



BCC 7150 Psychiatry Clerkship 2020-2021

Education Director

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Overview

Description

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Psychiatry Clerkship is a required clinical experience that provides third year students with a solid foundation in the fundamentals of the evaluation, diagnosis, treatment, and appropriate referral of patients with mental health disorders. The student will be assigned to one or more clerkship faculty. A variety of learning opportunities are offered in community-based settings and include inpatient and outpatient psychiatry treatment programs, emergency departments, consultations/liaison services, residential treatment programs, correctional facilities and others. The goal of the required six-week Psychiatry Clerkship is to provide the student with an experience that emphasizes patient evaluation and treatment in multiple settings. Diverse opportunities provide an extensive array of complementary and enriching experiences. For example, students may be exposed to the treatment of coexisting psychiatric and medical illnesses through consultations done in a general hospital. They may likewise gain skills necessary to intervene and treat the most acutely ill patients in urgent care settings, such as the emergency room. The use of electroconvulsive therapy (ECT) may be an additional treatment modality offered on some campuses. All major psychiatric diagnostic categories will be addressed. Though the focus is primarily on adults, there will be exposure to the care of adolescents and children when possible. When appropriate, basic science correlations are also addressed.

Orientation and Syllabus Review

Students **MUST** view the current orientation video on Canvas **PRIOR** to the beginning of the clerkship. In addition to review of the syllabus and video, students will meet clerkship director for a general orientation. A site-specific orientation will occur at the assigned clinical site prior to initiation of clinical activities. Students are responsible for communicating with Clerkship Faculty prior to the start date of the Clerkship.

Longitudinal Integrated Curriculum (LIC)

General information and policy regarding the Longitudinal Integrated Curriculum (LIC) in Marianna can be found on the syllabi page of the [Office of Medical Education](#) website.

Scheduled Hours/On-Call

Students in the Psychiatry Clerkship will be assigned to one or more psychiatry faculty and will follow the same work schedule as their faculty physicians. Students enrolled in the clerkship will work at least 4 full days per week with assigned Clerkship Faculty, as one day per week is allotted for participation in Doctoring 3 and Longitudinal Clerkship. During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 days per week with Clerkship Faculty. Students enrolled in the LIC will participate on the schedule provided by the Clerkship Administrator at the Marianna rural training site. Students are not required to be on-call overnight during the Psychiatry Clerkship, although many may have the opportunity to work in the urgent care or emergency setting. Possibilities include general hospital emergency rooms, direct admission centers for inpatient behavioral medicine centers and triage in outpatient facilities.

Required Assignments

Required Assignment 1: Ethics Module

The [Ethics Module](#) is a required self-study that addresses some of the more common professionalism, ethical and boundary issues encountered in psychiatry. Students must read the entire module located on **Canvas** and be prepared to discuss with Clerkship Director and peers at one of the weekly educational meetings.

- **Submission:** Students **MUST** document completion of the Ethics Module as an **Educational Activity** in ETS.

Required Assignment 2: Psychiatry Project

Students are required to complete a project during the Psychiatry Clerkship and may choose from one (1) of the following four options.

1. Create a 15-slide PowerPoint on any psychiatric topic to be presented to peers at Clerkship Rounds.
2. Present and lead a thorough and detailed discussion of a relevant journal article to peers at Clerkship Rounds.
3. Write a 3-page paper (double-spaced, 12-point font, 1" margins) on a unique experience during the clerkship such as attendance at a legislative session or court hearing.
4. Assist in the presentation of a grand rounds or similar event to a group of healthcare professionals. This must be

approved in advance by the Clerkship Director and confirmation of participation must be provided by the supervising faculty to the Clerkship Director and the Education Director.

Student project choice must be **approved** by Clerkship Director **in advance**. All presentations should be at least 15-20 minutes in length. Final projects must be professional and appropriately edited to reflect that the student is a candidate for a doctoral level degree (correct spelling, logical syntax and correct grammar).

- **Submission:** Students will submit final assignment via upload to Student Academics by **5 pm on the LAST day of the clerkship**. Students are encouraged to send a copy of this report to the Education Director via *email in the event* that Student Academics is down or otherwise unavailable.
- **Evaluation** of this assignment will be completed by the Education Director or their designee. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement. If remediation is required or the assignment is submitted after the deadline, the student is no longer eligible to be considered for an “honors” grade. If remediation is required, an initial grade of “IR” will be assigned until remediation has been completed.

Required Assignment 3: Comprehensive Psychiatric Write-up

Student must demonstrate proficiency in performing, writing and presenting at least one Comprehensive Psychiatric Examination Write-up to include a thorough risk assessment for suicidal and violent potential as well as assessing for cognitive impairment and substance abuse. **Students will use the template available on Canvas.**

- **Submission:** Students will submit their comprehensive psychiatric write-up assignment as a Microsoft Word document to be uploaded to Student Academics by **5 pm on the last day of the clerkship**. Students are also required to document this as an **Educational Activity in ETS**.
- **Evaluation** of this assignment will be completed by the Education Director. Completion of this assignment in a satisfactory fashion and timely submission is a clerkship requirement. If remediation is required or the assignment is submitted after the deadline, the student is no longer eligible to be considered for an “honors” grade. If remediation is required, an initial grade of “IR” will be assigned until remediation has been completed.

Patient Care

Students will participate in the care of patients with psychiatric illness. Though primarily there are two settings for patients to be examined and treated, inpatient and outpatient, students will usually have the chance to examine patients on general medical wards doing consults, in emergency/urgent care centers, substance abuse treatment facilities, residential facilities, correctional facilities, etc. Students are expected to perform psychiatric evaluations and to complete procedure requirements no matter the location. Students will be provided opportunities to both observe and to participate directly in supervised patient care by clerkship faculty. Ethical issues will be discussed on a case-by-case basis as they present themselves during the course of patient care.

Following a hospitalized psychiatric patient helps gain an appreciation for the full range of psychiatric illnesses and the variety of treatment options that are available to those patients with severe illness. Learning the skills needed for interventions and treatments done in the most acutely ill patients will be achieved from time spent in emergency rooms and other urgent care areas. In the outpatient clinics, students are more likely to develop an appreciation for the ongoing maintenance of a stable patient. Delivery of care to all populations is discussed (children, adolescents, adults, elderly, culturally diverse groups, developmentally disabled, etc.). Students will be exposed to the diagnosis and treatment of substance use disorders and alcohol abuse and addiction.

Students will demonstrate an understanding of how patients from diverse cultures, practicing a variety of religions, and holding different belief systems perceive symptoms, diseases, and health care, particularly, mental health care. Due to our distributed model, students will see demographic influences on health care. Students must have self-awareness of any personal biases they may have regarding the delivery of health care in regard to gender, culture, race, sexual preference and beliefs or creeds that differ from their own.

Patient Log Requirements using the Encounters Tracking System (ETS)

Students should enter patient encounter data into the Encounters Tracking System (ETS) on a *daily* basis. Students **are required to record a minimum of 25 patient encounters** during the Psychiatry Clerkship. Students will record all clinical problems and procedures that were part of patient encounters. The table below lists the required procedures and problems, including location of service and expected level of participation. Those problems and procedures marked with an asterisk* must be completed in the clinical setting and require direct patient contact.

Minimum Required	Problem/Condition	Location of Service	Level of Participation		
			Observe	Assist	Perform
1	Posttraumatic Stress Disorder	Inpatient or Outpatient	x		
1	Attention-Deficit/Hyperactivity Disorder (adult or child)	Inpatient or Outpatient	x		
1	Personality Disorder	Inpatient or Outpatient	x		
1	Bipolar Disorder*	Inpatient or Outpatient		x	
1	Dementia (any type)	Inpatient or Outpatient		x	
1	Depressive Disorder (any disorder)*	Inpatient or Outpatient			x
1	Anxiety Disorder (any disorder)*	Inpatient or Outpatient			x
1	Schizophrenia/Psychotic Disorder (any disorder)*	Inpatient or Outpatient			x
1	Substance Abuse Disorder (any disorder)	Inpatient or Outpatient			x
Minimum Required	Procedure	Level of Participation			
		Observe	Assist	Perform	
1	Depression assessment using PHQ9, Beck or Zung*			x	
1	Substance abuse screen using Opiate Risk Tool (ORT), AUDIT, CAGE or DAST-10 *			x	
1	Dementia assessment using Mini-Mental Status Exam, Mini-COG, Cognitive Assessment or MoCA*			x	
1	Suicide assessment (C-SSRS)			x	

Patient Log (ETS) Monitoring Policy

Encounter data are monitored by the Clerkship Directors to assure that students are meeting clerkship requirements. If it becomes apparent that students are not encountering the required patient conditions, efforts will be made to specifically select the needed patients for you to see. If these opportunities for specific patient encounters do not occur, the student will be exposed to the conditions/diseases secondarily through reading assignments, completion of Aquifer Cases, or discussions with the Clerkship Director.

Level of participation in patient care is determined by the student involvement during the history, physical exam, assessment and treatment plan. The complexity of these components will vary, but for the purposes of choosing a level of participation, three categories have been created, *all of which include supervision of the medical student*. The student will select the level of participation that most closely describes their involvement in the patient encounter.

- **Observe** should be selected when the student observes a clinician conducting the patient encounter.
- **Assist** should be selected when the student assists a clinician in conducting the patient encounter.
- **Perform** should be selected when the student leads or conducts the patient encounter.

Alternate Educational Experiences

Should the student be unable to complete and record a required clinical encounter or other clerkship requirement due to circumstances beyond their control, the education director will determine an appropriate alternative educational experience. The student will record as instructed in ETS. Utilization of alternative educational activities is monitored by the curriculum committee on a regular basis.

Online Curriculum

Videos of Psychiatric Symptoms are available on the [Psychiatry and Behavioral Sciences Subject Guide](#) on the Other Resources tab within the “multimedia” section. Viewing these clips will help students understand symptoms.

Catatonia	Derailment	Grandiose Delusions 2	Pressured Speech
Clang Associations	Flat Affect	Grandiose Delusions 3	
Command Hallucinations	Grandiose Delusions 1	Mania	

Course Meetings and Lectures

Students will participate in required weekly educational meetings conducted by the Clerkship Director or Clerkship Administrator. These weekly meetings will include case presentations, discussion of required readings and to provide feedback on student performance. These small groups also emphasize the course goals and objectives, demonstrate an understanding of the [DSM-5](#) and emphasize psychopharmacology, mandatory procedures and diagnosis. Review of student workhours, patient encounter entry and progress on clerkship assignments will be part of the weekly meetings with the Clerkship Director and the mid-clerkship evaluation.

End of Clerkship Exam

On the last day of the clerkship, students will take the 100-question NBME Clinical Subject Examination in Psychiatry. LIC students will sit for the exam according to LIC policies document and are encouraged to delay until near the end of the academic year. There are NBME self-assessment tools available by request to your Student Support Coordinator. Contact your student support coordination for the student voucher availability policy.

Learning Resources

Institutional Resources

The [Maguire Medical Library](#) offers 24/7 remote access to online resources that support the **core clerkships**. They include [Mobile Resources](#), [Point of Care](#), and [Subject Guides](#).

Required Reading

The required reading is the [Diagnostic and Statistical Manual of Mental Disorders 5th Edition \(DSM-5\)](#) by the APA and the [Introductory Textbook of Psychiatry](#) by Black and Andreasen, located on the [Psychiatry and Behavioral Sciences Subject Guide](#). The **Introductory Textbook of Psychiatry** is divided into easy-to-read sections, each designed to master clerkship content and understand the essentials of psychiatry practice. A structured schedule of required readings that address essential content is provided *below* and is designed to maximize student understanding of the content during the Clerkship.

Introductory Textbook of Psychiatry by Black and Andreasen	
Chapter 1: Diagnosis and Classification	Chapter 11: Feeding and Eating Disorders
Chapter 2: Interviewing and Assessment	Chapter 12: Sleep-Wake Disorders
Chapter 1: Learning to Use DSM-5	Chapter 13: Sexual Dysfunction, Gender Dysphoria, And Paraphilias
Chapter 3: The Neurobiology and Genetics of Mental Illness	Chapter 14: Disruptive, Impulse-Control, And Conduct Disorders
Chapter 4: Neurodevelopmental (Child) Disorders	Chapter 15: Substance-Related and Addictive Disorders
Chapter 5: Schizophrenia Spectrum and Other Psychotic Disorders	Chapter 16: Neurocognitive Disorders
Chapter 6: Mood Disorders	Chapter 17: Personality Disorders
Chapter 7: Anxiety Disorders	Chapter 18: Psychiatric Emergencies
Chapter 8: Obsessive-Compulsive and Related Disorders	Chapter 19: Legal Issues
Chapter 9: Trauma- And Stressor-Related Disorders	Chapter 20: Behavioral, Cognitive, And Psychodynamic Treatments
Chapter 10: Somatic Symptom Disorders and Dissociative Disorders	Chapter 21: Psychopharmacology and Electroconvulsive Therapy

Recommended Reading

All additional readings are located on the Psychiatry subject guide and are provided for students to identify gaps in knowledge and supplement their learning. The **DSM-5 Made Easy** is highly recommended in addition to the multiple question and answer books on the topic of psychiatry. These are valuable for testing knowledge of psychiatry but are inadequate as the primary method of learning psychiatry.

Evaluation

Clerkship Specific Grading

The standardized clerkship policy can be found on the [Office of Medical Education website](#).

1. If any remediation is required, the student is no longer eligible for honors, and will be assigned an initial grade of IR (Incomplete Remediation) until remediation has been completed
2. Any breach in professionalism renders a student ineligible for honors
3. Completion of ALL required problems, procedures and educational activities (pass/fail)
4. Completion and documentation of Ethics Module (pass/fail)
5. Satisfactory and timely submission of psychiatry project (pass/fail)
6. Satisfactory and timely submission of Comprehensive Psychiatric Write-up (pass/fail)
7. Active participation in weekly clerkship director meetings (pass/fail)
8. Clinical performance must be exemplary to be considered for honors
9. NBME must be at 75th percentile or higher to be eligible for honors consideration and must be at the 10th percentile to pass the clerkship

Evaluation

1. *Formative* A mid-clerkship evaluation is completed at the mid-point of the Clerkship by the Clerkship Director and will provide feedback to the student on progress in the clerkship. This will include progress toward achievement of clerkship objectives, competencies, assignments and required encounters. See the Canvas M.D. Clerkships AY 2020-2021 site for student user workflow guide.
2. *Summative* An evaluation of student clinical performance will be completed by the assigned Clerkship Faculty at the end of the clerkship, as well as by the resident the student worked with during the sub-internship. A final summative report will be completed by the Clerkship Director at the end of the clerkship. The Education Director will review all components of the clerkship and include an assessment of each in the final grade summary.

Grade Assignment

The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude and performance during the weekly meetings with the Clerkship Director, and the results of the NBME Clinical Subject Exam. There are no grade quotas, and it is possible for any student to earn the grade of honors.

Course Objectives

The following table outlines the clerkship objectives and assessment method for each, intended to be used as a guide for student learning. Each clerkship objective is mapped to the [FSU COM Educational Program Objectives \(EPOs\)](#) and [ACGME Core Entrustable Professional Activities \(EPAs\)](#). To view the complete table and for an overview of the curricular map for the clerkship years at the Florida State University College of Medicine, please visit the syllabi page of the [Office of Medical Education](#) website.

Clerkship Objectives	EPO	Assessment						
		End of Clerkship Exam	Faculty Observation	Clerkship Director Observation	Oral Presentation	Patient Documentation	Assignments	Online Module
Psychiatry								
Perform a cognitive/dementia assessment using one of these instruments: Mini-Mental Status Exam, Mini-Cog or MOCHA.	1.2		x	x			x	
Perform a full case oral presentation to include a differential diagnosis and treatment plan.	1.2		x	x	x		x	
Perform a problem focused exam.	1.2		x	x				
Perform and document a complete psychiatric examination.	1.2		x	x			x	
Perform a suicide/safety risk assessment and discuss an intervention plan.	1.3		x	x	x	x		
Perform a depression screen using one of these instruments: Beck, PHQ9 or Zung.	1.3		x	x	x		x	
Perform a substance abuse screen using one of these instruments: AUDIT, CAGE, DAST-10 or Opiate Risk Tool.	1.3		x	x			x	
Demonstrate ability to discuss the appropriate use and interpretation of psychological and neuro-psychological testing.	1.4		x	x	x		x	
Demonstrate ability to discuss the appropriate use and interpretation of laboratory studies.	1.4, 2.3		x	x				
Demonstrate ability to discuss the appropriate use and interpretation of radiographic and electro-physiologic studies.	1.6		x	x	x		x	
Demonstrate ability to utilize electronic resources to identify and incorporate evidence-based data.	1.6		x	x		x	x	
Identify the need for inpatient hospitalization.	1.6		x	x	x		x	
Distinguish between and apply the basic psychotherapeutic modalities when developing a comprehensive treatment plan.	1.7, 2.2, 2.3		x	x			x	
Construct and present an organized treatment plan including pharmacologic interventions when indicated.	1.7, 4.2		x	x	x		x	
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding the development of aftercare plans and systemic and community obstacles.	1.8, 4.1, 4.2, 4.3, 5.1, 5.3, 6.5, 7.1		x	x	x		x	

Demonstrate knowledge of pharmacology of anxiolytics, acetylcholinesterase inhibitors, antidepressants, ECT, antipsychotics, beta blockers, and anticholinergics.	2.2	x	x	x				
Demonstrate understanding of co-morbid mental, neurological, and mental illness during case discussions.	2.2		x	x	x		x	
Demonstrate knowledge and use of the Diagnostic and Statistical Manual of Mental Disorders, 5th edition.	2.2, 2.4, 2.5, 3.1	x	x	x				
Recognize signs, symptoms, and risk factors for suicide, homicide, violence, and substance intoxication and withdrawal.	2.3, 2.4, 2.5		x	x	x	x	x	
Demonstrate knowledge of mental illnesses; to include mood, anxiety, substance abuse, psychotic, somatoform, factitious, sleep, and cognitive disorders.	2.3, 2.5	x	x	x				
Recognize the impact of age and development on the presentation of mental illnesses.	2.4	x	x	x	x		x	
Recognize abuse in special populations and across the lifespan.	2.4, 2.5		x	x				
Access and research evidence-based medicine for evaluation and treatment planning.	3.7, 3.9		x	x			x	
Communicate effectively with patients, families, and staff in a manner helpful and appropriate to the setting.	4.1		x	x				
Dictate or write a case in a form satisfactory for the medical record.	4.5		x	x			x	
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation by recognizing the need for referrals to other medical and mental health specialists.	4.5, 5.1, 5.5		x	x	x		x	
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding involuntary hospitalization, psychiatric assessments, and indications for treatment.	5.1, 5.2, 5.3, 5.4, 5.5, 5.6		x	x	x		x	
Identify and incorporate relevant referrals for specific demographic groups to appropriate agencies and organizations.	5.1, 5.5, 6.2, 9.2		x	x				
Maintain confidentiality of psychiatric information, regardless of setting.	5.3		x	x				
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding the duty to warn.	5.4		x	x	x		x	
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding biases against the mentally ill and referral for patient and family advocacy.	5.5		x	x				
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding financial and institutional barriers to care.	5.5, 6.3		x	x				
Self-evaluate learning needs and demonstrate life-long learning through the research and presentation of psychiatry topic.	3.1, 3.2, 3.3			x		x	x	
Understand and discuss ethical issues in psychiatry.	5.6		x	x				x
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding the reporting of abuse.	5.6		x	x				x
Demonstrate professionalism and objectivity in clinical settings, at staff meetings and in written documentation regarding boundary limits and violations in the doctor-patient relationship.	5.6		x	x				x
Maintain appropriate professional boundaries, recognize transference, countertransference, and set limits with patients.	8.1		x	x				

Policies

Absence and Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation. Students must use the [absence request form](#) that is located on Student Academics.

Extended absences from the clerkship are not permitted. Any absence from the clerkship must be **pre-approved by the regional Campus Dean** prior to the beginning of the clerkship, using the [student absence request form](#). Even with an excused absence, the student will complete the scheduled work as outlined.

The Clerkship Faculty, Clerkship Director and Education Director must be notified of any absence in advance by the student. In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible. **Unapproved absences during the clerkship will result in a grade of “incomplete” until**

remediated and may result in a grade of “fail” for the clerkship.

Academic Honor Policy

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/academic-resources/academic-integrity-and-grievances/academic-honor-policy>.)

Americans with Disabilities Act

Students with disabilities needing academic accommodation should: (1) register with and provide documentation to the Office of Accessibility Services; and (2) bring a letter to the instructor indicating the need for accommodation and what type. Please note that instructors are not allowed to provide classroom accommodation 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
Tallahassee, FL 32306-4167
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
Email: oas@fsu.edu
<https://dsst.fsu.edu/oas>

College of Medicine Student Disability Resources

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 Student Disability Resource Center to determine whether they might be eligible to receive accommodations needed in order to train and function effectively as a physician. The Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

Student Mistreatment Policy

If you feel you are being mistreated, please refer to the Student Mistreatment Policy in the [FSUCOM Student Handbook](#) and report the incident as soon as possible.

Student Work Hours Policy

The FSU College of Medicine adheres to the ACGME requirements regarding clinical work and education. This includes working no more than 80 hours per week and no more than 24 hours continuously, except an additional 4 hours may be added to the 24 to perform activities related to patient safety, such as transitions of care or education. Additional patient care responsibilities must not be assigned during this time. Students will have at least one out of every 7 days off, completely free from clinical and educational duties, when averaged over 4 weeks.

Documentation of work hours: Students will use ETS to document by self-report their daily work hours. Students must enter daily work hours that includes both clinical experience and educational activities. Failure to report work hours is considered a breach of professionalism.

- Clinical care, including documentation in medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, educational meetings at residency programs)

Hours that should not be included in self-reported work hours include reading about patient conditions and procedures, self-directed study for clerkships/courses, work completed for assignments, learning modules and assigned reading.