

BMS 6016

Doctoring 102

Fall 2012

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Course Overview

Course Goals

Doctoring 1 is a component of the longitudinal and integrated Doctoring continuum that highlights acquisition of clinical knowledge, skills and behaviors for the practice of safe and effective patient-centered care.

The learning outcome of Doctoring in year one is: "Using effective interviewing skills and a patient-centered approach, the student will demonstrate the ability to gather and organize clinical information from patients using the history and physical examination."

Behavioral medicine, medical humanities, bioethics, information technology, and professionalism are incorporated throughout the curriculum.

COM Institutional Competencies and Course Milestones Addressed in Doctoring 102

- Demonstrate the ability to assess the "patient's unique context" (including family, community, cultural, spiritual, historical and legal factors) and incorporate that information into his/her care. (Patient Care A)
 - Demonstrate knowledge of the biopsychosocial model of health and illness, and use that knowledge to provide patient-centered care.
 - o Explore the impact of culture on the patient's perception of health and illness.
- Organize and conduct a medical encounter, including the use of an appropriate greeting/opening, gathering information and providing closure. (Patient Care B)
- Demonstrate the ability to elicit an accurate and thorough medical history appropriate for the patient's reason for visit. (Patient Care C)
 - Demonstrate the ability to elicit the patient's chief concern, gather a thorough history of present illness and assess the patient's perspectives re: impact, causation and illness concerns.
- Conduct accurate and thorough physical and mental status examinations appropriate for the patient's reason for visit. (Patient Care D)
 - Demonstrate the ability to perform the basic maneuvers of the physical examination for evaluation of: 1) functional assessment; 2) mental status; and, 3) nervous system.
- Demonstrate the ability to assess a patient's functional capacity. (Patient Care G)
- Demonstrate knowledge of learning styles, preferences or strategies to facilitate lifelong learning.
 (Practice-Based Learning and Improvement E)
- Demonstrate respect, empathy, compassion, responsiveness and concern regardless of the patient's problems, personal characteristics. (Interpersonal and Communication Skills A)

- Demonstrate verbal skills and non-verbal behaviors that promote the building of rapport and trust between student and patient.
- Display professionalism, high ethical standards, and integrity in relationships in all aspects of medical practice, especially with respect to confidentiality, informed consent, and justice. (Professionalism D)
 - Define medical professionalism and discuss student issues during the transition from student to physician.
- Utilize basic ethical principles including autonomy, beneficence non-malfeasance and justice in the care of each patient. (Professionalism E)
- Practice self-evaluation and reflection concerning cultural, moral and ethical issues encountered in
 the care of patients and the practice of medicine, identifying biases, perceived differences between
 practitioners and patients, and employing a nonjudgmental approach to patient care. (Professionalism
 F)Instructional Methods and Environments for Learning

Clinical Learning Center (CLC) (Located on lower level COM)

The CLC is a simulated medical facility. During Doctoring 102, students are scheduled <u>one morning every other week in the CLC</u> to learn and demonstrate patient interviewing skills, medical history taking and physical examination skills. Students will work in groups of 2-3, and have the opportunity to practice with each other and with standardized patients (SPs). COM faculty will observe and provide real-time feedback to students. At the end of each CLC session, students will receive a "<u>Student Practice Plan</u>" identifying both general and specific skills that need particular attention during future practice sessions.

Continued practice is needed to maintain and to improve clinical skills—including medical history taking and physical exam skills. To accommodate the need for student practice, the CLC will be open for clinical skills practice each Monday and Friday from 10:00 AM to 12:00 noon, and at other times during the week by arrangement with the CLC Director. Students should bring a partner(s) with whom to practice, as no SPs will be present. With advanced notice, CLC faculty can be available during these open practice times to assist student learning.

"Practice (alone) does not make perfect. Only perfect practice makes perfect." Vince Lombardi

Attendance and participation in all scheduled CLC activities is required. Students with a legitimate reason to miss a CLC session must request an approved absence through Student Affairs. Students with approved absences will be allowed to reschedule or participate in make-up sessions. Unapproved absences may not be rescheduled or made up. Repeated unapproved absences may result in a failing grade for the course and/or referral of the student to the Student Evaluation and Promotions Committee for concerns re: professionalism.

CLC schedules, exam performance expectations and CLC resources will be posted on Blackboard.

Large group presentations/discussions (Located in Auditorium)

Attendance at large group sessions is not required, but is strongly encouraged. Often, the material presented at the large group sessions prepares you for the small group session or CLC session that follows. Your small group performance may be negatively affected when you don't attend large group.

Students are responsible for all content presented in all large group sessions and in all associated assigned readings. Knowledge of this content will be tested in the 3 block exams.

Small group sessions (Located in study rooms in the Learning Communities)

Attendance and participation in small group activities <u>is required</u>. Small group composition, expectations, assignments, resources and locations will be posted on Blackboard.

Students with a legitimate reason to miss a small group session must request an approved absence through Student Affairs. Repeated unapproved absences may result in a failing grade for the course and/or referral of the student to the Student Evaluation and Promotions Committee for concerns re: professionalism.

Medical Informatics (Location: TBA)

Attendance and participation in the 2 Doctoring 102 Medical Informatics sessions is required.

8/28/12 AM (during small group time): Students with suitable "smart phones" will load point-of-care clinical applications. Students without suitable "smart phones" will load these digital applications onto an i-Pod loaned from the COM.

9/11/12 AM (during non-small group time): Students will be instructed on the use of these point-of-care digital applications.

Students will be responsible for content and skills presented at these sessions and will be tested on this content in both block exams and OSCEs.

The schedule and location of these sessions and all assignments will be posted on Blackboard.

Senior Mentors Project (Location: Homes, apartments and public places in the community)

Participation and completion of all assignments is required.

The Senior Mentors Project pairs two (2) students with a free-living elderly person in the community. Working as a team, the students will visit with the assigned Senior Mentor 3 times during the semester. Following each visit, both members of the team will answer, complete and submit the appropriate assignment form (located with the activity explanation on the Doctoring Blackboard site). These assignment forms will be reviewed and graded, and the content of these Senior Mentors Assignments will be discussed in D102 small groups.

Failure to participate in the Senior Mentors Project and and/or to complete all required assignments will result in a failure of the entire D102 course. Students who fail D102, will be referred to Student Evaluation and Promotions committee.

Assessments by competency domain:

Competency Domains Addressed in D102	Methods of Student Assessment used in D102
Patient Care	Written exams; Observation by faculty, staff and/or standardized patients; Performance on the OSCE; Participation in small group exercises and simulation activities.
Practice-based Learning	Written exams; Participation in small group exercises and simulation activities.
Communication Skills	 Written exams; Observation by faculty, staff and/or standardized patients; Performance on the OSCE; Participation in small group exercises and simulation activities.
Professionalism	 Written exams; Observation by faculty, staff and/or standardized patients; Performance on the OSCE; Participation in small group exercises and simulation activities.

Description of Student Assessment Methods and Grading

Block examinations: Questions from material presented in Doctoring 102 will appear in each of the 3 Fall Semester *integrated block* exams. Multiple choice and other question formats are used to assess student content knowledge and skill (ability to solve problems, etc.). These exam questions may be drawn from material presented in the large group sessions (including the Medical Informatics sessions), small group sessions, assigned readings and/or CLC sessions.

Objective Structured Clinical Examination (OSCE): OSCEs are examinations to assess a student's ability to demonstrate clinical skills and behaviors. OSCEs typically consist of several "stations." Each station will require the student to demonstrate one or more clinical skills/behaviors that will be assessed by a trained observer using established performance criteria for that assessment. There is only one

OSCE scheduled in Doctoring 102, and it occurs near the end of the course. Students must score ≥75% on the D102 OSCE in order to pass the clinical skills portion of the course.

Small group exercises and simulation activities: Students will be assessed weekly by small group facilitators. To pass the small group portion of Doctoring 102, the terminal assessment by the student's small group facilitators must state that he/she attended the small group sessions, was prepared for the weekly activities, participated in the small group discussions and displayed professional demeanor.

Grading System

FSU COM has adopted a pass/fail grading system which is used in the curriculum for the first and second years (See <u>page 31</u> of Student Handbook). To achieve a grade of Pass in BMS 6016 a student must meet all of the following requirements:

A final average ≥ 70% on all written examinations and graded quizzes. An average below 70% will receive a grade of fail which will require remediation or repetition of the course, as determined by decision of the Student Evaluation and Promotion Committee.

A student whose performance is below passing during the semester

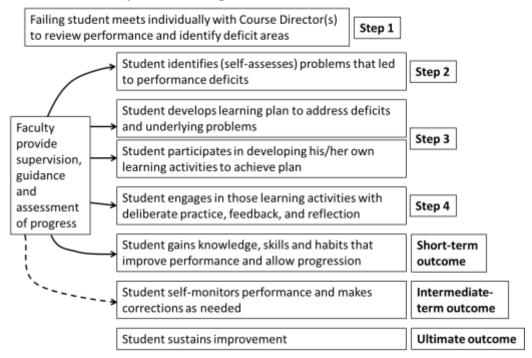
<65% on any one exam

OR

<70% on any two exams in the semester

is required to engage in and complete the Performance Improvement Program in consultation with the Course Director. The purpose of this program is to assist the student in developing the skills and habits necessary to succeed in the curriculum as well as to address specific performance deficits.

Performance Improvement Program



- 2) A score > 75% on the D102 OSCE. Students who do not achieve a score of 75% or higher on the OSCE will receive an "I" grade for the course and must remediate these clinical skills. This remediation must be coordinated with the Course Director and the CLC Director, and must be completed prior to Holiday Break. Students scoring below 75% who are unable to successfully remediate will receive a grade of "fail" for Doctoring 102, and will be referred to the Student Evaluation and Promotion Committee.
- 3) Attendance and satisfactory participation in all small group sessions, as determined by the small group facilitators. Unexcused absence from an activity for which attendance is required may be considered as an issue of Professionalism and require completion of the Performance Improvement Program.
- 4) Satisfactory participation in and completion of all Senior Mentor assignments, as determined by the Course Director and small group facilitators. (Assignments must be submitted on time to be considered satisfactory.)
- 5) Attendance and satisfactory completion of the Medical Informatics session and assignments. (Assignments must be submitted on time to be considered satisfactory.)
- 6) Demonstration of the attitudes and behaviors of Medical Professionalism in all aspects of the course. Consistently demonstrate the ethical and professional behaviors expected of medical students. These professional behaviors include, but are not limited to:
 - Attend, prepare for and participate in all required course activities;
 - Maintain patient confidentiality;

- Maintain the confidentiality of personal information of classmates and faculty shared in small group activities;
- Demonstrate respect for others—including faculty, staff, standardized patients and classmates.
- Maintain the FSU honor code in all assignments or testing situations, including the OSCE.

Issues of Professionalism may require completion of the Performance Improvement Program.

Students who pass both the small group and written exam portions of Doctoring 102, but fail the final OSCE, will be given an "I" grade and the opportunity to remediate the OSCE failure. Failure to successfully remediate an OSCE failure will result in a failure for the entire Doctoring 102 course.

Students who fail <u>either</u> the small group <u>or</u> written exam portion of Doctoring 102, will fail the course and be required to repeat the course and/or remediate to the course director's satisfaction.

Other Administrative Items

Clinical Examination Equipment Each student must have their own clinical examination equipment. Students should plan to bring examination equipment to <u>each</u> CLC session. In addition to clinical examination equipment, students should also bring the following to each CLC session: 1) a watch capable of measuring seconds; 2) a pen for writing (blue or black ink); and, 3) the student's personal mobile device loaded with the appropriate medical software/applications.

Professional Dress Medical students, faculty and staff are all ambassadors to the community and representatives of the College of Medicine. Our appearance and behavior should <u>at all times</u> demonstrate respect for the profession and for our patients. Students, faculty and staff must focus on patient needs and comfort, and not put barriers between themselves and their patients. Our grooming, appearance and dress can be a barrier that keeps us from helping patients.

Professional attire should be worn in all settings where students are interacting with people from outside the COM, and particularly, in the Clinical Learning Center (CLC), a preceptor's office or clinic, a hospital or nursing facility, when interacting with a standardized patient during a small group activity, and when guest lecturers or other visitors will be present.

<u>Professional attire consists of clothes consistent with community norms for physicians.</u> Examples of these norms in Tallahassee are: no jeans, no seductive or revealing clothes, no shorts, and no casual sandals or sport shoes.

<u>For men</u>, professional attire consists of slacks, a collared shirt and dress or casual shoes (no sport shoes or sandals). Ties may be required in some clinical situations.

For women, professional attire consists of slacks or a conservative length dress or skirt with blouse or sweater. Tops should not be made of sheer fabric. No strapless tops or those that expose one's midriff should be worn.

For both men and women, After the White Coat Ceremony, all students must also wear a clean white coat for all clinical interactions. Clean scrubs and a white coat may be worn when working in the CLC. During CLC sessions when students examine each other, additional information about what constitutes appropriate dress will be provided. If possible, all tattoos should be covered by clothing. Avoid perfume or other scented products. Avoid large earrings or loose jewelry. Consult your supervisor to clarify expectations for student attire in any ambiguous or new situations. In compliance with OSHA regulations, closed-toed shoes are required in all clinical settings—including CLC--for your safety and protection. The established "norms" of certain clinical settings may modify these standards for professional attire, but any variations in professional attire must be approved by the student's supervisor.

Confidentiality Patients—including Standardized Patients—deserve to be treated with respect. Respect for patients includes keeping all patient information confidential. Patient information may be shared with other health care professionals that have a legitimate, professional "need to know," or with specific individuals (family members, friends, others) that have permission from the patient for access to the information.

Be especially conscious about discussions of patients in public places. Even when patient names are not used, items in the discussion may reveal the patient's identity to others who overhear the discussion. Rather than risk a violation of patient confidentiality, please discuss patients only in a private setting and only with individuals who have a legitimate need to know.

Be careful to keep all patient notes, reports and materials confidential. Patient records, even if for a simulated patient in class, should be returned to faculty, destroyed, or kept in a secure place.

Similarly, your classmates deserve to be treated with respect. Information learned about your classmates and their families while in class is considered confidential. You are not free to disclose this material to others without the specific consent of the person.

NOTE: Students who violate patient or classmate confidentiality may be referred to the Student Evaluation and Promotion Committee (SEPC) for a breach of professionalism. Egregious unprofessional behavior of any variety may result in suspension of the student from the course, giving the student a failing grade for the course, and/or referral to SEPC.

Policies

Americans with Disabilities Act

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's <u>Director of Student Counseling Services</u> and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

The Office of Student Counseling Services

Medical Science Research Building

G146

Phone: (850) 645-8256 Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center

97 Woodward Avenue, South

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566 TDD: (850) 644-8504 sdrc@admin.fsu.edu

http://www.fsu.edu/~staffair/dean/StudentDisability

Academic Honor Code

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. (Florida State University Academic Honor Policy)

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See pages 28-29 of *FSUCOM Student Handbook* for details of attendance policy, notice of absences and remediation.

Unexcused absence from a scheduled examination or quiz may result in a score of zero (0 %) being assigned for that assessment. Unexcused absence from an activity for which attendance is required (for example, Small Group session) may be considered as an issue of Professionalism. Any unexcused absence may require completion of the Performance Improvement Program (see Grading System, below)

Doctoring 102 Course Specific Absence Policy

Lectures/Small Groups

As previously stated, attendance at large group sessions is optional; however, attendance at small group sessions is required. If you choose not to attend large group, please review the large group material prior to attending small group. Lectures not containing sensitive material will be recorded for viewing in the usual manner. Small group sessions are largely experiential, and thus, impossible to remediate.

CLC

Due to the logistics and expense involved in planning and providing clinical skills training in the CLC, students are required to attend and participate in all scheduled CLC sessions.

Students are encouraged to limit their requests for planned absences from these activities. If you anticipate being absent on a scheduled CLC session date, complete the absence approval request at least two weeks in advance of the planned absence. For absences that are planned and approved at least two weeks in advance, CLC schedule changes and remediation sessions will be arranged. One method for addressing a planned and approved absence is to identify a willing classmate that can exchange scheduled CLC sessions with you. In this situation, both students (the student with the approved absence and the willing classmate) should send an electronic schedule change request via email to Doctoring CLC Coordinator, Melanie Carlson. You will be notified by Ms. Carlson re: approval of these requests. Please note: Sending a request is NOT equivalent to receiving approval.

Unplanned CLC absences: Excusable unplanned absences are those due to circumstances beyond the student's control (for example, student illness or family death). Students with unplanned CLC absences

must submit an absence approval request to Student Affairs. Student Affairs will classify the absence as excused or unexcused.

Impact of excused absence on the student's grade: If the CLC absence qualifies as an "approved" or "excused" absence, a remediation plan will be developed by the student and Ms. Danforth. In most situations, remediation of the missed CLC session must occur within one week. These remediation sessions may require the presence of an SP and a Doctoring CLC faculty. Any excused absence—whether planned or unplanned—will not impact the student's grade.

Unexcused CLC absence: Unexcused absences generally involve circumstances within the student's control. Examples of unexcused absences include the student who forgets about a CLC session, the student who skips CLC to study for an exam, and/or any absence where a student fails to follow the procedures above.

Impact of unexcused absence on the student's grade: Any unexcused absence will be considered as an issue of Professionalism and will require completion of the Performance Improvement Program.

Students with unexcused absence(s) will still be responsible for the missed material in future OSCE's and written examinations.

OSCE

The OSCE is the only graded opportunity in Doctoring 102 for students to demonstrate their ability to perform clinical examination skills.

Excused OSCE absences require students to complete and submit the proper forms with Student Affairs, and for Student Affairs to excuse the student from participation in the OSCE. With an excused absence, students will be offered an opportunity to make-up the OSCE. Students will initially receive an "I" (incomplete) grade and be required to complete a make-up OSCE at a designated time after the course has ended.

Any excused absence—whether planned or unplanned—will not impact the student's grade.

Unexcused OSCE absences: Any absence that does not qualify as an excused absence per Student Affairs is an unexcused absence. These generally are due to circumstances within the student's control. Examples of unexcused absences include the student who forgets about an OSCE session, the student who skips an OSCE to study for an exam and/or any absence where an able student fails to follow the procedures above if they are not able to participate in the OSCE.

Impact of unexcused OSCE absence on the student's grade: An unexcused absence will result in failure of both the OSCE and the course.

Required Resource Materials for D102

- 1) Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Guide to Physical Examination. (7th Ed). St. Louis: Mosby, 2010.
- 3) <u>Lo Bernard. Resolving Ethical Dilemmas A Guide for Clinicians</u>. Philadelphia: Lippincott Williams & Wilkins, 2009 (also available on Reserve in COM Library)
- 4) Dutton G, Gabriel J, eds. Basic Interviewing Skills Booklet (on Blackboard under Tool Belt)

Additional required readings will be assigned from a variety of sources. These readings will be provided to you either as handouts or posted on Blackboard where possible.

Suggested Resource Materials for D102

- 1) Fadem B. Behavioral Science in Medicine. Philadelphia; Lippincott, 2004 (also available on Reserve in the COM Library)
- 2) Steele DJ, Susman JL, McCurdy FA. Student Guide to Primary Care: Making the Most of Your Early Clinical Experience. Philadelphia; Hanley & Belfus, 2003. .