



The Florida State University  
College of Medicine

# Doctoring 101

**BMS 6015**

**Summer  
2011**

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## Instructors

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### ***Course Director***

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### ***Content Leaders***

#### ***Large and Small Groups***

**Meredith Goodwin MD**

#### ***Clinical Skills Training and Doctoring TA program***

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#### ***Informatics***

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### ***Course Coordinators***

Large and Small Group Content questions should be addressed to Dr. Goodwin and Ms. Kathleen Mattis:

#### **Kathleen Mattis**

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Email [kathleen.mattis@med.fsu.edu](mailto:kathleen.mattis@med.fsu.edu)

CSSC content and support questions should be addressed to Dr. Granville and Ms. Melanie Carlson:

#### **Melanie Carlson**

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Email [melanie.carlson@med.fsu.edu](mailto:melanie.carlson@med.fsu.edu)

# Course Overview

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## 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:** Further developing clinical reasoning and advanced clinical examination skills incorporating the pathophysiological basis of common diseases

**Doctoring 3:** Advancing clinical reasoning and applying clinical skills concepts and principles in the provision of medical care

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 concern, history of present illness, functional history, past medical history, social history, and family history.

6. Demonstrate the ability to perform and concisely present an accurate physical examination of vital signs, pulmonary and cardiovascular systems.
7. 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).
8. Demonstrate understanding of and skill in the use of universal precautions in healthcare settings.
9. Demonstrate basic IT skills including knowledge of IT etiquette and policy at FSUCOM, accessing E-mail and calendars, the COM intranet, and Blackboard.
10. 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**

11. 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.
12. Describe the four general principles of bioethics and identify the main ethical and legal principles regarding confidentiality in patient care.
13. Display professionalism in interactions with faculty and fellow students

## ***Instructional Methods and Environments of Learning***

The educational activities and environments represent an integrated complementary clinical skills curriculum. In general, the large group and small group exercises will develop students' knowledge, understanding and attitudes; the CSSC sessions will primarily develop skills and behaviors.

### **Clinical Skills and Simulation Center**

The Clinical Skills and Simulation Center (CSSC) is a simulated medical clinic that provides a realistic and technologically-advanced clinical learning environment to support your clinical education. During the summer you will be scheduled in the CSSC one time each week to assess skills development for the medical interview and physical examination. In the CSSC, students will work in pairs and have the opportunity to practice one-on-one interviews with standardized patients (SPs). SPs are individuals trained to portray the chief concerns, medical histories, and illness experiences of "real" patients. COM faculty will observe your interactions, answer questions and provide feedback during your CSSC sessions.

### **Equipment in the CSSC**

Students are expected to bring the following to each CSSC session:

- A watch capable of measuring seconds
- A pen for writing
- The student's PDA (when issued by FSUCOM)
- Once physical examination activities initiated: Diagnostic equipment appropriate for the session (eye chart, oto-ophthalmoscope, pen light, reflex hammer, sphygmomanometer, stethoscope, tuning fork).

### **Professional Dress**

Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine. Your appearance and behavior reflect upon all of us. Professional attire should be worn in all settings where people from outside the COM, and especially patients, are seen including the Clinical Skills and Simulation Center (CSSC), a preceptor's office or clinic, a hospital or nursing facility, 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 or casual sandals. Closed toe shoes are required in clinical settings.

- For men, professional attire consists of slacks and a collared shirt. In the CSSC and other clinical settings, a tie is also required.
- For women, professional attire consists of a dress, skirt, or slacks with a blouse.
- For men and women, in the CSSC and other clinical settings, a lab coat is required after the FSUCOM white coat ceremony.

The established "norms" of certain clinical settings may modify these standards, but any variations in professional attire must be approved by the student's supervisor.

### **Confidentiality**

All clinical material presented is confidential. CSSC content may not be discussed at any time. You are free to discuss large and small group clinical material with your 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 expected that you will 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.

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

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**

- Optional attendance unless outside speakers/lecturers/guests, then attendance is required
- 10 sessions, 11 hours total
- Meets in COM Room 1200
- All students

**Small group exercises**

- Required attendance
- 10 sessions, 15 hours total
- 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**

- Required attendance
- 10 sessions, 15 hours total
- 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**

- Required attendance
- 2 sessions, 5 hours total
- Meeting locations vary
- Schedule of dates and times for each group will be posted on Blackboard

## Competencies

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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 activities
Medical Knowledge	X	Tests, small group exercises
Practice-based Learning	X	Tests, small group exercises
Communication Skills	X	Tests, OSCE, observation by standardized patients, observation by doctoring faculty, small group exercises
Professionalism	X	Tests, OSCE, observation by standardized patients, observation by doctoring faculty, small group exercises

## Policies

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### ***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](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

See page 27-29 of [FSUCOM Student Handbook](#) for details of attendance policy and remediation.

[M1/M2 Student Request for Absence](#)

## Doctoring 101 Course Specific Absence Policy

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### Lectures/Small Groups

Lectures with guest (outside of the College of Medicine) presenters or participants, and all Small Group sessions are required attendance activities. Planned absences require students to complete the proper forms and obtain the required permissions prior to the absence. Lectures not containing sensitive material will be recorded for viewing in the usual manner. Small group sessions are by nature a product of the dynamics of the group, and are often experiential, thus impossible to make up. Students missing Small groups are still responsible for content covered.

### CSSC

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

**Planned absences** require students to identify a peer with whom to exchange scheduled sessions. Each student sends an electronic schedule change request via email to Dr. Granville and Melanie Carlson. Decisions regarding approval of request will be sent to both involved students by email. Please note: Sending a request is NOT equivalent to receiving approval.

**Unplanned, but excused, CSSC absences:** Unplanned 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 student will submit an absence request to Student Affairs per the usual method. Student Affairs will classify the absence as excused or unexcused. In the case of any unplanned absence, students are expected to contact the CSSC as soon as possible, inform Dr. Granville, Melanie Carlson and Deb Danforth that the student will not be in the CSSC, giving the reason for the unplanned absence.

**Impact of excused absence on the student's grade:** If the CSSC absence qualifies as an "excused" absence, a remediation plan will be developed by the student and Dr. Granville. 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 Dr. Granville, Melanie Carlson and Deb Danforth 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 with Student Affairs 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 AT LEAST 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 total points 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. Student Affairs 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 as soon as possible, and inform Dr. Granville, Melanie Carlson and Deb Danforth that the student will not be able to participate in the OSCE, giving 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 per Student Affairs. 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 Dr. Granville, Melanie Carlson and Deb Danforth to inform them that the student will not be able to participate in the OSCE.

**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

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- 1) Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Guide to Physical Examination. (7th Ed). St. Louis: Mosby, 2010.
- 2) Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Physical Examination Handbook (7th Ed). St. Louis; Mosby, 2010.
- 3) [Lo, Bernard. Resolving Ethical Dilemmas A Guide for Clinicians](#). Philadelphia: Lippincott Williams & Wilkins, 2009 (also available on Reserve in COM Library)
- 4) Dutton, Gabriel eds. Basic Interviewing Skills Booklet (on Blackboard under Tool Belt)

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

## Suggested Materials

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- 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 Pass/Fail 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. PLEASE NOTE: Students are required to pass the medical informatics component in order to successfully complete and pass the Doctoring 101 Course. A "Pass" reflects an overall percentage of 70.00% or higher, including a 70.00% in Medical Informatics, and 75% or higher on each OSCE. Exam scores less than 65%, and OSCE scores less than 75% must be remediated. Successful remediation will result in a maximum exam score of 70% and maximum OSCE score of 75%.

Component	Percentage
<b>Examinations</b>	<b>30%</b>
2 midsession examinations	(20%)
Final examination	(10%)
<b>Final OSCE (must earn 75.00% on the final OSCE to pass the course)</b>	<b>20%</b>
<b>Small Group</b>	<b>15%</b>
<b>Clinical Skills and Simulation Center (CSSC)</b>	<b>35%</b>
Attendance, preparation and participation	(10%)
5 Quizzes	(10%)
1 midsession-OSCE	(15%)
<b>Medical Informatics</b> <i>Must earn 70% on MI content to pass the course.</i>	<b>Pass/Fail</b>
Attendance, preparation and participation in 2 sessions	(50)%
Thought paper	(40%)
Posting Paper and Results of Learning Styles in 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
Pass	70.00 and above
Fail	69.99 and below

**Note: Violations of professional behaviors** will result in the need for remediation. Violations of professional behaviors may result in course failure.

**Professional behaviors include**, but are not limited to,

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

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