FLORIDA ATLANTIC UNIVERSITY™

Graduate Programs—NEW COURSE PROPOSAL

UGPC APPROVAL _____
UFS APPROVAL _____
SCNS SUBMITTAL _____
CONFIRMED _____
BANNER POSTED _____
ONLINE _____
MISC _____

DEPARTMENT NAME: BMED | **COLLEGE OF: COLLEGE OF BIOMEDICAL SCIENCE – MEDICAL EDUCATION PROGRAM**

RECOMMENDED COURSE IDENTIFICATION:

PREFIX _____BMS or BCC_____ **COURSE NUMBER** __6942_____ **LAB CODE** (L or C) _____

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

COMPLETE COURSE TITLE : INTEGRATED PATIENT CARE 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 purpose of the Integrated Patient Care 3 course is to continue to provide students with an opportunity for hands on experience with the practice of medicine. Continuity is achieved at the level of patient care through a year-long assignment to the same clinical sites with experienced clinicians from the faculty and the community.

PREREQUISITES W/MINIMUM GRADE:*	**COREQUISITES:**	**OTHER REGISTRATION CONTROLS (MAJOR, COLLEGE, LEVEL):**
INTEGRATED PATIENT CARE 1 & 2		

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) 561-297-4132

_____
Faculty Contact, Email, Complete Phone Number

SIGNATURES **SUPPORTING MATERIALS**

Approved by:	***Date:***
Department Chair: _____	_____
College Curriculum Chair: _____	_____
College Dean: _____	_____
UGPC Chair: _____	_____
Dean of the Graduate College:	_____

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.

FAU Medical Education Program. 2012-2013

Syllabus :

1. **Course title** : Integrated Patient Care 3

Course number: BMS 6942

Number of credit hours:	5
Lecture Hours:	N/A
Small-group Hours:	6 hrs of bedside teaching at Boca Raton Community Hospital (BRCH)
Other activity Hours:	3hrs/week each at the Community Preceptor site and the Department of Health Clinics

2. Course prerequisites:

Accepted for matriculation in the FAU Medical Sciences program.

3. Course logistics:

a. term: fall 2012
b. not an online course
c. appropriate offices and clinics.

4. Instructor information:

Course Director:	Gauri Agarwal, M.D. BC-118 gagarwal@fau.edu Office: 561-297-4132	Julia Belkowitz, M.D. BC-226 jbelkowi@fau.edu Office: 561-297-5013	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: Any official student communication from the director or program assistant will be sent via e-mail to students at their FAU e-mail addresses. *If students would like to meet with the course director, they must call or e-mail the course director 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 Integrated Patient Care course is to provide students with an opportunity for hands on experience with the practice of medicine. Continuity is achieved at the level of patient care through a year-long assignment to the same clinical sites with experienced clinicians from the faculty and the community. It is to serve as a counterpart to the Physicianship Skills course which provides the opportunity to explore themes of medicine in a classroom setting. With these courses, students will gain an understanding of the fundamental principles necessary to becoming informed, reasoned, compassionate, and conscientious physicians.

Medicine is a human experience; certainly for the patient and inevitably for the physician. Being a physician is both a privilege and a responsibility. No matter what medical career you choose, the experiences, knowledge, and skills that you gain from these courses are intended to help you become the best physician you can be. We hope to teach you skills you can put into practice, and are dedicated to assisting you in achieving the course goals and objectives.

The faculty members who have been chosen to participate with you in the Integrated Patient Care experiences look forward to being with you as you begin this journey of life-long learning.

Students are expected to log in regularly to their One45 account to see their individual assignments for dates and locations.

7. Course objectives/student learning outcomes:

Competency Based Objectives:

At the end of the IPC 3 course, medical students will be able to:

Professionalism

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

Interpersonal Skills and Communication

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

Patient Care

- Document involvement in obtaining a history for at least 20 adult and/or pediatric patients
- Document involvement in conducting a physical exam on at least 20 adult and/or pediatric patients
- Concisely present a history and physical to the medical team

- Develop differential diagnoses for clinical problems, as well as diagnostic and treatment plans under the supervision of faculty and community preceptors

Medical Knowledge

- Describe the impact of chronic illness on individual patients and their patients
- Document common chronic illnesses such as diabetes, hypertension, heart disease, obesity, etc. seen in patients in various clinical settings

Practice-Based Learning and Improvement

- Reflect on the importance of dedication to life-long learning and strive for excellence in order to consistently provide the most optimal patient care
- Describe basic strategies for effective feedback
- Take charge of their own learning and effectively elicit feedback from faculty and peers in order to optimize learning
- Use a journal to record immersion experience as a strategy to optimize learning and promote self-reflection
- Apply the 'reflective practice' defined in the Introduction to the Medical Profession course and continue to relate it to one's own learning style
- Apply mindful and reflective practice that fosters self-awareness and promotes learning from experiences, especially those during which outcome did not match intent
- Use the patient encounter as a starting point for to apply basic literature search techniques and incorporate EBM into learning

Systems-Based Practice

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

8. Course evaluation method:

Examination Policy: There are no examinations given for the Integrated Patient Care 3 course. Evaluation is based on criteria described below.

Grading Policy:

Activity	Date	Approximate Percentage of Grade
DoH and Preceptor Evaluations		40
Attendance		20
Assignments		20
Patient Logs		20
Total		100

§ DoH and Community Preceptor Evaluations- 40%

- IPC Feedback form is completed by Preceptors. (This is formative feedback and therefore not graded per se, but used to get a complete picture of student progress and performance. Should be reviewed by students with their preceptor.)
- Mid-semester session with course directors (This is formative feedback and therefore not graded per se, but used to get a complete picture of student progress and performance. It includes the IPC Feedback forms and requires that the student provide self-assessment.)
- IPC Summative Evaluation Form at the end of the course with the course directors (This is summative and therefore graded.)
- *Copies of the forms used to evaluate students may be found under the "Handouts and links" of the student e-Dossier on Blackboard.*

§ Attendance- 20%

- All sessions are mandatory. Attendance at the Community Preceptors will be documented via a paper sign-in sheet initialed by the student and the preceptor. The Sign-in sheet is available on one45, attached to your first session with the Community Preceptor. This sign-in sheet is **due March 8** and should be faxed to the IPC specialist.
- At the community pediatric preceptors, the sign in sheet will be kept in the physician's office. You will need to initial by your name for each session you attend.
- Any unexcused absences will result in a 2 point deduction per absence from the final course grade (see Attendance Policy on p.11). For an absence to be excused, written/ email permission must be granted directly from course directors.

§ Assignments- 20%

- **Journal entries- must be completed by 9am on Monday and will be evaluated for quality**
- Written H & Ps (of 2 patients presented during learning communities): **Due by November 23th at 9am and February 16 at 9am.**

§ Patient Logs- 20%

- **Must be completed weekly and finished by 9am on Monday.**
- Failure to meet the deadline results in a zero for the week.

The Student Rights and Responsibilities Handbook contains a description of the 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 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).

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. Attendance at community preceptor sessions is mandatory and will be documented by a paper sign-in sheet which will be initialed by the student and preceptor. **Students must print out this sign-in sheet from Blavkboard and bring it to their preceptor's office.** At the end of the course, the sign-in sheet needs to be faxed to the IPC specialist. **The sign-in sheet is due March 8.**

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.

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. 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.

16. Required texts/readings:

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

1. Bickley, LS and Szilagyi, PG. *Bates' Guide to Physical Examination and History Taking (TenthEdition).* Philadelphia, PA: Lippincott Williams & Wilkins; 2009.

2. 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 and 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:

At orientation, a Welch-Allyn representative will present instruments to you. On ***August 7th,*** there will be an opportunity to order the instruments needed. This will allow enough time for order and delivery before you need to use the instruments in the course.

- 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)

Other supplies:

A Plexiglas holder with your role, name and photograph will be placed in the Community Physician practice: it is lent to you by the Office of Medical Education, to ensure that it is returned, please provide a $5 check (made out to FAU) as a deposit. **You are responsible for ensuring that the holder is returned at the end of the academic year to retrieve your deposit.**

17. Supplementary resources:

Web Resources:

(These resources and others 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

Web-based postings:

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

Session handouts	*Yes*	Session Objectives	*Yes*	Student Schedule	*Yes*
Required Activities	*Yes*	Grades	*Yes*	Additional Materials	*Yes*

18. Course topical outline, including dates:

Content outline:

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

The IPC 3 course use two clinical settings to teach students. Each week, students will visit their assigned community preceptor and a Palm Beach County Department (DoH) of Health Clinic.

Students will be assigned to their sites and preceptors by the Course Directors in collaboration with the Office of Medical Education: the student remains associated with the site and the preceptor for the academic year to achieve the goals of continuity in both patient care and mentoring.

Department of Health (DoH) Monday or Wednesday (1:30 – 4:30 PM)

In IPC3, each student will be assigned a group (A1, A2, B1, etc.) with a faculty clinician. Students will have experiences in adult medicine, pediatrics and "off" time designated as independent study time.

The clinical afternoons begin with a mandatory 15-minute didactic session reviewing physical exam skills at the assigned site. Each session will end with a discussion/feedback session about the patient encounter through the eyes of the various participants.

There will be two "Immersion Experiences" to be scheduled independently: Complementary/ Alternative Medicine and Alcoholics Anonymous visits. At the end of the immersion experience, students are required to journal their experience by providing two to three learning points and complete an evaluation of the experience. These two documents will be used to document attendance and participation. The journal entries will be reviewed by the appropriate faculty clinician and used for reflection and discussion during the Monday Learning Community activity. The immersions must be completed in the block assigned for your learning community. Please see schedule below and Blackboard for details.

Community Preceptor site Monday or Wednesday (1:30 – 4:30 PM)

Each student will be individually paired with a Community Preceptor. With the help of the Community Preceptor, students are expected to develop a longitudinal panel of patients to be seen repeatedly over time.

As the year progresses, students will increase their level of involvement in the care of their patient, always under the supervision of their Community Preceptor. Please see Appendix 2 for a copy of the Student Objectives and Learning Contract.

Three times during the year, each student will present a patient in the Friday Learning Community for discussion. Write up the complete history and physical exam in standard format on each patient presented in the Learning Community session. **During the course, each student will be required to hand-in a printed copy of *two* H and P's for evaluation. These H and P's will be due November 23, 2009 at 9am and February 16, 2010 at 9am and should be turned in to the IPC specialist.** Guidelines to help you with writing are found in Appendix 1 on page 14.

Bedside Teaching at JFK Hospital

As scheduled per Blackboard, students will see an inpatient at JFK Hospital the supervision of a faculty clinician two times per year. These sessions are scheduled on Tuesday or Friday afternoons. Students will perform the history and physical exam at the bedside of the patient followed by a discussion of the patient's history, physical exam findings, differential diagnosis and treatment plan. *See one45 for individualized schedule*.

Department of Health (DoH) and Community Preceptor Sites

Student will be required to continue to document their patient care activities via the IPC Patient Log available in the Blackboard system. Please refer to the pocket version of the patient log to help you remember the information to be entered for each encounter. Please carry it in your white coat pocket. A full entry should be completed for each patient for whom you participated in the medical visit, while a partial entry will be required for patients for whom you observed the medical visit. Please review this list as there may be information not routinely asked in a medical visit that you need to directly ask the patient or gather from the chart.

You may take notes to help you remember the information until you enter it into the Blackboard system. ***Please ensure you comply with HIPAA guidelines by not recording any identifying patient information such as their names, identifying numbers, etc…***

Patient logs must be completed by 9am on Monday each week reflecting patients seen during the previous week. Students will receive a zero for the week if the log is not completed by this time.

Immersion Experiences: Complementary and Alternative Medicine (CAM) and Alcoholics Anonymous (AA)

The "Immersion Experience" is intended to allow for increased exposure to CAM and AA (as a community resource for individuals with addiction). Students are given at least 5 weeks to complete their immersion experience (please see content outline below or one45 for your assigned time). Both of these experiences are scheduled by the student independently. **Please see Appendices 3 and 4 for details.** At the end of each immersion experience, students are required to journal their experience by providing two to three learning points and complete an evaluation of the experience. These two documents will be used to document attendance and participation.

Content outline:

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

		Immersion Experience	**Integrated Patient Care**
			Didactic
July 20	Week 1	CAM: Group A	Review: Musculoskeletal Exam
July 27	Week 2	AA: Group D	
Aug. 3	Week 3		
Aug. 10	Week 4		
Aug. 17	Week 5		Review: Chest/ Pulmonary Exam: Level 1 and 2
Aug.24	Week 6	CAM: Group B	
Aug. 31	Week 7	AA: Group E	
Sept. 7	Week 8		Labor Day- Bedside Teaching
Sept. 14	Week 9		
Sept. 21	Week 10		Review: Cardiovascular Exam
Sept 28	Week 11	CAM: Group C	
Oct. 5	Week 12	AA: Group F	
Oct. 12	Week 13		
Oct. 19	Week 14		Review: Abdominal Exam Level 1 and 2
Oct. 26	Week 15		
Nov. 2	Week 16	CAM: Group D	
Nov. 9	Week 17	AA: Group A	Veteran's Day(DOH) Bedside Teaching
Nov. 16	Week 18		
Nov. 23	Week 19		Thanksgiving
Nov. 30	Week 20		Review: Head and Neck Exam
Dec. 7	Week 21	CAM: Group E	
Dec. 14	Week 22	AA: Group B	
Dec. 21			
Dec. 28			
Jan.4	Week 23		
Jan. 11	Week 24		
Jan. 18	Week 25		MLK Day- Bedside Teaching
Jan. 25	Week 26		
Feb. 1	Week 27	CAM: Group F	
Feb. 8	Week 28	AA: Group C	
Feb 15.	Week 29		Presidents Day - Bedside Teaching
Feb.22	Week 30		
Mar.1	Week 31		
Mar. 8	Week 32	Competency Week	

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.)
- 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.

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. In the Integrated Patient Care courses, this is especially true: the quality of your experience is highly dependent upon your active participation. This is a unique opportunity to be a part of such an important and intimate relationship as the one between a doctor and patient. Respect for the patient and health care team members, effective communication, and enthusiasm for learning are vital for this course.

Journal Entries

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. Access to the journals is restricted to the course directors and faculty mentors.

In light of your other responsibilities for this course, the recommended length of each journal entry does not need to exceed 250 words. **Journals must be completed by 11pm on Sunday each week to allow compilation by the IPC Specialist in time for learning Communities on Monday. Entries not completed by that time will receive a zero for the week. Journal entries will be graded on quality, not simply completion.**

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 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):

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rgreenw2@fau.edu

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:

APPENDIX 1

Guidelines for H & P

The purpose of this exercise is to improve your skills at documenting and assessing findings obtained from your history and physical exam. There is a particular format that should be followed for purposes of the exercise which is discussed below. You will find that all patient encounters will not necessarily fit such a format; however, this exercise should help to develop your skills at writing up cases.

The four components used for most medical records are:

- Medical history: includes information obtained from the patient, previous medical records, the family and/or other sources. The source(s) of information should be specified at the beginning of the history.
- Physical examination: includes the results of diagnostic tests done as well as the examination (such as an X-ray or urinalysis.) Note that the results of *prior* diagnostic studies would be included in the medical history.
- Assessment: may include a problem list, a differential diagnosis, a discussion of treatment options, or other discussions based on the clinical problem.
- Plan: may include three components: a plan for diagnostic tests, a plan for treatment, and a plan for patient education.

Guidelines for the H & P are presented below. These guidelines are not intended to be a cookbook; you will mostly learn by doing. However, you should follow them as closely as possible. In addition, a sample write-up with comments is offered which should be utilized for reference.

I. The H & P should include the following parts:

A) Date of the Exam and initials of the patient

To be in accordance with HIPAA guidelines, the date of the exam must be recorded as the week and year of the encounter only. Also do not include information such as the patient's name, address, or date of birth

B) Name of the student

C) History

1) Identifying Data
2) Chief Complaint and Duration (in patient's own words if possible)
3) History of Present Illness (HPI)
4) Past Medical History (PMH)
5) Drug Allergies
6) Medications
7) Family History
8) Social History and Habits
9) Review of Systems (ROS)

Guidelines for Comprehensive H & P (continued)

D) Physical Exam
E) Laboratory studies/data
F) Problem List
G) Assessment
    1) Differential Diagnosis
    2) Discussion of Differential Diagnosis
H) Plan

II. Choose a patient whose chief complaint allows for the development of a differential diagnosis. Sometimes the patient's chief complaint does not lend itself to formulate a differential diagnosis (e.g. annual check-up, medication refill, chronic hypertension). For purposes of this exercise, you are permitted to use another one of the patient's complaints to develop a differential diagnosis. ***You must write-up a patient seen during a clinical encounter (e.g. during community preceptor sessions or Department of Health sessions).***

III. Gear the HPI to the chief complaint and try to include the seven basic elements (see sample write-up) of the part of the HPI directed to the chief complaint. Also, include other significant ongoing conditions or problems as separate sections within the HPI (see sample write-up).

IV. Do not include diseases or conditions in writing up the ROS. Such information belongs in the HPI or the PMH. Symptomatology (pertinent positives and negatives) should be included in the HPI if it relates to that problem. Other unrelated symptoms (both positive and negative) should be emphasized in the ROS.

V. Be certain that the physical exam is directed to the chief complaint/concern and other significant conditions. For the purposes of your learning and this exercise, you should always try to include the HEENT, neck, cardiovascular, pulmonary, abdominal, musculoskeletal, and neurologic exams. If you are unable to perform all relevant aspects of the physical exam, you should indicate that you tried to perform a particular part of the exam but that you were unsuccessful (e.g. say "fundoscopic exam attempted but unsuccessful").

VI. If a specific laboratory study or piece of data, i.e. EKG, is relevant to the concurrent Fundamentals of Basic Science course, bring it to your Learning Community session for discussion. You are not meant to place an exhaustive list of all laboratory studies, radiology and/or other studies.

Guidelines for Comprehensive H & P (continued)

VII. 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. You may find it useful to *expand* upon each element of the problem list, adding
date of onset, diagnostic criteria, extenuating circumstances at the time of diagnosis and dates of major quantifying test results (e.g., echocardiogram or computed tomography).

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

IX. For the Discussion of the Differential Diagnosis, indicate the pros and cons for each on the basis of findings from the history and physical exam. Do not rely on laboratory data unless such information is obtained as part of the history.

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

- SAMPLE COMPREHENSIVE H & P -

Date of Exam: *Week of September 3, 2015* Preceptor: *William Osler, MD*

Identifying Data:

Mr. H.R. is a 59 y.o. retired white gentleman who comes to the office without an appointment complaining of moderately severe chest pain. He has recently moved to Boca from Detroit. He appears to be a reliable informant.

Chief Complaint:

"I have had chest pain for two hours and I'm worried about it."

History of Present Illness:

1) Chest Pain-The patient developed the sudden onset of chest pain approximately two hours prior to the visit (6:00 P.M.). The pain began when he was watching television. He describes the pain as occurring in the substernal region with radiation down to the elbow of the left arm. The pain is described as being burning in quality and moderately severe (5 on a scale of 10) and has been of constant intensity since it began. He has been diaphoretic, but had no nausea or vomiting. He has had no palpitations or shortness of breath, but he describes being somewhat lightheaded which began about thirty minutes ago. He tried taking two extra-strength Tylenol for the pain without relief. The pain does not change with position, respiration or exertion. He has no history of exertional symptoms or limitations but he is very sedentary. He has not eaten since lunch. He does not recall having similar pain and is unaware of a history of heart disease. He states that he has had hypertension for about 10 years and has had diabetes for about 8 years. Some family members have had "heart attacks" (see below). He has no other known risk factors for coronary disease, although he does not recall ever having his "cholesterol" checked. He was last seen by his physician six months ago at which time an EKG was performed. He was not informed of the results. He had no cough, sputum, fever, or history of ulcer disease.

2) Hypertension- He was diagnosed 10 years ago on routine exam, but doesn't remember the BP level. He has taken various medications with what he describes as "good control" of the pressure. He doesn't check his BP. He does not limit his sodium intake. He has no history of renal, cardiac, CNS, or peripheral vascular problems.

3) Diabetes-This was first diagnosed 8 years ago when he presented with weight loss and polyuria. He has been on various oral medications since then. Although he doesn't check glucoses regularly, he claims that it's always less than 200 mg % when checked by a physician. He has had no dietary instruction. There has been increasing numbness of both feet for the past 2 years. There are no visual complaints. The last ophthalmologic exam was 2 years ago, but he doesn't know the results. He has no history of renal disease.

Past Medical History:

Medical Illnesses-pneumonia when he was 18.
Surgeries-appendectomy when he was eight.
Trauma-fractured right ankle at age 20.

Hospitalizations-for pneumonia 5 years ago and appendectomy at the age of 30

Allergies:
Skin rash when he took penicillin as a child.

Medication:
Vasotec 5 mg qd (for about one year), "diabetes pill" bid (for about 6 months, does not know dose)
Does not use herbal or other complementary alternative therapies

Social History:
Lives with wife, married for 32 years; has 2 children who are living away, both single; had been in sales for many years and has recently retired due to financial security; born and raised in Detroit. Not currently sexually active.

Habits:
Alcohol-drinks 4-5 beers per week, one glass of wine per week.
Smoking-never
Drugs-none.
Diet-does not follow regular diet; eats red meat once weekly, mostly chicken and fish; hates vegetables
Exercise-played football in high school, but has not exercised regularly for years.

Family History:
Mother has had hypertension for years, 82 years-old; father died at age of 53 from a "heart attack"; has 2 brothers, one had a CABG performed when he was 57, also has hypertension; other brother has diabetes, also takes "pills" for it; unaware of other illnesses in family.

Review of Systems:
Skin-no rash, has had ulcer under "right big toe" for about 2 months
Eyes-wears glasses, no recent change of vision.
Cardiovascular- (see above), no orthopnea, PND, claudication or postural dizziness.
Pulmonary-no cough or dyspnea.
Gastrointestinal-no dysphagia, prior heartburn, regurgitation of food, early satiety, diarrhea, fecal incontinence.
Endocrine-no polydypsia, polyuria, nocturia, weight loss, or symptoms of hypoglycemia, no symptoms of thyroid disease.
Genitourinary-good urinary stream, unable to have erections for 2 years.
Neurologic-has had some numbness in both feet over the past 2-3 years.
Joints-has occasional discomfort in right knee without swelling.

Physical Examination:
General Appearance-A moderately obese white male whose hand is on his chest and who appears to be in moderate discomfort; he appears his stated age; he is alert and cooperative.
Vital Signs- B.P.:140/80 supine, P: 80/min reg, no orthostatic changes RR: 18/min., Temp.-98.6, Weight 205lbs.

Skin-no rashes.
HEENT-head is normocephalic, male-pattern hair loss; no xanthelasma, conjunctiva pink, sclera white, fundi poorly visualized; no lesions of ears, nose, mouth or throat.
Neck-trachea in midline; thyroid not enlarged, no nodules; no adenopathy; no JVD; carotids 2/4 bilaterally without bruits.
Cardiac-PMI at 5th ICS, MCL, no lifts or thrills, no chest wall tenderness, S1 normal, S2 physiologically split with A2>P2, no murmurs, rubs, gallops, or clicks.
Pulmonary-symmetric expansion, clear to percussion, normal diaphragmatic excursion, fremitus normal and symmetric, vesicular breath sounds at bases, no adventitious sounds.
Abdomen-mildly obese, NBS, non-tender, liver percussed to 9.0 cm, liver and spleen not palpable, no bruits.
Extremities-no clubbing, cyanosis, or edema; radial, femoral, popliteal, dorsalis pedis, and posterior tibial pulses are 2/4 bilaterally, no bruits over femorals; no calf tenderness, negative Homan's sign; shallow foot ulcer 2.0 cm in diameter present on plantar surface of right hallux without erythema or exudate.
Neurological-mental status-awake, alert, and oriented x3; cranial nerves:II-III intact; DTR's: bicep and patellar reflexes 2+ bilaterally, ankle jerks absent bilaterally; motor: good strength throughout; sensory: decreased vibratory sensation up to the ankles; cerebellar: normal gait, not tested otherwise.
Rectal-deferred.
Genital-deferred.
-

Laboratory studies/data:
WBC: 5, hematocrit 35, platelets 250, creatine kinase 300
EKG has been attached for reference

Problem List:

1. Chest Pain
2. Hypertension
3. NIDDM
4. Bilateral Foot Insensitivity
5. Foot ulcer
6. Erectile dysfunction
7. Right knee pain

Differential Diagnosis for Chest Pain:
Myocardial Infarction
Esophagitis
Diffuse Esophageal Spasm
Pulmonary Embolus
Pericarditis
Costochondritis
Dissecting Aneurysm

-Comments for Sample Comprehensive H & P-

- The part of the HPI pertaining to the chief complaint contains the ***seven key elements*** including *onset, temporal sequence or chronology, quantity of symptoms, quality of symptoms, aggravating and alleviating factors, associated symptoms, and*

contemporaneous medical problems. Note also that it also includes some elements of the family history because they are especially pertinent to determining the diagnosis. Hypertension and diabetes are included not only because they are risk factors for ischemic heart disease, but they are given their own headings because they are significant concurrent illness. Thus, if the patient had ongoing treatment for cancer, this information would also be included under its own heading. However, if the patient had a cancerous colonic polyp removed 10 years prior, it should be included in the PMH.

- The ROS in the write-up does not include illnesses or conditions per se, only symptoms. Illnesses or conditions belong in the HPI or PMH. Thus, if you elicited a history of a prior urinary tract infection while taking the ROS, it should appear under the PMH in the write-up. Note that many of the symptoms included (positive or negative) pertain to the patient's conditions (e.g. polyuria pertains to diabetes, claudication is relevant to ischemic heart disease).

- The physical exam is directed at the patient's chief complaint (e.g. chest wall tenderness is assessed); however, it also includes information relevant to other conditions (e.g. funduscopic exam is relevant to diabetes).

- The Problem List comes after the history and physical exam and includes all of the problems which have been ascertained.

Appendix 2
Learning Contract

Student: _____ Preceptor: _____

Student Goals: List five academic goals for this preceptorship that you would like to reach by the end of the academic year (These can include specific skills, points of knowledge or behavior that you wish to adapt.)

1. _____
2. _____
3. _____
4. _____
5. _____

List three personal goals that you would like to achieve by the end of the academic year:

1. _____
2. _____
3. _____

Preceptor Goals: List five accomplishments that you would expect the student to achieve by the end of the academic year: (These can include specific skills, points of knowledge, or behavior to adapt.)

1. _____
2. _____
3. _____
4. _____
5. _____

The student agrees to attend all scheduled sessions, come prepared, and be actively engaged in the learning process as outlined in the course objectives. The preceptor agrees to model good patient care and assist the student in reaching the objectives outlined above.

Signed:

Preceptor _____ Date: _____

Student_____ Date: _____

Appendix 3

CAM IMMERSION EXPERIENCES

The purpose of the CAM immersion experience is to allow the student to choose an integrative therapy that he or she would like to observe or experience personally. Below are lists of services and/or classes to which our students are invited to attend at Hospice by the Sea and the Lynn School of Nursing.

Hospice by the Sea (HBTS)

1. Please refer to "CT calendar" posted on Blackboard for dates and times of classes listed below. Note that these classes are attended by HBTS staff and care providers. You are invited to participate in the following classes.

Reiki/Healing touch

-contact Stefanie McKee, 561-416-5006 or smckee@hospice1.org, if you would like to observe Reiki or Healing Touch performed on hospice patients

-contact Donna Bonasia, 561-416-5026 or dbonasia@hospice1.org, if you would like to have a private session with a Healing Touch/Reiki Practitioner. Please note that this is the only opportunity that has a cost associated with it, $40 for a 50 minute session. This is being discounted for UMMSM@FAU from the cost of $60 that is typically charged.

Guided imagery

Meditation

Healing Sound

Yoga

Drum circle (music therapy)

2. American Holistic Nurses Association: they host a once monthly didactic and experiential sessions on Tuesday evenings. The ANHA meeting announcements will also be posted on one45 with date and time information.

Example: April 2009 the topic was "Aromatherapy for Patient and Caregiver Needs: How to prepare specific aromatherapy blends for the support and promotion of pain relief, stress management and relaxation."

3. Self-Care lecture series: Twice monthly presentations (first Thursday and fourth Friday of every month) on various Complementary Therapy topics on caring for yourself (e.g., Healthy eating, Acupuncture, Benefits of massage). Presentation announcements will also be posted on one45 with date and time information.

Lynn School of Nursing

Yoga:
Classes start the second week of September and meet on Tuesday and Thursdays from 12pm-1pm and Saturdays from 11am-12pm; location: Lynn School of Nursing, meditation room on the first floor.

Reiki:
Contact Dr. Marguerite Purnell, 561-297-3262 to arrange a time to observe.

Aromatherapy and touch therapy beginning the second week of September 2009
Ms. Ann Orth Kinzelmann has sessions on Thursdays from 8am-2pm; location: Lynn School of Nursing, treatment room 116.

Music therapy:
Contact Dr. Ruth McCaffrey at rmccaffr@fau.edu or call 561-297-2945 to arrange a time to observe.

Appendix 4

Alcoholics Anonymous (AA) Immersion Experience

The purpose of the AA immersion experience is to become familiar with the program of alcoholics anonymous and to hear from people dealing with issues of addiction.

Instructions for students: Look for meeting dates online to select a time to go during your assigned block for this immersion. Please refer to your schedule in this syllabus or on One45.

Guidelines for meetings:

Explore the Palm Beach County Intergroup of Alcoholics Anonymous website to learn about program/ services: **http://www.aainpalmbeach.org**

- Find open speakers (OS) meetings online on the website by:

  - On the left side, click the location nearest you to find meetings
  - Look for a meeting called Open Speakers (OS). THESE ARE THE ONLY MEETING VISITORS ARE INVITED TO.

- Go to one meeting
- Do not participate, your experience is to listen only
- Do not write any notes in the session
- If writing notes after the session, do not write any names, etc.
- After the meeting, you can explain who you are and the reason for the visit if you choose to stay and talk