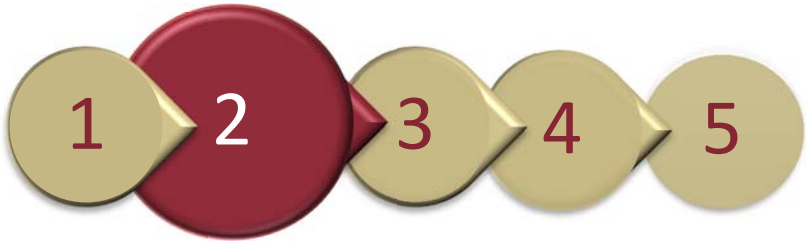
MEDICINE



BMS 6030
Foundations of Medicine 2:
Molecules to Mechanisms

Florida State University
College of Medicine

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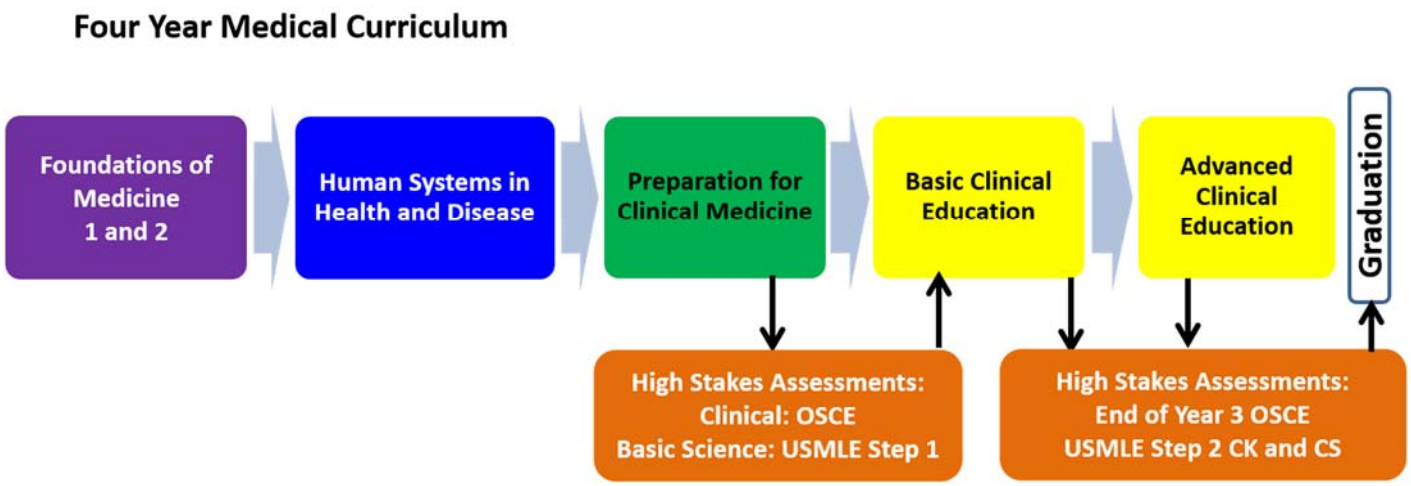
Overview



Course Goals

Molecules to Mechanisms – is the second Foundations of Medicine block of the FSU COM Curriculum for the 21st century. It complements Foundations of Medicine 1: Organization and Structure – to provide a foundation of core concepts, knowledge and vocabulary of basic, behavioral and clinical science as well as the fundamental skills of the physical exam and medical interviewing on which to build throughout the preclerkship curriculum. COM mission-based domains are underscored in specific objectives that address important issues in geriatric, rural and other underserved populations, such as the factors that impact medication dosage and effectiveness in elderly patients. Curricular themes such as cultural issues, ethics, and public health are developed as essential components in case studies – for example, attitudes, access, and consequences of dietary choices across the lifespan, beginning prior to conception and continuing through old age – and in clinical encounters with standardized patients. Students completing Molecules to Mechanisms will have a solid foundation of cellular and molecular principles in health and disease and awareness of their impact on individuals, families, society, and the health care system.

Learning Objectives

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

1. Describe the normal structure and function of the basic cell and tissue types of the body at the tissue, cellular, subcellular, and molecular levels including mechanisms of genetic transmission and gene expression, cell proliferation, energy production and use, and cellular metabolism, and correlate structures and mechanisms with human function.
2. Describe the mechanisms of cell communication including cell signaling, excitable membranes, receptor ligand binding, and second messenger cascades.
3. Describe the mechanisms of cellular adaptation and response to injury and anticipate the outcomes of these changes.
4. Describe the basic characteristics of microbial pathogens and the basic cellular mechanisms through which they impact normal cell structure and function and lead to clinical consequences.
5. Demonstrate the ability to interpret, and report the results of relevant diagnostic testing involving cell and tissue function.
6. Describe the basic concepts of pharmacokinetics and pharmacodynamics, including factors that influence drug absorption, distribution, excretion, and dose response, and apply this knowledge to the selection of pharmacologic treatment options, including dosage adjustments, and their consequences.
7. Demonstrate the ability to organize and conduct a medical encounter using the biopsychosocial model of health and illness and patient-centeredness across the lifespan, including attention to the social determinants of health and the impact of patient and physician culture on health disparities.
8. Demonstrate the habits of life-long learning – the identification of knowledge gaps and application of strategies to find and interpret information to address those gaps.
9. Demonstrate professional behavior in interactions with peers, with guest patients, and with faculty.

Course Format

Foundations of Medicine 2: Molecules to Mechanisms is organized in three sections: 1) Cell Structure and Function, 2) Cell Communication and Signaling, and 3) General Principles of Pharmacology. 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. 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 and "flipped" 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.

Clinical Learning Sessions (CLC) (attendance required)

Throughout the block learners will continue to develop their clinical skills and clinical reasoning during individual SP encounters in the CLC. Building on the physical exam skills learned in Foundations of Medicine 1: Organization and Structure, students develop an understanding of the organization, content and performance of the medical interview. Emphasis is placed on communication skills using the biopsychosocial model of health and illness and patient-centeredness across the lifespan. Students experience the essential integration of basic, behavioral and clinical science knowledge and concepts in the successful patient encounter.

Senior Mentor Program (attendance required for Medical Students)

Through participation in the Senior Mentors Home Visits Program, students learn about the biopsychosocial perspective of aging and develop skills in active listening and history taking. The activities and assignments of the Program occur throughout the Fall semester of Year 1 and contribute to the grade of all three (3) Fall courses: Molecules to Mechanisms, Host-Defense, and ANS, Endocrine and Reproductive Systems. The Senior Mentor Program pairs two (2) students with an independently-living older person in the community. Working as a team, the students visit with the assigned Senior Mentor 3 times during the semester. Each visit is associated with a set of objectives that develop an understanding of the importance of knowing a patient first as a person and how information on background, education, work history, belief systems, values, and personal needs contributes to that understanding. Following each visit, both team members complete and submit the appropriate

assignment form. Completed assignments are discussed in small groups. Students are responsible to schedule their visits with their Senior Mentors to allow adequate time to complete and submit these written assignments no later than the due dates: 10/1, 11/1 and 12/1. The appropriate assignment forms are found on the Blackboard sites of the Fall semester courses. Note, the first Senior Mentor visit occurs during Foundations of Medicine 2, and the first written assignment is due during the last week of Foundations of Medicine 2.

Professionalism

Medicine is a Profession, which means it entails unique responsibilities and obligations as well as unique privileges. "Professional identity formation" is an objective as important as learning the sounds and anatomy of the heart, but requires a different set of learning skills. Important among those are reflection, self- and peer assessment, deliberate practice, and learning for mastery (not grades).

Two essential Professional behaviors that will become a part of your everyday life are founded on respect for patients:

Confidentiality:

Patients — including Standardized Patients — deserve to be treated with respect. Respect for patients includes keeping all patient information confidential. Patient information may be shared with other health care professionals that have a legitimate, professional "need to know," or with specific family members, friends, or others that have permission from the patient for access to the information.

Be especially conscious about discussions of patients in public places. Even when patient names are not used, the discussion may reveal the patient's identity to others who overhear the discussion. Rather than risk a violation of patient confidentiality, discuss patients only in a private setting and only with individuals who have a legitimate need to know.

Be careful to keep all patient notes, reports and materials confidential. Patient records, should be returned to faculty, destroyed, or kept in a secure place.

Similarly, your classmates deserve to be treated with respect. Information learned about your classmates and their families while in class is considered confidential. You are not free to disclose this material to others without the specific consent of the person.

Violation of confidentiality may result in a Report of Concern for Unprofessional Behavior [hot link to student handbook] and may be referred to the Student Evaluation and Promotion Committee (SEPC). Egregious unprofessional behavior of any variety may result in suspension of the student, a failing grade for the course, and/or referral to SEPC.

Professional Attire:

Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine and of the medical profession. Appearance and behavior should at all times demonstrate respect for the profession and for our patients. The needs of patients must always come first, and any barriers to meeting those needs (including attire, appearance and grooming) must be removed.

Professional attire should be worn in settings where students interact with people from outside the COM, and particularly when interacting with Standardized Patients (SPs) in the CLC, on a "house visit," or when in a preceptor's office or clinic, a hospital or nursing facility. Professional attire should also be worn when patients, guests, or visitors are present in large or small group sessions.

Specific standards for professional attire for men and for women are detailed at the end of this document and can always be found on the course Blackboard site.

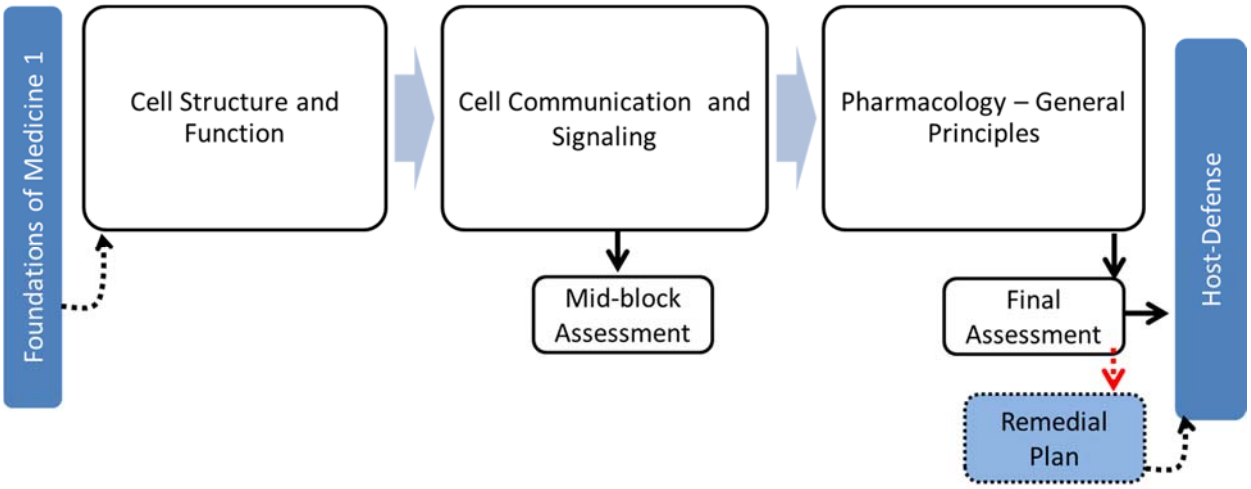
Competencies

Competency Domains	Competencies Addressed in Medicine 2	Methods of Assessment
Patient Care	Demonstrate the ability to organize and conduct a medical encounter using the biopsychosocial model of health and illness and patient-centeredness across the lifespan. Demonstrate the ability to elicit and concisely present an accurate, comprehensive medical history including chief complaint, history of present illness, past medical history, social history, and family history.	Faculty observation

	Demonstrate use of communication skills (e.g. open ended questions, silence, reflection) and associate communication strategies with particular tasks (e.g. using silence to elicit the patient's view). Demonstrate the ability to select and perform basic maneuvers of the physical exam.	
Knowledge for Practice	Describe the role of the nuclear material in the regulation of gene expression, cellular proliferation, bacterial and viral pathogens, and patterns of human inheritance and how this might impact a patient and their family. Describe the relationship between the function of sub-cellular organelles including the endoplasmic reticulum, the Golgi apparatus, and lysosomes to normal processing of cellular proteins and their role in disease processes and the environmental and social conditions that might impact this process. Describe the role of the mitochondria in macronutrient metabolism and energy production, storage, and utilization and the psychosocial impact and importance of proper nutrition across the lifespan. Describe the mechanisms of cell communication and cellular responses to injury. Describe the structure and function of the basic tissue types in the human body and how this impacts human function. Describe microorganisms responsible for infectious disease and how their manifestation may impact an individual and their family across the lifespan. Compare and contrast types of cell adaptation and injury in terms of mechanisms and outcomes for the patient and their family. Describe the basic concepts of pharmacokinetics including factors influencing drug absorption, distribution and excretion including ionization of drugs. Describe the basic concepts of pharmacodynamics including factors involved in dose response and the importance of these in adjusting the dosage to the patient. Describe the changes in drug metabolism across the lifespan. Describe steps used in the testing of a drug for FDA approval. Apply elementary concepts of biostatistics and study design to understand medical literature.	Exams, quizzes; faculty observation in small group sessions
Practice-based Learning and Improvement	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. Apply the principles and methods of Evidence-Based Medicine to acquire, appraise, and assimilate new clinical information to improve patient care.	Self-assessment, small group exercises
Communication and Interpersonal Skills	Demonstrate the ability to communicate effectively with a patient and his/her family using culturally appropriate verbal and non-verbal skills to build trust and rapport between the student and patient. Demonstrate respect, empathy, compassion, responsiveness and concern regardless of the patient's problems, personal characteristics. Communicate diagnostic information and reasoning, intervention options, and a suggested plan of care with truthfulness, sensitivity and empathy.	Faculty observation, peer evaluation
Professionalism	Complete all required activities in a timely fashion. Maintain confidentiality for patients who participate in the course. Demonstrate professional behavior in all interactions with peers, patients, and faculty.	Assignments; faculty observation; peer and self-evaluation

Content Sequence

Content sequence in Molecules to Mechanisms :



Throughout the block, students continue to develop their clinical skill set with a focus on the medical interview and taking and documenting a medical history. Basic physical exam skills learned in Foundations of Medicine 1: Organization and Structure, are maintained and refined.

Cells and Tissues

- DNA, inheritance, and human genetics
- Normal and abnormal proliferation
- Bacterial and viral structure and replication
- Cellular organelles, protein, glucose and fat metabolism and storage
- Patient-centered interviewing, genetic screening and counseling

Cell Communication and Signaling

- Biological membranes
- Receptor – ligand interaction
- Basic tissue types and physiological function
- Cellular response to injury
- Biostatistics, study design and critical reading of literature

General Principles of Pharmacology

- Pharmacokinetics, absorption, distribution, excretion, drug metabolism, changes with age
- Pharmacodynamics, agonists and antagonists, potency and efficacy, dose – response
- Drug development and evaluation
- Patient-centered interviewing, medication reconciliation, therapeutic adherence, patient-specific dosage

Required Materials (All required texts are available as ebooks through COM library preclerkship resources page)

Basic and Clinical Pharmacology (Katzung)
Bates Guide to Physical Examination and History Taking
Physiology (Costanzo)
Behavioral Science in Medicine (Fadem)
Histology: A Text and Atlas With Correlated Cell and Molecular Biology (Ross)
Medical Biochemistry: An Illustrated Review (Panini)
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)
Thompson & Thompson Genetics in Medicine (Nussbaum)

Additional required readings will be assigned from a variety of sources. These readings will be provided to you and posted on Blackboard 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 a mid-block assessment and a final assessment. The midblock assessment contributes 40% and the final assessment 60% to the final average. Formative quizzes and/or other assessment exercises will be required throughout the block but do not contribute to the final grade.

Written exams

Multiple choice and other question formats are used to assess both content knowledge and application skill (ability to solve problems, demonstration of clinical reasoning, etc.) on written exams. Exam questions may be drawn from material presented in any activity or assignment, from assigned readings, and from CLC sessions. Exams are cumulative within the course, i.e., the final assessment covers content from the entire block. In addition, exams are cumulative across the curriculum, i.e., main concepts, content and skills from material presented in prior blocks and courses may be included in questions. Written questions may also be presented in context with standardized patient encounters during the examination.

Students must score a cumulative average of ≥70% to pass the written examination component of the course. Students with a written exam average below 70% risk failing Molecules to Mechanisms and being referred to the Student Evaluation and Promotions Committee.

Clinical skills exams

Formative and summative assessment of clinical skills occurs periodically throughout the preclerkship phase.

Formative Quizzes

Throughout the course there will be formative on-line 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 and life-long learning. The results of the formative quizzes will be tracked as a measure of student progress and to help faculty connect students with resources that will help them succeed in the curriculum.

Grading

Medical Students

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 6030 (Foundations of Medicine 2: Molecules to Mechanisms) a student must meet all of the following requirements:

1. A final exam average ≥ 70%. The midblock assessment contributes 40% and the final assessment 60% to the final average. A final 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 (≥ 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. 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. Satisfactory completion of all assignments, including the Senior Mentor Program, as determined by the block directors.

BRIDGE Students (Graduate Program)

BRIDGE students will be held to the same requirements listed above, with exception of participation in the Senior Mentor Program. In addition, they will be assigned a letter grade (A, B+, B, B-,C or F) according to the scale below, based on the average of all written and practical exams. Note, that while the minimal passing score for the class is 70%, students in the BRIDGE program must achieve a grade of B- or better (≥76%) in all required courses to remain in the program. Grades of C may be remediated, at the discretion of the Block Directors in consultation with the Director of the Bridge Program and with the approval of the Bridge Committee.

Grading Scheme for BRIDGE Students: Foundations of Medicine 2: Molecules to Mechanisms

A = ≥ 90%
B+ = 86 – 89.9%
B = 80 – 85.9%
B- = 76 – 79.9%
C = 70 – 75.9%
F = < 70%

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.

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) 645-8256Fax: (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

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)

Attendance Policy

The College of Medicine has detailed attendance policies as they relate to each cohort and events that conflict with course schedules. See section 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

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 during 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 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.