



The Florida State University  
College of Medicine

# DOCTORING 2

Fall 2014 and Spring 2015

**BMS 6831 FALL**

**BMS 6832 SPRING**

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# Instructors

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# 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 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 for Doctoring 201 (Fall)***

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. Locate pertinent information in a patient's medical record and document a clinical encounter in a SOA(P) format for problem focused and chronic care encounters (subjective, objective and assessment). Record encounter data in E\*Value. Utilize technology to address clinical decision making and lifelong learning. Formulate and answer a clinical question about medications/treatments, guidelines, calculators, and diagnostic tests utilizing validated, point-of-care digital resources. Use technology including mobile devices and EMRs with patients in a patient centered manner.
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. Demonstrate the relevant focused physical examination for specific complaints.
8. Demonstrate the ability to generate a differential diagnosis.
9. Demonstrate skill in laboratory test and imaging selection and interpretation in order to solve clinical problems.
10. Describe physiologic principles related to organ system-based diseases, diagnosis, and treatment.
11. Describe the social determinants of health, health disparities, and use of an integrated care model of healthcare delivery.
12. Apply behavioral, psychological, social and developmental concepts in the description and analysis of patient behaviors and in patient care.
13. Recognize the role of family systems, community context, and cultural influences on patient behavioral presentations, interpretations of illness, and impact on treatment.
14. Recognize functional and dysfunctional family processes and how this impacts health and illness onset, course and management.
15. Identify psychopathological diagnosis in children, adolescents and young adults according to DSM V and review appropriate treatment modalities.
16. Recognize community/societal challenges to psychological health.
17. Use reflective writing to explore principles of self-awareness in developing a therapeutic physician-patient alliance.
18. Describe the methods of motivational interviewing for use with patients to improve their lifestyle (e.g., nutrition, weight loss, smoking cessation, stress management, exercise).
19. Identify a patient's educational need and address that need using a variety of methods and resources.

## ***Additional Learning Objectives for Doctoring 202 (Spring)***

1. Recognize psychopathological diagnoses in adults according to DSM V and review appropriate treatment modalities
2. Discuss the impact of health disparities on populations.
3. Discuss the impact of chronic disease on populations
4. Demonstrate competence in Advanced Cardiac Life Support.
5. Demonstrate basic clinical procedures in preparation for clinical clerkships

## ***Course Format***

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

- SOME are required (see schedule on Blackboard)
- Introduce major concepts
- Explain difficult concepts
- Relate the content to clinical applications
- Include interactive discussions and engaged learning, peer-to-peer learning, videos and panels.

### **Small group sessions**

- Attendance is mandatory
- Meet in LC small group rooms
- Generally, groups comprised of 10 students with one faculty member.
- 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**

- Required attendance at one (1) Alcoholics Anonymous (AA) meeting and preparation of a written reflection on the experience

### **Clinical Learning Center (CLC) skills training laboratory**

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

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

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

### **Preceptorships (Doctoring 201/Fall only)**

- Attendance required

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

**Advanced Cardiac Life Support (ACLS) (Doctoring 202/Spring only)**

- Attendance required
- Schedule with dates and times for each student will be posted on Blackboard

## Competencies

<b>FSUCOM – Competencies –Doctoring 2</b>		
Competency Domains	Competencies Covered in the Course	Methods of Assessment
<b>Patient Care</b>	<p>Obtain a focused history for specific complaints.</p> <p>Perform the relevant focused physical examination for specific complaints.</p> <p>Demonstrate the ability to generate a differential diagnosis.</p> <p>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.</p> <p>Demonstrate the ability to:</p> <ul style="list-style-type: none"> <li>▪ Educate patients about their health.</li> <li>▪ Assist patients who want to change health behaviors.</li> <li>▪ Assess and encourage patient adherence.</li> </ul>	<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, Written reflections.</p>
<b>Medical Knowledge</b>	<p>Demonstrate skill in laboratory test selection and interpretation in order to solve clinical problems.</p> <p>Demonstrate physiologic principles related to organ system-based diseases, diagnosis, and treatment.</p> <p>Describe the basic behavioral and psychosocial principles used to analyze and solve problems related to the diagnosis, treatment and prevention of disease.</p> <p>Describe normal human psychosocial development across the life-span and recognize deviations requiring further evaluation and intervention.</p>	<p>Block exams, faculty observation in small groups and CLC, oral presentations, OSCE,</p>

	<p>Discuss the application of psychologic theories of human thought and behavior in describing and analyzing patient behavior.</p> <p>Accurately describe how social determinants of health influence health outcomes and how physicians can incorporate this knowledge in the care of patients.</p>	
<b>Practice-based Learning</b>	<p>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.</p> <p>Recognize and demonstrate the ability to address the unique needs of patients from underserved environments.</p>	<p>Faculty observation, preceptor evaluations, block exams, PDA exercises, small group discussions, OSCE, written reflections</p>
<b>Communication Skills</b>	<p>Demonstrate effective written and oral communication with patients, colleagues and other health professionals.</p> <p>Recognize and respond professionally to various common forms of behavioral and emotional presentations.</p> <p>Document a clinical encounter in a SOA(P) format for problem-focused and chronic care encounters (subjective, objective, assessment, and plan).</p>	<p>Faculty observation in CLC and small groups, standardized patient evaluations, preceptor evaluations, paper presentations, PDA exercises, case discussions, OSCE, written reflections, block exams</p>
<b>Professionalism</b>	<p>Practice self-assessment and reflection concerning cultural, moral and ethical issues encountered in the care of patients and the practice of medicine, identifying biases and perceived differences between practitioners and patients, and employing a nonjudgmental approach to patient care.</p> <p>Develop an appreciation of the interpersonal and situational dynamics of medical encounters that encompass basic interpersonal concepts and processes, an understanding of patient centered medicine, and sensitivity to patient perspective.</p>	<p>Faculty observation, peer and self-evaluation, written reflections</p>
<b>System-based Practice</b>	<p>Demonstrate respect for the roles of other healthcare providers and for the need to collaborate with others in caring for individual patients and communities.</p>	<p>Preceptor evaluations, oral presentations, observation/discussion in CLC by/with clinical faculty, OSCE, written reflections, block exams</p>



# Policies

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## ***Americans with Disabilities Act***

Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's [Director of Student Counseling Services](#) and the FSU Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

### [The Office of Student Counseling Services](#)

Medical Science Research Building, G146

Phone: (850) 645-8256

Fax: (850) 645-9452

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

Student Disability Resource Center

97 Woodward Avenue, South

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504

[sdrc@admin.fsu.edu](mailto:sdrc@admin.fsu.edu)

<http://www.fsu.edu/~staffair/dean/StudentDisability>

## ***Academic Honor Code***

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. (Florida State University [Academic Honor Policy](#))

## ***Attendance Policy***

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [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 a professionalism concern and may result in completion of a Report of Concern for Unprofessional Behavior, a failing grade for the course, and/or referral of the student to the Student Evaluation and Promotions Committee.**

# Doctoring 2 Course Specific Absence Policy

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## Lectures/Small Groups

Attendance is mandatory for **all** Small Group sessions and for lectures with guest presenters or participants (i.e. from outside of the College of Medicine). 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 Ms. Debra Danforth. 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 Ms. 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 (SharePoint) to inform the Preceptor Director, Ms. Karen Myers, of the session to be missed and the rescheduled date.**

Survey link: [https://intranet.med.fsu.edu/sites/academicaffairs/ome/student/Lists/2014\\_D201\\_Preceptorship/overview.aspx](https://intranet.med.fsu.edu/sites/academicaffairs/ome/student/Lists/2014_D201_Preceptorship/overview.aspx)

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 the missed session. 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. Myers](#), and the preceptor as soon as possible, with the goal of alerting the preceptor in advance that the student will not be coming. 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, provided it is rescheduled or remediated.

**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 receive a grade of fail for 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 each semester of Doctoring 2.

**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 Ms. 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 a grade of fail for Doctoring 2.

## Required Materials

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

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

Students will have a choice of using either Bates or Mosby's textbook this year:

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

OR

Bickley and Szilagyi. Bates Guide to Physical Examination and History Taking (11<sup>th</sup> Ed), 2013 electronic edition available on Course Page

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

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Harrison's Principles of Internal Medicine 18<sup>th</sup> 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

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FSU COM has adopted a pass/fail grading system which is used in the curriculum for the first and second years (See [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 all examination questions. 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.
- 2) A student whose performance is  $<70\%$  (below passing) on any individual exam during the semester 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) Completing the Final OSCE each semester with a score  $\geq 75\%$ .
- 4) A score  $\geq 70\%$  on all CLC post-encounter exercises.
- 5) 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 require remediation as determined by the course director. Multiple unexcused absences from required activities **are considered to be professionalism concerns and may result in completion of a [Report of Concern for Unprofessional Behavior](#), a failing grade for the course, and/or referral of the student to the Student Evaluation and Promotions Committee.**
- 6) 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.
- 7) Adequate and appropriate preparation and participation in all preceptor visits as determined by the Faculty Preceptors, the Preceptor Director and the Course Director.
- 8) Entering information from all 5 preceptor sessions into E\*Value before midnight the day of each preceptor visit.
- 9) Demonstration of the attitudes and behaviors of medical professionalism in all aspects of the course.

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 midnight on the due date using the following file-naming convention:

### **Last Name\_First initial\_Assignment name\_D2**

1. **SOAP note #1:** Revision of SCP SOAP note. Instructions will be given during first small group. This Assignment is due Thursday, September 4, 2014. Please see the format for submitting the SOAP note assignment on Blackboard. **Patient names, physician names and any other identifiers MUST be removed.**
2. **Behavior Change Plan:** Due Friday, September 26, 2014
3. Attendance at an **AA meeting** can take place any time during the Fall semester but attendance AND submission of the paper must be completed by October 29, 2014, 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.
4. **SOAP note #2:** Due Wednesday, October 22, 2014
5. **Behavior Change Outcome Report:** Due Friday, November 7, 2014
6. **SOAP note #3:** Due Wednesday, November 19, 2014
7. **Hospice Assignment.** Due Wednesday, March 4, 2015.

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

The material for quizzes and exams will come from lectures and presentations, small group sessions, assigned readings (not limited to textbook), and material from the CLC. Examination items will be multiple choice questions. **The quizzes are required but formative and do not contribute to the final average for the course.** The Doctoring courses, and in particular the CLC activities, are developmental, so material previously covered maybe used in 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 day of 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

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## **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. Faculty assessment of the adequacy of your preparation will be part of their evaluation.

## ***Preceptorships (Doctoring 201)***

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 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 where people from outside the COM 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 all 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, lab coats are required. Low-cut tops are not appropriate attire. Open-toe shoes and heels more than 3” in height 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 explicit 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 are considered to be professionalism concerns and may result in completion of a Report of Concern for Unprofessional Behavior, a failing grade for the course, and/or referral of the student to the Student Evaluation and Promotions Committee**

**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.