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Graduate Programs—NEW COURSE PROPOSAL

DEPARTMENT NAME: **BMED**

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

RECOMMENDED COURSE IDENTIFICATION:

PREFIX BMS COURSE NUMBER 6017 LAB CODE (L or C)

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

COMPLETE COURSE TITLE : **PHYSICIANSHIP SKILLS 3**

EFFECTIVE DATE

(first term course will be offered)

SUMMER , 2012

CREDITS: **5 HRS.**

TEXTBOOK INFORMATION:

Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (Eighth Edition)*. Philadelphia, PA: Lippincott Williams & Wilkins; 2003.

Smith, RC. *Patient-Centered Interviewing*. Philadelphia, PA: Lippincott Williams & Wilkins; 2001.

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

COURSE DESCRIPTION, NO MORE THAN 3 LINES: The courses will provide students with further proficiency in history taking and physical examination started during the Introduction to the Medical Profession course. Specific skills needed to care for distinctive groups of patients such as children, women, and the elderly, as well as patients at the end of life will be introduced. Additional goals are to encourage students to understand the basic tenets of professionalism, develop a cultural awareness and competency, and undertake the practice of medicine without prejudice or bias.

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.

Gauri Agarwal, M.D.
 E-Mail: gagarwal@fau.edu
 Phone: (561) 297-4132

Faculty Contact, Email, Complete Phone Number

SIGNATURES

SUPPORTING MATERIALS

Approved by:

Department Chair: _____

College Curriculum Chair: _____

College Dean: _____

UGPC Chair: _____

Dean of the Graduate College: _____

Date:

Syllabus—must include all details as shown in the UGPC Guidelines.

Written Consent—required from all departments affected.

Go to: <http://graduate.fau.edu/gpc/> to download this form and guidelines to fill out the form.

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.

Syllabus :

1. Course title : Physicianship Skills 3

Course number: BMS 6017

Number of credit hours: 5

Lecture Hours: Wednesday Afternoons, 1:00 PM-4:00 PM, BC-126, unless otherwise specified

Small Group Hours: Wednesday Afternoons, 1:00 PM-4:00 PM, location as assigned

Learning Community: Monday afternoons 1PM – 3PM, location as assigned

Other Activity Hours: Time as assigned at: FAU Simulation Center, evening Physical exam session with professional patients

2. Course prerequisites:

Accepted for matriculation in the FAU Medical Sciences program.

3. Course logistics:

a. term: fall and spring of 2012

b. not an online course

c. Biomedical Science Building room BC-126, anatomy lab, small group PBL rooms and other locations specified above.

4. Instructor information:

Course Directors:

Gauri Agarwal, M.D.
BC-118
gagarwal@fau.edu
Office: 561-297-4132

Julia Belkowitz, M.D.
BC-226
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Julie C. Servoss, M.D., M.P.H.
BC-225
jservoss@fau.edu
Office: 561-297-4133

Course Support:

Ms. Ashia Milligan
IPC Specialist
BC-137
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 courses is to provide students with an understanding of the fundamental principles necessary to becoming informed, reasoned, compassionate, and conscientious

physicians. They are to serve as a counterpart to the Integrated Patient Care courses that provide a unique opportunity for direct patient care.

The courses will provide students with further proficiency in history taking and physical examination started during the Introduction to the Medical Profession course. They aim to instill an awareness of the impact of chronic illness on patients and caregivers, and lay the foundation for the ethical and legal framework of patient care. They will also assist students in developing a mastery of the tools needed to explore clinical questions, understanding the necessity of becoming advocates for patients and disease prevention, and exploring the multifaceted barriers to patient care. Specific skills needed to care for distinctive groups of patients such as children, women, and the elderly, as well as patients at the end of life will be introduced. Additional goals are to encourage students to understand the basic tenets of professionalism, develop a cultural awareness and competency, and undertake the practice of medicine without prejudice or bias.

The Learning Community portion is a time for reflection and discussion of recent clinical experiences. It will allow students to continue to practice their ability to answer pertinent clinical questions in a methodical fashion from the medical literature and to explore issues of ethics, cultural competency, and humanitarian medicine.

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

7. Course objectives/student learning outcomes:

Competency Based Objectives:

Professionalism

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

- 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

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

- 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

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

- Understand the importance of the thorough completion of the physical exam in adults and children
- Understand the multifaceted needs of caring for patients with chronic illness
- Find community resources for patients with barriers to health care
- Demonstrate a commitment to ethical principles of patient care
- Demonstrate an understanding of the fundamental legal principles in patient care
- Demonstrate a sensitivity and responsiveness to age, gender, racial, educational and economic determinants of health
- Understand fundamental principles in palliative care
- 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
- Understand the importance of monitoring patients for evidence of violence in the home or in his or her relationships
- Utilize tools of evidence based medicine to enhance the care of their patients
- Understand the need for immunizations in adult and children and current guidelines for practice

Medical Knowledge

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

- Understand the medical needs of patients with a variety of chronic diseases
- Know current immunization and prevention guidelines
- Know health maintenance screening guidelines for adults
- Know basic elements of family planning and modes of contraception available in the United States
- Understand the components of the geriatric history and exam
- Utilize geriatric assessment tools such as the MMSE, gait and mobility evaluation, and home safety evaluation
- Understand the treatment modalities utilized in palliative care and ethical issues in decision-making at the end-of-life
- Understand the disparities in medical research and healthcare for women
- Know the common medical conditions affecting women and prevention and screening guidelines for women
- Understand major issues in international health and methods of addressing them
- Understand health issues in children including atypical development

Problem-Based Learning and Improvement

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

- Facilitate the learning of other students within the learning community
- Understand the need and importance of monitoring medical error and promoting patient safety
- Understand the importance of physician advocacy and primary prevention
- Utilize tools of evidence based medicine to enhance the care of their patients
- Understand basic epidemiological study designs used in peer reviewed articles, i.e. cohort studies, case-control studies, randomized-controlled studies and meta-analysis
- Understand basic statistical tests
- Know how to perform a critical analysis of a peer-reviewed article

Systems-Based Practice

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

- Understand how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- Understand how physician performance is evaluated
- Understand mechanisms of quality assurance in healthcare
- Demonstrate a sensitivity and responsiveness to economic determinants of health

Course description:

There are many approaches used in the Physicianship Skills course to teach about the following themes. The approaches are meant to build upon the principles begun in the Introduction to the Medical Profession while complementing the activities of the Integrated Patient care courses.

- Physical Examination
- Evidence Based Medicine
- Principles of Ethics
- Legal Medicine
- Impact of Chronic Illness
- Pediatrics and Child Development
- Contraception and Family Planning
- Women's Health
- Health Screening in Adults
- Human Sexuality
- Violence in the Home
- Geriatrics
- Palliative Care
- Complementary and Alternative Medicine
- Global Health
- Medical Error and Patient Safety
- Patient Advocacy and Prevention/Injury Prevention
- Systems Based Care/Economics of Healthcare

Wednesday afternoon core sessions

(1:00 PM - 4:00PM)

Wednesday afternoon sessions will combine didactics, small group case discussions, patient panels, and occasional activities in the Simulation Center.

Please be prepared to have your laptop available during these sessions. However, for some sessions, such as patient panels, use of laptop computers would be inappropriate. Some sessions will require preparation including completing readings or doc.com modules (please refer to Blackboard.)

Learning Community

Monday (1:00 PM - 3:00 PM)

The weekly sessions include a dedicated time for reflection on the past week's clinical activities and immersion of the IPC courses. In addition, there will be a rotation of activities monthly including journal club, case presentations, a communication lab, medical humanities, and ethics/cultural competency topics.

- Evidence Based Medicine /Journal Club:
Activities and readings will be posted on Blackboard.
- Medical Humanities/Communication Lab:
Humanities pieces will be available online on the Blackboard site prior to learning community sessions and will be discussed within the learning community.

Communication Lab activities will be performed using the doc.com website. Please prepare assigned module prior to session.

- **Ethics/Cultural Competency Cases:**
Ethics and cultural competency cases will be available online on the Blackboard system prior to learning community sessions and will be discussed within the learning community.
- **Learning Community Case Presentations:**
One learning community per four week block will focus on student presentations. Four students will present in each session.

The sessions will have two areas of focus:

- 1) To develop and practice skills of presenting a patient to the medical team
- 2) To discuss issues related to the care of the individual patient.

This presentation will follow the format described below.

History:

Chief complaint:
History of the Present Illness:
Past Medical History:
Past Surgical History:
Hospitalizations:
Review of Systems:
Medications:
Allergies:
Immunizations:
Family History:
Social History:
Sexual History:
Review of Systems:

For pediatric, adolescent and geriatric patients, it would be appropriate to include specific components of developmental stages, nutrition etc., that have been presented in the Integrated Patient Care didactic sessions.

Physical Exam:

Vital Signs:
Anthropometrics (weight, height, length, head circumference, BMI, weight versus length as appropriate):
General Appearance:
HEENT:
Neck:
Cardiovascular:
Chest/ Pulmonary:
Abdomen:
Genitourinary:
Musculoskeletal:
Skin:
Neurologic:

Labs/ Data:

Patient labs and data should be presented.

Students are encouraged to discuss any data that may be relevant to the concurrent organ system module courses. Attempts to integrate the basic science underpinning of the practice of clinical medicine are encouraged, as they promote deeper learning and material retention. For example, the

results of a colonoscopy would generate a rich discussion if it happened during the Gastrointestinal, Hepatology and Nutrition Module.

Problem List:

The Problem List should be placed after the history and physical exam and should include all of the **problems** that were ascertained, chronic or ongoing. These should be defined problems and not specific signs or symptoms.

Assessment:

1) Differential Diagnosis

List the Differential Diagnosis in order of likelihood for the problem (preferably the chief complaint) you have chosen.

2) Discussion of Differential Diagnosis

For the Discussion of the Differential Diagnosis, indicate the pros and cons for each on the basis of findings from the history, physical exam and pertinent objective data.

Plan:

For the Plan, patient plans will be initially formulated by faculty preceptors but as you acquire more clinical skills, you may be able to develop significant parts of the diagnostic and treatment plan.

When preparing to discuss aspects of care for the selected patient in the Learning Community, students should consider the following in framing the presentation. It is not expected that each aspect will be covered in each presentation. As learners progress throughout their education, it is expected that the depth of discussion will increase as topics are covered in other courses of the curriculum.

- 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?

Clinical Dress Code:

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 Geriatrics 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.

8. Course evaluation method:

Examination Policy:

Exam Composition: All examination questions will be multiple-choice. Clinical vignettes will be used for many questions, and images will be incorporated as appropriate. Approximately 2-4 questions per afternoon session will potentially be used. Material from the learning community small group sessions will not be tested on the exams.

Therefore, a question like the following might appear on an exam:

A 32 y/o woman comes to see you with vague, intermittent abdominal pain that has been present for six months. She has had no fever, vomiting, diarrhea, bloody stools, or weight loss. She has had an extensive evaluation at other physicians' offices and has been seen in the ER for this pain, but no etiology has been found. She has no other significant past medical history. What would be an important next step in her evaluation?

- 1) Cardiac stress testing
- 2) Colonoscopy
- 3) Referral to a psychiatrist
- 4) Referral to surgery for exploratory laparotomy

5) Screening for domestic violence

Exam Administration: All examinations will be administered in the Biomedical Sciences building on the dates and times documented in the examination schedule. A student must sit for all examinations as scheduled. A student must obtain permission for an excused absence from the Course Director(s) and notify the Assistant Dean for Student Affairs prior to the time for sitting for a scheduled examination. In the event of a personal emergency, the course director and the Assistant Dean for Student Affairs must be notified of the absence as soon as possible. Missed examinations will be rescheduled at the discretion of the course director, at a time that does not interfere with other course work. Unexcused absences will result in a grade of zero (0) for the missed examination.

All absences from examinations should be documented by the course director and will be communicated to the Office of Student Affairs. A record of excused and unexcused absences from examinations will be maintained by the Office of Student Affairs. A pattern of recurrent absences from examinations, whether excused or unexcused, will be reviewed by the class promotions committees and may result in a recommendation up to and including dismissal from the FAU Medical Education Program. (See the Student Rights and Responsibilities Handbook)

During the exams, students are required to follow the examination protocol presented by the proctors. No specific questions regarding an exam item will be answered during any exam.

Examination Scoring: Scoring will be based solely on the answers recorded by the student on their laptop computer. Miskeying of answers will not be considered in grading a student's examination. Accuracy is the sole responsibility of the student.

Grades will be available via Blackboard in a timely fashion.

Viewing the Examination: All exams will be secure. Students can access a copy of the exam for review in the Office of Medical Education, Room BC-136

Grading Policy:

Activity	Date	Percentage of Grade
Exam #1	October 28	17.5
Exam #2	March 3	17.5
Professionalism		35
Assignments		30
Total		100

Students will be assessed using the criteria of consistent attendance, prompt completion and quality of assignments, participation in small group activities and learning communities, as well as performance on an examination.

§ Professionalism (35%)

- Consistent attendance is expected at all lectures, small groups, learning communities, and off site activities. Any unexcused absences will result in a 2 point deduction per absence from the final course grade. **For an absence to be excused, written/ email permission must be granted directly from course directors.** Please see attendance policy on page 13.
- Active participation is expected in all small groups, learning communities, and off site activities. This will be assessed by the faculty facilitators.

§ Assignments (30%) – Assignments must be submitted by their due date, and are a component of many of the Physicianship course themes. The assignments include one EBM Preceptor Search and the Advocacy Project. The Advocacy Project Presentations will occur, Thursday, February 25th. These will be tracked by the course directors.

§ Exam #1 (17.5%)

- Consists of questions covering objectives from lectures and small-groups.
- Includes material up to October 26.

§ Exam #2 1 (17.5%)

- Consists of questions covering objectives from lectures and small-groups.
- Includes material up to March 1. *The exam is not cumulative but builds on prior knowledge.*

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

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

When a student obtains a “D” or “F” on any examination, a letter is sent to the student asking them to contact the Course director for assistance. The letter is copied to the student’s file.

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 the regional campus courses Introduction to the Medical Profession, Integrated Patient Care and Physicianship Skills:

- When a student fails any component* of these courses or displays unsatisfactory performance based on preceptor evaluation narrative 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.
- If the student receives a passing grade for a course, but does not pass one component, the student will be asked to meet with the Course Director(s) to discuss any problems the student may have had with the material. A plan of action for improving the student’s performance will be determined. Evidence of successful completion of the remediation must be provided by the Course Director(s) for inclusion in the student file. The student may be discussed at the Promotions Committee meeting.
- 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 a “Fail” 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 (DoH and Community Preceptor), small-group performance, communication laboratories, and written examinations (in the Introduction to the Medical Profession and Physicianship Skills Courses).

11. Special Course requirements:

Attendance Policy:

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.

Professional Behavior:

Professionalism defines the conduct of a good physician. Our patients share their most closely held secrets and beliefs with us in a professional relationship. Total strangers have instinctive trust in you as a physician, even when you approach them as a medical student. Please respect the value and responsibility of this relationship. Information obtained from a patient or discovered in a patient's chart is confidential. It should be shared with no one. Items or events that you find humorous or even bizarre are part of the personal history of a patient and should not be shared except in a professional manner with colleagues also acting in the best interest of the patient. As students, especially before the clinical years, you have special sanction to use patient's records for your own educational purposes with no special benefit to the patient. Please respect this privilege.

15. Required texts/readings:

Required Textbooks:

The following are textbooks that students are expected to purchase. The textbooks are available at the FAU Bookstore.

- Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (Eighth Edition)*. Philadelphia, PA: Lippincott Williams & Wilkins; 2003.
- Smith, RC. *Patient-Centered Interviewing*. Philadelphia, PA: Lippincott Williams & Wilkins; 2001.

Suggested Textbooks:

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.

- 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.

Instruments:

On **August 7th**, there will be an opportunity to order instruments needed from a Welch-Allyn representative. The representative will be present to accept orders: please consult Blackboard for time and location.

The following should be purchased if not already purchased:

- Welch-Allyn Diagnostic Set with Coaxial Ophthalmoscope, Diagnostic Otoscope (Transilluminator is optional)
The Ophthalmology Department recommends that you purchase larger handle set.
- Pan-Optic Head (Optional)
- Two Headed (bell and diaphragm) Double Tube Stethoscope (suggested *Littman* or *Tycos* with ear pieces which fit your ears)
- 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)

16. Supplementary resources:

Clinical Skills Web Resources:

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

Auscultation Assistant: <http://www.wilkes.med.ucla.edu/intro.html>
 The Auscultation Assistant provides heart sounds, heart murmurs, and breath sounds in order to help medical students and others improve their physical diagnosis skills.

McGill University Virtual Stethoscope: <http://sprojects.mmi.mcgill.ca/mvs/>
 In this educational resource you will find a tutorial on the physical exam with emphasis on auscultation, a brief review of selected cardiac and pulmonary physiology/pathophysiology topics, a virtual stethoscope interface for auscultating normal and abnormal cardiac and respiratory sounds, and powerful and interactive quizzes to help with mastery of the stethoscope (on-line only).

Loyola University Medical Education Network: Reviews components of the screening physical exam
<http://www.lumen.luc.edu/lumen/MedEd/MEDICINE/PULMONAR/PD/Contents.htm>

Heart Lab Cardiac Auscultation Simulator: <http://www.familypractice.com/heartlab/heartlab.htm>
 Site allows you to select from the library of sounds to listen to accurate heart sounds on a simulated chest wall, review which maneuvers accentuate the sounds, locate where the sounds are best heard, and view a graphic representation of the sounds.

UC San Diego: A Practical Guide to Clinical Medicine <http://medicine.ucsd.edu/clinicalmed/lung.htm>
 A comprehensive physical examination and clinical education site for medical students and other health care professionals.

Blaufuss Multimedia Heart Sounds Tutorial: <http://www.blaufuss.org/tutonline.html>

University of Washington Heart Sounds and Murmurs: <http://depts.washington.edu/~physdx/heart/demo.html>

UC Davis Review of Lung Sounds: <http://medocs.ucdavis.edu/IMD/420C/sounds/lngsound.htm>

R.A.L.E. Repository of Lung Sounds: <http://www.rale.ca/Repository.htm>

17. Course topical outline, including dates:

Content outline:

Please refer to the Blackboard for up-to-date information, session-related objectives and hand-outs.

Week of	Academic Week	Session Topic
July 20	Week 1	PS 3 Course Intro/ Economics of Healthcare
July 27	Week 2	Malpractice
Aug. 3	Week 3	Child Development
Aug. 10	Week 4	Economics of Health Care II
Aug. 17	Week 5	Ethics End of Life Care
Aug.24	Week 6	Evidence Based Medicine
Aug. 31	Week 7	Tobacco Cessation

Sept. 7	Week 8	Palliative Care
Sept. 14	Week 9	Chronic Disease Patient Panel- IBD
Sept. 21	Week 10	Contraception/ Family Planning
Sept 28	Week 11	Chronic Disease Patient Panel- Child Development
Oct. 5	Week 12	Violence in the home
Oct. 12	Week 13	Chronic Disease Panel- Renal
Oct. 19	Week 14	Women's Health/Practice Simulation (Sim Patients in Evening)
Oct. 26	Week 15	Midterm Exam / Geriatric and Palliative Care Competency
Nov. 2	Week 16	Geriatrics
Nov. 9	Week 17	Chronic Disease Patient Panel - Disabilities
Nov. 16	Week 18	Principles of Ethics
Nov. 23	Week 19	Open PE Practice
Nov. 30	Week 20	Global Health
Dec. 7	Week 21	Chronic Disease Panel HIV
Dec. 14	Week 22	Ethics
Dec. 21		
Dec. 28		
Jan.4	Week 23	Chronic Disease Patient Panel-Cancer
Jan. 11	Week 24	Patient Safety 2
Jan. 18	Week 25	Chronic Disease Panel-Sickle Cell
Jan. 25	Week 26	Screening/ Evidence Based Medicine
Feb. 1	Week 27	Chronic Disease Patient Panel- Transgender Panel
Feb. 8	Week 28	Simulation Center Patient Cases
Feb 15.	Week 29	Preparation for Rotations and Medical Decision Making
Feb.22	Week 30	Preparation for Rotations and Medical Decision Making
Mar.1	Week 31	Final Exam/ Review lecture level 2 PE benchmarks

Other important dates/ times:

Wednesday, October 21, 5- 9 pm: Male and female examination
Thursday, February 25, 1- 4 pm: Advocacy project presentations

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.

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