Course Description:

Using a seminar and panel discussion format, this course covers a variety of topics with the goal of developing your professionalism through a humanistic approach which incorporates four main areas: behavioral medicine, medical ethics, cultural context of medicine and spirituality. The emphasis is on better management of patients through better understanding of the psychological, social and cultural context of their lives. The course focuses on interdisciplinary service delivery within communities. The topics covered are coordinated with topics covered in the other courses that you are taking this semester, particularly with topics covered in Doctoring and Pathology.

Each class session will consist of a discussion of a topic based on assigned readings and a question – answer / discussion session with a panel of experts that may consist of physicians, psychologists, clergy, social workers and patients. Additionally, during the second semester, you will be required to visit patients in community agencies to experience a multidisciplinary approach to care and to experience how illness affects individuals and families. Finally, you will be asked to read from the medical humanities literature and by the end of the year to develop a multidisciplinary treatment plan.

Course Objectives:

1. Identify the major medical ethical factors to be considered around reproductive medicine, end of life care, medical care of children and professional conduct.
2. Explain the worldview, traditions, customs, and social factors impacting healthcare delivery to three different medically underserved groups in the state of Florida.
3. Explain the psychological and social factors contributing to disparities in health status of different underserved populations.
4. Be able to explain what the Physician’s Referral Network is, how to access it, refer to it and the professional responsibility of maintaining a non impaired life-style.
5. Exhibit professional behavior of respect for peers and instructor and exhibit behaviors demonstrating placement of patients’ needs before one’s own.
6. Discuss the importance of a professional response to medical errors as a means of improving quality of care and building on the positive patient-doctor relationship.
7. Reflect on your own development of a professional identity by writing essays on your experience in your community placements and your contact with patients and families.
8. Explain how psychological treatments are used in the management and prevention of common medical conditions.
9. Identify community resources / interventions for terminally ill, alcoholic, geriatric, abused patients, developmentally delayed patients, and mentally ill patients.

This course contributes to the learning of the following objectives for the FSUCOM:

Knowledge
- Demonstrate the ability to use basic biobehavioral and clinical science principles to analyze and solve problems related to the diagnosis, treatment, and prevention of disease.
• Demonstrate the ability to employ a comprehensive, multidisciplinary approach to the care of patients that integrates biomedical and psychosocial considerations.
• Recognize the implications of cultural, social, economic, legal, and historical contexts for patient care.
• Describe and discuss the implications of basic ethical principles, including confidentiality, informed consent, truth telling, and justice, for the care of patients.
• Describe strategies to support life long learning via both print and electronic sources to assist in making diagnostic and treatment decisions (e.g., practice guidelines) and to remain current with advances in medical knowledge and practice (e.g., medical information data bases).

Skills
• Demonstrate the ability to elicit accurate comprehensive and focused medical histories by employing techniques that facilitate the patient’s sharing of information.
• Demonstrate the ability to evaluate the patient’s medical problems and to formulate accurate hypotheses to serve as the basis for making diagnostic and treatment decisions.
• Demonstrate the ability to formulate and implement a plan of care for both the prevention and treatment of disease and the relief of symptoms and suffering.
• Demonstrate the ability to educate patients about their health problems and to motivate them to adopt health promoting behaviors.
• Demonstrate the ability to build rapport and to employ active listening and relationship enhancing behaviors (e.g., empathic responding).
• Demonstrate the effective use of pharmocotherapeutic agents and other therapeutic modalities, while teaching patients the importance of preventative medicine, health promotion, and wellness.
• Demonstrate the ability to acquire new information and data and to critically appraise its validity and applicability to one's professional decisions, including the application of information systems technologies for support of clinical decision-making.
• Demonstrate the ability to organize, record, research, present, critique, and manage clinical information.
• Demonstrate the ability to communicate compassionately and effectively, both verbally and in writing, with patients, their families, colleagues and others with whom physicians must exchange information in carrying out their responsibilities.
• Demonstrate the ability to work effectively as part of a health care team, with appreciation for the multiple contributions of other health care professionals and agencies to the health of the individual and the health of the community.

Attitudes/Behaviors
• Display the personal attributes of compassion, honesty, and integrity in relationships with patients, families, communities and the medical profession.
• Exhibit well-developed interpersonal skills in providing information and comfort to patients and their families.
• Exhibit appropriate value for the sensitive nature of the doctor/patient relationship and the importance of compassionate communication and active listening, with attention to the patient’s familial, cultural, and spiritual circumstances.
• Demonstrate professionalism and high ethical standards in all aspects of medical practice, specifically competence, honesty, integrity, compassion, respect for others, professional responsibility and social responsibility.
• Exhibit a capacity for self-evaluation, moral reflection and ethical reasoning to form the basis for a self-directed, lifelong engagement in the responsible, committed, compassionate practice of medicine.
• Demonstrate social awareness and commitment to the welfare of underserved communities (rural, urban underserved, and elderly).
• Demonstrate awareness of the health care needs of aging patients and a willingness to care for the elderly.
• Demonstrate awareness of the unique health care needs of ethnically diverse populations and
communities.

- Demonstrate a respect for the roles of other healthcare providers and of the need to collaborate with others in caring for individual patients and in promoting public health and community service.

Course Requirements:

1. **Attendance**

   You are encouraged to attend and actively participate in all classes. Participation is an integral part of the learning process in this course. It accounts for 25% of your grade. The FSUCOM attendance policy will be followed and is described in Appendix A. By reading the assigned material prior to class, you will be able to more actively engage in the learning process. Panel members will assume that you are familiar with the topic being covered. In-class discussions as well as the readings will provide material for the exams.

   - *Excused absence* – You are responsible for the material covered. A legitimate excused absence (such as illness, death in the family, or a pre-arranged conference trip) requires that you meet with the course director individually within one week of returning to the COM to discuss the material and thus not lose participation points from your grade.

   - *Unexcused absence* – You are responsible for the material covered. Points will be taken from your participation portion of the grade and this will decrease the overall grade in the course.

2. **Paper**

   You will be required to write a three page (12 point font, double spaced, 1-inch margin) essay based on a book selected from a list of readings in Medical Humanities. The list is provided at the end of this syllabus. This is not a “book report” merely summarizing the book’s content. Rather, it is a reflective essay in which you incorporate how the book contributes to your own professional development. You should reflect on what the book teaches about the psychosocial side of medicine, using information covered during the semester. The **paper is DUE: 11/3/03 by 5:00 pm**. You can leave it in the box outside my office. Your grade on the paper will be based on clarity, flow and proper proofing; logic and organization, application of concepts discussed in class, and attempt at reflection on personal professional development. See Appendix B for the criteria used in grading. You are encouraged to not leave this assignment to the last minute!

   Policy on Late Papers

   Papers are due by 5:00 pm on the due date. Late papers will have 5 points deducted from their grade for each day past the due date.

3. **Exams**

   Exams will consist of multiple choice items. Exams are given according to the Year 2 integrated exam schedule:

   | Exam 1 | 9/12/03 |
Exam material covers readings, presentations and class discussions and are covered in the objectives for each session that will be distributed at the start of each class.

**Grading:**

<table>
<thead>
<tr>
<th>Component</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three exams each of equal weight</td>
<td>60%</td>
</tr>
<tr>
<td>Essay (based on book)</td>
<td>15%</td>
</tr>
<tr>
<td>Class Participation</td>
<td>25%</td>
</tr>
</tbody>
</table>

**Grading Scale:**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>&gt; 90%</td>
</tr>
<tr>
<td>B</td>
<td>80 – 89.9%</td>
</tr>
<tr>
<td>C</td>
<td>70 – 79.9%</td>
</tr>
<tr>
<td>D</td>
<td>65 – 69.9%</td>
</tr>
<tr>
<td>F</td>
<td>&lt; 64.9%</td>
</tr>
</tbody>
</table>

**Dress Code:**

There are some sessions throughout the semester that include guests from outside of the FSUCOM community, including agency personnel and patients. Please take this into consideration when dressing. Business casual attire is preferred on those days. Likewise you should follow this dress code for any off campus visits.

**Required Readings:**

Required readings are listed for each class topic. A binder with paper copies of the readings for topics covered are placed on reserve in the Student Community and in the Library. Some of the readings can be electronically accessed from the library, if you prefer. You are encouraged to download your own copy or make a copy from the binder.

A few words on “reserved readings etiquette“:

- Do not underline or write on the reserved copies.
- Do not “horde” the readings.
- If you take material out to copy, place a note so others know that you have it.
- Do not lose pages or put them back in the binder out of order.

The book chosen for your paper can be chosen from the list of literature in medical humanities found in Appendix C.
**Academic Honor Code:**

Students are expected to uphold the Academic Honor Code published in the Florida State University Bulletin and the Student Handbook: *The Academic Honor System of the Florida State University is based on the premise that each student has the responsibility (1) to uphold the highest standards of academic integrity in the student’s own work, (2) to refuse to tolerate violations of academic integrity in the University community, and (3) to foster a high sense of integrity and social responsibility on the part of the University community.*

**Students with Disabilities (ADA Statement):**

Students with disabilities needing academic accommodations should:

1. Register with and provide documentation to the student disability Resource Center (SDRC);
2. Bring a letter to the instructor from the SDRC indicating you need academic accommodations. This should be done within the first week of class. Specific arrangements should be settled with the instructor 5 working days prior to each exam for which accommodations are being requested.

**Topic Descriptions and Readings**

**Health Disparities**

*This session introduces the issue of health disparities and access to care in the US and reviews Healthy People 2010. It forms the foundation for discussions later in the year of working with different types of patients and communities.*

Readings:

**Hixon, AL and Chapman, R.W.** *Healthy People 2010: The role of family physicians in addressing health disparities.* *American Family Physician*, 2000, 62,

*Reference not required;*


**Spirituality & Medicine**

*The connection between faith and healing and the role of spirituality in coping with illness is reviewed. Students will learn how to take a spiritual history and work within a multidisciplinary team that includes a Chaplain.*

Readings:


Ch 1 Integrating religion and spirituality into the biopsychosocial model.
Ch 2 Patients and religion
Working with Developmentally Disabled Adults

Deinstitutionalization of developmentally disabled adults has resulted in most of these persons being cared for by community physicians. Medical problems frequently encountered by these patients and approaches to successful management in the office setting are reviewed.

Reading:

Medical Errors: Physicians’ Response

A new approach to medicine encourages physicians to acknowledge mistakes. This session review the general issue of medical errors, ethical issues around the physician’s response to medical error and the physician’s personal response to having made a mistake. Coping strategies in response to errors as medical students and as independent physicians will be reviewed.

Readings:

Calman, NS. No one needs to know: a physician recalls taking part in his first cover-up. Health Affairs, 2001, 20, 243-49.


Enhancing Outcome in Women’s Health

Review of psychosocial and behavioral research findings in women’s health and how to translate it to enhance outcome in primary care and community intervention.

Readings:

(Reserved readings only)
Psychosocial Aspects of Cancer

Review the psychological impact of cancer diagnosis on patients and their families and the variety of interventions available to use in an interdisciplinary team (including support groups, pain management, coping with stressful procedures).

Readings:


Chochinov, HM. Depression in cancer patients. The Lancet Oncology, 2001, 2(8), 499-505

Working with Developmentally Disabled Adults

Deinstitutionalization of developmentally disabled adults has resulted in most of these persons being cared for by community physicians. Medical problems frequently encountered by these patients and approaches to successful management in the office setting are reviewed.

Reading:


Genetics Counseling: Breast Cancer

Psychosocial implications of genetics counseling are discussed using breast cancer as the focus.

Readings:

TBA

Adjustment to Disability

How disability affects the patient and family is reviewed. Issues that need to be considered by physicians when working with disabled individualsto enhance psychological adjustment will be highlighted.

Readings:


Nutrition & Culture

Culture and age influence the nutritional and eating habits of patients and its relation to health.
risk and treatment adherence. Culturally sensitive nutritional interventions are reviewed.

Readings:


Family Dynamics and Caregiving

Dependency on others due to frailty / health needs has a psychological impact on elderly patients and their families. A review of how patients and their caregivers cope and the role of the physician in supportive care will be discussed.

Readings:

Parks, SM and Novielli, KD. A practical guide to caring for caregivers. American Family Physician, 2000,

AIDS: Prevention & Support

A review of the psychological impact of AIDS on patients and families and the changing trends in AIDS patients. Educators from Big Bend Cares will present how they do prevention training with different groups in the community. An AIDS patient presents their view of the psychological and social impact of this disease.

Readings: TBA

Appendix A

FSU COM ATTENDANCE POLICY

COM Philosophy

We believe that:

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time, using the laptop computers only for course work during the educational activity, and not disrupting the class if late. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.

Students will be accountable and personally responsible for attending all educational activities (small groups, labs, clinical experiences, examinations, lectures, computer sessions, etc.).
Unexcused absences reflect negatively on the goals and objectives of the medical curriculum and demonstrate unprofessional behavior by the respective student.

We owe it to our state legislature and the citizens of the State of Florida to provide a quality educational program that meets the needs of our students in preparing them for the M. D. degree.

**Attendance Policy**

Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being ready to start at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he is to call and notify the Office of Student Affairs and request that they inform the supervisors/professors/clerkship faculty for that activity. If at all possible, the student should also call and at a minimum, leave a message with one of the course/clerkship directors. *It is important that students realize that their absence or tardiness negatively impacts a number of other people.* Attendance, including tardiness, is part of the student’s evaluation for professionalism. Negative evaluations may result in decreased grades and in severe cases, referral to the Student Evaluation and Promotion Committee.

**Procedure for Notification of Absence**

If the student knows in advance of an upcoming legitimate absence, the “Advance Notification of Absence from Educational Activity(ies)” form should be completed with signatures from the student, the Assistant Dean for Student Affairs, the course or clerkship faculty member and the Course/Clerkship Director, and where appropriate, the Education Director for the Discipline. The form will be filed in the Office of Student Affairs. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the course/education director and final decisions regarding these actions shall rest with the course/education director.

If the absence occurs due to an unforeseen emergency, the student should contact the course/clerkship director and the Assistant Dean for Student Affairs immediately to report the absence including the reason for the absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the course/education director and final decisions regarding these actions shall rest with the course/education director.

**Remediation Policy for Absences from Examinations, Quizzes, Small Group Sessions, Laboratory Sessions, Clinical Learning Center Sessions, Preceptor visits, and Clerkship Call**

The remediation policies for absences from examinations, quizzes, small group sessions, laboratory sessions and clerkship call are:

1. **POLICY ON MISSED EXAMINATIONS:** Students are required to take major in-term and final examinations. According to the curriculum committee a student can only be excused from an examination by a course director decision based on the personal situation of the student. The course director will determine the time of the exam make-up session. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same examination given to the other students.

2. **POLICY ON MISSED QUIZZES:** Students are required to take scheduled and unscheduled quizzes in the courses. A student can only be excused from a quiz by a course director decision based on the personal situation of the student. The student must make arrangements
with the course director to make up a missed quiz. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same quiz given to the other students.

3. **POLICY ON MISSED SMALL GROUP SESSIONS, LABORATORY SESSIONS, CLINICAL LEARNING CENTER SESSIONS, PRECEPTOR VISITS, AND CLERKSHIP CALL:** The student should contact the course director, small group leader or clerkship director for instructions on remediation of the missed session and material covered.

**Remediation Policy for Students Who Fail a Course**

Remediation of courses/clerkships will be planned and implemented by a combined decision of the Evaluation and Promotion Committee in collaboration with the course/education director.

**Un-excused Absences**

It will be the responsibility of the course/education directors to clearly state in their respective course/clerkship syllabi the implications for having an un-excused absence from a scheduled education or examination activity in a course or

**Advance Notification of Absence from Educational Activity(ies)**

<table>
<thead>
<tr>
<th>Student’s Name:</th>
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<tbody>
<tr>
<td>Date of request:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Course or Clerkship Rotation:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Faculty Name(s):</td>
<td>________________________________</td>
</tr>
<tr>
<td>Course Director:</td>
<td>________________________________</td>
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<tr>
<td>Clerkship Director:</td>
<td>________________________________</td>
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<tr>
<td>Education Director:</td>
<td>________________________________</td>
</tr>
<tr>
<td>Faculty Name(s):</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

**Date(s) of Requested Absence:**

From ___________ to ___________

**Classes/Activities that will be missed:**

<table>
<thead>
<tr>
<th></th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Classroom Lecture</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Group</td>
<td></td>
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<tr>
<td>Laboratory session</td>
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<td>CLC</td>
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<tr>
<td>Preceptor</td>
<td></td>
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<tr>
<td>Clerkship time</td>
<td></td>
<td></td>
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<tr>
<td>Clerkship Call</td>
<td></td>
<td></td>
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</tbody>
</table>

**Reason for Absence:**

__________________________________________________________________________________
__________________________________________________________________________________
## Appendix B

### Psychosocial Aspects of Medicine Paper Rating Form

**Student Name**: ________________________________________________

**Clarity & Flow**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearly written &amp; well organized. Flows logically from 1 pt to next.</td>
<td>4</td>
</tr>
<tr>
<td>Awkward &amp; confusing transition. Difficult to follow, but good content.</td>
<td>3</td>
</tr>
<tr>
<td>Content &amp; flow are below average, too unnecessarily long/short. Grammatical / spelling errors.</td>
<td>2</td>
</tr>
<tr>
<td>Not clearly written, grammatically / spelling errors, content-flow below expectation.</td>
<td>1</td>
</tr>
</tbody>
</table>

**Content**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reflects close &amp; careful reading of book. More than mere summary; points out details of interest.</td>
<td>4</td>
</tr>
<tr>
<td>Conveys overall content of book adequately.</td>
<td>3</td>
</tr>
<tr>
<td>Focus on only parts of the book without general message of book being clear.</td>
<td>2</td>
</tr>
<tr>
<td>Does not convey clearly that content was read and/or understood.</td>
<td>1</td>
</tr>
</tbody>
</table>

**Psychosocial Analysis**

<table>
<thead>
<tr>
<th>Description</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integrates book content to specific topics covered in class with in depth analysis.</td>
<td>4</td>
</tr>
<tr>
<td>Relates book content to class material but without discussion / analysis.</td>
<td>3</td>
</tr>
<tr>
<td>Analysis / discussion of book content but without linking to class material</td>
<td>2</td>
</tr>
<tr>
<td>Unclear analysis of how book reflects on psychosocial aspects of medicine.</td>
<td>1</td>
</tr>
</tbody>
</table>
Professional Reflection

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Thorough discussion of impact of book on personal thinking regarding professional development.</td>
</tr>
<tr>
<td>3</td>
<td>One or more issues of professional development mentioned but not discussed.</td>
</tr>
<tr>
<td>2</td>
<td>Professional development is discussed in abstract terms; not a personal reflection.</td>
</tr>
<tr>
<td>1</td>
<td>Professional development not included in the discussion.</td>
</tr>
</tbody>
</table>

Appendix C

Medical Literature Selection

Below is a list of possible selections for your reflective essay. If you would like to read a book not on this list that deals with the psychosocial aspects of medicine, let the course director know so that it can be approved.

An Indian physician with specialty in Infectious diseases starts an AIDS practice in a small town.

Edson, M. *Wit* (1999)
Play about a college English professor who is diagnosed and treated for cancer within a biomedical model of care.

First autobiography of an autistic person who earned a Ph.D..

Encounter between American medical system and traditional Hmong family.

Inside stories of the migrant farmworkers in the US.

Autobiography of NPR reporter growing up with a mother with Bipolar Disorder.

Remen R.N. *Kitchen Table Wisdom: Stories That Heal.* (1996)
Collection of short stories of patients dealing with cancer and other illnesses told from the perspective of the physician/therapist.

Norman, M. *'night mother*. 1983
Play about a woman with epilepsy and her family's inability to openly deal with the diagnosis.