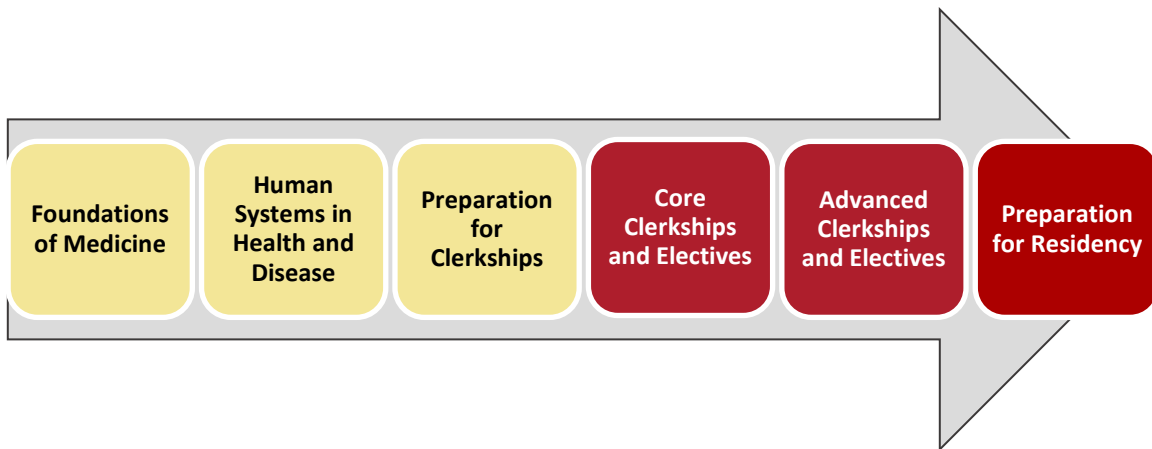


MEDICINE



BMS 6037 **Foundations of Medicine 1:** **Organization and Structure** **AY 2020-2021**

Florida State University
College of Medicine



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Mission

The Florida State University College of Medicine will educate and develop exemplary physicians who practice patient-centered health care, discover and advance knowledge, and are responsive to community needs, especially through service to elder, rural, minority, and underserved populations.

Vision

The FSU College of Medicine will lead the nation in preparing compassionate physicians to deliver the highest quality 21st Century patient-centered medicine to communities of greatest need.

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Overview

Foundations of Medicine 1 will differ in many important ways from your past educational experiences, because a medical education is about more than “what” you will learn or even “how” you will use that knowledge. It is also about “who you are,” “what you believe,” and “how you behave.” A medical education is transformative: you will change and be changed over the next few years, and that journey begins now, as you come face to face with your classmates and faculty under the challenging circumstances of the COVID-19 pandemic. It is essential that at all times you practice the behavioral expectations and safety protocols outlined by Dean Fogarty in his email of August 3 (included in the Appendix), and available on the [CDC](#) and [Florida](#) COVID-19 information sites.

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: Patients — including Standardized Patients and the cadavers — 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.

In addition, we expect all students, TA’s, and faculty to demonstrate respect for the body donors, without whom we would not have the opportunity for a cadaver dissection experience. **Specific rules of conduct pertaining to the cadaver lab** are listed on the last three pages of this syllabus. **Please review these before going into the lab for the first time.**

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 as well as attention to safety. 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 and can always be found on the course Canvas site.

Appropriate attire should also be worn in the anatomy laboratory during dissection. Students should wear clean scrubs (both shirt and pants) or a clean lab coat over street clothes. Closed-toed shoes are required at all times. Disposable gowns and aprons may also be used to protect clothing.

Team work

Another essential aspect of Professionalism (and medical school) is Team work. Modern Medicine is a team activity requiring constant interactions of numerous members of the health care team – which includes the patient. Team work is about more than simply working well with others. A Team practices both individual and mutual responsibility and accountability. Foundations of Medicine 1 introduces you to the Team approach for learning.

Most of us learn best when we share our knowledge with others – good teachers learn from those they teach. In Foundations of Medicine 1, the Team approach is an essential aspect of all aspects of the course: dissection laboratory, small group activities, and physical exam practice.

Over the semester you will be assigned to a number of groups. Members of dissection Teams share responsibility to complete the assigned dissections and may be asked to work together in break out rooms on clinical questions that are asked during large group / lecture presentations. In the LCs and CLC, Teams practice the physical exam and utilize a variety of digital imaging programs and informatics resources that help synthesize the knowledge acquired about human structure and patient care. And small groups work with a pair of clinical and behavioral science faculty each week to develop knowledge, skills, and attitudes essential to your development as a medical student and future physician.

The Biopsychosocial Approach: Patient-Centered Care

There are two basic models for providing care to patients: the *cure model* and the *care model*.

The physician is at the center of the cure model which focuses on identifying causes of disease and treatment regimens to correct underlying pathologies – the biomedical aspects of health care.

The patient is at the center of the care model (often referred to as patient-centered or person-centered care), in which the physician's role is to establish an overall diagnosis and plan based on the whole person (patient), not only the disease present. This biopsychosocial approach maintains that health is determined by a combination of biological (injury, pathogens, developmental abnormalities), psychological (thoughts, emotions and behaviors), and social factors (e.g., economic situation, gender, access to care, etc.).

Patient-centered care highlights the distinction between disease (the “thing that is wrong with the body”) and illness (personal experience in the context of disease). The patient-centered care model has four elements:

- The patient's perspective on what is wrong
- The patient's feelings about the illness
- The impact of the illness on his or her functioning
- What he or she thinks should be done – or not done.

Course Objectives

Foundations of Medicine 1 is a fully integrated course that lays a firm foundation for subsequent courses.

The course objectives are the first steps toward achieving the following COM Education Program Objectives

1. Discuss the patient-centered / biopsychosocial approach to health care and medicine (EPO 2.5 and 9.1, 9.2)
2. Demonstrate fundamental knowledge of human structure and function, human development, basic histology, and common imaging techniques and the ability to apply that knowledge to recognize and solve clinical problems (EPO 1.4, 2.2, 2.3)
3. Demonstrate a novice level mastery of a defined set of clinical exam skills and understanding of their anatomical foundations (EPO 1.2 and 2.2)
4. Demonstrate verbal skills and non-verbal behaviors that promote trust and the development of rapport. (EPO 4.1, 4.7)
5. Demonstrate self-reflection, self-evaluation, and the ability to identify one's own physical, emotional and learning needs, to seek help to address those needs, to manage stress and to alter one's behavior in response to feedback and change. (EPO 3.1, 3.5, 8.1-2, 8.4)
6. Demonstrate an understanding of and commitment to the development of the habits and attitudes of medical professionalism (EPO 3.1, 5.1, 5.3-5.6)
7. Demonstrate a commitment to the habits of life-long learning, including the use of information technology to optimize learning and address knowledge gaps, and the ability to seek and accept feedback. (EPO 3.1-3.3, 3.5, 3.7).
8. Demonstrate team skills in group activities, including shared accountability for the success of all team members (EPO 4.1- 4.3)

Course Objectives mapped to Education Program Objectives (EPO)

	Course Objectives	EPOs	Means of Assessment
1	Demonstrate the ability to organize and conduct a medical encounter using the biopsychosocial model of health and illness and patient-centeredness across the lifespan and patient-centered communication skills (e.g. open ended questions, silence, reflection) and associate communication strategies with particular tasks (e.g. using silence to elicit the patient's view)	1.2, 2.5, 4.1	Observation by faculty, staff, and standardized patients
2	Demonstrate the ability to select and perform basic maneuvers of the physical exam.	1.2	Observation by faculty and staff
3	Demonstrate the ability to collect and organize information for clinical problem solving, concisely present an accurate, comprehensive medical history including chief complaint, history of present illness, past medical history, social history, and family history, and communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy.	2.3, 4.2, 4.6	Quizzes and Exams; Observation by faculty; Senior Mentor assignment
4	Demonstrate basic knowledge of normal anatomy, embryology, cross-sectional anatomy and radiologic imaging of the human bod, relate these to the anatomical foundations of elements of the physical exam, and apply anatomical knowledge to recognize and solve clinical problems.	2.2, 2.3	Quizzes and Exams; Observation by faculty
5	Identify social determinants of health and their relationship to health and wellness for underserved populations, and discuss the impact of patient and physician culture on health disparities	2.4, 2.5, 9.1	Quizzes and Exams; participation in small group discussion and case-based learning; Senior Mentor project; Community Health Assessment
6	Identify community resources related to the health status and concerns of a rural community.	9.2	Participation in Community Health Assessment
7	Engage in self-evaluation and reflection, including related to cultural, moral, and ethical issues encountered in patient care, to identify biases, develop self-awareness of knowledge, skill and emotional limitations, set learning and improvement goals, and engage in help-seeking behaviors.	3.1, 3.2, 4.7, 5.5, 8.1	Mid-semester self-evaluation; Observation by faculty and advisors
8	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.	3.1, 3.2, 3.3	Observation by faculty
9	Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care	3.6, 3.7, 3.8	Observation by faculty
10	Demonstrate professional attitudes and behavior in all interactions with faculty, staff, peers, and patients, and in all activities, including: maintaining confidentiality; demonstration of respect for the dignity of body donors and their remains; demonstration of respect, empathy, compassion, responsiveness and concern regardless of the patent's problems or personal characteristics; integrity and adherence to ethical standards including informed consent; and completion of all required activities in a timely fashion	5.1, 5.3, 5.4, 5.5, 5.6	Observation by faculty, staff, and peers; Senior Mentor project; Tracking of attendance, timeliness and preparation
11	Demonstrate healthy coping mechanisms to respond to stress, and capacity to alter behavior in adjusting to change	8.2, 8.4	Observation by faculty, staff, advisors, and peers
12	Work effectively as part of a team, including providing leadership skills that enhance team functioning.	4.3, 8.6	Observation by faculty in small groups; Senior Mentor project

FSU COM Education Program Objectives

1	PATIENT CARE: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health
1.1	Perform all medical, diagnostic, and surgical procedures considered essential for the area of practice
1.2	Gather essential and accurate information about patients and their condition through history-taking, physical examination, and the use of laboratory data, imaging and other tests
1.3	Organize and prioritize responsibilities to provide care that is safe, effective, and efficient
1.4	Interpret laboratory data, imaging studies, and other tests required for the area of practice
1.5	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment
1.6	Develop and carry out patient management plans
1.7	Counsel and educate patients and their families to empower them to participate in their care, showing consideration for their perspective throughout treatment
1.8	Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes
1.9	Provide health care services to patients, families, and communities aimed at preventing health problems or maintaining health
1.10	Provide appropriate role modeling
1.11	Perform supervisory responsibilities commensurate with one's roles, abilities, and qualifications
2	KNOWLEDGE FOR PRACTICE: Demonstrate knowledge of established and evolving biomedical, clinical, epidemiological and social-behavioral sciences, as well as the application of this knowledge to patient care
2.1	Demonstrate an investigatory and analytic approach to clinical situations
2.2	Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations
2.3	Apply established and emerging principles of clinical sciences to diagnostic and therapeutic decision-making, clinical problem-solving, and other aspects of evidence-based health care
2.4	Apply principles of epidemiological sciences to the identification of health problems, risk factors, treatment strategies, resources, and disease prevention/health promotion efforts for patients and populations
2.5	Apply principles of social-behavioral sciences to provision of patient care, including assessment of the impact of psychosocial-cultural influences on health, disease, care-seeking, care-compliance, barriers to and attitudes toward care
2.6	Contribute to the creation, dissemination, application, and translation of new health care knowledge and practices
3	PRACTICE-BASED LEARNING AND IMPROVEMENT: Demonstrate the ability to investigate and evaluate their care of patients, to appraise and assimilate scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning
3.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise
3.2	Set learning and improvement goals
3.3	Identify and perform learning activities that address one's gaps in knowledge, skills or attitudes
3.4	Systematically analyze practice using quality improvement methods, and implement changes with the goal of practice improvement
3.5	Incorporate feedback into daily practice
3.6	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems
3.7	Use information technology to optimize learning
3.8	Participate in the education of patients, families, students, trainees, peers and other health professionals
3.9	Use information technology to obtain and utilize information about individual patients, populations of patients being served or communities from which patients are drawn to improve care
3.10	Continually identify, analyze, and implement new knowledge, guidelines, standards, technologies, products, or services that have been demonstrated to improve outcomes
4	Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals
4.1	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds
4.2	Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies
4.3	Work effectively with others as a member or leader of a health care team or other professional group
4.4	Act in a consultative role to other health professionals
4.5	Maintain comprehensive, timely, and legible medical records

4.6	Demonstrate sensitivity, honesty, and compassion in difficult conversations about issues such as death, end-of-life issues, adverse events, bad news, disclosure of errors, and other sensitive topics
4.7	Demonstrate insight and understanding about emotions and human responses to emotions that allow one to develop and manage interpersonal interactions
5	PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles
5.1	Demonstrate compassion, integrity, and respect for others
5.2	Demonstrate responsiveness to patient needs that supersedes self-interest
5.3	Demonstrate respect for patient privacy and autonomy
5.4	Demonstrate accountability to patients, society and the profession
5.5	Demonstrate sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation
5.6	Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, confidentiality, informed consent, and business practices, including compliance with relevant laws, policies, and regulations
6	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
6.1	Work effectively in various health care delivery settings and systems relevant to their clinical specialty
6.2	Coordinate patient care within the health care system relevant to their clinical specialty
6.3	Incorporate considerations of cost awareness and risk-benefit analysis in patient and/or population-based care
6.4	Advocate for quality patient care and optimal patient care systems
6.5	Participate in identifying system errors and implementing potential systems solutions
6.6	Work in interprofessional teams to enhance patient safety and improve patient care quality
7	INTERPROFESSIONAL COLLABORATION: Demonstrate the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care
7.1	Work in cooperation with other professionals to establish and maintain a climate of respect, dignity, diversity, ethical integrity, and trust in order to enhance team functioning and serve the needs of patients, families, and populations
7.2	Utilize and enhance one's own expertise by understanding and engaging the unique and diverse knowledge, skills, and abilities of other professionals to enhance team performance and maximize the quality of patient care
7.3	Exchange relevant information effectively with patients, families, communities, and other health professionals in a respectful, responsive, and responsible manner, considering varied perspectives and ensuring common understanding of, agreement with, and adherence to care decisions for optimal outcomes
7.4	Participate in and engage other members of interprofessional patient care teams in the establishment, development, leadership, and continuous enhancement of the team in order to provide care that is safe, timely, efficient, effective, and equitable
8	PERSONAL AND PROFESSIONAL DEVELOPMENT: Demonstrate the qualities required to sustain lifelong personal and professional growth
8.1	Develop the ability to use self-awareness of knowledge, skills and emotional limitations to engage in appropriate help-seeking behaviors
8.2	Demonstrate healthy coping mechanisms to respond to stress
8.3	Manage conflict between personal and professional responsibilities
8.4	Practice flexibility and maturity in adjusting to change with the capacity to alter behavior
8.5	Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients
8.6	Provide leadership skills that enhance team functioning, the learning environment, and/or the health care delivery system
8.7	Demonstrate self-confidence that puts patients, families, and members of the health care team at ease
8.8	Recognize that ambiguity is part of clinical health care and respond by utilizing appropriate resources in dealing with uncertainty
9	FSU COM MISSION: Demonstrate responsiveness to community needs – especially elder, rural, minority and underserved populations
9.1	Describe the social determinants of health, and identify how they create opportunities for and barriers to wellness for underserved populations.
9.2	Identify community resources and the ways physicians can partner with them to improve individual and population health and address social determinants of health.
9.3	Discuss the process and components of community health assessment.
9.4	Illustrate how community health assessment is used to identify the health needs and issues of a given population and inform decision making to improve population health status.

Learning Events, Locations, and Materials

Large group presentations/discussions (Zoom)

Presentations will focus on major biopsychosocial concepts in the context of clinical presentations, aimed at stimulating active student participation in the application of knowledge. **The student must prepare the assigned material before attending a large group session** in order to intelligently discuss issues or ask for clarification about a concept. All sessions are intended to be very interactive between students and faculty. Large group sessions are not intended to present all information; students are expected to study information in the assigned resources to supplement material presented in class. Assigned reading, videos, and posted materials will be the benchmark for the level of detail examined.

Tuesday morning small groups (Zoom – Attendance required for Medical Students)

Students work in small groups with pairs of clinical and behavioral science faculty to develop an understanding of issues important to their development as physicians, through activities including discussion, role play, and case analysis. Group assignments and schedules, expectations, pre-class preparation assignments, and materials will be available on the course Canvas site. **Attendance at all small group sessions is mandatory.** The experiential nature of each session depends on the presence and contribution of all group members. Students with a legitimate reason to miss a small group session (e.g., illness) must request an approved absence in advance through the Student Absence Request link on [Student Academics](#). Unapproved absences and/or repeated tardiness for required activities are considered to be professionalism concerns and may result in a failing grade for the course, a Report of Concern for Unprofessional Behavior, and/or referral of the student to the Student Evaluation and Promotions Committee.

Human Structure Laboratory (Anatomy laboratory, lower level, Research building, **check in required via portal**)

The laboratory experience is designed to integrate structure identification with anatomical relationships and clinical significance. The ability to recognize and understand anatomical relationships is essential in many aspects of the practice of medicine from performing a basic physical examination to the interpretation of radiographic images. The assignments will focus on the normal anatomy and common variations seen in the human body. The study room in the anatomy laboratory is equipped with models, skeletons, computers, anatomy software, a computer and LCD projector. **Note: face masks, protective eye wear or face shields, gloves and appropriate gowns are required at all times in the anatomy laboratory. It is also important that you exercise social distancing as much as possible, and do not exceed the allowed number of students at any one time. Continue your safety protocols when you leave the lab (e.g., disposing of gloves, cleaning, disinfecting, etc.).**

Students will be assigned to Lab Teams, which will be divided into **red (α)** and **blue (β)** sub-teams. The red and blue sub-teams will alternate every other day in taking responsibility for the dissections. The “dissecting” sub-team will study the human cadaver and view prosected specimens, and the “non-dissecting” sub-team will have independent study time to study and practice the related physical exam skills.

Exchange of information between the **α** and **β** teams must occur so that all students are able to benefit from every laboratory assignment. The team members are responsible to see that the exchange of information occurs on a frequent basis.

Clinical Learning Center (CLC) (Attendance required for medical students; lower level, Thrasher Building – **check in required via portal**)

The CLC is a simulated medical facility that provides a realistic and technologically-advanced learning environment. **Face masks and protective personal equipment (PPE) appropriate to the level of contact must be worn at all times in the CLC. Social / physical distancing must be maintained except when required by the activity to enter the 6 foot “bubble” of another person.**

During Foundations of Medicine 1, students are scheduled **two mornings each week in the CLC** to learn and practice physical examination skills. In addition, **each student will be assessed on their physical exam skills each Thursday morning in the CLC.** Students who have not yet achieved the required level of performance will be required to attend performance adjustment training in the CLC and will be notified of an appointment for this purpose. **Attendance at all scheduled CLC sessions is mandatory for medical students.**

Students will work in groups of 2- 4 and have the opportunity to practice with each other. COM faculty will observe you and provide real-time feedback on your skills.

Following each morning CLC session, students will be encouraged to develop a personal “[Student Practice Plan](#)” identifying both general and specific skills that need particular attention and practice, based on feedback from TAs and faculty.

“Practice (alone) does not make perfect. Only perfect practice makes perfect.” Vince Lombardi

Students are required to attend and participate in all scheduled CLC sessions. Students with a legitimate reason to miss one of these sessions must request an approved absence through Student Affairs. 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 may generate a Report of Concern for Unprofessional Behavior. (See details in [CLC Specific Absence Policies](#))

CLC schedules, exam performance expectations and clinical skills resources will be posted on Canvas.

Senior Mentor Program (Zoom; Participation required for Medical Students)

Through participation in the **Senior Mentors Home Visits Program**, students learn about the biopsychosocial perspective of aging and develop skills in active listening and history taking. The activities and assignments of the Program occur throughout the Fall semester of Year 1 and contribute to the grade of both Fall courses: **Foundations of Medicine 1: Organization and Structure** and **Host-Defense**.

The Learning Goals of the program are:

1. Gain experience in history taking and the observation component of the physical examination through video conferencing interaction / telehealth simulation.
2. Explore diseases and disorders that are more common to or have particular features in older people.
3. Explore the physician's role in empowering patients to co-manage chronic illness.
4. Develop a biopsychosocial awareness of and concern for older adults.
5. Share knowledge with the public on COVID prevention, home safety and/or preventive health services

The Senior Mentor Program pairs two (2) students with an independently-living older person in the community. Working as a team, the students visit with the assigned Senior Mentor 3 times during the semester. **For AY2020-2021, these visits will all be remote.** Each visit is associated with a set of objectives that develop an understanding of the importance of knowing a patient first as a person and how information on background, education, work history, belief systems, values, and personal needs contributes to that understanding. Following each visit, both team members complete and submit the appropriate assignment form. Completed assignments are discussed in small groups. Students are responsible to schedule their remote visits with their Senior Mentors to allow adequate time to complete and submit these written assignments **no later than 5:00 PM on the following due dates: 9/25, 10/23 and 11/25**. The appropriate assignment forms are found on Canvas (the University Learning Management System). **Note, the first Senior Mentor visit occurs and the first assignment is due during Foundations of Medicine 1.**

Rural Learning and Community Health Assessment (Zoom; Participation required)

The final week of the course is comprised of a series of activities that introduce students to rural communities – one of the pillars of the COM Mission – and concepts related to performing a community health assessment (EPO 9.3) and developing a community health improvement plan. *“If you’ve seen one rural community, you’ve seen one rural community.”* Students will explore the diverse characteristics of rural communities from multiple perspectives, including “personal” experience through a family case analysis, resources related to health and wellness, population health indicators researched in county and national data sources, and virtual tours of several nearby rural communities.

Learning Communities (LCs, third floor of the Thrasher Building – limited access via security desk and **required check in portal**)

Physical exam practice

Continued practice is needed to maintain and to improve clinical skills—including physical exam skills. You should use every opportunity to practice, not just scheduled times in the CLC. Practice with a classmate is part of your Team approach. In addition to improving your clinical skills, comfort, and confidence, this is an opportunity to practice giving and receiving honest and helpful feedback.

Self-Study

Blocks of time are planned each day for independent, self-directed use of resources including videotaped demonstrations, textbooks, OnlineMedEd, Visible Body, and consultation with faculty.

Required Resources (all required texts are available as ebooks through the [library website](#) and are linked below)

[Basic Interviewing Skills](#)
[Grants Dissector](#) (PDF of relevant sections also available on Canvas)
[Histology: A Text and Atlas with Correlated Cell and Molecular Biology](#)
[Langman's Medical Embryology](#)
[OnlineMedEd](#)
Visible Body (institutional link through the Library)

Recommended:

Acland's Video Atlas of Human Anatomy (link through the library)
[Bates' Guide to Physical Examination and History Taking](#)
[Behavioral Science in Medicine](#)
[Clinically Oriented Anatomy](#)
[Smith's Patient-Centered Interviewing: An Evidence-Based Method](#)
[Student Guide to Primary Care: Making the Most of Your Early Clinical Experience](#) (Steele, Susman, and McCurdy; available for check out from the library)
ONE of the following atlases:
[Atlas of Anatomy Teaching Assistant](#) (Gilroy, *Excellent illustrations*)
[Atlas of Human Anatomy](#) (Netter)
[Grant's Atlas of Anatomy](#) (More "accurate" illustrations)

Additional helpful resources:

[Imaging Atlas of Human Anatomy](#) (Weir)
[Seidel's Guide to Physical Examination](#)
[Color Atlas of Anatomy: A Photographic Study of the Human Body](#) (Rohen, Yokochi, and Lutjen-Drecoll, on reserve in the library)

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 (wristwatch or watch on mobile device)
 - A pen for writing (blue or black ink)
 - The student's personal mobile device loaded with the appropriate medical software/applications.

2. Other materials for dissection laboratory sessions

- Lab coat or scrubs (required)
- Dissection gloves (provided)
- Eye protection – this can be glasses or safety glasses (required)
- Dissecting kit (optional – we supply basic tools)
- Plastic apron (optional)

Grading System

Description of Student Assessment Methods and Grading

Unit examinations

There will be three integrated unit exams that include written, practical, and clinical skills components. Written questions will address topics covered in all activities, including small group sessions.

Written exams

Multiple choice and other question formats are used to assess both content knowledge and application skill (ability to solve problems, etc.) on written exams. Exam questions may be drawn from material presented in any required activity, from assigned readings, and from CLC sessions. Written questions may be presented in context with standardized patient encounters during the examination. **Unit exams are cumulative**, i.e., the unit II exam will cover material from both unit II and unit I; the unit III exam will cover material from all 3 units. The unit exams will be weighted to reflect the increasing cumulative coverage. Each unit exam will contribute to the overall exam average as follows: Unit I = 30%, Unit II = 33%, Unit III = 37%. A portion of the unit 2 and unit 3 exams will be comprised of questions from the NBME (National Board of Medical Examiners) question bank. The questions on customized NBME exams are selected by course faculty as appropriate assessment of course objectives.

All written exams will be remotely proctored. Students are advised to work with IT in advance to resolve any technical concerns. On campus testing is limited, based on IT-verified need.

Practical exams

Practical exams involve identifying structures tagged for identification on the cadavers, models, skeletons and diagnostic images. The expected level of detail is comparable to most of the **BOLD TEXT** structures in the dissector. Application questions about normal radiology, cross-sectional anatomy, histology, and clinical and anatomic correlations may be in association with CLC sessions, OSCE stations, and/or practical exam stations.

Students must have an exam average of $\geq 70\%$ on the 3 unit exams (written and practical) to be eligible for a grade of pass in the course. In addition, any student whose performance within a single unit or in any content domain (e.g. small group topics) is significantly below passing may be referred to the Student Evaluation and Promotions Committee and is at risk of failing Foundations of Medicine 1, despite an overall exam average $\geq 70\%$.

Quizzes and Practice Practical Exams

Throughout the course there will be faculty-written on-line quizzes and practice practical exams. These formative tools are “assessments for learning” that allow students to self-assess mastery of the material and learning needs. Formative assessments such as these should be taken seriously. They are important opportunities for students to practice the self-assessment and responsibility for their own learning that are part of Professionalism and the Educational Program Objectives. The results of the quizzes will be tracked as a measure of your progress and to help faculty connect students with resources that will help them succeed in the curriculum.

Grading

Medical Students (Class of 2024)

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 6037 (Foundations of Medicine 1) a student must earn a **minimum of 196 points as described in the table below**, including a **minimum of 98 points from the assessment categories**. The final grade of a student who accumulates 196 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 = 98)				
End of course exam average – includes 3 Unit exams (combined written and practical scores)	Overall score of $\geq 75\%$	100 points	90	100
	Overall score 70-74.9%	90 points		
	Score $< 70\%$	0 points		
CLC weekly assessment	Satisfactory or Remediated	2 points each	8	8
TOTAL ASSESSMENT			98	108
NON-ASSESSMENT CATEGORIES (Minimum total points required = 110)				
Laboratory (α and β teams alternate days)	On-time arrival & participation	1 point each assigned session	14	16
CLC (M, W and Th)	On-time arrival	1 point each	11	12
	Professionalism	1 point each	11	12
	Evidence of preparation (M and W)	1 point each	7	8
CS Small group (T)	On-time arrival	1 point each	8	9
	Evidence of preparation	1 point each	9	9
	Participation/Professionalism	1 point each	9	9
COVID-19 Training Required 8/11	On time	1 point	2	2
	Evidence of learning	1 point		
Senior Mentor Visit #1	On-time submission of assignment due 9/25 5:00 PM	2 points	8	10
	Satisfactory completion of assignment	6 points		
	Professional behavior (includes timely scheduling and follow through of meeting)	2 points		
Rural Learning/ Community Health Assessment WEEK 10 required attendance dates: <ul style="list-style-type: none"> 10/13 10/14 Assignment due 10/14 10/15 	Small group 10/13 – on time and professional	1 point	2	2
	Small group 10/13 - participation	1 point		
	Large group 10/14 attendance	1 point	2	3
	Break out room participation 10/14	2 points		
	Reflection assignment on time submission due 5 PM 10/14	1 point	4	5
	Reflection assignment – evidence of learning about rural communities	2 points		
	Reflection assignment – evidence of learning about community health assessment	2 points		
	Rural Communities Jigsaw 10/15 On time	1 point	2	2
	Rural Communities Jigsaw 10/15 Participation	1 point		
Professionalism	General professionalism	-1 point/event	9	10
TOTAL NON-ASSESSMENT			98	109
TOTAL			196	217

Notes:

1. An exam score is the combined results of the NBME and faculty-written components of the exam, with each question carrying equal weight. For example, 80% on a faculty written exam with 30 questions and 60% of an NBME component with 20 questions = an exam score of 72% $(0.8*30+0.6*20)/50$.] An end of course exam average between 70% 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 exam average < 70% (0 points) will receive a grade of fail, 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.
2. A student whose performance is <70% (below passing) on any individual exam (see above for definition of exam score) during the course is required to
 - a. Attend the exam review of any faculty written exam,
 - b. Contact the course directors within 24 hours, and
 - c. 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.
3. Attendance and satisfactory participation are required in all small group sessions, all activities scheduled in the CLC, assigned labs, and other activities as determined by the course directors. Unexcused absence from an activity for which attendance is required may require remediation as determined by the course directors. Multiple unexcused absences from and/or late arrivals to required activities will be considered a Professionalism concern and may result in a [Report of Concern for Unprofessional Behavior](#) and referral of the student to the Student Evaluation and Promotions Committee in addition to loss of associated points..
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, observation of the dress code, and adherence to COVID-19-related safety protocols and behaviors. Professionalism concerns may generate a [Report of Concern for Unprofessional Behavior](#).
5. Satisfactory participation in the Senior Mentor Program and completion of all assignments, as determined by the course directors.

Pre-clerkship course grading policy – Year 1:

Course written exam score:

All quizzes are mandatory and must be completed without collaboration or consulting resources (e.g., textbooks, peers, notes, websites, etc.).

Course grade:

If the course average is <70%, a grade of **IR** will be recorded.

- For an M1 course, a student may attempt to remediate the grade during the summer, if approved by the Student Evaluation and Promotion Committee (SEPC). Remediation will be comprised of a modified course, as proposed by the course directors, and passing performance ($\geq 70\%$) on a customized NBME exam. The grade will convert to **Pass** or **Fail** at the end of the remediation block.
- If a student has IR grades in 2 or more M1 courses and the SEPC decision recommends repeating year 1, the IR grades will convert to Fail.

In courses that include an OSCE:

- OSCE score < 80%, if the course written exam score is Pass OR IR (see above) = **IR**

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

- Unsatisfactory performance in Preceptorship, if the course written exam score is Pass OR IR = **IR**

Unsatisfactory Professionalism, if the course written exam score is Pass OR IR = **IR** or **Fail** depending on the nature of the Professionalism concern, as determined by the SEPC.

In any course in which the student's performance merits a grade of IR in 2 or more of the above categories (written exam score, OSCE, Preceptorship, Professionalism), the student will be referred to the SEPC, and a grade of Fail may be awarded, as determined by the SEPC.

Pre-clerkship course remediation policy – Year 1:

A student who has completed all the assessments and activities of a course and has not achieved a grade of Pass (see above), will be required to repeat the entire content of the course and demonstrate competence through an assessment which is consistent with the original course.

Remediation activities, including final testing, may involve other students.

Remediation should be comprised of a specific plan for learning and assessment such as the following:

- Review of course content available on Canvas
- Review of content through modified Firecracker tree identifying topics to be covered each week
- Completion of Firecracker weekly quizzes and practice test
- When a specific deficit is identified (e.g., pharmacology), completion of assignments determined by relevant content experts (e.g., paraphrasing, problem sets, case application, etc.)
- Weekly meetings with course directors and other faculty content experts as determined by the course directors to verify active engagement with content that is resulting in improved learning.

- A passing score (> 70%) on a customized NBME exam (questions selected by the course directors and with a difficulty approximately equivalent to final exam average of the course) and additional faculty-written questions, if determined to be necessary by the course directors.

A student who scores < 70% on the final assessment or does not adequately engage in the remediation process (as monitored by the course directors) will receive a grade of Fail for the course.

BRIDGE Students (Graduate Program)

BRIDGE students will be held to the same requirements listed above – excluding clinical skills activities and the Senior Mentor program. In addition, they will be assigned a letter grade (A, B+, B, C+, C, D or F) according to the scale below, based on the average of all written and practical exams. Note, students in the BRIDGE program must achieve a grade of B- or better (≥70%) in all required courses to remain in the [program](#). Grades of C may be remediated, at the discretion of the Course Directors in consultation with the Director of the Bridge Program and with the approval of the Bridge Committee.

Grading Scheme for BRIDGE Students: Foundations of Medicine 1

- A = ≥ 87%
- B+ = 82 – 86.9%
- B = 76 – 81.9%
- B- = 70 – 75.9%
- C = 65 – 69.9%
- F = < 65%

Category	Criteria for points	Points	MINIMUM REQUIRED	MAXIMUM POSSIBLE
ASSESSMENTS (Minimum total points required = 90)				
End of course exam average – includes 3 Unit exams (combined written and practical scores)	Overall score of ≥ 75%	100 points	90	100
	Overall score 70-74.9%	90 points		
	Score < 70%	0 points		
TOTAL ASSESSMENT			90	100
NON-ASSESSMENT CATEGORIES (Minimum total points required = 43)				
Laboratory (α and β teams alternate days)	On-time arrival & participation	1 point each assigned session	14	16
COVID-19 Training Required 8/11	On time	1 point	2	2
	Evidence of learning	1 point		
Rural Learning/ Community Health Assessment WEEK 10 required attendance dates: <ul style="list-style-type: none"> • 10/13 • 10/14 • Assignment due 10/14 • 10/15 	Small group 10/13 – on time and professional	1 point	2	2
	Small group 10/13 - participation	1 point		
	Large group 10/14 attendance	1 point	2	3
	Break out room participation 10/14	2 points		
	Reflection assignment on time submission due 5 PM 10/14	1 point	4	5
	Reflection assignment – evidence of learning about rural communities	2 points		
	Reflection assignment – evidence of learning about community health assessment	2 points		
	Rural Communities Jigsaw 10/15 On time	1 point	2	2
	Rural Communities Jigsaw 10/15 Participation	1 point		
Professionalism	General professionalism	-1 point/event	9	10
TOTAL NON-ASSESSMENT			35	40
TOTAL			125	106

Course Evaluation

Students will have the opportunity to provide constructive feedback through evaluation surveys available throughout the semester. Evaluations will include both content and facilitation/teaching. Feedback is encouraged at all times on all components of the course and will assist the course directors in providing a timely continuous quality improvement.

Policies

Americans with Disabilities Act

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 Florida State University College of Medicine is committed to enabling its students by any reasonable means or accommodations to complete the course of study leading to the medical degree.

[The Office of Student Counseling Services](#)

Medical Science Research Building, 2301

Phone: (850) 645-8256 Fax: (850) 645-9452

Students with disabilities needing academic accommodation should:

- (1) register with and provide documentation to the Office of Accessibility Services; and
- (2) bring a letter to the instructor indicating the need for accommodation and what type.

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

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

[Office of Accessibility Services](#)

874 Traditions Way

108 Student Services Building

Florida State University

Tallahassee, FL 32306-4167

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

oas@fsu.edu

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. Students with a legitimate reason to miss a required activity must request an approved absence through [Student Academics](#).

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 Program (see Grading section, above).

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 [Student Academics](#). 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 [Student Academics](#). 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 72 hours of the time he/she is scheduled for the OSCE, contact [Dr. Danforth](#) and 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 Foundations of Medicine 1.**

Professional Attire

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

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, strapless, low-necked or exposed chest clothing, midriff-baring clothes, backless clothing, spaghetti straps, cut-offs, tank tops, halter tops, crop tops, tube tops, sun dresses, crop pants, shorts, pedal pushers, hip hugger pants, stirrup pants, any item constructed mainly of spandex, sweat suits (sweat pants/sweat shirts) warm-up suits, overalls, hats, and any clothing that advertises.

Examples of professional attire in Tallahassee are: slacks or skirt and a collared shirt or blouse or sweater; conservative length dress (dress or skirt edge should rise no higher than 2" above the top of the knee-cap (patella) during all clinical care and training maneuvers including sit down patient-clinician conversations; dress or skirt should not be tight fitting)..

Ties may be either required or forbidden in some clinical situations.

Footwear may include dress or casual closed toe shoes (no sports shoes, no sandals, no open-toe footwear). Heels more than 3" in height are never appropriate in clinical settings.

When working in the CLC during Foundations of Medicine 1, clean scrub clothes may also be worn when patients are not present. Note: **CLC scrubs must be kept separate from any scrub outfits worn in the anatomy lab.** On those occasions when students are examining 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.

Professional appearance: Long hair must be pulled back and secured. Facial hair must be neatly groomed. If possible, all tattoos should be covered by clothing. No visible body piercing except a single piercing in each ear. No large earrings or loose jewelry. Fingernails must be trimmed. If nail polish is worn, it should not be a distracting color. No strong perfume or other scented products. In compliance with OSHA regulations, closed-toed shoes are required in all clinical settings—including the CLC as well as the anatomy lab.

The established "norms" of certain clinical settings may modify these standards for professional attire, but any variations in professional attire must be approved by the student's supervisor. Consult your supervisor to clarify expectations for student attire in any ambiguous or new situations.

For curricular activities where guests or patients are not present: Unacceptable attire includes, but is not limited to, the following: sheer or see-through fabrics, strapless, low-necked or exposed chest clothing, midriff-baring clothes, backless clothing, spaghetti straps, cut-offs, tank tops, halter tops, crop tops, tube tops, or extremely short shorts.

COVID-19-related Behavioral Expectations

It is essential that every faculty, staff and student at the FSU College of Medicine practice certain behaviors in order to minimize the risk of spreading the coronavirus through our school and our community. These guidelines are available at the websites <https://www.cdc.gov/coronavirus/2019-ncov/index.html> and <https://floridahealthcovid19.gov/>. These behaviors will take a shared commitment to maintaining a safer environment. Just as in the hospital or outpatient setting, we **teach and maintain a healthcare team safety culture**. This means that we look out for each other and communicate with each other. If someone is breaking protocol (see below), we point it out and ask them to get it right, for their own protection and for the protection of others. (If someone is wearing a mask that slipped below their nose, gently remind them to adjust it. If someone steps close to speak with you, then step back to maintain 6ft of separation with a gentle reminder.) This applies regardless of roles, titles, or personalities. We need to know that we're all following universal precautions, all the time, and that if any of us sees something, we say something. FSUCOM leadership will back you up. We can get through this safely together, but only if we **all together practice safety**.

COMMON SYMPTOMS OF COVID-19

Fever ($\geq 100.4^{\circ}\text{F}$ or 38°C) – Chills – Cough – Shortness of breath or difficulty breathing – Fatigue – Muscle or body aches – Headache – New loss of taste or smell – Sore throat – Congestion or runny nose – Nausea or vomiting – Diarrhea

1. **Follow universal precautions - assume that anyone you meet, touch, or spend time with might have COVID, and any surface you touch might have been touched recently by someone with COVID.** That means:
 - a. Wear a mask at all times, and wear it properly. Masks are required throughout the entire FSU campus. If you are alone in an office, they may be removed, but should be worn in hallways and throughout the entire building. You do not know when you will turn a corner and encounter another person.
 - b. Maintain social/physical distancing. Stay six feet away from other people, and don't be in rooms filled beyond 25% capacity. Don't be part of any large-group indoor gatherings
 - c. Wash your hands frequently. Soap and water every hour for >20seconds is best. Hand sanitizer is 2nd best. In-between handwashing, use hand sanitizer before and after every contact with another person or any physical surface touched by others.
 - d. Use germicidal wipes on shared surfaces. Before using a shared computer keyboard, touchscreen, microphone, etc. wipe it down. Germicidal wipes will be made available.
 - e. Monitor your health and symptoms. If you are sick (see COVID symptoms above), do not come to school or work. Stay home. If others in your household are sick, do not come to school or work. Stay home. An app is under development by main campus FSU IT that can be used to check symptoms from home and advise you to stay home as needed.
2. **If you must make physical contact or enter another person's six-foot bubble (such as during CLC, anatomy lab, or other clinical activities), use health care worker safety protocols, procedures, and protective equipment appropriate to the level of contact.**
 - a. Relevant training, equipment, and supplies will be provided to each student (and faculty or staff) in any FSUCOM educational activity, when required.
3. **AVOID the three "C"s at ALL times, including evenings, weekends, time away from the COM.**
 - a. Avoid CROWDED SPACES
 - b. Avoid CLOSE CONTACT SETTINGS like close conversations – do not sit across a table while eating a meal (likely you are only 3 feet apart AND you have your mask off)
 - c. Avoid CLOSED SPACES with poor ventilation.

Whether you're at FSUCOM or out in the community, do all these things all the time. Protect EVERYONE.

For persons needing to isolate or quarantine because of COVID:

- If you test positive for COVID, or have symptoms of COVID, **isolate for at least 10 days** from the date of your test or the start of your symptoms, and at least 24 hours after fever has resolved without antipyretics, and symptoms have improved. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/isolation.html>
- If you have been a close contact of someone testing positive for COVID, **quarantine for 14 days** from the date of the last close contact. <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>
- If you had COVID and were sick enough to be hospitalized and/or if you are immunocompromised, you may need to isolate for 20 days – talk to your physician.

Anatomy Laboratory Rules and Protocol



Protocol for the FSU-COM Human Cadaver Laboratory

Dr. Eric Laywell is the representative of Florida State University College of Medicine on the Anatomical Board of the State of Florida. As a member of the Anatomical Board, he is responsible to ensure that dignity is always shown for the remains of the individuals who will their bodies to the State of Florida for the education of medical students and other students in the health care disciplines.

Lab activity

1. Access. Outside of scheduled hours, the anatomy lab can be accessed according to the following rules and procedures, except when closed for cleaning or practical exam set-up.
 - Students who are scheduled to dissect may stay in the anatomy lab to study/review cadavers after the end of their regular class time (usually 5:00p.m.) until 8:00 p.m.
 - On weekdays that they are NOT scheduled to dissect, students may not access the anatomy lab.
 - On Saturdays and Sundays (unless the lab is closed for exam setup) students may access the anatomy lab any time during a 4 hour block, according to their LC. For example, two LCs will be allowed to access the lab from 8am-noon, while the other two LCs will be allowed to access the lab from noon-4pm. The Saturday and Sunday schedule will flip so that each LC will have both a morning and an afternoon block available to them each weekend. See Canvas for LC weekend access schedule.
 - M1 students will be granted swipe access to the Research Building through the main entrance (directly south of the COM atrium), and swipe access to the anatomy lab through the locker rooms. All students will be required to login to the building using the online questionnaire, and **each student is required to individually swipe for access to both the Research Building and the anatomy lab** (i.e., if a group of 3 students arrive together, it is not permitted that only one student swipe to open the Research Building or anatomy lab/locker room door and then hold the door open while the other two students enter; **the door must close in between each entrant**).
 - During extra study hours, students must wear the same PPE and observe the same safety measures that are required during regular class hours, i.e., scrubs, face mask, gloves, and eye protection at minimum, face shield and apron or gown as appropriate.
 - Upon leaving the anatomy lab, **all students must log out using the online portal and exit the COM.** They are not allowed to pursue access to any other areas of the Research Building or Thrasher Bbuilding. **A student with pre-approved access to another location (e.g., designated study space) must then check in again, with the new destination.**
 - Failure to adhere to any of these guidelines will be considered an honor code violation and will result in disciplinary action that may include dismissal from the College of Medicine (See [Student Handbook](#)).
 - **This policy is subject to change at any time, depending on student adherence and/or changes in FSU, COM, local, or state policies related to COVID-19.**
2. All students, faculty and approved guests must sign the "Pledge of Respect" form.
3. Authorized Personnel. Only COM medical students, faculty and other health-related personnel and facility workers are permitted access to the lab. FSU badges are the best form of I.D. All unauthorized persons will be told to leave immediately. After scheduled course hours, campus police regularly patrol the area and will escort trespassers from the lab and report the person(s) responsible for the unauthorized entry to appropriate authorities for corrective purposes. Immediate family members and health-oriented guests of medical students must first receive authorization from Dr. Laywell before being allowed entry into the lab. The lab doors should not be opened for anyone "knocking" other than for an authorized person (i.e. student forgetting their card). Visitation is **NOT** permitted during scheduled dissection periods. During any visit of authorized guests, they should avoid all opened cadaver tanks. Minors will NOT be admitted except as part of an organized tour. It is the responsibility of all authorized personnel, faculty and students, to enforce these rules. It is the LAW that donors to the Florida Anatomical Board are guaranteed the respect and confidentiality in the spirit by which their gift was donated to our institution. Any disrespect to the cadavers will be dealt with accordingly.
4. According to Florida law, unauthorized removal of any cadaver parts, whatsoever, from the laboratory is a felony crime of grave robbery.
5. NO photographs are to be taken of the cadavers or anything in the laboratory, except with written permission from Dr. Laywell who serves as the local authority for the Anatomical Board of the State of Florida.
6. DO NOT position the cadavers or skeletons in gratuitous poses.
7. NO eating or drinking is allowed in the laboratory or auditorium. (FSU is a smoke-free campus.)

8. NO radios or tape players are allowed in the laboratory, unless used with earphones.
9. Personal protection in the lab:
 - Face masks must be worn at all times.
 - Do not wear sandals or open toe shoes in the lab.
 - Scrubs or lab coats are required. Additional gowns and plastic aprons are available for protection from fluids.
 - Gloves must be worn at all times when touching anything in the lab.
 - Glasses or protective goggles and/or face shields must be worn when dissecting and when working within the 6 foot physical distancing "bubble" others. This is especially important **when using a saw or when there is a danger of a splash with fluids.**
 - Material Safety Data Sheets of chemicals used in the laboratory are available in the lab.
 - Use dust mask when using electric bone saws.
10. First aid for cuts in the lab: First aid kits are available in the lab
 - Remove gloves and wash cut area.
 - Cover with sterile bandage.
 - Put on clean gloves.
 - Contact a faculty member if you have questions or concerns.
11. All lab coats, dissecting equipment and books should be stored in the locker room or in the cadaver tank. Anything left out after regular lab sessions will be thrown out during daily lab cleaning. **Gloves and soiled clothing should not be worn outside of the dissection lab.**
12. Skeletons are available in the lab. Do not remove them from their stands or take them apart.
13. Disarticulated bones are also available, and should not be removed from the lab or approved study areas. Report any broken bone specimens to a faculty member for repair/replacement.
14. The soap for washing hands is located on the sinks and in locker rooms.
15. **Rule to Remember** - DO not try to catch a dropped tool or retrieve a tool dropped in the tank. In case of injury in the lab during regular lab sessions, notify a faculty member. If a significant injury occurs after regular lab hours, go to the emergency room.

Lab waste containers: There are three types - locate them, learn them, and use them correctly. These are emptied by three different disposal services, which refuse to empty incorrectly parceled waste.

- Type 1. Red-bagged buckets located under each cadaver table which are to be used for disposal of body tissues.
- Type 2. Regular waste receptacles located around the lab for the disposal of waste paper, gloves, etc.
- Type 3. Red Sharps containers located around the lab for the disposal of scalpel blades and other sharp objects.

Anatomical Models: All models should be handled with clean hands or clean gloves only. There are study areas for looking at the models.

Dissection Tank and Cadaver

1. Each group is responsible for keeping the cadaver table clean.
2. The cadaver is covered with a sheet. Always cover the cadaver with this cloth when leaving the lab. Do not remove the metal tag used to identify the donated body. This is used to identify the body at the time of cremation.
3. There is one plastic bottle at each table. Fill it only with a wetting solution located in the large containers at the perimeter of the lab. Use this daily to wet down the cadaver/cloth upon leaving the lab.
4. There is one sponge at each table. It is the responsibility of each group to keep the cadaver and cadaver tray clean.
5. If a dissecting tool falls into the bottom of the cadaver tank, do not retrieve it. Replacement tools are available.
6. If there is a problem or concern about your cadaver (odor, mold, and fixation) or tank (broken mechanism) contact the course director.

Keeping your cadaver moist and in good condition and your cadaver table clean, results in a more pleasant lab experience and successful dissection exercises.