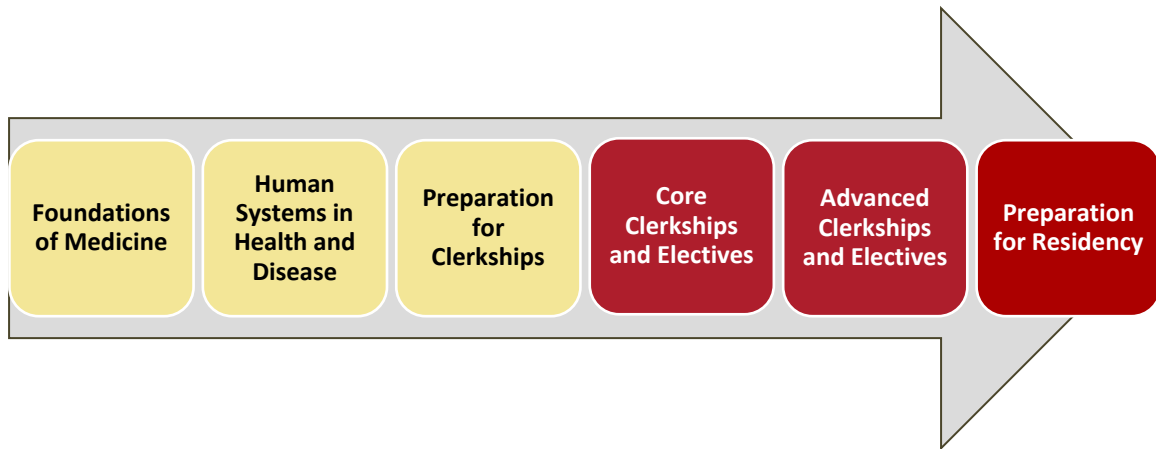


MEDICINE



BMS 6960 USMLE Step 1 Preparation



Florida State University
College of Medicine

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Faculty and Staff

Main faculty discipline contacts

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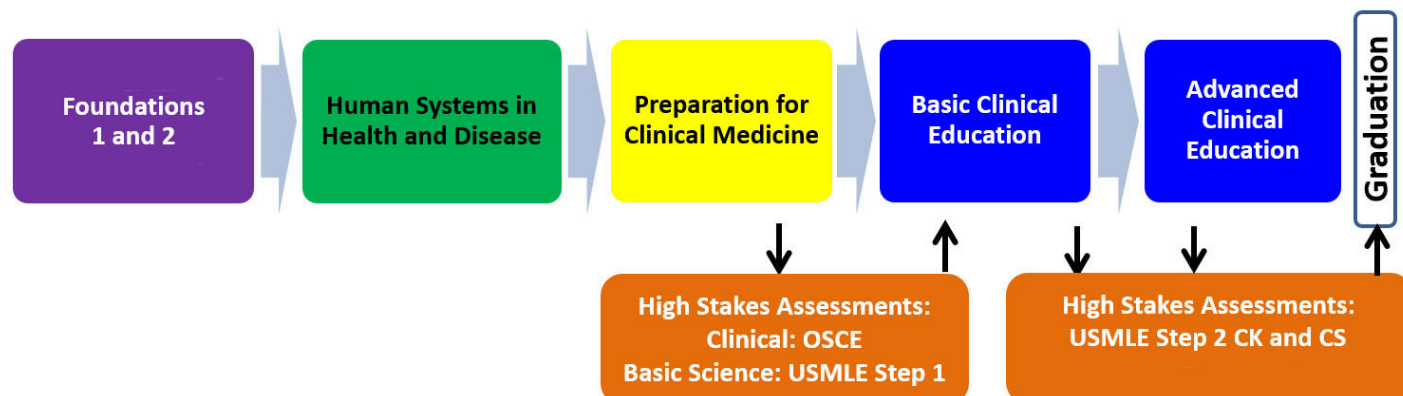
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Overview

Four Year Medical Curriculum



Course Goals

USMLE Step 1 Preparation [BMS 6960] allows time, faculty support, and resources for adequate preparation for the USMLE Step 1 exam through self-directed learning. The course uses formative evaluation with the NBME (National Board of Medical Examiners) Comprehensive Basic Science Examination (CBSE), a nationally normed achievement test that covers material learned in the pre-clerkship phase of the curriculum. The exam resembles the USMLE Step 1 exam in both content and question format. Each student receives a performance profile from this exam that identifies areas of relative and absolute strength and weakness that can guide their study plan. **USMLE Step 1 Preparation** provides 6 weeks of protected study time. Students who take the Step 1 exam earlier than the April deadline spend the remainder of the 6 week block engaged in any required remediation of clinical skills identified in the high stakes summative OSCE or other course work. A passing score on the Step 1 exam (currently 196 – with the exam Pass/Fail) and a passing score on the high stakes summative OSCE are required for a student to proceed into the clinical clerkship phase of the curriculum. Additional activities available to students include service learning activities focused on mission-based geriatric, rural, and other underserved populations, enrichment activities including interprofessional education and medical humanities, and vacation.

Course Objectives mapped to Education Program Objectives (EPO)

	Course Objectives	EPOs	Means of Assessment
1	Demonstrate the ability to select, perform, interpret, and appraise elements of pertinent history and physical examination appropriate for a patient visit	1.2	OSCE
2	Demonstrate the ability to select, perform, interpret diagnostic testing appropriate for a patient visit.	1.4	OSCE; USMLE Step 1
3	Demonstrate the ability to generate a differential diagnosis, justified by basic and clinical science concepts.	2.1, 2.2, 2.3, 2.4	OSCE
4	Describe the development, structure and function of the healthy human body and each of its major organ systems at the macroscopic, microscopic, and molecular levels; recognize and discuss the implications of altered structure and function of the body and its major organ systems; identify changes in the structure and function of the human body associated with the aging process and distinguish normal changes associated with aging from those that denote disease.	2.2	USMLE Step 1
5	Apply basic bio-behavioral and clinical science principles to analyze and solve problems related to the diagnosis, treatment and prevention of disease.	2.3, 2.5	USMLE Step 1
6	Apply basic science principles to explain the choice and effective use of pharmacotherapeutic agents and other therapeutic modalities.	2.2, 2.3	USMLE Step 1
7	Describe normal human psychosocial development across the life-span and predict the consequences significant deviations.	2.5	USMLE Step 1
8	Demonstrate the habits of life-long learning – the identification of personal knowledge gaps and application of strategies to find and interpret information to address those gaps.	3.1, 3.2, 3.3, 3.7	USMLE Step 1

9	Use accurate and appropriate vocabulary and concepts to communicate effectively with peers, faculty and patients about health and disease.	4.1	OSCE
10	Communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy	4.6	OSCE
11	Demonstrate respect, empathy, compassion, responsiveness and concern regardless of the patient's problems, personal characteristics.	5.1, 5.5	OSCE
12	Maintain confidentiality for patient information.	5.3	OSCE
13	Demonstrate professional behavior in all activities and interactions with peers, faculty and the community.	5.4	OSCE; USMLE Step 1
14	Develop the ability to use self-awareness of knowledge, skills and emotional limitations to engage in appropriate help-seeking behaviors; demonstrate healthy coping mechanisms to respond to stress; manage conflict between personal and professional responsibilities; practice flexibility and maturity in adjusting to change with the capacity to alter behavior	8.1, 8.2, 8.3, 8.4	Observation by faculty and staff
15	Describe the social determinants of health, and identify how they create opportunities for and barriers to wellness for underserved populations.	9.1	OSCE; USMLE Step 1

Course Format

The course is comprised of protected time and academic support for students to prepare for and complete two “high stakes” hurdles which must be successfully passed before continuing into the clinical clerkship phase of the curriculum. USMLE Step 1 is the first of four exams required for medical licensure in the United States. Step 1 is most commonly taken after completing the part of the medical curriculum which emphasizes basic science. It is a day-long, comprehensive assessment of the student’s knowledge base and mastery of the sciences basic to the practice of medicine. It is designed to assess understanding and ability to apply concepts and mechanisms that underlie human health and disease and which are the foundation of therapeutic strategies. Although the Step 1 exam has a “Pass/Fail” requirement to proceed in the curriculum, the student’s absolute performance on the exam is one of the most important determinants of their ability to earn a residency spot (“Match”) in their specialty and program of choice. Adequate preparation requires not only review of extensive material, but also practice with the format (clinical vignettes with “one best answer” vs “one right answer” questions) and pacing (1 min 22 sec / item) of this high-stakes exam. Early in the protected period faculty will provide targeted high-yield review of concepts and content identified by the aggregate performance on the diagnostic CBSE. Throughout the block, faculty experts will be available to students for individual assistance. Once the student has taken Step 1, any required remediation of the OSCE will be addressed by individual clinical faculty mentoring and reassessment. Nationally, medical schools schedule between 1 and 2 months of protected time for Step 1 preparation.

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 conscientious 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 [see [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.

Recommended Materials (all textbooks required in preclerkship courses are available as ebooks through COM library course page)

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

[Basic Immunology](#) (Abbas)

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

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

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

[Diagnostic and Statistical Manual of Mental Disorders \(DSM-5\)](#)

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

[Histology: a text and atlas with correlated cell and molecular biology](#)

(Ross)

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

[Medical Biochemistry - An Illustrated Review](#) (Panini)

[OnlineMedEd](#) (institutional subscription)

[Langman’s Medical Embryology](#) (Sadler)

[Physiology](#) (Costanzo)

[Rapid Interpretation of EKGs](#) (Dubin)

[Resolving Ethical Dilemmas](#) (Lo)

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

[Sherris Medical Microbiology](#) (Ryan)

[Rapid Review Pathology](#) (Goljan)

[Pathoma](#) Pathology review (individual subscription)

USMLE World Question bank (3 month subscription provided)

1. Other materials required for the OSCE

- a. 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.
- b. Also:
 - 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

Written exams

Results from the NBME **Comprehensive Basic Science Examination** (CBSE) will be used to guide student self-directed study and document preparedness to take the USMLE Step 1 licensing exam. The current version of the examination reports the score as Pass/Fail.

The **USMLE Step 1** exam is administered by appointment by the NBME at an approved testing location. Second year students in good standing must apply for a 3-month eligibility period through the [NBME Licensing Examination Services](#) website no later than the end of the 2nd week of February. After approval of the application (which can take up to 4 weeks), the student will receive a scheduling permit which allows him/her to schedule the exam at the testing center within that eligibility period. The 2021 Step 1 fee is \$645.

Students must take the Step 1 examination no later than April 22, 2022 in order to assure availability of their score in time to proceed to the first clinical rotation. Students with unusual circumstances that prevent them from taking USMLE Step 1 by this date must, as soon as possible, **petition in writing** to the Associate Dean for Student Affairs and the Senior Associate Dean for Medical Education and Academic Affairs to be

allowed to delay the exam and the start of their clerkships. Failure to adhere to these deadlines will jeopardize the student's good standing and may delay the start of their Year 3 clerkships (see [Student Handbook](#)).

- Students who have not taken Step 1 by April 22nd will not be allowed to participate in the Preclerkship Preparation Boot Camp (BMS 6801) between April 26th and May 13th. **Those who take Step 1 no later than June 18th must return to Tallahassee if required to complete any make-up Boot Camp sessions to be determined between June 21 and July 9, prior to starting their first clerkship during Rotation B.**
- Students who have not taken Step 1 and completed the Preclerkship Boot Camp by July 9th will be moved into the Class of 2025.

Objective Structured Clinical Examination (OSCE)

There will be a summative OSCE for demonstration of required clinical skills. 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 be eligible to move forward to the clinical clerkships.

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 6960 (USMLE Step 1 Preparation)** a student must meet all of the following requirements:

1. Demonstrate appropriate commitment to self-directed learning, including formative use of the results of the CBSE to identify knowledge gaps and individual meetings with faculty and academic counselors for additional guidance and feedback as appropriate.
2. A **passing score on the USMLE Step 1** licensing exam. The current Step 1 passing score set by the NBME is **≥ 196. The score is reported as Pass/Fail.** Students who do not achieve a passing score on the Step 1 exam will receive an "I" (Incomplete) grade for the course and will be referred to the Student Evaluation and Promotion Committee and to Academic Counseling to develop an appropriate remediation plan to prepare to retake the exam.
3. A score **≥ 80%** on the summative OSCE. Students who do not achieve a score of 80% or higher on the OSCE will receive an "I" (Incomplete) grade for the course and must remediate these clinical skills. This remediation must be coordinated with the clinical skills director, the CLC director, and the student's regional campus dean. Assessment of successful remediation will be the outcome of the Year 3 FOSCE. Students scoring below 80% who are unable to successfully remediate will be referred to the Student Evaluation and Promotion Committee.
4. Demonstrate of the attitudes and behaviors of Medical Professionalism in all activities and interactions with peers, faculty, and the community. Professionalism concerns may generate a **Report of Concern for Unprofessional Behavior** (see [Student Handbook](#)) and referral of the student to the Student Evaluation and Promotions Committee. and may result in receiving a grade of fail in the course.

Course Evaluation

Students will have the opportunity to provide constructive feedback throughout the block. Feedback is encouraged at all times on all components of the course and will assist 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 Office of Student Counseling Services](#)

Medical Science Research Building, 2301

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

To receive academic accommodations, a student:

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

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

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

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[Office of Accessibility Services](#)

874 Traditions Way

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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

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See pages 28-29 of [FSUCOM Student Handbook](#) for details of attendance policy, notice of absences and remediation.

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

Clinical Learning Center (CLC) Specific Absence Policy

Objective Structured Clinical Examination (OSCE)

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

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

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

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.

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.

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.