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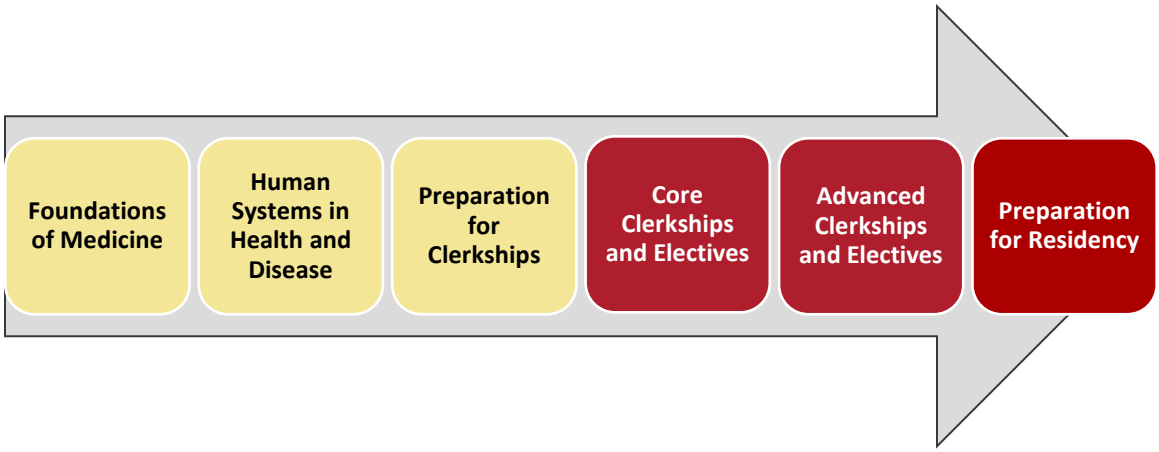

Human Systems in Health and Disease
BMS 6637
Reproductive System

Florida State University
College of Medicine

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Overview

Course Goals

Reproductive System is the final systems-based block of the Human Systems in Health and Disease sequence. Students acquire a fundamental knowledge of the structure, function and diseases of the male and female reproductive systems across the lifespan, including pregnancy and childbirth. The course emphasizes concepts and integrates knowledge from traditional science disciplines including anatomy, microbiology, pathology, pharmacology and physiology in the context of clinical application. Knowledge of hormonal regulation begun in the **Endocrine and Renal-Urinary Systems** block is further developed in the context of the development and function of the reproductive system. Through active and engaged learning activities, students discover how basic science and clinical medicine explain the signs and symptoms of problems involving the reproductive system and 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 endocrine and reproductive 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 vulnerability to human trafficking and HIV risk in rural populations. 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, attitudes related to gender and sexuality across the lifespan, differences in risk for postpartum depression, and social and structural influences on reproductive health outcomes. Students who complete this course will not only understand the anatomy and physiology of the female and male reproductive systems in health and disease and how these are treated, but will also develop an appreciation for how disruption of these systems impacts the individual, the health care system and society. Our goal is to help our learners acquire knowledge of reproductive system disease concepts that will allow them to perform as exemplary clinicians in any area of practice.

Learning Objectives

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

Course Objectives mapped to Education Program Objectives (EPOs)

	Course Objectives	EPOs	Means of Assessment
R1	Demonstrate the ability to perform, interpret and report the results of a focused history and physical for presentations related to the reproductive system, and to select, interpret and report the results of appropriate laboratory and imaging tests in order to establish the appropriate diagnosis and management of conditions involving the reproductive system.	1.2, 1.4, 2.3	Quizzes and Exam; Observation by faculty in CLC and small groups
R2	Identify opportunities for treatment (including pharmacological and non-pharmacological approaches), mitigation, and prevention of reproductive problems across the lifespan.	2.2, 2.3, 2.4	Quizzes and Exam; Observation by faculty in CLC and small groups
R3	Describe the normal structure and function of the reproductive system and its endocrine regulation with emphasis on the mechanisms through which they have a regulatory impact on other systems and on their intersecting roles, including on sexual development and behavior and the reproductive cycle across the lifespan	2.23	Quizzes and Exam; Observation by faculty in small groups
R4	Anticipate the physical, psychological and population effects expected to result from injury, disease, dysfunction, and environmental and social conditions that impact the reproductive system, including infertility, parturition, lactation, and gender identification	2.2, 2.3, 2.4, 2.5	Quizzes and Exam; Observation by faculty in small groups
R5	Demonstrate the ability to recognize when one has reached the limits of their knowledge when applying it to understanding clinical problems.	3.1	Observation by faculty; Self-assessment

R6	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, 3.6	Observation by faculty; participation in case-based learning activities; PICO assignment
R7	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	PICO assignment
R8	Demonstrate effective communication with colleagues and other health professionals, and the ability to clearly and accurately summarize patient findings in verbal presentations and common written formats.	4.2, 4.5, 7.3, 7.4	Observation by faculty; SOAP note
R9	Identify social determinants of health and discuss their relationship to health and wellness, including for underserved populations	2.4, 2.5, 9.1, 9.2	Quizzes and Exam; participation in small group discussions
R10	Engage in self-evaluation and reflection, including related to cultural, moral and ethical issues encountered in the care of patients, to identify biases, to develop self-awareness of knowledge, skill and emotional limitations, to set learning and improvement goals, and to engage in appropriate help-seeking behaviors	3.1, 3.2, 4.7, 5.5, 8.1	Observation by faculty, staff and advisors; participation in small group discussion and case-based learning activities
R11	Demonstrate professional attitudes and behavior in all interactions with faculty, staff, peers, and patients, and in all activities, including: maintaining confidentiality for patients who participate in the course; demonstration of respect, empathy, compassion, responsiveness and concern regardless of the 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	1.7, 5.1, 5.3, 5.4, 5.5, 5.6	Observation by faculty, staff, peers, and standardized patients; tracking of required activities

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 (CLC). 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 (Zoom)

Formal lectures are limited in favor of interactive large group sessions. 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. **Attendance is required at any session in which patients or outside panel members are present.**

Small Group Sessions (Zoom; 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. In Jigsaw exercises each small group of students (5-6) is assigned a case presentation to discuss and form an hypothesis. Basic and clinical science faculty will be present to ask helpful questions if your group is "stuck" and to encourage your curiosity. Typical questions to be resolved may include: *What more do we need or want to know? How do we acquire and interpret needed information?* 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. Once each week a small group of 10 students meets with a clinician facilitator in exercises focused on development of clinical reasoning. 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. During small group exercises, you are free to use any resources (unless otherwise instructed).

PICO Assignment (*due February 12, 2021*)
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 **Reproductive 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 to peers and faculty. The completed assignment is to be submitted *via* Canvas **no later than 5:00 pm, Friday, February 12, 2021.** Supporting materials and suggestions about PICO questions and EBM resources for answering these questions are available in the Resource Library on Canvas.

Clinical Learning Sessions (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 hematologic system. 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 integrity, 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 [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 Content

Spanning all modules of 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 the reproductive system. 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.

The **Reproductive System** course addresses two main functional areas:

Endocrine Hormones of the Reproductive System

- Developmental roles of estrogen and androgens across the lifespan
- Menstrual cycle
- Fertilization, pregnancy and birth
- Lactation
- Relationship of estrogens and cancer

Human Sexuality and Reproduction

- HPG axis and gonadal hormones
- Gender identity and sexual development
- Sexual function and dysfunction across the lifespan
- Fertility
- Contraception
- Infectious diseases related to the reproductive system and pregnancy
- Pregnancy and postpartum
- Cancers of breast and reproductive organs

Required Materials (All required texts are available as ebooks through the COM library

Basic and Clinical Pharmacology (Katzung)
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)
OnlineMedEd

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

Description of Student Assessment Methods and Grading

Examinations

There will be one written assessment at the end of the course. All or a portion of the final assessment will be comprised of questions from the NBME (National Board of Medical Examiners) question bank. The questions on this 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.

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 session, 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 ≥ 70% on all exam questions to pass the written examination component of the course. Students with a written exam average below 70% risk failing **Reproductive System**, and being referred to the Student Evaluation and Promotions Committee.

Clinical skills exams / Objective Structured Clinical Examination (OSCE)

Summative assessment of clinical skills occurs periodically throughout the pre-clerkship phase. OSCEs are skills-based examinations conducted in the CLC to assess the student's ability to demonstrate clinical skills and behaviors. OSCEs typically consist of several "stations." Each station will require the student to demonstrate one or more clinical skills/behaviors that will be assessed by a trained observer using established performance criteria for that assessment.

Students must score **≥ 80%** on the OSCE in order to pass the course in which the OSCE occurs. A High Stakes OSCE (for promotion to Year 3) occurs the week following **Reproductive System**. Students who do not achieve a score of 80% or higher on the OSCE must remediate these clinical skills. Students scoring below 80% who are unable to successfully remediate these deficits will be referred to the Student Evaluation and Promotions Committee.

Quizzes

Throughout the course there will be weekly faculty-written on-line quizzes. These formative tools are "assessments for learning" that allow students to self-assess mastery of the material and learning needs. **Quizzes are required and must be completed each weekend prior to 8 AM the following Monday**. 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. 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 66637 **Reproductive System** a student must earn **a minimum of 129 points as described in the table below**,

including a **minimum of 95 points from the assessment categories**. The final grade of a student who accumulates 129 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 = 95)				
End of course exam	Overall score of ≥ 75%	100 points	90	100
	Overall score 70-74.9%	90 points		
	Score < 70%	0 points		
Weekly quiz (total 3)	On time submission and score ≥ 70%	3 points each	5	9
	On time submission and score between 65% and 65.9%	2 points each		
	On-time submission and score between 50% and 64.9%	1 point each		
	Late submission or score < 50%	0 points		
		TOTAL ASSESSMENT	**95**	**109**
NON-ASSESSMENT CATEGORIES (Minimum total points required = 34)				
CLC (3x/student) FOSCE week 3	On-time arrival	1 point each	8	9
	Professionalism	1 point each		
	Evidence of preparation	1 point each		
Clinical skills small group	On-time arrival	1 point each	8	9
	Evidence of preparation	1 point each		
	Participation/Professionalism	1 point each		
Required large group attendance sessions: • First session (FSU policy) **2/1** • Capstone **2/8** • Capstone **2/15** • Capstone **2/22**	On-time arrival	1 point each	7	8
	Participation/Professionalism (Note: a student who does not participate in the full session receives 0 points)	1 point each		
Assignments				
PICO assignment	On-time submission **due 5:00 PM 2/12**	1 point	2	3
	Adequate effort and timely resubmission if requested	2 points		
Professionalism	General professionalism	**-1 point/event**	9	10
		TOTAL NON-ASSESSMENT	**34**	**39**
		TOTAL	**129**	**148**

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 65% of an NBME component with 50 questions = an exam score of 70.6% (0.8*30+0.65*50)/80). 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* (see Grading Policy below), which will require remediation or repetition of the course, as proposed by the course directors and determined by decision of the Student Evaluation and Promotion Committee.
2. A student who achieves an overall passing score (≥ 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.
3. Any quiz not completed by the Monday 8 AM deadline will earn 0 points.

4. Attendance and satisfactory participation are required in all required sessions, all activities scheduled in the CLC, and other activities as determined by the course directors and clinical skills director. 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 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.
5. Demonstration of the attitudes and behaviors of Medical Professionalism in all aspects of the course, 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.
6. Satisfactory completion of all assignments, as determined by the block directors, including the following criteria:
    - PICO assignment
        - Timely submission
        - Appropriate completion of all sections of the template
        - Evidence of use of feedback from previous submissions to improve aspects of the assignment
        - Response to and/or resubmission based on as required by feedback from reviewer

Preclerkship course grading policy – Year 2

Course written exam score:
The Pass value for an in-house exam is 70%. The Pass value for an NBME exam in an M2 course is set as the national p value for the selected questions, minus 10 points OR 70%, whichever is LOWER (i.e., never higher than 70%). Students will be informed of the NBME p value prior to the exam, if it changes the 70% pass line. For written exams that incorporate both in-house and NBME questions, the passing score for the combined written exam will reflect the proportion of in-house and NBME questions on the exam.

Course grade:
If the written exam score is below passing as defined above, a grade of **IR** will be recorded.

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 Promotion 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 – Year 2

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 demonstrate competence through an assessment which is consistent with the original course. Remediation activities, including final testing, may involve other students. For an M2 course:

- Students with a score < 10 points below Passing (as defined above) remediate by taking an individually tailored, open-ended question (essay) format exam. Remediation occurs in the first 2 weeks of dedicated Step 1 study or earlier, if approved by the course directors.
- Students with a score ≥ 10 points below Passing (as defined above) remediate by taking another NBME exam – the same, or slightly modified from the original.
    1. For an M2 Fall course, remediation occurs over Thanksgiving or Winter break or in the first 2 weeks of dedicated Step 1 study (determined by consultation with the course directors).
    2. For an M2 Spring course, remediation occurs in the first 2 weeks of dedicated Step 1 study. Course remediation will be integrated with the student's use of UWorld blocks as part of the study plan.

If a student has IR grades in 2 or more M2 courses they will be referred to the SEPC.

A student who scores <70% on the remediation 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 and be referred to the SEPC.

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 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) 645-8256Fax: (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 Policy

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 FSU COM Student Handbook for details of attendance policy, notice of absences and remediation.

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

Clinical Learning Center (CLC) Specific Absence Policy

CLC scheduled activities

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

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

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

Unplanned but excusable absences from CLC sessions are absences due to circumstances *beyond the student's control*. Examples include student illness and/or family death. When such a situation occurs, please contact the CLC Team **as soon as possible**, to inform 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 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 either a formative or summative OSCE, he/she should complete and submit the appropriate forms to Student Affairs, and, if within 24 hours of the time he/she is scheduled for the OSCE, contact the CLC Team. If the absence is excused by Student Affairs, the student will receive an "I" (incomplete) grade and be required to complete a make-up OSCE at a designated time after the course has ended.

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

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

Professional Attire

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 warn, 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.

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 (≥100.4^{0}F or 38^{0}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.

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
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.