



The Florida State University  
College of Medicine

# Doctoring 201

**BMS 6831**

**Fall 2010**

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# Instructors

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## **Course Director**

### **John Giannini, MD**

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## **Faculty**

Co-Course Director

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Assistant Course Director/ Associate Director Clinical Skills & Simulation Center

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Assistant Course Director/ Doctoring 2 Preceptor Coordinator

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Assistant Course Director - Clinical Skills Coordinator

### **Steven Quintero, MD**

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Informatics

### **Nancy Clark, MEd**

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Course Coordinator

**Kathleen Mattis**

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## ***Clinical Faculty***

<b>John Agens, MD</b>	Associate Professor, Geriatrics
<b>Jonathan Appelbaum, MD</b>	Associate Professor, Clinical Sciences
<b>Maggie Blackburn, MD</b>	Assistant Professor, Family Medicine & Rural Health
<b>Harold Bland, MD</b>	Professor, Clinical Sciences
<b>Ken Brummel-Smith, MD</b>	Professor & Chair, Geriatrics
<b>John Giannini, MD</b>	Assistant Professor, Clinical Sciences
<b>Meredith Goodwin, M.D.</b>	Assistant Professor, Family Medicine & Rural Health
<b>Lisa Granville, MD</b>	Professor & Associate Chair, Geriatrics
<b>Susan Harrison, MD</b>	Assistant Professor, Family Medicine & Rural Health
<b>Kathy Lee, MD</b>	Assistant Professor, Clinical Sciences
<b>Michele Manting, MD</b>	Associate Professor, Clinical Sciences
<b>Karen Myers, ARNP</b>	Assistant Professor, Family Medicine & Rural Health
<b>Alice Pomidor, MD</b>	Associate Professor, Geriatrics
<b>Stephen Quintero MD</b>	Assistant Professor, Family Medicine & Rural Health
<b>Jose Rodriguez, MD</b>	Assistant Professor, Family Medicine & Rural Health
<b>Curt Stine, MD</b>	Professor, Family Medicine & Rural Health
<b>Mike Sweeney, MD</b>	Adjunct Assistant Professor, Clinical Sciences
<b>Dan Van Durme, MD</b>	Professor & Chair, Family Medicine and Rural Health

## **Course Overview**

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### ***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 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 bio-psycho-social 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

Doctoring 201 and 202 bridge the gap between basic sciences and clinical medicine. These courses provide the basic knowledge and skills needed to evaluate patients while at the same time emphasizing the importance and integration of behavioral medicine, ethics, information technology, and professionalism. The course prepares the second-year medical student for clinical clerkships by developing a fund of knowledge and data-gathering skills. The basic elements of diagnostic reasoning are introduced.

## ***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 professional.
3. Reinforce basic IT skills, in particular recording CDCS data in the PDA .
4. Explain clinical, physiologic and pathologic correlations as well as manifestations of disease that affect specific organ systems of the body.
5. Develop appropriate medical vocabulary in order to communicate clinical knowledge to other health professionals.
6. Demonstrate the ability to obtain a focused history for specific complaints.
7. Describe the relevant focused physical examination for specific complaints.
8. Demonstrate the ability to elicit and concisely present an accurate, comprehensive medical history.
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. Demonstrate physiologic principles related to organ system based diseases, diagnosis, and treatment.

## **Course Format**

### **Large group class presentations / discussions**

- Introduction of major concepts
- Explain difficult concepts
- Relate the content to clinical applications
- Include interactive discussions

### **Small group sessions**

- Meet in student community and other small group rooms
- Generally, ten groups, each with one faculty and 12 students.
- Discussion and approach to a clinical problem or symptom with an introduction to differential diagnosis
- Group assignment and location will be posted on blackboard

### **Special small group sessions**

- Heart sound sessions

### **Clinical Skills & Simulation Center (CSSC) skills training laboratory** (See appendix for more information)

- Meets in CSSC building
- 2 students meet with one faculty member
- Schedule with dates and times for each group will be posted on Blackboard

### **Final Objective Structured Clinical Exam (OSCE)**

- Meets in the CSSC.
- Scheduled during the end of the semester

### **Preceptorships** (See appendix for more information)

- Occur in assigned preceptor's office every other week
- Each student will meet for 6 sessions.

## Competencies

FSUCOM – Competencies –Doctoring 201 BMS 6831		
Competency Domains	Competencies Covered in the Course	Methods of Assessment
<b>Patient Care</b>	X	Faculty observation in CSSC, preceptor evaluations, oral presentations, CSSC quizzes, small group discussions, SOAP notes, OSCE simulation activities
<b>Medical Knowledge</b>	X	Block exams, NBME subject exam, CSSC faculty observation and oral presentations, CSSC quizzes, OSCE
<b>Practice-based Learning</b>	X	Faculty observation CSSC, preceptor evaluations, Block Exams, PDA exercises, small group discussions, OSCE
<b>Communication Skills</b>	X	Faculty observation, standardized patient evaluations, small group observations, paper presentations, PDA exercises, case discussions, OSCE, preceptor evaluations
<b>Professionalism</b>	X	Faculty observation; Peer and self evaluation within the assigned teams and during course activities.
<b>System-based Practice</b>	X	Preceptor evaluations, oral presentations, observation/discussion CSSC clinical faculty, OSCE
NOTES:		

## 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, found at <http://www.fsu.edu/~dof/honorpolicy.htm>.)

### ***Attendance Policy***

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See pages 27-29 of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.



# Doctoring 201 Course Specific Absence Policy

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## CSSC

**Planned CSSC 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 Directors 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 Course 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 may 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***

**Planned preceptorship 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 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 in the preceptorship.

**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 may reduce the student’s grade for the preceptorship 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 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 in advance the CSSC director. Students arranging for an OSCE schedule change will be scored using the same criteria used for other students completing the OSCE. Students arranging a schedule change to accommodate an approved planned absence will not incur a grading penalty.

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

**Unplanned, but excused, OSCE absences:** Unplanned but excused absences are student absences due to circumstances beyond the student control. Examples of unplanned, but excused absences include student illness and/or family death. The Doctoring Course Directors 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.

## Required Materials

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

Harrison's Principles of Internal Medicine 17<sup>th</sup> Edition on line.  
<http://harrisons.accessmedicine.com>

## Suggested Materials

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Andreoli, Thomas E; Carpenter, Charles CJ; Griggs, Robert C; Loscalzo, Joseph. CECIL Essentials of Medicine (7th Ed). Philadelphia: W.B. Saunders Company, 2007.

## Grading

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### Assignments and weights

The course grade will be determined by preparation, participation and performance on Clinical Skills and Simulation Center including CSSC quizzes, Objective Structure Clinical Examination(OSCE), and written examinations(3). The contribution of each component to the final grade is presented below.

Component	Percentage
<b>Examinations</b>	<b>40%</b>
Interspersed course examinations	(30%)
Final examination	(10%)
<b>Final OSCE</b>	<b>12%</b>
<b>Small Group</b>	<b>8%</b>
<b>Clinical Skills and Simulation Center (CSSC) preparation and quizzes</b>	<b>12%</b>
<b>Preceptorship</b>	<b>8%</b>
Preceptorship ratings	(2%)
CDCS completion	(6%)
<b>Professionalism</b> <i>Infractions can result in grade reduction, or possible course failure</i>	<b>Pass/Fail</b>
<b>Extra Credit</b> Five page Paper on a Specific topic within one area of study from this semester	<b>2 pts. To Final Grade</b>

### 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

## ***Description of Evaluation Components***

**The material for quizzes and exams** will come from lectures, small group sessions, and assigned readings (not limited to textbook) and possibly some material from the Clinical Skills and Simulation Center. Examination items may include multiple-choice questions (single best answer).

**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. OSCE's typically consist of several "stations" (patient exam rooms). At each station, the student is asked to perform a particular task. 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.

## ***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

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## CSSC

The Clinical Skills and Simulation Center (CSSC) is a simulated medical clinic that provides a realistic and technologically-advanced clinical learning environment to support the clinical education. In the CSSC, 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 student interactions answer questions and provide feedback during the CSSC sessions. Quizzes may be given at the beginning of each session based on the reading assignment for that session.

## 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, and to observe patient care being delivered in a community-based setting. Students will be scheduled to spend 3-4 hours with the preceptor every other week. During alternate weeks students will be learning and practicing clinical skills in the CSSC.

## Professional Dress

Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine. 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, tie and lab coats 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. 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.