

# MEDICINE



**Human Systems in Health and Disease**  
**BMS 6042**  
**Cardiovascular and Pulmonary Systems**



Florida State University  
College of Medicine

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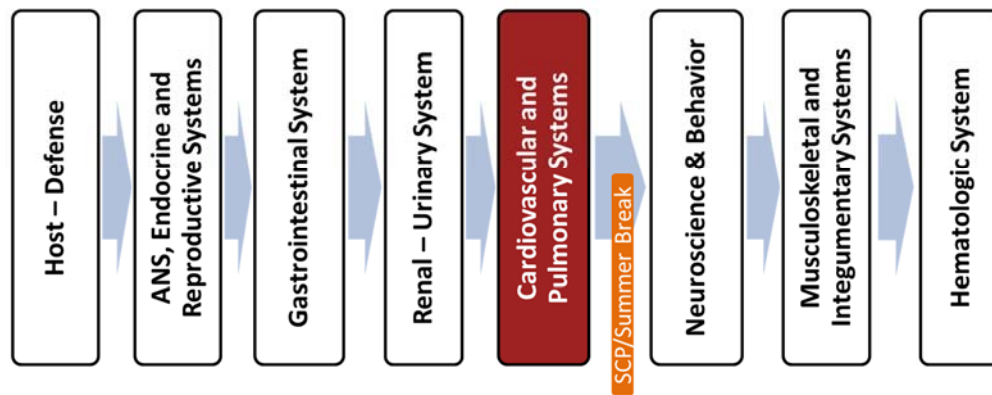
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# Overview

## Human Systems in Health and Disease



### Course Goals

In the **Cardiovascular and Pulmonary Systems** block of Human Systems in Health and Disease students acquire a fundamental knowledge of the structure and function of the heart and lungs in the context of caring for patients. Building on the knowledge acquired in the **Renal-Urinary System** block, it prepares students to understand acid-base regulation and associated disorders. Through active exploration of case-driven problems, students discover how basic science and clinical medicine explain the signs and symptoms of cardiovascular and pulmonary 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 diseases of these systems using an “evidence-based” approach. COM mission-based domains are underscored in specific objectives that address important issues in geriatric, rural and other underserved populations, such as myocardial and chest wall compliance 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, DNR and DNI orders and disparities in smoking outcomes by race and socioeconomic status. Students who complete this course will understand the anatomy and physiology of the cardiovascular and pulmonary systems in health and disease and how this relates to fundamentals of treatment. They 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 a mastery of cardiopulmonary 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. Explain the normal structure and function of the cardiovascular and pulmonary systems in the context of how the systems contribute to total body homeostasis.
2. Predict and recognize the clinical, physiologic, and pathologic effects of cardiac and respiratory injury, and explain these in terms of the underlying basic science.
3. Demonstrate the ability to select, perform, interpret, and appraise elements of pertinent history, physical examination, and diagnostic testing pertaining to the cardiac and respiratory systems.
4. Identify and provide rationales for the pharmacological and non-pharmacological management strategies for the treatment of patients with cardiac and respiratory disorders, including the mechanisms of pharmacological therapies.
5. Recognize social, environmental, and epidemiologic issues related to cardiovascular and pulmonary disease.
6. Describe behavioral and sociologic issues that may impact care of patients with cardiac or respiratory 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.**

### **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 systems being studied in this 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 and lungs, 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 Blackboard site.

## Competencies

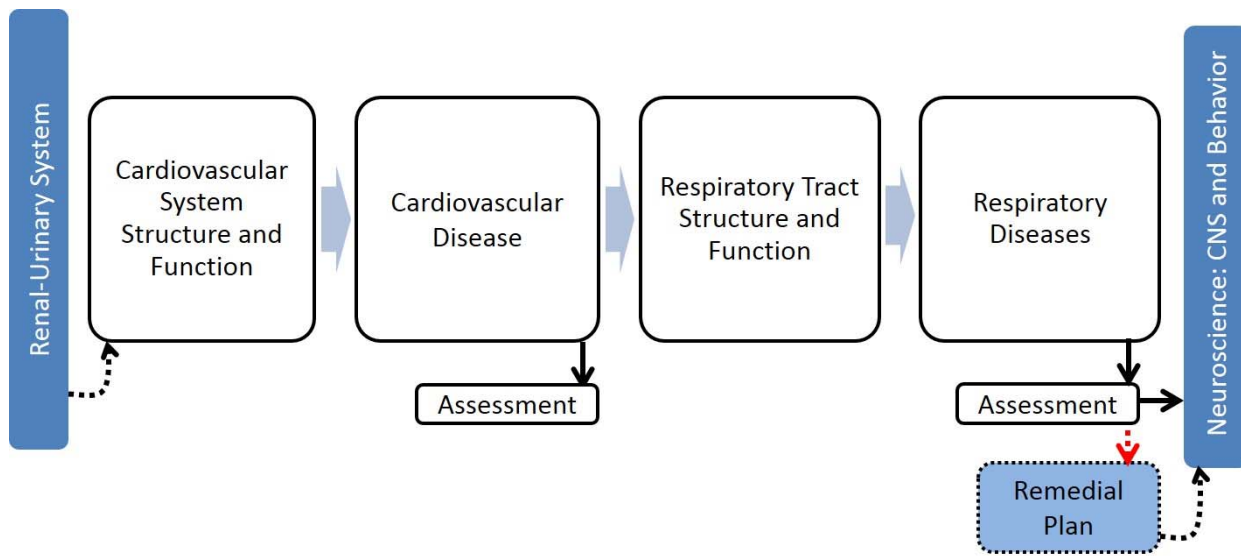
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Competency Domains	Competencies Addressed	Methods of Assessment
<b>Patient Care</b>	Demonstrate clinical skills and clinical reasoning necessary for diagnosis and management of cardiovascular and pulmonary disease.	Faculty observation; OSCE
<b>Knowledge for Practice</b>	Explain the normal structure and function of the cardiovascular and pulmonary systems in the context of how the systems contribute to total body homeostasis, including acid-base balance. Anticipate and explain the clinical, physiologic, and pathologic effects of cardiac and respiratory injury. Demonstrate the ability to identify, interpret, apply, and appraise elements of pertinent history, physical examination, and diagnostic testing pertaining to the cardiac and respiratory systems.	Formative Quizzes, Exams, Faculty observation in large and small group activities

	<p>Identify and provide rationales for the management strategies for the treatment of patients with cardiac and respiratory disorders, including pharmacologic and non-pharmacologic treatment.</p> <p>Recognize environmental and epidemiologic issues related to cardiovascular and pulmonary disease.</p> <p>Identify behavioral and sociologic issues that may complicate care of patients with cardiac or respiratory disease.</p>	
<b>Practice-based Learning and Improvement</b>	<p>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.</p> <p>Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.</p>	<p>Self-assessment, small group exercises</p>
<b>Communication and Interpersonal Skills</b>	<p>Use accurate and appropriate vocabulary and concepts to communicate effectively with peers, patients and faculty about cardiovascular and pulmonary disease.</p> <p>Demonstrate respect, empathy, compassion, responsiveness and concern regardless of the patient's problems, personal characteristics.</p> <p>Communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy.</p>	<p>Faculty and Preceptor observation, peer evaluation</p>
<b>Professionalism</b>	<p>Complete all required activities in a timely fashion.</p> <p>Maintain confidentiality for patients who participate in the course.</p> <p>Demonstrate professional behavior in all interactions with peers, patients, and faculty.</p>	<p>Assignments; faculty and preceptor observation; peer and self-evaluation</p>

# Content Sequence

Content sequence in Cardiovascular and Pulmonary 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.

## Cardiovascular System: Structure and Function

- Cellular and tissue structure and physiology of the heart and vessels
- Cardiac cycle
- Heart sounds and EKG
- Hemodynamics and blood pressure control mechanisms

## Cardiovascular Disease

- Hypertension and arteriosclerosis
- Ischemic heart disease, embolisms, myocardial infarction, congestive heart failure
- Intrinsic vascular diseases, diseases of the venous/lymphatic system
- Valvular disease: congenital, rheumatic, idiopathic
- Cardiomyopathies and congenital heart disease
- Endocarditis, myocarditis and pericardial disease
- Cardiac and vascular tumors

## Respiratory Tract: Structure and Function

- Lung development, maturation, and changes with aging
- Respiratory physiology: ventilation, gas exchange, regulation of breathing
- Acid-base metabolism
- Heart-lung interaction
- Microbiome of the upper respiratory tract

## Respiratory Diseases

- Infections and environmental exposures; allergies and immunologic mediators
- Asthma, bronchitis, pneumonias, COPD, emphysema
- Mechanisms and clinical effects of drugs used in treating asthma, COPD, allergic rhinitis, cough, infections of the respiratory tract, common respiratory disorders in the newborn, and pulmonary hypertension



- Congenital disorders and malformations, CF
- Cancer of the lung and larynx
- Pulmonary manifestations of systemic disease

*Required Materials (All required texts are available as ebooks through COM library course page)*

Basic & Clinical Pharmacology (Katzung)

Bates Guide to Physical Examination and History Taking

Behavioral Science in Medicine (Fadem)

Cecil Essentials of Medicine (Wing)

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)

Physiology (Costanzo)

Rapid Interpretation of EKGs: An Interactive Course (Dubin)

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 Blackboard when possible.

1. Other materials required for clinical sessions
  - a. Clinical examination equipment: Each student must purchase and/or have available the following clinical examination equipment: stethoscope with diaphragm, bell and pediatric option, oto/ophthalmoscope, #128 and #512 tuning forks, penlight, reflex hammer, Rosenbaum eye chart and a sphygmomanometer with pediatric, adult, and large adult sized cuffs. Opportunities to purchase this equipment at a discount will be provided prior to orientation. Bring your examination equipment with you to each CLC session.
  - b. Also bring the following to each session in the CLC:
    - A watch capable of measuring seconds
    - 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 a mid-block assessment and a final assessment. Formative quizzes or 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, from assigned readings, and from CLC sessions. Written questions may also be presented in context with standardized patient encounters during the examination.

Students must score a cumulative average of  $\geq 70\%$  on all exam questions to pass the written examination component of the course. Students with a written exam average below 70% risk failing **Cardiovascular and Pulmonary Systems** 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 preclerkship 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  $\geq 80\%$  on the OSCE in order to pass the course in which the OSCE occurs. Students who do not achieve a score of 80% or higher on the OSCE must remediate these clinical skills. An OSCE remediation plan must be determined prior to the beginning of the summer break. An OSCE is part of the final assessment for **Cardiovascular and Pulmonary Systems**. It will emphasize the student's ability to conduct a problem-oriented patient encounter and a chronic illness patient encounter. Students scoring below 80% who are unable to successfully remediate these deficits will receive a grade of "Fail" for **Cardiovascular and Pulmonary Systems** and be referred to the Student Evaluation and Promotions Committee.

### **Formative Quizzes**

There will be formative quizzes that allow students to self-assess their mastery of the material. Formative quiz questions do not contribute to the cumulative course average. They are important opportunities for students to practice the self-assessment and responsibility for their own learning that are part of Professional behavior. The results of the formative 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 6042 (**Cardiovascular and Pulmonary Systems**) a student must meet all of the following requirements:

1. A final average  $\geq 70\%$  on all examination questions. An average  $< 70\%$  will receive a grade of fail, which will require remediation or repetition of the course, as proposed by the block 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. 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
4. Attendance and satisfactory participation in all required sessions, all activities scheduled in the CLC, and other activities as determined by the block directors and clinical skills director. Unexcused absence from an activity for which attendance is required may require remediation as determined by the block directors. Multiple unexcused absences from required activities will be considered a Professionalism concern and may result in a **Report of Concern for Unprofessional Behavior** (see [Student Handbook](#)) 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. Professionalism concerns may generate a **Report of Concern for Unprofessional Behavior** (see [Student Handbook](#)) and may result in receiving a grade of fail in the course.
6. A score  $\geq 80\%$  on the OSCE. Students who do not achieve a score of 80% or higher on the OSCE but who have successfully completed all other components of the course 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 and the CLC director. The remediation plan must be determined prior to the start of the summer break, and remediation must be completed prior to the beginning of the first block of Year 2 (**Neuroscience: CNS and Behavior**). Students scoring below 80% who are unable to successfully remediate will receive a grade of "Fail" for **Cardiovascular and Pulmonary Systems** and will be referred to the Student Evaluation and Promotion Committee.

7. Satisfactory completion of all assignments, including Preceptorship, as determined by the block directors.

### ***Course Evaluation***

Students will have the opportunity to provide constructive feedback through evaluation forms. 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.

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## **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 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, G146

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

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***

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

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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.

## *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 [Ms. Danforth](#). 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.**

## *Preceptorship*

**Planned preceptorship absences** require students to complete the proper forms and obtain the required permissions prior to the absence. **In addition to the request through Student Affairs the student must also complete a survey via the intranet (SharePoint) to inform the Preceptor Director, Ms. Karen Myers, of the session to be missed and the rescheduled date.**

Survey link: [https://intranet.med.fsu.edu/sites/academicaffairs/ome/student/Lists/2014\\_D201\\_Preceptorship/overview.aspx](https://intranet.med.fsu.edu/sites/academicaffairs/ome/student/Lists/2014_D201_Preceptorship/overview.aspx)

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 from Student Affairs, 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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