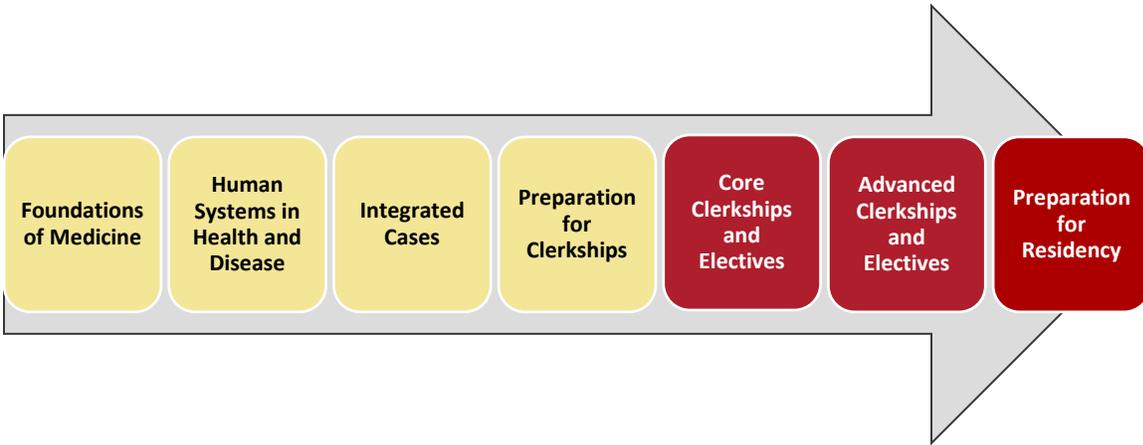


MEDICINE



BMS 6800 Integrated Cases



Florida State University
College of Medicine

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Overview

Course Goals

Integrated Cases is the first of two capstones to the pre-clerkship curriculum. Through engagement with a series of carefully selected cases students will synthesize and expand their mastery of content presented in previous blocks in the context of patient presentations. This review of knowledge through application will prepare them for the USMLE Step 1 exam, the first of 3 licensing exams required for graduation. An important goal of the course is the focused development of clinical reasoning – the process through which a physician begins with a patient with a common presenting symptom, such as fever or fatigue, and reaches an appropriate assessment and plan of care. Students will move from a clinical focus on collecting information to a focus on processing that information. The development of problem lists, selection and interpretation of laboratory tests, practice with oral presentation, transfer of information for transitions of care, and experience with continuity of care will prepare students for the workplace environment of the clerkships. In these simulated patient encounters students will begin to understand the timely and effective use of resources for high value care. **Integrated Cases** can be thought of as an “intellectual boot camp” that complements the “procedures boot camp” of the second capstone course. **Integrated Cases** will continue to build on understanding and use of the patient-centered/bio-psychosocial approach to health with attentiveness to the social determinants of health and health equity promotion.

Learning Objectives

Detailed learning objectives are provided for each case.

The global course objectives are:

1. Develop and practice the sequential skills of clinical reasoning, beginning with a common patient presentation and carrying through assessment to plan, including creating problem lists, prioritizing and sequencing a patient’s medical problems using high value care principles, and creating a management plan that includes pharmacologic and non-pharmacologic treatments, appropriate referrals/consultations, preventive care, and patient education.
2. Appropriately document (via progress notes including the electronic health record) patient progress through the evaluation, problem list creation, differential diagnosis, and initial steps of treatment, including writing initial patient orders.
3. Recognize nuances of the patient presentation/natural history of the illness, patient responses from the medical history, findings on the physical exam and differences in results of diagnostic testing that would suggest specific medical and psychosocial diagnoses.

Course Format

The course is case-based beginning with a patient presentation and will rely on active and engaged learning in a variety of collaborative and individual activities, in large and small group settings. Problem sets and “small cases” will be made available to students in advance to prime learners for content that will be encountered during the week. Each week is organized around a common presenting theme: cough, shortness of breath, abdominal pain, chest pain, altered mental status, fever, and fatigue – each of which can be symptomatic of a wide range of underlying pathophysiology, requiring different diagnostic investigations and different treatment options. In reasoning through these cases, the learner will revisit and synthesize the underlying basic science concepts and details presented in all preceding courses. **Attendance is required for all large and small group sessions.** A typical week will have the following organization:

	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Independent Study	Independent Study	Independent Study	Independent Study	Large group
9:00					Board Review
10:00					Basic and Clinical Science Review
11:00	Large Group	Biostatistics and Epidemiology			
12:00					
1:00	Small Groups	CLC	CLC	Large Group	Independent Study
2:00				Small Groups	
3:00	Independent Study			Independent Study	
4:00					
5:00					

Large Group Sessions

The emphasis in large group sessions is on integrated basic and behavioral science concepts in a clinical context. One session each week will focus on Biostatistics and Epidemiology and another on answering USMLE Step 1 board-type questions. Basic and clinical science faculty will collaborate in all large group sessions.

Small Group Sessions

Small group activities are designed for **active** and **engaged** learning. A variety of formats will be used, including video-based cases, progressive disclosure, and continuity cases that span several days. Small group sessions will be facilitated by clinical faculty to support the development and evaluation of clinical reasoning.

Clinical Learning Sessions (CLC)

Throughout the block learners will maintain their clinical skills and clinical reasoning during activities in the CLC. These activities will include both high tech simulation and encounters with standardized patients.

Self-Directed Learning

Throughout the block time will be allotted for students to complete independent learning individually, in pairs, or in small groups. The ability to identify, formulate, and research questions based on patients, to assess the validity of that information, and apply it to the care of patients comprise the skills and habits essential to effective learning in the clinical setting of the clerkship phase and beyond. In addition, these skills are fundamental to **Core EPA 7** (Entrustable Professional Activity). The 13 Core EPAs are nationally-defined (Association of American Medical Colleges www.mededportal.com/iccollaborative/resource/887), competency-based descriptions of patient-care activities every medical school graduate should be expected to be able to perform without direct supervision on the first day of residency.

Professionalism

Medicine is a Profession, which means it entails unique responsibilities and obligations as well as unique privileges. "Professional identity formation" is an objective as important as learning the sounds and anatomy of the heart, but requires a different set of learning skills. Important among those are reflection, self- and peer assessment, deliberate practice, and learning for mastery (not grades).

Two essential Professional behaviors that will become a part of your everyday life are founded on respect for patients:

Confidentiality: Patients — including Standardized Patients— deserve to be treated with respect. Respect for patients includes keeping all patient information confidential. Patient information may be shared with other health care professionals that have a legitimate, professional "need to know," or with specific family members, friends, or others that have permission from the patient for access to the information.

Be especially conscientious about discussions of patients in public places. Even when patient names are not used, the discussion may reveal the patient's identity to others who overhear the discussion. Rather than risk a violation of patient confidentiality, discuss patients only in a private setting and only with individuals who have a legitimate need to know.

Be careful to keep all patient notes, reports and materials confidential. Patient records, should be returned to faculty, destroyed, or kept in a secure place.

Similarly, your classmates deserve to be treated with respect. Information learned about your classmates and their families while in class is considered confidential. You are not free to disclose this material to others without the specific consent of the person.

Violation of confidentiality may result in a Report of Concern for Unprofessional Behavior [hot link to student handbook] and may be referred to the Student Evaluation and Promotion Committee (SEPC). Egregious unprofessional behavior of any variety may result in suspension of the student, a failing grade for the course, and/or referral to SEPC.

Professional Attire: Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine and of the medical profession. Appearance and behavior should at all times demonstrate respect for the profession and for our patients. The needs of patients must always come first, and any barriers to meeting those needs (including attire, appearance and grooming) must be removed.

Professional attire should be worn in settings where students interact with people from outside the COM, and particularly when interacting with Standardized Patients (SPs) in the CLC, on a "house visit," or when in a preceptor's office or clinic, a hospital or nursing facility. Professional attire should also be worn when patients, guests, or visitors are present in large or small group sessions.

Specific standards for professional attire for [men](#) and for [women](#) are detailed at the end of this document and can always be found on the course Blackboard site.

Competencies

Competency Domains	Course objectives	Methods of Assessment
Patient Care	<p>Interpret and report the results of the physical exam. [Core EPA-1]</p> <p>Construct an initial problem list and develop a differential diagnosis based on patient responses from the medical history and findings from the physical examination. [Core EPA-2]</p> <p>Demonstrate patient-centered and respectful behaviors to patients who participate in the course.</p>	Faculty observation
Knowledge for Practice	<p>Given a common patient presentation, identify appropriate items from both the patient history and physical exam that further define and clarify the patient's problem(s).</p> <p>Explain the underlying principles of evaluative tests.</p> <p>Explain the signs and symptoms of common problems based on underlying science concepts and details.</p> <p>Interpret x-rays, images or other laboratory tests. [Core EPA-3]</p> <p>Predict the potential consequences of environmental and social factors on patient symptoms and treatment outcomes.</p> <p>Prioritize and sequence the patient's medical problems based on potential acuity/morbidity, statistical ability, and level of patient concern using high value care principles.</p>	Faculty observation
Practice-based Learning and Improvement	<p>Demonstrate the habits of life-long learning – the identification of personal knowledge gaps and application of strategies to find and interpret information to address those gaps. [Core EPA-7]</p> <p>Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care. [Core EPA-7]</p>	Weekly self-assessment, small group exercises
Communication and Interpersonal Skills	<p>Use accurate and appropriate vocabulary and concepts to communicate effectively with peers, patients and faculty.</p> <p>Demonstrate the ability to organize information in oral presentations. [Core EPA-6]</p> <p>Demonstrate an understanding of the information that needs to be communicated in the hand off of a patient to another provider.</p>	Faculty observation, oral presentations
Professionalism	<p>Complete all required activities in a timely fashion.</p> <p>Maintain confidentiality for patient information.</p> <p>Demonstrate professional behavior in all interactions with peers, patients, and faculty.</p>	Weekly assignments; faculty observation; peer and self-evaluation

Required Materials (All required texts are available as ebooks through the [COM library](#))

[Basic and Clinical Pharmacology](#) (Katzung)

[Bates Guide to Physical Examination and History Taking](#)

[Behavioral Science in Medicine](#) (Fadem)

[Cecil Essentials of Medicine](#) (Wing)

[Felson's Principles of Chest Roentgenology](#) (Goodman)

[Histology: A Text and Atlas With Correlated Cell and Molecular Biology](#) (Ross)

[How the Immune System Works](#) (Sompayrac)

[Physiology](#) (Costanzo)

[Rapid Interpretation of EKGs: An Interactive Course](#) (Dubin)

[Resolving Ethical Dilemmas: A Guide for Clinicians](#) (Lo)

[Robbins and Cotran Pathologic Basis of Disease](#) (Kumar)

[Sherris Medical Microbiology](#) (Ryan)

[Smith's Patient-Centered Interviewing: An Evidence-Based Method](#) (Fortin)

Additional required readings will be assigned from a variety of sources. These readings will be provided to you and posted on Blackboard when possible.

1. Other materials required for clinical sessions

- a. Clinical examination equipment: Each student must purchase and/or have available the following clinical examination equipment: stethoscope with diaphragm, bell and pediatric option, oto/ophthalmoscope, #128 and #512 tuning forks, penlight, reflex hammer, Rosenbaum eye chart and a sphygmomanometer with pediatric, adult, and large adult sized cuffs. Opportunities to purchase this equipment at a discount will be provided prior to orientation. Bring your examination equipment with you to each CLC session.
- b. Also bring the following to each session in the CLC:
 - A watch capable of measuring seconds
 - A pen for writing (blue or black ink)
 - The student's personal mobile device loaded with the appropriate medical software/applications.

Grading System

Description of Student Assessment Methods and Grading

Like other courses in the pre-clerkship curriculum, students participating in **Integrated Cases** will be graded as "Pass" or "Fail."

Small group Assessment

Students will be assigned to a small group facilitated by one (or more) faculty. Each faculty will complete a small group evaluation of each student in **Integrated Cases**. This faculty evaluation will consist of assessments of the student's attendance, preparation, participation and ability to integrate content from multiple disciplines. In addition, each student will complete a peer evaluation on one another, particularly focused on assessing the student's preparation, completion of assignments and ability to work collaboratively with others in the group. Students must receive satisfactory ratings from all faculty and from all student members of the group in order to pass **Integrated Cases**.

Assignments

Students will be required to complete various written assignments during **Integrated Cases**. Each assignment will be reviewed and evaluated using a standard evaluation template. Students must receive a satisfactory rating on each of the assignments in order to pass **Integrated Cases**. Assignments that are judged to be not passing, must be revised or redone until they achieve a passing assessment.

Written exams

Formative quizzes or and/or other formative assessment exercises may be required throughout the block but do not contribute to the final grade.

Multiple choice and other question formats are used to assess both content knowledge and application skill (ability to solve problems, demonstration of clinical reasoning, interpretation of images and laboratory results, etc.) on written exams. Exam questions may be drawn from material presented in any activity, from assigned readings, and from CLC sessions. Written questions may also be presented in context with standardized patient encounters during the examination.

The **Comprehensive Basic Science Exam** (CBSE) will be taken at the end of **Integrated Cases**, and the score compared with the baseline score on the CBSE taken at the beginning of the course. A student whose absolute performance on the exam is significantly below the predicted "USMLE Pass" score and, in particular, who has not shown evidence of improvement risks receiving an Incomplete grade in **Integrated Cases** and being referred to the Student Evaluation and Promotions Committee.

Clinical skills exams / Objective Structured Clinical Examination (OSCE)

There will be a summative OSCE for demonstration of required skills. OSCEs are skills-based examinations conducted in the CLC to assess the student's ability to demonstrate clinical skills and behaviors. OSCEs typically consist of several "stations." Each station will require the student to demonstrate one or more clinical skills/behaviors that will be assessed by a trained observer using established performance criteria for that assessment.

Students must score $\geq 80\%$ on the OSCE in order to pass **Integrated Cases**. Students who do not achieve a score of 80% or higher on the OSCE must remediate these clinical skills. **The OSCE at the end of Integrated Cases is a "high stakes" assessment required before being promoted to the clerkship phase of the curriculum.** Remediation must occur prior to the beginning of the **Preclerkship Preparation Boot Camp**. Students scoring below 80% who are unable to successfully remediate these deficits will receive a grade of "Fail" for **Integrated Cases**, and will be referred to the Student Evaluation and Promotions Committee.

Grading

The FSU COM has adopted a pass/fail grading system which is used in the curriculum for the first and second years (See Student Handbook). To achieve a grade of Pass in BMS 6800 (**Integrated Cases**) a student must meet all of the following requirements:

1. Attendance and satisfactory participation in all required sessions, all activities scheduled in the CLC, and other activities as determined by the block directors and clinical skills director. Unexcused absence from an activity for which attendance is required may require remediation as determined by the block directors. Multiple unexcused absences from required activities will be considered a Professionalism concern and may result in a **Report of Concern for Unprofessional Behavior** (see [Student Handbook](#)) and referral of the student to the Student Evaluation and Promotions Committee.
2. Demonstration of the attitudes and behaviors of Medical Professionalism in all aspects of the course. Professionalism concerns may generate a **Report of Concern for Unprofessional Behavior** (see [Student Handbook](#)) and may result in receiving a grade of fail for the course.
3. A score $\geq 80\%$ on the **Integrated Cases** OSCE. Students who do not achieve a score of 80% or higher on the OSCE but who have successfully completed all other components of the course will receive an "I" (Incomplete) grade for the course and must remediate these clinical skills. This remediation must be coordinated with the clinical skills director and the CLC director, and must be completed prior to the beginning of the **Preclerkship Preparation Boot Camp**. Students scoring below 80% who are unable to successfully remediate will receive a grade of "Fail" for **Integrated Cases**, and will be referred to the Student Evaluation and Promotion Committee.
4. Satisfactory completion of all assignments, as determined by the block directors.

Course Evaluation

Students will have the opportunity to provide constructive feedback through evaluation forms completed throughout the semester. Evaluations will include both content and facilitation/teaching. Feedback is encouraged at all times on all components of the course and will assist the block directors in providing a timely continuous quality improvement.

Policies

Americans with Disabilities Act

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

[The Office of Student Counseling Services](#)
Medical Science Research Building, G146
Phone: (850) 645-8256 Fax: (850) 645-9452

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

[Student Disability Resource Center](#)
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
Voice: (850) 644-9566
TDD: (850) 644-8504
sdrc@admin.fsu.edu

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. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://fda.fsu.edu/Academics/Academic-Honor-Policy>)

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See pages 28-29 of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

Unexcused absence from a scheduled examination or quiz may result in a score of zero (0 %) being assigned for that assessment. Unexcused absence from an activity for which attendance is required (for example, Small Group session) may be considered as an issue of Professionalism. Any unexcused absence may require completion of the Performance Improvement Plan (see Grading section, above).

Clinical Learning Center (CLC) Specific Absence Policy

CLC scheduled activities

Students with a legitimate reason to miss a scheduled session in the CLC must request an approved absence through Student Affairs through the [online link](#). Students with approved absences will be allowed to reschedule or participate in a make-up session. **Unapproved absences may not be rescheduled or made up.** Repeated unapproved absences may result in a failing grade for the course and a **Report of Concern for Unprofessional Behavior**.

If you know you will be absent from a scheduled CLC session, please complete the absence approval request at least two weeks in advance. For absences that are approved at least two weeks in advance, a change in CLC schedule assignment will be arranged.

One method for addressing a planned and approved absence is to identify a classmate willing to exchange scheduled sessions with you. In this situation, both students (the student with the approved absence and the willing classmate) should send a request via email to [Ms. Danforth](#) at least two weeks in advance. Students will be notified re: approval of these requests. Please note: Sending a request is NOT equivalent to receiving approval.

Unplanned but excusable absences from CLC sessions are absences due to circumstances *beyond the student's control*. Examples include student illness and/or family death. When such a situation occurs, please contact [Ms. Danforth](#) **as soon as possible**, to inform her that you will not be present. Then, submit an absence request to Student Affairs through the [online link](#). Student Affairs will classify the absence as excused or unexcused.

If the absence qualifies as an "excused" absence, the student must contact [Ms. Danforth](#) to develop a plan to make up the missed session. These sessions may require the presence of an SP and / or CLC faculty member. Any excused absence will not impact the student's grade.

Unexcused absences generally involve circumstances *within the student's control*. Examples of unexcused absences include the student who forgets about a scheduled CLC session, the student who skips the session to study, and/or any absence where an able student fails to contact Student Affairs and [Ms. Danforth](#) to inform them that the student will not be present for the session.

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

Objective Structured Clinical Examination (OSCE)

If a student knows he/she will not be able to participate in the OSCE, he/she should complete and submit the appropriate forms to Student Affairs, and, if within 24 hours of the time he/she is scheduled for the OSCE, contact [Ms. Danforth](#). If the absence is excused by Student Affairs, the student will receive an "I" (incomplete) grade and be required to complete a make-up OSCE at a designated time after the course has ended.

Any excused absence—whether planned or unplanned—will not impact the student's grade.

Any absence that does not qualify as an excused absence per Student Affairs is an unexcused absence. These generally are due to circumstances within the student's control. Examples of unexcused absences include the student who forgets about an OSCE session, the student who skips an OSCE to study for an exam and/or any absence where an able student fails to follow the procedures above if they are not able to participate in the OSCE. **An unexcused absence will result in failure of both the OSCE and the course.**

Professional Attire

Professional attire consists of clothes consistent with community norms for physicians. Examples of these norms in Tallahassee are: no jeans, seductive, revealing or tight-fitting clothes, sheer or see-through fabrics, strapless, low-necked or midriff-baring clothes, shorts, sweats, hats, or open-toed shoes.

For men, professional attire consists of slacks, a collared shirt and dress or casual shoes (no sport shoes or sandals). Ties may be either required or forbidden in some clinical situations.

For women, professional attire consists of slacks or a conservative length dress or skirt with a blouse or sweater. Skirt edge should rise no higher than 2" above the top of the knee during all clinical care and training maneuvers and should not be tight-fitting. Heels more than 3" in height are never appropriate in clinical settings.

For both men and women, a white lab coat is required. On those occasions when students are examining each other, you will be informed of the appropriate apparel for that session.

Professional appearance: Long hair must be pulled back and secured. Facial hair must be neatly groomed. If possible, all tattoos should be covered by clothing. No visible body piercing except a single piercing in each ear. No large earrings or loose jewelry. Fingernails must be trimmed. If nail polish is worn, it should not be a distracting color. No strong perfume or other scented products. In compliance with OSHA regulations, closed-toed shoes are required in all clinical settings—including the CLC.

The established "norms" of certain clinical settings may modify these standards for professional attire, but any variations in professional attire must be approved by the student's supervisor. Consult your supervisor to clarify expectations for student attire in any ambiguous or new situations.
