



The Florida State University
College of Medicine

Doctoring 201

BMS 6831

Fall 2013

Table of Contents

Instructors.....	3
Course Director.....	3
Faculty	3
Coordinators	3
Course Overview.....	4
Course Goals.....	4
Learning Objectives	5
Course Format.....	6
Competencies	7
Policies	9
Americans with Disabilities Act.....	9
Academic Honor Code.....	9
Attendance Policy	9
Doctoring 201 Course Specific Absence Policy.....	10
Lectures/Small Groups	10
Clinical Activities	10
CLC.....	10
Preceptorship.....	11
OSCE	11
Required Materials	12
Suggested Materials	12
Grading.....	13
Blackboard site	14
Assignments	14
Description of Assessment and Evaluation Components.....	14
Faculty and Course Evaluation.....	15
Appendix	15
CLC.....	15
Preceptorships	15
Professional Dress.....	15
Confidentiality	16
Professionalism.....	16

Instructors

Course Director

Jonathan Appelbaum, M.D.

Office 3140-J Phone (850) 645-1227
Email jonathan.appelbaum@med.fsu.edu

Faculty

Assistant Course Director

Robert J. Campbell, M.D.

Office 3100 Phone (850) 645-9149
Email robert.campbell@med.fsu.edu

Assistant Course Director

Christie Sain, M.D.

Office Phone
Email christie.sain@med.fsu.edu

Assistant Course Director

Mary Gerend, Ph.D.

Office 4111 Phone (850) 645-1542
Email mary.gerend@med.fsu.edu

Director Clinical Learning Center

Debra Danforth, MS, ARNP, FAANP

Office Clinical Learning Center
Phone 645-7123 / 644-9800
Email debra.danforth@med.fsu.edu

Preceptor Director

Karen Myers, ARNP-C

Office 3210 L Phone (850) 644-1233
Email karen.myers@med.fsu.edu

Informatics Director

Nancy Clark, M.Ed.

Office 2200-J Phone (850) 644-9706
Email nancy.clark@med.fsu.edu

Coordinators

Margie Norman (Administrative)

Office 2200 Phone (850) 645-9745
Email margie.norman@med.fsu.edu

Mike Cravener (CLC)

Office G129-N Phone (850) 644-9812
Email michael.cravener@med.fsu.edu

Course Overview

Course Goals

Doctoring 2 is a component of a three year longitudinal curriculum with an educational mission of imparting to each medical student 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 and developing clinical skills along with clinical reasoning concepts

Doctoring 2: Further developing clinical reasoning and advanced clinical examination skills incorporating the pathophysiological basis of common diseases, while understanding the biopsychosocial variables that influence health and illness and how those variables affect patient and physician behavior

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

Doctoring 201 and 202 bridge the gap between basic sciences and clinical and behavioral medicine. These courses provide the basic knowledge and skills needed to evaluate patients while at the same time emphasizing the importance and integration of ethics, information technology, oral and written communication, and professionalism. The course prepares the second-year medical student for clinical clerkships by:

- Developing a fund of knowledge and data-gathering skills,
- Expanding on the elements of diagnostic reasoning
- Addressing the psychological and social basis of patient and physician behavior and the influence of these factors on health, illness, and the practice of medicine
- Better understanding the psychological and social context of patients' lives and learning to apply fundamental behavioral science principles related to the individual, family, and community to clinical situations to provide more effective and patient-centered health care.

A variety of instructional methods are used to achieve these goals, including large group presentations, small group activities and discussions, videos, and expert panels.

Learning Objectives

1. 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. Demonstrate the ability to communicate compassionately and effectively with patients and other health professionals, through written and oral presentations.
3. Document a clinical encounter in a SOA(P) format for problem focused and chronic care encounters (subjective, objective and assessment).
4. Reinforce basic IT skills, in particular recording encounter data in E*Value using the PDA, and finding information about medications/treatments, guidelines, calculators, and diagnostic test information utilizing point-of-care digital resources.
5. Explain clinical, physiologic and pathologic correlations as well as manifestations of disease that affect specific organ systems of the body.
6. Develop appropriate medical vocabulary in order to communicate clinical knowledge to other health professionals.
7. Demonstrate the ability to obtain a focused history for specific complaints.
8. Describe the relevant focused physical examination for specific complaints.
9. Demonstrate the ability to generate a differential diagnosis.
10. Demonstrate skill in laboratory test selection and interpretation in order to solve clinical problems.
11. Describe physiologic principles related to organ system-based diseases, diagnosis, and treatment.
12. Describe the social determinants of health, health disparities, and use of an integrated care model of healthcare delivery.
13. Apply behavioral, psychodynamic, social and developmental concepts in the description and analysis of patient behaviors and in patient care.
14. Recognize the role of family systems, community context, and cultural influences on patient behavioral presentations, interpretations of illness, and impact on treatment.
15. Recognize functional and dysfunctional family processes and how this impacts health and illness onset, course and management.
16. Identify psychopathological diagnosis in children, adolescents and young adults according to DSM V and review appropriate treatment modalities.
17. Recognize community/societal challenges to psychological health.
18. Use reflective writing to explore principles of self-awareness in developing a therapeutic physician-patient alliance.
19. Describe the methods of motivational interviewing for use with patients to improve their lifestyle (e.g., nutrition, weight loss, smoking cessation, stress management, exercise.)

Course Format

Large group class presentations / discussions

- Introduce major concepts
- Explain difficult concepts
- Relate the content to clinical applications
- Include interactive discussions and active learning, peer-to-peer learning, Camtasia videos and panels.

Small group sessions

- Attendance required
- Meet in student community and other small group rooms
- Generally, groups comprised of 10 students with one faculty.
- Discussion of and approach to a clinical problem or symptom with an elaboration to differential diagnosis
- Group assignment and location will be posted on Blackboard

Off campus activity

- Attendance at one (1) Alcoholics Anonymous (AA) meeting and preparation of a reflection paper on the experience

Clinical Learning Center (CLC) skills training laboratory

- Attendance required
- Meets in CLC
- 2 or more students meet with one faculty member or standardized patient
- Schedule with dates and times for each group will be posted on Blackboard

Final Objective Structured Clinical Exam (OSCE)

- Attendance required
- Meets in the CLC.
- Schedule with dates and times for each student will be posted on Blackboard

Preceptorships

- Attendance required
- Occur in assigned preceptor's office every other week
- Each student will meet for 5 sessions.

Competencies

FSUCOM – Competencies –Doctoring 201		
Competency Domains	Competencies Covered in the Course	Methods of Assessment
Patient Care	<ul style="list-style-type: none"> ▪ Demonstrate the ability to obtain a focused history for specific complaints. ▪ Describe the relevant focused physical examination for specific complaints. ▪ Demonstrate the ability to generate a differential diagnosis. ▪ Accurately describe the influence and potential implications of culture and community context on health behaviors, beliefs and outcomes, as well as how physicians should appropriately integrate this knowledge into patient care. • Demonstrate the ability to: <ul style="list-style-type: none"> ▪ educate patients about their health. ▪ assist patients who want to change health behaviors. ▪ assess and encourage patient adherence. 	<p>Faculty observation in CLC, preceptor evaluations, oral presentations small group discussions, SOAP notes, OSCE simulation activities</p> <p>Objective exams; Faculty observation of small group participation; Reflection papers.</p>
Medical Knowledge	<ul style="list-style-type: none"> ▪ Demonstrate skill in laboratory test selection and interpretation in order to solve clinical problems. ▪ Demonstrate physiologic principles related to organ system-based diseases, diagnosis, and treatment. ▪ Describe the basic behavioral and psychosocial principles used to analyze and solve problems related to the diagnosis, treatment and prevention of disease. ▪ Describe normal human psychosocial development across the life-span and recognize deviations requiring further evaluation and intervention. ▪ Discuss the application of psychodynamic theories of human thought and behavior in describing and analyzing patient behavior. ▪ Accurately describe how social determinants of health influence health outcomes and how physicians can incorporate this knowledge in the care of patients. 	<p>Block exams, CLC faculty observation and oral presentations, OSCE objective exams; faculty observation of small group participation</p>

Practice-based Learning	<ul style="list-style-type: none"> ▪ Reinforce basic IT skills, in particular recording_encounter data in E*Value using the PDA, and finding information about medications/treatments, guidelines, calculators, and diagnostic test information utilizing point-of-care digital resources. ▪ Recognize and demonstrate the ability to address the unique needs of patients from underserved environments. 	Faculty observation in CLC, preceptor evaluations, block exams, PDA exercises, small group discussions, OSCE, objective exams; reflection papers
Communication Skills	<ul style="list-style-type: none"> ▪ Demonstrate effective written and oral communication with patients, colleagues and other health professionals. ▪ Recognize and respond professionally to various common forms of behavioral and emotional presentations. ▪ Document a clinical encounter in a SOA(P) format for problem focused and chronic care encounters (subjective, objective and assessment). 	Faculty observation in CLC and small groups, standardized patient evaluations, preceptor evaluations, paper presentations, PDA exercises, case discussions, OSCE, reflection papers; observation of small group peer interactions; objective exams
Professionalism	<ul style="list-style-type: none"> ▪ Practice self-assessment 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. ▪ 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 perspective. 	Faculty observation; peer and self-evaluation within assigned teams and during course activities, reflection papers
System-based Practice	<ul style="list-style-type: none"> ▪ Demonstrate respect for the roles of other healthcare providers and for the need to collaborate with others in caring for individual patients and communities. 	Preceptor evaluations, oral presentations, observation/discussion in CLC by/with clinical faculty, OSCE, reflection papers, objective exams

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 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 any activity for which attendance is required may be considered as an issue of Professionalism. Any unexcused absence may require completion of a Performance Improvement Program (see Grading System, below).

Doctoring 201 Course Specific Absence Policy

Lectures/Small Groups

Lectures with guest presenters or participants (i.e., from outside of the College of Medicine), and **all** Small Group sessions are required attendance activities. Planned absences require students to complete the [proper forms](#) (see link to Handbook above) and obtain the required excused absence **prior** to the absence. Lectures not containing sensitive material will be recorded for viewing in the usual manner. Small Group sessions are by nature a product of the dynamics of the group, and are often experiential. Students missing Small Groups are responsible for content covered. A student with an excused absence must contact their small group faculty leader to determine a plan to make up the material missed.

Clinical Activities

NOTE: Due to the logistical complexities of CLC, Preceptorships and OSCES, students are encouraged to limit their requests for planned absences from these activities. When unavoidable, students must make every effort to request a planned absence well in advance and pre-arrange schedule changes at least two weeks in advance.

All approvals of absences – planned or unplanned – must come through Student Affairs. Absences are classified as below:

- **Excused unplanned absences are those due to circumstances beyond the student's control (for example, student illness or family death).**
- **Unexcused absences generally involve circumstances within the student's control (for example, forgetting a scheduled session or choosing not to attend a scheduled session to engage in some other activity, including studying for an exam).**

CLC

Planned absences, in addition to requiring approval by Student Affairs, require a student to identify a peer with whom to exchange scheduled sessions prior to requesting the change from the CLC. Each student then sends an electronic schedule change request via email to [Mike Cravener](#). Decisions regarding approval of the request will be sent to both involved students by email. Please note: Sending a request is NOT equivalent to receiving approval.

Unplanned, but excused, CLC absences: In addition to completing the excused absence request through Student Affairs, students are expected to contact the CLC as soon as possible, and inform Mike Cravener and Ms. Debra Danforth that the student will not be in the CLC for their scheduled session.

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

Impact of unexcused absence on the student's grade: This is a breach of professionalism and may result in failure of the course (see section on Professionalism)

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 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 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 Blackboard survey will also need to be completed on the intranet to inform the Preceptor Director of the missed session and the rescheduled date. This must be completed as soon as possible to avoid impacting 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 intranet survey. The student will not incur a grading penalty for an excused absence.

Unexcused preceptorship absences: In addition to absences 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 and could result in failing the course.

OSCE

Planned absences, in addition to requiring approval by Student Affairs, require a student to identify a peer with whom to exchange scheduled sessions prior to requesting the change from CLC. OSCE schedule changes to accommodate such planned absences must be negotiated with CLC **AT LEAST** two weeks in advance.

Because of the expense involved in recruiting and using standardized patients, the only way a student may, with approval, miss their appointed OSCE session is by arranging a schedule exchange with another student in advance. A student who misses the OSCE because he/she is unable to arrange a schedule exchange will receive a "Fail" for the OSCE. Students must pass the OSCE to pass Doctoring 201.

Unplanned, but excused, OSCE absences: In addition to completing the excused absence request through Student Affairs, students are expected to contact the CLC as soon as possible, and inform Mike Cravener and Ms. Debra Danforth that the student will not be able to participate in the OSCE.

Impact of excused absence on the student's grade: If the OSCE absence qualifies as "excused", an attempt will be made by CLC 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 "IR" for the Doctoring course until plans for remediation of the OSCE can be made the following semester.

Unplanned and unexcused OSCE absences: Unexcused absences are those either not requested or not approved by Student Affairs, and those for which a student was unable to arrange a schedule exchange for a planned absence.

Impact of unexcused absence on the student's grade: The student will receive a "Fail" for the OSCE, and will Fail Doctoring 201.

Required Materials

All of the materials are available through the FSUCOM Library Course page:

<http://med.fsu.edu/index.cfm?fuseaction=library.courseViewer&courseID=10>

Seidel, H.M.; Ball, J.W.; Dains, J.E.; Benedict, G.W. Mosby's Guide to Physical Examination (7th Ed). St. Louis: Mosby, 2010.

Fadem, B. *Behavioral Science in Medicine*. Philadelphia: Lippincott, 2012.

<http://med.fsu.edu/library/Ebooks/ebooks.aspx>

American Psychiatric Association: Diagnostic & Statistical Manual V Edition

<http://med.fsu.edu/library/Ebooks/ebooks.aspx>

Suggested Materials

Harrison's Principles of Internal Medicine 18th Edition on line.

<http://harrisons.accessmedicine.com>

Andreoli, Thomas E; Carpenter, Charles CJ; Griggs, Robert C; Loscalzo, Joseph. CECIL Essentials of Medicine (8th Ed). Philadelphia: W.B. Saunders Company, 2010

<http://www.r2library.com/Resource/Title/1416061096>

Dubin, Dale. Rapid Interpretation of EKG's...a programmed course (6th Ed). Tampa: Publishing Company, 2000.

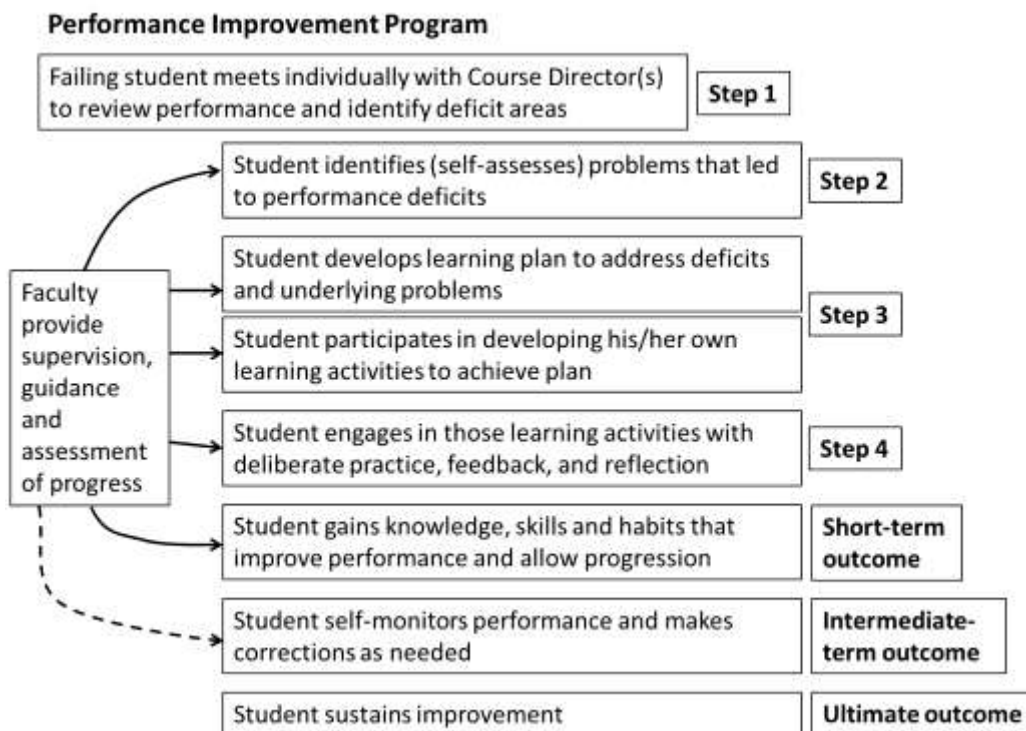
Goodman, Lawrence R.; Felson, Benjamin. Felson's Principles of Chest Roentgenology: A Programmed Text (3rd Ed). Philadelphia: W.B. Saunders Company, 2007.

Grading

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 201, a student must meet all of the following requirements:

- 1) A final average $\geq 70\%$ on the total of all examination questions (i.e., total number correct/total number graded questions). (Formative quizzes do not contribute to the final exam average.) 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 examOR
 - $<70\%$ 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) Completing the Final OSCE with a score $\geq 75\%$.
- 3) A score $\geq 70\%$ on all CLC post-encounter exercises.
- 4) Attendance and satisfactory participation in all required sessions – as determined by the Course Director and observing faculty. Unexcused absence from an activity for which attendance is required (for example, Small Group session) may be considered as an issue of Professionalism and require completion of the Performance Improvement Program.
- 5) Satisfactory completion of all assignments, as determined by the Course Director. All assignments will be graded pass-fail. If a student submits an unsatisfactory assignment, the

assignment will be returned to the student and he/she will be asked to modify and resubmit it. Assignments turned in late may result in the requirement to complete an additional assignment as determined by the Course Director.

- 6) Adequate and appropriate preparation and participation in all preceptor visits as determined by the Faculty Preceptors, the Preceptor Director and the Course Director.
- 7) Entering all 5 preceptor session information into E*Value within one week of each preceptor visit.
- 8) Demonstration of the attitudes and behaviors of medical professionalism in all aspects of the course. Issues of unprofessional attitudes and/or behaviors may require completion of the Performance Improvement Program.

Failure to complete any of the above requirements or remediation efforts will result in a failing grade for the course.

Blackboard site

The syllabus, class presentations, assignments, reading materials and announcements are regularly posted on the course Blackboard site. It is the student's responsibility to stay up to date by checking the Blackboard site for information.

Assignments

Specific instructions for assignments are available on Blackboard. All assignments are to be submitted to Blackboard by the due date using the following file naming convention:

Last Name_First Name_Assignment name_Fa2013

Attendance at an AA meeting can take place any time during the semester but attendance AND submission of the paper must be completed by October 16, 2013 prior to the Substance Abuse & Impaired Physicians class. Note that your paper is due 1 week after you attend the meeting. See Blackboard for a full description of this assignment.

Description of Assessment and Evaluation Components

The material for quizzes and exams will come from lectures, small group sessions, assigned readings (not limited to textbook), and material from the CLC. Examination items will be multiple choice questions. **The quizzes will be formative only. They must be completed but will not be used to determine the final average for the course.** Exam questions cover readings, handouts, presentations and class discussions. The Doctoring 201 course, and in particular the CLC activities, is developmental, so material previously covered may be revisited during subsequent assessment exercises. Students must demonstrate adequate preparation for CLC sessions; adequate preparation will be evaluated by CLC faculty.

Objective Structured Clinical Examinations (OSCE): OSCEs are skills-based examinations conducted in the CLC and are the primary method for assessing your clinical skills. OSCEs typically consist of several "stations" (patient exam rooms). At each station, the student is asked to perform a particular task or set of tasks. The student is observed performing these tasks by a faculty member and assessed against a standard set of observable criteria.

The Doctoring 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. A passing grade requires that all 5 attended sessions are entered into E*Value in a timely manner, no later than 11:59 pm the Monday after the session.

Faculty and Course Evaluation

Students will have the opportunity to evaluate each faculty member who teaches a major portion of the course, using a standard evaluation questionnaire. Students will also have the opportunity to evaluate the course at its conclusion. Suggestions and comments concerning the course, its material and conduct, are welcomed and may be made to the course director at any time. These evaluations will assist the course director in providing a continuous quality improvement process for the course.

Appendix

CLC

The Clinical Learning Center (CLC) is a simulated medical clinic that provides a realistic and technologically-advanced clinical learning environment to support the clinical education. In the CLC, students will work in pairs and have the opportunity to practice one-on-one interviews with standardized patients (SPs). SPs are individuals trained to portray medical histories and illness experiences of “real” patients. COM faculty will observe student interactions, answer questions and provide feedback during the CLC sessions. Students are expected to come prepared for each session, which may be based on reading assignments for that session. Your faculty will be evaluating you on their assessment of the adequacy of your preparation.

Preceptorships

Doctoring students will each be assigned to a primary care (family practice, general, internal medicine, or general pediatrics) physician in the community. The purpose of the preceptorship is to provide the student with the opportunity to practice the interview, history taking, physical examination skills, clinical reasoning skills, documentation skills and to observe patient care being delivered in a community-based setting. Students will be scheduled to spend a minimum of 3 hours with the preceptor every other week. During alternate weeks students will be learning and practicing clinical skills in the CLC.

Professional Dress

Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine to the community at large. Professional attire is **required** to be worn in these settings: where people from outside the COM, and especially patients, are seen, including the Clinical Learning Center (CLC), a preceptor's office or clinic, a hospital or nursing facility, when interacting with a standardized patient during a small group activity, and 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, casual sandals, scrubs, or hats. Closed toe shoes are required in clinical settings.*

- **For men**, professional attire consists of slacks and a collared shirt. In the CLC and other clinical settings lab coats are required. Ties are optional. Polo shirts and T-shirts are NOT acceptable attire in clinical settings.
- **For women**, professional attire consists of a dress or skirt or slacks with a blouse. In the CLC and other clinical settings, a lab coat is required. Low-cut tops are not appropriate attire. Open-toe shoes and heels more than 3” are NEVER appropriate in clinical settings. Remember, if you are questioning whether or not an article of clothing is appropriate, then you shouldn't wear it in any clinical setting!

Confidentiality

All clinical material presented is confidential. Students are free to discuss this material with 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.

Do not share clinical information online including the use of social media. Do not post copies of any audio, video or materials of any Doctoring 2 large group, small group or CLC session online without the express consent of the faculty giving the lecture or session as often these lectures are the faculty's intellectual property.

Professionalism

Note: Violations of professional behaviors may result in the need for students to engage in and complete the Performance Improvement Program and may result in course failure.

Professional behaviors include, but are not limited to,

- reporting to all required course related activities on time
- demonstrating preparation for the activity
- submitting all course related assignments on time, fully and accurately completed
- adhering to the confidentiality agreement
- demonstrating respect for others
- demonstrating respect for authority

This applies to all course related activities and assignments whether or not grades are assigned for the activity/assignment. Students should be aware that they are considered representatives of FSUCOM at all times and should conduct themselves accordingly.