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Graduate Programs—NEW COURSE PROPOSAL

DEPARTMENT NAME: **BMED**

COLLEGE OF: **BIOMEDICAL SCIENCE—MEDICAL EDUCATION PROGRAM**

RECOMMENDED COURSE IDENTIFICATION:

PREFIX _____ BMS _____ COURSE NUMBER 7010 _____ LAB CODE (L or C) _____

(TO OBTAIN A COURSE NUMBER, CONTACT ERUDOLPH@FAU.EDU)

COMPLETE COURSE TITLE _____

EFFECTIVE DATE

(first term course will be offered)

CREDITS: **6**

- **TEXTBOOK INFORMATION:** Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (Eighth Edition)*. Philadelphia, PA: LWW
- Leblond, R., DeGowin, R Brown, DD. *DeGowin's Diagnostic Examination*. McGraw-Hill; 2004.

GRADING (SELECT ONLY ONE GRADING OPTION): REGULAR X PASS/FAIL _____ SATISFACTORY/UNSATISFACTORY _____

COURSE DESCRIPTION, NO MORE THAN 3 LINES: The purpose of the Physicianship Skills and Integrated Patient Care courses is to provide students with an understanding of the fundamental principles necessary to becoming informed, reasoned, compassionate, and conscientious physicians.

PREREQUISITES W/MINIMUM GRADE:*

COREQUISITES:

OTHER REGISTRATION CONTROLS (MAJOR, COLLEGE, LEVEL):

PREREQUISITES, COREQUISITES & REGISTRATION CONTROLS SHOWN ABOVE WILL BE ENFORCED FOR ALL COURSE SECTIONS.

*DEFAULT MINIMUM GRADE IS D-.

MINIMUM QUALIFICATIONS NEEDED TO TEACH THIS COURSE: **M. D.**

Other departments, colleges that might be affected by the new course must be consulted. List entities that have been consulted and attach written comments from each.

____ clinical faculty at the various hospitals and clinics _____

Faculty Contact, Email, Complete Phone Number

SIGNATURES

SUPPORTING MATERIALS

<p>Approved by:</p> <p>Department Chair: _____</p> <p>College Curriculum Chair: _____</p> <p>College Dean: _____</p> <p>UGPC Chair: _____</p> <p>Dean of the Graduate College: _____</p>	<p>Date:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Syllabus—must include all details as shown in the UGPC Guidelines.</p> <p>Written Consent—required from all departments affected.</p> <p>Go to: http://graduate.fau.edu/gpc/ to download this form and guidelines to fill out the form.</p>
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Email this form and syllabus to diamond@fau.edu and eqirjo@fau.edu one week **before** the University Graduate Programs Committee meeting so that materials may be viewed on the UGPC website by committee members prior to the meeting.

FAU Medical Education Program. 2013-2014

Syllabus :

1. **Course title** : Physicianship Skills and Integrated Patient Care 4 Clerkship
Course number: BCC 7010
Number of credit hours: 6

Lecture Hours: N/A
Small Group Hours: up to 2hrs/week, during clerkship academic half-days at either JFKMC or BMH, per Blackboard
Other Activity Hours: up to 3hrs/six weeks at community preceptor and/ or longitudinal patient visit

2. Course prerequisites:

Accepted for matriculation in the FAU Medical Sciences program.

3. Course logistics:

- a. term:
- b. not an online course
- c. appropriate hospital wards and clinics.

4. Instructor information:

Course Director: TBA

Course support: Ms. Ashia Milligan
IPC Specialist
BC-151
Phone: 561-297-4333
Fax: 561-297-0536
amilliga@fau.edu

Please note: All official student communication regarding the course will be sent via e-mail from the course directors or Ms. Milligan to students at their FAU e-mail address. If students would like to meet with the course directors, they must call the office of the course director they wish to meet with in order to schedule an appointment.

5. TA contact information:

N/A

6. Course description:

Rationale:

The Continuity Medicine Curriculum uses a chronic illness model and an integrated patient care approach to prepare students for medical practice.

The purpose of the Physicianship Skills and Integrated Patient Care courses is to provide students with an understanding of the fundamental principles necessary to becoming informed, reasoned, compassionate, and conscientious physicians. The courses combine classroom discussions with longitudinal clinical experiences.

The courses will continue to discuss themes from years one and two with special emphasis on advanced topics in impact of chronic illness on patients and caregivers, the ethical and legal framework of patient care, incorporating the humanities into the physician's professional life, minimizing patient errors, and palliative care. Integrated Care courses continue as students grow in their role with the community preceptors from years one and two.

It is the overarching goal of both courses to develop in students an ability to see their dual roles as professionals and healers.

The course themes are meant to build upon the principles begun in the Introduction to the Medical Profession, Physicianship Skills 1, 2 and 3 and Integrated Patient Care 1, 2, and .

- Clinical Skills
- Humanities in Medicine
- Principles of Ethics
- Legal Medicine
- Impact of Chronic Illness
- Palliative Care
- Medical Error and Patient Safety

The Physicianship Skills course takes place one afternoon per six weeks and consists of group discussion in the clinical locations. The core topics of the sessions will include: chronic disease (both sites), ethics (both sites), humanities (both sites). Bethesda students will spend one afternoon focused on medical error/ medical malpractice. The JFK students will spend one afternoon dedicated to palliative care.

The general structure for the afternoon will be similar to the "Learning Community" format followed during years 1 and 2. The first one half hour will allow for open discussion/ reflection on student experiences as they related to the theme of the day. The second 1 ½ hours will be more in depth discussions on topics presented in the format of case presentations.

Specific schedule and details for each session are as follows:

PS 4 Bethesda Site (All students in one conference room, see Blackboard for location))

Chronic Disease

3:00 – 3:30: Student reflection on patients for whom they have cared with chronic disease, may include issues of patients for which they care including issues

- Patient perspective on *symptoms* (impact on mental well being, work, friends, habits, diet, mobility, family, finances, etc.)
- Patient perspective on receiving *diagnosis*.
- Patient perspective on *treatment* (impact on mental well being, work, friends, habits, diet, mobility, family, finances)
- Patient perspective on *physician*
- Family/Caregiver perspective (impact on mental well being, work, friends, habits, diet, mobility, family, finances)
- Physician perspective (making the diagnosis/breaking the news vs. assuming care, barriers to care, treatment successes/difficulties, resources utilized)
- Issues of long term decision making/end of life care
- Ethical/legal issues
- Barriers to care
- Alternative therapies
- Role of prevention/advocacy
- Role of transplant
- Poem/essay/story patient has written about illness

3:30 – 5 pm: Presentation/ discussion of case prepared by discipline coordinators in Pediatrics,

OB/Gyn, Psychiatry and Family Medicine. Emphasis for discussion on issues above as well as working with the Wagner chronic care model.

Ethics:

3:00 – 3:30: Student reflection on patients they have cared for during the clerkship with ethical issues

3:30 – 5 pm: Presentation/ discussion cases with assigned faculty

Medical Malpractice/ Error:

3:00 – 3:30: Student reflection on patients experiences they have had during their clerkship with medical error

3:30 – 5 pm: Discussion facilitated by faculty.

Humanities

3:00 – 5:00 P.M. Students will be required to bring a piece of literature, art, etc. that they have either created or selected to share with the group and discuss why they have chosen that piece.

Presentation/ discussion of each of selected works of art/ literature will follow with a discussion facilitated by faculty.

PS4 JFK site (All students in one conference room, see Blackboard for location)

Palliative Care:

3:00 – 3:30: Student reflection on patients they have cared for during the clerkship with palliative care issues

3:30 – 5 pm: Presentation/ discussion of cases with assigned faculty

Humanities

3:00 – 5:00 P.M. Students will be required to bring a piece of literature, art, etc. that they have either created or selected to share with the group and discuss why they have chosen that piece.

Presentation/ discussion of each of selected works of art/ literature will follow with a discussion facilitated by faculty.

Chronic Disease

3:00 – 3:30: Student reflection on patients for whom they have cared with chronic disease, may include issues of patients for which they care including issues

- Patient perspective on *symptoms* (impact on mental well being, work, friends, habits, diet, mobility, family, finances, etc.)
- Patient perspective on receiving *diagnosis*.
- Patient perspective on *treatment* (impact on mental well being, work, friends, habits, diet, mobility, family, finances)
- Patient perspective on *physician*
- Family/Caregiver perspective (impact on mental well being, work, friends, habits, diet, mobility, family, finances)
- Physician perspective (making the diagnosis/breaking the news vs. assuming care, barriers to care, treatment successes/difficulties, resources utilized)
- Issues of long term decision making/end of life care
- Ethical/legal issues
- Barriers to care
- Alternative therapies
- Role of prevention/advocacy
- Role of transplant
- Poem/essay/story patient has written about illness

3:30 – 5 pm: Presentation/ discussion of each of 3-4 cases prepared by discipline coordinators in internal medicine and surgery. Emphasis for discussion on issues above as well as working with the Wagner chronic care model (see appendix).

Ethics:

3:00 – 3:30: Student reflection on patients they have cared for during the clerkship with ethical issues

3:30 – 5 pm: Presentation/ discussion of each of 3 cases with assigned faculty

Week of:		Bethesda clerkship		JFK clerkship
			Week 3	PS Palliative Care
	Week 4	PS Chronic Disease		
			Week 9	PS-Chronic Disease
	Week 4	PS Ethics		
			Week 3	PS Humanities
	Week 4	PS Med Mal/ Error		
			Week 9	PS Ethics
	Week 4	PS Humanities		
			Week 3	PS Palliative Care
	Week 4	PS Chronic Disease		
			Week 9	PS Humanities
	Week 4	PS Ethics		
			Week 3	PS-Chronic Disease
	Week 4	PS Med Mal/ Error		
			Week 9	PS Ethics
	Week 4	PS Humanities		

PS Case Report

We recognize that the themes taught in Physicianship (PS) may, and often do, come up regularly in the clerkship years during routine patient care. We encourage students to reinforce the themes learned in the first years by including a PS checklist to consider during clerkship case presentations. In addition to discussing medical issues of the cases, students should to consider the following questions for each patient they present:

- Define a clinical question that arose during this encounter.
- How did issues such as race, ethnicity, gender, age and language affect the patient encounter?
- Did this patient have a chronic illness and how does it impact your patient's lifestyle, finances, family, and community?
- What screening/prevention/assessment tools were or should have been used on this patient (pediatric, adult male/female, geriatric)?
- What ethical issues arose surrounding this patient encounter?
- How did you advocate for this patient? How could you have advocated for this patient?
- Did the patient's economic status impact care? How did they pay for their visit? How did they able to pay for prescriptions given, etc.?
- How were issues of health literacy addressed?
- Are there any issues regarding the patient's mental health?
- How were issues related to palliative care addressed?
- What laws or legal issues affected the care of this patient?
- Were there any medical errors associated with the visit? What precautions were taken to avoid medical errors?

Integrated Patient Care (IPC): During the clerkship year, relationships that were established in years one and two with the community preceptor/ longitudinal patients will continue. Students must understand that their preceptor has made a continued commitment to their education, and are expected to attend all scheduled sessions. They must inform their preceptor in advance if they will be absent for any reason, and reschedule as needed.

Students will be expected to spend **one session per six week block** with their community preceptor, ideally to care for a patient with whom they participated in their longitudinal care in previous years. Alternatively, students may choose to attend a specialist visit, home visit, or other health related experience with their longitudinal patient. Students will work with the discipline coordinators and community preceptors to identify times best available so the student may be involved with their continuity care patient; visits should be done during independent study periods. Exceptions to this must be discussed individually with the clerkship discipline coordinator. Students will not be permitted to be excused from academic day activities for the experience. Please notify the course directors as soon as possible if there are problems in arranging these visits.

Please plan ahead to ensure that the visit can be completed within a six week block, as journal entries documenting these visits will be sent every six weeks.

Other Course Assignments

Journals: Journals will continue during the clerkship year, with a required entry once per six weeks correlating with the IPC patient visits. Follow the prompts on Blackboard to complete your entry. Course directors and faculty mentors will read journals.

Clinical Dress Code:

Please adhere to dress codes requires for the clerkships. Studies show that patients attach significance to what their physicians wear. Out of respect for patients and their expectations, please follow the instructions when there is any interaction with patients:

- Wear white coat and ID badge at all times.
- Dress should be professional. You should appear appropriately attired, clean, and well groomed when you see patients in the hospital, clinic, or office setting.

- Acceptable clothing includes:
For women: dresses or blouses and skirts or slacks.
For men: shirts, ties, and slacks
 (No one is to wear jeans, shorts, sneakers, or sandals.)
- For home visits, a *slightly* more casual attire is accepted: the above guidelines still apply except that a white coat is not necessary and ties (for men) are optional.
- If your dress is not considered appropriate, you will be given feedback.

It must be remembered that it is the patient who ultimately decides what constitutes proper attire and demeanor. If the patient's standards for professional appearance and behavior are not met, he or she may be unwilling to provide some (perhaps important and sensitive) details of the history. Patients also may not readily agree to some components of the physical examination if their physician does not appear professional.

Universal Precautions:

The CDC recommends that universal precautions be followed with ALL patients since history and physical examination cannot identify all patients infected with HIV or other blood-borne pathogens.

- Wear gloves when touching blood, body fluids, mucous membranes or non-intact skin of all patients.
- Wear gloves when handling items soiled with blood or body fluids.
- Wear gloves when performing venipuncture or invasive procedures.
- Change gloves between patients.
- Wear masks and protective eyewear or face shields when doing procedures likely to generate droplets of blood or body fluids.
- Wear gowns or aprons when doing invasive procedures.
- Wash hands and skin immediately and thoroughly after contact with blood and body fluids.
- Do not recap needles or bend them or manipulate them in any way.
- Dispose of sharps in puncture-resistant containers.
- Although saliva is not known to transmit HIV, mouth to mouth resuscitation should be avoided. Resuscitation bags, mouthpieces or other ventilation devices should be available when appropriate.
- Health care workers with weeping or exudative lesions should avoid direct patient contact until the condition resolves.
- Pregnant health care workers should be especially aware of the above precautions and strictly adhere to them.

What to do if in case of a needlestick and/or exposure?

When off campus, go to the
 nearest ER or call 911 in the event of an emergency.

For needlesticks occurring at JFK or Bethesda, go to the respective ER immediately.

Additional questions?
 FAU Needlestick Emergency Phone Number TBA

7. Course objectives/student learning outcomes:

Competency Based Objectives:

(Please refer to Blackboard for detailed objectives for each individual theme.)

At the end of the PS4 course, the medical student will be able to:

Professionalism

- Understand the importance of communication, modesty, and thoroughness in the completion of the physical exam in adults and children
- Demonstrate sensitivity and respect for the needs of patients with chronic illness
- Demonstrate sensitivity and compassion for patients with barriers to obtaining health care
- Demonstrate a commitment to ethical principles of patient care
- Demonstrate a sensitivity and responsiveness to age, gender, racial, educational and economic determinants of health
- Understand the need for sensitivity and privacy in the care of patients with mental illness
- Demonstrate sensitivity to complementary and alternative medicine practices
- Understand the need and importance of monitoring medical error and promoting patient safety
- Understand the importance of physician advocacy and primary prevention

Interpersonal Skills and Communication

- Understand the importance of communication in the completion of the physical exam in adults and children
- Demonstrate sensitivity and respect for the needs of patients with chronic illness
- Demonstrate sensitivity and compassion for patients with barriers to obtaining health care
- Demonstrate a sensitivity and responsiveness to age, gender, racial, educational and economic determinants of health
- Understand the need for sensitivity and privacy in the care of patients with mental illness
- Demonstrate sensitivity to complementary and alternative medicine practices

Patient Care

- Incorporate course themes such as ethical and legal issues, care for those with chronic disease, barriers to health care, palliative care, sensitivity to complementary and alternative medicine practices, social determinants of health, advocacy and evidence based medicine and clinical skills into day to day care of patients during clerkships
- Understand fundamental principles in palliative care
- Understand fundamental principles in medical ethics
- Understand the need and importance of monitoring medical error and promoting patient safety

Medical Knowledge

- Understand the medical needs of patients with a variety of chronic diseases
- Demonstrate knowledge of health maintenance screening guidelines for adults
- Understand the treatment modalities utilized in palliative care and ethical issues in decision-making at the end-of-life

Problem-Based Learning and Improvement

- Facilitate the learning of other students within the small group discussions
- Understand the need and importance of monitoring medical error and promoting patient safety
- Utilize tools of evidence based medicine to enhance the care of their patients

Systems-Based Practice

- Demonstrate how economic issues affect the health of patients

At the end of the IPC4 course, medical students will be able to:

Professionalism

- § Demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to their peers, patients and faculty
- § Demonstrate the importance of a compassionate, non-judgmental attitude with sensitivity to a patient's culture, age, gender, sexual preference, socioeconomic background, health literacy, and disabilities on establishing an effective and therapeutic patient-physician relationship
- § Understand and respect the roles of other health care professionals and the need to collaborate with each other in caring for individual patients
- § Apply reflective practice as a strategy to achieve personal and professional growth (for instance in such diverse areas as learning skills, stress management, conflict resolution, communication skills, cultural competence, empathy, and professionalism skills)
- § Demonstrate intra- and interpersonal awareness and begin to define areas of potential improvement
- § Apply methods to reduce stress and improve wellness in oneself and in patients

Interpersonal Skills and Communication

- § Demonstrate an ability to independently interact with patients and the medical team during typical outpatient encounters
- § Apply interpersonal and communication skills in developing an effective and therapeutic patient-physician relationship with a longitudinal patient
- § Sharpen interpersonal and communication skills for effectively setting the tone for an effective patient-physician relationship and for expressing professionalism during the medical encounter
- § Apply the use of non-verbal communication skills to strengthen interpersonal relationships, including the patient-doctor relationship
- § Demonstrate increased awareness of non-verbal gestures and behaviors
- § Apply specific data-gathering communication skills (attentive listening, open-ended and closed-ended questions, reflection, facilitation, clarification and direction, checking/summarization)
- § Apply the concepts of cultural competence and health literacy to effective and therapeutic patient-physician communication

Patient Care

- § Document involvement in obtaining a history and physical exam or other clinical experience for at least 6 visits with a longitudinal patient and/ or IPC community preceptor
- § Concisely present a history and physical to the preceptor.
- § Develop differential diagnoses for clinical problems, as well as diagnostic and treatment plans under the supervision of faculty and community preceptors
- § Utilize themes discussed in the classroom to enhance care of patient with a chronic disease

Medical Knowledge

- § Describe the impact of chronic illness on individual patients and their patients

Problem-Based Learning and Improvement

- § Reflect on the importance of dedication to life-long learning and strive for excellence in order to consistently provide the most optimal patient care
- § Take charge of their own learning and effectively elicit feedback from faculty and peers in order to optimize learning
- § Use a journal to record experiences as a strategy to optimize learning and promote self-reflection

- § Apply the 'reflective practice' defined in the Introduction to the Medical Profession course and continue to relate it to one's own learning style
- § Apply mindful and reflective practice that fosters self-awareness and promotes learning from experiences, especially those during which outcome did not match intent
- § Use the patient encounter as a starting point for to apply basic literature search techniques and incorporate EBM into learning

Systems-Based Practice

- § Discuss examples of how the patients' and the health care providers' environment and healthcare systems may influence patient care and outcome
- § Explain the value of multi-disciplinary collaboration for patient care
- § Reflect on how cultural competence, including a basic understanding of our patients' health literacy needs, may foster competence in systems-based practice
- § Discuss the potential impact of chronic illness on someone's life
- § Describe some of the potential systems barriers to achieving a high quality of care for all patients with chronic illnesses (for example, access to care, inadequate systems to prevent complications and errors, health literacy and cultural competence)
- § Consider improvement strategies to help patients take care of their own disease and to help optimize quality of chronic illness care
- § Identify potential causes of limited access to care and begin to reflect on potential improvement strategies to help overcome some of the challenges
- § Describe some of the many factors related to health care access, including health insurance coverage, transportation, physician availability, language barriers, limited health literacy, and cultural competency

8. Course evaluation method:

Examination Policy:

Evaluation

Physicianship Skills 4 and Integrated Patient Care 4 are Pass/Fail courses. Students must pass each component to pass the entire course.

Activity	Date	Percentage of Grade
Professionalism		Pass/Fail
Attendance		Pass/Fail
Assignments		Pass/Fail

Students will be evaluated based upon attendance, participation and active listening, and ability to integrate course themes into patient case discussions. See Appendix for a sample evaluation form.

§ Professionalism

Active participation and active listening is expected in sessions. Students will be expected to integrate course themes from all years (EBM, social determinants of health, chronic illness, screening/ prevention, ethics, advocacy, economics of healthcare/ access to care, mental health, palliative care, legal issues, medical errors) into discussions. This will be assessed by the faculty facilitators. (See Appendix for a sample evaluation form.)

§ Assignments

Students are required to bring a piece of literature, art or music for humanities discussions. Students can either create their own piece or bring one that has impacted them.

Activity	Percentage of Grade
Assignments	Pass/Fail

§ Assignments

Students are required to make visit per six week block with their community preceptor and/ or longitudinal patient and submit a journal entry after each experience by the due date given on Blackboard. The journal entry will be evaluated for quality. Failure to complete visits and associated journal entries will result in course failure.

The Student Rights and Responsibilities Handbook contain a description of the school grading system.

9. Course grading scale:

A = 93-100; A- = 90-92; B+ = 88-89; B = 83-87; B - = 80-82;
 C+ = 78-79; C= 73-77; C- = 70-72; D+ = 68-69; D = 63-67; D- = 60-62; F = 59 and below.

10. Policy on makeup tests, etc.

Current policy for Introduction to the Medical Profession, Integrated Patient Care and Physicianship Skills:

- a) When a student fails any component* of these courses or displays unsatisfactory performance based on preceptor comments, a letter is sent to the student notifying them and asking them to contact the Course Director(s) for assistance. The letter is copied to the student's file.
- b) It is mathematically possible for a student to receive a passing grade for a course, but still not pass in more than one component. In this situation, the student will receive an "F" for the course. The student will be discussed at the Promotions Committee meeting.

* Components for these courses include but are not limited to: completion of a set of assignments, attendance, performance in the clinical setting, small-group performance.

11. Special Course requirements:

Attendance Policy:

All sessions are mandatory. Attendance will be tracked by clerkship discipline coordinator. For an absence to be excused, written/email permission must be granted directly from the course director(s). Any unexcused absence will result in remediation with course directors. More than one unexcused absence will result in failure of the course.

The FAU Medical Education Program faculty and administration agree that student attendance and participation in all scheduled learning sessions are important to students' academic and professional progress and ultimate success as physicians.

Attendance at all activities is mandatory. For an absence to be excused, a written or email request must be made to the Course Director(s). Only a Course Director can excuse an absence. No missed work associated with a specific session can be made up without loss of credit for satisfactory completion unless an excused absence has been granted.

Repeated unexcused absences from required curricular activities may result in disciplinary action, up to and including dismissal from the FAU Medical Education Program.

12. Classroom etiquette policy:

Students should be considerate of each other by switching his/her cell phone to vibrate during all teaching activities.

If a telephone call is of an emergency nature and must be answered during class, the student should excuse him/herself from the lecture hall before conversing.

Laptop computer use should be limited to viewing and recording lecture notes rather than checking e-mail, playing or viewing other distracting websites. Students may be asked by faculty to turn off laptops during any session where group participation is required (such as PBL and wrap-up sessions).

13. Disability policy statement:

In compliance with the Americans with Disabilities Act (ADA), students who require special accommodation due to a disability to properly execute coursework must register with the Office for Students with Disabilities (OSD) –in Boca Raton, SU 133 (561-297-3880)—and follow all OSD procedures.

14. Honor code policy:

Students at Florida Atlantic University are expected to maintain the highest ethical standards. Academic dishonesty is considered a serious breach of these ethical standards because it interferes with the University mission to provide a high quality education in which no student enjoys an unfair advantage over any other. Academic dishonesty is also destructive of the University community, which is grounded in a system of mutual trust and places high value on personal integrity and individual responsibility.

The FAU Honor Code requires a faculty member, student, or staff member to notify an instructor when there is reason to believe an academic irregularity is occurring in a course. The instructor must pursue any reasonable allegation, taking action where appropriate. The following constitute academic irregularities:

1. The use of notes, books or assistance from or to other students while taking an examination or working on other assignments, unless specifically authorized by the instructor, are defined as acts of cheating.
2. The presentation of words or ideas from any other source as one's own is an act defined as plagiarism.
3. Other activities that interfere with the educational mission of the University.

For full details of the FAU Honor Code, see University Regulation 4.001 at www.fau.edu/regulations/chapter4/4.001_Honor_Code.pdf.

The Code of Honorable and Professional Conduct should serve as a guide to medical students in matters related to academic integrity and professional conduct. The Code of Honorable and Professional Conduct provides a mechanism for peer evaluation of student conduct which the FAU faculty and administration believe is an essential component of medical education and development of medical students.

15. Required texts/readings:

The following are textbooks that students are expected to purchase for use in the . All the textbooks listed below will be available at the FAU Bookstore at the beginning of the academic year.

Every student should also plan to have access to a standard medical text such as Cecil's, Harrison's or Kelley's as well as access to notes and texts from the biomedical science and organ system courses.

- Bickley, LS and Szilagy, PG. *Bates' Guide to Physical Examination and History Taking (Eighth Edition)*. Philadelphia, PA: Lippincott Williams & Wilkins; 2003.
- Orient, JM. *Sapira's Art and Science of Bedside Diagnosis*. Philadelphia, PA: Lippincott Williams & Wilkins; 2000.
- Leblond, R., DeGowin, RL. and Brown, DD. *DeGowin's Diagnostic Examination*. McGraw-Hill; 2004.
- Smith, RC. *Patient-Centered Interviewing*. Philadelphia, PA: Lippincott Williams & Wilkins; 2001.

16. Supplementary resources:

Web Resources:

(These resources and others may be accessed via the "Handouts and links" of the student e-Dossier on Blackboard)

Instruments:

Students are expected to bring their own clinical instruments to clinical experiences including the following:

- Ophthalmoscope/ Otoscope
- Stethoscope
- Pen Light
- Pocket Eye Chart
- Tuning Fork (Frequency 128 Hz)
- Adult Babinski Reflex Hammer 10" (inches)
- Antiseptic handrub (pocket size, waterless)
- Blood Pressure Cuff (Optional)

Web-based postings on Blackboard:

Students are encouraged to carry their laptop with them as much as possible in order to access resources, patient log and other resources.

Please refrain from checking personal e-mails during teaching periods. Please put your cell phone or pager on "vibrate" to minimize disruption.

Please be punctual as a courtesy to your colleagues and faculty.

Session handouts	Yes	Session Objectives	Yes	Quizzes	No
Required Activities	Yes	Grades	Yes	Additional Materials	Yes

17. Course topical outline, including dates:

Content outline:

Please refer to Blackboard for up-to-date information and session-related objectives and handouts.

Study Habits:

A major contribution to your learning is active engagement, which includes participation in the learning of other students and interaction with the instructors. Students are expected to be proactive and to access the Blackboard system to review items associated to individual sessions.

Learning in the field of medicine is a life-long endeavor that is not only necessary, but can and should be fun. One of the most important factors for learning is curiosity and sometimes, the best way to keep this curiosity stimulated is through our interaction with colleagues and peers. When learning in small groups, we have a chance to try to explain topics to each other, brainstorm solutions together, give each other constructive feedback, and support and validate each other. We encourage balancing studying alone with learning in small groups. It is important to develop a study routine to avoid “putting things off” and “cramming” and to minimize the stress we may add to our lives in that way.

Independent Study Time:

Independent Study Time allocated within the day time schedule is provided for students, on average about 9 hours per week.

Students are expected to use this time to further their learning. The time should be used for independent study or with peers. It is an opportunity to seek out faculty to interact with them outside the formal teaching setting. Since the PBL small-group format requires that students research learning objectives, the time may be used to prepare for the subsequent sessions. Finally, the time may be used to work on assignments, problem-solving cases, off-campus visits or other tasks that are required by the courses.

Occasionally, some Independent Study Time sessions may be used for curriculum-related activities (e.g. standardized examinations): notice will be given as early as possible for these occasions.

Course and Faculty Evaluation:

FAU highly values the process of formal program evaluation and feedback. FAU students are required to complete all course evaluations and program evaluation surveys which are the Students Perception of Teaching (SPOT).

Grades and transcripts may be held for failure to submit required surveys. Evaluations should be constructive, to help improve individual faculty's teaching, and the content and format of the courses.

Moreover, the timely completion of evaluations at the level of undergraduate medical education assists students in developing the administrative and organizational skills required throughout their academic and professional career. We appreciate your completing evaluations to help continue with improvement of the learning experiences and environment for all students.

Appendix

Facilitator Evaluation of Small-group Sessions

Listed below are the attributes of behaviors, attitudes and knowledge that students should be developing. Please check one box for each line below.

	Below expectations	Meets Expectations	Exceeds Expectations
Behaviors:			
Timeliness and dependability	Occasionally late to class or with assignments; occasionally erratic e.g. may not be prepared for group.	Can be counted on; consistently timely	Gets things started: encourages others to be timely; someone you would select to lead the group in your absence.
Participation	Participation could increase in frequency, integration, insightfulness, initiative, etc.	Active participation: asks questions	Active participation: asks questions and provides insightful contributions.
Attitudes:			
Promotion of learning	In most cases, encourages learning: may appear apathetic or disinterested or make comments that fragment the group or cause conflict.	Displays enthusiasm for learning and contributes to an atmosphere conducive to learning.	Displays enthusiasm for learning: consistently reflects an interest in promoting the learning of others.
Respect	Is respectful toward others at most times, but gives the sense that respect is irrelevant or done for the grade.	Consistently respectful toward peers and faculty	Demonstrates evidence of value of all persons.
Knowledge:			
Information management	Does not synthesize and integrate information.	Attempts to synthesize and integrate information.	Synthesizes and integrates information; uses summaries to teach others.
Critical thinking skills	Reports facts without framing in a larger picture.	Attempts to apply critical thinking skills to material.	Consistently uses critical thinking skills to achieve logical presentation.

Appendix 2

A Guide to Case Presentations

Print-out document to accompany doc.com module 37: The Oral Presentation For more information please see <http://webcampus.drexelmed.edu/doccom/>

1. General Description – Giving an oral presentation on ward rounds is an important skill for medical student to learn. It is medical reporting which is terse and rapidly moving. After collecting the data, you must then be able both to document it in a written format and transmit it clearly to other health care providers. In order to do this successfully, you need to understand the patient's medical illnesses, the psychosocial contributions to their HPI and their physical diagnosis findings. You then need to compress them into a concise, organized recitation of the most essential facts. The listener needs to be given all of the relevant information without the extraneous details and should be able to construct his/her own differential diagnosis as the story unfolds. Consider yourself an advocate who is attempting to persuade an informed, interested judge the merits of your argument, without distorting any of the facts.

Depending on the purpose of the presentation, different parts of the database are included. The same patient will be presented very differently to the cardiology consultant who is asked to give advice on the optimal treatment for their CHF, the surgeon who is considering aortic valve replacement, the social worker who is helping obtain disability funding and the attending who needs to know who was admitted last night. As you progress in your training, you will become expert at adapting and editing the story to serve its various purposes. Last year you learned to collect and organize the complete database and do a complete writeup. In taking your history you have gathered more information than you will include in your write-up and likewise, your

- a. An oral case presentation is **NOT** a simple recitation of your write-up. It is a concise, edited presentation of the most essential information.
- b. A case presentation should be memorized as much as possible by your 3rd year rotations. You can refer to notes, but should not read your presentation.
- c. Length – this will vary depending on your service. A full medicine presentation in attending rounds should be under 5 minutes. A presentation in the hallway on walk rounds on medicine should take no

more than 3 minutes.

write-up contains more information than you will include in an oral presentation.

2. Basic principles

3. Similarities and differences between written and oral presentations

- a. Both are an organized reconstruction of the patient's narrative into a coherent HPI, not a random assortment of facts.
- b. Both follow the same organizational format (see #4 below)
- c. Separation of subjective data – derived from the patient, family and medical record and objective data which includes your physical exam and today's lab/radiographic data

4. Basic structure for oral case presentations – the order parallels that of the write-up.

- a. Identifying information/chief complaint (ID/CC)
- b. History of present illness (HPI) including relevant ROS only
- c. Other active medical problems
- d. Medications/allergies/substance use (note:
- e. The complete ROS should not be presented in oral presentations
- f. Brief social history (current situation and major issues only)
- g. Physical examination (pertinent findings only)
- h. One line summary
- i. Assessment and plan

4. Organization and Content of Case Presentation

1. Identifying Information/Chief Complaint (II/CC) – you want flesh out the bare bones enough to make your presentation engage the listener and give them a feel for the patient as a person.

- a. Structure: “Mr./Mrs./Ms. ___ is a ___ year-old man/woman who presents with a chief complaint of ___ (or who was electively admitted for evaluation of ___, or who comes in to clinic for follow up of _____)”.
- b. Only include the race or ethnicity of the patient if it is relevant and will make your listener weigh diagnostic possibilities differently.
- c. To orient your listener, the identifying information should include the patient’s relevant active medical problems, of which there are usually no more than four. You will list these problems here by diagnosis only, and will elaborate on them later in the “HPI” or “other medical problems.” Your small group facilitator should help you identify which problems are relevant when this is not obvious.

Good Examples: Mr. Smith is a 55 year-old man with a long history of diabetes mellitus, cirrhosis, and chronic obstructive lung disease, who presents with a chief complaint of fever and productive cough...

Mrs. Jones is a 39 year-old woman who was electively admitted for evaluation of exertional dyspnea. Her active problems include rheumatoid arthritis and hypertension. She was in her normal state of health until...

- c. Avoid presentation of distracting information, such as an overly detailed discussion of the patient’s medical problems in your introductory remarks:

Examples: BAD #1: ...his problem list includes coronary artery disease – myocardial infarction x 2, the last in 1996, multiple negative rule-outs since, ejection fraction equaled 35% in 1994; diabetes mellitus x 10 years, insulin requiring for five years, complicated by retinopathy; chronic obstructive lung disease – with a FEV1* of 1.2 liters and steroid dependence...

GOOD #2: ...his active problems include coronary artery disease, diabetes mellitus, and chronic obstructive lung disease....

In example 1 the listener will forget the chief complaint by the time you reach the history of present illness. Example 2 is concise and does not interrupt the listener’s train of thought between the chief complaint and the history of present illness; relevant information about each of these problems should be introduced when appropriate in the “HPI” or “other medical problems.”

2. History of Present Illness (HPI)

- a. Introductory sentence: Mr./Mrs./Ms. ___ was in his/her usual state of ___ (e.g., excellent health/poor health) until ___ (e.g., three days prior to admission) when he/she developed the ___ (acute/gradual) onset of _____.

The introductory sentence may include details of past medical history **if the patient’s illness directly relates to an ongoing chronic disease.**

- b. Don’t mention that an event occurred “on Saturday”, rather refer to the time relative to the day of admission, e.g. 3 days prior to admission.

Examples: Mr. Smith has a long history of chronic obstructive lung disease characterized by two block dyspnea on exertion,