



BCC 7160 Surgery Clerkship 2024-2025

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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 a General Surgery clerkship faculty member who shepherds 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 read the syllabus located on the [Office of Medical Education](#) site to become familiar with expectations before beginning the clerkship. Students will also use the [Canvas M.D. Clerkships AY2024-2025](#) Surgery site page to access course material. A site-specific orientation will occur at the assigned clinical site before the initiation of clinical activities. Students are responsible for communicating with 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](#) site.

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). Work hours must be documented in the [Encounter Tracking System \(ETS\)](#) daily.

- 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.

Required Assignments

Completion of all assignments with a satisfactory and timely submission is a clerkship requirement. If Student Academics is unavailable students will email their documents to their Clerkship and Education Director.

Required Assignment 1: Evidence-Based Controversies in Surgery Paper

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

- Upload the 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.

Evaluation

- Evaluation of this assignment is completed by the Education Director using the following rubric:

	Above expectations	Meets expectations	Below expectations	Feedback
Evaluation Rubric: Evidence-Based Controversies in Surgery Paper				
Briefly stated controversy identified (e.g., one paragraph or less)				
Demonstration of high-level, evidence-based data collected from the literature (e.g., not opinions)				
Incorporation of actual data into the paper (e.g., not the summaries and conclusions of referenced authors)				
The 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)				
Overall evaluation				

Required Assignment 2: Comprehensive Surgical Care

Students must provide comprehensive surgical care for 3 to 6 patients during the clerkship and document each phase of care for their 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

- Document completion of **each comprehensive surgical care patient** 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.

Required Assignment 3: Aquifer WISE-MD Online Cases

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

Evaluation

- Student progress will be monitored by their Clerkship Director.

Patient Care

Patient Log Requirements using the Encounter Tracking System (ETS)

Students should enter patient encounter data into the [Encounter Tracking System \(ETS\)](#) daily.

Students must record at least 110 patient encounters during the Surgery Clerkship. Students will record all clinical problems and procedures that were part of patient encounters. The table below lists the required problems and procedures, including the location of service and the expected level of participation. All required problems and procedures must be at the **level of participation** as indicated.

- Students who have difficulty seeing a patient within a problem or procedure category should notify their Clerkship Director with sufficient time to **enable remedial action**.
- The problems and/or procedures marked with an asterisk* in the below table must be completed in the clinical setting and requires direct patient contact. The remaining conditions should be seen in the clinical setting but may be fulfilled by alternate educational activities as determined by the Education Director.

Category	Min. Req.	Problems/Conditions	Location of Service	Min. 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
Min. Req.	Procedure	Min. 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		

Alternate Educational Experiences

For students 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. Additional clinical encounters are the preferred method to complete the requirements of this clerkship. Students may be exposed to the conditions or diseases secondarily through reading assignments, completion of Aquifer cases, or discussions with the Clerkship Director, and will record as instructed in the ETS, and only under the direction of the Education Director. The utilization of alternative educational activities is monitored by the curriculum committee regularly.

Online Curriculum

The required didactic content for the clerkship is available through [Aquifer WISE-MD](#), a case-based computer simulation system. Requirements are referenced in the Assignments section of this syllabus.

Clerkship Director Meeting

Students will meet with their Clerkship Director weekly to verify patient log entries, provide breadth and depth of patient experience, avoid duplication, and assure compliance with clerkship objectives. Clerkship Directors will monitor case-based didactic sessions and student progress on [Aquifer WISE-MD](#) cases. At the mid-clerkship evaluation Clerkship Directors will review student work hours, patient log and progress on the clerkship.

Clerkship Examinations

Summative Examination

At the end of the clerkship, students will take the 100-question NBME Clinical Subject Examination for **Surgery**. LIC students will take their end of course 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.”

Optional Formative Self-Assessment

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.

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 (2019)* located on the [Surgery Subject Guide](#) as their main text for the clerkship.

Weekly reading schedule for required text	
Surgery by Christian de Virgilio (Editor); Areg Grigorian (Editor) Publication Date: 2019	
Week	Chapter
1	Part I: Acute Care Surgery
	Part XI: Surgical Complications
	Part XII: Trauma
2	Part VI: Hepatopancreaticobiliary
	Part VII: Lower Gastrointestinal
	Part XIV: Upper Gastrointestinal
3	Part II: Breast and Skin
	Part III: Cardiothoracic
	Part IV: Endocrine
4	Part V: Head and Neck
	Part VIII: Neurosurgery
	Part IX: Orthopedic
5	Part X: Pediatric
	Part XIV: Urology
	Part XV: Vascular
6	Question Sets and Answers for each part, Exam Preparation

Recommended Reading

A **self-study program** located on the [Canvas M.D. Clerkships AY2024-2025 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 Brunickardi; 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

Formative Evaluation

A mid-clerkship evaluation is completed by the Clerkship Director to provide feedback on student progress toward the achievement of clerkship objectives, competencies, assignments, and required encounters. A student workflow guide is available on the [Canvas M.D. Clerkships AY2024-2025](#) homepage.

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.

Grading

Years 3 and 4 Grading Policy

The standardized Years 3 and 4 Grading Policy for clerkships and courses is located on the [Office of Medical Education](#) site. The final grade is assigned by the Education Director and is based on all aspects of the clerkship, including clinical performance, attitude, performance during weekly Clerkship Director meetings, and the results of the NBME Clinical Subject Exam. There are no grade quotas, and any student can earn a grade of honors.

Clerkship-Specific Grading Criteria

1. Any breach in professionalism renders a student ineligible for honors
 2. Any assignment submitted late, or which requires remediation renders the student ineligible for honors and will result in the assignment of an initial grade of IR (Incomplete Remediation) until remediation has been completed
 3. Failure to document timely and accurate work hours renders a student ineligible for honors
 4. Clinical performance and content knowledge must be exemplary to be considered for honors or high pass
 5. End of clerkship NBME examination must be at the
 - a. 75th percentile or higher to be eligible for Honors consideration
 - b. 60th percentile or higher to be eligible for High Pass consideration
 - c. 10th percentile or higher to Pass
 6. Active participation in weekly Clerkship Director meetings (pass/fail)
 7. Satisfactory Clerkship Faculty and Clerkship Director evaluations documenting competency in all required domains
-
8. Satisfactory documentation of **at least 110** patient encounters in ETS (pass/fail)
 9. Satisfactory documentation of **all required problems** (GI, non-GI, oncology) as indicated in the assist or perform level of participation in ETS (pass/fail)
 10. Satisfactory documentation of **all required procedures** (major surgery, general surgery, wound repair, airway management, Foley catheterization) as indicated in the assist or perform level of participation in ETS (pass/fail)
 11. Satisfactory documentation of **at least 3 comprehensive surgical patients** in ETS (pass/fail)

12. Satisfactory completion and timely **submission/upload of the Evidence-based Controversies in Surgery paper** in Student Academics (pass/fail)

13. Satisfactory completion and documentation of **six (6) required Aquifer WISE-MD cases** (pass/fail)

Course Objectives

The following tables outline clerkship objectives and assessment methods for each and are intended to be used as a guide for student learning. Each clerkship objective is mapped to the [FSU COM Educational Program Objectives \(EPOs\)](#) and the [ACGME Core Entrustable Professional Activities \(EPAs\)](#).

SURGERY CLERKSHIP COURSE OBJECTIVES		EPO
SURG-1	Demonstrate proficiency in scrubbing and maintaining sterile technique, dressing clean and contaminated wounds, wound closure with sutures/staples, drain management, wound debridement, and operative assistance.	1, 2
SURG-2	Develop familiarity with suturing wounds, bladder catheterization, and airway management.	1, 2
SURG-3	Participate in the continuity of patient management through all phases of surgical care including pre-operative, peri-operative, intraoperative, postoperative, and post discharge.	1, 2
SURG-4	Identify and evaluate quality and utilize scientific evidence to resolve a controversy in surgical care.	2, 3
SURG-5	Demonstrate ability to provide concise and logical patient presentations.	4
SURG-6	Demonstrate familiarity with common anesthetic agents, their administration, recovery from their usage, and develop facility with airway management.	1, 2
SURG-7	Recognize an acute surgical abdomen and identify its probable cause.	1, 2
SURG-8	Conduct a focused medical history, targeted physical examination, and create a meaningful differential diagnosis for surgical conditions.	1, 2
SURG-9	Demonstrate familiarity with core surgical knowledge to include commonly encountered problems in orthopedics, urology, otolaryngology, thoracic/cardiovascular, and neurosurgery.	1, 2
SURG-10	Apply informatics to critical appraisal of surgical literature, and making evidence based surgical diagnostic and therapeutic decisions.	1, 2, 3
SURG-11	Effectively and respectfully communicate with colleagues, staff, patients, and families, emphasizing patient-centered care.	4
SURG-12	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.	5, 6, 7

Component	Learning Objectives	Assessment
Ambulatory and Inpatient Medicine Maps to: SURG-8, SURG-11	<ol style="list-style-type: none"> 1. Perform complete history and exams on patients 2. Communicate appropriate information orally to other health care personnel concisely 	<ul style="list-style-type: none"> • Clerkship Director assessment • Faculty observation of student performing history and exam
Comprehensive Surgical Care Patients Maps to: SURG-1, SURG-2, SURG-3, SURG-6, SURG-7, SURG-8	<ol style="list-style-type: none"> 1. Record a minimum of 3 comprehensive surgical care patients 2. Participate in a pre-surgery initial consultation, gather a history and physical, assess comorbidities and surgical risk, patient education, informed consent, and interprofessional communication. 3. Participate in the surgery including scrub case. 4. Participate in post-operative care and post-operative planning with patient care and discharge coordination. 	<ul style="list-style-type: none"> • Clerkship Director assessment
Required Patient encounters Maps to: SURG-1, SURG-2, SURG-7, SURG-8, SURG-9	<ol style="list-style-type: none"> 1. Document at least 110 patients 2. Document the following problems at the specified minimum number and level of participation: 40 Gastrointestinal disease patients, 20 General surgical (non-GI) patients, 20 Oncology patients 3. Document the following procedures: 30 Major surgery (operations conducted under general anesthesia), 20 General surgery, 10 Wound repair or wound suturing, 3 Airway management or intubation, 2 Foley urinary catheter placement of at least one female and one male 	<ul style="list-style-type: none"> • Weekly review of patient logs in ETS

Evidence-Based Controversies in Surgery paper Maps to: SURG-4, SURG-9, SURG-10, SURG-11	1. Written demonstration of high-level, evidence-based data analysis once collected from the literature with a conclusion based on the specific data cited in the exposition.	<ul style="list-style-type: none"> Education Director assessment
Aquifer WISE-MD cases Maps to: SURG-2, SURG-3, SURG-8	1. Completion of 6 required surgical cases: Abdominal Aortic Aneurysm, Carotid Stenosis, Pediatric Hernia, Thyroid Nodule, Trauma Resuscitation, Venous Thromboembolism	<ul style="list-style-type: none"> Clerkship Director review
Weekly Clerkship Director meetings Maps to: SURG-5, SURG-8, SURG-9	<ol style="list-style-type: none"> Demonstrate oral presentation skills Demonstrate clinical reasoning skills Demonstrate time management skills through work hours Participation in case-based didactic sessions 	<ul style="list-style-type: none"> Clerkship Director evaluation Mid-rotation feedback summary Review patient logs in ETS Review of work hours Review of progress on Aquifer WISE-MD cases
NBME Internal Medicine Subject Examination Maps to: SURG-8, SURG-9, SURG-12	1. Demonstrate knowledge and clinical reasoning to analyze clinical scenarios and answer basic, clinical, behavioral and social science questions pertaining to Surgery	<ul style="list-style-type: none"> Minimum score of 10th percentile to pass the course

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 the [FSU COM Student Handbook](#) for details of the attendance policy, a notice of absences, and remediation. Students must use the [student absence request form 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 student's 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 the academic standards of the course while empowering the student to meet the 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 an 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 Policy (formerly Duty Hours or Work Hours)

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 the 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.

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 to choose 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 a 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.

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 [FSU COM 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.