

## SYLLABUS

<b>Name of Course:</b>	<b>Case History &amp; Introduction to Principles of Diagnosis-DIAG-226</b> (Referred to as Case History)
<b>Length of Course:</b>	4 units, 44 hours (4 hour lecture/week)
<b>Course Description:</b>	This course is an introduction to the principles of diagnosis that are utilized in the evaluation of clinical data and the basic steps involved in arriving at a clinical impression. The patient case history and general patient assessment will be covered in detail. The course will also include instruction on writing the case narrative report and diagnosis.
<b>Prerequisites:</b>	DIAG-239
<b>Course Offered by:</b>	Department of Clinical Sciences
<b>Recommended Texts:</b>	Bickley, L - <u>Bates': Guide to Physical Examination and History Taking</u> 11 <sup>th</sup> ed. 2013 Porter et.al. – <u>Merck Manual of Diagnostic Therapy</u> 19 <sup>th</sup> ed. 2011 Seidel et. Al. – <u>Mosby's Guide to Physical Examination</u> 7 <sup>th</sup> ed. 2011
<b>Recommended Apps:</b>	iSpine Care Medscape TriggerPoints-Real Body Works Merck Manual-Professional Edition
<b>Required Text:</b>	<u>Souza–Differential Diagnosis and Management for the Chiropractor</u> 5 <sup>th</sup> ed. 2016
<b>Materials:</b>	CANVAS. Class Notes. Selected handouts will be provided.

**Method of Instruction:** Lecture, Case Histories, Small group, Class Discussion & Practicing the skill set outside of official class hours.

NOTE: The Instructor will use either CANVAS on a routine basis to provide students with access to the note packets in 'pdf' form, to update, to change or to shift deadlines or to modify content as needed based on the individual class needs. This includes participating and handing in the LAB exercises each week upon completion for credit. For some students the exercise may require 'out of class' time to complete and as such the exercises will be available to you for full credit if they are completed and handed into my mailbox by 9:20am Tuesday the week after the Lab exercise has been given. You will have an opportunity to have your work reviewed for NO CREDIT at any point after this hard deadline. You, the student, are 100% responsible for your submissions & for staying on top of the details and organization of the class content. If you miss a Thursday's class it is your responsibility to collect the exercise and complete it in the same timing as your classmates for credit if and only if the deadline for submission is adhered to.

**Evaluation/Grading Criteria:**

Classroom Activity:		
Patient Interview & LAB Exercises/Homework (10%)		Weekly
Practical – Week 10 (20%)	30%	Week 10
Quizzes:		
1 – Patient Interview, Doctor-Patient Communication & Intake-Special Populations	15%	Week 5
2 – NMS Complaint, Clinical Impression & Documentation	15%	Week 7
Preparation of a Clinic Binder –	C/INC	Week 8-10
<b>NOTE: Binder Submission Required for Course Completion</b>		
FINAL Exam-Differential Diagnosis (Applying Principles of DDX)	40%	Week 11
	100%	

**A = 90-100%; B = 80-89%; C = 70-79%; F < 70%**

**Grades and the Grading System Final Grades** are available online through the CAMS student portal. If there are any questions on grading procedures, computation of grade point average, or the accuracy of the grade report, please contact the Registrar's Office or the Office of Academic Affairs. Grades will be reported and evaluation will be based on the Academic Policies, Procedures, & Services. Please refer to Evaluation Policy (**Policy ID: OAA.0007**)

In order to maintain **Satisfactory Academic Progress**, a student must maintain a 2.0 or better in each and every course. **Any grade less than a C must be remedied by repeating the class.** Please refer to Satisfactory Academic Progress (**Policy ID: OAA.0006**)

**Attendance:** Please refer to Attendance Policy (**Policy ID: OAA.0002**)

**Conduct and Responsibilities:** Please refer to the Personal Conduct, Responsibility and Academic Responsibility Policy (**Policy ID: OAA.0003**)

**Make-up Exams:** Please refer to Make-up Assessment Policy (**Policy ID: OAA.0001**)

**Request for Special Testing:** Please refer to Request for Special Testing (**Policy ID: OAA.0004**)

**Accommodation for Students with Disabilities:**

If you have approved accommodations, please make an appointment to meet with your instructor as soon as possible. If you believe you require an accommodation, but do not have an approved accommodation letter, please see the Academic Counselor Lori Pino in the Office of Academic Affairs. Contact info: [Lpino@lifewest.edu](mailto:Lpino@lifewest.edu) or 510-780-4500 ext. 2061. Please refer to Service for Students with Disabilities Policy (**Policy ID: OAA.0005**)

**Electronic Course Management:**

**Canvas** is LCCW's Learning Management System (LMS). Canvas will be used throughout the quarter during this course. Lectures, reminders, and messages will be posted. In addition, documents such as the course syllabus and helpful information about the class project will be posted. Students are expected to check Canvas at least once a week in order to keep updated. The website address for Canvas is <https://lifewest.instructure.com/login/canvas> Please refer to the Educational Technologies Policy (**Policy ID: OAA.0009**)

**Course Goals:**

The primary goal of the Case History course is to develop fundamental skills in collect patient information, history and to understand current diagnosis. You will be able to format the information into a functional medicine matrix and communicate clearly to the parent or guardian a diagnosis or provide additional information regarding the current diagnosis.

Attention will be given on understanding the importance of respecting patient decisions within the confines of their individual & family health philosophy. To achieve this goal, the course examines the detailed relationships between basic science, organ physiology and function, pathophysiology, patient outcomes and selected topics of evidence-informed care and management.

**STUDENT LEARNING OUTCOMES:**

Knowledge:

1. The student will be able to describe in detail the essential components of effective Doctor-Patient Communication. [PLO: 3,4,8]
2. The student will be able to list and explain the contents and components of a thorough case history of a patient and the steps required in the development of an initial clinical impression. [PLO: 1,3,4,8]
3. The student will be able to complete a 'complaint with modifiers' for each case and complete a working differential diagnose for the patient including conditions found with a neuromusculoskeletal spinal complaint. [PLO: 1,2,4,8]

Skills:

4. The student will be able to demonstrate the ability to open and close an interview appropriately, establish and maintain rapport with the patient, elicit a relevant medical history, display active listening skills thorough out an interview. [PLO: 1, 3,4,8]
5. The student will be able to display the doctoring skills necessary to collect patient information, formulate a list of differentials and formulate a ‘working’ clinical impression. [PLO: 1,6,8]

Professional Behaviours:

6. The student will be able to demonstrate attentiveness and empathy thorough out the interaction with the patient and understand the importance of professional boundaries in meeting a patient in a vulnerable symptomatic psychological place. [PLO: 3,5]
7. The student will exhibit awareness and sensitivity to the patient’s health concerns while maintaining control of the interaction and establishing trust. [PLO: 3,4,5]
8. The student will present themselves as a professional LCCW Student Intern. [PLO: 5]

**Program Learning Outcomes (PLO):** Students graduating with a Doctor of Chiropractic degree will be proficient in the following:

1. **ASSESSMENT AND DIAGNOSIS:** An assessment and diagnosis requires developed clinical reasoning skills. Clinical reasoning consists of data gathering and interpretation, hypothesis generation and testing, and critical evaluation of diagnostic strategies. It is a dynamic process that occurs before, during, and after the collection of data through history, physical examination, imaging, laboratory tests and case-related clinical services.
2. **MANAGEMENT PLAN:** Management involves the development, implementation and documentation of a patient care plan for positively impacting a patient’s health and well-being, including specific therapeutic goals and prognoses. It may include case follow-up, referral, and/or collaborative care.
3. **HEALTH PROMOTION AND DISEASE PREVENTION:** Health promotion and disease prevention requires an understanding and application of epidemiological principles regarding the nature and identification of health issues in diverse populations and recognizes the impact of biological, chemical, behavioral, structural, psychosocial and environmental factors on general health.
4. **COMMUNICATION AND RECORD KEEPING:** Effective communication includes oral, written and nonverbal skills with appropriate sensitivity, clarity and control for a wide range of healthcare related activities, to include patient care, professional communication, health education, and record keeping and reporting.
5. **PROFESSIONAL ETHICS AND JURISPRUDENCE:** Professionals comply with the law and exhibit ethical behavior.
6. **INFORMATION AND TECHNOLOGY LITERACY:** Information literacy is a set of abilities, including the use of technology, to locate, evaluate and integrate research and other types of evidence to manage patient care.
7. **CHIROPRACTIC ADJUSTMENT/MANIPULATION:** Doctors of chiropractic employ the adjustment/manipulation to address joint and neurophysiologic dysfunction. The adjustment/manipulation is a precise procedure requiring the discrimination and identification of dysfunction, interpretation and application of clinical knowledge; and, the use of cognitive and psychomotor skills.
8. **INTERPROFESSIONAL EDUCATION:** Students have the knowledge, skills and values necessary to function as part of an inter-professional team to provide patient-centered collaborative care. Inter-professional teamwork may be demonstrated in didactic, clinical or simulated learning environments.
9. **BUSINESS:** Assessing personal skills and attributes, developing leadership skills, leveraging talents and strengths that provide an achievable expectation for graduate success. Adopting a systems-based approach to business operations. Networking with practitioners in associated fields with chiropractic, alternative medicine and allopathic medicine. Experiencing and acquiring the hard business skills required to open and operate an on-going business concern. Participating in practical, real time events that promote business building and quantifiable marketing research outcomes
10. **PHILOSOPHY:** Demonstrates an ability to incorporate a philosophically based Chiropractic paradigm in approach to patient care. Demonstrates an understanding of both traditional and contemporary Chiropractic philosophic concepts and principles. Demonstrates an understanding of the concepts of philosophy, science, and art in chiropractic principles and their importance to chiropractic practice.

Course Objectives & Weekly Schedule:

Week	Class	Description
1	<b><i>NO CLASS d/t ICE EXAMINATIONS</i></b>	
	Introduction to Case History or Patient Interview	Styles of Interviews, Chief Complaint (CC), History of Presenting Illness (HPI), Past Medical History, Family History, Social History, Review of Symptoms, Managing Patient Pain during Interview
2	Components of the SHORT version Patient Intake – Chief Complaint	NBCE station style, Plan & Strategy, Acronyms and Layout, the ‘Cheat’ sheet, Meeting patient Expectations
	Foundational Communication Skills The Doctor-Patient Relationship	Opening the Interview, Eliciting a relevant history, Display active listening skills, Utilization of timing and flow of the visit, Closing the Interview Professional Behaviours, Maintaining Rapport & Establishing Boundaries, Meeting Patient Expectations & Identifying Patient Goals, Inspiring Confidence, Openness and Receptiveness to Feedback
3	LONG Full Intake – History of Presenting Illness	The most important Foundational Doctoring Skill: Components of a thorough Case History (the most common form-10-20 minute Intake), Address concepts of Co-morbidities and Complications,
	Intake - Case History for Special Populations & the Wellness Patient	Consideration of the Patient as a Whole: Intake of a Wellness patient, Intake Interview in a Subluxation-based Practice, Pregnancy, Pediatric, Spectrum, Special Needs, Adolescent, Geriatric, Patient Psychology-Personality Disorders, Overcoming Language & cultural barriers
4	Introduction to Differential Diagnosis <i>Souza – Chapters 1, 15 &amp; 16</i>	Differential Diagnosis & Documentation, Subluxation, Mode of Injury, Joint Specific Mechanism of Injury, Syndromes, Selective Tension Approach, Approach Based on Structure (Hard tissue vs. Soft tissue DDX), Utilization of Algorithms Consideration of Multiple Complaints & overlapping Symptoms, Acute/Uncomplicated vs. Subacute/Chronic Complicated Case Management
	General Approach to an NMS Complaint Determining a Differential Diagnosis	Weakness, Numbness, Tingling & Pain, Identifying the summary of key behaviours of tissue and their response to different forms of examination and Orthopaedic/Neurological Tests.
5	Introduction to LCCW Clinic – GUESTS The Demand & Expectations of the LCCW Clinic	GUEST LECTURERS: Clinic Doctor & Senior Clinic Student to Review the expectations and strategies to prepare for the demands of being an Intern at LCCW.
	<b><i>Quiz #1 – Case History &amp; Patient Interview Essentials, Doctor-Patient Communication Special Populations &amp; Consideration during the Patient Interview (15%)</i></b>	

5	Introduction to LCCW Paperwork & Development of a Clinical Impression	Formation of a Clinical Impression from a Patient Interview
6	Cervicals (Neck & Neck/Arm) Souza – Chapter 2	Review of General Approach to a Cervical Complaint, Review of ‘Hit List’ & Differential diagnosis components including Algorithms/Flow Charts & Questionnaires for regional complaint
		DDx – Cervicals Patient Interviewing, DDx & Clinical Impression
7	Headaches, WAD & Concussion Souza – Chapters 17 (referencing 18 & 47)	Review of General Approach, Differential diagnosis components including Algorithms/Flow Charts & Questionnaires for Regional complaints & Special Populations
	<b><i>Quiz #2 – Introduction to Concepts of Differential Diagnosis &amp; the General NMS Approach to Patient Complaint (15%)</i></b>	Development of Complaint with Modifiers for Cases completed to date during LAB hour. Patient Interviewing, DDx & Clinical Impression
8	Lumbosacral Souza – Chapter 6 (referencing 11-Hip)	Review of General Approach to a Pelvic Complaint, Review of ‘Hit List’ & Differential diagnosis components including Algorithms/Flow Charts & Questionnaires for regional complaint
		DDx – Lumbosacral Patient Interviewing, DDx & Clinical Impression
9	Thoracics Souza – Chapter 4 & 5	Review of General Approach to Thoracic Complaint or Scoliotic concern, Review of ‘Hit List’ & Differential diagnosis components including Algorithms/Flow Charts
	<b><i>Clinic Binders REQUIRED FOR CLASS COMPLETION.</i></b>	Refer to Rubric for grading of the Clinic Binder DDx – Thoracics Patient Interviewing, DDx & Clinical Impression
10	<b><i>Case History PRACTICAL &amp; Peer Review of Skill Set (20%)</i></b>	NOTE: Mandatory Attendance Refer to Rubric for grading of the Practical
11	<b><i>FINAL EXAMINATION (40%) Application of General NMS Approach applied to regional complaints for development of Differential Diagnosis &amp; Clinical Impression</i></b>	