

# FLORIDA ATLANTIC UNIVERSITY™

## Graduate Programs—NEW COURSE PROPOSAL

UGPC APPROVAL \_\_\_\_\_  
 UFS APPROVAL \_\_\_\_\_  
 SCNS SUBMITTAL \_\_\_\_\_  
 CONFIRMED \_\_\_\_\_  
 BANNER POSTED \_\_\_\_\_  
 ONLINE \_\_\_\_\_  
 MISC \_\_\_\_\_

DEPARTMENT NAME: **BMED**

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

**RECOMMENDED COURSE IDENTIFICATION:**

PREFIX      **BMS**      COURSE NUMBER   6810   LAB CODE (L or C)     

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

COMPLETE COURSE TITLE: **Introduction to the Medical Profession**

### EFFECTIVE DATE

(first term course will be offered)

**FALL, 2011**

CREDITS: **3 hrs.**

**TEXTBOOK INFORMATION:**

- Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (Tenth Edition)*. Philadelphia, PA: Lippincott Williams & Wilkins; 2009.
- Smith, RC. *Patient-Centered Interviewing*. Philadelphia, PA: Lippincott Williams & Wilkins; 2001.

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

**COURSE DESCRIPTION, NO MORE THAN 3 LINES:**

**THIS COURSE PROVIDES AN INTRODUCTION TO THE ATTITUDES, KNOWLEDGE, AND SKILLS NECESSARY TO BECOME AN ALTRUISTIC, DUTIFUL, AND COMPETENT PHYSICIAN WITH A COMMITMENT TO COMPASSIONATE, RESPECTFUL PATIENT CARE AND DEDICATION TO EXCELLENCE AND LIFE-LONG LEARNING.**

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.

Julia Belkowitz, M.D.,

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Phone: 561-297-5013

\_\_\_\_\_  
 Faculty Contact, Email, Complete Phone Number

### SIGNATURES

### SUPPORTING MATERIALS

<p><b>Approved by:</b></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><b>Date:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>Syllabus</b>—must include all details as shown in the UGPC Guidelines.</p> <p><b>Written Consent</b>—required from all departments affected.</p> <p>Go to: <a href="http://graduate.fau.edu/gpc/">http://graduate.fau.edu/gpc/</a> 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](mailto:diamond@fau.edu) and [eqirjo@fau.edu](mailto: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. 2011-2012

Syllabus :

1. **Course title** : Introduction to the Medical Profession

**Course number**: BMS 6810

**Number of credit hours**: 3

Lecture Hours: 4 hrs/day, up to 10 hrs/week.

Small-group Hours: 6 hrs/week.

Other activity Hours: 2 hrs/week, Communication laboratory.

2. **Course prerequisites**:

Accepted for matriculation in the FAU Medical Sciences program.

3. **Course logistics**:

a. term: Fall 2011

b. not an online course

c. Biomedical Science Building room BC-126, anatomy lab, small group PBL rooms.

4. **Instructor information**:

Course Director

Julia Belkowitz, M.D.

BC-226

jbelkowi@fau.edu

Office: 561-297-5013

Please note: All official student communication from the Director will be sent via e-mail to students at their FAU e-mail address.

Office hours:

By appointment: Please contact Dr. Belkowitz by e-mail

Course Support:

Ms. Ashia Milligan

IPC Specialist

BC-137

Phone: 561-297-4333

Fax: 561-297-4334

amilliga@fau.edu

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.

This course provides an introduction to the attitudes, knowledge, and skills necessary to become an altruistic, dutiful, and competent physician with a commitment to compassionate, respectful patient care and dedication to excellence and life-long learning.

## 7. Course objectives/student learning outcomes:

### Competency Based Objectives:

At the end of the Fundamentals of Biomedical Science courses, 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
- § Appreciate the importance of a compassionate, non-judgmental attitude with classmates, faculty and staff
- § Understand and respect the need to collaborate with each other to promote learning
- § Apply reflective practice as a strategy to achieve personal and professional growth
- § Apply methods to reduce stress and improve wellness in oneself and others

#### Interpersonal Skills and Communication

- § Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with their peers and faculty
- § Demonstrate the ability to work in professional teams to solve problems.
- § Demonstrate the ability to do self and peer evaluations of performance and knowledge levels
- § Demonstrate skills to learn in a student-centered and adult learning environment

#### Patient Care

- § Correlate the biomedical science aspect of model diseases to the clinical knowledge acquired in the Integrated Patient Care and Physicianship Skills

#### Medical Knowledge

- § Understand the basic vocabulary of the biomedical sciences as they relate to structures, processes and diseases
- § Understand the concept of genome organization and expression and its effect on the practice of medicine
- § Describe the roles of various bio-molecules in the major metabolic pathways of cells
- § Correlate basic normal human anatomy with images used by health care professionals
- § Identify the knowledge base and gaps related to the application of course content to clinical disorders
- § Utilize a variety of resources (faculty, textbooks, computers, internet, etc.) to find information about anatomical, histological and developmental issues related to normal structure and clinical problems
- § Understand the interactions between organisms in infectious diseases and the mechanisms of defense against human pathogens
- § Understand the basic pathologic processes as they apply to disease mechanisms

#### Practice-Based Learning and Improvement

- § Reflect on the importance of dedication to life-long learning and strive for excellence in order to consistently provide optimal performance in class, small group and ultimately in patient care
- § Take charge of their own learning and effectively elicit feedback from faculty and peers in order to optimize learning

#### Systems-Based Practice

- § N/A

## 8. Course evaluation methods:

### Examinations:

**Exam Composition:** All examination questions will be multiple-choice or item matching. Clinical vignettes will be used for many questions, and images will be incorporated as appropriate. Approximately 2-3 questions per lecture hour, 2-3 questions per small-group hour and 2-3 questions per laboratory hour may be used.

*Therefore, a question like the following might appear on an exam (please note that this question stems from the doc.com module #6: 'Build the Relationship'):*

**A middle-aged-man complains of persistent headaches for the past few weeks. You take a careful history, perform an extensive physical exam focusing on neurological function, and order screening laboratory tests. All findings and results are normal. After you convey this good news your patient continues to look worried. He is convinced he has something serious. He asks, "How can you be positive that these headaches are not related to a brain tumor?" Which of the following statements would be the most empathic response to your patient?**

- A. "Let me reassure you once again. There is no evidence of a brain tumor."
- B. "Nothing is ever 100% certain, but in your case we can be very sure you do not have a brain tumor. The odds of a brain tumor are very small."
- C. "The chances of your having a brain tumor are extremely low. I think we should move on to treating your headache pain."
- D. "You look worried. I know that you are concerned about the possibility of a brain tumor. Help me to understand the reason for your unease."

**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 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. Both excused and unexcused examination absences will result in submission of a PIR by the course director(s) (Professionalism incident report, see Medical Student Rights and Responsibilities Handbook).

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 will be informed of the time and place where a copy of the exam can be reviewed.

**Grading Policy:**

Each student's grade will be calculated based on:

Activity	Date	Percentage of Grade
Small-group performance		35
Communication Labs		30
Examination	August 28	35
Total		100

Students are required to pass the individual activities (Small-group performance, Communication Labs and the Final Exam) in order to pass the course overall

**Small-group performance 35%:**

- ü *Attendance:*
  - o Attendance at all small-group sessions is mandatory and accounts for 20% of the small-group performance grade.
  - o Any unexcused absences will result in a 4-point deduction per absence.
  
- ü *Participation and team work:*
  - o Participation and team work during the small-group sessions account for 60% of the small-group performance grade.
  - o Small-group faculty preceptors will evaluate each student at the end of their block of small group sessions.
  - o *Copies of the forms used to evaluate students may be found under the "Handouts and links" of the student e-Dossier on Blackboard.*
  
- ü *Assignments:*
  - o Assignments account for 20% of the small-group performance grade.
  - o During the last 15- 30 minutes of the small-group sessions, an exercise will be assigned for completion by the group within the session. Completed

exercises should be emailed to the Office of Medical Education ([officemeded@fau.edu](mailto:officemeded@fau.edu)) at the end of the session. .

- o All group members must type their name on the exercise to receive credit.

### **Communication Labs 30%:**

#### ü *Attendance:*

- o Attendance at all communication labs is mandatory and accounts for 30% of the communication lab grade
- o Any unexcused absences will result in a 10-point deduction per absence.

#### ü *Participation and team work:*

- o Participation during the communication labs accounts for 70% of the communication lab grade.
- o For the communication labs, faculty preceptors will evaluate the students after their 3<sup>rd</sup> communication lab session. If a preceptor should not be able to attend all three communication labs, a covering preceptor will evaluate the group for that session. A final grade will be obtained by averaging all the evaluations.
- o *Copies of the forms used to evaluate students may be found under the "Handouts and links" of the student e-Dossier on Blackboard.*

### **Examination 35%:**

The final exam will be on August 28 from 8:00AM to 10:00 AM.

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.

### **Current policy for the courses: 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 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.
- b) 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.

- c) 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).

#### 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 courses: 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 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.

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b) 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.

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c) 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.

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\* 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 Integrated Patient Care course activities is mandatory. **For an absence to be excused, a request must be made to the Course Director(s) in writing or via email.** 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](http://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. The textbooks are available at the FAU Bookstore. Students are encouraged to look for independently to assure best pricing.

- Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (Tenth Edition)*. Philadelphia, PA: Lippincott Williams & Wilkins; 2009.
- Smith, RC. *Patient-Centered Interviewing*. Philadelphia, PA: Lippincott Williams & Wilkins; 2001.

**16. Supplementary resources:**

Follow the doc.com link in the "Handouts and links" section of your Blackboard materials for instructions and access.

**one45 postings:**

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.

**IMPORTANT: PLEASE READ OBJECTIVES AND PREVIEW ASSIGNMENTS WELL BEFORE THE LECTURE. AN ASSIGNMENT MAY NEED TO BE COMPLETED SEVERAL DAYS BEFORE LECTURE.**

**MON, AUG 10**

- 8-9:00 AM **Introduction to the Medical Profession: Course Overview**  
*Dr. Belkowitz/ Lichtstein*  
Learning Objectives:
- ✓ Historical Journey: Learn about individual physicians with amazing accomplishments
  - ✓ Describe the general overview of the course
  - ✓ Define the ACGME-competencies and their relationship to course objectives
  - ✓ Discuss policies, attendance, exam, and grading
- 9-10:00 AM **Professionalism and Strategies for Achieving Excellence**  
*Dr. Garnet Peter*  
Learning Objectives:
- ✓ Define fundamental principles of medical professionalism as they apply to physicians in the 21st century (including primacy of patient welfare, beneficence, non-maleficence, autonomy, social justice)
  - ✓ Identify "tangible" expressions of medical professionalism

- ✓ Discuss how to communicate attentiveness, empathy, respect, partnership, and support
- ✓ Reflect on potential barriers to professionalism
- ✓ Begin to recognize strategies for making professionalism more robust to challenges

10-11: 00 AM Independent review of doc.com module #6 in preparation for small group

11-12:00 PM **Introduction to Blackboard**

**TBA**

- ✓ Describe the Blackboard curriculum management system
- ✓ Demonstrate and practice using the Blackboard system to locate materials online including class schedule times and room numbers, assignments, and class materials

1-12:00 PM **The Patient-Physician Relationship**

*Dr. Daniel Lichtstein*

Learning Objectives:

- ✓ Describe key components of an ideal patient-doctor relationship
- ✓ Reflect on the relationship's basic code of conduct with respect to specific components of professionalism: Punctuality, confidentiality, attentiveness, respect, and trust
- ✓ Appreciate the importance of honesty, shared decision-making, communication skills, and cultural competency in establishing a strong patient-doctor relationship
- ✓ Discuss basic strategies for communicating attentiveness, empathy, respect, partnership, and support

2-3:30 PM **Small-Group Session #1:**

Learning Objectives:

- ✓ Discuss medical professionalism and define the concepts of primacy of patient welfare, beneficence, non-maleficence, patient autonomy, and social justice
- ✓ Describe specific interpersonal and communication skills for expressing professionalism during a medical encounter
- ✓ Examine the role of attentive listening, reflection, legitimation, positive feedback, and other skills in enhancing communication of empathy and respect

<b>TUE, AUG 11</b>
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8-9:00 AM **Introduction to Interviewing**

*Dr. Daniel Lichtstein*

Learning Objectives:

- ✓ Identify attributes of effective medical data gathering, including accuracy, thoroughness, relevance and efficiency
- ✓ Describe patient-centered interviewing and its contribution to the medical interview
- ✓ Define the following specific data-gathering communication skills and describe their use
  - Attentive listening
  - Open-ended and closed-ended questioning
  - Reflection

- Facilitation
- Clarification and direction
- Checking/Summarization

**Reading Assignment:**

Textbook: Smith: Chapters 1 and 2: pages 1-33.

**Comment:** Depending on your own person learning style, you may use these chapters to prepare you for the lecture or you may choose to go to the lecture first and then use the lecture to help focus your reading after the lecture.

9-10:00 AM **Vital Signs**

*Dr. Stuart Markowitz*

Learning Objectives:

- ✓ Describe the significance of vital signs, including blood pressure, heart rate, and observing respirations
- ✓ Describe and demonstrate acceptable techniques for performance of blood pressure, pulse, temperature, and observing respirations
- ✓ Describe potential confounders of accurate blood pressure measurement and possible remedies
- ✓ Define hypertension in adults

**Reading Assignment:**

Textbook: Bates: Chapter 4: pages 105-113.

**Comment:**

There will be a vital signs practice session and you may therefore want to read this chapter before the lecture. The lecture will serve to reinforce the learned material so that you are able to apply some of the information during the practice session. Also, you may want to ask your faculty preceptor specific questions related to your reading. During the vital signs practice session you and one of your colleagues will have 30 minutes during which senior faculty members will be "teaching you the ropes". Please use them as a resource!

10-12 PM Communication Lab 1 (half of the class):

**Non-Verbal Communication Skills**

Learning Objectives:

- ✓ Demonstrate increased awareness of non-verbal gestures and behaviors
- ✓ Describe opportunities for using non-verbal communication skills to strengthen interpersonal relationships, including the patient-doctor relationship
- ✓ Practice attentive listening and other non-verbal communication skills to enhance the expression of empathy

OR

**Vital Signs Practice** (half of the class):

Learning Objectives:

- ✓ Demonstrate skills that promote a comfortable exam experience for the patient
- ✓ Observe respiratory pattern
- ✓ Perform palpation of radial arteries
- ✓ Practice measuring of blood pressures in one arm, by auscultation in sitting position

- 1-2:00 PM **The Practice Environment: How do we communicate with colleagues?**  
*Dr. Julie Belkowitz*  
 Learning Objectives:
- ✓ Reflect on introductions in the clinic setting
  - ✓ Develop a method for setting expectations with your preceptors
  - ✓ Describe strategies for communicating with consultants: The do's and don'ts
  - ✓ Discuss approaches to communicating with nurses, therapists, and other colleagues in the health care setting
  - ✓ Explain the importance of multi-disciplinary collaboration on patient care
- 2-4:00 PM Panel Discussion:  
**Professionalism and Communication with Colleagues**  
*Facilitator: Dr. Julie Belkowitz*  
 Learning Objectives:
- ✓ Learn about professionalism perspectives of local nurses and physicians
  - ✓ Reflect on different approaches to communicating with colleagues
  - ✓ Compare successes and challenges in the area of medical professionalism and communication

<b>WED, AUG 12</b>
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- 8-10:00 AM **Class of 2013 Professional Code**  
*Dr. Julie Belkowitz*  
 Learning Objectives:
- ✓ Review professionalism concepts
  - ✓ Construct core elements of the professional code for the Class.
- 10-12:00 PM  
 Communication Lab 1 (half of the class):  
**Non-Verbal Communication Skills**  
 Learning Objectives:
- ✓ Demonstrate increased awareness of non-verbal gestures and behaviors
  - ✓ Describe opportunities for using non-verbal communication skills to strengthen interpersonal relationships, including the patient-doctor relationship
  - ✓ Practice attentive listening and other non-verbal communication skills to enhance the expression of empathy
- OR  
**Vital Signs Practice** (half of the class):  
 Learning Objectives:
- ✓ Demonstrate skills that promote a comfortable exam experience for the patient
  - ✓ Observe respiratory pattern
  - ✓ Perform palpation of radial arteries
  - ✓ Practice measuring of blood pressures in one arm, by auscultation in sitting position

<b>THU, AUG 13 INDEPENDENT STUDY: FIRST RESPONDER COURSE</b>
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Please view the assigned archived FAU lectures on basic emergency care, accessible via the “Handouts and Links” section of your Blackboard e-Dossier. Review the course objectives and goals listed at the end of the section on objectives (under **OBJECTIVES APPENDIX**) before viewing the two videos of the archived lectures. You may choose to view the videos at another time prior to your BLS training session. Please note that on the final exam, you will not be tested on the material covered in the videos. However, these videos will complement the BLS training and should help enhance the clinical context of BLS training.

**FRI, AUG 14**

8-9:00 AM **On Doctoring**  
*Dr. William Adkins*

10-12:00 PM

**Small-Group Session #2:**

*Discussion based on 2 chapters from the book: On Doctoring*

Learning Objectives:

- ✓ Describe key components of effective communication
- ✓ Reflect on the impact of effective communication on the patient-physician relationship
- ✓ Discuss potential barriers to developing an ideal patient-doctor relationship
- ✓ Identify strategies that could be applied by physicians to help overcome some of the potential barriers to an ideal patient-doctor relationship

**Reading Assignment:**

The book On Doctoring:

“Mistakes” by David Hilfiker, p. 325-336

“Invasions” by Perri Klass, p. 368-372

**Comment:**

These 2 chapters are essential for effective participation in the small-group session and must be read before the small-group session.

**WEEK 2**

**MON, AUG 17**

8-10:00 AM

Communication Lab 2 (half of the class):

**“First Impressions: A Two-Way Street”**

Learning Objectives:

- ✓ Describe and demonstrate basic steps for introducing oneself to the patient and setting the stage for the interview
- ✓ Role play specific encounters (e.g. clinic versus hospital setting)
- ✓ Practice providing and receiving constructive feedback on communication skills from the group

10-11:00 **Introduction to the Health Care Systems in the U.S.**

*Dr. Julie Servoss*

Learning Objectives:

- ✓ Describe the organization of the U.S. health care system
- ✓ Reflect on how the U.S. spends its health care dollars Identify the sources of funds spend on health care in the U.S. Discuss Palm Beach County health insurance

**Reading Assignment:**

PDF file on Blackboard:

**“Overview of the U.S. Health Care System.”** AMSA. Kao-Ping Chua.2006.

**Comment:**

This PDF file contains a concise primer on the U.S. health care system. You may strongly consider reading the primer before the lecture in order to gain a deeper understanding of the intricacies of the system.

11-12:00 PM **Challenges in Health Care and Quality Management**

*Dr. Julie Servoss*

Learning Objectives:

- ✓ Enumerate the major challenges in health care including:  
Access to care, care for the uninsured, caring for the elderly, medical liability, paying for medications, the adaptation of new technology and treatments, and health care quality
- ✓ List the major strategies currently being pursued to address these problems in the U.S.
- ✓ Describe the importance of quality in health care and the major areas of care where quality may be lacking
- ✓ Discuss the accreditation process for insurance companies, hospitals and clinics in the U.S.

1-5:00 PM **Basic Life Support** (one quarter of the class)

During Orientation, students were given a copy of the “BLS for Health Care Providers Student Manual”. Students are expected to have read the manual and watched the included CD prior to the session. There is no need to bring the manual to the session.

**TUE, AUG 18**

8-9:00 AM **The Many Facets of Chronic Illness**

*Dr. Meaghan McNulty*

Learning Objectives:

- ✓ Review the prevalence of chronic illness in the U.S.
- ✓ Name some of the most common chronic diseases in children and adults in the U.S.
- ✓ Discuss the potential impact of chronic illness on someone's life
- ✓ Describe some of the potential systems barriers to achieving high quality of care for all patients with chronic illnesses (e.g. access to care, inadequate

- systems to prevent complications and errors, health literacy, and cultural competence)
- ✓ Develop a working definition of palliative care

9-10:00 AM

Video: **“The Stealth Epidemic”**

*Faculty: Dr. Meaghan McNulty*

Learning Objectives:

- ✓ Identify some of the challenges to optimal chronic illness care
- ✓ Consider improvement strategies to help optimize care

10-12:00 PM **Small-Group Session #3:**

*Discussion based on a video from the Robert Wood Johnson Foundation: “The Stealth Epidemic” (shown in class on 8/18/09, 9:00-10:00 AM)*

Learning Objectives:

- ✓ Describe some of the elements of the current health care crisis as it pertains to chronic illness care
- ✓ Identify some of the systems that are inadequate and pose barriers to achieving high quality of care for all patients with chronic illnesses
- ✓ Discuss improvement strategies described in the video to help enable patients to take control of their own disease

1-2:00 PM

**Patient-Centered and Doctor-Centered Interviewing**

*Dr. Daniel Lichtstein*

Learning Objectives:

- ✓ Describe an effective process of opening a medical interview, including the steps involved in setting the stage
- ✓ Define the chief complaint(s) as the primary reason(s) for seeking medical care and set the agenda for the interview
- ✓ Describe the steps involved in opening the history of present illness (HPI)
- ✓ Describe the patient-centered HPI
- ✓ Define the steps used in transitioning during the interview

**Reading Assignment:**

Textbook: Smith: Chapter 4 (pages 35-69)

**Comment:** Depending on your learning style, you may read this chapter as a primer for material presented during the lecture. Alternatively, you may choose to use the lecture to guide your reading of the chapter after the lecture.

2-3:00 PM

**Medical Student Wellness**

*Dr. Madeleine Stam*

Learning Objectives:

- ✓ Begin to recognize signs of personal stress
- ✓ Identify methods to reduce stress and improve wellness
- ✓ Describe how lack of personal wellness can be a hindrance to the doctor-patient relationship
- ✓ Demonstrate the ability to practice confidentiality concerning personal discussions with colleagues
- ✓ Establish a group commitment to create an environment that nurtures individual well-being and team spirit

**WED, AUG 19**

8-10:00 AM Communication Lab 2 (half of class):

**"First Impressions: A Two-Way Street"**

Learning Objectives:

- ✓ Describe and demonstrate basic steps for introducing oneself to the patient and setting the stage for the interview
- ✓ Role play specific encounters (e.g. clinic versus hospital setting)
- ✓ Practice providing and receiving constructive feedback on communication skills from the group

10–11:00 AM **Barriers to Health Care Access**

*Dr. Julia Belkowitz*

Learning Objectives:

- ✓ Describe some of the many factors related to access to care, including health insurance coverage, transportation, physician availability, language barriers, limited health literacy, and cultural competency
- ✓ Emphasize the prevalence of barriers to health care access
- ✓ Discuss how limited access can lead to disparities in health care

11-12:00 PM **Introduction to Community Resources**

*Dr. Julia Belkowitz*

Learning Objectives:

- ✓ Describe how "non-medical" issues can lead to limitations in providing health care for patients
- ✓ Discuss when and how to appropriately provide information about community resources to patients
- ✓ Improve effectiveness of patient care by understanding the importance of collaboration with community partners

1-5:00 PM **Basic Life Support** (one quarter of the class)

During Orientation, students were given a copy of the "BLS for Health Care Providers Student Manual". Students are expected to have read the manual and watched the included CD prior to the session. There is no need to bring the manual to the session.

**THU, AUG 20**

10-11:00 AM **Why focus on patient panels, what is their purpose?**

*Dr. Julie Servoss*

Learning Objectives:

- ✓ Review examples of patient panels at other schools (e.g. Yankton campus)
- ✓ Discuss specific learning opportunities offered through patient panels
- ✓ Describe the process for entering patients into each student's Patient Log
- ✓ Briefly discuss HIPAA restrictions and confidentiality in general
- ✓ Practice entering a sample case into a Patient Log on the blackboard system.

11- 5:00 PM **Visit Community Resource Site and Independent Study Time**



**FRI, AUG 22****Integrated Patient Care Orientation Day**

- 9-10:00 AM Course Introduction  
Introduction to Public Health  
(Drs. Agarwal, Belkowitz, Servoss)
- 10-11:00 PM Student panel: Reflection on IPC experiences
- 11-12:00 PM Community Leader Panel
- 1:30 – 4:00 PM Tour at health departments

**WEEK 3****IMPORTANT: Assignments that must be completed by Monday, August 24<sup>th</sup>:**

- Please complete the **Kolb Learning style inventory** electronically **by 9 AM on Monday, August 24**
- Please read the **doc.com module #5:**  
'Patient-and doctor-centered interviewing', including the 2 videos (exclude sections on "doctored-centered and "write-up" for now).

**MON, AUG 24**

- 9-10:00 AM **Medical Interview Review and Practice**  
*Dr. Daniel Lichtstein*  
Learning Objectives:
- ✓ Review concepts of patient-centered interviewing
  - ✓ Observe and practice an actual medical interview

**Reading Assignment:**

1. Please complete the doc.com module #5:  
'Patient-and doctor-centered interviewing', including the 2 videos (exclude the sections on "doctored-centered interviewing" and "write-up" for now)
2. Review the doc.com module #6: 'Build the relationship' (the module's video was viewed in lecture/small groups during week 1)

**Comment:** It is recommended that you review the above modules before the lecture in order to help you participate effectively and optimize learning during the interview practice sessions (in this class and as part of communication lab #3).

- 10-11:00 AM **Critical Thinking**  
*Dr. Christopher Burns*  
Learning objectives:
- ✓ Consider critical thinking skills and application to medicine
  - ✓ Distinguish reliable sources of information
  - ✓ Apply the scientific method to clinical problems
  - ✓ Recognize common errors that perpetuate dubious ideas

11-12:00 PM **Aspects of Cultural Competence**

*Dr. Gauri Agarwal*

Learning objectives:

- ✓ Define race, ethnicity, culture, and cultural competence
- ✓ Reflect on the need for a cultural competency curriculum in medical training
- ✓ Utilize a self-assessment survey to determine level of cultural competency
- ✓ Discuss potential effects of cultural background, bias, and stereotyping on the medical interview and health care outcomes
- ✓ Apply curiosity, empathy, and respect to enhance the medical interview
- ✓ Identify clinical tools to assist in obtaining a cultural and social history in the future

**Assignment:** Please complete the anonymous '**Cultural Competence Self-Assessment**' electronically **before Monday, August 24.**

1 -3:00 PM Communication Lab 3 (half of class):

**'History of Present Illness': Interviewing Practice**

Learning Objectives:

- ✓ Interview a peer in role play to practice the steps involved in opening the history of present illness (HPI) and those used in transitioning during the patient-centered interview

1-5:00 PM **Basic Life Support** (one quarter of the class)

During Orientation, students were given a copy of the "BLS for Health Care Providers Student Manual". Students are expected to have read the manual and watched the included CD prior to the session. There is no need to bring the manual to the session.

**TUE, AUG 25**

8-9:15 AM Basic skills on medical literature searches:

**Utilizing the Library and Electronic Resources**

*Ms. Jennifer Boxen*

Learning Objectives:

- ✓ Describe responsibilities concerning completion of coursework, remote library access, and checking one's University e-mail account as well as Blackboard course software
- ✓ Develop familiarity with the library and its services (emphasizing the process of locating research materials on the library website and opportunities for information retrieval)
- ✓ Learn how to access electronic resources including Harrison's Internal Medicine online, UptoDate and other resources including electronic textbooks and individual electronic journals.
- ✓ Establish methods for locating and appraising appropriate information within specific background resources such as medical texts or approved online databases such as Harrisons, MD consult, or UptoDate and their differentiation from search engines like Google or Yahoo.

- 9:30-12:00 PM Basic skills on EBM and medical literature searches:  
**Utilizing PubMed: Small group activity**  
*Ms. Jennifer Boxen and Ms. Kristy Padron*  
Learning Objectives:
- ✓ Discuss the PubMed Interface and the location of frequently used features and tutorials
  - ✓ Build a search with keywords, synonyms, and medical subject heading (MeSH)
  - ✓ Execute the search using correct Boolean logic, nesting, and database limiters
  - ✓ Practice strategies to find specific citation information in the medical literature
  - ✓ Explain the concept of EBM and how it might be used by the practicing physician and how it varies from traditional research

- 1- 3:00 PM Communication Lab 3 (half of class):  
**'History of Present Illness': Interviewing Practice**  
Learning Objectives:
- ✓ Interview a peer in role play to practice the steps involved in opening the history of present illness (HPI) and those used in transitioning during the patient-centered interview

- 1-5:00 PM **Basic Life Support** (one quarter of the class)
- During Orientation, students were given a copy of the "BLS for Health Care Providers Student Manual". Students are expected to have read the manual and watched the included CD prior to the session. There is no need to bring the manual to the session.

<b>WED, AUG 26</b>
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- 8-10:00 AM **Small-Group Session #4:**  
Report to small group on assigned community resource site and discussion  
Learning Objectives:
- ✓ Inform your peers about your resource site and address the following questions:
    - Which services are provided?
    - Which patients are eligible?
    - How do we refer patients to this resource site?
    - In what ways might the services provided help optimize health care?

- 10-11:00 AM **Mindful and Reflective Practice**  
*Dr. Julie Belkowitz*  
Learning Objectives:
- ✓ Define the goals of 'mindful' and 'reflective practice'
  - ✓ Discuss how Kolb's experiential learning model may be applied to reflective practice
  - ✓ Explain how mindful and reflective practice promote intra- and interpersonal awareness and growth
  - ✓ Describe mindful and reflective practice as strategies to learn from experiences and to reduce the occurrence of unintended outcomes (e.g.

circumstances that involve medical and communication errors, or lapses in professionalism, cultural competence, or empathy)

**Reading Assignment:**

Complete [doc.com module #2](#): 'Mindfulness and Reflection' (you may exclude section on 'Mindful Systems' for now).

**Comment:** This module may be most helpful if completed after the lecture, but the final decision will depend on the individual students and their learning styles.

11-12 PM

**Small-Group Session #5:**

Mindful and Reflective Practice

Learning Objectives:

- ✓ Apply mindful practice to increase intra- and interpersonal awareness
- ✓ Utilize reflective practice to learn from challenging experiences and to foster personal and professional growth

**Optional) reading:**

View [doc.com module #4](#): Balance and self-care

**Comment:** Please *enjoy* this reading as a means to help establish an optimal balance between your personal and professional life. Please do not try to memorize the information. You will not be tested on the content of this doc.com module.

1-3:00 PM

Patient Panel Discussion

**Health Care Access: Challenges and Solutions**

Learning Objectives:

- ✓ Learn about challenges to accessing health care
- ✓ Reflect on potential approaches to overcoming barriers to health care access

**THU, AUG 28**

8-9:00 AM

**Approach to Learning: The Kolb Learning Styles**

**TBA**

Learning Objectives:

- ✓ Review Kolb's experiential learning model
- ✓ Describe Kolb's four major learning styles and their relevance for the medical student
- ✓ Assess personal learning style
- ✓ Identify strategies for developing and strengthening learning styles
- ✓ Discuss how knowledge about learning styles might strengthen skills in such areas as communication, team work, and conflict resolution

**Assignment:**

Please complete the Kolb Learning style inventory electronically by **9 AM on Monday, August 24.**

9-10:00 AM **Preparation for Problem-Based Learning (PBL)**

*Dr. Daniel Lichtstein and Dr. Stephanie Wragg*

Learning Objectives:

- ✓ Describe the PBL process
- ✓ Identify expectations
- ✓ Discuss policies and attendance

10:00- 11:00 AM

**Effectively Eliciting Feedback and Taking Charge of your Education: Skills for Students**

*Dr. Gauri Agarwal*

Learning Objectives:

- ✓ Provide a definition of the “problem-based learning and improvement” competency
- ✓ Reflect on the importance of dedication to life-long learning and commitment to excellence to provide optimal patient care
- ✓ Describe basic strategies for effective feedback
- ✓ Effectively elicit feedback from faculty and peers as a strategy to optimize learning
- ✓ Discuss keeping a journal and/or learning portfolio as a strategy to optimize personal and professional growth, including learning from feedback

**FRI, AUG 29, 2008**

8-10:00 AM

**Examination**

## OBJECTIVES APPENDIX

### FIRST RESPONDER COURSE

(Archived videos)

Please view the assigned archived FAU lectures on basic emergency care. Review the course objectives and goals listed at the end of this section before viewing the two videos of the archived lectures. Please note that on the final exam, you will not be tested on the material covered in the videos. However, these videos will complement the BLS training and should help enhance the clinical context of BLS training. The final decision as to when to view these lectures will be left to each student.

#### Goals and Objectives

- 1) Recognize emergency situations outside the hospital
- 2) Activate EMS (Emergency Medical Services) response
- 3) Initiate appropriate emergency care until help arrives
- 4) Prevent further injury
- 5) Maintain rescuer safety

#### **Introduction and Patient Assessment**

*Dr. Kathleen Schrank*

Learning Objectives:

- ✓ Perform a quick assessment of the scene for safety concerns and mechanism of injury
- ✓ Perform an organized and efficient assessment of the patient for injury and illness
- ✓ Obtain a focused history from the patient and/or witnesses (mnemonics SAMPLE for history, OPQRST for pain)
- ✓ Check patient for medical identification tag
- ✓ Performed a focused physical examination of the patient (primary and secondary surveys)
- ✓ Remember: First, do no harm

#### **Shock and Hemorrhage**

*Geoffrey Miller, NREMT-P*

Learning Objectives:

- ✓ Define the major types of shock
- ✓ Recognize symptoms and signs of shock
- ✓ Initiate treatment of shock by appropriately positioning the patient and by stopping hemorrhage when possible
- ✓ Recognize types of external bleeding (arterial, venous, capillary)
- ✓ Recognize signs and symptoms of internal bleeding
- ✓ Treat external hemorrhage appropriately by direct pressure, elevation, pressure points, and/or tourniquet
- ✓ Demonstrate application of dressing and bandage

#### **Neurologic Emergencies**

*Dr. Marc Grossman*

Learning Objectives:

- ✓ Recognize symptoms and signs of stroke, and arrange immediate transport to the hospital
- ✓ Recognize seizure and protect patient from injury
- ✓ Distinguish between potential causes of altered mental status

- ✓ Identify psychiatric/behavioral emergencies and personal safety

### **Extremity Injuries**

*Dr. Marc Grossman*

Learning Objectives:

- ✓ Identify symptoms and signs of fractures, dislocations, sprains, and strains
- ✓ Assess the injured extremity for circulation, sensation, and movement
- ✓ Stabilize extremity fractures and dislocations by splinting
- ✓ Demonstrate how to appropriately treat bone, joint, and muscle injuries with Rest, Ice, Compression, Elevation
- ✓ Distinguish abrasion, laceration, puncture, and avulsion wounds
- ✓ Initiate appropriate care for amputation injuries

### **Poisoning**

*Dr. Ivette Motola*

Learning Objectives:

- ✓ Assess scene safety from toxins
- ✓ Initiate appropriate care for responsive and unresponsive victims, and early contact with Poison Center
- ✓ Recognize caustic ingestions
- ✓ Identify high risk scenarios for carbon monoxide poisoning
- ✓ Initiate decontamination for toxins spilled on the skin
- ✓ Reduce risk of poisonings through preventive measures at home

### **Environmental Emergencies**

*Dr. John Sullivan*

Learning Objectives:

- ✓ Recognize symptoms and signs of heat illness (heat cramps, heat exhaustion, heat stroke) and hypothermia
- ✓ Initiate appropriate passive rewarming measures in hypothermia
- ✓ Recognize and initiate treatment for frostnip and frostbite
- ✓ Describe cooling methods for treating heat exhaustion and heat stroke
- ✓ Describe basic water rescue techniques (reach-throw-row-go) and risks to rescuer
- ✓ Distinguish between potential causes and possibility of cervical spine injury in treating near-drowning victims

### **Rescuer Safety**

*Dr. Kathleen Schrank*

Learning Objectives:

- ✓ Perform rapid scene survey for potential hazards, and immediately leave unsafe scene
- ✓ Employ Personal Protective Equipment and techniques to minimize risks of exposure to infectious disease
- ✓ Consider basic medicolegal concepts of consent, duty, negligence, and Good Samaritan protection
- ✓ Recognize potential psychological effects of providing emergency care

### **Head and Spine Injuries**

*Dr. Reina Lipkind*

Learning Objectives:

- ✓ Recognize symptoms and signs of skull fracture, brain injury, and spinal cord injury
- ✓ Consider cervical spine injury and appropriately perform manual c-spine immobilization
- ✓ Assess the trauma patient for spinal cord injury
- ✓ Provide initial care for common eye injuries

- ✓ Provide first aid for nosebleeds

## Major Trauma and Burns

*Dr. Daniel Gurr*

Learning Objectives:

- ✓ Assess patient efficiently and effectively
- ✓ Consider mechanisms of injury and risk of internal hemorrhage
- ✓ Assist patient in pain from rib fractures
- ✓ Identify sucking chest wound and correctly apply occlusive dressing
- ✓ Stabilize impaled object in place
- ✓ Initiate appropriate care for abdominal organ eviscerations
- ✓ Burns: Stop the burning process ("Stop, Drop, Roll")
  - Evaluate burn injuries by severity and initiate burn care
  - Recognize electrical burns and maintain rescuer safety

## Medical Emergencies

*Dr. Joseph Scott*

Learning Objectives:

- ✓ Assess and initiate initial care for patients with chest pain
- ✓ Assist cardiac patients with taking their own nitroglycerin medication
- ✓ Distinguish between likely causes of shortness of breath based on history and exam findings
- ✓ Assist asthma and emphysema patients with administration of their inhalers
- ✓ Recognize symptoms and signs of allergic reactions; assist patients with their own "Epi Pen"
- ✓ Identify and distinguish symptoms and signs of hyper- and hypoglycemia in diabetic patients
- ✓ Initiate treatment of hypoglycemia

## 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 below when there is any interaction with patients and during panel discussions.

- When available, 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.)
- 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, it is highly unlikely that he or she will be willing to provide some, perhaps important, details of the history, especially those dealing with sensitive areas, or readily agree to some components of the physical examination.



## **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 review assignments in advance.

### General study habits

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.

Protecting confidentiality is essential for optimal learning and professional growth. Any personal information learned from co-participants in small-group sessions or communication labs should not be shared with peers outside the group. We all can and must contribute to building an environment of trust and respect. must contribute to building an environment of trust and respect.

### *Why are objectives crucial for optimal learning?*

While you will be focusing on learning, it will be even more important to “focus” your learning. But with so many things to learn, how can we focus? Where should we start? One of the secrets to optimal learning is to focus on what you do not know. Easier said than done? How will we know what we do not know? One of the ways to find out about what we do not know is to carefully read and think about the *objectives* listed for each session (including lectures, small-groups, and communication labs). During a specific learning session, you might want to listen carefully for anything pertaining to each objective and take notes accordingly. At the end of the teaching session, please go over the objectives again and ask questions when something is not clear.

### Reading and other assignments

In addition to the objectives, students will need to check whether or not there is an assignment for any given lecture, small group session, or communication lab.

It is expected that each student be proactive and review the assignments in the beginning of the course, and then daily to avoid overlooking any deadlines or helpful suggestions. At times, it may be recommended to complete the specific reading or one of the doc.com modules prior to a scheduled small-group session or communication lab (especially when it is important for participation in the group). At other times, you may want to read a specific chapter or module after getting an introduction or overview during lecture.

The doc.com modules are innovative learning tools that tend to combine written material with videos of specific case scenarios.

The assignments may be subject to change and flexibility will be appreciated. Should any change occur, students will be notified by e-mail as soon as possible.

### Small-group sessions

In general, the purpose of small-group sessions is to help illustrate important concepts and to enable active learning. The formal small-group sessions are a time of active learning. Active learning does not refer to passive absorption and memorizing of facts. In general, active learning describes finding information and developing concepts based on questions that a “learner” develops during a specific experience. This experience could be a group discussion of a case vignette, chapter, journal article, or video. Each discussion ought to generate new learner-specific questions or “learning issues” or goals. Each learner is likely to have different questions because of distinct pre-existing knowledge, experiences, values, perceptions, and attitudes, all of which shape someone’s learning needs.

Active participation in one’s own learning as well as in the learning of colleagues is essential, not only to obtain excellent grades but more importantly to achieve optimal learning. All small-group participants are expected to contribute to creating an optimal learning environment. An optimal learning environment is one where learners are

respectful and supportive of each other, always non-judgmental, and attentive as well as committed to the learning of every member in the group. An optimal small-group session would be one during which learners exhibit enthusiasm and curiosity, participate actively, but not domineeringly, and offer to answer another learner's question. Actively responding to other members' contributions to a discussion and looking for general concepts will be key. In order to do so optimally, group members may choose to "think-out loud" (for example, "based on what you have said, a general concept then might be..." or "based on this discussion then, the key points seem to be...").

It cannot be said enough, that all group members must be committed to being supportive and non-judgmental. The goal of a small-group participant should not be to convince others of an opinion. The focus must be on learning; learning with each other, from each other, but not despite of each other. Group members do not have to agree with each other, but they ought to try to respect the other person's view.

#### *Student-to-student feedback*

During small-group sessions and communication labs, there will be opportunities for students to give each other constructive feedback. Constructive feedback is important, but may be difficult to provide and receive, especially in the beginning. Feedback is generally more effective when done by describing a specific skill or behavior that might be enhanced as opposed to making general statements such as "this was good", "I did not like what you did", or "you always do", "you never do".

Feedback should be provided in a caring, kind way without humiliating the other person. Any feedback should be offered with the other person's learning and professional development in mind. Feedback should not be provided to show-off your own knowledge, skills, or attitudes.

#### Communication Labs

In general, the purpose of the communication labs is to practice specific interpersonal and communication skills. As part of some of the labs, you may be asked to participate in role play and constructive feedback (but NOT as a form of 'evaluation' and NOT for grading). Please do not stress over these activities. Participate in role play as much as you can. Role play offers an opportunity to practice important skills, but do not worry, your acting skills will not be evaluated!

#### Journal Entries

The Blackboard system will prompt you to complete specific electronic journal entries at the end of each week (please see Appendix 2 for a list of the weekly journal prompts). The purpose of the journal entries is to help each student gain increased personal and professional awareness and growth. Entries for each prompt are mandatory, but will not be graded. Journals are due by 9 am on Friday of each week. Please note that all journal entries will be confidential and accessed only by the course director.

In light of your other responsibilities for this course, the recommended length of each journal entry does not need to exceed 250 words.

**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.

**Faculty** (in alphabetical order):

**Lecture Faculty** (in alphabetical order):

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Daniel Lichtstein, M.D., F.A.C.P.  
Professor

## APPENDIX 1

### JOURNAL ENTRIES

The one45 system will prompt you to complete specific electronic journal entries at the end of each week. **Journals will be due by 9am Friday each week.** The purpose of the journal entries is to help each student gain increased personal and professional awareness and growth. Entries for each prompt are mandatory, but will not be graded. Please note that all journal entries will be confidential and accessed only by the course director.

In light of other responsibilities for this course, the recommended length of each journal entry does not need to exceed 250 words.

## Week 1

- Do I frequently reflect on or examine my own feelings, thoughts, and actions?
- How would individuals who know me well describe me?
- How would people who only get to meet me once describe me?
- In interactions or relationships with friends and families, do I consider how positive attributes could be promoted and how other attributes could be improved?
- If conflict occurs, do I reflect on why it may have occurred and how I could go about resolving the conflict?
- What are my own personal strengths in relating to other individuals and in communicating with them and what are areas for improvement?

### *Self-awareness of learning*

- ✓ Please describe major take-home points that you have learned during your first week. Discuss which learning point seems most significant to you personally.
- ✓ Do you think professionalism can and should be taught? Please support your opinion and include opposing points of view.

## Week 2

### *Personal and interpersonal awareness*

- ✓ Begin to assess your level of personal and interpersonal awareness and define areas of potential improvement. Specifically, consider asking yourself some of the following questions:

## Week 3

### *Awareness of own cultural competence*

- ✓ Cultural competence requires awareness of one's values, beliefs, assumptions, biases, and behaviors. As an exercise for increasing awareness in this domain, please reflect on reasons why you might feel more comfortable interacting with individuals of some backgrounds but not as much with others. When discussing this issue, consider reflecting on how cultural, religious, and socioeconomic backgrounds, age, gender, and sexual preference affect your interpersonal relationships.