Cover Sheet: Request 11695

BMS6812, Introduction to Clinical Medicine 2

Info

Process	Course|Modify|Ugrad/Pro
Status	Pending
Submitter	Green,Kathy Lynn kathylgreen@ufl.edu
Created	5/23/2017 4:14:22 PM
Updated	9/6/2017 4:22:14 PM
Description of request	ICM 2 is part of an 18 month preclinical curriculum designed to prepare students for clinical rotations that begin in the spring of the second year of medical school. ICM 2 is offered in the Spring of the first year of medical school.

Actions

Step	Status	Group	User	Comment	Updated
Department	Approved	MED - General Medicine 312901000	Novak, Maureen Anne		5/23/2017
Added ICM 2 Syllabus 2017_Track Changes.docx Added ICM 2 Schedule_Track Changes.docx					5/23/2017 5/23/2017
College	Approved	MED - College of Medicine	Novak, Maureen Anne		5/23/2017
No document changes					
University Curriculum Committee	Comment	PV - University Curriculum Committee (UCC)	Baker, Brandi N	Added to September Agenda.	8/16/2017
Deleted UCC_Syllabus Checklist_ICM2.pdf					5/24/2017
University Curriculum Committee	Pending	PV - University Curriculum Committee (UCC)			8/16/2017
No document changes					
Statewide Course Numbering System					
No document changes					
Office of the Registrar					
No document changes					
Student Academic Support System					
No document changes					
Catalog					
No document changes					
College Notified					
No document changes					

Course|Modify for request 11695

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Submitter: Green,Kathy Lynn kathylgreen@ufl.edu
Created: 9/6/2017 4:38:04 PM
Form version: 3

Responses

Current PrefixBMS
Course Level6
Number 812
Lab Code None
Course Title Introduction to Clinical Medicine 2
Effective Term Spring
Effective Year 2018
Requested Action Other (selecting this option opens additional form fields below)
Change Course Prefix?No

Change Course Level?No

Change Course Number?No

Change Lab Code?No

Change Course Title?No

Change Transcript Title?No

Change Credit Hours?Yes
Current Credit Hours8
Proposed Credit Hours7
Change Variable Credit?No

Change S/U Only?No

Change Contact Type?No

Change Rotating Topic Designation?No

Change Repeatable Credit?No

Change Course Description?No

Change Prerequisites?No

Change Co-requisites?No

RationaleCourse content is dramatically changing as content is removed to create a new stand-alone course, Population Health in Medicine (BMS 6XXX), worth 1 credit. NOTE, corresponding new course creation request for BMS6XXX, Population Health in Medicine, # 11696. Request is to change credit hours from 8 to 7.

Introduction to Clinical Medicine 2

Spring 2017 - Syllabus

University of Florida College of Medicine

Overview of the Course

Introduction to Clinical Medicine 2 is part of an 18-month continuum designed to prepare students for clinical rotations that begin in the spring of the second year of medical school. ICM 1 is offered in the summer/fall of the first year of medical school and prepares students for a preceptorship with a primary care clinician in December. ICM 2 is offered in the spring of the first year and ICM 3 and 4 are offered in the summer and fall of the second year. By the end of the 18-month curriculum, students will demonstrate basic competencies in professional behavior; communication with patients, families, and other members of the healthcare team; the anatomy, imaging and the physical examination of the human body; understanding human behavior; differential diagnosis; documentation; application of evidence to medicine; and an understanding of the ethical, social and political context of healthcare.

The ICM course series is designed to complement the material students are learning in the core basic science courses. In the first year these are: Medical Genetics, Foundations, Fundamentals of Microbiology and Immunology, Medical Oncology, Cardiovascular, Respiratory and Renal. In the second year these are: Clinical Neuroscience, Gastroenterology, Musculoskeletal/Dermatology, Hematology, and Endocrinology/Reproduction. See Class of 2018 two-year schedule in the appendix. Students will gain the tools to assess patients presenting with complaints related to these systems and to apply knowledge about wellness and disease in these organ systems to diagnose and care for patients.

ICM is also the venue through which students participate in the multi-college activity Interdisciplinary Family Health or IFH, now renamed Putting Families First. IFH is an interprofessional learning practicum for health professions, pharmacy, nursing, dental and medical students. The central theme is learning as a team about the impact of resources and environment on health status. See the IFH/PFF website for further details about this.

Learning activities for ICM 2 will consist of:

- Lectures and patient presentations in the George T. Harrell Medical Education Building (HMEB) Room 135: South Learning Studio
- Dissection and identification sessions in the anatomy lab
- Ultrasound anatomy demonstrations

- Practicing the physical examination with fellow students and physical examination training associates (PETAs) in the Learning Assessment Center (LAC)
- Interviewing fellow students and standardized patients in small group and the LAC
- Documenting and presenting patients' histories and physical examinations
- Using the EPIC electronic medical record to record patient data
- Caring for patients in community clinics
- Small group discussions of patient cases, ethics, professionalism, personal wellness
- Visits to families in the community with interprofessional teams through IFH

Service Learning
Students will be required to participate in 6 hours of clinical community service. This can be at a clinic serving an underserved population, a health fair or a health education session. The deadline is May 26, 2017. See the website for list of places to volunteer and instructions on signing up for the Equal Access Clinic. We will consider other sites but keep in mind that for an activity to be eligible for service learning credit it must involve contact with people involving clinical skills. This could include taking patient histories, delivering one on one patient education and/or performing elements of a physical exam (e.g., taking blood pressure or blood sugar). Be sure that your service hours are submitted on the Canvas website. Use the form "1st Year ICM community service hour report form for Dr. Cooke's course."

You may email Ron Wayne (rwayne@ufl.edu) with any questions regarding the process.

Administrative Structure

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~~cstriley@ufl.edu~~
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Ethics
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lbsolberg@ufl.edu 352-273-5142

Learning Objectives

I. Competency: Professionalism

Learning Objectives:

- Understand the nature of, and demonstrate professional and ethical behavior in, the act of medical care. This includes respect, responsibility and accountability, excellence and scholarship, honor and integrity, altruism, leadership, cultural competency, caring & compassion, and confidentiality.
- Arrive at scheduled learning activities and complete assignments on time, informing faculty and staff of need for emergency absence.
- Dress appropriately for clinical and non-clinical learning activities.
- Recognize personal beliefs, prejudices, and limitations.
- Work independently when appropriate and take initiative when working in groups.
- Respect patient confidentiality at all times in verbal and written communication with others.
- Work with people from different backgrounds.
- Describe unhealthy coping mechanisms and explain and discuss the dangers of unhealthy coping mechanisms and develop a wellness plan for yourself that helps to manage stress**,** sleep and physical and mental fitness.

Learning activities:

Small group discussions, readings, inpatient encounters with faculty, service learning encounters, IFH family visits, and reflections

Evaluation:

Verbal feedback from faculty, Formative and summative written feedback from faculty (see forms in the appendix), Evaluation by peers, Self-evaluation, Feedback from LAC staff, Clinical skills examination

II. Competency: Patient Care

Physical exam learning objectives:

- Perform a basic screening physical examination using knowledge of basic anatomy.
- Demonstrate the difference between a comprehensive and focused physical examination.

Learning activities:

LAC physical examination sessions, Practice sessions with faculty, inpatient encounters with faculty, service learning encounters.

Evaluation:

Self-assessment using video recording evaluation form, feedback from small group faculty and peers, clinical skills exam

History taking learning objectives:

- Engage and communicate with a patient, develop a student-patient relationship, and communicate with others in the professional setting, using interpersonal skills to build relationships for the purposes of information gathering, guidance, education, support and collaboration.
- Take a clinical history, both focused and comprehensive.
- Use both verbal and nonverbal communication skills to elicit a chief complaint and psychiatric history of present illness and establish rapport with SPs in the LAC.
- Record clinical information in the form of a patient write up using traditional organization of medical data.
- Present clinical information orally using traditional organization of medical data.

Learning activities:

Lectures, readings, rolling interviews in small group, role plan interviews in small group, LAC patient interviews with videorecording, patient write ups, inpatient encounters with faculty, service learning patient encounters *Evaluation:*

Self-assessment using student write up checklist for complete medical history (see appendix) and videorecording evaluation form (see appendix), feedback from small group faculty and students, clinical skills exam.

III. Competency: Medical Knowledge

Learning Objectives:

Anatomy & Imaging

Pulmonary Module

1. Define and identify the musculoskeletal and neurovascular components of the thoracic wall.
2. Describe and identify the structures of the pleural cavities and lungs.
3. Compare and contrast the gross anatomy of the right and left lung.
4. Identify the structures found in the root of each lung.
5. Identify structures approximate to the mediastinal and apical surfaces of each lung.

Cardiovascular Module

1. Describe the divisions and contents of the mediastinum.
2. Describe the components of the conduction system of the heart.
3. Describe and identify the external and internal features of the heart.
4. Identify the great vessels, their major branches, and the coronary vessels, and describe their location relative to the heart, and the general areas that they supply.
5. Explain and identify remnants of fetal circulation.

Renal Module

1. Describe and identify the parts of the urinary system.
2. Describe the external and internal gross anatomy of the kidney and surrounding capsules
3. Describe the location and structure of the ureters.
4. Describe the location and structure of the bladder.

Psychiatry

1. Appreciate the wide range of manifestations of psychiatric illness in children and adolescents.
2. Distinguish between normal development and psychopathology in children and adolescents.
3. Appreciate the connection between learning theory and manifestations of the various anxiety disorders.
4. Recognize core features of the common anxiety disorders, mood disorders, psychotic disorders, substance use disorders, and personality disorders in at risk populations.
5. Apply DSM criteria in the assessment of real patients.
6. Explore psychodynamic contributions to human behavior and psychopathology.
7. Understand the most common approaches to treating mental illness.
8. Erase misconceptions about mental illness and psychiatric patients.
9. Appreciate the reality of stigma and mental illness.

~~Population Health~~

~~**Overall Course Objectives (year-long)**~~

~~A. Judge the relative contribution of a variety of infectious and chronic diseases on the (1) health of the US population; (2) cost to the public.~~

~~A. Analyze the epidemiology of diseases, including course and prevention.~~

~~A. Create plans for communicating disease states to patients who screen positive for illness, including prevalence, incidence, course, best prevention and treatment options, as well as selfmonitoring.~~

~~A. Evaluate the relative risks of dying from infectious and chronic diseases for a person born in a specific country or region in a specific decade.~~

~~A. Demonstrate the ability to use large data sets (PRAMS, BRFSS, YRBS, Survey of Family Growth, Center for Missing and Exploited Children) to create information for (1) research, (2) clinical, and (3) community audiences.~~

~~A. Contrast the strengths and limitations of commonly used epidemiological study designs.~~

Environmental Health

A. Evaluate threats to the health of populations based on environmental hazards and other environmental risk factors.

B. Contrast environmental risk factors by socioeconomic, gender, race, and immigrant status in the US.

C. Analyze important threats to environmental risk factor study design and findings.

D. Create a health risk assessment for a specific contaminant.

E. Contrast a local and international environmental risk management strategy, including likely results of the strategy on health.

Social and economic determinants of health

A. Demonstrate an understanding of the role of cultural and health literacy in social determinants

of health and in working with underserved populations.

B. Formulate testable hypotheses to evaluate the relationship between health status and social determinants of health in a specific country or region.

C. Analyze the harm that can be caused to a community or population when health care quality and disease status is interpreted without considering social and economic determinants.

Knowledge of major global causes of morbidity and mortality/by gender and income

A. Compare incidence and prevalence of chronic disease across similar and dissimilar factors, including income and age, using large data set and understand how to use large data sets to do so.

B. Demonstrate the ability to analyze the availability and quality of population-level epidemiological health data from different areas of the globe.

C. Identify signs and symptoms for common major health and mental health disorders that facilitate diagnosis in low-resource settings.

Communicating and Sharing Health Information with the Public and Community

A. Contrast easily available health information, including health promotion information, for a specific disease using health literacy and cultural appropriateness standards.

B. Analyze strategies to communicate epidemiological information on a given health topic to a community audience, including information from new translational research.

C. Demonstrate an ability to create plans for communicating disease states to patients who screen positive for illness, including prevalence, incidence, course, best prevention and treatment options, as well as self-monitoring.

Learning activities:

Lectures, anatomy lab, self-study, small group discussion, and readings
Evaluation:

Evaluation by faculty in anatomy lab, weekly quizzes, and periodic assessments

IV. Interpersonal and Communication Skills

- Establish good rapport with patients, including those with mental illness.
- Effectively demonstrate empathy.
- Engender confidence.
- Facilitate communication among small group members to optimize sessions.
- Appropriately addresses patients' cultural and psychosocial issues to try to gain a better understanding of how these factors affect patients' health.
- Respond to patients' non-verbal communication.
- Assess a patient's expectations and assumptions in accessing the health care system.
- Communicate and collaborate professionally and therapeutically with community volunteer families and with students from different health care professions.
- Develop strategies for effectively educating patients and communities about their health.
- Deliver bad news using the spikes method.
- Remain patient centered when working with an electronic medical record.

Learning activities:

Patient interviews, small group discussions, service learning encounters, IFH family visits, and Pop Health activities *Evaluation:*
Verbal feedback from faculty and peers, Formative and summative written feedback from faculty (see forms in appendix), feedback from LAC staff, Pop health assessments, Clinical skills examination

V. Systems-Based Practice ***Learning objectives:***

- Judge the relative contribution of a variety of communicable and non-communicable diseases on the health of the US population.
- Assess social determinants of health and disease.
- Be prepared to implement prevention and screening at the clinical and community levels.
- Understand principles of epidemiology, and disparities in access to care and prevalence of disorders.
- Describe challenges of the organization and cost of health care delivery in the US and internationally.
- Analyze the contribution of psychological and social factors, including socioeconomic status,

ethnicity, gender, family dynamics, past experience and personality traits, on health and illness.

- Recognize patterns of disease in our local region and in the state.
- Demonstrate an understanding of the role of cultural and health literacy in social determinants of health and in working with underserved populations.
- Provide clinical care within the practical context of a patient's age, gender, personal preferences, family, health literacy, culture, religious perspective and their economic circumstances as well as the resources and limitations of the healthcare system.
- Prepare to participate meaningfully in community service clinics and other health improvement projects in Alachua County.
- Compare and contrast the public health benefits of preventive interventions that vary according to their effectiveness as well as the prevalence of a condition in a population.
- Identify community assets and resources to improve the health of individuals and populations.
- Describe strategies for building the community capacity to respond to public health emergencies and facilitate access to preventive medical services.
- Express the roles and competencies of other health care providers.

Learning activities:

Lectures, Team based learning activities, service learning, and IFH family visits

Evaluation:

Quizzes, periodic assessments, IFH and small group faculty evaluation

Required Texts

Title: IMAGING ATLAS OF HUMAN ANATOMY Author: JAMIE WEIR
ISBN: 9780723434573 Publisher: ELSEVIER Copyright: 2011 Cover: N/A
Edition: 4. This text is **required.**

Title: ESSENTIAL CLINICAL ANATOMY Author: KEITH L. MOORE
ISBN: 9780781799157 Publisher: LIPPINCOTT WILLIAMS &
WILKINS Copyright: 2011
Cover: N/A Edition: 4. This text is **required.**

Title: ATLAS OF HUMAN ANATOMY Author: FRANK H. NETTER
ISBN: 9781416059516 Publisher: ELSEVIER Copyright: 2011 Cover:
N/A Edition: 5. This text is **required.**

Title: HUMAN ANATOMY, MANUAL OF HUMAN DISSECTION Author: KYLE RAREY
ISBN: 9781885966001 Publisher: ELSEVIER Copyright:
Cover: N/A Edition: 1. This text is **recommended.**

Title: INTRODUCTORY TEXTBOOK OF PSYCHIATRY Author: BLACK, DONALD W.
ISBN: 978-1585624706 Publisher: MCGRAW-HILL Copyright: 2014 Cover:
other Edition: 6. This text is **required.**

Title: BATES' GUIDE TO PHYSICAL EXAMINATION AND HISTORY TAKING Author: LYNN S. BICKLEY
ISBN: 9780781780582 Publisher: LIPPINCOTT WILLIAMS &
WILKINS Copyright: 2013
Cover: N/A Edition: 11. This text is **required and will be required for ICM 3 and 4 and Internal Medicine Clerkship.**

Title: VISIBLE HUMAN DISSECTOR FOR MEDICAL EDUCATION Author: TOLTECH
ISBN: Publisher: TOLTECH Copyright:
Cover: N/A Edition: This text is **required.**
Comments or Notes for Students and Vendors: The Visible Human can be purchased from TOLTech. 2-year subscription ($119.00) that includes library of clinical and imaging (axials, sagittals, and coronals) content with product upgrades during the 2 years.

Schedule of Course Topics

See Master Schedule on Course Website.

Student Performance Criteria

Overview of methods by which students will be evaluated and their grades determined:
This course will be graded as Satisfactory/Unsatisfactory. Students who do not pass the course will be required to either repeat the course or participate in a remediation program to continue their course of study, at the discretion of the course director. To pass the course students will have to pass **medical knowledge, patient care (clinical skills),** and **professionalism** competencies. Passing in each of these areas is described below. Students must have a cumulative score of at least 75% in order to receive a satisfactory grade.

The final numeric grade is based on the following:
Quizzes – 15%
Exam 1 – 20%
Exam 2- 20%
Exam 3 – 20%
Exam 4 – 20%
Professionalism & Completion of assignments – 5%

1. Medical Knowledge

Weekly Quizzes

Weekly formative feedback on medical knowledge will be provided through online quizzes to be completed between Friday afternoon and Monday morning each week. Quizzes will be on line opening Friday at 5 pm and closing Sunday at 11:59 pm. There will be about 10 questions covering the material from the previous week. Students will be expected to work independently. Students will not be allowed to retake the quizzes but will be able to review the questions and answers (both correct and incorrect). Students must work independently (see honor code). **The weekly quiz score will count for 15% of the final grade**. Students will be **required to obtain an average of 75% on the weekly quizzes in order to pass the course.** Material in the quizzes will mostly reflect learning activities from the previous week but quizzes will occasionally contain cumulative material.

Periodic Assessments (Exams)

These will consist of four multiple choice computer exams, two of which will have a practical counting for 40% of each assessment grade (i.e., the multiple choice exam will count for 60% of each assessment grade for those two exams that have a practical). The multiple-choice exams will be held in the Learning Studio with a practical section in one of the teaching labs. The dates are the following:

- Exam 1 - February 10 (written only)
- Exam 2 - March 31 (written and practical)
- Exam 3 - April 27 (practical) & April 28 (written)
- Exam 4 - May 26 (written only). The last exam will be cumulative.

Students must pass every exam with at least a 75% to demonstrate mastery of course content and pass the course. Students who achieve a score under 75% on an exam will be required to meet with Mr. Jim Goerske or Dr. Beverly Vidauretta (Program Director, Student Counseling and Development) for assessment of study skills. Students who fail an exam will be required to take another exam on the same material; occasionally an alternate remediation activity might be required. This remediation would typically take place during winter break or over the summer. If remediation is required, the student receives an "H" until the remediation is successfully completed. At that point, the final grade is changed to "Satisfactory-Pass." If a student does not pass the remediation they will be referred to Academic Status Committee for further discussion.

2. Patient Care (Clinical Skills) *Small group activities*

To pass the clinical skills portion of the course students must be competent in interviewing, history taking, basic patient write-ups, and the basic physical examination. Students will be assessed by faculty during class and formally through professionalism and formative and summative feedback forms. Students' physical exam skills will be assessed by the PETAs in the LAC.

Clinical Skills Exam

There will be a final practical clinical skill exam CSE 1b, which will be given to students on the afternoons of May 15, 16, and 17. Each student will be scheduled for one of the afternoons. Students must pass the clinical skills examination by achieving a score of at least 75%. Achieving a passing score on the CSE is necessary in order to need to pass ICM 2. If students fail a single station they may be asked to return to remediate and repeat that station. Students who fail overall will need to participate in an individualized remediation plan developed by the course director and the medical director of the LAC.

Information about the CSE will be given later in the semester by Dr. Carolyn Stalvey. There will be a practice session scheduled before the CSE. Stations will test history/communication skills, physical examination skills, and documentation. To prepare for the CSE, students should review all the history and physical examination checklists, lectures on communication and the physical exam, and the Bates textbook. To succeed on the exam, students should practice history and physical skills in the LAC with each other. LAC rooms can be signed out ahead of time for this purpose.

3. Professionalism *Small Group Evaluation*

Students will receive ongoing feedback from small group faculty during small group activities and from anatomy faculty during lab. Formal formative feedback on professionalism and

communication skills will be provided in person to students by small group faculty in the middle of the semester and in written form at the end of the semester. See the attached formative evaluation form (also available on the course website).

Written Assignments

There will be assignments throughout the semester, including group anatomy exercises, patient write-ups, video-reviewing checklists, and reflections. Successful completion of these assignments is necessary to pass the course and will count for 5% of the final grade.

What if a student does not pass ICM 2?

An overall course score below 75% is a "failure." Students who do not pass the course will have to develop a remediation plan with the course director. Remediation plans for a failed course are reviewed by the Academic Status Committee (ASC). Remediation will include, at a minimum, repeating any failed assessments or other activities that were not satisfactorily completed. Depending on the amount of material that needs to be repeated this will be done during winter break, spring break or over the summer. Students must pass ICM to go on to the second year of school.

Posting of Course Grade and Subsequent Remediation Process

1. If the student **passes** the course, then the "S" grade is reported in CANVAS and then to transcript to UF (i.e., "up the hill").
2. If the student does **NOT** pass the course, then:

- The grade automatically is an "H" in CANVAS.
- The Course Director makes a specific recommendation to the ASC. The ASC can, of course, modify the recommendation in any way it deems appropriate. o ASC approves a plan, and the student successfully remediates the course. The "H" course grade is replaced with an "S" grade and then reported up the hill. o ACS approves a plan and the student does not pass the course. The "H" grade is replaced with a "U" grade and this is reported up the hill and onto the transcript. The Course Director returns to the ASC with another recommendation. The ASC can, of course, modify that recommendation in any way they deem appropriate. Eventually, if an "S" grade is earned by the student, then two grades will be seen on the transcript – a "U" and an "S." The student will reenroll in the course and will have a U grade for the first enrollment and a hopefully a passing score with the second matriculation.

NOTE: This is only for Course failures, **not** exam failures. Exam remediation is done by the Course Director, who notifies ASC for tracking purposes only.

Small Group Evaluation
Students will receive ongoing feedback from small group faculty during small group activities and from anatomy faculty during lab. Formal formative feedback on professionalism and communication skills will be provided in person to students by small group faculty. See the attached formative evaluation form (also available on the course website).

Policy related to class attendance
Students must attend all anatomy labs, small group sessions, physical exam and interview practice sessions and patient presentations. Attendance at lecture is at the student's discretion as lectures will be available on line. Students must attend at least 90% of required learning activities to pass the course.

Policy related to make-up exams or other work
Make up exams and activities will be arranged in cause of emergency at the discretion of the course director. Emergencies include: illness requiring medical care, death, or illness of close family members.

ADA accommodations for Medical Students

Students who request ADA accommodations will present documentation of the specific accommodations from the UF Disability Resource Center (DRC) (https://www.dso.ufl.edu/drc/) to the Associate Dean of Students. In turn, Dr. Duff will share this information with Ms. Julian Gilder (the registrar and disabilities officer) and with the basic science course directors and clerkship directors. Dr. Duff's office will coordinate with Dr. Novak's office to arrange for the specific accommodations in the testing center.

College of Medicine Policies covering the following topics of interest to students are available on the Office of Student Affairs website http://osa.med.ufl.edu/policies/

Appeals for Reinstatement
- Attendance and Absences
- Clerkships & Electives
- College of Medicine Computer Requirement
- Competency-Based Curriculum
- Criminal Background Checks & Drug Screening
- Dress Code
- Evaluation, Advancement, & Graduation
- Leave of Absences
- Probation & Dismissal

- Professional Behavior
- Requirements & Recommendations for Graduation
- Sexual Harassment Information & Procedures
- Student Evaluations of Courses, Clerkships, and Faculty
- Student Grievance
- Student Health Care Policy
- Student Health, Health Insurance & Immunizations, & Bloodbourne Pathogens Policies
- Unsatisfactory Performance and/or Unprofessional Behavior
- Use of Social Networking Sites

ICM 2 Spring 2017 Assignments

1. Patient Encounter Write-Ups

a. Three comprehensive write-ups based on patient encounters with faculty

Faculty will bring students to see patients in the emergency department (ED), hospital rooms, or outpatient clinics. Write-ups should follow the examples on the course website. Students will upload their write-ups to Canvas by Sunday at midnight following the patient encounter. Faculty will review the write-ups and give students feedback.

Students will be expected to use outside resources to learn more about the patient's disease or treatment and formulate a simple assessment and suggestions for a plan. Appropriate resources include:

- UpToDate: http://www.uptodate.com/home
- American Family Physician http://www.aafp.org/online/en/home/publications/journals/afp.html
- ACP in the clinic: http://annals.org/intheclinic.aspx
- Pubmed: http://www.ncbi.nlm.nih.gov/pubmed
- Peds or Internal Medicine Textbooks in MD Consult: http://www.mdconsult.com/php/390165311-4/home.html

In addition, each write-up students should read from a textbook or other scientific source on an aspect of the patient's history or physical exam. Students will write a paragraph at the end of each write-up noting the source they used and what was learned relevant to the patient.

b. Focused write-up of patient encounter during community service

This will be based on patients that students see outside of the hospital while volunteering in the community. It should include the elements noted in the "Student Write-up Checklist for Elements of a Focused Medical History." This is in this syllabus and on the course website.

As with the encounters with faculty, students will submit their write-ups to Canvas. Again, for each write up students should read from a textbook or other scientific source on an aspect of the patient's history or physical exam. Students will write a paragraph at the end of each write-up **In addition**, students should make note at the end of the write up of any social issues that may have contributed to the patient's chief complaint or severity of disease. These issues might include: lack of health insurance, lack of medications, mental illness, homelessness, lack of transportation. The deadline is May 26, 2017.

2. <u>Videorecording Reviews</u>

a. Students will be videorecording doing three interviews in the LAC this semester: working with the EMR, breaking bad news, and substance abuse.
b. After each interview students should watch their video and complete a videorecording review checklist. This should be uploaded to Canvas midnight the Sunday prior to the next small group.
c. Students should complete a write up of the history only for the first videorecording on working with the EMR and that will be in the EpicEdu environment.

3. <u>Advance Directive Reflection</u>

Following the lecture on advance directives, students will approach a family member or friend to discuss that person's advanced directive wishes. Students will complete a one- to two-page reflection on the experience that answers the questions below. This will be due to small group leaders before the CLG activity Faculty will give comments and return the document to students for submission on GatorDocs within Canvas. These reflections will be discussed in CLG on March 14 or 15.

- What thoughts did you have prior to approaching the person with whom you discussed advanced directives? Have you discussed this issue with anyone in the past?
- How did the discussion go?
- How did this person's attitudes or wishes differ from your own?
- What, if anything, did you learn during this experience that change how you approach this topic with patients in the future?

LAC Dress Code

Physical Examination Teaching and Practice Days:

1. See General Dress Code but you must dress comfortably and modestly, as **you will be examined by your peers.**
   - You may wear walking ("Bermuda")-type shorts but not ultra-short athletic (running) shorts or unusually tight shorts (i.e., "Spandex").
   - Women may wear yoga pants.
   - For the men, a polo shirt with a collar is preferred. A tee shirt is acceptable provided it is clean, pressed, and does not contain any offensive language or picture.
   - For the women, "tube tops" or "halter tops" and very short, tight skirts should not be worn to these activities.
   - Shirts and blouses must extend to the waistband of the shorts. Bare midriffs are not acceptable.
   - Baseball caps and sunglasses should not be worn in the rooms.
   - Avoid **extremes** of hairstyles (e.g., "spiked hair," multicolored or bizarre-colored), make-up, and piercings.
   - Body art (tattoos) should be covered.
   - Earrings should be kept to a minimum of two.
   - Tongue or facial piercings should be removed while in the LAC for practice as well as during patient encounters.
   - **In summary, please be modest and professional.**

Vital signs: wear short sleeve shirts or modest tank tops.
Musculoskeletal exam: wear short sleeve shirts or modest tank tops and shorts.
Pulmonary & Cardiovascular exam: wear loose fitting shirts.
Women can wear "sports bras" if they prefer.
Abdominal exam: elastic waist garments that make exposing your abdomen easy.
Respect your colleagues by presenting to the LAC cleaned and well groomed.
Fingernails should be clean and maintained at a length that is not visible form the palmar aspect of the hand.

Remember, other than water, beverages and food are not allowed in the LAC.

LAC Dress Code

Dress Code for Patient Care and LAC Video-Recorded Activities:

Students must maintain an appearance that conveys a professional image and is suitable for duties in all patient care areas including patient encounters in the LAC, the ambulatory setting, and hospital wards. Acceptable requirements for appearance:

- Photo identification badge must be worn at all times while on the Shands/ UF College of Medicine campus or when engaged in College of Medicine sanctioned activities off campus.
- White lab coats when required for an activity should be clean, wrinkle free and in good repair.
- *Professional clothing*: Pressed slacks or skirt as appropriate for gender. Neat, clean shirt or top.
    - Men should wear dress shirts or polo shirts with collar. Ties are optional.
    - For women, low cut, midriff, strapless or see-through blouses, shirts, or dresses are not acceptable. Undergarments should not be visible.
    - T-shirts with slogans or pictures are not allowed except for sponsored events such as Children's Miracle Network.
    - Jeans, shorts, miniskirts, and athletic shoes are not considered professional clothing.
    - Shoes should be clean, closed-toe with heels no greater than 2 inches.
- Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. No tongue/eyebrow/lip/nose piercings allowed. Bangle bracelets are not allowed.
- Makeup should project a professional image.
- Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual hairstyles or color, such as spikes, bright or fluorescent colors, are not allowed. Long hair should be controlled in the back unable to fall forward during activities. Facial hair must be neatly groomed or clean-shaven.
- Fingernails should be clean and maintained at a length that is not visible from the palmar aspect of the hand.

- Body art/tattoos should not be visible.
- For patient comfort purposes excessive perfumes, colognes, aftershaves, scented lotions etc. should not be worn in patient care settings.
- Gum chewing is not allowed in clinical settings.

COLLEGE OF MEDICINE GENERAL POLICIES

Attendance: http://osa.med.ufl.edu/policies/attendance-and-absences/

Attendance at lectures is strongly encouraged. Attendance is required for patient presentations, small group sessions, team based learning sessions and laboratory sessions. For most required activities attendance is tracked via a quiz in Canvas. Planned absences must be approved by the course director. An unexcused absence from any required activity may impact the student's professionalism assessment in the course.

Videorecording:

The University of Florida College of Medicine will provide video recordings of lectures and other portions of the curriculum to its students. The goal of this initiative is to improve our learner centered curriculum-allowing flexibility to balance personal and academic priorities and provide another tool to accommodate differing learning styles. The video recordings are intended for exclusive use by students enrolled in the College of Medicine. Other individuals who wish to view the recordings must receive permission from the responsible faculty member.

In accordance with the University of Florida Intellectual Property Policy, faculty members of the University of Florida maintain copyright ownership of their lectures. UF COM will maintain ownership of these recordings and will use recordings in accordance with this policy.

The UF COM policy for digital audio or video recording of lectures is as follows:

1 Whole class presentations (e.g. lectures) and other portions of the curriculum will be recorded. Such recordings will be maintained on the UF Mediasite servers. Due to the nature of patient confidentiality or the nature of the topic, there will be times when recording is not allowed. These are intended for exclusive use by the students enrolled in the course at the time, course faculty, and staff charged with delivering and administering the course.

2. Lecturers will be contacted with information about the recording policy. Faculty who give multiple lectures in a course may specify different terms for different sessions. Faculty who do not wish to be audio or videorecorded must notify the course director and Associate Dean for Medical Education with rationale for not recording at least 48 hours prior to the lecture(s). Absent the lecturer's express revocation of permission, in writing, lectures/presentations will be

recorded. Reasons for non-recording include but are not limited to patient encounters and guest lecturers.

3. Recorded lectures will be posted on the UF COM secure website through Mediasite. Lectures can be edited up to one week after recording.

4. All users of the recordings (students, faculty, staff and course directors) must agree to the terms and conditions of this policy prior to web site access. The lecture and any information contained in the recorded lecture are protected under copyright laws and may not be copied, displayed, broadcast or published without the consent of the lecturer and without giving proper attribution to the lecturer. UF COM will take reasonable measures to prevent the inappropriate use of such recordings by individuals with access to the web site on which the recorded lectures are posted, but cannot guarantee against possible misuse.

This prohibition includes placing the recording on any web page or the Internet for use by, or access to, any person, including the student. In addition to any legal ramifications, misuse of recordings will be considered as unprofessional behavior and appropriate disciplinary action will be taken according to UF COM policy and procedures.

6. The recorded lectures will be maintained on the university servers for up to two years, with materials accessible exclusively to the students enrolled in the course at the time of the recording along with the faculty, staff and course directors charged with delivering the lectures and administering the course at the time of recording.

7. No recorded lecture material, university maintained or otherwise, may be shared with any individual or organization within or outside the UF COM without prior written permission from the lecturer. Recordings are for educational use only and are to be considered confidential.

8. Materials used in lectures may be subject to copyright protection.

Evaluations:

https://osa.sites.medinfo.ufl.edu/files/2014/10/Policies-and-Procedures-Handbook.pdf

Every required course is to be evaluated by students. Each student must complete at least 75% of all assigned faculty resident and small group leader evaluation forms. There is an expectation of 100% completion on overall course evaluations. Failure to complete evaluations within the established timeframe will be noted as a professional concern in a student's professionalism competency evaluation.

Professional Behavior:

Please see: http://osa.med.ufl.edu/policies/professional-behavior/

Accommodations

Students requesting classroom accommodation must first register with the Office of Student Affairs. The Office of Student Affairs will provide documentation to the student who must then provide this documentation to the Course Director when requesting accommodation.

Testing Center Policies & Procedures: http://docs.medinfo.ufl.edu/policies/testing-center-policy-and-procedures/

Code of Ethics UF COM

We, the University Of Florida College Of Medicine, pledge to:

- Exemplify professionalism, honesty and integrity, recognizing that we represent ourselves, the University of Florida College of Medicine, and the broader medical community
- Treat each patient with unbiased compassion and respect
- Be accountable for our actions, humble in our shortcomings and willing to learn from our mistakes
- Advance the frontiers of medicine through life-long education, collaboration and research
- Act as a cohesive healthcare team, while valuing individual contributions and perspectives
- Embrace diversity and treat everyone with equal warmth, empathy and understanding
- Accept our societal responsibility to guide healthcare and advocate for patients on local, national and global scales
- Maintain and emotional, physical, and spiritual balance, in order to fulfill our duties both personally and professionally
- Remember our passion for medicine and allow it to guide us through our endeavors

University of Florida Honesty Policy regarding cheating and use of copyrighted materials:

The Student Honor Code, from the Student Guide produced by the University of Florida, Division of Student Affairs, says the following:

(http://www.dso.ufl.edu/studentguide/studentrights.php#studenthonorcode)

The following has been reproduced from the University of Florida Regulations

http://regulations.ufl.edu/chapter4/

– Chapter 6C1-4 (Student Affairs) UF-4.041 Student Honor Code. http://regulations.ufl.edu/wp-content/uploads/2012/09/4041.pdf

September 14, 2017

ICM 2 Master Schedule

Week 1 (Jan. 2-6, 2017) HOP

Health Outcomes and Policy

No ICM lectures

CLG Group
1/3 (2-5 PM) and 1/4 (2-5 PM): HOP

Week 2 (Jan. 9-13, 2017) FMI

Lectures

1/9 (1:00-1:10 PM): Introduction to ICM 2 (Cooke)
1/9 (1:10-1:50 PM): Staying Patient Centered While Working with the EMR (Harrell)
1/9 (2:00 PM): Depressive disorders (Cooke)
1/9 (3:00 PM): Bipolar disorders (Cooke)

1/13 (1:00 PM) Personality disorders (Cooke)
1/13 (2:00 PM): Emergency psychiatry (Cooke)
1/13 (3:00 PM): Decision-making capacity and psychiatric patients (Solberg)

CLG Group (one-half of students at a time)

1/10 (2-5 PM) or 1/11 (2-5 PM): Preceptorship debriefing / Health Outcomes Policy debriefing

Week 3 (Jan. 16-20, 2017) FMI

1/16 is MLK day

Lectures
1/20 (1:00 PM): Learning theory (McNamara)
1/20 (2:00 PM): Antidepressants and mood stabilizers (Hobbs)
1/20 (3:00 PM): Baker Act and Marchman Act (Solberg)

IFH Activity
1/17 (10:40 AM-12:30 PM)
Putting Families First: An Interdisciplinary Family Health (IFH) Experience

CLG Group
1/17 (2-5 PM) and 1/18 (2-5 PM): FMI activity: antibiotic resistance / Oral health activity with dental students

Alternate CLG Group Activity (LAC)
1/17 (2-5 PM) and 1/18 (2-5 PM): Video recording of Interview with EMR

Week 4 (Jan. 23-27, 2017) FMI

Lectures

1/23 (1:00 PM): Psychotic disorders and antipsychotics (Cooke)

1/23 (2:00 -4:00 PM): Anxiety disorders, obsessive compulsive disorder, and trauma related disorders (Averbuch)

1/24 (1:00 PM): Psychotherapies (Merlo)

~~1/27 (1:00 -3:00PM): Population health I~~

CLG Group

1/24 (2-5 PM) and 1/25 (2-5 PM):

Inpatient encounters: 2 students/patient X 1.5 hours each

Week 5 (Jan. 30-Feb. 3, 2017) FMI

Lectures

1/30 (1:00 PM): Disruptive disorders (Cooke)
1/30 (2:00 PM): Neurodevelopment (Shapiro)
1/30 (3:00 PM): Child psychiatry patient presentation (Shapiro) REQUIRED

2/3 (1:00 PM) Sleep (Eisenschenk)
2/3 (2:00 PM) Sleep disorders (Cooke)
~~2/3 (3:00 -5:00 PM) Population health II: Morbidity and Mortality~~

CLG Group

1/31 (2-5 PM) and 2/1 (2-5 PM): Review EMR videos / FMI: Zika activity

Week 6 (Feb. 6-10, 2017) FMI

Lectures

2/6 (1:00 – 3:00 PM): Substance use disorders (Cooke)
2/6 (3:00 PM): Neurocognitive disorders (Cooke)
2/6 (4:00 PM): Patients with HIV Panel (Harrell) REQUIRED

CLG Group

2/7 (2-5 PM) and 2/8 (2-5 PM): Immunology exercise / Ethics cases

Friday Afternoon Activity

ICM 2 Exam 1 : 1:00 PM – 3:30 PM

Week 7 (Feb. 13-17, 2017) Oncology

Lectures
none

CLG Group
2/14 (2-5 PM) and 2/15 (2-5 PM): Watch and discuss Wit

Alternate CLG Group Activity
2/14 (2-5 PM) and 2/15 (2-5 PM): Video recording Interview Breaking Bad News (one case, 20 minutes each)

Week 8 (Feb. 20-24, 2017) Oncology

Lectures
none

IFH Activity
2/21 (10:40 AM-12:30 PM)
Putting Families First: An Interdisciplinary Family Health (IFH) Experience

CLG Groups:
2/21 (2-5 PM) and 2/22 (2-5 PM): Review Breaking Bad News Videos with 4th Year students

Week 9 (Feb. 27-March 3, 2017)

Lectures

2/27 (1:00 PM): Anatomy Lecture- Thorax: Lungs and Pleurae (Nonabur)
2/27 (2:00 PM): Revisiting the Lung Exam (Harrell)
2/27 (3:00 PM): Patient Presentation: Lung Disease (Harrell)

3/3 (1:00 PM): Physician assisted suicide (Solberg)
3/3 (2:00 PM): Embryology of pleura (Rarey)
~~3/3 (3:00 -5:00 PM): Population health III: Evidence Based Dissemination of Population Health Information~~

CLG Group

2/28 (2-5 PM) and 3/1 (2-5 PM): Inpatient encounters: 2 students/patient X 1.5 hours each

Alternate CLG Group Activity

2/28 (2-5 PM): Oxygenation and Ventilation Simulator 1/3 of class/day (Wendling) – 4th floor of HMEB

3/1 (2-5 PM): Oxygenation and Ventilation Simulator 1/3 of class/day (Wendling)

Week 10 (March 6-10) Spring Break

Week 11 (March 13-17, 2017) Resp

Lectures
3/13 (1:00 -2:50 PM): Pulmonary imaging - X-ray, CT, Nuclear: Normal and Abnormal (E. Cooke)
3/13 (3:00 PM): Lung cancer screening (E. Cooke)
3/13 (4:00 PM): Occupational Medicine (Kellett)

CLG Group
3/14 (2-5 PM) and 3/15 (2-5 PM): Radiology cases / Advanced directives

Alternate CLG Group Activity
3/14 (2-5 PM: Oxygenation and Ventilation Simulator 1/3 of class/day (Wendling)

Friday Afternoon Activity
Anatomy Lab
3/17 (1:00 PM – 5:00 PM): Pleural Cavities and Lungs

Week 12 (March 20-24, 2017) Resp

Lectures

3/20 (1:00 PM): Pulmonary function tests (Lascano)
3/20 (2:00 PM): Occupational Lung Disease (Lascano)
3/20 (3:00 PM): Patient panel – cultural perspectives on health (Harrell)

3/22 (8:00 AM): Patient Presentation: Substance use (Merlo)

3/24 (1:00): Cases in law and ethics I
3/24 (2:00 PM): Cases in law and ethics II
~~3/24 (3:00 -5:00 PM): Population health IV: Lecture~~

CLG Group

3/21 (2-5 PM) and 3/22 (2-5 PM): Inpatient encounters: 2 students/patient X 1.5 hours each

Week 13 (March 27-March 31, 2017) Resp

Lectures

3/27 (1:00 – 3: 00 PM): Patient Presentation (Harrell)

3/27 (3:00 PM): Clinical Respiratory Embryology: When Things Go Wrong (Islam)

CLG Group

3/28 (2-5 PM) and 3/29 (2-5 PM): Resp activity

3/28 (2-5 PM) and 3/29 (2-5 PM): CLG III

Alternate CLG Group Activity (LAC)

3/28 (2-5 PM) and 3/29 (2-5 PM): Lung Sounds (Lascano and Harrell) – Room 340

3/28 (2-5 PM) and 3/29 (2-5 PM) Substance use video-recoding

ICM Exam 2- 3/31 (8:00 AM-9:30 AM)

ICM Practical- 3/31 (10:00 AM-11:45 AM)

Week 14 (April 3-7, 2017) CV

Lectures

4/3 (1:00 PM) Anatomy Lecture: Chest Wall and Middle Mediastinum (Rarey)
4/3 (2:00 PM) Anatomy Lecture: Heart: Internal Architecture & Conduction System (Rarey)
4/3 (3:00 PM) Anatomy Lecture: Superior and Posterior Mediastinum (Rarey)

IFH Activity

4/4 (10:40 AM-12:30 PM)
Putting Families First: An Interdisciplinary Family Health (IFH) Experience

CLG Group

4/4 (2-5 PM) and 4/5 (2-5 PM): Review substance use videos

Friday Afternoon Activity

Anatomy Lab

4/7 (1:00 PM – 5:00 PM): Chest Wall and Middle Mediastinum

Week 15 (April 10-14, 2017) CV

Lectures

4/10 (1:00 PM): Cardiac Imaging - CXR Evaluation, Angiography; (E. Cooke)
4/10 (2:00 PM): Cardiac Imaging - Nuclear Medicine (Thallium, Calcium-CT, etc.) (E. Cooke)
4/10 (3:00 PM): The Heart and Vessels Clinical Correlation (Beaver)
4/10 (4:00 PM): Embryology of the heart (Rarey)

CLG Group

4/11 (2-5 PM) and 4/12 (2-5 PM): Radiology cases / Wellness activity

Friday Afternoon Activity

Anatomy Lab

4/14 (1:00 – 3:00 PM): Heart: Internal Architecture & Conduction System
4/14 (3:00 – 5:00 PM): Superior and Posterior Mediastinum

Week 16 (April 17-21, 2017) CV

Lectures

4/17 (1:00 PM): LGBTQ Panel (Ryan) REQUIRED
4/17 (2:00 PM): Review of the Cardiovascular Physical Examination (Harrell)
4/17 (3:00 PM): Introduction to Heart Sounds (Choi)

4/21 (1:00 PM) Case Presentation: Doc in the Box (Harrell)
4/21 (2:00 PM) Clinical CV Embryology: When Things Go Wrong (Islam) (Saleem Islam)
~~4/21 (3:00–5:00 PM) Population health V: Lecture~~

CLG Group

4/18 (2-5 PM) and 4/19 (2-5 PM): Professional identity formation activity / Student-developed chest pain cases

Alternate CLG Group Activity (LAC)

4/18 (2-5 PM) and 4/19 (2-5 PM): Heart Sounds (Choi) – Room 340

Cardiac Physiology Simulator Sessions (Cindy Le and William Smith)

4/18 (2-5 PM) and 4/19 (2-5 PM)
Each student will do one hour (Cindy Le and Smith)

Week 17 (April 24-28, 2017) CV

Lectures

4/24 (1:00 PM): Patient Presentation: Cardiac Disease (Harrell) - required
4/24 (2:00 PM): CSE Info and Q&A (Stalvey) - required
4/24 (1:00 PM): Introduction to Quality Improvement 1: Pneumonia and CHF (Rosenberg)

CLG Group

4/25 (2-5 PM) and 4/26 (2-5 PM): Inpatient encounters: 2 students/patient X 1.5 hours each

Alternate CLG Group Activity (LAC)

4/25 (2-5 PM) and 4/26 (2-5 PM): Cardiac Ultrasound Activity (De Portu)

ICM Practical- 4/27 (1:00 PM-3:30 PM)
ICM Exam 3- 4/28 (1:00 PM-3:00 PM)

Week 18 (May 1-5, 2017) Preceptorship

Week 19 (May 8-12, 2017) Renal

Lectures

5/8 (1:00 PM): Anatomy Lecture: Gross Anatomy of the Kidneys (Rarey)

5/8 (2:00 PM): Clinical Renal Embryology: When Things Go Wrong (Islam) (Saleem Islam)

~~5/8 (3:00–5:00 PM): Population health VI: Lecture~~

CLG Group

5/9 (2-5 PM) and 5/10 (2-5 PM): Inpatient encounters: all students

Alternate CLG Group Activity (LAC)

5/9 (2-5 PM) and 5/10 (2-5 PM): Renal Ultrasound Activity (De Portu)

Week 20 (May 15-19, 2017) Renal

CSE 1b: 5/15, 5/16, and 5/17: (1-5 P.M. each day)

Lectures
5/19 (1:00 PM): Renal imaging (E. Cooke)
5/19 (2:00 PM): Introduction to Quality Improvement 2: Kidney Disease (Rosenberg)
5/19 (3:00 PM): Distributive Justice in the Allocation of Deceased Donor Transplanted Kidneys (Allen)

CLG Group
5/16 (2-5 PM) and 5/17 (2-5 PM): Renal activity

Week 21 (May 22-26, 2017) Renal

Lectures
5/22 (1:00 PM): Bladder Function (Moy)
5/22 (2:00 PM): Incontinence (Moy)
5/22 (3:00 PM): Patient Panel: Patients on Hemodialysis (Harrell) - Required

CLG Group
5/23 (2-5 PM) and 5/24 (2-5 PM): Renal activity / Renal imaging

ICM Exam 4- 5/26 (1:00 PM-3:00 PM)

CLG Group
5/30 (2-5 PM) and 5/31 (2-5 PM): Summative Feedback for CLG Group students