



The Florida State University
College of Medicine

Doctoring 103

BMS 6017

**Spring
2011**

Table of Contents

Instructors.....	2
Course Director.....	2
Faculty	2
Course Overview.....	3
Course Goals	3
Learning Objectives	3
Competencies	4
Course Format	5
Policies	9
Americans with Disabilities Act	9
Academic Honor Code.....	9
Attendance Policy	9
Doctoring 103 Course Specific Absence Policy.....	9
CSSC	9
Preceptorship Absences.....	10
OSCE	12
Required Materials	13
Suggested Materials	13
Grading.....	14
Assignments	14
Description of Evaluation Components	14
Course Evaluation	15
Course Grading Scale	15

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Director of Simulations and CSSC

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Informatics

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Preceptorship Director

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Preceptorship Coordinator

Aimee Diot

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Course Overview

Course Goals

Doctoring 1 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 the PDA

7. Advance understanding of bioethics including fundamentals of clinical ethics, breaking bad news, and withholding and withdrawal of life sustaining interventions
8. Advance physical examination skills of the neurological, breast, male and female genitalia components and the “head to toe” screening examination
9. Refine understanding of clinical skills (medical history and physical examination) for specific age groups
10. Explore the patient’s perspective of health care encounters through the preceptorship program

Competencies

FSUCOM – Competencies -Doctoring 103 BMS 6017		
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

Course Format

Doctoring 103 has several different components which allow for a variety of teaching and learning experiences to achieve the course objectives. Performance in all of these areas is assessed and contributes to the final grade in the course.

Large group class presentations / discussions

- 15 sessions
- Meets in COM Auditorium
- All students

Small group exercises

- 15 sessions
- Meets in student Learning Communities
- Twelve groups, each with 2 faculty and 10-11 students
- Group assignment and location will be posted on Blackboard

Clinical Skills and Simulation Center (CSSC) skills training laboratory

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

Informatics

- Meeting locations vary
- Schedule of dates and times for each group will be posted on Blackboard

Preceptorship with Community Physicians

- 5 sessions
- Meets in physician offices or other supervised locations
- Schedule with dates and times for each student will be posted on Blackboard

TMH FM Resident Case Discussions

- 3 sessions
- Meet in Auditorium during non-Small Group time

Written assignments / Readings

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

Objective Structured Clinical Exams (OSCE)

- Meets in the CSSC
- Midterm OSCE scheduled during weeks 6-7
- Final OSCE scheduled during the last week of the semester

Sample Schedule: Note individual sessions may have time variations

Monday	Tuesday	Wednesday	Thursday	Friday
	7:45-9:00 Large group	7:45-12:00 CSSC or Preceptorship Note: students only attend on their assigned day & time, non-CSSC activities may occur on Monday, Wednesday, Thursday or Friday		
	9-10:30 or 10:30-12 Small group			

Environments of Learning

The educational activities and environments represent an integrated complementary clinical skills curriculum. In general, the large group and small group exercises will develop students' knowledge, understanding and attitudes; the CSSC sessions will primarily develop skills; and the Preceptorship will provide opportunity to practice and apply in a clinical context what has been learned in the various components of the course and to explore the patient's perspective of health care encounters.

Clinical Skills and Simulation Center

The Clinical Skills and Simulation Center (CSSC) is a simulated medical clinic that provides a realistic and technologically - advanced clinical learning environment to support your clinical education. During the Spring you will be scheduled in the CSSC one time every other week to assess the physical examination skills you are learning. In the CSSC, students will work in pairs and have the opportunity to perform one-on-one interviews and examinations with standardized patients (SPs). SPs are individuals trained to portray the chief concerns, medical histories, and illness experiences of "real" patients. COM faculty will observe your interactions, answer questions and provide feedback during your CSSC sessions.

Preceptorship

Doctoring students will each be assigned to a primary care (family practice, general internal medicine, or general pediatrics) physician in the community. Students will remain with this preceptor for the semester. The purpose of the preceptorship is

threefold: to provide the student with the opportunity to appreciate the patient's experience with health care; to practice interview, history taking and physical examination skills; and to observe patient care being delivered in a community-based setting. Students will be scheduled to spend 3-4 hours with a preceptor every other week. During alternate weeks students will be learning and practicing clinical skills in the CSSC.

Following each preceptorship clinical experience, patient information is required to be entered into the CDCS (Clinical Data Collection System) by Monday at 5:00pm the week following the visit. Students have advised us that CDCS entry within 24-48 hours is most efficient. Any entry that is late or missing will be reflected in the final Doctoring 103 course grade. If the date of an assigned visit needs to be rescheduled, Karen Myers must be contacted with information regarding the reason for the schedule change and with a new visit date **prior** to the visit. You will enter any date changes with the reason for the change into the survey on the intranet site <https://intranet.med.fsu.edu/sites/courses/doctoring/preceptorship/Lists/D103%20Spring%202010%20Preceptorship/overview.aspx> You will enter the information in to the CDCS ONLY under your assigned preceptors' name and the date you attend.

Equipment in the CSSC and Preceptorship

Students are expected to bring the following to each CSSC and Preceptorship session:

- FSUCOM student identification badge
- White coat
- A watch with capability to measure seconds
- A pen for writing
- The student's PDA (iPod Touch or iPhone)
- Stethoscope
- An eye chart, oto-ophthalmoscope, pen light, reflex hammer, sphygmomanometer, tuning fork as needed for the content of the CSSC or Preceptorship session

Professional Dress

Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine. Your appearance and behavior reflect upon all of us. Professional attire should be worn in all settings where people from outside the COM, and especially patients, are seen including the Clinical Skills and Simulation Center (CSSC), 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.

Note: Professional attire consists of clothes consistent with community norms. No jeans, seductive or revealing clothes, shorts or casual sandals. Closed toe shoes are required in clinical settings.

- For men, professional attire consists of slacks and a collared shirt. In the CSSC and other clinical settings, a tie and lab coat are also required.
- For women, professional attire consists of a dress or, skirt or slacks with a blouse. In the CSSC and other clinical settings, a lab coat is required.
- The established "norms" of certain clinical settings may modify these standards, but any variations in professional attire must be approved by the student's supervisor.

Confidentiality

All clinical material presented is confidential. Once everyone has been through a lesson, you are free to discuss this material with your classmates but not with anyone else (including roommates, spouses, etc). When discussing clinical material among classmates, please be aware that others around you may hear (e.g. cafeteria line, elevators, halls, etc.).

Sometimes even when a specific name is not mentioned, the material may be specific enough to reveal patient identity. Furthermore, others around you may not realize you are discussing a simulated case from class. Therefore, it is best to not discuss cases / patients in public.

Information learned about your classmates and their families in class is considered confidential. You are not free to disclose this material without the specific consent of the person.

Be careful to keep all patient notes in a manner that is not accessible to others. Patient records, even if for a simulated patient in class, should be returned to faculty, destroyed, or kept in a secure place if needed for future reference.

NOTE: Students found in violation of the confidentiality agreement may be referred to the Student Evaluation & Promotion Committee for breach of professionalism.

Policies

Americans with Disabilities Act

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
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
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

See page 28 of *FSUCOM Student Handbook* for details of attendance policy and remediation.

Doctoring 103 Course Specific Absence Policy

CSSC

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 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 (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 may 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

Preceptorship 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 preceptorship 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 the Preceptor Coordinator, Karen Myers, 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, preceptorship 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 Preceptor Coordinator and the preceptor as soon as possible and advise that the student will not be in the preceptor's practice site and the reason for the unplanned absence. Notification of absence must occur at the first available time with the goal of advising the preceptor prior to the expected time of arrival.

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

Unplanned and unexcused preceptorship absences:

Unplanned and unexcused absences are any unplanned student absences that do not qualify as an excused preceptorship 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 preceptorship session, the student who skips preceptorship to study for an exam and/or any absence where an able student fails to contact the Doctoring Preceptor Coordinator and the preceptor to inform them that the student will not be at the preceptorship site.

Impact of unexcused absence on the student's grade: If the preceptorship 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 preceptorship 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 preceptorship. 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 more than two 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'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 (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 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 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 may result in an overall reduction in his/her Doctoring grade. Remediation of OSCEs is required to pass the course.

Required Materials

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

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

Suggested 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.

Grading

Assignments

The course grade will be determined by attendance, preparation, participation and performance on quizzes, examinations and OSCEs. The contribution of each component to the final grade is presented below. Students are required to pass the medical informatics component in order to successfully complete and pass the Doctoring 103 Course.

Component	Percentage
Examinations	40%
3 midsession examinations	(30%)
Final examination	(10%)
Final OSCE (need 75% to pass course)	10%
Small Group	10%
Clinical Skills and Simulation Center (CSSC)	30%
Attendance, preparation and participation	(5%)
5 Quizzes	(15%)
Midterm OSCE (must pass to pass course)	(10%)
Preceptorship	10%
Preceptor ratings	(5%)
CDCS Completion	(5%)
Learning Objectives Checklist – must complete accurately and submit online	Pass/Fail
Medical Informatics <i>Must pass OSCE PDA activity to pass the course.</i>	Pass/Fail
Professional Behaviors <i>Must pass to pass course</i>	Pass/Fail

Description of Evaluation 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). Quiz 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 rubric which includes the standard set of observable, behavioral criteria.

Preceptorship: The Doctoring Community Preceptor 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 preceptorship site may contribute to the student's evaluation.

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. These evaluations will assist the course director in providing a continuous quality improvement process for the course.

Course 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

Note: Violations of professional behaviors will result in reduction of the student's final grade. Violations of professional behaviors may result in course failure.

Professional behaviors include, but are not limited to, reporting to all course related activities on time and well prepared; submitting all course related assignments on time, fully and accurately completed; adhering to the confidentiality agreement; demonstrating respect for others; and demonstrating respect for authority.

This applies to all course related activities and assignments whether or not points or grades are indicated for the activity / assignment. Late assignments will earn no points. Students should be aware that they are considered representatives of FSUCOM at all times and should conduct themselves accordingly.