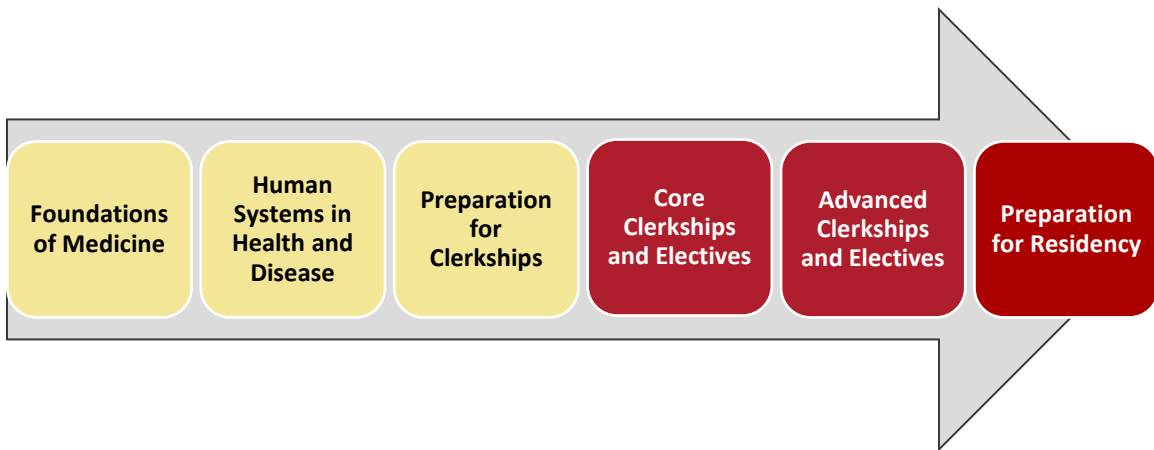


# MEDICINE



## Human Systems in Health and Disease BMS 6042 Cardiovascular and Pulmonary Systems



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

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# Overview

## Course Goals

In the **Cardiovascular and Pulmonary Systems** course students acquire a fundamental knowledge of the structure and function of the heart and lungs in the context of caring for patients. The course prepares students to understand acid-base regulation and associated disorders that are covered further in the **Endocrine and Renal-Urinary Systems** course. Through active exploration of case-driven problems, students discover how basic science and clinical medicine explain the signs and symptoms of cardiovascular and pulmonary problems which are likely to be seen by the primary care physician. They learn how to evaluate clinical history, physical examination, and laboratory data related to diseases of these systems using an evidence-based approach. COM mission-based domains are underscored in specific objectives that address important issues in geriatric, rural and other underserved populations, such as myocardial and chest wall compliance in elderly patients. Curricular themes such as cultural issues, ethics, and public health are developed as essential components in clinical encounters with standardized patients and in case studies, for example, DNR and DNI orders and disparities in smoking outcomes by race and socioeconomic status. Students who complete this course will understand the anatomy and physiology of the cardiovascular and pulmonary systems in health and disease and how this relates to fundamentals of treatment. They will also develop an appreciation for how disruption of these systems impacts the individual, the health care system, and society. Our goal is to help our learners acquire a mastery of cardiopulmonary health and disease concepts that will allow them to perform as exemplary clinicians in any area of practice, long after the course has been completed.

## Course Objectives mapped to [Education Program Objectives \(EPOs\)](#)

	Course Objectives	EPOs	Means of Assessment
CVP1	Demonstrate effective communication with patients and their families from diverse backgrounds, including culturally and linguistically appropriate interviewing skills, appropriate use of an interpreter, and culturally appropriate verbal and non-verbal behaviors that promote building rapport and trust, and accurate and appropriate vocabulary and concepts about cardiovascular and respiratory disorders and diseases, mental health issues, and sex and gender identity	4	CLC checklists
CVP2	Demonstrate the ability to organize and conduct a medical encounter, elicit an accurate and thorough patient-centered medical history and physical and mental status exams appropriate for the patient's reason for visit, and assess functional capacity	1	CLC checklists; faculty evaluation
CVP3	Describe the basic physical properties and imaging characteristics of ultrasound, and identify opportunities, advantages, and limitations for its point-of-care use related to the cardiovascular and pulmonary systems.	2	Formative quizzes
CVP 4	Demonstrate clinical skills and clinical reasoning necessary to establish the appropriate diagnosis and management of cardiovascular and pulmonary disease, including selection, justification, and interpretation of appropriate diagnostic laboratory tests and imaging, use of point-of-care tools to access guidelines and assess risk, provision of rationales for treatment and management options, and communication of diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy.	1, 2, 4	CLC checklists and notes; formative quizzes and NBME CAS exams
CVP5	Compare and contrast the normal and abnormal structure and function of the cardiovascular and respiratory systems in health and disease.	2	Formative quizzes and NBME CAS exams
CVP6	Identify, describe and distinguish tissue and cell types using photomicrographs and by virtual microscopy	2	Formative quizzes and NBME CAS exams

CVP7	Anticipate and recognize the clinical, physiologic, and pathologic effects and mechanisms of cardiac and respiratory injury and disease, and explain these in terms of the underlying basic science.	2	Formative quizzes and NBME CAS exams
CVP8	Identify and provide rationales for the pharmacologic and non-pharmacologic management strategies for the treatment of patients with cardiac and respiratory disorders using principles of high value care.	2, 6	Formative quizzes and NBME CAS exams
CVP9	Identify social, behavioral, environmental and epidemiologic issues related to cardiovascular and respiratory disease, and that may impact care of patients.	2	Formative quizzes and NBME CAS exams
CVP10	Demonstrate the ability to assess the "patient's unique context" (including family, community, cultural, spiritual, historical and legal factors) and incorporate that information into his/her care	2, 7	CLC checklists; formative quizzes and NBME CAS exams
CVP11	Demonstrate the ability to recognize when one has reached the limits of their knowledge when applying it to understanding clinical problems	3	Self-assessment
CVP12	Engage in self-evaluation and reflection, including related to cultural, moral and ethical issues encountered in the care of patients, to identify biases and take a non-judgmental approach to patient care, to develop self-awareness of knowledge, skill and emotional limitations, to set learning and improvement goals, and to engage in appropriate help-seeking behaviors.	3	Self-assessment
CVP13	Demonstrate the habits of life-long learning – the identification of personal knowledge gaps and application of strategies to find and interpret information to address those gaps	3	PICO assignment
CVP14	Demonstrate an understanding of biostatistics and epidemiology concepts and their application in health care, the ability to interpret and appraise the validity of study design and results in the medical literature, and the ability to apply these skills in a systematic approach to clinical problem solving.	2	PICO assignment; critical analysis of literature assignment
CVP15	Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care, and participate in the education of peers and patients.	3	PICO assignment
CVP16	Demonstrate effective communication with peers, faculty and other health professionals, including use of accurate and appropriate vocabulary and concepts related to cardiovascular and respiratory conditions, sex and gender identity, and mental health, and the ability to clearly and accurately summarize patient findings in oral presentations and common written formats.	4	CLC evaluation by faculty and SPs; mid-semester small group facilitator evaluation
CVP17	Demonstrate professional attitudes and behaviors in all interactions with faculty, staff, peers and patients and in all activities, including: maintaining confidentiality for patients who participate in the course; demonstration of respect, empathy, compassion, responsiveness and concern regardless of the patient's problems or personal characteristics; integrity and adherence to ethical standards including informed consent; and completion of all required activities in a timely fashion	5	Observation by faculty, staff, peers, and SPs; specifications grading
CVP18	Identify social determinants of health and discuss their relationship to health and wellness, including for underserved populations	7	Formative quizzes and NBME CAS exams; CLC checklists

CVP19	Demonstrate an understanding of the ethical, clinical, legal and financial issues associated with end-of-life care.	6	Formative quizzes and NBME CAS exams; advanced directive assignment
CVP 20	Demonstrate the ability to identify age- and gender-appropriate preventive care needs and resources and to discuss their benefits, to individuals, populations, and society, and their impact on health care financing.	1, 6	Formative quizzes and NBME CAS exams; CLC checklists

**Detailed learning objectives are provided for each session in the course.**

### **Course Format**

The course emphasizes **engaged and active learning** through a variety of individual, interactive large group, and case-based small group learning activities as well as standardized patient encounters in the Clinical Learning Center and a Preceptorship experience in the office of a primary care physician in the community. The purpose of the preceptorship is to provide the student with the opportunity to practice history taking, physical examination skills, clinical reasoning skills, documentation skills and to observe patient care being delivered in a community-based setting. Formative on-line assessment materials emphasize the development of thinking skills through analysis of data and cases, including biostatistics and epidemiology and NBME/USMLE-type questions. Students are expected to self-assess their learning needs and set goals to address them with the aid of faculty and their learning groups.

### **Large Group Sessions (1200)**

Formal lectures are limited in favor of interactive large group sessions. This learner-centered model uses the principles of active learning. Pre-class preparation by students allows large group time to be spent in active discussion and consolidation of learning that takes maximum advantage of faculty expertise in application exercises and other instruction methodologies. Pre-class preparation recommendations prime students for learning with basic didactic material presented through [OnlineMedEd](#) and a variety of additional materials including interactive modules, self-assessment exercises, video and PowerPoint presentations, and textbook and journal readings. Interactive large group sessions apply and extend that knowledge through clinical case-based inquiry. Success depends on student engagement, preparation, and trust in the safe environment we maintain to encourage students to be curious and even to take intellectual risks. **The emphasis is on developing integrated basic and behavioral science concepts in a clinical context.** Whenever possible, real patients will be present to share their stories and demonstrate signs of their disease. Whenever patients are present, we ask that students dress professionally and wear their white coats and close all electronic devices as demonstration of respect for these wonderful patients who are willing to help us learn.

### **Small Group Sessions (LCs; attendance required)**

Small group exercises are case- and/or problem-oriented. Some sessions pattern thinking through **progressive disclosure**, others focus on concept development through guided engagement with data, while others employ the Jigsaw paradigm to focus on discovering **similarities and differences** of presentations or aspects of disease – the basis of differential diagnosis. Small group exercises are designed for **engaged and active learning** and emphasize reasoning, hypothesis formation, and hypothesis testing. The groups evaluate cases in terms of stated objectives and define additional learning objectives they will need to resolve. In Jigsaw exercises each small group (5-6) of students is assigned a case presentation to discuss and form an hypothesis. Typical questions to be resolved may include: *What explains the presentation? What may be the cause? What more do we need or want to know? How do we acquire and interpret needed information? What are the options/priorities for treatment and management?* Then the small groups re-mix such that each member of each new group “owns” a different case or aspect of a case, which he/she then “teaches” to the new group. In all small group exercises, **all members of the group share responsibility for analyzing and explaining the clinical presentations.** The value of small group exercises is not always the “answer,” but the reasoning behind it. Basic and clinical science faculty will be present to ask helpful questions if your group is “stuck” and to encourage your curiosity. During small group exercises, you are free to use any resources (unless otherwise instructed). At the end of each small group exercise, you will be expected to review the complete cases and create a summary in your own words of the “take home” points of the cases considered as a group. **Summarizing and paraphrasing in your own words is a powerful learning tool.**

### **Clinical Learning Sessions (CLC; attendance required)**

Throughout the course learners will continue to develop their clinical skills and clinical reasoning during individual or paired SP encounters in the CLC. These encounters will not be restricted to the exam or problems associated with the specific systems being studied in this course. They will often include reviews of prior organ systems and demonstrations of how systems intersect and impact one another.

## **Preceptorship (attendance required)**

Approximately every other week each student will spend a half day in the office of a community physician assigned as their Preceptor. Attendance at these sessions and **documentation of patient encounters in the Encounter Tracking System (ETS) is due no later than midnight of the day of each preceptor visit.**

## **Self-directed Learning**

Time has been included on the pre-clerkship calendar for **self-directed learning**. While independent study time focuses on achieving the learning objectives of courses, completing assignments and activities, and preparing for assessments, self-directed learning (SDL) focuses on the **process of learning** and the **development of broader, deep learning skills and habits**. For SDL, students take the initiative to identify their learning needs, formulate goals, identify resources, select and implement learning strategies, and evaluate the outcomes. These are the skills of life-long-learning that are essential for all physicians, given the rapidly evolving nature of medical knowledge and advancements in health care.

Continual self-reflection on how you learn develops your critical thinking and problem-solving skills and prepares you to adapt to new information and new situations. Essential to that process is feedback. **Seek** and recognize feedback in its many forms – from faculty, advisors, mentors, and peers – and incorporate it in your reflection and in making adjustments to your learning strategies. The weekly [Required Formative Self-assessments](#) should be part of your SDL process – not just to identify knowledge gaps, but to reflect on the effectiveness of your learning strategies. Documentation of your SDL activities will be housed in your [FSU Career Portfolio](#). You may make as many additions to your Career Portfolio as you wish, but during each course there will be at least one SDL submission link on Canvas (*for instructions see [Submitting to a Career Portfolio Canvas assignment](#)*) through which you will receive feedback on your SDL. (see [Suggestions for SDL](#))

According to the LCME standards (Element 6.3): Self-directed learning involves ALL of the following:

- medical students' **self-assessment** of learning needs
- **independent** identification, analysis, and synthesis of relevant information
- **appraisal of the credibility** of information sources; and
- **feedback** on these skills from faculty and/or staff.

The Curriculum Committee requires that [PICO assignments](#) are a component of courses throughout the pre-clerkship curriculum. In these assignments you directly apply SDL skills to evidence-based, clinical decision making, related to a topic of personal interest.

## **PICO Assignment**

**PICO** is a format physicians can use for converting clinical scenarios to **researchable** and **answerable** questions to provide evidence-based care of patients. This format can be used to answer questions about treatment, diagnosis, risk factors, etiology, statistics and phenomena.

- **P** = Patient, Population and/or Problem
- **I** = Intervention, treatment, Prognostic factor, and/or Exposure (Which specific are you considering?)
- **C** = Comparison and/or Control (What is the main alternative to the above?)
- **O** = Outcome (What are you trying to accomplish, improve, or effect?)

During the **Cardiovascular and Pulmonary Systems** course each student will develop a clinically relevant question, framed using the PICO format. Students will independently research the answer to their question, evaluate, and report the results of their search. The completed assignment is to be submitted *via* Canvas **no later than 5 pm EST, January 24, 2025**. Supporting materials and suggestions about PICO questions and EBM resources for answering these questions are available in the Supplementary Course Material tab on Canvas.

## **Critical Reading/Critical Analysis of Literature (aka Journal Club)**

Each course in the fall and spring semesters of the pre-clerkship curriculum includes one or more large or small group sessions related to the interpretation of primary literature. Prior to each of these required sessions, each student reads the assigned paper and completes and submits the guided reading assignment on Canvas. This guided reading template – which reflects the organization of the *New England Journal of Medicine Quick Takes* format – helps develop student skills that are critical for interpreting primary literature necessary for practicing Evidence-based Medicine and for keeping up with important biomedical research. Completion of the template by all students prior to the session assures readiness for meaningful in-class analysis and discussion. There are two Journal Clubs scheduled for Cardiovascular and Pulmonary Systems. Submission of the templates are **due no later than 8:00 AM on Tuesday, January 14, 2025 and Tuesday, February 25, 2025**.

When scheduled as a small group, individual students will be assigned to lead the discussion, and all students will be assessed on their preparation and participation.

## **Interprofessional Collaborative Skills (ICS)**

All ICS assignments, templates, links and submissions are through the [Class of 2028 Interprofessional Collaborative Skills course site on Canvas](#)

### **Office Team roles and responsibilities**

The *Office Team Roles and Responsibilities* module orients you to your Preceptorship experience and prepares you for your Summer Clinical Practicum experience. This activity will continue during the Endocrine and Renal-Urinary System course.

- Prior to your first Preceptor visit, familiarize yourself with the **principles of health care team structure**, using materials provided from Team STEPPS®.
- After your first Preceptor visit, complete the **Primary Care Office-based Team** template.
- After your last visit you will complete the **Teamwork Perceptions Questionnaire**

### **Activity and assignment: The Medication Review Process**

Medical students will be assigned to Interprofessional small groups/Teams which will include a PharmD student from FAMU. **All ICS assignments, templates, links and submissions are through the [Class of 2028 Interprofessional Collaborative Skills course site on Canvas](#).** The IPE session (REQUIRED) will take place on **Monday, February 17, 2025 at Florida A&M University, in small groups from 8:00 – 9:50 AM and 10:00 – 11:50 AM.**

1. Students will work in interprofessional small groups / teams to respond to questions and concerns related to medication use, based on analysis of a virtual patient case.
2. Within each small group/ Team, students from both professions will compare and contrast their perspectives and approaches to the patient concerns while conducting the preliminary steps of a medication review process.
3. Based on that discussion and the initial steps of the medication review, the small group/Team will compose and submit a collaborative summary synthesizing the medical and pharmacy perspectives.
4. Each medical student will then submit a brief reflection on what they learned about the medication review process, incorporation of complementary expertise to meet health needs, and sharing team accountability for outcomes. Written feedback will be provided by the small group facilitator.

## **Professionalism**

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

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

### **Confidentiality**

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

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

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

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

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



## Professional Attire

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

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

[Specific standards for professional attire](#) are detailed at the end of this document.

## Team work:

Another essential aspect of medical Professionalism is Team work. Modern Medicine is a team activity requiring constant interactions of numerous members of the health care team and collaborative decision-making. Team work is about more than simply working well with others. **A Team practices both individual and mutual responsibility and accountability.** Over the semester you will be assigned to a number of groups. Small groups work with a pair of clinical and behavioral science faculty each week to develop knowledge, skills, and attitudes essential to your professional development.

**“Groups become teams when team members develop trust and feel free to voice opinions and work with classmates to solve complex problems.”** (Winter, et al. 2021 in [Resilient Pedagogy](#), Creative Commons license). When a group of students collaborates to solve a problem or answer a difficult or ambiguous question, all students benefit. Peers are often better at understanding another learner’s difficulty than a content expert would be. Sharing our knowledge with others solidifies and often improves our own understanding of complex material.

## Suggestions for Self-directed Learning

Documenting your SDL activities can take many different forms – from a succinct goal and strategy to a detailed, comprehensive analysis and reflection. You should select the approach that best contributes to your self-awareness and personal growth. Here are just a few ideas and examples you may consider or adapt:

- Keep a “learning journal” – what you did, sequence of activities, time spent on each, thoughts on effectiveness, etc.
- Reflect on the successes and challenges of your learning week/month/course (e.g., time management, content retention, mastering/integrating concepts)
- Keep a list of questions, ideas, or wish to know “more” about topics presented in class. Schedule a given amount of time (e.g., 30 minutes), each week to explore one or more of those questions. The questions can be almost anything.
- Pursue a personal interest – e.g., history of medicine, career goal (what increases/decreases the chance of matching in X?), a challenging (“wicked”) social problem impacting health and/or health care (e.g., climate change, social media, misinformation, gun violence, racism)
- Identify feedback you’ve received (source – peer, faculty, self-assessment, exam) and how you used/will use it
- Consistently employ a new or changed strategy (e.g., concept mapping, flashcards, pre-class preparation, forced recall, app reminder to change topics, prioritized sleep, etc.) for a specific time (2 weeks, 4 weeks, 1 course) and evaluate the outcomes (strengths, weaknesses)
- Focus on retention of content (e.g., from previous courses): strategy, time spent, outcome, identification of continued areas of weakness
- Use ChatGPT to write your own practice questions on a topic, then identify and correct any misinformation, missing or misleading information. Write your own rationales for correct/incorrect responses BEFORE you ask ChatGPT to provide them – or compare your rationales with those from ChatGPT

## Course Content

Throughout this course, continued development of clinical reasoning and clinical skills focuses on advanced history taking, advanced physical exam maneuvers, and the interpretation of common diagnostic tests relevant to these systems. Standardized patient interactions continue with emphasis on clinical reasoning skills using problem oriented and chronic disease encounters that are not limited to course-specific content.

### Cardiovascular System: Structure and Function

- Cellular and tissue structure and physiology of the heart and vessels
- Cardiac cycle
- Heart sounds and EKG
- Hemodynamics and blood pressure control mechanisms

## **Cardiovascular Disease**

- Hypertension and arteriosclerosis
- Ischemic heart disease, embolisms, myocardial infarction, congestive heart failure
- Intrinsic vascular diseases, diseases of the venous/lymphatic system
- Valvular disease: congenital, rheumatic, idiopathic
- Cardiomyopathies and congenital heart disease
- Endocarditis, myocarditis and pericardial disease
- Cardiac and vascular tumors

## **Respiratory Tract: Structure and Function**

- Lung development, maturation, and changes with aging
- Respiratory physiology: ventilation, gas exchange, regulation of breathing
- Acid-base metabolism
- Heart-lung interaction
- Microbiome of the upper respiratory tract

## **Respiratory Diseases**

- Infections and environmental exposures; allergies and immunologic mediators
- Asthma, bronchitis, pneumonias, COPD, emphysema
- Mechanisms and clinical effects of drugs used in treating asthma, COPD, allergic rhinitis, cough, infections of the respiratory tract, common respiratory disorders in the newborn, and pulmonary hypertension
- Congenital disorders and malformations, CF
- Cancer of the lung and larynx
- Pulmonary manifestations of systemic disease

## ***Required Materials (All required texts are available as ebooks through the [COM library](#))***

[OnlineMedEd](#) – Individual subscription provided by the COM (login with your COM email address)

[Basic and Clinical Pharmacology](#) (Katzung)

[Basic Interviewing Skills](#) (Gabriel)

[Bates Guide to Physical Examination and History Taking](#)

[Behavioral Science in Medicine](#) (Fadem)

[Cecil Essentials of Medicine](#) (Wing)

[Felson's Principles of Chest Roentgenology](#) (Goodman)

[Histology: A Text and Atlas With Correlated Cell and Molecular Biology](#) (Ross)

[How the Immune System Works](#) (Sompayrac)

[Physiology](#) (Costanzo)

[Rapid Interpretation of EKGs: An Interactive Course](#) (Dubin)

[Resolving Ethical Dilemmas: A Guide for Clinicians](#) (Lo)

[Robbins and Cotran Pathologic Basis of Disease](#) (Kumar)

[Sherris Medical Microbiology](#) (Ryan)

[Smith's Patient-Centered Interviewing: An Evidence-Based Method](#) (Fortin)

[Understanding Health Policy: A Clinical Approach](#) (Bodenheimer)

**Additional required readings** will be assigned from a variety of sources. These readings will be provided to you and posted on Canvas when possible.

### 1. Other materials required for clinical sessions

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

# Assessment and Grading System

## Assessment Methods

### Written assessments

Multiple choice and other question formats are used to assess both content knowledge and application skill (ability to solve problems, demonstration of clinical reasoning, interpretation of images and laboratory results, etc.). Questions may be drawn from material presented in any activity or assignment, from assigned readings and videos, and from CLC sessions.

Students must score a cumulative written assessment of  $\geq 70.0\%$  ([see Grading below](#)) to pass the written assessment component of the course. Students with a written assessment score below 70.0% risk failing **Cardiovascular and Pulmonary Systems** and being referred to the Student Evaluation and Promotions Committee. A student who achieves an overall passing score ( $\geq 70.0\%$ ) but has demonstrated a significant deficit in one or more content areas will be required to develop and complete a Performance Improvement Plan in consultation with the course directors. The purpose of the Plan is to assure the student has the requisite knowledge base to succeed in subsequent courses in the curriculum.

### NBME exams

There will be a mid-block exam and a final exam comprised of questions from the NBME (National Board of Medical Examiners) question bank. The questions on the customized NBME exams will be selected by course faculty as appropriate assessment of course learning objectives. **Exams are cumulative across the curriculum**, i.e., main concepts, content and skills from material presented in prior courses may be included in questions. Most written questions are presented in the context of a clinical scenario or problem. The midblock exam contributes 40% and the final exam 60% to the course exam average.

### Required Formative Self-assessments

Throughout the course there will be faculty-written quizzes, delivered on Canvas over weekends. These formative tools are “assessments for learning” that allow students to self-assess mastery of the material and their own learning needs and to assume responsibility for their own learning (*EPO 3 Practice Based Learning and Improvement*). Therefore, students should approach the quiz in the same way as any other assessment and should complete it without using any references (peers, notes, videos, websites, ChatGPT, etc.). **Completion of the weekly formative self-assessment is required no later than 11:59 PM on Sunday after its release.**

### Clinical skills exams

Formative and summative assessment of clinical skills occurs periodically throughout the pre-clerkship phase. OSCEs are skills-based examinations conducted in the CLC to assess the student’s ability to demonstrate clinical skills and behaviors. OSCEs typically consist of several “stations.” Each station will require the student to demonstrate one or more clinical skills/behaviors that will be assessed by a trained observer using established performance criteria for that assessment. The OSCE will provide students with feedback on their ability to perform an organized medical interview.

Students must score  $\geq 80\%$  on the OSCE in order to pass the course in which the OSCE occurs. Students who do not achieve a score of 80% or higher on the OSCE must remediate these clinical skills. An OSCE remediation plan must be determined prior to the beginning of the next semester.

## Specifications Grading

The FSU COM has adopted a pass/fail grading system, which is used in the curriculum for the first and second years (See [Student Handbook](#)). To achieve a grade of Pass in BMS 6042 (**Cardiovascular and Pulmonary Systems**) a student must earn **a minimum of 185 points as described in the table below**, including a **minimum of 90 points from the assessment categories**. The final grade of a student who accumulates 185 total points but has not achieved the minimum required number of points in any non-assessment category will be at the discretion of the course directors following discussion and any required remedial action:

Category	Criteria for points	Points	MINIMUM REQUIRED	MAXIMUM POSSIBLE
<b>ASSESSMENTS (Minimum total points required = 90)</b>				
End of course written assessment average (40% midblock, 60% final)	Overall score of $\geq 75\%$	100 points	90	100
	Overall score 70.0 - 74.9%	90 points		
	Score $< 70.0\%$	0 points		
<b>TOTAL ASSESSMENT</b>			<b>90</b>	<b>100</b>
<b>NON-ASSESSMENT CATEGORIES (Minimum total points required = 95)</b>				

Interprofessional Collaborative Skills (Assignments and submissions on the 2028 ICS Canvas site)				
Preceptor: Office Team Roles <b>due within 1 week of 1<sup>st</sup> Preceptor visit</b>	Meets all or most expectations	RUBRIC	2	4
Medication Review Process:	On-time submission <b>due 2/23 11:59 PM</b>	1 point	1	1
Reflection	Meets all or most expectations	RUBRIC	2	4
Assignments				
PICO assignment	On-time submission <b>due 1/24, 5 PM</b>	1 point	1	1
	Adequate effort and timely resubmission if <b>requested</b>	RUBRIC	16	33
Critical reading assignments (x 2)	On time submission <b>Due 1/14 &amp; 2/25 at 8:00 AM</b>	1 point each	26	52
	Evidence of effort and timely resubmission if <b>requested</b>	RUBRIC		
Mid-semester self-evaluation of small group performance	On-time submission <b>Due 2/27, 11:59 PM</b>	1 point	5	9
	Evidence of thoughtful self-assessment	RUBRIC		
Professional Identity Formation (Minimum total points required = 42)				
<b>On time arrival, attendance for entire session, preparedness, and professionalism are expected for ALL required sessions.</b>  Includes, but not limited to, all activities at right:	General professionalism: Includes proper attire and behaviors not covered below	-1 point/event		
	CLC (x8): On time	1 point each	8	8
	CLC (x8): Evidence of preparation	1 point each	8	8
	Small groups (x 8): Tuesday AM on time	1 point each	8	8
	Small groups (x 8): Tuesday AM preparation	1 point each	8	8
	SG PM preparation and participation (x1)	2 points each	2	2
	Required large groups (x 5): On time and present for entire session	1 point each	5	5
	IPE small group event at FAMU	1 point each	1	1
	Preceptor visits – logged patients each visit (x - # varies with student)	2 points each	2 * x	2 * x
<b>TOTAL NON-ASSESSMENT</b>			<b>95</b>	<b>134</b>
<b>TOTAL</b>			<b>185</b>	<b>234</b>

**NOTE: Completion of the course evaluation is a requirement for passing the course. Due NO LATER THAN March 10, 2024.**

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

Required LARGE and SMALL GROUPS	Date	Time
First day attendance <b>HIGHLY RECOMMENDED</b>	Monday, 1/6	1:00 – 3:50 PM
Clinical skills and preceptorship orientation	Tuesday, 1/7	9:30-11:30 AM
Health maintenance/shared decision making small group	Tuesday, 1/14	9-10:20 AM
		10:30-11:50 AM
Critical evaluation of the literature #1	Tuesday, 1/14	1:00-2:20 PM
Patient education small group	Tuesday, 1/21	9-10:20 AM
		10:30-11:50 AM
Behavior change, motivational interviewing small group	Tuesday, 1/28	9-10:20 AM
		10:30-11:50 AM
End of life ethics	Tuesday, 1/28	1:00-2:20 PM
Motivational interviewing skill building small group	Tuesday, 2/4	8:00-9:50 AM
		10:00-11:50 AM
Prevention of cardiovascular disease	Tuesday, 2/4	1:00 – 2:20 PM
Advance care planning small group	Tuesday, 2/11	9-10:20 AM
		10:30-11:50 AM

IPE small group activity at FAMU	Monday, 2/17	8 - 11:50 AM (see special schedule)
Delivering bad news small group	Tuesday, 2/18	9-10:20 AM 10:30-11:50 AM
Pulmonary infection jigsaw small group	Tuesday 2/18	1:00 – 2:50 PM
Oral presentation small group	Tuesday 2/25	8:00-9:50 AM 10:00-11:50 AM
Critical evaluation of the literature #2	Tuesday 2/25	1:00-1:50 PM
Mid-semester performance review	Tuesday 2/27	8:00-9:50 AM 10:00-11:50 AM

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

Assignments	Date due (no later than)	Time due
Weekly self-assessments	Sunday, January 12 Sunday, January 19 Sunday, January 26 Sunday, February 2 Sunday, February 16 Sunday, February 23 Sunday, March 2	11:59 PM
Critical reading template #1	Tuesday January 14	8:00 AM
PICO	Friday, January 24	5:00 PM
ICS: Medication review process reflection	Sunday, February 23	11:59 PM
Critical reading template #2	Tuesday, February 25	8:00 AM
Midsemester performance self-evaluation	Thursday, February 27	11:59 PM
Course evaluation (Qualtrics)	Sunday, March 10	11.59 PM

Notes:

- An end of course written assessment score between 70.0% and 74.9% (90 points) is considered a “marginal” pass. Students in this category are encouraged to consult the academic counselors in Student Affairs as well as the course faculty for advice on study and test-taking skills. **An end of course assessment < 70.0% (0 points) will receive a grade of fail\*** (see [Grading Policy](#) below), which will require remediation or repetition of the course, as proposed by the course directors and determined by decision of the Student Evaluation and Promotion Committee.
- A student whose performance is <70.0% (below passing) on any individual exam during the course is required to
  - Contact the course directors within 24 hours, and
  - Meet with the course directors. Students may be asked to complete a Performance Improvement Program, the purpose of which is to assist the student in developing the skills and habits necessary to succeed in the curriculum as well as to address specific performance deficits.
- Punctuality (on time attendance), professional behavior, and satisfactory preparation and participation are required for all CLC sessions, small groups, patient and panel presentations, and all other required activities as determined by the course directors and clinical skills directors. Failure to meet these expectations may result in a designation of Unsatisfactory Professionalism and failure of the course.
  - A student who is unable to attend or will be late for a reason beyond their control, must contact the Clinical Skills Course Director (morning sessions - [charles.fleischer@med.fsu.edu](mailto:charles.fleischer@med.fsu.edu)) or Course Director (afternoon sessions - [mike.overton@med.fsu.edu](mailto:mike.overton@med.fsu.edu)) as early as possible.
  - Unexcused absence from an activity may require remediation as determined by the course directors. Multiple unexcused absences may result in a [Report of Concern for Unprofessional Behavior](#) and referral of the student to the Student Evaluation and Promotions Committee.
  - A repeat lapse in professionalism following a warning earlier in the year will be considered **Unsatisfactory Professionalism**, and will result in a course grade of IR or F (see [grading policy](#) below).
- Demonstration of the attitudes and behaviors of Medical Professionalism is expected at all times and in all aspects of the course, including adherence to the Honor Code in all course activities, adherence to safety protocols and behaviors, and observation of the dress code. Professionalism concerns may generate a [Report of Concern for Unprofessional Behavior](#).

5. Satisfactory completion and timely submission of all assignments, including logging patient encounters in ETS, as determined by the course directors is required to receive a grade of pass.
6. Timely completion of the post-course evaluation. Failure to submit the post-course evaluation will result in a course grade of IR.

**Pre-clerkship course grading policy – Year 1:**

**Course written assessment score:**

- The course **exam average** is comprised of 40% midblock + 60% final.
- Pass =  $\geq 70.0\%$ ; NBME exam scores are integers (rounded by NBME). **The exam average is recorded to 1 decimal place and is not rounded.**

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

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

In courses that include an OSCE:

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

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

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

**In all cases of Unsatisfactory Professionalism**, the recorded grade will be either **IR** or **Fail**, depending on the nature of the Professionalism concern – **irrespective of the grade in the other categories**. (Professionalism includes timely completion of all assignments and responsiveness to communication from course directors.)

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

Written assessment	OSCE	Preceptorship	Professionalism	Course Grade
$\geq 70.0\%$	$\geq 80\%$	S	S	Pass
$\geq 70.0\%$	<b>&lt; 80%</b>	S	S	IR
	$\geq 80\%$	<b>US</b>	S	IR
	$\geq 80\%$	S	<b>US</b>	<b>IR or Fail</b>
	$\geq 80\%$	<b>US</b>	<b>US</b>	<b>IR or Fail</b>
	<b>&lt; 80%</b>	S	<b>US</b>	<b>IR or Fail</b>
	<b>&lt; 80%</b>	<b>US</b>	S	<b>IR or Fail</b>
<b>&lt; 70.0%</b>	$\geq 80\%$	S	S	IR
<b>&lt; 70.0%</b>	<b>&lt; 80%</b>	S	S	<b>IR or Fail</b>
	$\geq 80\%$	<b>US</b>	S	<b>IR or Fail</b>
	$\geq 80\%$	S	<b>US</b>	<b>IR or Fail</b>
	$\geq 80\%$	<b>US</b>	<b>US</b>	<b>Fail</b>
	<b>&lt; 80%</b>	<b>US</b>	<b>US</b>	<b>Fail</b>



## Pre-clerkship course remediation policy – Year 1:

A student who has completed all components of an M1 course (activities, assignments, and assessments) but does not achieve a passing score ( $\geq 70.0\%$  as defined above) may, upon approval of the SEPC, attempt to remediate the exam grade to Pass in no more than two (2) courses

- For an exam score  $< 70.0\%$  by taking a customized NBME exam that covers the entire content of the course.
- For an OSCE score  $< 80.0\%$  - remediation as determined by the Clinical Skills Director

The remediation exam for each course will be given at the COM on a specified date, published at the beginning of the Academic Year (see table below). **A student who is unable to take the remediation exam on the specified day for any reason other than illness or required military service will not be allowed to attempt remediation by exam and will be required join the next year cohort and retake the course.** In this case, a grade of Fail will be recorded.

The schedule for AY2024-2025 is:

Week (2025)	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
5/5-5/9	SCP Session 1 – OR – study for remediation exam(s) (3 weeks)				
5/12-5/16					
5/19-5/23					
5/26-5/30	SCP Session 2– OR – study for remediation exam(s) (3 weeks)				
6/2-6/6					
6/9-6/13					
6/16-6/20	Study for remediation exam(s) (5 weeks)				
6/23-6/27					
6/30-7/4					
7/6-7/11					
7/14-7/18					
7/21-7/25	Foundations of Medicine 1		Foundations of Medicine 2		Host-Defense
7/28-8/1	Cardiovascular-Pulmonary		Renal-Endocrine		

Faculty will be available throughout the 11 week study period to advise on and participate in remediation activities, including:

- **Student development of a specific plan for learning and monitoring progress (EPO 3)**
- Scheduled faculty Office Hours

Resources and materials available include:

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

Assessment:

- A passing score ( $\geq 70.0\%$ ) on a customized NBME exam (questions selected by the course directors and with a difficulty approximately equivalent to the original course exam(s))
- A student who scores  $< 70.0\%$  on the assessment will receive a grade of Fail for the course and be referred to the SEPC for consideration of either repeat of M1 or dismissal.

## Course Evaluation

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

- Evaluations are delivered on-line through Qualtrics surveys comprised of radio-button questions and free response text.
- Students will receive a link in an email directly from Qualtrics which allows tracking of completion of the survey INDEPENDENT from survey responses.
- **Survey responses are both anonymous and confidential.** Comments and ratings are shared in aggregate with course directors and the curriculum committee on a need to know basis. No responses are associated with student identity.

- Evaluations are made available no later than Friday prior to the week of the final exam and must be completed within 10 days. (Automatic reminders (2) will come from Qualtrics only to those who have not yet submitted the survey.)
- Failure to complete the survey will be considered Unsatisfactory Professionalism and will result in a grade of IR or Fail (see table above).

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



## Detailed Schedule - AY2024-2025

Week 1	<p><b>Clinical skills:</b></p> <ul style="list-style-type: none"> <li>• CLC: Neuro exam</li> <li>• Large and Small group: Orientation to Spring clinical skills and Preceptor</li> <li>• Basic cardiac exam</li> </ul> <p><b>Anatomy:</b> structure and function of blood vessels</p> <p><b>Physiology:</b> BP regulation, hypertension, cardiac cycle, cardiac physiology</p> <p><b>Pharmacology:</b> HT medications</p> <p><b>Pathology:</b> endocarditis, valve disorders</p> <p><b>Formative Self-assessment 1</b></p>
Week 2	<p><b>Clinical skills:</b></p> <ul style="list-style-type: none"> <li>• CLC: Heart sounds on simulator 1</li> <li>• Large and Small group: health maintenance and shared decision making</li> <li>• Hypertension management</li> </ul> <p><b>Biochemistry:</b> lipids and CV disease</p> <p><b>Endocrinology:</b> cardiovascular endocrinology</p> <p><b>Microbiology:</b> myocarditis</p> <p><b>Pathology/Pathophysiology:</b> vasculitis, cardiomyopathy, heart failure</p> <p><b>Pharmacology:</b> heart failure</p> <p><b>Physiology:</b> conduction system, action potentials</p> <p><b>Biostatistics and EBM:</b> Critical analysis of literature; best practices for PICO</p> <p><b>Formative Self-assessment 2</b></p>
Week 3 (MLK Day)	<p><b>Clinical skills:</b></p> <ul style="list-style-type: none"> <li>• CLC: Heart sounds on simulator 2</li> <li>• Large and Small group: Patient education</li> </ul> <p><b>Pathology:</b> atherosclerosis, diseases of the aorta, congenital heart disease, pericardial disease</p> <p><b>Physiology:</b> EKG I, II and III, coronary blood flow and angina</p> <p><b>Formative Self-assessment 3</b></p>
Week 4	<p><b>Clinical skills:</b></p> <ul style="list-style-type: none"> <li>• CLC: chronic illness encounter; note writing</li> <li>• Large and Small group: motivational interviewing</li> </ul> <p><b>Clinical reasoning cases</b></p> <p><b>Ethics:</b> end of life, medical futility</p> <p><b>Genetics:</b> cardiovascular genetics</p> <p><b>Pathophysiology:</b> acute coronary syndrome, right ventricle pathophysiology, cardiovascular disease in the elderly</p> <p><b>Pharmacology:</b> anti-arrhythmic drugs, ischemic heart disease</p> <p><b>Physiology:</b> integrated control of circulation</p> <p><b>Formative Self-assessment 4</b></p>
Week 5	<p><b>Midblock exam – Friday STARTS AT 1 PM</b></p> <ul style="list-style-type: none"> <li>• CLC: telehealth motivational interviewing</li> <li>• Small group: motivational interviewing skill building</li> </ul> <p><b>Epidemiology:</b> prevention of cardiovascular disease</p>

	<p><b>Pathophysiology:</b> peripheral artery disease, cardiovascular disease in women</p> <p><b>Physiology:</b> shock</p>
Week 6	<p><b>Clinical skills:</b></p> <ul style="list-style-type: none"> <li>• CLC: ultrasound - echocardiogram</li> <li>• Large and Small group: advance care planning</li> <li>• Basic lung exam, advanced lung exam</li> <li>• Clinical approach to patient with pneumonia</li> </ul> <p><b>Anatomy:</b> pulmonary system</p> <p><b>Physiology:</b> ventilation, gas transport, gas exchange, acid-base disorders,</p> <p><b>Microbiology:</b> host-defense mechanisms, upper respiratory infections, pulmonary viruses, pulmonary mycoses, respiratory infections</p> <p><b>Formative Self-assessment 5</b></p>
Week 7	<p><b>Clinical skills:</b></p> <ul style="list-style-type: none"> <li>• CLC: problem-oriented encounter</li> <li>• Large and Small group: hospice and palliative care, delivering bad news</li> </ul> <p><b>Interprofessional small group at FAMU:</b> Medication review process</p> <p><b>Pathophysiology:</b> restrictive diseases, obstructive defects, acute respiratory distress syndrome</p> <p><b>Pharmacology:</b> respiratory pharmacology</p> <p><b>Physiology:</b> ventilation-perfusion matching, control and integration of breathing, respiratory acid-base disorders, hypoxia, pulmonary function tests</p> <p><b>Microbiology:</b> pulmonary infections</p> <p><b>Formative Self-assessment 6</b></p>
Week 8	<p><b>Clinical skills:</b></p> <ul style="list-style-type: none"> <li>• CLC: chronic illness encounter</li> <li>• Large and Small group: oral presentation, patient presentations</li> </ul> <p><b>Anatomy:</b> disorders of thoracic cage and pleura, disorders of pulmonary vasculature</p> <p><b>Biostatistics and EBM:</b> critical analysis of literature</p> <p><b>Genetics:</b> congenital pediatric lung diseases, pulmonary genetics</p> <p><b>Pathophysiology:</b> clinical approach to asthma, neoplasms of lower respiratory tract</p> <p><b>Pharmacology:</b> drug treatment for asthma and COPD, miscellaneous drugs</p> <p><b>Physiology:</b> hypoxemia</p> <p><b>Formative Self-assessment 7</b></p>
Week 9	<p><b>Clinical skills:</b></p> <ul style="list-style-type: none"> <li>• Large and Small group: mid-semester small group performance review</li> </ul> <p><b>Physiology:</b> acute respiratory failure, oxygenation, exercise physiology</p> <p><b>Final exam STARTS AT 8 AM</b></p>

# Policies

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## ***Americans with Disabilities Act***

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

[The Office of Student Counseling Services](#)

Medical Science Research Building, 2301

Phone: (850) 645-6475

To receive academic accommodations, a student:

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

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

This syllabus and other class materials are available in alternative format upon request. For more information about services available to FSU students with disabilities, contact the:

[Office of Accessibility Services](#)

874 Traditions Way

108 Student Services Building

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566 TDD: (850) 644-8504

[oas@fsu.edu](mailto:oas@fsu.edu)

<https://dsst.fsu.edu/oas>

## ***Academic Honor Code***

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

## ***Attendance Policy***

### **University Attendance Policy:**

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

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

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

## **Academic Success**

Your academic success is a top priority for Florida State University. University resources to help you succeed include tutoring centers, computer labs, counseling and health services, and services for designated groups, such as veterans and students with disabilities. The following information is not exhaustive, so please check with your advisor or the Department of Student Support and Transitions to learn more.

### **Confidential campus resources:**

Various centers and programs are available to assist students with navigating stressors that might impact academic success. These include the following:

#### **Victim Advocate Program**

University Center A, Rm. 4100  
(850) 644-7161  
Available 24/7/365|Office Hours: M-F 8-5  
<https://dsst.fsu.edu/vap>

#### **Counseling and Psychological Services (CAPS)**

Florida State University's Counseling and Psychological Services (CAPS) primary mission is to address psychological needs and personal concerns, which may interfere with students' academic progress, social development, and emotional well-being. The following in-person and virtual (tele-mental health) services are available to all enrolled students residing in the state of Florida:

1. Individual therapy
2. Group therapy
3. Crisis Intervention
4. Psychoeducational and outreach programming
5. After hours crisis-hotline
6. Access to community providers for specialized treatment

Call 850-644-TALK (8255) for more information on how to initiate services.

Counseling and Psychological Services  
250 Askew Student Life Center  
942 Learning Way  
(850) 644-TALK (8255)  
Walk-in and Appointment Hours: M-F 8 am – 4 pm  
<https://counseling.fsu.edu/>

#### **University Health Services**

Services at UHS) are available to all enrolled students residing in Florida:

The mission of University Health Services (UHS) is to promote and improve the overall health and well-being of FSU students. UHS provides a coordinated continuum of care through prevention, intervention, and treatment. Services include general medical care, priority care, gynecological services, physicals, allergy injection clinic, immunizations, diagnostic imaging, physical therapy, and a medical response unit. The Center for Health Advocacy and Wellness (CHAW) assists students in their academic success through individual, group, and population-based health and wellness initiatives. Topics include wellness, alcohol and other drugs, hazing prevention, nutrition and body image, sexual health, and power based personal violence prevention. For more information, go to [uhs.fsu.edu](https://uhs.fsu.edu).

University Health Services  
Health and Wellness Center  
960 Learning Way  
Tallahassee, FL 32306  
Hours: M-F, 8 am – 4 pm  
(850) 644-6230  
<https://uhs.fsu.edu/>

# Clinical Learning Center (CLC) Specific Absence Policy

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## ***CLC scheduled activities***

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

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

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

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

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

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

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

## ***Objective Structured Clinical Examination (OSCE)***

If a student knows he/she will not be able to participate in the OSCE, he/she should complete and submit the appropriate forms to Student Affairs, and, if within 24 hours of the time he/she is scheduled for the OSCE, contact the [CLC Team](#). If the absence is excused by Student Affairs, the student will receive an “I” (incomplete) grade and be required to complete a make-up OSCE at a designated time after the course has ended.

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

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

# Professional Attire

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

## **Fit**

*Make sure your clothing fits properly.*

Tight fitting clothes may hinder your range of motion and prevent you from reaching, bending, twisting, kneeling or squatting. You need to ensure you're able to perform any physical exam or patient care activity without limitations. This also applies to loose fitting clothes as they also may interfere with patient care. When it comes to jewelry, wear a minimal amount. Jewelry can harbor microorganisms, contributing to the spread of disease. Large or loose jewelry can also get tangled or pulled on, possibly causing injuries to the patient or the provider.

## **Exposure and Safety**

*Make sure you're conscientious about which parts of your clothing, skin, or hair are exposed to the environment and visible to, and/or touching your patients and colleagues.*

For example, open-toed shoes are prohibited by OSHA regulations in clinical settings and places like the anatomy lab where bodily fluids or sharp objects may contact one's body. This is also true for hair. If you have long hair, make sure it's pulled back and secured so it won't touch surfaces or the patients. Artificial nails are prohibited by CDC recommendation as they are more likely to harbor gram-negative pathogens, even after handwashing.

## **Modesty**

*Make sure you're dressed in a way that maintains appropriate boundaries and makes you, the patient, and staff feel safe.*

Aside from work-related exposure described above, clothing that reveals a lot of skin may make your patient uncomfortable for a variety of reasons (culture, religion, values, etc). Clothing that reveals arms, legs, midriff or chest areas may also pose a safety risk for the student in terms of harassment; some patients may erroneously misinterpret revealing clothing as an invitation to flirt or pursue the student.

## **Presentation**

*Remember: you are a representative of the FSU COM and the profession.*

This means neatly groomed hair, including facial hair, ironed clothing AND white coat. Refrain from using cologne or hygiene products with strong fragrances as they may trigger medical conditions (e.g. asthma, migraines). Nails should be trimmed to not extend past finger's edge to avoid causing pain with palpation and other maneuvers.

## **Suggested clothing**

- Slacks or skirt and a collared shirt, blouse, or sweater.
- Length for dress/skirt edge should be no higher than 2" above the top of the knee-cap (patella) as garments move higher during examinations and sitting down.
- Ties may be either required or forbidden in some clinical situations.
- Footwear: dress or closed-toe shoes (no sandals, no open-toe footwear).
- Recommended flat or low heel height (no more than 2").
- Body art should be covered, and visible piercings should be removed while on duty.
- Ear piercings are allowed but are limited to two per ear. ***This is a common hospital policy that we are following to get you used to it.***
- Neutral tones for nail polish.

**Unacceptable attire includes, but is not limited to,** the following:

- Jeans of any style or color, denim material or "denim look" material
- Sheer or see-through fabrics
- Gym attire including shorts, leggings, yoga pants, sports bras, tank tops unless otherwise specified for a given activity (see below).

The established "norms" of certain clinical settings may modify these standards for professional attire, but any variations in professional attire must be approved in advance by the student's supervisor.

For curricular activities where guests or patients are present: Expectation is business casual with a white coat on.

On those occasions when students examine each other, you will be informed of the appropriate apparel for that session. Consult your supervisor to clarify expectations for student attire in any ambiguous or new situations.

## FSU COM Education Program Objectives

EPO 1	<p><b>PATIENT CARE: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</b></p> <p><i>Performs history and physical, demonstrates clinical reasoning and judgment, and incorporates guidance for health promotion and wellness.</i></p>
EPO 2	<p><b>KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences and the application of this knowledge to patient care</b></p> <p><i>Applies scientific and clinical knowledge to explain the normal and abnormal function of organ systems across the lifespan, mechanisms of disease, and the mechanisms and rationale of clinical diagnostic tests and therapeutic interventions. Applies knowledge of biostatistics and epidemiology to identify health problems and risk factors for patients and populations.</i></p>
EPO 3	<p><b>PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate reflective practice for life-long learning and improvement of patient care through continuous self-evaluation, evaluation of one's care of patients, and appraisal and assimilation scientific evidence</b></p> <p><i>Demonstrates reflective practice and commitment to personal growth and improvement. Utilizes information resources to locate and appraise evidence to guide clinical decisions.</i></p>
EPO 4	<p><b>INTERPERSONAL AND COMMUNICATION SKILLS: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and other health professionals</b></p> <p><i>Communicates effectively with patients, families, health professionals, health agencies, and the public across a wide range of socioeconomic and cultural backgrounds. Manages patient and family values, goals, and preferences. Demonstrates sensitivity, honesty, and compassion in interpersonal interactions, including in difficult situations. Delivers organized and accurate presentations.</i></p>
EPO 5	<p><b>PROFESSIONAL IDENTITY FORMATION: Demonstrate a commitment to personal and professional growth, and to carrying out professional responsibilities, adherence to ethical principles, and respect for codes of conduct</b></p> <p><i>Demonstrates professional behavior and respect for all. Acknowledges differences in values and beliefs, and demonstrates willingness to critically analyze one's own personal views. Demonstrates honesty and integrity in all activities. Performs tasks and responsibilities in a timely manner. Takes responsibility for lapses in professionalism. Participates in developmental coaching to develop values, mission, goals, and career exploration.</i></p>
EPO 6	<p><b>SYSTEMS-BASED PRACTICE: Demonstrate an awareness of and responsiveness to the larger context and system of health care, as well as the ability to call effectively on other resources in the system to provide optimal health care</b></p> <p><i>Participates in identifying system errors and potential systems solutions. Incorporates considerations of cost awareness and risk-benefit analysis in patient and/or population care. Demonstrates skill in team building and leadership. Identifies key elements for safe and effective transitions of care. Describes how components of a complex health care system are interrelated and how they impact patient care.</i></p>
EPO 7	<p><b>FSU COM MISSION: Demonstrate knowledge of the structural, systems, and personal contributors to the social determinants of health and health equity, especially in elder, rural, minority and underserved populations</b></p> <p><i>Identifies social determinants of health and how they create opportunities for and barriers to wellness for underserved populations. Identifies opportunities for physicians to partner with community resources to improve individual and population health. Explains the process of community health assessment to improve population health status. Applies the geriatric principles of care, and identifies the systems and social contributors to the well-being of older adult populations. Identifies the social, cultural, and systems factors associated with the health status of rural populations. Identifies factors contributing to racial and social justice in medicine. Demonstrates knowledge of the ways intersectionality, implicit and explicit bias relate to clinical decisions and quality care.</i></p>

