The Florida State University
College of Medicine

Doctoring 101

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BMS 6015

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Course Overview

Course Goals

Doctoring 101 is the first component of a three year longitudinal curriculum with an educational mission of imparting to each medical student graduate 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

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

Behavioral medicine, medical humanities, bioethics, information technology, and professionalism are incorporated throughout the curriculum to enhance understanding and development of clinical skills. Doctoring 101 will establish a broad framework for topics to be further addressed over the course of the year.

Learning Objectives

Knowledge

1. Demonstrate an understanding of the biopsychosocial model of illness and the dynamic relationship between psychological, social and cultural factors and human illness onset, course and outcome.

2. Demonstrate an understanding of communication tasks of physicians including setting the stage, eliciting information, giving information, understanding the patient's perspective, and ending the encounter.

3. Define professionalism and be able to discuss the issues involved for medical students transitioning into a professional physician role.

4. Demonstrate knowledge of learning styles, preferences or strategies to facilitate lifelong learning.

Skills

5. Demonstrate the ability to elicit and concisely present an accurate, comprehensive medical history including chief complaint, history of present illness, past medical history, social history, and family history.

6. Demonstrate use of communication skills (e.g. open ended questions, silence, reflection) and associate communication strategies with particular tasks (e.g. using silence to elicit the patient's view).

7. Demonstrate understanding of and skill in the use of universal precautions in healthcare settings.

8. Demonstrate basic IT skills including knowledge of IT etiquette and policy at FSUCOM, accessing E-mail and calendars, the COM intranet, and Blackboard.

9. Demonstrate the ability to assess the reliability and validity of health information found on the web and utilize the FSU COM virtual library resources to locate medical information for decision support and lifelong learning.

Attitudes

10. 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.

11. Describe the four general principles of bioethics and identify the main ethical and legal principles regarding confidentiality in patient care.

12. Display professionalism in interactions with faculty and fellow students

Course Format

Doctoring 1 has several different components which allow for a variety of teaching and learning experiences to achieve the course objectives. Performance in all of these areas is assessed and contributes to the final grade in the course.

Large group class presentations / discussions
- 10 sessions, 10 hours
- Meets in COM Room 1200
- All students

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Small group exercises

- 10 sessions, 15 hours
- Meets in student Learning Communities
- Twelve groups, each with 2 faculty and 10 students

Group assignment and location will be posted on Blackboard

Clinical Skills and Simulation Center (CSSC) skills training laboratory

- 10 sessions, 15 hours
- Meets in CSSC on the lower level
- Sixty groups, each with 1 faculty and 2 students
- Schedule with dates and times for each group will be posted on Blackboard

Informatics

- Meeting locations vary
- Schedule of dates and times for each group will be posted on Blackboard

Competencies

FSUCOM – Competencies -Doctoring 101 BMS 6015		
Competency Domains	Competencies Covered in the Course	Methods of Assessment
Patient Care	X	Tests, OSCE, Observation by standardized patients, small group exercises and simulation activites
Medical Knowledge	X	Tests, OSCE, Observation by standardized patients, small group exercises and simulation activites
Practice-based Learning	X	Tests, OSCE, Observation by standardized patients, Observation by doctoring faculty, small group exercises and simulation activites
Communication Skills	X	Tests, OSCE, Observation by standardized patients, Observation by doctoring faculty, small group exercises and simulation activites
Professionalism	X	Tests, OSCE, Observation by standardized patients, Observation by doctoring faculty , small group exercises and simulation activites
System-based Practice	X	Tests, OSCE, Observation by standardized patients, small group exercises and simulation activites

Policies

Americans with Disabilities Act

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

(850) 644-9566 (voice)

(850) 644-8504 (TDD)

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

See page 28 of FSUCOM Student Handbook for details of attendance policy and remediation.

Doctoring 101 Course Specific Absence Policy

CSSC

Planned 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 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 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 CSSC 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 will 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

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 more than two weeks in advance. 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'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 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.

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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

1) Lo, Bernard. Resolving Ethical Dilemmas A Guide for Clinicians. Philadelphia: Lippincott Williams & Wilkins, 2009. (also available on Reserve in COM Library)

2) Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Guide to Physical Examination. (7th Ed). St. Louis: Mosby, 2010.

3) Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Physical Examination Handbook (7th Ed). St. Louis; Mosby, 2010.

4) Dutton, Gabriel eds. Basic Interviewing Skills Booklet (on Blackboard under Course Library)

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

Suggested Materials

1) Fadem, B. Behavioral Science in Medicine. Philadelphia; Lippincott, 2004 (also available on Reserve in the COM Library)

2) Steele DJ, Susman JL, McCurdy FA. Student Guide to Primary Care: Making the Most of Your Early Clinical Experience. Philadelphia; Hanley & Belfus, 2003.

Grading

Assignments

The course grade will be determined by attendance, preparation, participation and performance on quizzes, examinations and OSCEs. The contribution of each component to the final grade is presented below. Students are required to pass the medical informatics component in order to successfully complete and pass the Doctoring 101 Course.

Component	Percentage
Examinations	**30%**
2 midsession examinations	(20%)
Final examination	(10%)
Final OSCE	**15%**
Small Group	**15%**
Clinical Skills and Simulation Center (CSSC)	**40%**
Attendance, preparation and participation	(10%)
5 Quizzes	(10%)
2 midsession-OSCEs	(20%)
Medical Informatics *Must earn 80% to pass MI content; must pass MI content to pass the course.*	**Pass/Fail**
Attendance, preparation and participation in 2 sessions	(50)%
Thought paper	(40%)
Creation of Portfolio	(10%)

Description of Evaluation Components

Written quizzes and examinations: the cumulative material for quizzes / examinations will come from lectures, small group sessions, CSSC, and assigned readings (not limited to textbook). Quiz items may include multiple-choice questions (single best answer and extended matching) and short answers.

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. OSCEs typically consist of several "stations" (patient exam rooms). At each station, you are asked to perform a particular task (e. g. take a history of a patient's present illness).   You are

observed performing these tasks by a faculty member and assessed against a rubric which includes the standard set of observable, behavioral criteria.

Course Evaluation

Each student will be given the opportunity to provide constructive feedback through evaluation forms completed after CSSC and small group sessions. Evaluations will include both content and facilitation/teaching. These evaluations will assist the course director in providing a continuous quality improvement process for the course.

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

Note: **Violations of professional behaviors** will result in reduction of the student's final grade. Violations of professional behaviors may result in course failure.

Professional behaviors include, but are not limited to, reporting to all 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; and demonstrating respect for authority.

This applies to all course related activities and assignments whether or not points or grades are indicated 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.

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