

MODULE DESCRIPTION (ANALYTICAL PROGRAM).

1. Module Information Code	
• Name of the Institution and School	Universidad Autónoma de Nuevo León, Facultad de Medicina
• Name of the Learning Unit	Medical Propedeutics
• Total classroom hours for theory and/or practice.	264 hours
• Total extra classroom hours	126 hours
• Course Modality	Schooled
• Type of academic period in which the module is offered	6th Semester
• Type of Learning Unit in the Curriculum	Compulsory
• Curriculum area:	ACFP-F
• UANL credit points	13
• Date of module creation:	September 6, 2014
• Date of last amendment:	November 11, 2020
• Person(s) responsible for the module design and amendments:	Dr. med. Nidia Isabel Ríos Briones, Dra. Martha Lorena Rodríguez Pérez, Dr. Raúl Cantú Leyva, Dr. Roger Adrián González Ramírez.
The learning unit of Medical Propedeutics is structured in three stages, in which the student is trained to establish an adequate doctor-patient relationship, as well as in the elaboration of the clinical history, the parts that make it up and how it is part of the clinical record. Finally, the student develops a clinical history of a patient of the University Hospital "Dr. José E. González", on the most prevalent syndromes and presents it in oral form.	
2. Purpose(s)	

The learning unit of Medical Propedeutics has the purpose of training the student in the handling of the basic tools for the semiological analysis of the different symptoms or clinical signs, the physical exploration by regions, as well as, the complete elaboration of the clinical history, identifying symptoms, signs and common syndromes to each system to establish a presumptive diagnosis, contributing, this way in the conformation of the profile of discharge regarding the adequate resolution of the health problems.

This course is directly related to all the learning units of the clinical area and allows the student to put into practice the knowledge acquired in the subjects of the basic area. With the knowledge of human anatomy it is possible for the student to carry out an adequate physical exploration. The thinking skills developed in the learning unit of physiology and pathology, allow the student of medical propaedeutics, after the interrogation and the physical examination, to identify the different symptoms and/or clinical signs to establish a presumptive diagnosis.

The knowledge acquired in this learning unit is the cornerstone for the evaluation of the different types of patients that they will approach in the medical and surgical sciences.

Autonomous learning is promoted at different levels and fields of knowledge for timely and relevant decision-making in personal, academic and professional settings. In addition, the correct use of language in oral and written form is promoted, adapting its message to the situation or context, for the transmission of ideas and scientific findings in a clear and precise way for patients.

In the interaction with their classmates, professors and patients, the student must maintain an attitude of commitment and respect towards the diversity of social and cultural practices that reaffirm the principle of integration in the local, national and international context with the purpose of promoting environments of peaceful coexistence. This openness, respect, and tolerance allows the student to intervene in the challenges of contemporary society locally and globally with a critical attitude and human, academic, and professional commitment to contribute to the consolidation of general well-being and sustainable development. As a result it will always practice the values promoted by the UANL: truth, equity, honesty, freedom, solidarity, respect for life and others, respect for nature, integrity, professional ethics, justice and responsibility, in its personal and professional environment to contribute to building a sustainable society.

3. Competences of the graduate profile

a. General competences contributing to this learning unit.

Instrumental skills:

1. Apply autonomous learning strategies in the different levels and fields of knowledge that allow them make appropriate and relevant decisions in the personal, academic and professional fields.
2. Use the logical, formal, mathematical, iconic, verbal and non-verbal languages according to their stage of life, in order to understand, interpret and express ideas, feelings, theories and streams of thinking with an ecumenical focus.
3. Use the information and communication technologies as access tools to information and its transformation in knowledge, as well as for learning and collaborative work with cutting-edge techniques that allow its constructive participation in society.
4. Dominate their native language in oral and written form with correctness, relevancy, opportunity and ethics adapting its message to the situation or context, in order to transmit of ideas and scientific findings.
5. Employ logical, critical, creative and proactive thinking to analyze natural and social phenomena that let them make relevant decisions in its area of influence with social responsibility.

6. Use a second language, English in particular, with clarity and correctness to communicate in common, academic, professional and scientific contexts.

7. Develop inter, multi and transdisciplinary academic and professional proposals according to the best global practices to promote and consolidate the collaborative work.

8. Use methods and techniques of traditional and cutting-edge research for the development of their academic work, the practice of their profession and the generation of knowledge.

Personal and social interaction skills

9. Maintain an attitude of commitment and respect towards the diversity of social and cultural practices that reaffirm the principle of integration in the local, national and international context with the purpose of promoting environments of peaceful coexistence.

10. Intervene in front of the challenges of contemporary society at the local and global level with a critical attitude and human, academic and professional commitment to help consolidate the general wellness and sustainable development.

11. Practice the values promoted by the UANL: truth, equality, honesty, liberty, solidarity, respect for life and anyone's, peace, respect for nature, integrity, ethics behavior and justice, within their personal and professional environment in order to make a sustainable society.

Integrative skills

12. Make innovative proposals based on the holistic understanding of reality to help overcome the challenges of the interdependent global

environment.

13. Take the lead according to social and professional needs to promote relevant social change.

14. Resolve personal and social conflicts in accordance with specific techniques in the academic field and their profession for the proper decision making.

15. Achieve the adaptability required in uncertain professional and social environments of our time to improve living conditions.

b. Specific competences of the graduate profile that contributes to the learning unit

Specific competencies of the Bachelor of Science in Surgery and Midwifery

Scientific Basis of Medicine

1.- Use the medicine scientific fundamentals considering economical, psychological, social, cultural and environmental factors which contribute to the development and evolution of a disease for decision-making and medical actions.

Professional Clinical Practice

2.- Solves clinical problems through deductive reasoning, interpretation of findings and definition of their nature with the aim of making decisions and determine action principles of the medical practice to follow in a responsible way, impacting individual and collective health.

3.- Evaluate the development and evolution of the disease through the analysis of biomedical information and related physical, social and cultural factors, promoting health education and encouraging preventive medicine.

4.- Manages properly patients with the most frequent diseases from a biopsychosocial perspective, through the application of knowledge, technical procedures and basic diagnostic, based on clinical guides and attention protocols in order to solve the main health problems from the Primary Health Care level from individuals and the community.

5.- Manage common medical emergencies, applying treatment, procedures and minor interventions and make appropriate and timely referrals for patients requiring critical care for the preservation of life.

6.- Manages human resources, diagnostic interventions, therapeutic modalities, and options on health care according to national standards, promoting a quality culture in attention and guaranteeing patients' security.

Critical Thinking and Research

7.- Applies the scientific method for the resolution of medical problems with an innovative, analytic and self-critical attitude for preventing, diagnosing and treating diseases.

Professional Values and Ethics

8.- Integrates professional values and ethics into his medical practice, making no difference due to gender, race, political or sexual preference, religious beliefs, activities developed, disabilities or socioeconomic level, promoting social inclusion and contributing to the population's well-being, their life quality and human development.

9.- Respects the patient's integrity keeping the patient's medical information as an essential part of their professional secret in order to preserve his rights.

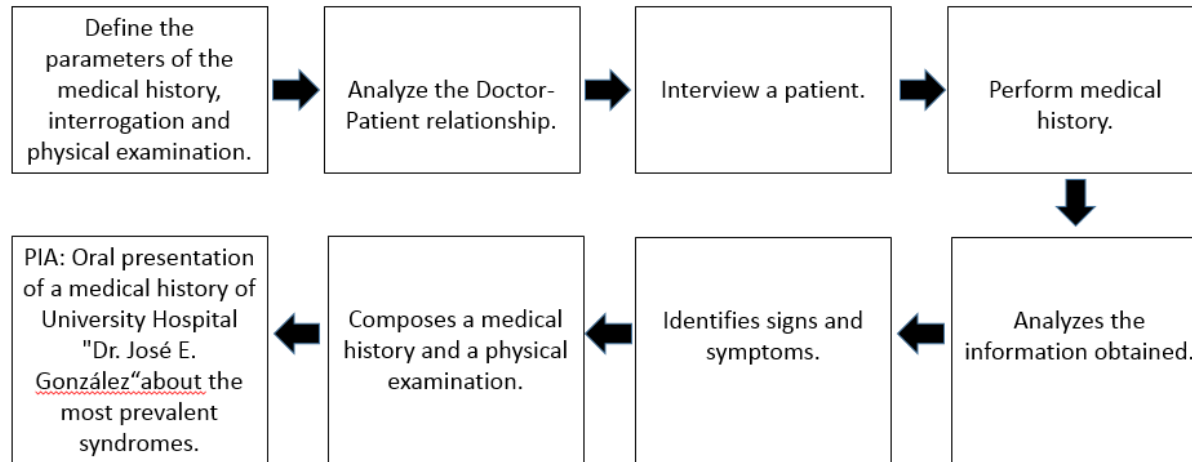
Organizational Work

10.- Promotes an organizational work culture for the health field, acknowledging the multidisciplinary work, respect for institutional policies and the observance of rules in order to contribute to a comprehensive treatment of patients.

Comunicación

11.- Applies effective communication principles, establishing a respectful and sympathetic relationship with the patient, relatives, the community and other health professionals in order to use the information properly.

4. Course roadmap:



5. Structuring into stages or phases

Stage 1: Clinical File and Medical History.**Component(s) of the competence:**

- Recognize the components of the clinical history as part of the clinical record, considering the chronological and methodological types, for the understanding of the parts that constitute them.

Evidence of student learning	Performance Criteria	Learning activities	Contents	Resources
Real patient records and review of clinical records.	Correctly complete the clinical history with the chronological and methodological formats: • Identification card. • Reason for consultation. • Beginning, evolution, current	The student analyzes the content of the program by reviewing the textbook and support material. Oral presentation by the students on the corresponding topics. The professor asks questions about the topic and guides the discussion. Clinical histories are made with real patients to develop	Conceptual Content Clinical File: • Medical record format • Traditional Medical History • Informed consent and assent • Electronic clinical record Procedural Content • Interrogate the patient's personal identification data,	• Textbooks. • Reference books. • ECOE Manual. • Electronic sites. • Mexican Official Standard NOM-004-SSA3-2012 of the clinical file. • Electronic pages. • Classrooms of the Faculty of Medicine. • Projector. • Videos. • Classrooms of the

	status. • Hereditary and family history. • Personal pathological antecedents. • Non-pathological personal antecedents. • Interrogation by apparatus and systems. • Physical exploration.	an adequate medical patient relationship. Afterwards, the students who took the medical history go to the review of the file completing the relevant information that is not obtained with the interrogation (laboratory and image tests). The students present to the group previously elaborated clinical histories, analyzing the clinical file, completing the information of relevance that is not obtained with the interrogation (laboratory tests and image) and the student analyzes in front of the group the correct filling of the parts that compose it and the importance of each element	history, reason for consultation and evolution of the condition as well as the interrogation by systems. • Evaluate and interpret the information collected to elaborate the clinical history with the data previously obtained. Attitudinal Content • Respect to patient • Appropriate behavior with the patient, hospital staff as well as peers and teachers. • Respect for privacy	Department of Introduction to the Clinic (Integrated Simulation Centers). • University Hospital. • Clinical records.
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		in the correct handling of the condition. Students act as co-evaluators by intervening when they feel that some modification should be made. The professor makes appropriate observations or clarifications.	and confidentiality of information. • Appropriate use of language. • Respect for the ideas of others • Use of ethical and moral values. • Team work • Use of the hospital dress code.	
Stage 2: Doctor-Patient Relationship Component(s) of the competence: • Analyze the doctor-patient relationship through the application of various types of communication, emphasizing empathy and ensuring the cooperation of the patient in addressing their disease, in order to achieve an effective medical interview.				
Evidence of student learning	Performance Criteria	Learning activities	Contents	Resources
1. Observation and analysis of hospital	1. Evaluates according to the scenario, the type of	The student analyzes the content of the program by	Conceptual Content • Historical account	• Textbooks. • Reference books.

consultations.	interrogation performed by resident and assigned doctors in the consultations, analyzing if the guidelines for a good interview and a solid doctor-patient relationship are met: • Make approach with appropriate words. • Shows respect for the patient's privacy. • Shows listening skills. • Asks directed questions about the condition. • Maintains an empathetic attitude. • Identifies the model of medical-patient relationship utilized. • Achieves guided cooperative doctor-	reviewing the textbook and support material. The student exposes the topic to be discussed in front of the group and the professor. The professor acts as a moderator, intervening in the moments he considers necessary. Videos of the clinical interrogation and analysis of the good or bad medical patient relationship developed during the interview are evaluated. The student performs observations and consultation analysis in hospital settings.	of the doctor-patient relationship. • Types of doctor-patient communication. • Consequences of a bad doctor-patient communication. • Inadequate interrogation due to lack of knowledge or empathy. • Lack of relevant information about symptoms, physical examination, laboratory and cabinet that allows understanding the medical problem or problems. • Bad news to terminal patient. • Bioethics in the medical-patient	• ECOE Manual. • Electronic sites. • Mexican Official Standard NOM-004-SSA3-2012 of the clinical file. • Electronic pages. • Classrooms of the Faculty of Medicine. • Projector. • Videos. • Classrooms of the Department of Medical Propaedeutics (Integrated Simulation Centers). • University Hospital. • Clinical files.
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2.- Medical interviews in simulated scenarios about different types of doctor-patient relationships. 3.- Clinical simulations as a patient with certain signs or symptoms.	patient relationship. - Places himself as a doctor in the socio-cultural context of the patient. 2. Conducts medical interviews and physical examinations following the guidelines of the Structured Objective Clinical Evaluation (OSCE). 3. Simulates being a patient who presents a certain set of symptoms during the Structured Objective Clinical Evaluation (OSCE). - H- "Hello", Saluted the patient or family	OSCE (Objective Structured Clinical Examination) simulations and co-evaluations are performed. Interviews and simulated physical exams conducted by their classmates are documented.	relationship Procedural Content - Interrogate the patient's personal identification data, history, reason for consultation and evolution of the condition as well as interrogation by devices and systems. - Elaborate the clinical history with the data previously obtained. - Medical interviews with adequate communication, correct language, self-confidence, empathy. Attitudinal Content	
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4.- Simulation of physical exploration with task simulators.	member. - E- "Explained" to the patient or family member that he or she was going to ask a few questions. - L- "Light", the room lighting is adequate. He "washes" his hands. - P-"Asked" the patient's name. Introduced" himself or herself to the patient or family member. "Privacy". "Position" of the patient. 4.- S-Site, location or area. - O-Origin. - C-Character. - R-Cadiation.		- Empathy. - Honesty. - Respect for the patient. - Correct behavior with the patient, hospital staff as well as their colleagues and teacher. - Respect for privacy and confidentiality of information. - Appropriate use of language. - Respect the ideas of others. - Use of ethical and moral values. - To work as a team. - Use the hospital dress code.	
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	• A-Atenuators or companions. • T-Time or chronology. • E-Exacerbating or aggravating factors. • S-Severity or quantity. Initial steps: • The patient should be greeted, introduced, his or her name asked, what is to be done, adequate hand washing done, and comment that the assessment will be private and the information confidential. • Have the necessary equipment ready and within reach. • The exploration begins			
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	with the patient sitting on the edge of the examination table and the chest completely uncovered. All scans will be performed on the patient's right side. Physical exploration: • Inspection: Dynamic, static. • Palpation: In 3 levels. • Monitoring. • Percussion. • Maneuvers. Physical exploration with dummy simulation. • Inspection. • Palpation. • Monitoring. • Percussion.			
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Stage 3: Interrogation and physical examination by systems with their most frequent syndromes.

Component(s) of the competence:

- Perform the interrogation and physical examination, identifying symptoms, signs and syndromes common to each system to establish a presumptive diagnosis.

Evidence of student learning	Performance Criteria	Learning activities	Contents	Resources
Clinical interview and integration of clinical histories to hospital patients, with emphasis on the integration of the history with real, coherent, analyzed and integrated information to enunciate the signs, symptoms and syndromes that the patient is presenting.	Perform: • Complete interrogation on symptoms and clinical signs. • Interrogation by devices and systems. • Physical examination. • Correctly writes up the clinical history. • Analyzes the information obtained from the patient's signs and symptoms as well as from the physical examination	El alumno analiza el contenido del programa con la revisión del libro de texto y material de apoyo. El estudiante expone el tema a tratar enfrente al grupo y al profesor. Éste actúa como moderador, interviniendo en los momentos que considere necesarios. Se valoran videos de exploración física de los diferentes aparatos y	Conceptual Content • Vital signs and somatometry. • General techniques: Inspection, Palpation, Percussion and Auscultation. Instrumented exploration. • Definition of terms, interrogation, physical exploration and common	• Textbooks. • Reference books. • ECOE Manual. • Electronic sites. • Mexican Official Standard NOM-004-SSA3-2012 of the clinical file. • Electronic pages. • Classrooms of the Faculty of Medicine. • Projector. • Videos. • Classrooms of the Department of

	and establishes a syndrome or presumptive diagnosis. • Performs clinical interrogation and/or physical examination, in a simulated patient, of the various symptoms, signs and physical examination, following the guidelines set out in the Objectively Structured Clinical Evaluation (OSCE) indicated for each symptom, sign or physical examination technique to be evaluated.	sistemas. Se realizan historias clínicas con paciente real para desarrollar una adecuada relación médico paciente. Posteriormente los alumnos que realizaron la historia clínica acuden a la revisión del expediente completando la información de relevancia que no se obtiene con el interrogatorio (exámenes de laboratorio e imagen). Se revisan las historias clínicas previamente realizadas y el alumno analiza frente al grupo el llenado correcto de sus diferentes partes así como la importancia que estos pueden tener para el	syndromes for the different systems. Procedural Content • Interrogate the patient's personal identification data, history, reason for consultation and evolution of the condition as well as interrogation systems. • Physical exploration in an orderly manner, progressively adding the different systems. • Orderly elaboration of the clinical history with the data previously obtained.	Introduction to the Clinic. (Integrated Simulation Centers). • University Hospital. • Clinical records.
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		padecimiento del paciente. Los compañeros actúan como co-evaluadores. El profesor hace las observaciones convenientes o aclaraciones.	Attitudinal Content • Correct behavior, on the principles of ethics with the patient, hospital staff as well as their colleagues and teachers. • Respect the patient. • Use language appropriately. • Respect the privacy and confidentiality of information. • Respect the ideas of others. • Use ethical and moral values. • Team work. • Use the hospital dress code. • Organization.	

7. Summative Evaluation:

Evaluation of actual in-hospital patient records and review of clinical records	10%
Evaluation of medical interviews in simulated scenarios about different symptoms, signs and physical examination techniques.	5%
Evaluation of clinical simulations as a patient with certain signs or symptoms	5%
Observation and evaluation of OSCEs practice	5%
Evaluation of simulated practices (physical exploration workshops).....	10%
Observation and analysis of hospital consultations	5%
Practical examination (interrogation and/or clinical examination in a simulated patient).....	10%
Partial Exams	21%
Final Exam.....	15%
Participation in daily classes	4%
PIA: Oral presentation of complete medical history	10%
Total.....	100%

8. Course Integrative Product.

Oral presentation of a clinical history of a patient from the University Hospital "Dr. José E. González", about the most prevalent syndromes.

9. References

Textbooks:

OSCE Manual from the Introduction to Clinic Department.

THEORETICAL MATERIAL OF THE SUBJECT OF INTRODUCTION TO THE CLINIC.

Official Mexican Standard NOM-004-SSA3-2012 of the clinical file.

Reference books:

Jinich H. Symptoms and cardinal signs of diseases. 6th ed. The Modern Handbook 2013.

Lynn S. Bickley BATES Physical Examination and Medical History Guide 11th Edition Lippincott Williams & Wilkins.

Electronic pages:

www.opthobook.com/pdfvault/OphthoBook_1.0.pdf

<http://www.youtube.com/watch?v=HSYo7LhfV3A>

<http://thepoint.lww.com/gateway>

<http://medhxnotes.blogspot.mx/2011/07/gi-symptoms-abdo-pain-nausea-vomiting.html>

APPENDIX.

ASSESSMENT AND WORKLOAD

Module workload		Number of hours	Percentage
Contact hours	Class-based instruction	113.35h (42.9%)	67.6%= 264 hours
	Evaluation of actual in-hospital patient records and review of clinical records	25h (9.46%)	
	Evaluation of medical interviews in simulated scenarios about different symptoms, signs and physical examination techniques	4h (1.5%)	
	Evaluation of clinical simulations as a patient with certain signs or symptoms	40.65h (15.39%)	
	Observation and evaluation of OSCEs practice	25h (9.46%)	
	Evaluation of simulated practices (physical exploration workshops)	26h (9.8%)	
	Observation and analysis of hospital consultations	22h (8.33%)	
	Practical examination (interrogation and/or clinical examination in a simulated patient)	2h (.75%)	
	Exam taking	5h (1.89%)	
	Course integrative producto (CIP)	1h (.37%)	
Independent study	Study	88.5h (70.23%)	32.3%= 126 hours
	Exam preparation	37.5h (29.7%)	
Total hours of the workload: 30 hours X 13 credits UANL/ECTS*		390 h	

*European Credit Transfer and Accumulation System

1 UANL credit = 30 hours

NOTE: Rubrics, checklists and evaluation formats are elaborated by using the performance criteria described in each stage of the module.

SUPLEMENTO COVID-19

Siguiendo las recomendaciones de la Secretaría de Salud del país y la Rectoría de la Universidad, ante la coyuntura de salud COVID-19, la organización de la docencia desde marzo del 2020, seguirá un modelo híbrido, donde la docencia se ajustará a los horarios aprobados por la Secretaría de Salud siguiendo un modelo de Presencialidad / No presencialidad en la medida en que las circunstancias sanitarias y la normativa lo permitan. Los estudiantes asistirán a las clases de manera no presencial mediante la transmisión de las mismas de manera síncrona/asíncrona vía “on line”.