✍ **Role of the physician:**

What you can do, and what you cannot



Doctoring 1: Giving Bad News

- ✍ **What do I say to Maritza? I don't want to upset her, but she is asking a lot of questions, and I don't know how to answer. How much does she really understand?**
- ✍ **Maritza sometimes says she doesn't want to take her medicine. I can talk her into it, but sometimes she says she just wants to die. She can't refuse treatment, can she?**



Doctoring 1 - Giving Bad News

- ✍ **How can I help Maritza with her spinal taps and bone marrows? She gets so scared and it looks like it really hurts.**
- ✍ **What is this going to mean for her long-term, psychologically?**
- ✍ **What about her mother?**



Doctoring 1 - Giving Bad News

- ✍ **Maritza's cousin is having problems in school. Why is he being so difficult now, when we need his help?**
- ✍ **The rest of the family wants to call in a curandero. Would it be OK? Could we give her some treatments?**



Doctoring 1: Health-Care Economics

- ✍ **What would you want to teach ... and how**
 - ✍ **Ethical issues related to treating poor and uninsured patients.**
 - ✍ **Availability of services, including health care, for the homeless**
 - ✍ **Immunizations and preventive care for children**
 - ✍ **Effect of homelessness on health and health care**



Doctoring 1: Substance Abuse

- ✍ **What would you want to teach...and how**
 - ✍ **Definition. epidemiology and risk factors**
 - ✍ **How to recognize / CAGE questionnaire**
 - ✍ **Non-judgmental approach**
 - ✍ **Role of the Physician**
 - ✍ **Treatment programs available**
 - ✍ **Relation to suicide**
 - ✍ **Physician impairment**



Doctoring 1 – Aging

- ✍ **What do you want to teach...and how**
 - ✍ **The elements of normal physical and cognitive aging.**
 - ✍ **Options available for long term care of elderly patients, and how they are financed**
 - ✍ **The relation between normal cognitive aging and various causes of dementia, and how to differentiate between them**
 - ✍ **Ability to perform a mini-mental status exam and an assessment of activities of daily living**
 - ✍ **Effective ways to interact and communicate with older patients.**
 - ✍ **The impact on the family of caring for an elderly relative**
 - ✍ **Advance directives, and how to discuss them with a patient**



Doctoring 2 – Key Themes

- ✍ **More advanced approach to D1 themes**
- ✍ **More complex doctor-patient interactions**
 - » Patient requests / shared decision-making
 - » “Compliance”
 - » Ethical issues related to individual patients
- ✍ **More advanced H&P skills**
- ✍ **Information *analysis* skills**



Doctoring 2 – Key Themes

- ✍ **Introduction to medical decision-making**
 - » **SPs with simple clinical problems**
 - » **Issues of screening**
 - » **Bayesian analysis of test ordering**



Clinical Epidemiology

Clinical reasoning

 Pattern recognition

 Hypothesis testing

 Test characteristics

 Criterion standards

 Bayesian thinking

 *Critical evaluation of the above*



Clinical Epidemiology

- ✍ **Basic statistical concepts**
 - ✍ **Rationale for clinical research**
 - ✍ **Rationale for statistical testing**
 - ✍ **p-values and role of chance**
 - ✍ **Confidence intervals**
 - ✍ **Types of error**
 - ✍ *Critical evaluation of the above*



Clinical Epidemiology

Clinical research

 **Types of studies**

 **Internal / external validity**

 **Types of analysis**

 **Meta-analyses and systematic reviews**

 *Critical evaluation of the above*



Clinical Epidemiology - Bias

- ✍ **Selection bias**
- ✍ **Confounding**
- ✍ **Measurement bias**
- ✍ **Spectrum bias**



Clinical Epidemiology

Presentation of data

Rates and Proportions

Presentation of Risk

- » Relative risk
- » Absolute risk
- » NNT-benefit / NNT-harm



Clinical Epidemiology





Interpretation of data

-  Appropriate and inappropriate extrapolation
-  Misinterpretation of statistical findings
-  Influences on data analysis



Clinical Epidemiology

Screening

-  **Fundamental distinction from diagnosis**
-  **Potential impact: positive and negative**
-  **Conditions requisite for utility**
-  **Analysis of impact (and special biases)**



Clinical Epidemiology

- ✍ **Ethics/conflicts of interests in research**
 - ✍ **Informed consent**
 - ✍ **Placebo controls**
 - ✍ **Proprietary (pharmaceutical) sponsorship**



Clinical Epidemiology

Evidence Based Medicine

 What it is

 Why it's important

 What innovations it brings

 How we can use it

 Why it is also not “the truth”



Doctoring 2 – Key Themes

✍ Basic medical issues

» Pain

» Anxiety / depression

✍ Culture *and* medicine

» On a societal level

» Anxiety / depression



Doctoring 2 – Key Themes

- ✍ **The culture *of* medicine (mostly on a conceptual level)**
 - » **Role of the physician**
 - » **Medical error**
 - » **Group relationships**
 - » **“Professionalism”**



Doctoring - Standardized Patients

- † **Trained actors with basic script guidelines**
 - ✍ **Medical facts of the case**
 - ✍ **Social facts**
 - ✍ **POV/ attitudes**
 - ✍ **Questions / goals re the physician encounter**
 - ✍ **Responses to various archetypal interviews**



Doctoring – Standardized Patients

† Uniform and consistent teaching tool

- ✍ Can raise consistent topics / issues
- ✍ Can elucidate particular communication/ ethical/
- ✍ interpersonal issues



Doctoring – Standardized Patients

† Non-threatening

✍ Safe for the learner

» “Time-Outs”

» “I don’t know”

✍ Safe for the “patient”



DV1 Tutor Guide

Learning Objectives - Knowledge

- ✍ **Understand societal & legal definitions of DV**
- ✍ **Recognize prevalence ... how frequently women seek medical care ... how frequently physicians miss this diagnosis**
- ✍ **Identify predisposing and predictive characteristics of both victims and abusers**



DV1 Tutor Guide

Learning Objectives - Knowledge

- ✍ Recognize common signs, symptoms, “stories,” red-flag indicators of abuse
- ✍ Describe reasons why a victim may not recognize a relationship as abusive
- ✍ Describe reasons a victim may be reluctant to disclose DV or seek help



DV1 Tutor Guide

Learning Objectives - Knowledge

- ✍ Identify reasons why a victim may remain in an abusive relationship
- ✍ Identify question for screening / diagnosis
- ✍ Describe reasons physicians avoid asking
- ✍ Identify legal reporting requirements, and their impact on doctor-patient confidentiality



DV1 Tutor Guide

Learning Objectives - Knowledge

- ✍ **Necessary elements in documentation**
- ✍ **Community resources and legal recourse available to victims**
- ✍ **Ways to increase the victim's safety**



DV1 Tutor Guide

Learning Objectives - Skills

- ✍ **To be able to conduct a sensitive, empathetic, detailed history when domestic violence is suspected.**
- ✍ **To be able to conduct a sensitive screening history for domestic violence even when it is not suspected.**
- ✍ **To develop basic approach to intervention.**



DV1 Tutor Guide

Learning Objectives - Attitudes

- ✍ **Appreciate the central role physicians may play in helping victims of DV.**
- ✍ **Feel a personal responsibility to identify ... and intervene appropriately.**
- ✍ **Appreciate the need to screen for DV.**



DV1 Tutor Guide – Introduction

- ✍ **DV recently recognized as a major threat ... crosses demographic and socioeconomic lines ...**
- ✍ **It is estimated that 2-4 million women are severely physically abused each year ...**
- ✍ **No single approach ... the medical profession and clinicians must play a far larger role ...**
- ✍ **Unfortunately, substantial evidence that physicians are not fulfilling this essential role...**



DV1 Tutor Guide: Introduction

- ✍ **In 1994, > 50% of graduating medical students rated instruction in DV inadequate**
- ✍ **This compares with 5% who rated their education in the basic sciences as inadequate.**

This module is designed to begin to remedy this deficiency.



DV1 Tutor Guide: Context

As with any challenging psychosocial situation (homelessness, teen pregnancy, etc), students need to realize that, as physicians, they cannot be expected to *solve* all their patients' problems.



DV1 Tutor Guide: Context

But awareness ... is essential without this, in the case of Rita Baron, physicians will simply continue to treat her injuries, until the day her “accidents” are beyond treatment.



DV1 Tutor Guide: Video

- ✍ **Why did the physician pursue the diagnosis of an eating disorder rather than...?**
- ✍ **Why might physicians not ask about DV?**
 - » inadequate training
 - » feeling uncomfortable asking “sensitive” questions
 - » fear of causing offense
 - » close identification with patients
 - » feelings of powerlessness, and lack of control
 - » time constraints of practice



DV1 Tutor Guide: Invent a DV Interview”

- ✍ **Rather than tell students ... encourage discussion of what *they think* should be included**
- ✍ **Keep in mind: not all abuse will be obvious, *and* not all injuries will be abuse –**
 - ✍ how do physicians ask, without insulting, if it’s not abuse, but also get the patient to open up if it is?
- ✍ **Encourage discussing of stereotypes**
 - ✍ all abusers are male
 - ✍ abuse does not occur in gay and lesbian couples



DV1 Tutor Guide: Interview Questions

(some for screening, others if DV is suspected)

- ✍ **Have you ever been physically hurt or threatened by your partner?**
- ✍ **Are you in a relationship in which you feel unsafe? In what ways?**



DV1 Tutor Guide: Interview Questions

(some for screening, others if DV is suspected)

- ✍ **Has your partner ever threatened or abused your children?**
- ✍ **Has your partner ever forced you to have sex when you didn't want to, or that makes you feel uncomfortable?**



DV1 Tutor Guide: Interview Questions

(some for screening, others if DV is suspected)

- ✍ **Do you ever feel afraid of your partner?**
- ✍ **How does your partner act when drinking?**
- ✍ **Do you have guns in your home?**

Additional Reference on “SAFE,” in Appendix



DV1 Tutor Guide: SP Interview

- ✍ **CC: 28yo female with c/o painful R forearm after FOOSH. She is well-dressed, and presents in the company of her husband and 2 small children.**
- ✍ **HPI: “Tripped and felled last evening.”**
- ✍ **P Ex: Swelling/ tenderness/ ecchymosis to ulnar aspect of distal third of forearm.**



DV1 Tutor Guide: SP Teaching Points

- ✍ **“Red flag” presentations / injury patterns**
- ✍ **Screening vs diagnosis**
- ✍ **Confidentiality / privacy**
- ✍ **Safety issues**
- ✍ **Legal issues**



DV1 Tutor Guide: SP Interview

Even though the students know the topic, they can't just launch into questions regarding DV -- they must through a general interview and establish rapport in order to develop trust.



DV1 Tutor Guide: SP Interview

Take “time-outs” to discuss both content and process of the interview:

- ✍ **“What have we learned?”**
- ✍ **“What is working well in the interview?”**
(clarity of questions, eye contact, body language, sense of support)
- ✍ **“Should anything be done differently?”**
- ✍ **“What should be asked next?”**



DV1 Tutor Guide: Intervention

- ✍ **Care for her physical injuries**
- ✍ **Address safety issues**
- ✍ **Address reporting issues**
- ✍ **Provide resources**
- ✍ **Discuss safety plan**



DV1 Tutor Guide: Approach

Normalize questions

 “We ask routinely...”

 “I see many patients with ...”

“Compassionate inquiry”

 Non-judgmental

 “No one deserves ...”



DV1 Tutor Guide: Approach

- ✍ **Do not be discouraged**
 - ✍ **Most abused women require multiple contacts (as in many medical situations)**
- ✍ **Just because you can't do everything ... do what you can**
 - ✍ **Treat injuries**
 - ✍ **Provide information**
 - ✍ **“If you change your mind ...”**



DV1 Tutor Guide: Reporting

What legal and ethical reporting responsibility -
with known abuse? with suspected abuse?

- ✍ California state law:
 - ✍ **Reporting requirements**
 - ✍ **Issues of confidentiality**
- ✍ **Other state laws**
- ✍ **Ethical consequences**
- ✍ **Practical consequences**



DV1: Mandatory Reporting

Pros

- † Increased societal awareness
- † Increased MD awareness
- † Increased societal commitment
- † Holds perpetrator responsible
- † *Could* increase safety (no evidence)

Cons

- † Deterrent to seeking care
- † Deterrent to acknowledging DV
- † Threat to privacy/ confidentiality
- † Threat to patient autonomy (contrast with child abuse)
- † Makes promises that may not be possible to keep
- † May decrease safety (evidence of increased retaliatory violence)



DV1 Tutor Guide: Next Class

✍ Distribute student guides

✍ ASSIGNED READINGS

✍ ALL STUDENTS:

- » “California’s mandatory reporting of domestic violence injuries: does the law go too far or not far enough?,” WJM, 171, 118-124.
- » “Mandatory reporting: the view from the community,” WJM, 171, 125-126.

✍ ONE STUDENT EACH (to lead the related discussions at next class):

» Booklets from the American Medical Association:

- † “Diagnosis & Treatment Guidelines on Child Sexual Abuse”
- † “Diagnosis & Treatment Guidelines on Elder Abuse and Neglect”
- † “Diagnosis & Treatment Guidelines on Child Physical Abuse and Neglect”



DV1 Tutor Guide - Appendix

- ✍ SAFE Questions
- ✍ **Important Considerations in DV Cases**
- ✍ **Reporting Procedure**
- ✍ **Mandatory Reporting Law – Summary**
- ✍ **Legal Options for Victims of DV in California**
- ✍ **Sample Safety Plan**
- ✍ **Women's Survival Guide**



Doctoring 3 – Key Themes

- ✍ **More advanced approach to D1 and D2 themes**
- ✍ **More complex doctor-patient interactions**
 - » **Shared decision-making**
 - » **Angry / demanding / difficult patients**
- ✍ **More advanced H&P skills**
 - » **Areas of uncertainty**
 - » **Questioning dogma**



Doctoring 3 – Key Themes

Advanced decision-making

- » Patient-oriented outcomes
- » Shared decision-making
- » Presentation of information

Advanced critique of information

- » Analysis of Journal articles

Medical malpractice

Prescribing, and the influence of big Pharma

Culture and medicine (in individual patients)



Doctoring 3 – Key Themes

The Culture of Medicine – in clinical training

- » **Authority / responsibility**
- » **Doctor-doctor interactions**
 - † **Hierarchical**
 - † **Consultants**
- » **Working with a team**
- » **“Gifts” and the sense of entitlement**
- » **Error, and the culture of blame**

