Clinic Reasoning and Presentation Skills
Benchmarks of Knowledge and Skills by Year

Clinical Reasoning & Oral Presentation Benchmarks Working Group (CROPBWG)

By the end of the first year of medical school at Stanford, students will KNOW:

- The information from the history and examination appropriate to include on a problem list.
- The purposes of a problem list.
- Strategies useful to organize a differential diagnosis: anatomic, organ system, pathophysiologic category, other.

By the end of the first year of medical school at Stanford, students will DEMONSTRATE:

- Identifying problems a patient brings to an encounter with a physician [identifying the chief complaint(s) and other concerning issues].
- Writing a description of the problem(s) in an organized, detailed, and comprehensive manner that includes relevant positive and negative features [writing the History of Present Illness limited to organ systems they have studied in Year 1: Resp and CV].
- Writing the remainder of the medical history organized into the following key categories: Past Medical History, Family History, Personal and Social History, Review of Systems.

By the end of the second year of medical school at Stanford, students will KNOW:

- Strategies useful to organize effectively the history of present illness: chronological, problem-based, and other.
- Abstract semantic qualifiers useful for abstracting clinical data, including patient characteristics, disease tempo, and clinical manifestations

By the end of the second year of medical school at Stanford, students will DEMONSTRATE:

- Identifying key aspects of the physical examination on which to focus, based on information from the history.
- Interpreting physical findings from the examination of the patient and relating these to the patient's problem(s).
- Using abstract semantic qualifiers in characterizing symptoms and signs into problem representations: forceful features, illness scripts, etc.
- Interpreting basic laboratory studies (CBC, comprehensive metabolic panel, thyroid function tests, chest radiograph, electrocardiogram) and relating these to the patient's problem(s).
- Synthesizing clinical data into a brief (~3 minute) synopsis suitable for specified clinical audiences (e.g., primary attending, consultant, sign out).
- Generating and prioritizing a problem list.
- Generating a differential diagnosis of the patient's presenting problem(s), based on a useful organizational scheme (e.g., mechanisms of disease, body systems, and anatomy).

Methods of Measurement and Evaluation

A. **Year 1**

1. Existing methods of assessment in POM (INDE 201-203) are limited to informal feedback from session preceptors, written comments on learning journal, checklists from SPs and preceptors for formative sessions, culminating in the micro-CPX (low stakes exam).
2. The CROPBWG agreed that creating a multiple choice, objective questionnaire on basic knowledge of H&P components and semantic qualifiers is feasible and recommended.
3. The POM curriculum in Qtrs 2-3 should be adjusted to ensure transmission of the target material.

B. **Year 2**

1. The preceptors for POM (INDE 204-205) will be asked to certify that their assigned students have fulfilled the stated benchmarks by the end of the Winter Quarter.
2. Those students unable to meet the benchmarks will receive additional, remedial attention during the month-long Quarter 6 preparation for the wards.
3. The submitted write-ups from Quarters 4-6 should provide documentation of meeting the benchmarks as well.