



The Florida State University
College of Medicine

Doctoring 102

BMS 6016

Fall 2010

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Instructors

Course Director

Meredith Goodwin, MD

Office Suite: 3210P Phone: 644-9454

Email: meredith.goodwin@med.fsu.edu

Office Hours: Available by Appointment.

Contact: Wanda Gaines at 645-2865 or
wanda.gaines@med.fsu.edu

Course Coordinator

Kathleen Mattis

Office: Suite 3180N Phone: 645-2845

Email: kathleen.mattis@med.fsu.edu

Faculty

Medical Advisor for Preclerkship Clinical Skills Education

Lisa Granville, MD

Office: Suite 3140E Phone: 644-2365

Office Hours: Available by Appointment.

Contact: Regina Scott at 645-6575 or
regina.scott@med.fsu.edu

Clinical Skills and Simulation Center

Director of Simulations and CSSC

Debra Danforth, ARNP

Office: Clinical Learning Center

Phone: 644-9800 (CSSC Front Office) or 645-7123

Informatics

Nancy Clark, MEd

Office: Suite 2200

Phone: 644-9706

Small Group and CSSC Faculty

Includes faculty from the Departments of Clinical Sciences, Family Medicine and Rural Health, Geriatrics, and Medical Humanities and Social Sciences

Course Overview

Course Goals

Doctoring I is the first component of a three year longitudinal curriculum with an educational mission of imparting to each medical student graduate the fundamental patient centered skills important in health and disease as the basis of safe and effective patient care.

Each year of the integrated curriculum has a unifying goal:

Doctoring 1: Developing an appreciation of the basic history and physical examination across the lifespan utilizing a biopsychosocial approach

Doctoring 2: Developing clinical reasoning and advanced clinical examination skills incorporating the pathophysiological basis of common diseases

Doctoring 3: Advancing clinical reasoning and applying clinical skills concepts and principles in the provision of medical care

Behavioral medicine, medical humanities, bioethics, information technology, and professionalism are incorporated throughout the curriculum to enhance understanding and development of clinical skills.

Learning Objectives

1. Continue to develop an appreciation of interpersonal and situational dynamics of medical encounters that encompasses basic interpersonal concepts and processes, an understanding of patient centered medicine, and sensitivity to patient perspectives
2. Continue to demonstrate use of communication skills and associate communication strategies with particular tasks
3. Given a variety of patient encounters, demonstrate the ability to elicit and present (verbally and in writing) relevant components of the comprehensive medical history and physical examination
4. Apply an understanding of the biopsychosocial model of illness and the dynamic relationship between psychological, social and cultural factors and human illness onset, course, and outcome to a variety of patient encounters
5. Demonstrate understanding of and skill in the use of standard precautions in healthcare settings

6. Demonstrate Information Technology (IT) skills including knowledge of IT etiquette and policy at FSUCOM, accessing E-mail and internet, use of Blackboard, use of library resources for research, skill with creating Powerpoint presentations, and accessing clinically relevant resources on PDA
7. Advance understanding of bioethics including fundamentals of clinical ethics, shared decision-making, and decisions about life-sustaining interventions
8. Advance physical examination skills of the chest, pulmonary, heart, peripheral vascular, abdomen, musculoskeletal, and mental status components
9. Refine understanding of clinical skills (medical history and physical examination) for specific age groups
10. Develop a broad understanding of human sexuality including how to conduct a sexual history, the mechanics of sexual encounters, physician's role for improving patient's performance and satisfaction, and safer sex practices
11. Explore the patient's perspective of health care encounters through the senior mentors program
12. Explore the medical needs of the underserved population with developmental delay

Course Format

Large group class presentations / discussions

- *All students*
- 15 sessions, 18 hours
- Room 1200 or Auditorium

Small group exercises

- *Twelve groups, each with 2 faculty and 10 students*
- 14 sessions, 21 hours
- Meets in student community small group rooms
- Group assignment and location will be posted on blackboard

Clinical Skills and Simulation Center (CSSC) skills training laboratory

- *Sixty groups, each with 1 faculty and 2 students*
- 7 sessions, 14 hours
- Meets in CSSC on the lower level
- Schedule with dates and times for each group will be posted on Blackboard

Senior Mentors / Developmentally Challenged Program

- 5 sessions, 17.5 hours
- Meets in a variety of supervised locations
- Schedule with dates and times for each student will be posted on Blackboard

Competencies

FSUCOM – Competencies -Course Title BMS 6016		
Competency Domains	Competencies Covered in the Course	Methods of Assessment
Patient Care	X	Tests, OSCE, Observation by standardized patients, small group exercises and simulation activities
Medical Knowledge	X	Tests, OSCE, Observation by standardized patients, small group exercises and simulation activities
Practice-based Learning	X	Tests, OSCE, Observation by standardized patients, Observation by doctoring faculty, small group exercises and simulation activities
Communication Skills	X	Tests, OSCE, Observation by standardized patients, Observation by doctoring faculty, small group exercises and simulation activities
Professionalism	X	Tests, OSCE, Observation by standardized patients, Observation by doctoring faculty , small group exercises and simulation activities
System-based Practice	X	Tests, OSCE, Observation by standardized patients, small group exercises and simulation activities
NOTES:		

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 [Director of Student Counseling Services](#) 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, found at <http://www.fsu.edu/~dof/honorpolicy.htm>.)

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 27-29 of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

Doctoring 102 Course Specific Absence Policy

CSSC

Planned absences require students to complete the proper forms and obtain the required permissions prior to the absence. CSSC schedule changes (a student scheduled for the CSSC arranges to swap times with another student) to accommodate planned absences are negotiated at least 2 weeks in advance. Schedule changes or session remediation for planned CSSC absences is negotiated in advance. Students arranging for a

schedule change or completing a remediation session will be evaluated by a CSSC faculty and scored using the same criteria used in a regular CSSC session. In the case of an approved, planned absence where the session is completed by a schedule change or via remediation session, the student will not incur a grading penalty.

Unplanned, but excused, CSSC absences: 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 Doctoring Course Director will decide whether or not an unplanned student absence qualifies as an excused absence. In the case of any unplanned absence, students are expected to contact the CSSC, and inform the CSSC Director/ Associate Director (or, if the director is unavailable, a CSSC staff member) that the student will not be in the CSSC and the reason for the unplanned absence.

Impact of excused absence on the student's grade: If the CSSC absence qualifies as an "excused" absence, a remediation plan will be developed by the student and the CSSC Director. In most situations, remediation of the missed CSSC session must occur within one week. These remediation sessions will be evaluated by a CSSC faculty and scored using the same criteria as regular CSSC sessions. In the case of an unplanned, but excused absence, the student will not incur a grading penalty.

Unplanned and unexcused CSSC absences: Unplanned and unexcused absences are any unplanned student absences that do not qualify as an excused CSSC absence. These generally are due to circumstances within the student's control. Examples of unplanned and unexcused absences include the student who forgets about a CSSC session, the student who skips CSSC to study for an exam and/or any absence where an able student fails to contact the CSSC director (or, if the director is unavailable, a CSSC staff member) to inform them that the student will not be in the CSSC.

Impact of unexcused absence on the student's grade: If the CSSC absence does not qualify as an "excused" absence, the student will not be allowed to remediate the missed session. This will result in the student receiving a "0" for the session. This will reduce the student's grade for the CSSC portion of the Doctoring Course, and will result in an overall reduction in his/her overall Doctoring grade. Students with an unplanned and unexcused absence, will still be responsible for the missed material in future OSCE's and written examinations. Students with multiple unplanned and unexcused absences will be referred to the Student Evaluation and Promotions Committee

Senior Mentors / Developmentally Challenged Activity Absences

Planned absences require students to complete the proper forms and obtain the required permissions prior to the absence. Schedule changes or session remediation for planned program absences are negotiated in advance. In cases of excused absences it is the student's responsibility to arrange for a make-up session within one week of returning to FSUCOM and to notify Dr. Granville of the date the session was completed. In the case of an approved, planned absence where the session is completed by a schedule change or via remediation session, the student will not incur a grading penalty.

Unplanned, but excused, senior mentors / developmentally challenged program absences: 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 Doctoring Course Director will decide whether or not an unplanned student absence qualifies as an excused absence. In the case of any unplanned absence, students are expected to contact the Doctoring Course Coordinator (Kathleen Mattis) as soon as possible and advise that the student will not be in the session and the reason for the unplanned absence. Notification of absence must occur at the first available time with the goal of advising the senior mentor or developmentally challenged individual prior to the expected time of arrival.

Impact of excused absence on the student's grade: If the program absence qualifies as an "excused" absence, a remediation plan will be developed by the student and the course director and communicated to the Doctoring Course Coordinator. In most situations, remediation of the missed session must occur within one week. These remediation sessions will be evaluated by the course director or designee and scored using the same criteria as regular sessions. In the case of an unplanned, but excused absence, the student will not incur a grading penalty.

Unplanned and unexcused program absences: Unplanned and unexcused absences are any unplanned student absences that do not qualify as an excused absence. These generally are due to circumstances within the student's control. Examples of unplanned and unexcused absences include the student who forgets about a session, the student who skips the program to study for an exam and/or any absence where an able student fails to contact the Doctoring Course Coordinator and the course director to inform them that the student will not be in the program.

Impact of unexcused absence on the student's grade: If the absence does not qualify as an "excused" absence, the student will not be allowed to remediate the missed session. This will

result in the student receiving a “0” for the session. This will reduce the student’s grade for the senior mentors / developmentally challenged program portion of the Doctoring Course, and will result in an overall reduction in his/her overall Doctoring grade. Students with an unplanned and unexcused absence, will still be responsible for completing the assignments for the program. Students with multiple unplanned and unexcused absences will be referred to the Student Evaluation and Promotions Committee.

OSCE

Planned absences require students to complete the proper forms and obtain the required permissions prior to the absence. OSCE schedule changes (a student scheduled to complete the OSCE arranges to swap testing times with another student) to accommodate planned absences are negotiated at least 2 weeks in advance. Students arranging for an OSCE schedule change will be scored using the same criteria used for other students completing the OSCE. Students arranging a schedule change to accommodate an approved planned absence will not incur a grading penalty.

Only schedule changes are permitted. Because of the expense involved in recruiting and using standardized patients, remediation for a missed OSCE is not an available option for planned absences. If a student misses an OSCE and is unable to arrange for a schedule change in advance, the student will receive a “0” for the OSCE. This will reduce the student’s grade for the OSCE portion of the Doctoring Course, and may result in an overall reduction in his/her Doctoring grade.

Unplanned, but excused, OSCE absences: Unplanned but excused absences are student absences due to circumstances beyond the student control. Examples of unplanned, but excused absences include student illness and/or family death. The Doctoring Course Director will decide whether or not an unplanned student absence qualifies as an excused absence. In the case of any unplanned absence, students are expected to contact the CSSC, and inform the CSSC Director (or, if the director is unavailable, a CSSC staff member) that the student will not be able to participate in the OSCE and the reason for the unplanned absence.

Impact of excused absence on the student’s grade: If the OSCE absence qualifies as an “excused” absence, an attempt will be made to identify another student with whom the student can change testing schedules. If a schedule change is not possible, an attempt will be made to schedule a remediation for the missed OSCE before the end of the semester. If this is not possible, the student will receive an “I” for the Doctoring course until plans for remediation can be made the following semester.

Unplanned and unexcused OSCE absences: Unplanned and unexcused absences are any unplanned student absences that do not qualify as an excused absence. These generally are due to circumstances within the student's control. Examples of unplanned and unexcused absences include the student who forgets about an OSCE session, the student who skips an OSCE to study for a written exam and/or any absence where an able student fails to contact the CSSC Director (or, if the director is unavailable, a CSSC staff member) 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 CSSC absence does not qualify as an "excused" absence, the student will receive a "0" for the OSCE. This will reduce the student's grade for the OSCE portion of the Doctoring Course, and will result in an overall reduction in his/her Doctoring grade.

Required Materials

Lo, Bernard. Resolving Ethical Dilemmas A Guide for Clinicians. Philadelphia: Lippincott Williams & Wilkins, 2009. (Online version has link from "Tool belt" on Blackboard, and available on Reserve in COM Library)

Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Guide to Physical Examination. (7th Ed). St. Louis: Mosby, 2010.

Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Physical Examination Handbook (7th Ed). St. Louis; Mosby, 2010.

Dutton, Gabriel eds. Basic Interviewing Skills Booklet (Online version has link from "Tool belt" on Blackboard)

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

Suggested Materials

Fadem, B. Behavioral Science in Medicine. Philadelphia; Lippincott, 2004 (Online version has link from "Tool belt" on Blackboard)

Steele DJ, Susman JL, McCurdy FA. Student Guide to Primary Care: Making the Most of Your Early Clinical Experience. Philadelphia; Hanley & Belfus, 2003

Grading

Assignments and weights

The course grade will be determined by attendance, preparation, participation in all required activities and performance on quizzes, OSCEs, and examinations. The contribution of each component to the final grade is presented below.

Written assignments / Readings

To be completed/submitted in advance of scheduled activities. Due dates are specified with assignments

Final Objective Structured Clinical Exam (OSCE)

Meets in the CSSC

Scheduled during the last week of the semester

Component	Percentage
Examinations	40%
Interspersed course examinations	(30%)
Final examination	(10%)
Final OSCE	10%
Small Group	10%
Clinical Skills and Simulation Center (CSSC)	30%
Attendance, preparation and participation	(5%)
5 Quizzes	(15%)
Midterm-OSCE	(10%)
Senior Mentors / Developmentally Challenged Activity	10%
Professional Behaviors <i>Must pass Professional Behaviors content to pass the course</i>	Pass/Fail

Description of Evaluation and Grading Components

Written quizzes and examinations: the cumulative material for quizzes / examinations will come from lectures, small group sessions, CSSC, and assigned readings (not limited to textbook). Cumulative material includes course content from the previous semester. Examination items may include multiple-choice questions (single best answer and extended matching) and short answers.

Objective Structured Clinical Examinations (OSCE): OSCEs are skills-based examinations conducted in the CSSC and

are the primary evaluation method for assessing your clinical skills. OSCEs typically consist of several “stations” (patient exam rooms). At each station, you are asked to perform a particular task (e. g. take a history of a patient’s present illness). You are observed performing these tasks by a faculty member and assessed against a standard set of observable, behavioral criteria.

The Senior Mentors / Developmentally Challenged Activity will evaluate the student’s performance in the following areas: professional behavior, relationship building and interviewing skills, medical history and physical examination skills, and oral/written communication skills. Comments from patients and staff at a given clinical activity site may contribute to the student’s evaluation.

Grading Scale

Grade	Percentage
A	> 90.0 % correct
B	87.0 – 89.9 % correct
B+	80.0 – 86.9 % correct
C+	77.0 – 79.9 % correct
C	70.0 – 76.9 % correct
D	65.0 – 69.9 % correct
F	< 64.9 % correct

Course Evaluation

Each student will be given the opportunity to provide constructive feedback through evaluation forms completed after CSSC and small group sessions. Evaluations will include both content and facilitation/teaching. Evaluations are encouraged at all times on all components of the course and for convenience may be submitted at the time of the weekly CSSC and small group sessions or at any time to the course director. These evaluations will assist the course director in providing a timely continuous quality improvement process for the course.