MEDS 220: Preparation for the Clinical Experience

TBD
Fridays 12:00 PM to 1:50 PM, THH 202
2 units
Office hours by appointment: NORDT@USC.EDU

INSTRUCTORS:
• Sean Nordt, M.D., Pharm.D. Department of Emergency Medicine, Keck School of Medicine
  o nordt@usc.edu, 323-226-6667
• Additional instructors from the Department of Emergency Medicine at LA County + USC Medical Center, the Keck School of Medicine, and students from last semester's MEDS 220 course
  o Contact information listed on blackboard

ADMINISTRATIVE ASSISTANT:
• Michael Bell, M.S.
• jamesmib@usc.edu

Introduction and Purpose

Undergraduates interested in a postgraduate career in the health sciences will likely participate in classes or work in a clinical setting such as a hospital, a medical office, or a community clinic. In preparation for this type of experience, this course presents detailed discussions and evaluations of important topics, such as patient privacy, medical ethics, the health care system and how it works, cultural competency and sensitivity, the role of spiritualism in health care, teamwork in the medical setting, how personality type affects behavior, expectations for professional behavior, and advanced writing skills.

Upon successful completion of this course, the student should be able to demonstrate a working knowledge of:

• The organization of the health care delivery system in the United States
• Health care teams and roles in providing medical care
• Fundamentals of health care economics
• Regulatory and legal aspects of health care
• Professionalism and responsibility for health care providers
• Patient expectations of privacy—HIPAA regulations
• Communication skills in discussing medical care
• Cultural competency and sensitivity in understanding patient interaction with health care teams
• Fundamentals of medical ethics, internal review boards for medical care, and quality assurance in health care
• Consumer-driven healthcare and shopping for health insurance
• Advanced writing skills
Course Requirements and Grades

- There is no required textbook for the course. Course material will be updated every semester the course is taught, since the course will often focus on current events.
- The course will consist of one 110 minute meeting each week, which will involve a dynamic combination of lecture, videos, and small group sessions led by adjunct instructors.
- Student membership in the small groups will be assigned, and student groups will produce presentations with the members of their small groups. See below for further details regarding presentations.
- Prior to each class meeting, students will receive an email with material to read, listen to, and/or watch in preparation for the session. Students will be expected to be able to discuss the material during lecture and small group sessions.
- After each meeting, students will receive an email with questions involving material from the session. These questions will not be graded, but will instead act as practice questions for the final examination.
- Students will be encouraged to contact adjunct faculty members with any questions or comments related or unrelated to coursework. Contact information for adjunct faculty members will be available on blackboard.
- Grading breakdown: Letter Grade
  10% of the grade will be for effective participation in discussions
  25% of the grade will be for the writing assignment
  30% of the grade will be for oral presentations at the end of the semester
  35% of the grade will be for the final exam

Grading Scale:

<table>
<thead>
<tr>
<th>Grade</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>94-100</td>
</tr>
<tr>
<td>A-</td>
<td>90-93</td>
</tr>
<tr>
<td>B+</td>
<td>87-89</td>
</tr>
<tr>
<td>B</td>
<td>83-86</td>
</tr>
<tr>
<td>B-</td>
<td>80-82</td>
</tr>
<tr>
<td>C+</td>
<td>77-79</td>
</tr>
<tr>
<td>C</td>
<td>75-76</td>
</tr>
<tr>
<td>C-</td>
<td>74-70</td>
</tr>
<tr>
<td>D+</td>
<td>69-67</td>
</tr>
<tr>
<td>D</td>
<td>66-64</td>
</tr>
<tr>
<td>D-</td>
<td>63-60</td>
</tr>
<tr>
<td>F</td>
<td>59-0</td>
</tr>
</tbody>
</table>

Exams:

Exams will be multiple choice and/or short answer questions or short essays as appropriate and will cover didactic information provided within the class discussions and readings.

Writing Assignment:
Due: the 14th week of class. Exact date TBA. Papers submitted after the initial collection period (including by email) are subject to a late penalty of 10% per day. Your small group leader will grade your paper.

Purpose: To develop advanced, academically-focused writing skills. As such, presenting your argument in a clear and concise manner is essential. Please refer to the relevant class lecture for examples.

Assignment: Find a partner from your discussion group and choose opposite positions on a controversial topic relating to course subject matter. Choose your topic from the provided list (see the last page of this syllabus) or create your own. Please note that student generated topics must be relevant to the class material and approved by your respective discussion section leader.

Each student will write a 500-750 word paper on his/her position (pro or con) that properly cites approximately 10 (range: 5-15) high quality references. Any questions on reference quality may be directed to your discussion section leader.

Once the assignment is graded, you may schedule a meeting with your discussion section leader to review it. This is meant to be helpful and informative and is not mandatory. Please do not use this meeting to discuss grading.

Class Presentations:

Due: You will be assigned a date to present, either April 26th (week 14) or May 3rd (week 15). Be prepared to present at the beginning of your assigned class period.

Purpose: To further develop public speaking skills and clear articulation of arguments and ideas. The ability to speak publicly, especially in a critical environment, is essential to all health care professions.

Assignment: Create a 10 minute presentation that clearly communicates the same position taken in your paper. A faculty member will grade your presentation using a scheme that emphasizes clarity of argument, quality of oral presentation skills, and creativity. You may utilize visual aids, though they are not required. Please note that projectors will not be available.

Class Sessions: FRIDAYS 12:00 PM to 1:50 PM

Week 1
- Introductions and the big picture
- Health professions

Week 2
- Health care system in the United States

Week 3
- Comparative health systems
Week 4  EMTALA: The Emergency Medical Treatment and Active Labor Act

Week 5  Professionalism and communication skills in medicine

Week 6  Personality in medicine

Week 7  Cultural competency

Week 8  Advanced writing skills

Week 9  Medical ethics

Week 10  Consumer-driven healthcare and shopping for health insurance

Week 11  Patient safety, quality assurance, and improvement

Week 12  Patient Privacy and HIPAA

Week 13  Topic TBA

Week 14  PRESENTATIONS  
WRITING ASSIGNMENT DUE TODAY AT END OF CLASS

Week 15  PRESENTATIONS

Finals  FINAL EXAM 11am to 1pm

**Statement for Students with Disabilities**
Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. Please be sure the letter is delivered to me as early in the semester as possible. DSP is located in STU 301 and is open 8:30 a.m.–5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

**Statement on Academic Integrity**
USC seeks to maintain an optimal learning environment. General principles of academic honesty include the concept of respect for the intellectual property of others, the expectation that individual work will be submitted unless otherwise allowed by an instructor, and the obligations both to
protect one’s own academic work from misuse by others as well as to avoid using another’s work as one’s own. All students are expected to understand and abide by these principles. Scampus, the Student Guidebook, contains the Student Conduct Code in Section 11.00, while the recommended sanctions are located in Appendix A: http://www.usc.edu/dept/publications/SCAMPUS/gov/. Students will be referred to the Office of Student Judicial Affairs and Community Standards for further review, should there be any suspicion of academic dishonesty. The Review process can be found at: http://www.usc.edu/student-affairs/SJACS/.

Emergency Preparedness/Course Continuity:
In case of emergency, and travel to campus is difficult, USC executive leadership will announce an electronic way for instructors to teach students in their residence halls or homes using a combination of Blackboard, teleconferencing, and other technologies. Instructors should be prepared to assign students a "Plan B" project that can be completed at a distance. For additional information about maintaining your classes in an emergency please access: http://cst.usc.edu/services/emergencyprep.html
Sample paper topics:

1. The United States has the best healthcare system in the world
2. Healthcare is a right, not a privilege
3. The Hippocratic Oath should be taken by every graduating medical student
4. Mid-level providers should form the bulk of America’s primary care workforce
5. The MCAT should be removed from medical school admissions
6. Medical schools should choose applicants based on personality assessments
7. EMTALA does more harm than good
8. Penalties for HIPAA privacy violations are too severe
9. Only physicians should have the right to prescribe drugs
10. Patients should always have the final say in their care
11. Parents should always have the final say in the care of their children
12. Professionalism is the highest priority of a healthcare provider
13. Single payer systems are the best way to address the high costs of medical care
14. Private insurance is a vital part of the healthcare system that cannot be removed
15. The Medicare eligibility age is correct
16. Physician assisted euthanasia should be legal
17. Public insurance should pay for all end of life care, including long shot treatments
18. Citizenship should be established before non-emergent treatment is initiated
19. It should be illegal for insurance companies to be non-profit
20. Cultural sensitivity is important, even in emergency situations
21. Medicare part D should be repealed
22. Medicare should be expanded to include all working adults
23. Physician assistants should be able to practice independently in rural/underserved areas
24. Cost/quality/access is the most important element of the Iron Triad
25. Graduate medical education should be overseen by government directly
26. Board certification should be a legally defined entity without which one cannot legally practice said speciality/subspeciality in the US
27. The FDA regulates the drug and device industries effectively
28. Off label use of drugs/devices should be a protected and encouraged part of physician practice
29. Drug and device patents should be made longer
30. The individual mandate/no pre existing conditions/ healthcare exchanges/ insurance till 26/Medicaid expansion in ACA (Obamacare) is the most important element of the law
31. Medicare premiums should be proportional to income/assets
32. Medicare should apply only to people up to a certain income/assets, after which they are forced to purchase private insurance or pay much higher medicare premiums.
33. Insurance companies should be forced to cover wellness elements such as gym memberships, massages, and nutritional consultation
34. Insurance companies should be allowed access to genetic testing information in exchange for the possibility of dramatically lower premiums based on risk factors
35. Modern health care puts business first and the patient second
36. Hospital administrators should be allowed to weigh in on medical decisions
37. Physician-patient privilege is inviolable under normal circumstances
38. If non-profit, hospital administrator pay should be capped
39. Medical malpractice civil litigation should be eliminated
40. Damages in a civil medical practice case should only be used to directly treat the patient's injury
41. All medical civil litigation should be run through a qualified arbitration system rather than the general courts
42. Defensive medicine is the best method of preventing patient litigation
43. Rules on providers should be loosened to reduce the likelihood of defensive medicine
44. EMTALA should have a cost limit for services provided by the hospital to stabilize an emergent condition
45. Medicare advantage plans are the right way to cover what Medicare does not