



The Florida State University  
College of Medicine

**BMS 6017**

**Doctoring 103**

**Spring 2013**

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# Course Overview

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## **Course Goals**

Doctoring 103 is the third component of the longitudinal and integrated Doctoring continuum that highlights acquisition and application 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 Milestones Addressed in Doctoring 103**

- 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.
  - 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 of 1) the upper back and upper extremity; 2) the lower back and lower extremity; 3) the thorax and lung; 4) the heart, major arteries and neck veins; 5) the scalp and head, neck, including thyroid, the mouth and oral cavity, the nose and nasal cavity; 6) the eyes (not including posterior chamber) and the ears; 7) the abdomen; and for the evaluation of 8) functional assessment; 9) mental status; and, 10) nervous system, using recommended physical exam techniques.
- 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-maleficence 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)

## Course Format

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Doctoring 103 has several course components. Satisfactory performance in each course components is required to receive a grade of Pass in the course.

### ***Instructional Methods and Environments for Learning***

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

The CLC is a simulated medical facility. During Doctoring 103, students are scheduled one morning every other week in the CLC to learn and demonstrate patient interviewing, medical history taking, physical exam and clinical reasoning skills. Students are expected to arrive in the CLC on time. They 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 “Student Practice Plan” identifying general and specific skills that need particular attention during future practice sessions.

Continued practice is needed to maintain and to improve clinical skills. To accommodate 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) 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 should request an approved absence through Student Affairs. Students

with approved absences will be allowed to reschedule based on the course calendar and are welcome to practice in the CLC on Friday from 10AM to noon. The degree of complexity, advance planning, and type of resources utilized in the preparation of each CLC session preclude the ability to schedule individual make-up sessions. Repeated unapproved absences/repeated tardiness for CLC may result in a failing grade for the course and/or referral of the student to the Student Evaluation and Promotions Committee for “professionalism concerns.” CLC schedules and performance expectations 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 session prepares you for the small group session or CLC session that follows. Small group performance may be negatively affected when one doesn't attend large group or fails to review assigned readings. Students are responsible for content presented during large group sessions and for all associated assigned readings. Knowledge of this content will be tested in the 3 integrated block exams.

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

**Attendance and participation in small group activities is required.** 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. Students with approved absences are welcome to approach their small group faculty and/ or course director for any clarification regarding the content or topic after those students have completed a review of the related course content including the assigned readings. The experiential nature of each small group session precludes the ability to schedule individual make-up sessions. 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 Doctoring 103 Medical Informatics orientation to E\*Value documentation system (1/8/13 during non-small group time) is required.**

Additional medical Informatics skills will be integrated into both small group and CLC sessions during Doctoring 103. Students will be responsible for the content presented at these sessions and will be asked to demonstrate the skills during the Doctoring 103 OSCE.

**Doctoring Preceptorship** (Location: Physician offices and clinical facilities in the geographic area)

During Doctoring 103, students are assigned to clinician faculty practicing in the area. Students spend 3-4 hours every other week for 10 consecutive weeks (total of 5 sessions per student) seeing patients with the clinician. During these sessions, students observe the clinician and practice clinical skills with patients. Preceptorship sessions are scheduled on Wednesday or Thursday (or occasionally, Monday) mornings, and alternate weeks with CLC sessions. The schedule (with dates and times for each student) is posted on Blackboard.

Prior to participating in the Doctoring Preceptorship, all students must do all of the following:

- 1) Participate in the required HIPAA orientation;
- 2) Participate in the required needle-stick orientation;
- 3) Participate in the required universal precautions orientation;
- 4) Provide evidence that all required vaccinations and immunizations—including seasonal influenza immunization--have been completed; and,
- 5) Become certified (or provide evidence of active certification) in Basic Life Support via participation and skill demonstration as part of an American Heart Association approved course.

All patients seen by the student during the preceptorship must be entered into the E\*Value documentation system no later than Monday at 11:59 p.m. the week following each preceptorship experience. Students have advised us that E\*Value entry within 24-48 hours is most efficient.

Failure to enter all data correctly and within the specified timeframe will result in a meeting with the preceptor director, a failing grade for the course, and/or referral of the student to the Student Evaluation and Promotions Committee for concerns re: professionalism.

Occasional small group sessions in Doctoring 103 will be devoted to presenting and discussing patients seen during the Doctoring Preceptorship.

**Participation in the Doctoring Preceptorship is required.** If the date of an assigned visit needs to be rescheduled, a student must 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/Lists/D103 Preceptorship 2013/overview.aspx](https://intranet.med.fsu.edu/sites/courses/doctoring/Lists/D103%20Preceptorship%202013/overview.aspx) **Scheduled dates for student visits should not be changed without first receiving approval from the Preceptorship Director, Ms. Myers.**

If you have questions or concerns about Preceptorship, contact [Karen Myers](#) or [Aimée Diot](#).

**Clinical Examination Equipment** Each student must have his or her own clinical examination equipment. Students should plan to bring examination equipment to each CLC session and Doctoring Preceptorship session. In addition to clinical examination equipment, students should also bring the following: 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 at all times 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.

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

***For men,*** 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,*** All students must also wear a clean white coat for all clinical interactions in the CLC and on the Doctoring Preceptorship. 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 family members, friends or 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.

## Grading

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FSU COM has adopted a pass/fail grading system which is used in the curriculum for the first and second years (See [page 31](#) of Student Handbook). To achieve a grade of Pass in Doctoring 103, a student must meet all of the following requirements:

- 1) A final average  $\geq 70\%$  on all examinations. 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

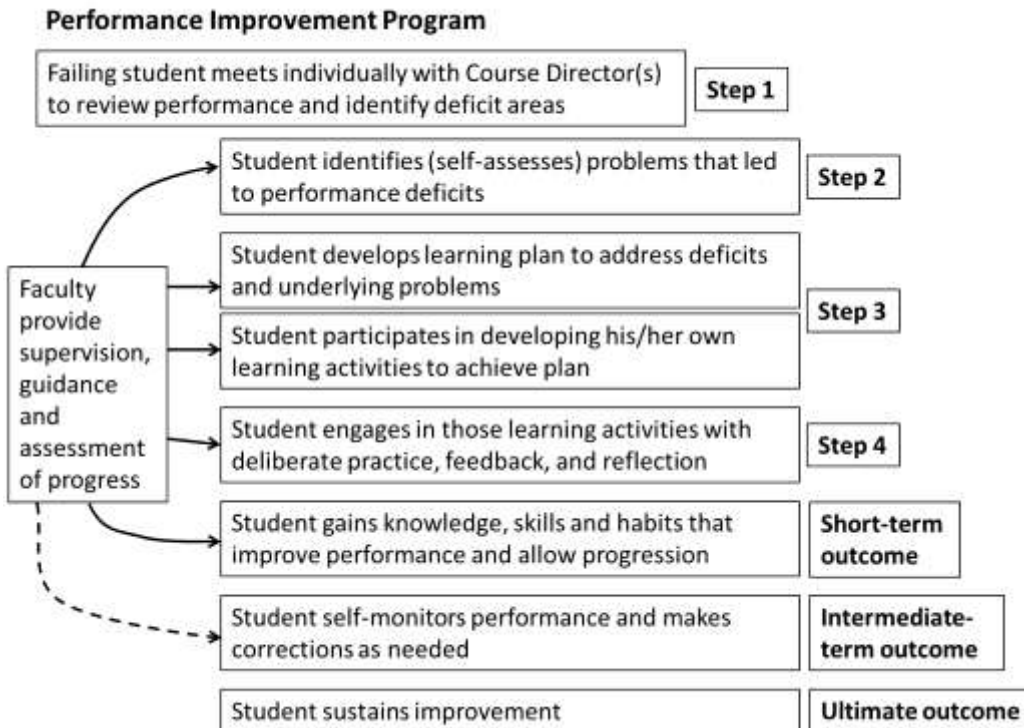


- <65% on any one exam

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.



- 2) A score > **75%** on the D103 OSCE. Students who do not achieve a score of 75% or higher on the OSCE but who have successfully completed all other components of the course 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 the end of the spring semester as published in the [Academic Calendar](#). Students scoring below 75% who are unable to successfully remediate will receive a grade of "fail" for Doctoring 103, 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 completion of all assignments, as determined by the Small Group facilitators and/or Course Director.
- 5) Appropriate preparation and participation in all 5 scheduled preceptor visits as determined by the Faculty Preceptors, the Preceptor Director and the Course Director.
- 6) Entering patient encounter data from each of the 5 preceptor sessions into E\*Value within one week of the patient encounter.

7) 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 unprofessional behavior may require completion of the Performance Improvement Program and if merited may be referred to the Student Evaluation and Promotion Committee.

Students who pass both the small group and written exam portions of Doctoring 103, 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 103 course.

Students who fail either the small group or written exam portion of Doctoring 103, will fail the course and be required to repeat the course and/or remediate to the course director’s satisfaction as determined by the Student Evaluation and Promotion Committee.

### ***Description of Assessment and Evaluation Components***

***Block examinations:*** Questions from material presented in Doctoring 103 will appear in each of the 3 semester ***integrated block exams***. Multiple choice and other question formats assess student content knowledge and skill (ability to solve problems, etc.). 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 assess a student’s ability to demonstrate clinical skills and behaviors. OSCEs typically consist of several “stations.” Each station requires the student to demonstrate one or more clinical skills/behaviors that are observed and assessed by a trained observer using established performance criteria. There is only one OSCE scheduled in Doctoring 103, and it occurs near the end of the course. **Students must score ≥75% on the D103 OSCE in order to pass the clinical skills portion of the course.**

***The Doctoring preceptor*** will assess student 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. A passing grade requires: 1) the student to participate in 5 scheduled preceptorship sessions with the assigned preceptor; and, 2) entering patient encounter data into the E\*Value documentation system no later than 11:59 pm on the Monday after the session.

***Small group exercises and simulation activities:*** Students will be assessed weekly by small group facilitators. To pass the small group portion of Doctoring 103, 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.

## **Course Evaluation**

Each student will be given the opportunity to provide constructive feedback through evaluation forms completed throughout the semester. Evaluations will include both content and facilitation/teaching. Feedback is encouraged at all times on all components of the course and will assist the course director in providing a timely continuous quality improvement.

## **Policies**

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### ***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](mailto: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 section, above).*

## **Doctoring 103 Course-Specific Absence Policy**

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### **Lectures/Small Groups**

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.

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 death in the family). Students with unplanned CLC absences must submit an absence approval request to Student Affairs. Student Affairs will determine whether or not the absence is excused.

Impact of excused absence on the student's grade: If a CLC absence is excused by Student Affairs, a remediation plan will be developed by the student and Ms. Danforth. In most situations, remediation of a 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 may require completion of the Performance Improvement Program.

## ***Preceptorship***

Planned preceptorship absences require students to complete the proper forms and obtain the required permissions prior to the absence. **In addition to the request through Student Affairs the student must also complete a SharePoint survey via the intranet to inform the Preceptor Director, Ms. Karen Myers, of the session to be missed and the rescheduled date.** This survey link is found on the Blackboard site under the *Course Resources* tab. Schedule changes or session remediation for planned preceptorship absences are negotiated in advance. It is the student's responsibility to arrange for a make-up session within one week of returning to FSUCOM. The student will not incur a grading penalty for an approved absence, providing the session is completed by a schedule change or via remediation session.

Unplanned, but excused, preceptorship absences: In addition to requesting approval of an unplanned absence from Student Affairs, students are expected to contact all involved including the Preceptor Director, [Ms. Karen Myers](#), and the preceptor as soon as possible, with the goal of advising the preceptor prior to the student's expected time of arrival. The SharePoint survey will also need to be completed on the intranet to inform the Preceptor Director of the missed session and the rescheduled date. The link to the survey is found on the Blackboard site under the *Course Resources* tab. This must be completed as soon as possible to avoid compromising successful completion of the preceptorship component of the course.

Impact of excused absence on the student's grade: Absence with a preceptor must be rescheduled as quickly as possible and notification of the rescheduled date completed via the SharePoint survey. The student will not incur a grading penalty for an excused absence.

Unexcused preceptorship absences: In addition to absences that are not approved by Student Affairs, **an absence will be considered to be unexcused if an able student fails to contact the preceptor directly and in advance of the expected time of arrival** to inform him/her that the student will not be at the preceptor's site that day.

Impact of unexcused absence on the student's grade: The student may not be allowed to reschedule the missed session which could result in failing the course.

## ***OSCE***

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 Materials

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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) 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

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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.