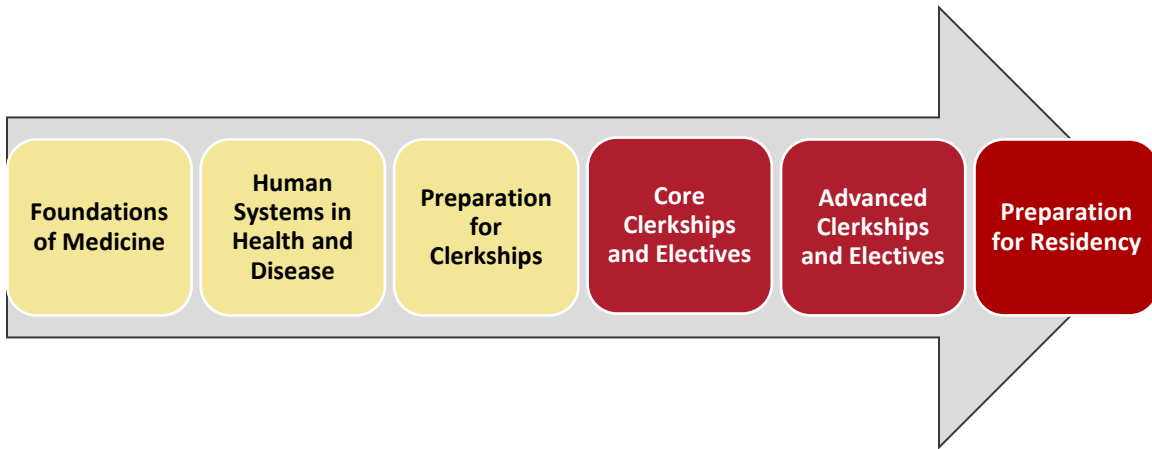


MEDICINE



Human Systems in Health and Disease BMS 6043 Endocrine and Renal-Urinary 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 **Endocrine and Renal-Urinary Systems** course students acquire a fundamental knowledge of the structure and function of the kidney, urinary and endocrine systems and associated organs and structures in the context of caring for patients. Together with the **Cardiovascular-Pulmonary Systems** course, it prepares students to understand acid-base regulation and associated disorders. Study of the role of the endocrine system in homeostasis and regulation of other systems (non-reproductive function) will be extended to reproductive endocrinology during the **Reproductive System** course in year 2. Through active exploration of case-driven problems, students discover how basic science and clinical medicine explain the signs and symptoms of nephrourological problems and endocrine dysregulation likely to be seen by the primary care physician. They learn how to evaluate clinical history, physical examination, and laboratory data related to disease 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 asymptomatic urinary tract infections 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, dialysis and the just use of health care resources, and disparities in renal failure from diabetes and access to transplant in disadvantaged populations. Students who complete this course will understand the anatomy and physiology of the renal-urinary and endocrine systems in health and disease and how this relates to fundamentals of treatment. Our goal is to help our learners acquire a mastery of 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
ERU1	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 endocrine and renal-urinary disorders and diseases, mental health issues, and sex and gender identity	4	CLC checklists
ERU2	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
ERU3	Describe the basic physical properties and imaging characteristics of ultrasound, and identify opportunities, advantages, and limitations or its point-of-care use related to the renal system.	2	Formative quizzes
ERU4	Demonstrate clinical skills and clinical reasoning necessary to establish the appropriate diagnosis and management of endocrine and renal-urinary 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 using principles of high value care, 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
ERU5	Compare and contrast the normal and abnormal structure and function of the endocrine and renal-urinary systems in health and disease.	2	Formative quizzes and NBME CAS exams
ERU6	Identify, describe and distinguish tissue and cell types using photomicrographs and by virtual microscopy	2	Formative quizzes and NBME CAS exams

ERU7	Anticipate and recognize the clinical, physiologic, and pathologic effects and mechanisms of endocrine and renal-urinary injury and disease, and explain these in terms of the underlying basic science.	2	Formative quizzes and NBME CAS exams
ERU8	Identify and provide rationales for the pharmacological and non-pharmacological management strategies for the treatment of patients with endocrine and renal-urinary disorders using principles of high value care	2, 6	ICS assignments; formative quizzes and NBME CAS exams
ERU9	Identify social, behavioral, environmental and epidemiologic issues related to endocrine and renal-urinary disease that may impact the care of patients.	2	Formative quizzes and NBME CAS exams
ERU10	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	Formative quizzes and NBME CAS exams
ERU11	Demonstrate the ability to recognize when one has reached the limits of their knowledge when applying it to understanding clinical problems	3	Self-assessment
ERU12	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
ERU13	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
ERU14	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	Formative quizzes and NBME CAS exams; Critical analysis of literature assignment; PICO assignment; Secondary data research project
ERU15	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
ERU16	Demonstrate effective communication with peers, faculty and other health professionals, including use of accurate and appropriate vocabulary and concepts related to endocrine and renal-urinary 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	Observation by faculty and SPs
ERU17	Demonstrate professional attitudes and behavior 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 standardized patients; ICS assignments; tracking of required activities in Specifications Grading

ERU18	Identify social determinants of health and discuss their relationship to health and wellness for underserved populations	7	Formative quizzes and NBME CAS exams; participation in small group discussions
ERU19	Identify the unique and diverse knowledge, skills, and abilities of other professionals, and their contribution to providing high quality patient care, and exchange relevant information effectively with other health professionals in a respectful manner, considering varied perspectives and ensuring common understanding of and agreement with decisions.	6	ICS rubric graded assignments and reflection
ERU20	Describe the clinically significant developmental milestones from birth to advanced age	2	Formative quizzes and NBME CAS exams

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, 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 assignments prime students for learning with basic didactic material presented through [OnlineMedEd](#) and a variety of 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 wear their white coats and close their computers and other mobile 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 system being studied in the 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.**

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 began during Cardiovascular and Pulmonary System.

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

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 **Endocrine and Renal-Urinary 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 5:00 pm, Friday, March 28, 2025**. Supporting materials and suggestions about PICO questions and EBM resources for answering these questions are available in the Resource Library 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 template posted 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. **Due no later than 8:00 AM on Tuesday, April 1, 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.

Secondary Data Analysis Research Project

Students will utilize the NHANES data set to learn the principles of secondary data research. Each student will design their own hypothesis-based analysis, utilize SPSS to perform the analysis, and submit the results of their research in abstract form.

Professionalism

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

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

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.

Renal Structure and Function

- GFR and tubular reabsorption
- Sodium and water balance
- Potassium and other ion homeostasis
- Acid-Base balance

Renal Disorders

- Glomerular disease
- Tubulointerstitial diseases
- Vascular diseases
- Dialysis and transplant

Urinary Tract and Bladder

- Infections
- Obstruction
- Neoplasia
- Incontinence and retention

Endocrine Regulation

- Thyroid and parathyroid
 - Thyroid hormones: synthesis, transport and degradation; physiologic actions
 - HPT axis and feedback regulation
 - Calcium and phosphate homeostasis
 - Cortisol and stress
 - Adrenal hormones
 - Endocrine pancreas and diabetes mellitus
- Pancreatic hormones in development
- Type 1 and type 2 diabetes mellitus

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)

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

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

[Physiology](#) (Costanzo)

[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.

Additional 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.

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 **Endocrine and Renal-Urinary 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. An OSCE is part of the final assessment for **Endocrine and Renal-Urinary Systems**. It will emphasize the medical interview and history. Students scoring below 80% who are unable to successfully remediate these deficits before the end of the course will receive a grade of "Fail" for **Endocrine and Renal-Urinary Systems**, and be referred to the Student Evaluation and Promotions Committee.

Specifications Grading

A pass/fail grading system is used in the curriculum for the first and second years (See [Student Handbook](#)). To achieve a grade of Pass in BMS 6043 (**Endocrine and Renal Urinary Systems**) a student must earn a **minimum of 203 points as described in the table below**, including a **minimum of 106 points from the assessment categories**. The final grade of a student who accumulates 203 total points but has not achieved the minimum required number of points in any non-assessment category will be at the discretion of the course directors following discussion and any required remedial action:

Category	Criteria for points	Points	MINIMUM REQUIRED	MAXIMUM POSSIBLE
ASSESSMENTS (Minimum total points required = 106)				
End of course 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		
OSCE	Satisfactory performance	20 points	16	20
	Satisfactorily remediated performance	16 points		
	Failed remediation	0 points		
TOTAL ASSESSMENT			106	120
NON-ASSESSMENT CATEGORIES (Minimum total points required = 97 + depending on # Preceptor visits)				
Interprofessional Collaborative Skills (On the 2028 ICS Canvas site)				
Team performance questionnaire Due Friday of last Preceptor visit week 11:59 PM	Timely submission	1 point	2	2
	Satisfactory completion; resubmission if required	1 point		
Assignments				
PICO assignment	On-time submission due 3/28 5 PM	1 point	1	1
	Adequate effort and timely resubmission if requested	RUBRIC	17	33
Secondary data research #1: Hypothesis statement	On-time submission due 3/28 11:59 PM	1 point	1	1
	Adequate effort and timely resubmission if requested	RUBRIC	5	10
Critical reading template	On time submission Due 4/1 at 8 AM	1 point	15	26
	Evidence of effort and timely resubmission if requested	RUBRIC		
Secondary data research #2: Data management	On-time submission due 4/18 11:59 PM	1 point	1	1
	Adequate effort and timely resubmission if requested	RUBRIC	6	11
Secondary data research #3: Research abstract	On-time submission due 4/25 11:59 PM	1 point	1	1
	Adequate effort and timely resubmission if requested	RUBRIC	10	23
Professional Identity Formation (Minimum total points required = 38 depending on # Preceptor visits)				
On time arrival, attendance for entire session, preparedness, and professionalism are expected for ALL required sessions. Includes, but not limited to, all activities at right:	General professionalism: Includes proper attire and behaviors not covered below	-1 point/event		
	CLC (x6): On time – Includes FOSCE, OSCE	1 point each	6	6
	CLC (x5): Evidence of preparation – Includes FOSCE	1 point each	5	5
	Small groups (x7): On time	1 point each	7	7
	Small groups (x7): Tuesday AM preparation	1 point each	7	7
	Required large groups (x5): On time and present for entire session	1 point each	5	5
	Quiz attendance (x6)	1 point each	6	6

	Preceptor visits – logged patients (x – varies with student)	2 points each	2 x	2 x
TOTAL NON-ASSESSMENT			97	147
TOTAL			203	267
NOTE: Completion of the course evaluation is a requirement for passing the course. Due NO LATER THAN May 4, 2025.				

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
Clinical Skills small groups	Tuesday, 3/18	
	Tuesday, 3/25	
	Tuesday, 4/1	9-10:20 AM
	Tuesday, 4/8	10:30-11:50 AM
	Tuesday 4/15	
	Tuesday, 4/22	
	Tuesday 4/29	8-9:50 AM 10-11:50 AM
Introduction to Secondary Data Research	Tuesday, 3/25	1:00-2:20 PM
Living with dialysis Patient panel	Tuesday, 4/1	1:00-2:20 PM
Critical Evaluation of the Literature	Tuesday 4/1	2:30-3:50 PM
PSA testing	Tuesday, 4/8	1:00-1:50 PM
Smoking Cessation for SCP	Tuesday, 4/22	1:00-1:50 PM

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

NOTE: There are multiple assignments due on the same date. Plan ahead.

Assignment	Date due (no later than)	Time due
ICS Team performance questionnaire	Friday of last Preceptor visit week	11:59 PM
Weekly self-assessments	Sunday, March 23 Sunday, March 30 Sunday, April 6 Sunday, April 20 Sunday, April 27	11:59 PM
PICO	Friday, March 28	5:00 PM
Secondary data research #1: Hypothesis statement	Friday, March 28	11:59 PM
Critical reading template	Tuesday, April 1	8:00 AM
Secondary data research #2: Data management	Friday, April 18	11:59 PM
Secondary data research #3: Research abstract	Friday, April 25	11:59 PM
Course evaluation (Qualtrics)	Sunday, May 4	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, Preceptor, 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 (charles.fleischer@med.fsu.edu) or Course Director (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 will be considered **Unsatisfactory Professionalism**, and will result in a course grade of IR or F (see [grading policy](#) below).
4. 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. A score $\geq 80\%$ on the **Endocrine and Urinary-Renal Systems OSCE** is required to pass the course. A score of $\geq 80\%$ on the original assessment earns 20 points. Students who score $<80\%$ but successfully remediate the performance prior to the last day of the course earn 16 points. Students who are unable to successfully remediate prior to the last day of the course will earn 0 points and receive a grade of fail for **Endocrine and Urinary-Renal Systems** (see Grading Policy below), and will be referred to the Student Evaluation and Promotion Committee.
 6. Satisfactory completion and timely submission of all assignments including Interprofessional Collaborative Skills assignments and patient encounters from Preceptor, as determined by the course directors is required to receive a grade of pass.
 7. Satisfactory performance in the Preceptorship.
 8. Timely completion of the post-course evaluation. Failure to submit the post-course evaluation will result in a course grade of IR.

Preclerkship 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
≥ 70.0%	≥ 80%	S	S	Pass
≥ 70.0%	< 80%	S	S	IR
	≥ 80%	US	S	IR
	≥ 80%	S	US	IR or Fail
	≥ 80%	US	US	IR or Fail
	< 80%	S	US	IR or Fail
	< 80%	US	S	IR or Fail
< 70.0%	≥ 80%	S	S	IR
< 70.0%	< 80%	S	S	IR or Fail
	≥ 80%	US	S	IR or Fail
	≥ 80%	S	US	IR or Fail
	≥ 80%	US	US	Fail
	< 80%	US	US	Fail

Pre-clerkship course remediation policy – Year 1:

A student who has completed all components of an M1 course (activities, assignments, and assessments) but does not achieve a passing score (≥ 70.0% as defined above) may, upon approval of the SEPC, attempt to remediate the exam grade to Pass in no more than 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 will come from Qualtrics only to those who have not submitted the survey.)
- Failure to complete the survey will be considered Unsatisfactory Professionalism and will result in a grade of IR or Fail (see table above).

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

Detailed Schedule - AY2024-2025

Week 1	<p>Clinical skills:</p> <ul style="list-style-type: none"> • CLC: chronic illness encounter and SOAP note • Large and Small group: Family life cycle – early childhood • Clinical evaluation of renal injury and failure <p>Anatomy/Histology: normal kidney</p> <p>Evidence-based Medicine (EBM): race and kidney function</p> <p>Pathology/Pathophysiology: urinalysis, water balance disorders</p> <p>Pharmacology: diuretics</p> <p>Physiology: glomerular filtration, water transport, regional transport, water balance, kidney homeostasis, renal control of acid-base balance</p> <p>Formative Self-assessment 1</p>
Week 2	<p>Clinical skills:</p> <ul style="list-style-type: none"> • CLC: problem-oriented encounter and SOAP note • Large and Small group: Family life cycle – school age 6-12, interviewing the dyad child/adult <p>Biostatistics/Epidemiology: introduction to secondary data research, health disparities in renal disease</p> <p>Pathology/Pathophysiology: glomerular diseases, renal manifestations of systemic disease, tubule-interstitial and vascular diseases of the kidney</p> <p>Formative Self-assessment 2</p>
Week 3	<p>Clinical skills:</p> <ul style="list-style-type: none"> • CLC: FOSCE • Large and Small group: Family life cycle – adolescence, adolescent patient • Patient panel: living with dialysis • Clinical reasoning for renal cases <p>Advances in nephrology</p> <p>Anatomy/Histology: lower urinary tract and prostate</p> <p>Biostatistics/Epidemiology: critical analysis of literature</p> <p>Microbiology: UTI</p> <p>Pathology/Pathophysiology: clinical reasoning in renal pathology cases, non-neoplastic pathology of prostate, BPH, prostatitis, urinary obstruction, urinary bladder pathology and cancer</p> <p>Pharmacology: renal diseases and drugs</p> <p>Physiology: renal cases</p> <p>Formative Self-assessment 3</p>
Week 4	<p>Midblock exam – Friday STARTS AT 8 AM</p> <p>Clinical skills:</p> <ul style="list-style-type: none"> • CLC: ultrasound – renal/bladder • Large and Small group: Family life cycle – young adults, use of an interpreter <p>EBM: PSA testing</p> <p>Pathophysiology: prostate cancer, renal pathology review</p> <p>Pharmacology: drugs for BPH</p> <p>Physiology: micturition</p>
Week 5	<p>Clinical skills:</p>

	<ul style="list-style-type: none"> • CLC: OSCE • Large and Small group: Family life cycle – 26-45, trauma-informed care <p>Anatomy/Histology: anterior pituitary, thyroid, adrenal gland Biostatistics/Epidemiology: secondary data research data management Endocrinology: actions of pituitary hormones, thyroid hormones Pathology/Pathophysiology: thyroid pathology, clinical approach to thyroid disorders, adrenal pathology Pharmacology: drugs used in thyroid disorders, adrenal steroids Physiology:</p> <p>Formative Self-assessment 4</p>
Week 6	<p>Clinical skills:</p> <ul style="list-style-type: none"> • CLC: problem-oriented encounter and SOAP note • Large and Small group: Family life cycle-46-64, assessing cultural differences • Smoking cessation <p>Endocrinology: endocrine pancreas and diabetes Biostatistics/Epidemiology: bivariate analysis Pharmacology: drugs for diabetes Pathophysiology: pancreas and diabetes, parathyroid diseases, obesity Physiology: calcium homeostasis, disorders of calcium homeostasis</p> <p>Formative Self-assessment 5</p>
Week 7	<p>Clinical skills:</p> <ul style="list-style-type: none"> • Large and Small group: SOAP note writing and patient presentations from Preceptorship <p>Pathophysiology: endocrinopathies Physiology: multiple endocrine neoplasia (MEN)</p> <p>Final exam Thursday STARTS AT 8 AM</p>

Policies

Americans with Disabilities Act

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

[The Office of Student Counseling Services](#)

Medical Science Research Building, 2301

Phone: (850) 645-8256

To receive academic accommodations, a student:

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

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

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

[Office of Accessibility Services](#)

874 Traditions Way

108 Student Services Building

Florida State University

Tallahassee, FL 32306-4167

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

oas@fsu.edu

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

Academic Honor Code

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

Attendance Policy

University Attendance Policy:

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

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

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

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

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 formative OSCE (FOSCE) or 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 exam, contact the [CLC Team](#). If the absence for an OSCE 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 a FOSCE or OSCE session, the student who skips a FOSCE or 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 exam. An unexcused absence from the FOSCE will result in a [Report of Concern for Unprofessional Behavior](#). **An unexcused absence from the OSCE will result in failure of both the OSCE and the course.**

Preceptorship

Planned preceptorship absences require students to complete the proper forms and obtain the required permissions prior to the absence. **The student must submit a Request for Absence from Educational Activities through [Secure Apps](#), including the date of the rescheduled session. In addition, the student must inform the [Preceptor Team](#) of the session to be missed and the rescheduled date.**

Schedule changes or session remediation for planned preceptorship absences are negotiated in advance. It is the student's responsibility to arrange for a make-up session within one week of the missed session. The student will not incur a grading penalty for an approved absence, providing the session is completed by a schedule change or via remediation session.

Unplanned, but excused, preceptorship absences: In addition to requesting approval of an unplanned absence through [Secure Apps](#), students are expected to contact the [Preceptor Team](#) and the preceptor as soon as possible, with the goal of alerting the preceptor in advance that the student will not be coming. This must be completed as soon as possible to avoid impacting successful completion of the preceptorship component of the course.

Impact of excused absence on the student's grade: Absence with a preceptor must be rescheduled as quickly as possible and notification of the rescheduled date completed via the intranet survey. The student will not incur a grading penalty for an excused absence, provided it is rescheduled or remediated.

Unexcused preceptorship absences: In addition to absences not approved by Student Affairs, an absence will be considered to be unexcused if an able student fails to contact the preceptor directly and in advance of the expected time of arrival to inform him/her that the student will not be at the preceptor's site that day.

Impact of unexcused absence on the student's grade: The student may not be allowed to reschedule the missed session and could receive a grade of fail for the course

Professional Attire

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>PATIENT CARE: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</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>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</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>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</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>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</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>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</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>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</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>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</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>

