



The Florida State University
College of Medicine

BMS 6832

Doctoring 202

Spring 2012

Table of Contents

Instructors.....	3
Course Director.....	3
Faculty	3
Coordinator	3
Course Overview.....	4
Course Goals	4
Learning Objectives	4
Course Format.....	5
Competencies	5
Policies	6
Americans with Disabilities Act.....	6
Academic Honor Code.....	6
Attendance Policy	6
Doctoring 202 Course Specific Absence Policy.....	7
Lectures/Small Groups	7
CSSC /OSCE.....	7
Required Materials	8
Suggested Materials	8
Grading.....	9
Description of Evaluation Components	9
Appendix	10
CSSC	10
Professional Dress.....	10
Confidentiality	10
Professionalism.....	11

Instructors

Course Director

Robert J. Campbell, MD

Office 3100 Phone (850) 645-9149

Email robert.campbell@med.fsu.edu

Faculty

Assistant Course Director

Kendall Campbell, MD

Office 3210-B Phone (850) 645-9828

Email kendall.campbell@med.fsu.edu

Assistant Director of CSSC Education

Jonathan Appelbaum, MD

Office 3180-F Phone (850) 645-1227

Email jonathan.appelbaum@med.fsu.edu

Director Clinical Skills & Simulation Center

Debra Danforth, MS, ARNP, FAANP

Office Clinical Skills and Simulation Center

Phone 645-7123 / 644-9800

Email debra.danforth@med.fsu.edu

Informatics

Nancy Clark, MEd

Office 2200-J Phone (850)644-9706

Email nancy.clark@med.fsu.edu

Coordinator

Academic Coordinator

Kathleen Mattis

Office 2200-S Phone (850) 645-2845

Email kathleen.mattis@med.fsu.edu

CSSC Coordinator

Melanie Carlson

Office 2200-R Phone (850) 45-1279

Email melanie.carlson@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

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 professionals.
3. Reinforce basic IT skills, in particular recording patient data in E*Value with 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. Describe 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

- Required attendance
- Meet in student community(LCs) and other small group rooms
- Generally, 12 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

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

- Required attendance
- Meets in CSSC
- 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

Competencies

FSUCOM – Competencies –Doctoring 202 BMS 6832		
Competency Domains	Competencies Covered in the Course	Methods of Assessment
Patient Care	X	Faculty observation in CSSC, preceptor evaluations, oral presentations, CSSC quizzes, small group discussions, SOAP notes, OSCE simulation activities
Medical Knowledge	X	Block exams, NBME subject exam, CSSC faculty observation and oral presentations, CSSC quizzes, OSCE
Practice-based Learning	X	Faculty observation CSSC, preceptor evaluations, Block Exams, PDA exercises, small group discussions, OSCE
Communication Skills	X	Faculty observation, standardized patient evaluations, small group observations, paper presentations, PDA exercises, case discussions, OSCE, preceptor evaluations
Professionalism	X	Faculty observation; Peer and self evaluation within the assigned teams and during course activities.
System-based Practice	X	Preceptor evaluations, oral presentations, observation/discussion CSSC clinical faculty, OSCE

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 28-30** of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

Doctoring 202 Course Specific Absence Policy

Lectures/Small Groups

Lectures with guest (outside of the College of Medicine) presenters or participants, and all Small Group sessions are required attendance activities. Planned absences require students to complete the proper forms (see link above) and obtain the required permissions 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 still responsible for content covered and will contact the Course director for a written make-up assignment covering the material. This assignment will be due within one week of the session unless an exception is specifically arranged with the Course Director

CSSC /OSCE

NOTE: Due to the logistical complexities of CSSC, students are encouraged to make every effort to plan absences in advance and pre-arrange schedule changes at least two weeks in advance

Planned absences not only require students to complete the proper form through Student Affairs for permission but also each student that is planning on missing a scheduled session is required to identify a peer with whom to exchange scheduled sessions at least two weeks in advance. Each student sends an electronic schedule change request via email to Debra Danforth and Melanie Carlson. 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, CSSC absences: Unplanned absences due to circumstances beyond the student's control include student illness and/or family emergency. The student must submit an absence request to Student Affairs per the usual method (see [Student Handbook](#)). Student Affairs will classify the absence as excused or unexcused. Students are expected to contact the CSSC as soon as possible, inform Melanie Carlson and Debra Danforth that the student will not be in the CSSC, giving the reason for the unplanned absence.

Impact of excused absence on the student's grade: A remediation plan will be developed by the student and CSSC faculty. 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. The student will not incur a grading penalty for an excused absence.

Unexcused CSSC absences: Unexcused absences include forgetting about a CSSC session, skipping CSSC to study for an exam, and/or any absence where an able student fails to contact Melanie Carlson and Debra Danforth to inform them that the student will not be in the CSSC.

Impact of unexcused absence on the student's grade: The student may not be allowed to remediate the missed session and will be at risk of failing the course. Students with an unexcused absence will still be responsible for the missed material in future OSCE's and written examinations. Students with multiple unexcused absences will be reported to Student Affairs and may be referred to the Student Evaluation and Promotions Committee.

Required Materials

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

Harrison's Principles of Internal Medicine 17th Edition on line.

<http://harrisons.accessmedicine.com>

Suggested Materials

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

Bradford, Cynthia A. Basic Ophthalmology For Medical Students and Primary Care Residents (8th Ed). San Francisco: American Academy of Ophthalmology, 2004.

Grading

A grade of Pass will be earned by successful completion of all of the following:

1. Achieving a $\geq 70\%$ average score from all 4 block examinations and cumulative examination. Weekly D2 quizzes and CSSC quiz questions will count as additional examination questions and will be weighted in to the total score of all 4 examinations.
2. Completing the final OSCE with a $\geq 70\%$ score.
3. Adequate and appropriate preparation and participation in all 11 small group sessions as determined by the small group faculty and Course Director.
4. Adequate and appropriate preparation and participation in all CSSC activities as determined by the Director of CSSC Education.
5. Adequate and appropriate preparation and participation in all preceptor visits as determined by the Faculty Preceptors, the Doctoring 2 Preceptor Coordinator and the Course Director.
7. Professionalism standard maintained throughout the semester as explained in the appendix.

Successful remediation for any absence from the above required activities will be determined by the Course Director and/or the Director of CSSC Education.

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

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.

Appendix

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 observe 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.

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 expected to be worn in these 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, small group activities involving standardized patients, and when guest lecturers or other visitors are present during lecture or Small Group time.

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 all clinical settings.

- **For men**, professional attire consists of slacks and a collared shirt. In the CSSC and other clinical settings, tie and white coat are also required.
- **For women**, professional attire consists of a dress or skirt or slacks with a blouse. In the CSSC and other clinical settings, a white coat is required. Please make sure your skirt/dress hem length is longer than your white coat.
- The established "norms" of certain clinical settings may modify these standards (e.g., scrubs), 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 not to discuss cases / patients in public.

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

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

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

Professionalism

Note: Violations of professional behaviors may result in the need for remediation and may result in course failure and/or referral to the E & P Committee.

Professional behaviors include, but are not limited to,

- arriving at all required course related activities on time and well-prepared
- submitting all course related assignments on time, fully and accurately completed
- adhering to the confidentiality agreement
- demonstrating respect for others
- demonstrating respect for authority

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

It is up to the student to ensure that submitted assignments are received by the appropriate Course Coordinator prior to the deadline.

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.