



BCC 7160 Surgery Clerkship 2022-2023

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Overview

Course Description

Students will participate in this clerkship as either a 6-week block or through the Longitudinal Integrated Curriculum (LIC). The Surgery Clerkship is a clinical clerkship in the care of patients suffering from conditions that are amenable to treatment by the use of the hand (surgery; from the Greek: *cheir* [hand] and *ergon* [work], literally “handiwork”). Students will be assigned to an individual General Surgery clerkship faculty member who will shepherd the student experience in the operating room, outpatient clinics, and office-based practice. This contact will provide the student with an appreciation of what a practicing community surgeon does, both in the operating room and in both the inpatient and outpatient settings. The major emphasis in this rotation will be placed upon issues and problems in General Surgery, but student familiarity with common problems in the surgical subspecialties (i.e. thoracic, cardiovascular, orthopedics, urology, otolaryngology, and neurosurgery) is also tested on the end-of-clerkship NBME Clinical Subject Examination. Students will have the opportunity to work one-half day with an anesthesiologist to learn airway management, and it is the student’s responsibility to contact the Department of Anesthesia to plan for this experience.

Orientation and Syllabus Review

Students are required to view the [Surgery Orientation video](#) and read the syllabus to be familiar with clerkship expectations before beginning the clerkship. In addition to a review of the syllabus and video, students will meet the Clerkship Director for a general orientation. A site-specific orientation will occur at the assigned clinical site before the initiation of clinical activities. Students are responsible for communicating with their Clerkship Faculty before the start date of the clerkship to coordinate meetings. The keys to success during this rotation lie principally in these two areas:

- Enthusiastic attendance and participation at all clinical functions. A daily text reading program covering not only the clinical encounters of the day but also that daily amount of text necessary to complete the core material by the end of the clerkship.
- Preparation for operative case participation, including anatomical review, is important to maximize the learning opportunities presented. Recommended resources include surgical atlases which are invaluable as pre-operative resources.

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. The student will take the NBME Clinical Subject Examination for Surgery during the semester in which they take the clerkship, or at the end of a traditional 6-week block clerkship if that is how they are enrolled.

Scheduled Hours/On-Call

Students will take overnight calls twice per week during the clerkship and will be expected to be a part of any surgical admission or procedure occurring during their time on-call. The workweek will consist of Monday through Saturday (inclusive). **During off-cycle rotations during which Doctoring 3 is not scheduled, students will work 5 or more 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. Work hours are to be documented in ETS daily.

Required Assignments

Required Assignment 1: Evidence-Based Controversies in Surgery Paper

The purpose of this assignment is to familiarize students with the lifelong importance of evidence-based medicine in determining the best clinical practice and to assist with how and where to collect evidence-based data. The scope of the paper must identify a controversial **clinical** problem in Surgery that interests the student. Students will present the pros and cons of the *evidence-based* data with full references; students will form their conclusion and justify their position. The paper will be three-pages long (double-spaced) at 1,000-words, not including references. This assignment is not intended to be a restatement of a book chapter, in which there is extensive discussion of the background of the issue and a description of the application of a surgical technique. It is insufficient to know the correct conclusion, the data presented and analysis must prove it. [Evidence-Based Medicine Tutorial](#) is an excellent review of evidence-based data, including hierarchy and validity.

Submission

- Students will upload their evidence-based controversies in surgery paper to the “Project Documents” tab for the

course in Student Academics **by 5:00 PM on Friday of the LAST week** of the clerkship.

- It is the student’s responsibility to upload the project to the proper area of the Student Academics site before the deadline. *If the site is not available for any reason, then the paper needs to be emailed directly to Dr. Sweeney, the Education Director.*

Evaluation

Evaluation of this assignment is completed by the Education Director. Completion of this assignment in a satisfactory and timely manner is a clerkship requirement. The paper will be evaluated on the following:

1. Briefly stated controversy identified (e.g. one paragraph or less)
2. Demonstration of high-level, evidence-based data collected from the literature (e.g. not opinions)
3. Incorporation of actual data into the paper (e.g. not the summaries and conclusions of referenced authors)
4. Stated conclusion is based on the specific data cited in the exposition. (e.g. there should be ample evidence-based data recorded in the paper to convince a third party of the validity of stated conclusions)

Required Assignment 2: Comprehensive Surgical Care

Students are **required to provide comprehensive surgical care for 3 to 6 patients** during the clerkship. Students are required to document each phase of care for their comprehensive surgical patients in ETS. Comprehensive surgical patient care is **three-fold** and students must:

1. Participate in a pre-surgery initial consultation, gather a history and physical, assess comorbidities and surgical risk, patient education, informed consent, and interprofessional communication;
2. Participate in the surgery including scrub case;
3. Participate in post-operative care and post-operative planning with patient care and discharge coordination.

Submission

After completion of **each comprehensive surgical care patient**, students will document it as an Educational Activity in ETS by selecting “[SURG] Completion of comprehensive surgical care patient (pre-surgery, surgery, and post-surgery participation)” in the drop-down menu.

Patient Care

Patient Log Requirements using the Encounter Tracking System (ETS)

Students should enter patient encounter data into the Encounters Tracking System (ETS) daily. Students are required to record a minimum of **110** patient encounters during Surgery Clerkship. Students will record all clinical problems and procedures that were part of patient encounters. **All required problems must be at the perform level of participation, and all procedures must be either assisted or performed.** Failure to record required patient care by 5:00 pm on the last day of the clerkship will result in a grade of “IR” (incomplete, requires remediation); the student will therefore be ineligible for honors and additional time on the Clerkship may be required. If a student fails to meet this deadline, they risk failure of the clerkship. The table below lists the required problems and procedures for this clerkship. Those procedures marked with an asterisk* must be completed in the clinical setting and require direct patient contact.

Category	Minimum Required	Problems/Conditions	Location of Service	Minimum Level of Participation		
				Observe	Assist	Perform
Gastrointestinal (GI) disease	40 from category	Acute abdomen evaluation	Inpatient or Outpatient			X
		Appendicitis	Inpatient or Outpatient		X	
		Bowel obstruction	Inpatient or Outpatient		X	
		Cholecystitis	Inpatient or Outpatient		X	
		Diverticulitis	Inpatient or Outpatient		X	
		GI bleed (lower, upper)	Inpatient or Outpatient		X	
		GI malignancy	Inpatient or Outpatient		X	
General surgical (non-GI)	20 from category	Bariatric assessment	Outpatient			X
		Benign breast disease	Outpatient		X	
		Breast cancer	Inpatient or Outpatient		X	
		Cutaneous or subcutaneous lesion	Outpatient		X	X
		Fluid and electrolyte management	Inpatient			X
		Hernia	Inpatient or Outpatient		X	X
		Informed consent	Inpatient or Outpatient		X	
		Patient safety	Inpatient or Outpatient			X
		Perianal conditions	Outpatient		X	X
		Post-op management	Inpatient			X

		Pre-op assessment	Inpatient or Outpatient			X
		Trauma/injury assessment	Inpatient or Outpatient			X
		Workplace safety and sterile technique	Inpatient or Outpatient			X
Oncology	20 from category	Airway management or intubation	Inpatient			X
		Foley catheter placement male and female	Inpatient or Outpatient			X
		Major surgery (under general anesthesia)	Inpatient		X	
		Staging, assessment	Inpatient or Outpatient			X
		Wound repair or suturing	Inpatient or Outpatient			X
Minimum Required	Procedure	Minimum Level of Participation				
		Observe	Assist	Perform		
30	Major surgery (operations conducted under general anesthesia) *		X			
20	General surgery		X			
10	Wound repair or wound suturing*			X		
3	Airway management or intubation*			X		
2	Foley urinary catheter placement of at least one female and one male*			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 patients with the required conditions. The level of participation in the care of patients is determined by the student's 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, and will receive credit for documented participation at the required level or higher.

- **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 requirements due to circumstances beyond their control, the Education Director will determine an appropriate alternative educational experience. Students may be exposed to the conditions/diseases secondarily through reading assignments, completion of Aquifer or OnlineMedEd cases, or discussions with the Clerkship Director, and will record as instructed in the ETS. The utilization of alternative educational activities is monitored by the curriculum committee regularly.

Online Curriculum

Aquifer WISE-MD

Students are **required** to complete the **six (6) topic modules** listed below, from the [Aquifer WISE-MD](#) virtual patient online learning site. There are 22 case modules in all with 16 skills modules. Students are encouraged to complete all modules.

1. Abdominal Aortic Aneurysm
2. Carotid Stenosis
3. Pediatric Hernia
4. Thyroid Nodule
5. Trauma Resuscitation
6. Venous Thromboembolism

Meetings and Lectures

Clerkship Director Meeting

Each student will have weekly scheduled contacts with the Surgery Clerkship Director, who will oversee patient log entries to provide breadth and depth of patient experience, avoid duplication, and assure compliance with clerkship objectives. Case-based didactic sessions will be held weekly with the Clerkship Director. Review of student work hours, patient log, and progress on Aquifer WISE-MD cases will be part of the weekly meetings with the Clerkship Director and

the mid-clerkship evaluation.

Clerkship Exams

Formative Exam

Students will take a formative exam during weeks 3-5 of the clerkship to self-assess their fund of knowledge and preparedness for the end-of-clerkship exam. The [NBME's Self-Assessment Services \(NSAS\)](#) Clinical Science Mastery Series offers a \$20 clerkship-specific exam preparation that includes in-depth answer explanations. Students may purchase an NSAS examination for any clerkship. Students in academic need should contact their Student Support Coordinator for more information on the institutional paid voucher availability policy.

Summative Exam

At the end of the clerkship, students will take the 100-question NBME Clinical Subject examination for Surgery. LIC students will sit for the exam according to the LIC policies document. This exam does not test your knowledge of surgical technique but instead concentrates on establishing a diagnosis, principles of management, nutritional and digestive diseases, and understanding of the mechanisms of disease. This exam tests the application and integration of knowledge, rather than the recall of isolated facts. For these reasons, students cannot just study isolated facts, or cram at the last minute. A schedule of programmed reading throughout the clerkship is necessary to be successful. Many students have seen only the drama of the operating room, failing to see this "medical" side of surgery, and have therefore felt that the exam is "almost all medicine."

Learning Resources

Institutional Resources

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

Required Reading

Students will use *Surgery: A Case-Based Clinical Review by de Virgilio et al (2015)* located on the [Surgery Subject Guide](#) as their main text for the clerkship.

Weekly reading schedule for Surgery: A Case-Based Clinical Review	
Week	Section
1	Part I: Acute Care Surgery, Part XIII: Trauma, Part XII: Surgical Complications
2	Part VI: Hepatopancreaticobiliary, Part XIV: Upper Gastrointestinal, Part VII: Lower Gastrointestinal
3	Part II: Breast, Part III: Cardiothoracic, Part IV: Endocrine
4	Part V: Head and Neck, Part VIII: Neurosurgery, Part IX: Orthopedic
5	Part X: Pediatric, Part XV: Urology, Part XVI: Vascular
6	Question Sets and Answers, Exam Preparation

Recommended Reading

A self-study program located on the [AY2022-23 MD Clerkship Org Site Surgery page](#) has been designed to assist students in addressing the core content deemed necessary for this clerkship from among the vast amount of surgery-based learning information available. Many students focus only on the technical side (i.e. the procedures done in the operating room) when first confronted with surgery. Although the surgical technique is unquestionably important, preoperative preparation (including diagnosis and work-up) and postoperative care are of equal importance to the care of the operative patient. In addition to the self-study program, students are encouraged to review the texts available in the [Surgery Subject Guide](#) to supplement their clerkship knowledge base.

- *Sabiston Textbook of Surgery* 20th edition by Courtney M. Townsend; R. Daniel Beauchamp; B. Mark Evers; Kenneth L. Mattox, 2016 (**highly beneficial text**)
- *Schwartz's Principles of Surgery* 11th edition by F. Charles Brunicaardi; Dana K. Andersen; Timothy R. Billiar; David L. Dunn; John G. Hunter; Raphael E. Pollock; Jeffrey B. Matthews; Lillian Kao, 2019 (**highly beneficial text**)
- *Surgical Recall* 8th edition by Lorne H. Blackbourne, 2018
- *Current Diagnosis and Treatment: Surgery* 15th edition by Gerard M. Doherty, 2020
- *Shelf-Life Surgery* by Stanley Zaslau, 2014
- *Cope's Early Diagnosis of the Acute Abdomen* by William Silen, 2010
- *Essentials of General Surgery and Surgical Specialties* by Peter Lawrence, 6th Edition, 2019

Electronic Resources

Students are encouraged to review the ACS/ASE Medical Students Core Curriculum: Essential Content for Surgery Clerkships <https://www.facs.org/education/program/core-curriculum>.

Evaluation

Clerkship Specific Grading

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

1. **If any assignments are submitted late or 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. **Failure to document work hours timely and accurately renders a student ineligible for honors**
4. Document a minimum of **110** patient encounters in ETS (pass/fail)
5. Completion of required problems and procedures (pass/fail)
6. Document a minimum of **30** major surgeries (pass/fail)
7. Document a minimum of **3 to 6** comprehensive surgical patients (pass/fail)
8. Satisfactory completion of the Evidence-based Controversies in Surgery paper (pass/fail)
9. Completion of the **six (6)** required topic modules in Aquifer WISE-MD (pass/fail)
10. Completion of the formative exam by week 5 (pass/fail)
11. Clinical performance must be exemplary to be considered for honors
12. 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

Formative Evaluation

A mid-clerkship evaluation is completed by the Clerkship Director to provide feedback to students on their progress in the clerkship. This will include progress toward the achievement of clerkship objectives, competencies, assignments, and required encounters. A student workflow guide is available on the [AY2022-23 MD Clerkship Org Site](#).

Summative Evaluation

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 clerkship. 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 any student can earn a 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.

Surgery Clerkship Objectives	Educational Program Objectives (EPOs)	Entrustable Professional Activities (EPAs)	Assessment
Develop familiarity with suturing wounds, bladder catheterization, and airway management.	1.1	12	<ul style="list-style-type: none">• Clerkship Director observation• Faculty observation
Recognize an acute surgical abdomen and identify its probable cause.	1.1, 2.1	2, 10	<ul style="list-style-type: none">• Clerkship Director observation• End of clerkship exam• Faculty observation
Demonstrate proficiency in scrubbing and maintaining sterile technique, dressing clean and contaminated wounds, wound closure with	1.1, 2.2	12	<ul style="list-style-type: none">• Clerkship Director observation• Faculty observation

sutures/staples, drain management, wound debridement, and operative assistance.			
Demonstrate appreciation of ethical, cultural, and public health issues in surgery including traditionally underserved populations, and oversight of surgical practice at the local, state, and federal levels.	1.1, 3.9, 4.1, 5.5, 7.1		<ul style="list-style-type: none"> • Clerkship Director observation • Faculty observation
Effectively and respectfully communicate with colleagues, staff, patients, and families, emphasizing patient-centered care.	1.1, 1.5, 4.1, 5.1	9	<ul style="list-style-type: none"> • Clerkship Director observation • Faculty observation
Conduct a focused medical history, targeted physical examination, and create a meaningful differential diagnosis for surgical conditions.	1.2, 1.3, 1.6, 2.1, 2.3	1, 2	<ul style="list-style-type: none"> • Clerkship Director observation • End of clerkship exam • Faculty observation • Oral presentation • Patient documentation
Demonstrate familiarity with common anesthetic agents, their administration, recovery from their usage, and develop facility with airway management.	1.4, 2.2	12	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • Faculty observation • Online modules
Apply informatics to critical appraisal of surgical literature, and making evidence based surgical diagnostic and therapeutic decisions.	1.6, 2.3, 3.6, 6.2	3, 7	<ul style="list-style-type: none"> • Clerkship Director observation • Education Director evaluation of assignments • Faculty observation • Online modules
Participate in the continuity of patient management through all phases of surgical care including pre-operative, peri-operative, intra-operative, post-operative, and post-discharge.	1.7, 4.2, 4.3	1, 2, 3	<ul style="list-style-type: none"> • Clerkship Director observation • Faculty observation
Demonstrate familiarity with core surgical knowledge to include commonly encountered problems in orthopedics, urology, otolaryngology, thoracic/cardiovascular, and neurosurgery.	1.9, 2.1	2, 3	<ul style="list-style-type: none"> • Clerkship Director observation • End of clerkship exam • Faculty observation
Demonstrate ability to provide concise and logical patient presentations.	2.1, 4.1	6	<ul style="list-style-type: none"> • Clerkship Director observation • Faculty observation • Oral presentation
Identify, evaluate quality and utilize scientific evidence to resolve a controversy in surgical care.	2.3	7	<ul style="list-style-type: none"> • Education Director evaluation of assignments

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 the attendance policy, a notice of absences, and remediation. Students must use the [student absence request form](#) that is located on Student Academics. Extended absences from the clerkships are not permitted. Any absence from the clerkships must be **pre-approved by the Regional Campus Dean** before the beginning of the clerkship, using the student absence request form. The Clerkship Faculty, Clerkship Director, and Education Director must be notified of any absence in advance by the student, once approved by the campus dean. Under no circumstances should a student arrange with the Clerkship Faculty or elective faculty to be away from the rotation without first obtaining the approval of the campus dean. Any approved absence from a required clerkship may result in the student receiving a grade of “incomplete” and the student is expected to make up missed time and/or complete alternative/additional assignments before a final grade will be assigned. **Unapproved absences during the clerkship are considered unprofessional behavior, will result in a grade of “incomplete” until remediated, and may result in a grade of “fail” for the clerkship.** In the case of illness or other unavoidable absence, follow the same procedure outlined above, and notify everyone as soon as possible.

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

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. 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; (850) 644-9566 (voice); (850) 644-8504 (TDD), oas@fsu.edu, <https://dsst.fsu.edu/oas/>

Clinical Experience and Education (formerly Duty Hours or Work Hours) Policy

The FSU COM uses the ACGME requirements regarding clinical experience and education as a guideline for our policy. Our goal is to provide a structure that supports patient safety and student education and facilitates personal-professional balance and well-being.

- Clinical experience and scheduled educational activities must be limited to no more than 80 hours per week when averaged over 4 weeks.
- Students must have at least one day out of every 7 completely free from clinical duties and required educational activities when averaged over 4 weeks.
- Clinical experience must not exceed 24 hours of continuously scheduled assignments, with the exception that up to 4 hours of additional time may be used for effective transitions of care or student education. No additional patient care responsibilities may be undertaken during these 4 hours. After 24 hours continuously on call, students must have at least 14 hours free of clinical work and scheduled educational activities.
- Students should have 8 hours off between scheduled clinical experience and education periods.

Documentation of time spent on clinical experience and education:

Students will use ETS to document by self-report their daily work hours on required clerkships and courses. Students must enter daily hours to include both clinical experience and required educational activities. Failure to report work hours is considered a breach of professionalism.

Students will report the following:

- Clinical experience, including documentation in the medical record
- Required educational meetings (i.e. Doctoring 3, clerkship meetings, meetings with clerkship faculty, 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.

Office of Student Counseling Services

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 the [Office of Student Counseling Services](#) and the FSU [Office of Accessibility Services](#) (OAS) to determine whether they might be eligible to receive accommodations needed 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 a medical degree.

Student Mistreatment Policy

"Mistreatment" arises when behavior shows disrespect for the dignity of others and unreasonably interferes with the

learning process. It can take the form of physical punishment, sexual harassment, psychological cruelty, and discrimination based on race, religion, ethnicity, sex, age or sexual orientation. If a student feels they are being mistreated, the student should report this concern to the Division of Student Affairs (Student Support Coordinator, Assistant or Associate Dean for Student Affairs or the Regional Campus Dean). We treat all such reports as confidential and do not tolerate reprisals or retaliations of any kind. Please refer to the Student Mistreatment Policy in the [FSUCOM Student Handbook](#) and [report incidents of mistreatment](#) as soon as possible.

Syllabus Change Policy

Except for changes that substantially affect the implementation of the evaluation (grading) statement, this syllabus is a guide for the course and is subject to change with advance notice.