

BMS 6016

Doctoring 102

Fall 2013

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Course Overview

Course Goals

Doctoring 1 is the first 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 primary learning outcome for Doctoring 102 (Doctoring 1, Fall Semester) 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." Elements of behavioral medicine, medical humanities, bioethics, information technology, and professionalism are incorporated throughout the curriculum.

Instructional Methods and Environments for Learning

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

Participation in all scheduled CLC sessions is required. The CLC is a simulated medical facility that provides a realistic and technologically-advanced learning environment. During Doctoring 102, students are scheduled <u>one morning every other week in the CLC</u> to learn and demonstrate physical examination skills.

Students will work in groups of 2, 3 or 4 and have the opportunity to practice with each other and with standardized patients (SPs). The SPs in D102 are individuals who permit students to interview and/or examine them. COM faculty will observe you and provide real-time feedback on your skills.

Following 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 interviewing and physical exam skills. To accommodate the need for student practice, the CLC will be open for clinical skills practice each 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) to practice with, as no SP's will be present. CLC faculty will be available during these open practice times to assist student learning.

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

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 with a legitimate BMS 6016

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reason to miss one of these sessions must request an approved absence through Student Affairs. Students with approved absences will be allowed to reschedule or participate in a make-up session. Unapproved absences may not be rescheduled or made up. Repeated unapproved absences may result in a failing grade for the course.

If you know you will be absent on a scheduled CLC session date, please 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 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 Michael Cravener in the CLC. You will be notified by Mr. Cravener re: approval of these requests. Please note: Sending a request is NOT equivalent to receiving approval.

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

Large group presentations/discussions (Located in Auditorium)

Attendance at all large group sessions is strongly encouraged, but not required unless indicated as mandatory in the schedule and calendar. Lectures not containing sensitive material will be recorded for viewing in the usual manner. Often, the content presented and/or the activities that occur in the large group sessions are preparation for participation in the small group sessions that follows. Your small group performance may be negatively affected by failing to attend large group.

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

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

Attendance and participation in all small group activities is **required**. Small group sessions are largely experiential and, thus, impossible to remediate. Small group composition, expectations, assignments, resources and locations will be posted on Blackboard.

Students with a legitimate reason to miss one of these small group sessions or any required large group session must request an approved absence through Student Affairs. Repeated unapproved absences may result in a failing grade for the course.

Medical Informatics (Location: TBA)

Attendance and participation in both of the 2 Informatics sessions is **required**. During one of these sessions, students will load point-of-care clinical applications onto their mobile devices. Students without suitable "smart phones" will load these digital applications onto an i-Pod loaned from the COM. At the second of these sessions, students will be instructed on the use of these point-of-care applications.

Students will be responsible for content and skills presented at these sessions which will be tested in both written exams and OSCEs. Students will also be responsible for any assignments associated with these sessions. Failure to complete an Informatics assignment may result in a failing grade for the course.

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 Senior Mentors 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 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.

Competencies

Assessments by competency domain:

Competency Domains		Methods of Student	
Addressed in D102		Assessment used in D102	
	Demonstrate the ability to assess the "patient's unique context"		
	(including family, community, cultural, spiritual, historical and	1) Written exams;	
	legal factors) and incorporate that information into his/her care.	2) Observation by faculty, stat	ff
		and/or standardized patient	ts;
Patient Care	Organize and conduct a medical encounter, including the use	3) Performance on the OSCE	;
	of an appropriate greeting/opening, gathering information and	4) Participation in small group)
	providing closure.	exercises and simulation	
		activities.	
	Demonstrate the ability to elicit an accurate and thorough		
	medical history appropriate for the patient's reason for visit.		

	Conduct accurate and thorough physical and mental status examinations appropriate for the patient's reason for visit. Demonstrate the ability to assess a patient's functional capacity. Demonstrate the ability to clearly and accurately summarize		
	patient findings in verbal presentations and common written formats.		
Practice-based Learning	Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.	1) 2)	Written exams; Participation in small group exercises and simulation activities.
	Demonstrate respect, empathy, compassion, responsiveness and concern regardless of the patient's problems, personal characteristics.		
Communication Skills	Communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy.	1) 2)	Written exams; Observation by faculty, staff and/or standardized patients;
	Demonstrate effective oral communication skills with colleagues and other health professionals.	3) 4)	Performance on the OSCE; Participation in small group exercises and simulation
	Recognize and evaluate the ethical and legal issues involved in patient-doctor communication		activities.
	Demonstrate culturally and linguistically appropriate interviewing skills with patients from diverse backgrounds (inc. appropriate use of an interpreter).		
	Display professionalism, high ethical standards, and integrity in relationships in all aspects of medical practice, especially with respect to confidentiality, informed consent, and justice.		
	Define medical professionalism and discuss student issues during the transition from student to physician.	1) 2)	Written exams; Observation by faculty, staff and/or standardized patients;
Professionalism	Utilize basic ethical principles including autonomy, beneficence non-malfeasance and justice in the care of each patient.	3) 4)	Performance on the OSCE; Participation in small group exercises and simulation
	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.		activities.

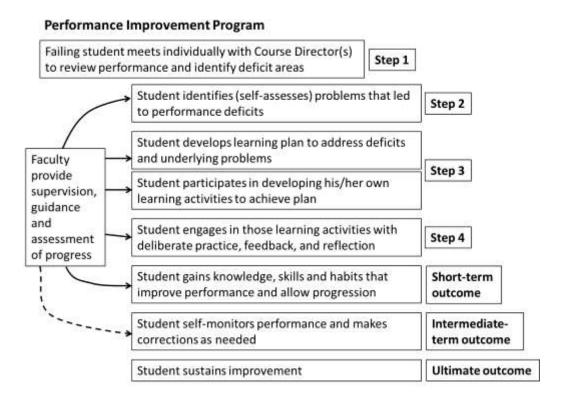
Description of Student Assessment Methods and Grading

Examinations

Questions on presented material and readings in Doctoring 102 will be included in each of the three 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 CLC sessions.

Students must score a cumulative average of ≥70% on the Doctoring questions to pass the examination component of the course. Students who do not answer 70% of the Doctoring questions correctly risk failing Doctoring 102, and being referred to the Student Evaluation and Promotions Committee.

A student whose performance is below passing during the semester (<65% on any one exam OR <70% average on two exams in the semester) is required to initiate 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.



Objective Structured Clinical Examination (OSCE)

OSCEs are skills-based examinations conducted in the CLC to assess the 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. Students must score ≥75% on the D102

OSCE in order to pass the clinical skills portion of the course. Students who do not achieve a score of 75% or higher on the OSCE must remediate these clinical skills. This OSCE remediation will occur during the week of Thanksgiving, and must be coordinated with the Course Director and the CLC Director. Students scoring below 75% who are unable to successfully remediate these deficits will receive a grade of "Fail" for Doctoring 102, and be referred to the Student Evaluation and Promotions Committee.

Small group exercises and simulation activities

Students will be assessed weekly by small group facilitators. In order to pass this portion of the course, the terminal assessment by the small group facilitators must state that the student attended the small group sessions, was prepared for the weekly activities, participated in the small group discussions and displayed professional demeanor. Students who do not receive a satisfactory terminal assessment from the small group facilitators risk failing this portion of the course and failing Doctoring 102.

Summary of Doctoring 102 Grading Criteria

Student performance in Doctoring 102 is reported as either "Pass" or "Fail."

To receive a "Pass" grade, the student must:

- Prepare for, attend and participate in D102 small group sessions, and receive a small group grade of "Pass" by the small group facilitators; AND
- Demonstrate the requisite clinical examination skills and informatics skills in the final OSCE, and receive a total OSCE score of ≥75%; AND
- Answer correctly ≥70% of all Doctoring 102 questions asked during the semester on the three integrated block exams; AND
- 4) Remediate any deficits as determined by the course director; AND
- 5) Complete and submit all assignments on time; AND
- 6) 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.

Students who pass both the small group and exam portions of Doctoring 1, but fail the final OSCE, will be given one opportunity to remediate the OSCE failure during the week of Thanksgiving. Failure to remediate the OSCE during that week will result in a course failure.

Students who fail <u>either</u> the small group <u>or</u> exam portion of Doctoring 1, will fail the Doctoring 102 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 will need clinical examination equipment. Opportunities to order/purchase this equipment will be provided during the first weeks of the semester. When you purchase the equipment "package" you will receive a significant discount over the purchase price of that equipment elsewhere.

Should you elect not to purchase your own clinical examination equipment, you may use the equipment in the CLC during your CLC sessions. This equipment should not be taken from the CLC without the permission of Ms. Danforth. 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 and representatives of the College of Medicine and the medical profession. Your appearance and behavior should <u>at all times</u> demonstrate respect for the profession and for your patients. Being a physician (or, a medical student) has little to do with you expressing your individuality in appearance and/or dress; but, it has everything to do with focusing on the patient and his/her comfort and needs, and safety issues.

<u>Professional attire is required to be worn in these settings: where people from outside the COM, and especially patients, are seen including 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 in large group settings when guest lecturers, patients, or other visitors will be present.</u>

<u>Professional attire consists of clothes consistent with community norms for physicians.</u> Examples of these norms in Tallahassee are: no jeans, seductive, revealing or tight-fitting clothes, sheer or see-through fabric, strapless, low-necked or midriff-baring clothing, shorts, sweats, scrubs, hats or casual sandals.

On those occasions when students are examining each other, you will be informed of the appropriate apparel for that session.

For men. professional attire consists of slacks, a collared shirt and dress or casual shoes (no sport shoes or sandals). In some clinical situations, ties are required; in others, ties are forbidden.

<u>For women</u>, professional attire consists of slacks or a conservative length dress or skirt with a blouse or sweater. Skirt edge should rise no higher than 2" above the top of the knee during all clinical care and training maneuvers and may not be tight fitting. Heels more than 3" are NEVER appropriate in clinical settings.

<u>For both men and women</u>, a white lab coat is required after the FSUCOM white coat ceremony. Consult your supervisor to clarify expectations for student attire in any ambiguous or new situations. In compliance with OSHA regulations, <u>closed-toed shoes are required in all clinical settings</u>—including CLC-for your safety and protection. *Professional appearance*: Long hair must be pulled back. Facial Hair: neatly groomed or clean shaven; no stubble. If possible, all tattoos should be covered by clothing. No visible body piercing except in ears (single piercing in each ear is acceptable). No large earrings or loose jewelry. Fingernails must be trimmed. If nail polish is used, it should not be a distracting color. No strong scents.

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 such that patient confidentiality is maintained. 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) 645-8256Fax: (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 28-30 of *FSUCOM Student Handbook* for details of attendance policy, notice of absences and remediation.

Doctoring 102 Course Specific Absence Policy

CLC absences

Unplanned, but excused, CLC absence: Unplanned but excused absences are student absences due to circumstances beyond the student's control. Examples of unplanned, but excused absences include student illness and/or family death. The student must submit an absence request to Student Affairs per the usual method. Student Affairs will classify the absence as excused or unexcused. In the case of any unplanned absence, the student should contact the CLC as soon as possible, inform both Michael Cravener and Debra Danforth that he/she will not be in the CLC and give the reason for the unplanned absence.

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

Unexcused CLC absence: Unexcused absences are any student absence that does not qualify as an excused absence. These 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 an able student fails to contact Student Affairs, Michael Cravener and Debra Danforth to inform them that the student will not be in the CLC.

Impact of unexcused absence on the student's grade: The first unexcused absence from a CLC session will result in a student receiving a warning letter from the course director. Any additional unexcused absences will result in the notification of Student Affairs and in a letter from the course director voicing professionalism concerns being forwarded to the Student Evaluation and

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Promotions Committee. 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 the proper forms with Student Affairs and obtain the required permissions prior to the absence. When an OSCE absence is both planned and approved, arrangements for a make-up OSCE are arranged at least two weeks in advance. Students arranging for a make-up OSCE will be scored using the same criteria as other students.

Students with an unplanned but excused absence that results in missing the OSCE 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 unplanned student 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 contact Student Affairs, Michael Cravener and Debra Danforth to inform them that the student will not be able to participate in the OSCE.

Impact of unexcused absence on the student's grade: If the absence does not qualify as an "excused" absence, the student will fail the OSCE, which will result in a course failure.

Required Resource Materials

- 1) Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Guide to Physical Examination. (7th Ed). St. Louis: Mosby, 2010.
- 2) <u>Lo Bernard. Resolving Ethical Dilemmas A Guide for Clinicians</u>. Philadelphia: Lippincott Williams & Wilkins, 2009 (also available on Reserve in COM Library)

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3) Dutton G, Gabriel J, eds. Basic Interviewing Skills Booklet (on Blackboard)

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

- 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. .

Course Evaluation

Students are given the opportunity to provide constructive feedback to the course directors after each CLC session and are encouraged to provide instructive feedback at any time during the course. This feedback will assist the course directors in maintaining and enhancing the quality of these sessions.

Students will also be given the opportunity to complete a formal course evaluation at the end of the semester. These data are used in the curriculum review process, in monitoring of the curriculum by deans, chairs and other administrators, and in evaluating the quality of teaching provided by faculty members.

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