

Syllabuses – Clinical

Course name: **Imaging**

Course content and aim

Welcome to the Department of Imaging and the Department of Nuclear Medicine at the Sackler Faculty of Medicine, Tel Aviv University.

The clerkship will comprise an intensive week in the different imaging wards. During the week, each group will be instructed by a tutor who will be responsible for instruction in guided reading of images, as well as running discussions on different indications and radiological assessment in the following fields:

- *chest x-rays and chest imaging
- *abdominal x-rays and acute abdomen imaging
- *nervous system imaging
- *muscle and bone imaging
- *pediatric imaging
- *nuclear medicine

Course name: **Surgery**

Course content and aim

The syllabus is based on the textbook, emphasizing a number of common disease states for which the student requires in-depth knowledge. In addition, the student is required to acquire more limited knowledge on some other less common surgeries. The syllabus includes three main chapters as detailed below:

Prerequisite chapter: this chapter details the study matter that students are required to know before beginning their clerkship in general surgery. Students are exposed to this material during their time in the internal/pediatric wards. For example: the blood coagulation mechanism during surgery.

Disease states chapter: these are disease states with which students should be familiar by the end of the course. The minimum requirements for recognizing a disease include symptoms, physical examination, diagnostic tools, therapeutic tools, disease complications and their treatment.

For example, appendicitis: the student will be familiar with the symptoms and diagnostic and therapeutic tools for appendicitis, and will know the differences between simple appendicitis and peritoneal abscess, with respect to diagnosis and treatment and post-surgical complications for this disease.

Problem-based surgery chapter: this chapter will detail clinical problems presented by general surgery patients, where an understanding of the problem and its solution requires familiarity with different

disease states and the use of differential diagnosis to discriminate among them. The syllabus will include common problems in general surgery. For example: acute abdomen, lower left abdominal pain, etc.

Course name: **Internal Medicine**

Course content and aim

Six-year program in internal medicine A – medical cannabis unit

The course is taught via frontal lectures in the faculty.

The course aim is to teach the foundations of internal medicine and provide extensive clinical knowledge prior to the students' entry into the wards.

The course relies on the theoretical basis that the students acquired during their paraclinical years; its main aim is the transition from learning the pathophysiological component of the diseases to using this knowledge to treat patients.

By the end of the course students should have acquired the basic tools for understanding the professional language they will learn in the wards. The faculty considers this course an integral part of the clinical studies.

The course will be based on the material studied during the systems year – the 3rd year of the 6-year program or the 2nd year of the 4-year program; the lectures will be based on clinical cases in the field of internal medicine: cardiology, rheumatology, lungs, infections, allergies, hematology, endocrinology, neurology, gastroenterology and liver, geriatrics, oncology imaging, psychiatry and palliative medicine.

Course length: ten weeks.

Course name: **Internal Medicine Clerkship**

Course content and aim

Aim of the rotation – acquiring basic tools in medicine in general and internal medicine in particular, including skills. Understanding and internalization of medical culture, rules of conduct for doctors, building a theoretical and practical basis as a doctor and building basic tools for further professional development.

Rotation length – 14 weeks

Rotation structure – the entire rotation takes place in the internal ward, which is the mother ward. This rotation will include participation by doctors from the internal ward and from various centers and sub-specializations.

The first three weeks – learning, practicing taking an anamnesis, and performing a medical examination.

The full clinical rotation – students will admit patients with an anamnesis, medical examination, and planning, diagnosis and treatment while taking responsibility for the patients throughout their hospitalization. A guided round of the patients “assigned” to the students will take place daily, including a discussion and construction of a plan for the patients’ medical problems. Students will also participate in the diagnostic actions undergone by the patients during their hospitalization. The students will present their patients daily as part of the morning round, the evening round and the afternoon discussion on complex patients. The discussion will be run by the student responsible for the patient.

As part of this rotation, students will also spend time in the centers: the heart center, rheumatology clinic, hematology and hemato-oncology clinic, lung clinic, endocrinology clinic, nephrology clinic, gastroenterology clinic.

Building tools and acquiring basic skills for understanding patient treatment.

Studying essential core topics

Basic clinical tools

Clinical skills – students must be skilled in understanding their patients: taking a full anamnesis, high-quality medical examination, understanding laboratory tests and basic tests, and integrating all of the above into an in-depth understanding of the specific patient.

Use and basic knowledge of diagnostic tools, including laboratory tests, imaging, various diagnostic tests, and invasive procedures.

An in-depth understanding of the formulation of a clarification plan – an ability to request tests and understand the results.

Coping with basic emergencies and common, basic medical problems.

Technical skills – inserting an infusion, taking blood, pericardiocentesis, performing an ECG.

Accepted standards of conduct – preventive medicine, hand sanitization, preventing infection and so on.

Developing tools for the doctor-patient-family interaction. Professional relationships among doctors and other medical professionals.

Understanding the meaning of “being a doctor” with respect to the unlimited responsibility and commitment to patients and work colleagues.

Developing and internalizing accepted medical culture – the importance of accurate information, determination of clinical priorities.

The importance of keeping records – medical records, documentation and correct summarization of the medical findings.

Studying the medical discourse – using logical tools, understanding medical literature, being able to trust data from the literature and understand the significance of the studies and guidelines, understanding clinical pathways.

Professional and ethical dimensions – coping with the emotional conflicts of the patients with respect to their environment and medical team; coping with the end of life; principles of rehabilitation for elderly patients; being the bearer of bad news to terminally ill patients; developing the ability for team work with all of its complexities.

Communication with patients and staff members – recognizing the inherent tensions and problems in the medical profession and culture.

The scientific basis – the core topics essential to the rotation have been defined.

The student will have excellent command of emergencies: heart failure, pulmonary edema, pulmonary embolism, septic shock, other types of shock, acute myocardial infarction, hypoglycemia, ketoacidosis, hyperglycemia, superior vena cava syndrome, tumor lysis syndrome.

Students will have excellent command of additional core topics: acid-base equilibrium, hemodynamic assessment of the patient, approaching a patient with shortness of breath, prolonged fever, weakness, change in state of consciousness, loss of consciousness, weight loss, approaching acute and chronic infection, cerebrovascular diseases, chronic lung diseases, acute and chronic kidney failure, approaching malignancies, anemia, clinical epidemiology.

Understanding evidence-based medicine, command of information databases.

Learning approaches, admitting patients and being responsible for them throughout their hospitalization, guided rounds. Seminars run by the students and facilitated by an expert doctor, discussing clinical cases from the ward and from theory. Completion of seminars on essential core topics in which students lack knowledge. Participation in diagnostic procedures (endoscopy, catheterization, imaging, etc.). Teaching in a clinic or center. Learning technical skills under the instruction of a senior doctor.

Performing rotations through which they will acquire skills for emergencies.

Literature required for this rotation: Harrison's Principles of Medicine, 19th edition, important articles and important guidelines according to the tutor's instruction.

Course name: **Geriatrics**

Course content and aim

In the geriatric rotation (5 days), students will be exposed to the social and clinical aspects and geriatric symptoms among the elderly.

Each student group will be assigned a tutor, a geriatric expert or experienced geriatric intern. The day will begin with the ward morning meeting in which the patients admitted during the last shift (from the previous afternoon until the morning) will be presented. During this meeting, the new patients will be presented and discussed with an emphasis on the geriatric syndromes, so that students will be exposed to patients and geriatric aspects as early as possible.

During the clerkship, each student or pair of students will admit one or two patients; special emphasis will be placed on the overall geriatric anamnesis: family, social, functional, nutritional, cognitive and effective background of the patients. During the day the students will accompany the doctors' rounds and will also receive instruction next to the patients' beds or in designated meetings, including in the para-clinical professions, such as physiotherapy, nutrition, occupational therapy and social work. The students' admissions will be analyzed and discussed together with the tutor, with an emphasis on the geriatric syndromes and their significance. The students will participate in the multi-professional staff meetings where they will discuss all aspects of these patients (designated meetings for the geriatric ward), and practical decisions will be made. As far as possible, and in accordance with the ward structure, students will also be exposed (for only a few hours) to complex geriatric rehabilitation and nursing wards in a nearby geriatric hospital.

Our main aim is to expose and teach students how to perform a comprehensive geriatric assessment (CGA). This includes family, social, health, functional, cognitive, nutritional and effective components. In addition, we will teach the students about the main geriatric symptoms and their meanings, including dementia, delirium, falls, pressure sores, nutritional disorders, loss of function, deconditioning and rehabilitation, abusive behavior, multiple medications, end of life and more.

We believe that this exposure, while short, will expose the student to additional and sometimes critical aspects of the elderly patient, far beyond the actual list of diseases.

Course name: **Ear, Nose and Throat Medicine**

Course content and aim

The aim of the rotation is to familiarize students with common ENT pathologies and therapies, including ENT emergencies. Students will learn to take a directed anamnesis, perform a thorough medical examination, suggest a differential diagnosis and build a treatment plan. The clinical learning will include learning at the patient's bed, lectures, and participation in surgery.

Course name: **Gynecology and Obstetrics**

Course content and aim

- A. Students will describe female health during the life cycle under normal/healthy/sound circumstances (anatomy, physiology, endocrinology) in each of the subtopics (obstetrics, gynecology, fertility).
- B. Students will describe the different pathologies in detail, using professional medical terms, and will run a (common) case on the base of the clinical knowledge and thinking they have acquired.
- C. In each case students will consider aspects of professionalism (inter-personal communication, teamwork, multiculturalism).
- D. Students will combine taking an anamnesis with good interpersonal communication skills and performance of a medical interview.
- E. Students will be aware of the feelings and thoughts they have with respect to their patients – being aware of stereotypes, preconceptions and being judgmental towards colleagues, doctors and patients.

Course name: **Anesthesia and Intensive Care**

Course content and aim

Aims of the rotation

1. Recognize and analyze the basic physiology of critical situations
2. Recognize and analyze assessment and preparation of the patient before anesthesia and surgery
3. Be able to explain principles of anesthesia
4. Recognize and analyze the monitor during anesthesia and intensive care
5. Be able to explain the effect of anesthetic medications and side effects, and be acquainted with the use of medications for anesthesia and sedation and vasoactive medications.
6. Be able to use methods for safeguarding airways and breathing
7. Understand the importance of treating pain and treatment methods
8. Recognize and analyze actions performed by the doctor during anesthesia and intensive care

At the end of the clerkship students will recognize and be able to describe the following main topics:

- Pre-anesthesia assessment
- Building an anesthesia plan
- Treating airways
- Respiratory aid and artificial respiration
- Post-surgery pain treatment
- Assessment of patient with multi-system failure and treatment of the body's essential systems
- Additional aspects related to treating a patient in a critical state, such as antibiotics, nutrition and so on
- Principles of treatment of chronic pain

Course name: **Cardiology**

Course content and aim

During the cardiology rotation (5 days), students will be exposed to clinical aspects in modern cardiology.

The day begins with the morning ward meeting in which patients admitted at night are presented (except limitations arising from morbidity status during the pandemic). Special effort will be made to make these meetings as instructive as possible.

Special emphasis will be placed on a directed cardiac anamnesis: acute coronary syndrome, the nature of chest pains, differential diagnosis of chest pains, valvular heart diseases and arrhythmias; assessment of functional level – angina and shortness of breath; differential diagnosis of acute/chronic shortness of breath.

Physical cardiac examination during guided rounds while correlating with the other echocardiographic and imaging findings available to each patient. Special emphasis will be placed on ECG study: the normal chart, acute coronary syndrome, arrhythmias: brady-tachyarrhythmia, conduction disorder, hypertropia/overload, and less routine ECG patterns.

Exposure to advanced techniques in cardiology: echocardiography, cardiac stress test, Holter monitor, heart mapping, and anatomy as seen during catheterization.

A tutor will be assigned to each ward and students will visit the cardiac intensive care ward, the intermediate unit and the clinic. Students will admit typical patients who will be presented during the round and/or to the tutor and to expert doctors in the ward.

Course name: **Cardiothoracic Surgery**

Course content and aim

The teaching program in the cardiothoracic surgery clerkship (one week) is designed to provide students with basic knowledge in the profession, following the cardiothoracic surgery syllabus, as detailed by the Syllabus Committee for Surgical Professions appointed by the Association of Deans of Medical Faculties in Israel. The proposed study program places great importance on emphasizing the foundations of clinical medical education, instilling values of excellence in patient treatment, loyalty to their needs and maintenance of their dignity. Cardiothoracic surgery integrates essential knowledge in cardiology and principles of surgery, as well as intensive care of patients during the post-surgical period. Therefore, the rotation provides an opportunity for integrative learning of these fields. The clerkship week comprises additional introductory lectures on various topics in cardiology and lung disease. Therefore, we did not find it necessary to repeat frontal lectures on the main topics, but rather assimilate the material learned

through guided visits, simulations of clinical situations and short seminars that will lead to clinical discussions.

The students will admit patients before surgery, discuss their disease with one of the ward's doctors, present the patient's data at the joint morning meeting, comprise part of the surgical team, and accompany the patient they admitted throughout his/her hospitalization.

A typical day will begin with the morning meeting in which the patients will be presented prior to their planned surgery, as well as admission of new patients to the ward and discussion of postoperative patients. The meeting will emphasize different medical issues in the clinical context. Subsequently, the students will join the team in the operating room, where the teaching will be established mainly via active participation by the student in the surgical team and partly by observation through a partition or by live broadcast from the operating room by teleconferencing. Later in the day there will be teaching by the patient's bed and discussions with the wards' doctors on selected topics. The students will join the various heart teams working within the cardiology ward team and will be exposed to pulmonary surgery and pediatric cardiac surgery. Participation of students in night shifts (once per rotation), including patient admissions and clinical activity, will provide an opportunity for the students to receive personal training from one of the ward's doctors; therefore, we place great importance on its execution.

Course name: **Vascular Surgery**

Course content and aim

The week of clinical study in the vascular ward is designed to provide medical students with basic knowledge in the profession. The proposed study program combines theoretical, clinical and practical knowledge in vascular surgery.

Today, vascular surgery combines open surgery and endovascular surgery, in other words, catheterization of blood vessels. Naturally, this week of study provides an initial opportunity for exposure to a profession that integrates different techniques for treating vascular diseases. The students will be exposed to the different operations, catheterizations and hybrid operations that combine catheterization and surgery in the actual procedure, in the knowledge that it is possible to individually tailor the treatment to the patient. The week will include frontal lectures on important topics on blood vessels. The study topics will be assimilated into guided visits in the ward and clinical discussions. We view medical students during their time in the ward as part of the medical team; therefore, we expect them to meet the accepted standards of the wards' doctors. The work day begins with the morning meeting in which the wards' patients and candidates for surgery are presented. The meeting includes clinical discussions and presentation of x-ray images of patients; the students take an active part in the discussions.

Once a week there is a comprehensive x-ray meeting, as well as an academic meeting in which articles are presented. During the week, the students will be exposed to the activity of the vascular laboratory,

study the principles of vascular imaging, and join the team in the ward's outpatient clinics, where they will have the opportunity for individual learning from the specialist doctors who run the clinics.

The students will gradually join the team in the operating room for part of the time, by active participation or via a partition.

As mentioned, the work day begins with the morning meeting; subsequently, the students will be divided among the different sites of activity – ward, clinic, operating room – and will be grouped together for frontal lectures and guided visits.

Course name: **Neurology**

Course content and aim

Rotation aims:

- A. The clinical rotation in neurology and neurosurgery is designed to give medical students a basis for understanding the principles of clinical neurology.
- B. To provide students with the skills required for identifying, recognizing and managing neurological diseases.

Course name: **Psychiatry**

Course content and aim

The teaching aims are:

- A. Providing knowledge
- B. Developing skills
- C. Forming attitudes
- A. Knowledge will be provided in the following fields:
 - 1. Anamnesis and psychiatric state
 - 2. Psychiatric diagnosis and differential diagnosis in accordance with accepted classification
 - 3. Main psychiatric disorders/syndromes
 - 4. Biological, psychological and social theories of personal development and psychopathology.
 - 5. Biological, psychotherapeutic and rehabilitative therapies.
 - 6. Psychiatric treatment frameworks and indications for referrals thereto.
 - 7. Unique ethical and legal aspects of the treatment of mentally ill patients.
 - 8. Psychological aspects related to physical diseases.
 - 9. Interpersonal psychological processes related to coping with disease.
 - 10. Research methods and scientific thought patterns in psychiatry.
- B. Acquiring skills:

1. General approach to patients:
 - i. Building the doctor-patient relationship
 - ii. Techniques for the medical interview, empathic listening, open questions.
 - iii. Communication with patients of different ages and cultures.
 - iv. Communication with uncooperative patients.
2. Taking a psychiatric anamnesis:
 - i. Understanding the main complaint and disease development.
 - ii. Identifying causes of distress.
 - iii. History of psychiatric syndromes and previous treatments.
 - iv. Physical disease history and its consequences.
 - v. Personal background and life course.
 - vi. Identification of suicidality and danger to self.
3. Evaluation of psychiatric state:
 - i. Structured evaluation of the psychiatric state.
 - ii. Professional presentation of the findings.
4. Building a differential diagnosis:
 - i. An ability to discuss the main psychiatric syndromes, with arguments for and against each diagnosis.
 - ii. Diagnosing dominant aspects of the personality.
 - iii. Ability to relate, within the framework of psychopathological understanding, to causes of distress in the patient's life.
 - iv. Ability to build a general diagnostic reference within the framework of a multiaxial diagnosis.
5. Preparing a treatment program:
 - i. Medication
 - ii. Psychotherapy
 - iii. Rehabilitation plan
 - iv. Environmental therapy
 - v. Legal aspects, if necessary, related to the treatment.
6. Implementation of medication:
 - i. Familiarity and use of the main drug groups.
 - ii. Preparing the patient, including provision of suitable explanations.
 - iii. Relevant laboratory tests for preparation and monitoring.
 - iv. Treatment of side effects.

Course name: **Urology**

Course content and aim

The week of clinical studies in the urology wards is designed to provide medical students with basic knowledge in the profession.

The study program integrates theoretical, clinical and practical knowledge in urology. The rotation comprises lectures in all areas of urology: uro-oncology, neuro-urology, and female urology, pediatric urology, reconstructive urology and more.

The rotation also includes rich clinical activity, such as participation in professional outpatient clinics, participation in operations and ward rounds.

The spectrum of surgical activity includes the most advanced technologies, from robotic surgery, through the use of cutting edge technologies, such as implanting sacral nerve stimulators, MRI-coupled biopsies and laser surgery, to large open surgeries such as cystectomy and intestinal reconstruction.

The work day begins, as mentioned, with the morning meeting; subsequently the students will be divided among the different sites of activity – ward, clinic, and operating rooms – and will be grouped for frontal lectures and guided visits.

Course name: **Epidemiology and Preventive Medicine**

Course content and aim

During the week of clinical experience in public health we'll return to the principals of evidence-based medicine, we'll delve into clinical questions and provision of answers based on research studies relevant to the issues, we'll understand the significance of the statistical indices used in the scientific literature, we'll revise the main indices for the clinical significance of the research results at the level of the patient in question.

In addition, we'll become familiar with the work of the Israel Center for Disease Control and we'll take part in debates on questions of utmost importance in public health today.

We'll learn about the work of the regional and district health bureaus, and the world of the public health system in the Ministry of Health.

In front of the course staff and fellow students, each student will present a patient, with a health problem involving important aspects of public health, who was processed according to the principles of evidence-based medicine.

Course name: **Pediatric Sub-rotation**

Course content and aim

Practice and acquisition of tools for working as a medical team member via independent work with patients, while demonstrating an ability to integrate knowledge, communication skills, building a differential diagnosis, treatment plan and decision about disposition.

Strengthening and learning important core topics in pediatric medicine.

Strengthening and learning important skills in pediatric medicine.

Practicing and acquiring tools for working as part of a multidisciplinary medical team in a medical unit.

Course name: **Emergency Medicine**

Course content and aim

Emergency medicine in all fields of medicine (internal, surgical, pediatric, orthopedic, ophthalmic, etc.) while emphasizing immediate, urgent treatment – saving lives and preventing suffering and disability.

Unique aspects: emergency medicine deals with unique medical and psycho-social aspects such as resuscitation, environmental injuries, disasters and terrorist attacks, alcoholism, homelessness, hypochondria, domestic violence, sexual violence, chronic or acute drug use, etc.

Course name: **Health and Disease in the Community (Family Medicine)**

Course content and aim

The clerkship in family medicine exposes the student to the unique characteristics of treatment in the community.

Different skills will be practiced during the clerkship, primarily:

1. Intelligent construction of a differential diagnosis that takes into account the prevalence of diseases in the community.
2. Evaluating significant findings and physical, psychological and social factors.
3. Familiarity with the techniques and communication skills required to create a system that builds trust and responsiveness for treatment and follow-up.
4. Familiarity with team work in the community.
5. Understanding the need to use all resources available to the patient, including correct use of team work and expert consultation to achieve optimal treatment for the patient.

The learning will take place while accompanying a personal instructor – a specialist in family medicine. This approach is unique to the clerkship and facilitates integration of the knowledge and skills acquired while studying, as well as providing personal observation and receiving priceless personal feedback.

Learning takes place through different types of patient meetings –frontal, video and telephone.

In addition, different learning methods will be used to enrich the clinical exposure, some together with the ward staff and others within the framework of the departmental activities.

Course name: **Oncology**

Course content and aim

In this course, students will learn about the nature of treatment and monitoring of patients in the follow-up clinic of the oncology unit. Students will become familiar with the complexity of the oncology profession via discussions in the hospital wards regarding the treatments given to patients, and discussions of the ensuing pathological results. Similarly, students will be exposed to imaging technologies, and palliative and multidisciplinary treatment of the patient. This will be done by exposing the students to the discussion meetings about the patients. Students will understand the potential of clinical and basic research in oncology.

The course will present modern technologies and advanced equipment for radiation therapy. This will be done by exposing students to 3-D simulations at the radiation center. Pharmacological tools for minimizing the side effects of chemotherapy will also be presented.

At the end of the course there will be a colloquium and students will receive a pass/fail grade.

Course name: **Orthopedics**

Course content and aim

Students will know how to take a relevant anamnesis for a range of orthopedic diseases.

Students will be familiar with the physical examinations and clinical signs of a range of orthopedic diseases.

Students will be familiar with the different diagnostic imaging techniques, and will know how to identify and distinguish between the healthy state and pathologies in the field of orthopedics.

Students will be familiar with a range of orthopedic diseases and injuries and their characteristics, and will be able to suggest different treatment methods.

Course name: **Dermatology**

Course content and aim

The course objectives are to provide suitable knowledge and skills to enable students to diagnose and treat common skin diseases.

At the end of the training, students should be:

- Able to diagnose and treat common skin diseases and dermatological emergencies
- Familiar with common diagnostic methods in the laboratory
- Familiar with existing surgical and laser treatments in the field of dermatology

At the end of the course, students will know how to:

- Take a dermatological anamnesis
- Perform a clinical test (dermatological and systematic if relevant) and systematically describe dermatological findings.
- Perform simple surgical actions

Course name: **Rehabilitation**

Course content and aim

Clinical skills:

- A. General approach to the patient: building a therapeutic relationship, communicating with patients of different ages and backgrounds and with different disabilities.
- B. Taking an anamnesis with emphases suitable to the rotation: previous functional state, support factors, identifying distress factors, identifying the main complaint, history of physical diseases and its consequences, personal background and life course, identifying emotional emergencies in patients in distress.
- C. Performing a full body examination with appropriate emphases, ability to use specific diagnostic tools and their interpretations.
- D. Recognizing and studying scales of clinical evaluation in rehabilitation. Ability to define the state of the patient according to the ICF model.
- E. Ability to build a diagnostic reference and general treatment plan that provides a solution for the physical and emotional needs of the patient and his/her support system.
- F. Identifying and treating emergencies in rehabilitation.

Course name: **Internal Sub-rotation**

Course content and aim

The clinical sub-rotation takes place in the 6th year of the 6-year program or the 4th year of the 4-year program.

The aim of the sub-rotation: application of practical knowledge, a kind of mini-internship, in the internal medicine wards, in the lead-up to the national exam in internal medicine.

The sub-rotation is 3 weeks long; each rotation includes 4-5 students.

Program:

1. Each internal ward will assign an intern or specialist (not at the tutor level).
2. In the first week, each student will accompany an intern, during a round, and will not be directly responsible for the patients. During this time the student will admit at least one patient, present him/her and monitor the patient thereafter.
3. During the second week, the student will admit two patients and will monitor them until their release, guided by a specialist or intern.
4. In the third week, the program from the second week will continue, and a broad discussion of the patients will take place with the doctor, including broad differential diagnosis, a summary of the treatment plan, and the release plan. The student will write the release letter, to the best of his/her ability, supervised by his/her supervisor.
5. Each student must participate in the ward's morning meetings, including academic meetings, x-ray meetings and more. Each student must present his/her patients and receive feedback on his/her presentation.
6. Each student must present one Journal Club during the rotation.
7. No frontal lectures will take place during the rotation.
8. If the sub-rotation takes place in a ward that advises other wards, the student should accompany the consultant.
9. Presence in the rotation is compulsory.

Course name: **Bad News**

Course content and aim

Bad news is defined as anything that can be considered life-changing or has a negative impact that reduces future possibilities in the eyes of the receiver or of his/her dear ones. It is sometimes difficult to predict what would be considered bad news and what will be the response of the patient; indeed, the one who determines whether it is in fact bad news is the individual who receives the news. The art of bearing bad news requires many skills including identifying the situation, advance self-preparation, optimal use of interpersonal communication and emotional processing abilities. Many protocols have been written in the medical literature. In this department we have chosen to focus on a protocol developed in the department over many years, which is based on a global protocol; it aims to provide a basis for bearing bad news in different medical fields.

The course will deal with this complex task. It will focus both on the needs of the patient and his/her family and on our needs, as doctors, aiming to minimize our feelings of helplessness and powerlessness. It is important not to be afraid of this important moment and to prepare for it. In fact, this is a special moment that calls us to slow down our crazy pace of life and observe our own internal voices; to contemplate questions of meaning and hope, life and death. In such situations it is important to process past events, since we often get stuck on difficult experiences that arouse our personal memories, fears, thoughts and many feelings that we will need to discuss and process.

During the course we will discuss practical aspects of providing the tools for conveying the news and perform practical exercises. The course is based on all of the communication skills the students worked on and developed in the Department of Medical Education over their study years at the faculty and requires integration of personal, emotional and professional abilities and processing of experiences from the clinical rotations to which the students are exposed in parallel.

Aims and objectives:

- Understanding the definition, importance and consequences of bad news in medicine
- Familiarity, understanding and implementation of a multi-stage protocol for bearing bad news
- Familiarity, understanding and implementation of a multi-stage protocol for self-preparation towards bearing bad news
- Familiarity, understanding and implementation of a multi-stage protocol for processing emotions
- Further development of communication skills and interpersonal skills with patients, family and staff members
- Development and improvement of reflective abilities
- Coping with long-distance bearing of bad news