



The Florida State University
College of Medicine

Doctoring 103

BMS 6017

Spring 2014

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Course Overview

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.”

Elements of behavioral medicine, medical humanities, bioethics, information technology, and professionalism are incorporated throughout the curriculum.

Institutional Competencies and Assessments by domain

| Competency Domains Addressed in D103 | Specific Competency (Performance Expectation) | Methods of Student Assessment used in D103 |
|--------------------------------------|---|--|
| Patient Care | <p>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.</p> <p>Organize and conduct a medical encounter, including the use of an appropriate greeting/opening, gathering information and providing closure.</p> <p>Demonstrate the ability to elicit an accurate and thorough medical history appropriate for the patient's reason for visit.</p> <p>Conduct accurate and thorough physical and mental status examinations appropriate for the patient's reason for visit.</p> <p>Demonstrate the ability to assess a patient's functional capacity.</p> <p>Demonstrate the ability to clearly and accurately summarize patient findings in verbal presentations and common written formats.</p> | <ol style="list-style-type: none"> 1) Written exams; 2) Observation by faculty, staff and/or standardized patients; 3) Performance on the OSCE; 4) Participation in small group exercises and simulation activities. |
| Practice-based Learning | <p>Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.</p> | <ol style="list-style-type: none"> 1) Written exams; 2) Participation in small group exercises and simulation activities. |

| | | |
|------------------------------------|---|--|
| <p>Communication Skills</p> | <p>Demonstrate respect, empathy, compassion, responsiveness and concern regardless of the patient's problems, personal characteristics.</p> <p>Communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy.</p> <p>Demonstrate effective oral communication skills with colleagues and other health professionals.</p> <p>Recognize and evaluate the ethical and legal issues involved in patient-doctor communication</p> <p>Demonstrate culturally and linguistically appropriate interviewing skills with patients from diverse backgrounds (inc. appropriate use of an interpreter).</p> | <ol style="list-style-type: none"> 1) Written exams; 2) Observation by faculty, staff and/or standardized patients; 3) Performance on the OSCE; 4) Participation in small group exercises and simulation activities. |
| <p>Professionalism</p> | <p>Display professionalism, high ethical standards, and integrity in relationships in all aspects of medical practice, especially with respect to confidentiality, informed consent, and justice.</p> <p>Define medical professionalism and discuss student issues during the transition from student to physician.</p> <p>Utilize basic ethical principles including autonomy, beneficence non-maleficence and justice in the care of each patient.</p> <p>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.</p> | <ol style="list-style-type: none"> 1) Written exams; 2) Observation by faculty, staff and/or standardized patients; 3) Performance on the OSCE; 4) Participation in small group exercises and simulation activities. |

Instructional Methods and Environments for Learning:

Clinical Learning Center (CLC)

The CLC is a simulated medical facility created to help students learn clinical skills. Students spend part of one morning every other week in the CLC to learn/demonstrate patient interviewing, medical history taking, physical exam and clinical reasoning skills. Students work in groups of 2-3, and practice with each other and with standardized patients (SPs). COM faculty observe and provide performance feedback (coaching) to students. At the end of each CLC session, faculty create a “Student Practice Plan” that identifies clinical skill areas that require additional attention during future clinical sessions.

Excellent clinical skills do not just happen, and continuing practice is needed to maintain and to improve clinical skills. To accommodate the students who want to improve their clinical skills, 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)

CLC schedules and performance expectations are posted on Blackboard. Students are expected to arrive in the CLC on time. 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. **Repeated unapproved absences/repeated tardiness for CLC are considered to be professionalism concerns and may result in a failing grade for the course, and/or referral of the student to the Student Evaluation and Promotions Committee.**

Large group presentations/discussions

Attendance at large group sessions is strongly encouraged. Often, the material presented at the large group session is necessary for the CLC session that week. Additionally, 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 assigned readings. Knowledge of this content will be tested in the 3 integrated block exams.

Small group sessions

Attendance and participation in small group activities is required. Small group membership, 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. The experiential nature of each small group session precludes the ability to schedule individual make-up sessions. **Repeated unapproved absences/repeated tardiness from small group are considered to be professionalism concerns and may result in a failing grade for the course and/or referral of the student to the Student Evaluation and Promotions Committee.**

Medical Informatics

Attendance and participation in the Doctoring 103 Medical Informatics orientation to E*Value documentation system (1/7/14) is required.

Additional Medical Informatics skills are integrated into both small group and CLC sessions. Students are responsible for the content presented at these sessions and must demonstrate the skills during the Doctoring 103 OSCE.

Doctoring Preceptorship

Students are assigned to clinician faculty practicing in the geographic area. Students spend 3-5 hours every other week for 10 consecutive weeks (total of 5 sessions per student) seeing patients with the clinician in his/her office or clinic. During these sessions, students observe the clinician and practice clinical skills with patients. Preceptorship sessions are scheduled on Monday, Wednesday or Thursday mornings, and alternate weeks are CLC sessions. Preceptor assignments and schedules are posted on Blackboard.

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

- 1) Complete the required HIPAA orientation; AND
- 2) Complete the required needle-stick orientation; AND
- 3) Complete the required universal precautions orientation; AND
- 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.

Documentation of patients seen during the preceptorship must be entered into the E*Value 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 properly enter patient data from the preceptorship into the E*Value system will require that the student meet with the Preceptorship Director, Ms. Myers. Documentation is considered to a professional obligation, and failure to fulfill that obligation may result in a failing grade for the course and/or referral of the student to the Student Evaluation and Promotions Committee.

At least 3 small group sessions are devoted to presenting and discussing patients seen during the Doctoring Preceptorship.

Participation in the Doctoring Preceptorship is required. If the date of an assigned session needs to be rescheduled, the 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 2014/overview.aspx](https://intranet.med.fsu.edu/sites/courses/doctoring/Lists/D103%20Preceptorship%202014/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 about the Doctoring Preceptorship, contact [Karen Myers](#) or [Aimée Diot](#).

Clinical Examination Equipment Students should bring their examination equipment to ***each*** CLC and Doctoring Preceptorship session. In addition to clinical examination equipment, students should also bring: 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 Attire Medical students, faculty and staff are all ambassadors to the community and represent the College of Medicine. Appearance and behavior should at all times demonstrate respect for the profession and for our patients. The needs of patients must always come first, and any barriers to meeting those needs (including attire, appearance and grooming) must be removed.

Professional attire should be worn in settings where students are interacting with people from outside the COM, and particularly when interacting with Standardized Patients (SPs) in the CLC or when in a preceptor's office or clinic, the hospital or a nursing facility. Also, professional attire should be worn when interacting with an SP during a small group session, or when guests or visitors are present in small groups.

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, students must 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 attire in any ambiguous or new situation. In compliance with OSHA regulations, closed-toed shoes are required in all clinical settings—including CLC.

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, the discussion may reveal the patient’s identity to others who overhear the discussion. Rather than risk a violation of patient confidentiality, 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 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.

Grading

FSU COM has adopted a pass/fail grading system which is used in the curriculum for the first and second years (See Student Handbook). To achieve a grade of Pass in BMS 6017 (Doctoring 103) a student must meet all of the following requirements:

- 1) A final average $\geq 70\%$ on all examination questions. An average $<70\%$ 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.
- 2) A student whose performance is $<70\%$ (below passing) on any individual exam during the course is required to
 - a. attend the exam review,
 - b. contact the course director within 24 hours of that exam review, and
 - c. meet with the course director. Students may be asked to complete a Performance Improvement Program, the purpose of which 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.
- 3) Attendance and satisfactory participation in all required sessions: CLC sessions, Small Group sessions and other special presentations as determined by the Course Director. Unexcused absence from an activity for which attendance is required may require remediation as determined by the Course Director. Multiple unexcused absences from required activities will be considered a Professionalism concern and may result in referral of the student to the Student Evaluation and Promotions Committee.
- 4) Demonstration of the attitudes and behaviors of Medical Professionalism in all aspects of the course.

- 5) 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. 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.
- 6) Satisfactory completion of all course assignments.
- 7) Appropriate preparation and participation in all 5 scheduled preceptor visits as determined by the Faculty Preceptors, the Preceptor Director and the Course Director.
- 8) Entering patient encounter data from each of the 5 preceptor sessions into E*Value by the Monday following your patient encounter.

Description of Assessment and Evaluation Components

Block examinations: Questions from material presented in Doctoring 103 will appear in each of the 3 ***integrated block exams***. Most questions will be multiple choice, but other formats may also be used. Exam questions may come from content 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. At each OSCE station, students demonstrate requested clinical skills. These demonstrations are observed and assessed by trained observers 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 $\geq 75\%$ 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 also contribute to the student’s evaluation. To pass, a student must: 1) participate in 5 scheduled preceptorship sessions with the assigned preceptor; and 2) enter 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 are 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

Students will have 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

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](#))

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

Lectures/Small Groups

Attendance at large group sessions is strongly encouraged, but not required; attendance at small group sessions is required.

CLC

Unplanned but excused absences are student absences due to circumstances *beyond the student's control*. Examples include student illness and/or family death. When such a situation occurs, please contact the CLC **as soon as possible**, inform both Michael Cravener and Debra Danforth that you will not be in the CLC and give the reason for the unplanned absence. Then, submit an absence request to Student Affairs per the usual method. Student Affairs will classify the absence as excused or unexcused.

If the CLC absence qualifies as an “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 absences are student absences that do 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.

If the CLC absence is unexcused, the course director will discuss the situation with the student. Any further unexcused absences will result in the notification of Student Affairs and referral of the student to the Student Evaluation and Promotions Committee. Students with unexcused absence(s) will still be responsible for the missed material in future OSCE's and written examinations.

Preceptorship

Planned absences or schedule changes involving preceptorship sessions 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 to inform the Preceptorship Director, Ms. Karen Myers, of the session to be missed and the rescheduled date.**

This SharePoint survey link is found on the Blackboard site under the *Course Resources* tab. 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 made up.

Unplanned, but excused, preceptorship absences require the student to complete the appropriate request through Student Affairs and contact all those involved, including the Clinician Preceptor and the Preceptorship Director, [Ms. Karen Myers](#) via the SharePoint survey. The link to the survey is found on the Blackboard site under the *Course Resources* tab. This communication must be completed as soon as possible to avoid compromising successful completion of the preceptorship.

A missed preceptorship session must be rescheduled as quickly as possible and notification of the rescheduled date noted on the SharePoint survey. The student will not incur a grading penalty for an excused absence.

Absences that are not excused by Student Affairs or not communicated to the preceptor and Ms. Myers directly and in a timely fashion, will be considered “unexcused absences”. In the event of unexcused and unremediated absences, the student may fail the course.

OSCE

If a student knows he/she will not be able to participate in the OSCE, he/she should complete and submit the appropriate forms to Student Affairs, and, if within 24 hours of the time he/she is scheduled for the OSCE, contact both Mr. Cravenor and Ms. Danforth in the CLC. If the absence is excused by Student Affairs, the student will be allowed 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.

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.

An unexcused absence will result in failure of both the OSCE and 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) 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 and posted on Blackboard when 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.