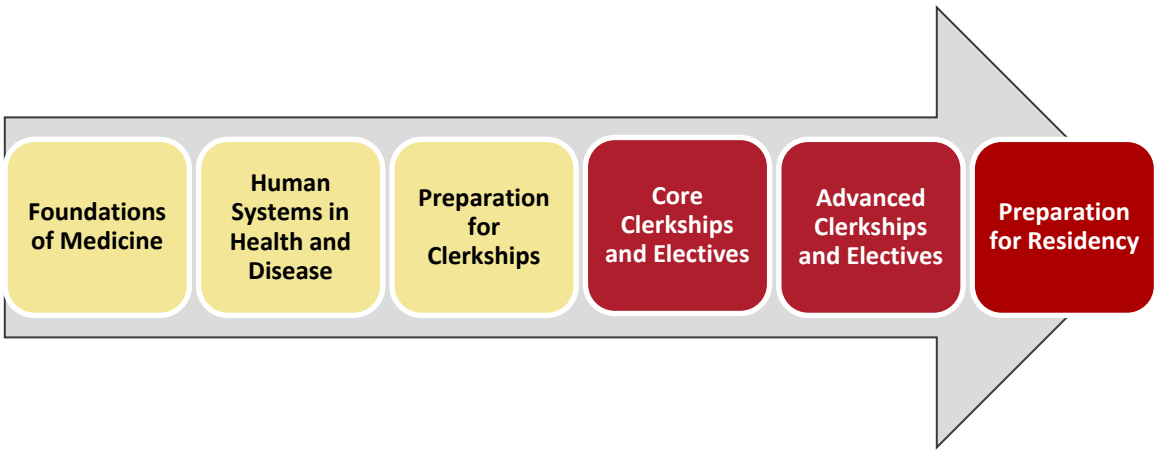
MEDICINE



BMS 6037
Foundations of Medicine 1: Organization and Structure

Florida State University
College of Medicine

Table of Contents

Mission

The Florida State University College of Medicine will educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations.

Vision

The FSU College of Medicine will lead the nation in preparing compassionate physicians to deliver the highest quality 21st Century patient-centered medicine to communities of greatest need.

Faculty and Staff

Course Director

Eric Laywell, PhD
Professor, Biomedical Sciences
Office: Suite 2350-F
Phone: 645-9817
Email: eric.laywell@med.fsu.edu

Clinical Skills Director

Charles Fleischer, MD
Assistant Professor, Family Medicine and Rural Health
Office: Roon 3210-B
Phone: 644-0523
Email: charles.fleischer@med.fsu.edu

Assistant Course Director

Ava Bienkiewicz, PhD
Associate Professor, Biomedical Sciences
Office: Room 2350-H
Phone: 645-7326
Email: ewa.bienkiewicz@med.fsu.edu

Director of the Clinical Learning Center (CLC)

Debra Danforth, **DNP, APRN**
Professor, Clinical Sciences
Office: G129-M
Phone: 645-7123
Email: debra.danforth@med.fsu.edu

Faculty

Nighat Ahmed, MD
Jonathan Appelbaum, MD
Ava Bienkiewicz, PhD
Joedrecka Brown-Speights, MD
Robert Campbell, MD
Rhonda Collins, EdD
José Diaz, MD/PhD
Nicole Ennis, PhD
Charles Fleischer, MD
Kerwyn Flowers, DO
Heather Flynn, PhD
Joe Gabriel, PhD
Melodie Gardner, MLIS
Mary Gerend, PhD
Robert Glueckauf, PhD
Lisa Granville, MD
Jeffrey Harman, PhD
Mel Hartsfield, MD
Nancy Hayes, PhD
Donna Hill, MD
Shermeeka Hogans-Mathews, MD
Bryant Howren, PhD
Yolany Hyde, PhD
Heidi Kinsell, PhD
Ramiz Kseri, MD
Susan LaJoie, DrPH, APRN
Eric Laywell, PhD
Thomas Morgan, PhD
Michael Nair-Collins, PhD
Richard Nowakowski, PhD
Kenneth O'Dell, MD
Scott Pickett, PhD
Steve Quintero, MD
Savitra Ramdial, MD
Cesar Rodriguez, MD
Casey Rust, MD
George Rust, MD, MPH
Mark Saunders, MD
Stephen Sandroni, MD
Anthony Speights, MD
Angelina Sutin, PhD
Michael Sweeney, MD
Greg Todd, MD/JD
Tana Welch, PhD
Martin Wood, MSLIS

Teaching Assistants (Year 2 College of Medicine Students)

Nora Albibi
Ashley Archer
Katelyn Cornelius
Ian Debus
Natalie Dix
Emily Dolce
Peter Giannis
Daniel Gonzalez
Evelyn Heiman
Zachary Hooper
Lauren Hopson
Kate Ivie
Lili Janasky
Kimberley Keenan
Benjamin Linkous
Joseph Risler
Elizabeth Ruelke
Jared Saifman
John Searcy
Talla Tello
Catalina Villafane
Lucy Wilkinson

Course Support

curriculum.support@med.fsu.edu
Preclerkship Curriculum Coordinators:

Cesar Arango
Office: Suite 2200-N
Phone: 645-2905

Margie Norman
Office: Suite 2200-P
Phone: 644-4645

Jen Brear
Office: Suite 2200-R
Phone: 644-2907

CLC@med.fsu.edu
CLC Program Coordinator
Amber Lattimore
Office: G129-N
Phone: 645-9236

Overview

Foundations of Medicine 1 is the first course of the FSU COM Curriculum for the 21st century. It will differ in many important ways from your past educational experiences, because a medical education is about more than "what" you will learn or even "how" you will use that knowledge. It is also about "**who you are**," "**what you believe**," and "**how you behave**." A medical education is transformative: you will change and be changed over the next few years, and that journey begins now. It is a fully integrated course, synthesizing basic science knowledge and clinical application.

Professionalism

Medicine is a Profession, which means it entails unique responsibilities and obligations as well as unique privileges. "**Professional identity formation**" is an objective as important as learning the sounds and anatomy of the heart, but requires a different set of learning skills. Important among those are **reflection, self- and peer assessment, deliberate practice**, and **learning for mastery** (not grades).

Two essential Professional behaviors that will become a part of your everyday life are founded on respect for patients:

Confidentiality: Patients — including Standardized Patients and the cadavers — deserve to be treated with respect. Respect for patients includes keeping all patient information confidential. Patient information may be shared with other health care professionals that have a legitimate, professional "need to know," or with specific family members, friends, or others that have permission from the patient for access to the information.

Be especially conscious about discussions of patients in public places. Even when patient names are not used, the discussion may reveal the patient's identity to others who overhear the discussion. Rather than risk a violation of patient confidentiality, discuss patients only in a private setting and only with individuals who have a legitimate need to know.

Be careful to keep all patient notes, reports and materials confidential. Patient records, should be returned to faculty, destroyed, or kept in a secure place.

Similarly, your classmates deserve to be treated with respect. Information learned about your classmates and their families while in class is considered confidential. You are not free to disclose this material to others without the specific consent of the person.

Violation of confidentiality may result in a Report of Concern for Unprofessional Behavior and may be referred to the Student Evaluation and Promotion Committee (SEPC). Egregious unprofessional behavior of any variety may result in suspension of the student, a failing grade for the course, and/or referral to SEPC for consideration of dismissal..

In addition, we expect all students, TA's, and faculty to demonstrate respect for the body donors, without whom we would not have the opportunity for a cadaver dissection experience. **Specific rules of conduct pertaining to the cadaver lab** are listed on the last three pages of this syllabus. **Please review these before going into the lab for the first time**.

Professional Attire: Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine and of the medical profession. Appearance and behavior should at all times demonstrate respect for the profession and for our patients as well as attention to safety. The needs of patients must always come first, and any barriers to meeting those needs (including attire, appearance and grooming) must be removed.

Professional attire should be worn in settings where students interact with people from outside the COM, and particularly when interacting with Standardized Patients (SPs) in the CLC, on a "house visit," or when in a preceptor's office or clinic, a hospital or nursing facility. Professional attire should also be worn when patients, guests, or visitors are present in large or small group sessions.

Specific standards for professional attire are detailed at the end of this document and can always be found on the course Canvas site.

Appropriate attire should also be worn in the anatomy laboratory during dissection. Students should wear clean scrubs (both shirt and pants) or a clean lab coat over street clothes. Closed-toed shoes are required at all times. Disposable gowns and aprons may also be used to protect clothing.

Team work

Another essential aspect of Professionalism (and medical school) is Team work. Modern Medicine is a team activity requiring constant interactions of numerous members of the health care team – which includes the patient. Team work is about more than simply working well with others. **A Team practices both individual and mutual responsibility and accountability**. Foundations of Medicine 1 introduces you to the Team approach for learning.

Most of us learn best when we share our knowledge with others – good teachers learn from those they teach. In Foundations of Medicine 1, the Team approach is an essential aspect of all aspects of the course: dissection laboratory, small group activities, quizzes, and physical exam practice.

Over the summer you will be assigned to a number of groups. Members of dissection Teams share responsibility to complete the assigned dissections and sit together in large group / lecture presentations to work together on clinical questions that are asked. In the LCs and CLC, Teams practice the physical exam and utilize a variety of digital imaging programs and informatics resources that help synthesize the knowledge acquired about human structure and patient care. In Quiz Teams, groups of students collaborate to review answers to the Individual Readiness quiz and answer new challenge questions. And small groups work with a pair of clinical and behavioral science faculty each week to develop knowledge, skills, and attitudes essential to your development as a medical student and future physician.

The Biopsychosocial Approach: Person-Centered (Patient-Centered) Care

There are two basic models for providing care to patients: the *cure model* and the *care model*.

The physician is at the center of the cure model which focuses on identifying causes of disease and treatment regimens to correct underlying pathologies – the biomedical aspects of health care.

The patient is at the center of the care model (often referred to as patient-centered or person-centered care), in which the physician's role is to establish an overall diagnosis and plan based on the whole person (patient), not only the disease present. This biopsychosocial approach maintains that **health is determined by a combination of biological** (injury, pathogens, developmental abnormalities), **psychological** (thoughts, emotions and behaviors), **and social factors** (e.g., economic situation, gender, access to care, etc.).

Patient-centered care highlights the distinction between *disease* (the "thing that is wrong with the body") and *illness* (personal experience in the context of disease). The patient-centered care model has four elements:

- The patient's perspective on what is wrong
- The patient's feelings about the illness
- The impact of the illness on the person's functioning
- What the patient thinks should be done – or not done.

Course Goals

Course Goals are broad and long term statements of what you will learn.

Course Goals:

1. Understand the patient-centered / biopsychosocial approach to health care and medicine
2. Acquire fundamental knowledge of human structure and function and human development and the ability to apply that knowledge to recognize and solve clinical problems.
3. Develop novice level mastery of a defined set of clinical exam skills and appreciate their anatomical foundations
4. Develop verbal skills and non-verbal behaviors that promote trust and the development of rapport
5. Acquire the skills and habits of self-reflection, self-evaluation, and the ability to identify one's own physical, emotional and learning needs, to seek help to address those needs, to manage stress, and to alter one's behavior in response to feedback and change.
6. Understand and appreciate the attitudes and concepts of medical professionalism.
7. Acquire the skills and habits of life-long learning.
8. Appreciate the need to seek, accept and act on feedback.
9. Understand and appreciate team skills, including shared accountability.

Course Objectives are specific, measurable steps that support those Course Goals. Together they comprise the course role toward achieving the Education Program Objectives (EPO). Course exams are based on session objectives, which are distributed with each session.

Course Objectives mapped to Education Program Objectives (EPO)

	Course Objectives	EPOs	Means of Assessment
FOM1 1	Demonstrate the ability to select and perform basic maneuvers of the physical exam.	1.2	Weekly performance checklist assessment with SPs
FOM1 2	Demonstrate basic knowledge of normal anatomy, embryology, cross-sectional anatomy and radiologic imaging of the human body, relate these to the anatomical foundations of elements of the physical exam, and apply anatomical knowledge to recognize and solve clinical problems.	2.2, 2.3	Quizzes and exams
FOM1 3	Identify, describe and distinguish tissue and cell types using photomicrographs and by virtual microscopy: epithelium, mesenchymal tissue, heart, lung and gastrointestinal tract.	2.2	Graded histology assignments and Quizzes
FOM1 4	Identify social determinants of health and their relationship to health and wellness for underserved populations, and discuss the impact of patient and physician culture on health disparities and health inequities.	2.4, 2.5, 9.1	Quizzes and exams; contribution to small group discussion and community health assessment project
FOM1 5	Identify community resources related to the health status and concerns of a rural community.	9.2	Rural communities worksheet
FOM1 6	Engage in self-evaluation and reflection, including related to cultural, moral, and ethical issues encountered in patient care, to identify biases, develop self-awareness of knowledge, skill and emotional limitations, set learning and improvement goals, and engage in help-seeking behaviors.	3.1, 3.2, 8.1	Mid-semester self-evaluation
FOM1 7	Demonstrate the habits of life-long learning – the identification of personal knowledge gaps and application of strategies to find and interpret information to address those gaps.	3.2	Observation by faculty and TAs
FOM1 8	Demonstrate professional attitudes and behavior in all interactions with faculty, staff, peers, and patients, and in all activities, including: maintaining confidentiality; demonstration of respect for the dignity of body donors and their remains; demonstration of respect, empathy, compassion, responsiveness and concern regardless of the patent's problems or personal characteristics; integrity and adherence to ethical standards; and completion of all required activities in a timely fashion	5.1, 5.3, 5.4	Observation by faculty, TAs, staff, and peers; Specs grading of attendance, timeliness, and preparation for required activities
FOM1 9	Work effectively as part of a team, including providing leadership skills that enhance team functioning.	4.2, 4.3	Observation by faculty and TAs in lab and small groups; peer evaluation on Team quiz leadership

Learning Events, Locations, and Materials

Large group presentations/discussions

Presentations will focus on major biopsychosocial concepts in the context of clinical presentations, aimed at stimulating active student participation in the application of knowledge. **The student must read the assigned material before attending a large group session** in order to intelligently discuss issues or ask for clarification about a concept. All sessions are intended to be very interactive between students and faculty. Large group sessions are not intended to present all information; students are expected to study information in the assigned resources to supplement material presented in class. Assigned reading and posted materials will be the benchmark for the level of detail to be examined.

Self-Instruction/Independent learning

Radiology & Cross-sectional Imaging

Friday morning presentations will focus on correlation of clinical presentations and visualization of anatomical structures using common imaging techniques. The objective of this component of the course is not to train radiologists, but to enhance student understanding of the clinical relevance of anatomic relationships. RadSIM (a radiology self-instructional module) is a useful learning tool available on the course Canvas site.

Histology Modules

Students will begin to learn the basics of normal human histology – to identify, describe and distinguish tissue and cell types in photomicrographs – through guided videos, assignments using a virtual microscopy slide box, and three assessments (quizzes) on Canvas. The modules continue through the fall semester and provide the foundational knowledge to prepare students for organ system histology and pathology in later courses.

Tuesday morning small groups (Location: LCs third floor Thrasher Building – ATTENDANCE REQUIRED)

Students work in small groups with pairs of clinical and behavioral science faculty to develop an understanding of issues important to their development as physicians, through activities including discussion, role play, and case analysis. Group assignments and schedules, expectations, pre-class preparation assignments, and materials will be available on the course Canvas site. **Attendance at all small group sessions is mandatory.** The experiential nature of each session depends on the presence and contribution of all group members. Students with a legitimate reason to miss a small group session (e.g., illness) must request an approved absence in advance through the online link. Unapproved absences and/or repeated tardiness for required activities are considered to be professionalism concerns and may result in a failing grade for the course, a Report of Concern for Unprofessional Behavior, and/or referral of the student to the Student Evaluation and Promotions Committee (SEPC).

Human Structure Laboratory (Location: Anatomy laboratory, lower level, Biomedical Sciences building)

The laboratory experience is designed to integrate structure identification with anatomical relationships and clinical significance. The ability to recognize and understand anatomical relationships is essential in many aspects of the practice of medicine from performing a basic physical examination to the interpretation of radiographic images. The assignments will focus on the normal anatomy and common variations seen in the human body. The study room in the anatomy laboratory is equipped with models, skeletons, computers, anatomy software, a computer and LCD projector. The anatomy laboratories and student study rooms are available to students 24 hours a day, seven days a week.

Students will be assigned to Lab Teams, which will be divided into α and β sub-teams. The α and β sub-teams will alternate every other day in taking responsibility for the dissections. The "dissecting" sub-team will study the human cadaver, and the "non-dissecting" sub-team will have independent study time to study, view prosected specimens, and practice the related physical exam with TAs in the CLC.

One member of each sub-team (α and β) will be assigned as the team captain for the week. At the end of the lab period (~ 4:30 p.m.), the captain for the dissecting team will meet with the entire non-dissecting team and review the dissection completed that day. All items identified in bold print in the dissection guide should be shown to the "non-dissecting" team. These daily meetings are essential so that the teams are ready to trade assignments each day.

Exchange of information between the α and β teams must occur so that all students are able to benefit from every laboratory assignment. All team members are responsible to see that the exchange of information occurs on a frequent basis within and between teams.

Clinical Learning Center (CLC) (Location: Lower level, Thrasher building).

The CLC is a simulated medical facility that provides a realistic clinical learning environment.

During Foundations of Medicine 1, students are scheduled two mornings each week in the CLC to learn and practice physical examination skills. In addition, each student will be assessed on their physical exam skills each Thursday morning in the CLC. Students who have not yet achieved the required level of performance will be required to attend performance adjustment training in the CLC and will be notified of an appointment for this purpose. **Attendance at all scheduled CLC sessions is mandatory**.

Students will work in groups of 2- 4 and have the opportunity to practice with each other and with standardized patients (SPs). The SPs are individuals who are trained to portray a patient with a specific condition in a realistic, consistent way and who permit students to interview and/or examine them. COM faculty and TA's will observe you and provide real-time feedback on your skills.

Following each CLC session, students will be encouraged to develop a personal "Student Practice Plan" identifying both general and specific skills that need particular attention and practice, based on feedback from TAs and faculty.

"Practice (alone) **does not make perfect. Only perfect practice makes perfect."** *Vince Lombardi*

Students are required to attend and participate in all scheduled CLC sessions. Students with a legitimate reason to miss one of these sessions must request an excused absence through the online link. Students with approved absences will be allowed to reschedule or participate in a make-up session. **Unapproved absences may not be rescheduled or made up**. Repeated unapproved absences may result in a failing grade for the course and may generate a Report of Concern for Unprofessional Behavior. (See details in CLC Specific Absence Policies)

CLC schedules, exam performance expectations and clinical skills resources will be posted on Canvas.

Rural Learning and Community Health Assessment (Required)

The first week of the course includes a series of activities that introduce students to rural communities – one of the pillars of the COM Mission – and concepts related to performing a community health assessment (EPO 9.3) and developing a community health improvement plan. *"If you've seen one rural community, you've seen one rural community."* Students will explore the diverse characteristics of rural communities from multiple perspectives, including "personal" experience through a family case analysis, resources related to health and wellness, population health indicators researched in county and national data sources, and virtual tours of several nearby rural communities.

Learning Communities (LCs, third floor of the Thrasher building)

Physical exam practice

Continued practice is needed to maintain and to improve clinical skills—including physical exam skills. You should use every opportunity to practice, not just scheduled times in the CLC. Practice with a classmate is part of your Team approach. In addition to improving your clinical skills, comfort, and confidence, this is an opportunity to practice giving and receiving honest and helpful feedback. TAs can be requested during practice times to assist student learning.

Self-Study

Blocks of time are planned each day for independent, self-directed use of resources including videotaped demonstrations, interactive software, textbooks, RadSim, OnlineMedEd, Histology modules, and consultation with faculty and TAs.

Required Texts *(all required texts are available as ebooks through the library website and are linked below)*

- Basic Interviewing Skills
- Bates' Guide to Physical Examination and History Taking
- Grants Dissector
- Histology: A Text and Atlas with Correlated Cell and Molecular Biology
- Langman's Medical Embryology
- OnlineMedEd -- accessed through COM-provided individual account
- Smith's Patient-Centered Interviewing: An Evidence-Based Method

Recommended:

Acland's Video Atlas of Human Anatomy (link through the library)
Behavioral Science in Medicine
Clinically Oriented Anatomy
Student Guide to Primary Care: Making the Most of Your Early Clinical Experience (Steele, Susman, and McCurdy; available for check out from the library)
Visible Body (institutional link through the Library)

ONE of the following atlases:
Atlas of Anatomy Teaching Assistant (Gilroy, *Excellent illustrations*)
Atlas of Human Anatomy (Netter)
Grant's Atlas of Anatomy (*More "accurate" illustrations)*

Additional helpful resources:

Imaging Atlas of Human Anatomy (Weir)
Seidel's Guide to Physical Examination
Color Atlas of Anatomy: A Photographic Study of the Human Body (Rohen, Yokochi, and Lutjen-Drecoll, on reserve in the library)

Additional required readings will be assigned from a variety of sources. These readings (or links) will be posted on Canvas.

1. Other materials required for clinical sessions
    a. Clinical examination equipment: Each student must purchase and/or have available the following clinical examination equipment: stethoscope with diaphragm, bell and pediatric option, oto/ophthalmoscope, #128 and #512 tuning forks, penlight, reflex hammer, Rosenbaum eye chart and a sphygmomanometer with pediatric, adult, and large adult sized cuffs. Opportunities to purchase this equipment at a discount will be provided prior to orientation. Bring your examination equipment with you to each CLC session.
    b. Also bring the following to each session in the CLC:
        - A watch capable of measuring seconds (wristwatch or watch on mobile device)
        - A pen for writing (blue or black ink)
        - The student's personal mobile device loaded with the appropriate medical software/applications.

2. Other materials for dissection laboratory sessions
        - Lab coat or scrubs (required)
        - Dissection gloves (provided)
        - Eye protection – this can be glasses or safety glasses (required)
        - Dissecting kit (optional – basic tools provided in lab)
        - Plastic apron (optional)

Grading System

Assessment Methods and Grading

Unit examinations
There will be three integrated unit exams that include written, practical, and clinical skills components. Written questions will address topics covered in all activities, including small group sessions.

Written exams
Multiple choice and other question formats are used to assess both content knowledge and application skill (ability to solve problems, etc.) on written exams. Exam questions may be drawn from material presented in any required activity, from assigned readings, and from CLC sessions. Written questions may be presented in context with standardized patient encounters during the examination. **Unit exams are cumulative**, i.e., the unit II exam will cover material from both unit II and unit I; the unit III exam will cover material from all 3 units. The unit exams will be weighted to reflect the increasing cumulative coverage. Each unit exam will contribute to the overall exam average as follows: Unit I = 32%, Unit II = 34%, Unit III = 34%.

Practical exams
Practical exams involve identifying structures tagged for identification on the cadavers, models, skeletons and diagnostic images. The expected level of detail is comparable to most of the BOLD TEXT structures in the dissector. Application questions about normal radiology, cross-sectional anatomy, histology, and clinical and anatomic correlations may be in association with CLC sessions, and/or practical exam stations.

Students must have an exam average of ≥70% on the 3 unit exams (written and practical) and Histology quizzes to be eligible for a grade of pass in the course. For Anatomy practical exams only, the "passing" score will be determined as 2 standard deviations below the class mean. Students whose practical exam score is < 70% but > (70% - 2 sd) will receive an official score of 70% for calculation of the unit exam total.

Example:

- The class average on a practical exam is 83.9 with a standard deviation of 10.1
- The "pass" line for the practical becomes 83.9 – (2*10.1) = 63.7
- A student who scores 64 - 69% will have their practical score recorded as 70% (minimal pass).

Quizzes
Throughout the course there will be faculty-written quizzes based on the histology modules and exercises, delivered on Canvas. Students complete the quiz individually (Individual Readiness Quiz) during a required, proctored session in 1200. Immediately after, they join an assigned Quiz Team in one of the LC study rooms to complete the Team Quiz. The Team quiz includes the questions from the Readiness Quiz plus additional "challenge" questions that must be answered through Team collaboration. Each student's quiz score is comprised of their individual Readiness Quiz score (75%) and their Team Quiz score (25%). The end of course quiz average will contribute 3% to the overall course written assessment average. (e.g., exam average = 68.9%, quiz average = 88% → course written assessment score = 69.5%). Quizzes provide a structure for students to "keep up" with the pace of the course and allow them to self-assess their learning needs (EPO 3.1 Practice Based Learning and Improvement). The Team Quiz prepares students for the collaborative problem-solving needs of modern medicine.

Any student whose performance within a single unit (combined written and practical exams) or in any content domain (e.g. small group topics, histology modules) is significantly below passing may be referred to the Student Evaluation and Promotions Committee and is at risk of failing Foundations of Medicine 1, despite an overall written assessment average ≥70%.

Clinical skills exams
There will be a weekly assessment of the physical exam skills practiced during the week. If a student's performance on a weekly assessment is lower than expectations, the student must remediate that skill through practice with the course director and TAs and reassessment, usually prior to the following week's assessment.

Practice practical exams
Practice practical exams are formative self-assessment tools, given prior to each of the unit exams.

Grading (Specifications Grading)

Medical Students (Class of 2027)

The FSU COM has adopted a pass/fail grading system which is used in the curriculum for the first and second years (See Student Handbook). To achieve a grade of Pass in BMS 6037 (Foundations of Medicine 1) a student must earn **a minimum of 201 points as described in the table below**, including a **minimum of 106 points from the assessment categories**. The final grade of a student who accumulates 201 total points but has not achieved the minimum required number of points in any non-assessment category will be at the discretion of the course directors following discussion and any required remedial action.

Category	Criteria for points	Points	MINIMUM REQUIRED	MAXIMUM POSSIBLE
ASSESSMENTS (Minimum total points required = 106)				
End of course exam average – includes 3 Unit exams (combined written and practical – 97%) + Quiz average (3%)	Overall score of ≥ 75%	100 points	90	100
	Overall score 70-74.9%	90 points		
	Score < 70%	0 points		
CLC weekly assessment (8x)	Satisfactory or Remediated	2 points each	16	16
		TOTAL ASSESSMENT	**106**	**116**
NON-ASSESSMENT CATEGORIES (Minimum total points required = 95)				
Assignments (Minimum total points = 20)				
First Patient reflection	On time submission **Due 6/1 at 6 PM**	1 point each	2	3
	Evidence of effort	2 points each		
Discovering rural communities worksheet	On time submission **Due 6/1 at 6 PM**	1 point each	2	3
	Evidence of effort	2 points each		
Histology assignments (6)	On time submission (**see table**)	1 point each	14	18
	Evidence of effort	2 points each		
Mid-semester self -evaluation	On time submission **Due 7/6 at 11:59 PM**	1 point each	1	1
SG Performance Improvement Plan	On time submission **Due 7/24 at 11:59 PM**	1 point each	1	2
	Evidence of effort	1 point each		
Professional Identity Formation (Minimum total points = 72)				
On time arrival, preparedness, and professionalism are expected for ALL required sessions. Includes, but not limited to, all activities at right:	General professionalism: Includes appropriate attire and behaviors not covered below	-1 point/event		
	CLC (M, W and Th) On Time	1 point each	24	24
	CLC (M, W and Th) Evidence of preparation	1 point each	24	24
	CS Small group (T) (x 9) On Time	1 point each	9	9
	CS Small group (T) (x 9) Evidence of preparation	1 point each	9	9
	Histology Quiz on time **6/16, 6/30 and 7/21 - 9 AM** (Readiness x3) **and 9:30 AM** (Team x3)	1 point each	6	6
	Histology Team Quiz collaboration (x3)	1 point each	3	3
		TOTAL NON-ASSESSMENT	**95**	**102**
		TOTAL	**201**	**218**

For your convenience – here is a table of the due date and time for all assignment submissions. **MARK YOUR CALENDARS.**

Assignment	Date due (no later than)	Time due
First Patient reflection	Thursday, June 1	6:00 PM
Rural communities worksheet	Thursday, June 1	6:00 PM
Histology exercise 1	Thursday, June 8	11:59 PM
Histology exercise 2	Thursday, June 15	11:59 PM

Histology exercise 3	Thursday, June 22	5:00 PM
Histology exercise 4	Thursday, June 29	11:59 PM
Midsemester small group performance self-evaluation	Thursday, July 6	11:59 PM
Histology exercise 5	Thursday, July 13	11:59 PM
Histology exercise 6	Thursday, July 20	11:59 PM
SG performance improvement plan	Monday, July 24	11:59 PM

Notes:

1. An exam score is the combined results of the individual components of the exam, with each question carrying equal weight. For example, 83% on the written exam with 60 questions and 62% on the practical with 60 questions = an exam score of 72.5%. **An end of course exam average between 70% and 74.9% (90 points) is considered a "marginal" pass.** Students in this category are encouraged to consult the academic counselors in Student Affairs as well as the course faculty for advice on study and test-taking skills. **An end of course exam score of 69.5%-69.9% will be rounded to 70%.** An end of course exam average < 70% (0 points) will receive a grade of fail, which will require remediation or repetition of the course, as proposed by the course directors and determined by decision of the Student Evaluation and Promotion Committee.
2. A student whose performance is <70% (below passing) on any individual exam (see above for definition of exam score) during the course is required to
    a. Attend the exam review,
    b. Contact the course directors within 24 hours of that exam review, and
    c. Meet with the course directors. Students may be asked to complete a Performance Improvement Program, the purpose of which is to assist the student in developing the skills and habits necessary to succeed in the curriculum as well as to address specific performance deficits.
3. Any Team Quiz with answers not consistent with the student's Group submission earns 0 points.
4. Attendance and satisfactory participation are required in all small group sessions, all activities scheduled in the CLC, assigned labs, and other activities as determined by the course directors. Unexcused absence from an activity for which attendance is required may require remediation as determined by the course directors. Multiple unexcused absences from and/or late arrivals to required activities will be considered a Professionalism concern and may result in a Report of Concern for Unprofessional Behavior and referral of the student to the Student Evaluation and Promotions Committee in addition to loss of associated points..
5. Demonstration of the attitudes and behaviors of Medical Professionalism is expected at all times and in all aspects of the course, including adherence to the Honor Code, engagement and participation in Team activities (laboratory, Team quizzes, small group), and observation of the dress code. Professionalism concerns may generate a Report of Concern for Unprofessional Behavior.
6. Satisfactory completion of all assignments as determined by the course directors.
7. Timely completion of the post-course evaluation.

Pre-clerkship course grading policy – Year 1

Course written exam score:

- All exams and quizzes are mandatory and must be completed without collaboration or consulting resources (e.g., textbooks, peers, notes, websites, etc.).
- Pass = ≥ 70%; Exam grades are recorded to 1 decimal place. Final scores are rounded (≥ 69.5% will be rounded to 70%).

Course Grade: Pass, Fail, IR – All grades are determined by the course directors

- If the course exam average is ≥ 70%, and all other aspects of the course have been satisfactorily completed as per the Specifications Grading table for the course, a grade of **Pass** will be recorded.
- If the course assessment average is < 70% and all other aspects of the course have been satisfactorily completed, a temporary grade of **IR** will be recorded.
- For an M1 course, a student may be allowed to attempt to remediate the IR grade for no more than 2 courses according to the policy below, if recommended by the course director AND approved by the Student Evaluation and Promotion Committee (SEPC). **A passing performance on the remediation exam is ≥ 70.0% (no rounding).** The grade will convert to **Pass** or **Fail** based on the remediation exam score.
- If the student has IRs in 2 M1 courses, and the SEPC recommends repeating Year 1, the student may not take the remediation exams, and the IR grades will convert to Fail.
- If a student has IR grades in 3 M1 courses, the IR grades will convert to Fail, and the student will be referred to the SEPC for consideration of repeating the year or dismissal.

In courses that include an OSCE:

- If the OSCE score is < 80%, and the course written exam score is Pass (see above) the grade will be **IR** and the student may be allowed to remediate the clinical performance as determined by the Clinical Skills Directors.

In courses that include Preceptorship (M1 Spring, M2 Fall)

- If performance in Preceptorship is Unsatisfactory (US) as determined by the Director of Pre-clerkship Preceptorships, and the course written exam score is Pass, the grade will be **IR** and the student may be allowed to remediate the deficit as determined by the Director of Pre-clerkship Preceptorships.

Post-course evaluation: All students are required to complete the post-course evaluation. Failure to complete the survey will be considered Unsatisfactory Professionalism.

In all cases of Unsatisfactory Professionalism, the grade will be either **IR** or **Fail**, depending on the nature of the Professionalism concern – **irrespective of the grade in the other categories**.

In any course in which the student's performance merits a grade of IR in 2 or more of the above categories (written exam score, OSCE, Preceptorship, Professionalism), a grade of Fail may be awarded, and the student will be referred to the SEPC. (see table below)

Written exam avg	OSCE	Preceptorship	Professionalism	Course Grade
≥ 69.5%	≥ 80%	S	S	Pass
≥ 69.5%	< 80%	S	S	IR
	≥ 80%	US	S	IR
	≥ 80%	S	US	IR or Fail
	≥ 80%	US	US	IR or Fail
	< 80%	S	US	IR or Fail
	< 80%	US	S	IR or Fail
< 69.5%	≥ 80%	S	S	IR
< 69.5%	< 80%	S	S	IR or Fail
	≥ 80%	US	S	IR or Fail
	≥ 80%	S	US	IR or Fail
	≥ 80%	US	US	Fail
	< 80%	US	US	Fail

Pre-clerkship course remediation policy – Year 1

A student who has completed all components of an M1 course (activities, assignments, and assessments) but does not achieve a passing score (≥ 70% as defined above) may, upon approval of the SEPC, attempt to remediate the exam grade to Pass in no more than 2 courses by taking a customized NBME exam that covers the entire content of the course. The remediation exam for each course will be given at the COM on a specified date, published at the beginning of the Academic Year. **A student who is unable to take the remediation exam on the specified day for any reason other than illness or required military service will not be allowed to attempt remediation by exam, and will be required to join the next year cohort and retake the course**. In this case, a grade of Fail will be recorded.

The schedule for AY2023-2024 is:

Week (2024)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
5/6-5/10	SCP Session 1 – OR – study for remediation (3 weeks)				
5/13-5/17					
5/20-5/24					
5/27-5/31	SCP Session 2– OR – study for remediation (3 weeks)				
6/3-6/7					
6/10-6/14					
6/17-6/21	Study for remediation (4 weeks)				
6/24-6/28					
7/1-7/5					
7/8-7/12					
7/15-7/19	Foundations 1		Foundations 2		Host-Defense
7/22-7/26	Cardiovascular-Pulmonary		Renal-Endocrine		

Faculty will be available throughout the 10 week study period to advise on and participate in remediation activities, including:

- **Student development of a specific plan for learning and monitoring progress (EPO 3.2)**
- Scheduled faculty Office Hours

Resources and materials available may include:

- Review of course content on Canvas
- Review of content through OnlineMedEd; customized scheduling tool
- Faculty written quizzes and practice tests on Canvas
- Faculty developed on-line modules on Canvas
- For students remediating Foundations of Medicine 1, access to view cadaver prosections and laboratory with permission of the course director

Assessment:

- A passing score (≥ 70%) on a customized NBME exam (questions selected by the course directors and with a difficulty approximately equivalent to the original course exam(s))
- A student who scores < 70.0% on the assessment will receive a grade of Fail for the course and be referred to the SEPC.

BRIDGE Students (Graduate Program Class of 2024)

BRIDGE students will be held to the same requirements listed above. In addition, they will be assigned a letter grade (A, B+, B, C+,C, D or F) according to the scale below, based on the average of all written and practical exams. Note, students in the BRIDGE program must achieve a grade of B- or better (≥70%) in all required courses to remain in the program. Grades of C may be remediated, at the discretion of the Course Directors in consultation with the Director of the Bridge Program and with the approval of the Bridge Committee. Remediation will be comprised of scheduled meetings with faculty and assessment with a customized NBME exam at a date to be determined, prior to the start of the COM Spring break (March 2, 2024).

Grading Scheme for BRIDGE Students: Foundations of Medicine 1

A = ≥ 87%
B+= 82 – 86.9%
B = 76 – 81.9%
B- = 69.5 – 75.9%
C = 65 – 69.4%
F = < 65%

Course Evaluation

Students are required to complete and submit the post-course evaluation.

- Evaluations are delivered on-line through Qualtrics surveys comprised of radio-button questions and free response text.
- Students will receive an email directly from Qualtrics which allows tracking of completion of the survey INDEPENDENT from survey responses.
- **Survey responses are both anonymous and confidential**. Comments and ratings are shared in aggregate with course directors and the curriculum committee on a need to know basis. No responses are associated with student identity.
- Evaluations are made available on Monday of the last full week of a course and must be completed within 14 days. (Automatic reminders will come from Qualtrics only to those who have not submitted the survey.)
- Failure to complete the survey will be considered Unsatisfactory Professionalism and will result in a grade of IR or Fail (see table above).

Additional feedback is encouraged at all times on all components of the course and will assist the course directors in providing timely and continuous quality improvement. Feedback through email or meetings with faculty is always welcome.

Detailed Schedule - 2023

Week 1	**Orientation to the course**; FSU COM Mission; Medical Professionalism; Clinical Learning Center; cadaver lab **Small group**: Rural learning Experience (RuLE)
Week 2	**Physical exam skills**: upper extremities and upper back **Gross anatomy**: back muscles, spine and scapula, anterior chest, axilla and brachial plexus **Embryology**: fertilization to gastrulation **Imaging**: introduction to imaging types **Histology**: module 1 staining and cells **Small group**: RuLE
Week 3	**Physical exam skills**: lower extremities and lower back **Gross anatomy**: nervous system, forearm, hand **Embryology**: placenta, musculoskeletal system **Histology**: module 2 epithelium and **Quiz 1** – Individual and Team **Small group**: self-assessment and feedback
Week 4	**Physical exam skills**: thorax and lungs **Gross anatomy**: hip and thigh, knee and posterior leg, anterior leg, foot **Embryology**: nervous system **Histology**: module 3 mesenchyme: fibroblasts, extracellular matrix **Small group**: communication skills **Practice practical**
Week 5	**Unit 1 exam** – written and practical **Physical exam skills**: heart and blood vessels **Gross anatomy**: thoracic cage, lungs and pleura, heart **Embryology**: neurulation **Imaging** 2 **Histology**: module 4 mesenchyme: cartilage, bone and **Quiz 2** – Individual and Team **Small group**: social determinants of health
Week 6 (July 4th holiday)	**Physical exam skills**: vital signs **Gross anatomy**: triangles of the neck, cervical viscera, superficial face **Embryology**: head and neck
Week 7	**Physical exam skills**: neck, mouth, nose **Gross anatomy**: infratemporal fossa, eye movement, pharynx, larynx, oral cavity, nasal cavity **Histology**: module 5: cardiovascular and respiratory systems **Small group**: mid-semester self-assessment and feedback **Practice practical**
Week 8	**Unit 2 exam** – written and practical **Physical exam skills**: head, eyes, ears **Gross anatomy**: posterior mediastinum, anterior abdominal wall, abdominal cavity **Embryology**: gastrointestinal system **Histology**: module 6: gastrointestinal system and **Quiz 3** – Individual and Team **Small group**: COM Mission
Week 9	**Physical exam skills**: abdomen **Gross anatomy**: abdominal cavity, posterior abdominal wall, perineum, pelvic cavity **Embryology**: urogenital system **Imaging** 3 **Small group**: introduction to wellness
Week 10	**Practice practical** **Small group**: behavioral health integration and primary care **Unit 2 exam** – written and practical

Policies

Americans with Disabilities Act

Florida State University (FSU) values diversity and inclusion; we are committed to a climate of mutual respect and full participation. Our goal is to create learning environments that are usable, equitable, inclusive, and welcoming. FSU is committed to providing reasonable accommodations for all persons with disabilities in a manner that is consistent with academic standards of the course while empowering the student to meet integral requirements of the course. Candidates for the M.D. degree must be able to fully and promptly perform the essential functions in each of the following categories: Observation, Communication, Motor, Intellectual, and Behavioral/Social. However, it is recognized that degrees of ability vary widely between individuals. Individuals are encouraged to discuss their disabilities with the College of Medicine's Director of Student Counseling Services and the FSU Office of Accessibility Services to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician.

The Office of Student Counseling Services
Medical Science Research Building, 2301
Phone: (850) 645-6475

To receive academic accommodations, a student:

1) must register with and provide documentation to the Office of Accessibility Services (OAS);
2) must provide a letter from OAS to the instructor indicating the need for accommodation and what type; and
3) should communicate with the instructor, as needed, to discuss recommended accommodations. A request for a meeting may be initiated by the student or the instructor.

Please note that instructors are not allowed to provide classroom accommodations to a student until appropriate verification from the Office of Accessibility Services has been provided.

This syllabus and other class materials are available in alternative format upon request.

For more information about services available to FSU students with disabilities, contact the

Office of Accessibility Services
874 Traditions Way
108 Student Services Building
Florida State University
Tallahassee, FL 32306-4167
Voice: (850) 644-9566 TDD: (850) 644-8504
oas@fsu.edu https://dsst.fsu.edu/oas

Academic Honor Code

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to "...be honest and truthful and...[to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at http://fda.fsu.edu/Academics/Academic-Honor-Policy)

Attendance Policy

University Attendance Policy:
Excused absences include documented illness, deaths in the family and other documented crises, call to active military duty or jury duty, religious holy days, and official University activities. These absences will be accommodated in a way that does not arbitrarily penalize students who have a valid excuse. Consideration will also be given to students whose dependent children experience serious illness.

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See the FSU COM Student Handbook for details of attendance policy, notice of absences and remediation.

Unexcused absence from a scheduled examination or quiz may result in a score of zero (0 %) being assigned for that assessment. Unexcused absence from an activity for which attendance is required (for example, Small Group session) may be considered as an issue of Professionalism. Any unexcused absence may require completion of the Performance Improvement Program (see Grading section, above).

Clinical Learning Center (CLC) Specific Absence Policy

CLC scheduled activities

Students with a legitimate reason to miss a scheduled session in the CLC must request an approved absence through the online link. Students with approved absences will be allowed to reschedule or participate in a make-up session. **Unapproved absences may not be rescheduled or made up**. Repeated unapproved absences may result in a failing grade for the course and a Report of Concern for Unprofessional Behavior.

If you know you will be absent from a scheduled CLC session, please complete the absence approval request **at least two weeks in advance**. For absences that are approved at least two weeks in advance, a change in CLC schedule assignment will be arranged.

One method for addressing a planned and approved absence is to identify a classmate willing to exchange scheduled sessions with you. In this situation, both students (the student with the approved absence and the willing classmate) should send a request via email to the CLC Team at least two weeks in advance. Students will be notified re: approval of these requests. Please note: Sending a request is NOT equivalent to receiving approval.

Unplanned but excusable absences from CLC sessions are absences due to circumstances *beyond the student's control*. Examples include student illness and/or family death. When such a situation occurs, please contact the CLC Team **as soon as possible**, to inform them that you will not be present. Then, submit an absence request to Student Affairs through Student Academics. Student Affairs will classify the absence as excused or unexcused.

If the absence qualifies as an "excused" absence, the student must contact the CLC Team to develop a plan to make up the missed session. These sessions may require the presence of an SP and / or CLC faculty member. Any excused absence will not impact the student's grade.

Unexcused absences generally involve circumstances *within the student's control*. Examples of unexcused absences include the student who forgets about a scheduled CLC session, the student who skips the session to study, and/or any absence where an able student fails to contact Student Affairs and the CLC Team to inform them that the student will not be present for the session.

If the absence is unexcused, the clinical skills director will discuss the situation with the student. Any further unexcused absences will result in the notification of Student Affairs, a **Report of Concern for Unprofessional Behavior**, and referral of the student to the Student Evaluation and Promotions Committee. Students with unexcused absence(s) will still be responsible for the missed material in future OSCE's and written examinations**.**

Objective Structured Clinical Examination (OSCE)

If a student knows they will not be able to participate in the OSCE, they should complete and submit the appropriate forms to Student Affairs, and, if within 72 hours of the time they are scheduled for the OSCE, contact the CLC Team. If the absence is excused by Student Affairs, the student will receive an "I" (incomplete) grade and be required to complete a make-up OSCE at a designated time after the course has ended.

Any excused absence—whether planned or unplanned—will not impact the student's grade.

Any absence that does not qualify as an excused absence per Student Affairs is an unexcused absence. These generally are due to circumstances within the student's control. Examples of unexcused absences include the student who forgets about an OSCE session, the student who skips an OSCE to study for an exam and/or any absence where an able student fails to follow the procedures above if they are not able to participate in the OSCE. **An unexcused absence will result in failure of both the OSCE and Foundations of Medicine 1**.

Professional Attire

Professional attire consists of clothes consistent with community norms for physicians. Length and fit of all attire is to be in accordance with that acceptable for physicians in a professional healthcare environment; oversized, undersized, tight-fitting, seductive, and/or revealing clothing is not acceptable.

Unacceptable attire includes, but is not limited to, the following: jeans of any style or color, denim material or "denim look" material, sheer or see-through fabrics, strapless, low-necked or exposed chest clothing, midriff-baring clothes, backless clothing, spaghetti straps, cut-offs, tank tops, halter tops, crop tops, tube tops, sun dresses, crop pants, shorts, pedal pushers, hip hugger pants, stirrup pants, any item constructed mainly of spandex, sweat suits (sweat pants/sweat shirts), warm-up suits, overalls, hats, and any clothing that advertises.

Examples of professional attire in Tallahassee are: slacks or skirt and a collared shirt or blouse or sweater; conservative length dress (dress or skirt edge should rise no higher than 2" above the top of the knee-cap (patella) during all clinical care and training maneuvers including sit down patient-clinician conversations; dress or skirt should not be tight fitting).

Ties may be either required or forbidden in some clinical situations.

Footwear may include dress or casual closed toe shoes (no sports shoes, no sandals, no open-toe footwear). Heels more than 3" in height are never appropriate in clinical settings.

When working in the CLC during Foundations of Medicine 1, clean scrub clothes may also be worn when patients are not present. Note: **CLC scrubs must be kept separate from any scrub outfits worn in the anatomy lab**. On those occasions when students are examining each other, you will be informed of the appropriate apparel for that session.

Consult your supervisor to clarify expectations for student attire in any ambiguous or new situations.

Professional appearance: Long hair must be pulled back and secured. Facial hair must be neatly groomed. If possible, all tattoos should be covered by clothing. No visible body piercing except a single piercing in each ear. No large earrings or loose jewelry. Fingernails must be trimmed. If nail polish is worn, it should not be a distracting color. No strong perfume or other scented products. In compliance with OSHA regulations, closed-toed shoes are required in all clinical settings—including the CLC as well as the anatomy lab.

The established "norms" of certain clinical settings may modify these standards for professional attire, but any variations in professional attire must be approved by the student's supervisor. Consult your supervisor to clarify expectations for student attire in any ambiguous or new situations.

For curricular activities where guests or patients are not present: Unacceptable attire includes, but is not limited to, the following: sheer or see-through fabrics, strapless, low-necked or exposed chest clothing, midriff-baring clothes, backless clothing, spaghetti straps, cut-offs, tank tops, halter tops, crop tops, tube tops, or extremely short shorts.

FSU COM Education Program Objectives

1	**PATIENT CARE: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health**
1.1	Perform the medical, diagnostic, and surgical procedures considered essential for the entering resident
1.2	Gather, document, and effectively present essential and accurate information about patients and their condition through history-taking, physical examination, and the effective use of the electronic medical record for laboratory data, imaging and other tests
1.3	Organize and prioritize tasks and responsibilities to provide care that is safe, effective, and efficient
1.4	Interpret and effectively apply the results of basic diagnostic studies and tests, and understand the implications and urgency of results.
1.5	Make informed decisions about diagnostic and therapeutic interventions based on up-to-date scientific evidence and clinical judgment, using shared decision making to incorporate patient information and preferences.
1.6	Develop and carry out patient management plans while working effectively as part of an interprofessional team.
2	**KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care**
2.1	Demonstrate an investigatory and analytic approach to clinical situations.
2.2	Apply established and emerging biomedical scientific principles fundamental to health care for patients and populations
2.3	Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
2.4	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
2.5	Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, barriers to and attitudes toward care
2.6	Locate, appraise, and assimilate up-to date evidence to guide clinical decisions and inform clinical judgment
3	**PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning**
3.1	Continuously self-reflect, seek feedback, and identify strengths, deficiencies, and personal biases in one's knowledge and expertise to further improve performance
3.2	Set and pursue personal improvement goals by engaging in learning activities that address one's gaps and limits in knowledge, skills, and attitudes
3.3	Systematically incorporate feedback and implement changes in order to improve performance and patient care
4	**INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals**
4.1	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
4.2	Communicate effectively with colleagues, other health professionals, and health related agencies
4.3	Participate in the education of patients, families, students, trainees, peers, and other health professionals
4.4	Demonstrate sensitivity, honesty, and compassion in interpersonal interactions and in difficult conversations, such as those about death, end-of-life, adverse events, bad news, and disclosure of errors
4.5	Maintain comprehensive, timely, and legible medical records
5	**PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles and respect for codes of conduct**
5.1	Demonstrate compassion, integrity, and respect for a diverse patient population and for all people, including but not limited to diversity in sex, gender identity, age, culture, race, religion, disabilities, and sexual orientation
5.2	Demonstrate respect for patient privacy and autonomy, placing patient needs above self-interest
5.3	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and professional boundaries, including compliance with relevant laws, policies, and regulations
5.4	Demonstrate professional accountability
6	**SYSTEMS-BASED PRACTICE: Demonstrate an awareness of and responsiveness to the larger context**

	and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care
6.1	Work effectively in and across various health care delivery settings and systems to coordinate patient care
6.2	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
6.3	Participate in advocacy for high quality, optimal and safe patient care systems
6.4	Participate in identifying system errors and potential systems solutions
7	**INTERPROFESSIONAL COLLABORATION: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care**
7.1	Communicate and collaborate with other health professionals to establish and maintain a climate of mutual respect, dignity, diversity, ethical integrity, and trust
7.2	Use one's own role and the roles of other health professionals in interprofessional teams in order to provide patient- and population-centered care that is safe, timely, efficient, effective, and equitable
8	**PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth**
8.1	Demonstrate a commitment to one's own physical and emotional health, recognizing its impact on professional conduct, patience, empathy, and quality of patient care.
8.2	Manage balance between personal and professional responsibilities, seeking support when necessary
8.3	Demonstrate comfort with ambiguity as part of clinical health care and respond by utilizing appropriate resources to deal with uncertainty
9	**FSU COM MISSION: Demonstrate knowledge of the structural, systems, and personal contributors to the social determinants of health and health equity, especially in elder, rural, minority and underserved populations**
9.1	Describe the social determinants of health, and identify how they create opportunities for and barriers to wellness for underserved populations.
9.2	Identify community resources and the ways physicians can partner with them to improve individual and population health
9.3	Discuss the process and components of community health assessment, and illustrate how it is used to identify health needs of a population and improve population health status
9.4	Describe the key geriatric principles of care, and discuss the impact of health care systems, community agencies, and social supports on the health and well-being of older adult populations
9.5	Describe the social, cultural, and systems factors that are associated with the health status of rural populations.
9.6	Identify and evaluate factors contributing to racial and social justice in medicine, including systems of power, privilege, and oppression, and their impacts on health outcomes. Demonstrate knowledge of the ways intersectionality, implicit and explicit bias relate to clinical decisions and delivery of high quality care.

Anatomy Laboratory Rules and Protocol

Vesalius' Fabrica 1543

Protocol for the FSU-COM Human Cadaver Laboratory

Dr. Eric Laywell is the representative of Florida State University College of Medicine on the Anatomical Board of the State of Florida. As a member of the Anatomical Board, he is responsible to ensure that dignity is always shown for the remains of the individuals who will their bodies to the State of Florida for the education of medical students and other students in the health care disciplines.

Lab activity

1. Access. The anatomy lab will be open 24 hours a day, 7 days a week during the semester, except when closed for cleaning or practical exam set-up. After hours, the anatomy lab can be accessed by the card reader.

2. All students, faculty and approved guests must sign the "Pledge of Respect" form.

3. Authorized Personnel. Only COM medical students, faculty and other health-related personnel and facility workers are permitted access to the lab. FSU badges are the best form of I.D. All unauthorized persons will be told to leave immediately. After scheduled course hours, campus police regularly patrol the area and will escort trespassers from the lab and report the person(s) responsible for the unauthorized entry to appropriate authorities for corrective purposes. Immediate family members and health-oriented guests of medical students must first receive authorization from Dr. Laywell before being allowed entry into the lab. The lab doors should not be opened for anyone "knocking" other than for an authorized person (i.e. student forgetting their card). Visitation is **NOT** permitted during scheduled dissection periods. During any visit of authorized guests, they should avoid all opened cadaver tanks. Minors will NOT be admitted except as part of an organized tour. It is the responsibility of all authorized personnel, faculty and students, to enforce these rules. It is the LAW that donors to the Florida Anatomical Board are guaranteed the respect and confidentiality in the spirit by which their gift was donated to our institution. Any disrespect to the cadavers will be dealt with accordingly.

4. According to Florida law, unauthorized removal of any cadaver parts, whatsoever, from the laboratory is a felony crime of grave robbery.

5. NO photographs are to be taken of the cadavers or anything in the laboratory, except with written permission from Dr. Laywell who serves as the local authority for the Anatomical Board of the State of Florida.

6. DO NOT position the cadavers or skeletons in gratuitous poses.

7. NO eating or drinking is allowed in the laboratory or auditorium. (FSU is a smoke-free campus.)

8. NO radios or tape players are allowed in the laboratory, unless used with earphones.

9. Personal protection in the lab:

   - Do not wear sandals or open toe shoes in the lab.
   - Scrubs or lab coats are required. Some prefer an additional plastic apron for protection from fluids.
   - Recommend wearing of gloves.
   - Wear glasses or protective goggles **when using a saw or when there is a danger of a splash with fluids**.
   - Material Safety Data Sheets of chemicals used in the laboratory are available in the lab.
   - Use dust mask when using electric bone saws.

10. First aid for cuts in the lab: First aid kits are available in the lab
    - Remove gloves and wash cut area.
    - Cover with sterile bandage.
    - Put on clean gloves.
    - Contact a faculty member if you have questions or concerns.

11. All lab coats, dissecting equipment and books should be stored in the locker room or in the cadaver tank. Anything left out after regular lab sessions will be thrown out during daily lab cleaning. **Gloves and soiled clothing should not be worn outside of the dissection lab.**

12. Skeletons are available in the lab. Do not remove them from their stands or take them apart.

13. Disarticulated bones are also available, and should not be removed from the lab or approved study areas. Report any broken bone specimens to a faculty member for repair/replacement.

14. The soap for washing hands is located on the sinks and locker rooms.

15. **Rule to Remember** - DO not try to catch a dropped tool or retrieve a tool dropped in the tank. In case of injury in the lab during regular lab sessions, notify a faculty member. If a significant injury occurs after regular lab hours, go to the emergency room.

Lab waste containers: There are three types - locate them, learn them, and use them correctly. These are emptied by three different disposal services, which refuse to empty incorrectly parceled waste.

- Type 1. Red-bagged buckets located under each cadaver table which are to be used for disposal of body tissues.
- Type 2. Regular waste receptacles located around the lab for the disposal of waste paper, gloves, etc.
- Type 3. Red Sharps containers located around the lab for the disposal of scalpel blades and other sharp objects.

Anatomical Models: All models should be handled with clean hands or clean gloves only. There are study areas for looking at the models.

Dissection Tank and Cadaver

1. Each group is responsible for keeping the cadaver table clean.

2. The cadaver is covered with a cloth material. Always cover the cadaver with this cloth when leaving the lab. Do not remove the metal tag used to identify the donated body. This is used to identify the body at the time of cremation.

3. There is one plastic bottle at each table. Fill it only with a wetting solution located in the large containers at the perimeter of the lab. Use this daily to wet down the cadaver/cloth upon leaving the lab.

4. There is one sponge at each table. It is the responsibility of each group to keep the cadaver and cadaver tray clean.

5. If a dissecting tool falls into the bottom of the cadaver tank, do not retrieve it. Replacement tools are available.

6. If there is a problem or concern about your cadaver (odor, mold, and fixation) or tank (broken mechanism) contact the course director.

Keeping your cadaver moist and in good condition and your cadaver table clean, results in a more pleasant lab experience and successful dissection exercises.