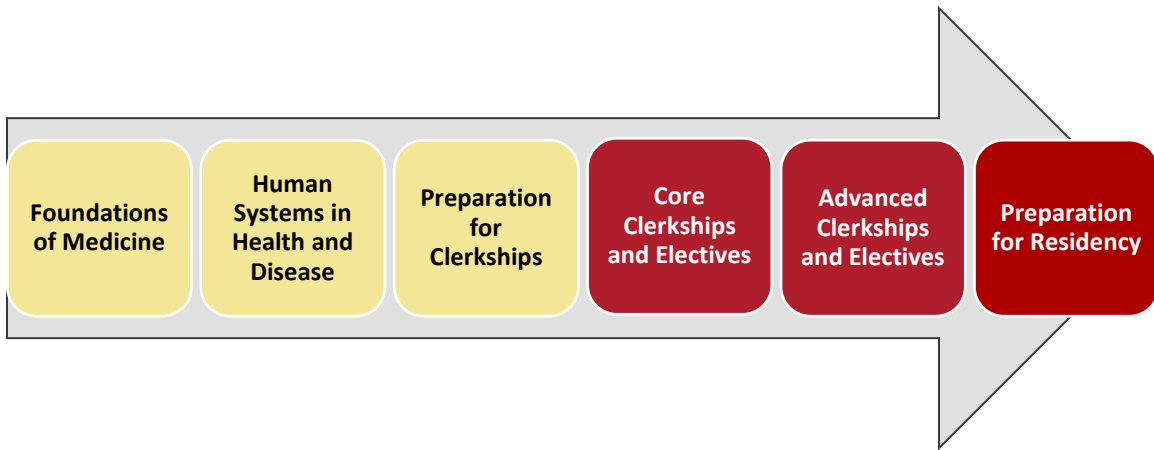


# MEDICINE



## Human Systems in Health and Disease BMS 6040 Gastrointestinal System



Florida State University  
College of Medicine

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# Overview

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## Course Goals

In the **Gastrointestinal System** block students acquire a fundamental knowledge of the structure and function of the gastrointestinal tract and associated organs and structures in the context of caring for patients. Through active exploration of case-driven problems, students discover how basic science and clinical medicine explain the signs and symptoms of gastrointestinal problems which are likely to be seen by the primary care physician. They learn how to evaluate clinical history, physical examination, and laboratory data related to gastrointestinal disease 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 changes in drug metabolism by the liver with aging, and the wide range of factors – biological and social – that can contribute to malnutrition 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, working with patients to accommodate cultural dietary attitudes and norms and food and water safety concerns for vulnerable populations. Students who complete this course will understand the anatomy and physiology of the gastrointestinal system in health and disease and how this relates to fundamentals of treatment. Our goal is to help our learners acquire a mastery of gastrointestinal 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.

## Learning Objectives

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

The global course objectives are:

1. Compare and contrast the normal and abnormal structure and function of the gastrointestinal system – comprised of all relevant structures between the mouth and anus, and explain the mechanisms of action responsible for the efficacy and complications of common treatments of problems affecting this system..
2. Explain the underlying basic and behavioral science of GI system functions including:
  - Nutrient digestion and absorption
  - Barrier functions
  - Immunological functions
  - Elimination
3. Interpret a given patient's clinical presentation and/or laboratory and imaging results based on an understanding of normal and abnormal structure and function of the GI system.
4. For each region of the GI tract, predict the consequences of abnormalities on the molecular, cellular, and physiological function of the GI system and justify the relevant and appropriate exam procedures, tests and screening tools.
5. Explain the larger physiological and psychosocial dynamics that affect and interact with functions, diseases, and disorders of the GI system.
6. Describe the mechanisms and clinical effects of drugs used in treating acid-related disorders of the GI tract, disorders of GI transit or motility, nausea and vomiting, and hepatic, biliary and pancreatic disease.

## Course Format

The course emphasizes engaged and active learning through a variety of individual, interactive large group, and case-based small group learning activities as well as standardized patient encounters in the Clinical Learning Center and a Preceptorship experience in the office of a primary care physician in the community. The purpose of the preceptorship is to provide the student with the opportunity to practice history taking, physical examination skills, clinical reasoning skills, documentation skills and to observe patient care being delivered in a community-based setting. Students will be scheduled to spend a minimum of 3 hours with the preceptor every other week. 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

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 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 (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.**

## 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 **Gastrointestinal System** block 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, September 7, 2018*. Supporting materials and suggestions about PICO questions and EBM resources for answering these questions are available with the assignment on Canvas.

## 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 eValue no later than midnight of the day of each preceptor visit are required.

## Clinical Learning Center (CLC) (attendance required)

Throughout the block 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 block. They will often include reviews of prior organ systems and demonstrations of how systems intersect and impact one another.

## 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 — 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 [hot link to student handbook] 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 for [men](#) and for [women](#) are detailed at the end of this document and can always be found on the course Canvas site.

## Course Objectives and Educational Program Objectives

	Education Program Objectives	Course Objectives	Means of Assessment
1	<b>PATIENT CARE: Provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health</b>		
1.3	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	Organize and conduct a medical encounter, including the use of an appropriate greeting/opening, gathering information and providing closure.  Demonstrate the ability to elicit an accurate and thorough patient-centered medical history appropriate for the patient's reason for visit.	Observation by faculty, preceptor, staff, and standardized patients

		<p>Conduct accurate and thorough physical and mental status examinations appropriate for the patient's reason for visit.</p> <p>Demonstrate the ability to assess a patient's functional capacity. Observation by faculty, preceptor, staff, and standardized patients; peer evaluation</p>	
1.5	Counsel and educate patients and their families to empower them to participate in their care, showing consideration for their perspective throughout treatment	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.	Observation by faculty, preceptor, staff, and standardized patients
1.6	Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment	Demonstrate clinical skills and clinical reasoning necessary for diagnosis and management of gastrointestinal disease.	Observation by faculty and preceptor; Exams and quizzes
<b>2</b>	<b>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</b>		
2.2	Apply established and emerging bio-physical scientific principles fundamental to health care for patients and populations	<p>Compare and contrast the normal and abnormal structure and function of the GI system.</p> <p>Explain GI system functions including:</p> <ul style="list-style-type: none"> <li>• Nutrient digestion and absorption</li> <li>• Barrier functions</li> <li>• Immunological functions</li> <li>• Elimination</li> </ul> <p>For each region of the GI tract, predict the consequences of abnormalities on the molecular, cellular, and physiological function of the GI system and justify the relevant and appropriate exam procedures, tests and screening tools.</p> <p>Describe the mechanisms and clinical effects of drugs used in treating acid-related disorders of the GI tract, disorders of GI transit or motility, nausea and vomiting, and hepatic, biliary and pancreatic disease.</p>	Quizzes and Exams, Faculty observation in large group and small group activities
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	<p>Explain the mechanisms of action responsible for the efficacy and complications of common treatments</p> <p>Interpret a given patient's clinical presentation and/or laboratory and imaging results based on an understanding of normal and abnormal structure and function of the GI system.</p>	Formative quizzes, Block Exams, Faculty observation in large group and small group activities
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	Explain the larger psychosocial dynamics that affect and interact with functions, diseases, and disorders of the GI system and describe their appropriate prevention and management, including pharmacological and non-pharmacological approaches.	Formative quizzes, Block Exams, Faculty observation in large group and small group activities
<b>3</b>	<b>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</b>		
3.1	Identify strengths, deficiencies, and limits in one's knowledge and expertise		
3.3	Identify and perform learning activities that address one's gaps in knowledge, skills or attitudes	Demonstrate the habits of life-long learning – the identification of personal knowledge gaps and	PICO assignment

		application of strategies to find and interpret information to address those gaps.	
3.6	Locate, appraise, and assimilate evidence from scientific studies related to patients' health problems	Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.	Small group exercises; PICO assignment
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	Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.	Small group exercises; PICO assignment
<b>4</b>	<b>Interpersonal and Communication Skills: Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, their families, and health professionals</b>		
4.1	Communicate effectively with patients, families, and the public, as appropriate, across a broad range of socioeconomic and cultural backgrounds	<p>Use accurate and appropriate vocabulary and concepts to communicate effectively with peers, patients and faculty about gastrointestinal disease.</p> <p>Demonstrate the ability to communicate effectively with a patient and his/her family using culturally appropriate verbal and non-verbal skills to build trust and rapport between the student and patient.</p> <p>Demonstrate culturally and linguistically appropriate interviewing skills with patients from diverse backgrounds (including, the appropriate use of an interpreter).</p>	Observation by faculty, preceptor, staff, and standardized patients
4.2	Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies	<p>Demonstrate the ability to clearly and accurately summarize patient findings in verbal presentations and common written formats.</p> <p>Demonstrate effective oral communication and presentation skills with colleagues and other health professionals.</p>	Observation by faculty, preceptor, staff, and standardized patients
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	Communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity, and empathy.	Observation by faculty, preceptor, staff, and standardized patients
<b>5</b>	<b>PROFESSIONALISM: Demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles</b>		
5.1	Demonstrate compassion, integrity, and respect for others	Demonstrate respect, empathy, and compassion, regardless of the patient's problems or personal characteristics.	Observation by faculty, preceptor, staff, and standardized patients
5.4	Demonstrate accountability to patients, society and the profession	Complete all required activities in a timely fashion.	Attendance and assignment tracking
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	Demonstrate respect, responsiveness and concern, regardless of the patient's problems or personal characteristics.	Observation by faculty, preceptor, staff, and standardized patients
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	<p>Maintain confidentiality for patients who participate in the course.</p> <p>Demonstrate professional behavior in all interactions with peers, patients, and faculty.</p>	Observation by faculty, preceptor, staff, and standardized patients
<b>8</b>	<b>PERSONAL AND PROFESSIONAL DEVELOPMENT</b>		



8.1	Develop the ability to use self-awareness of knowledge, skills and emotional limitations to engage in appropriate help-seeking behaviors	Practice self-evaluation and reflection concerning cultural, moral and ethical issues encountered in the care of patients and the practice of medicine, identifying biases, perceived differences between practitioners and patients, and employing a nonjudgmental approach to patient care.	Observation by faculty, preceptor, staff
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## Content Sequence

### Content sequence in Gastrointestinal System:

Throughout this block, 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 block-specific content.

#### Oral Cavity and Esophagus

- Oral cavity and salivary glands
- Initiation of nutrient processing
- Esophagus and swallowing

#### Stomach, Liver, and Pancreas

- Mechanics of and physiology of nutrient processing
- GERD, PUD, gastroparesis
- Gastric neoplasia and endocrine function
- Pancreatic disorders
- Nutrient absorption

#### Small Intestine, Colon, and Rectum

- Enzymatic processing of nutrients
- Acute and chronic disorders
- Colitis, celiac sprue, and intestinal obstruction
- Neoplastic colonic disease
- Bacterial and viral infection
- Enteric nervous system

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

[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

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### *Description of Student Assessment Methods and Grading*

#### Examinations

There will be one assessment in the course. This exam will be comprised wholly or in part of questions from the NBME (National Board of Medical Examiners) question bank. The questions on the customized NBME exam will be selected by course faculty as appropriate assessment of course objectives. Formative quizzes and/or other assessment exercises will be required throughout the block but do not contribute to the final grade.

#### Written exams

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.) on written exams. Exam questions may be drawn from material presented in any activity or assignment, from assigned readings, and from CLC sessions, in addition to questions from the NBME question bank. Exams are cumulative across the curriculum, i.e., main concepts, content and skills from material presented in prior courses may be included in questions. Written questions may also be presented in context with standardized patient encounters during the examination..

Students must score  $\geq 70\%$  on all exam questions to pass the written examination component of the course. Students with a written exam score below 70% risk failing **Gastrointestinal System**, and being referred to the Student Evaluation and Promotions Committee.

#### Quizzes

Throughout the course there will be weekly Firecracker quizzes and faculty-written on-line quizzes. These formative tools are "assessments for learning" that allow students to self-assess mastery of the material and their unique learning needs. **Firecracker quizzes are required and must be completed each weekend prior to 8 AM the following Monday.** You will receive an email reminder and link to the quiz directly from Firecracker. **All quizzes are mandatory and must be completed without collaboration or consulting resources** (e.g., textbooks, peers, notes, websites, etc.). Although they are formative, quizzes should be taken seriously; **a quiz average  $\geq 70\%$  will contribute 2 points to the course exam average.** Any quiz not completed within the designated time will receive a score of 0. Quizzes are important opportunities for students to practice the self-assessment and responsibility for their own learning that are part of Professionalism and Practice Based Learning and Improvement. 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*

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 6040 (**Gastrointestinal System**) a student must meet all of the following requirements:

1. A final average  $\geq 70\%$  on all examination questions. A quiz average  $\geq 70\%$  will contribute 2 points to the written exam score. If the course average is  $< 70\%$ , the final course grade will be IR. A grade of Fail or IR 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 during the course is required to
  - a. Attend the exam review,

- b. Contact the block directors within 24 hours of that exam review, and
  - c. Meet with the block directors.
3. Timely completion of all quizzes. Any quiz not completed within the designated time will receive a score of 0. A quiz average  $\geq 70\%$  will contribute 2 points to the course exam average
4. A student who achieves an overall passing score ( $\geq 70\%$ ) 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 block directors. The purpose of the Plan is to assure the student has the requisite knowledge base to succeed in subsequent courses in the curriculum.
5. Attendance and satisfactory participation in all required sessions, all activities scheduled in the CLC, all Preceptorship visits, completion of all formative quizzes, 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 required activities and/or late or missed assignments 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.
6. Demonstration of the attitudes and behaviors of Medical Professionalism in all aspects of the course e, including adherence to the Honor Code when taking unproctored, on-line quizzes. Professionalism concerns may generate a [Report of Concern for Unprofessional Behavior](#) and may result in receiving a grade of fail in the course.
7. Satisfactory completion of all assignments, including Preceptorship, as determined by the block directors.

### ***Preclerkship course grading policy***

In a course with 2 written exams:

- Failure ( $< 70\%$ ) of 2 written exams = **Fail**
- Course written exam score  $< 70\%$ , including only 1 exam failure ( $< 70\%$ ) = **IR**

In a course with only 1 written exam:

- Course written exam score  $< 70\%$  = **IR**

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 Student Evaluation and Promotions Committee (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:***

A student who has completed all the assessments and activities of a course and has not achieved a passing score (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 ( $\geq 70\%$ ) 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.

## *Course Evaluation*

Students will have the opportunity to provide constructive feedback through evaluation forms completed 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 block directors in providing a timely continuous quality improvement.

# **Policies**

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## *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 Student Disability Resource Center 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 Student Disability Resource Center; 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 Student Disability Resource Center 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:

### [Student Disability Resource Center](#)

874 Traditions Way

108 Student Services Building

Florida State University

Tallahassee, FL 32306-4167

Voice: (850) 644-9566

TDD: (850) 644-8504

[sdrc@admin.fsu.edu](mailto:sdrc@admin.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 Plan (see Grading section, above).*

## Clinical Learning Center (CLC) Specific Absence Policy

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### CLC scheduled activities

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

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

One method for addressing a planned and approved absence is to identify a classmate willing to exchange scheduled sessions with you. In this situation, both students (the student with the approved absence and the willing classmate) should send a request via email to [Ms. Danforth](#) 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 [Ms. Danforth](#) **as soon as possible**, to inform her 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 [Ms. Danforth](#) 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 [Ms. Danforth](#) 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.

### 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 Director, Ms. Karen Myers, 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 Director, [Ms. Myers](#), 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

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## Professional Attire

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Professional attire consists of clothes consistent with community norms for physicians. Examples of these norms in Tallahassee are: no jeans, seductive, revealing or tight-fitting clothes, sheer or see-through fabrics, strapless, low-necked or midriff-baring clothes, shorts, sweats, hats, or open-toed shoes.

**For men,** professional attire consists of slacks, a collared shirt and dress or casual shoes (no sport shoes or sandals). Ties may be either required or forbidden in some clinical situations.

**For women,** professional attire consists of slacks or a conservative length dress or skirt with a blouse or sweater. Skirt edge should rise no higher than 2" above the top of the knee during all clinical care and training maneuvers and should not be tight-fitting. Heels more than 3" in height are never appropriate in clinical settings.

**For both men and women,** a white lab coat is required. On those occasions when students are examining each other, you will be informed of the appropriate apparel for that session.

**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.

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.

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