

MEDICINE



BMS 6037 Medicine 1-Summer 2014

Florida State University
College of Medicine



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Overview

Medicine 1 is the first block of the new FSU COM Curriculum for the 21st century. It will differ in many important ways from every educational experience you have had before, because a medical education is about more than “what” you will learn or even “how” you will use that knowledge. It is also about “who you are,” “what you believe,” and “how you behave.” A medical education is transformative: you will change and be changed over the next few years, and that journey begins now.

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

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

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

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

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

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

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

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

Team work

Another essential aspect of Professionalism (and medical school) is Team work. Modern Medicine is a team activity requiring constant interactions of numerous members of the health care team – which includes the patient. Team work is about more than simply working well with others. A Team practices both individual and mutual responsibility and accountability. Medicine 1 introduces you to the Team approach for learning.

Most of us learn best when we share our knowledge with others – good teachers learn from those they teach. In Medicine 1, the Team approach is an essential aspect of both the dissection laboratory and physical exam components.

Assigned Teams sit together in large group / lecture presentations and work together on the clinical questions that are asked. In the laboratory, Teams share responsibility to complete the assigned dissections. In the LCs and CLC, Teams practice the physical exam and utilize a variety of digital imaging programs and informatics resources that help synthesize the knowledge acquired about human structure and patient care.

The Biopsychosocial Approach: Patient-Centered Care

There are two basic models for providing care to patients: the cure model and the care model.

The physician is at the center of the cure model which focuses on identifying causes of disease and treatment regimens to correct underlying pathologies – the biomedical aspects of health care.

The patient is at the center of the care model (often referred to as patient-centered or person-centered care), in which the physician's role is to establish an overall diagnosis and plan based on the whole person (patient), not only the disease present. This biopsychosocial approach maintains that health is determined by a combination of biological (injury, pathogens, developmental abnormalities), psychological (thoughts, emotions and behaviors), and social factors (e.g., economic situation, gender, access to care, etc.).

Patient-centered care highlights the distinction between disease (the “thing that is wrong with the body”) and illness (personal experience in the context of disease). The patient-centered care model has four elements:

- The patient's perspective on what is wrong
- The patient's feelings about the illness
- The impact of the illness on his or her functioning
- What he or she thinks should be done – or not done.

Course Goals

Medicine 1 is a fully integrated course that lays a firm foundation for the entire medical curriculum.

There are five primary course goals:

1. Orientation to the patient-centered/biopsychosocial approach to health care and medicine;
2. Mastery of fundamental knowledge of human structure and function;
3. Novice level mastery of a defined set of clinical exam skills;
4. Beginner level mastery of basic information management skills, including appropriate use of a variety of resources and tools for self-directed and life-long learning;
5. Commitment to the development of the habits and attitudes of medical professionalism.

Competencies

Competency Domains	Competencies Addressed in Medicine 1	Methods of Assessment
Patient Care	<p>Demonstrate knowledge of the biopsychosocial model of health and illness, and use that knowledge to provide patient-centered care.</p> <p>Organize and conduct a medical encounter, including the use of an appropriate greeting/opening, gathering information and providing closure.</p> <p>Demonstrate the ability to elicit the patient's chief concern.</p> <p>Demonstrate the ability to perform the basic maneuvers of the physical examination of: 1) the upper back and upper extremity; 2) the lower back and lower extremity; 3) the thorax and lungs; 4) the heart, major arteries and neck veins; 5) the scalp and head, neck, including thyroid, the mouth and oral cavity, the nose and nasal cavity; 6) the eyes (not including posterior chamber) and the ears; and, 7) the abdomen, using recommended physical exam techniques.</p> <p>Demonstrate the ability to measure and record a patient's vital signs.</p> <p>Demonstrate understanding of the anatomical foundations of elements of the physical exam.</p>	<ol style="list-style-type: none"> 1. Written exams; 2. Observation by faculty, TAs, and/or standardized patients; 3. Performance on the OSCE; 4. Participation in small group exercises and simulation activities.
Knowledge for Practice	<p>Demonstrate basic knowledge of normal anatomy, embryology, cross-sectional anatomy and radiologic imaging of the human body.</p> <p>Apply anatomical knowledge to recognize and solve clinical problems.</p> <p>Explore the impact of culture on the patient's perception of health and illness.</p> <p>Locate and utilize resources to obtain needed information in a timely manner.</p> <p>Explore principles of medical ethics and their relevance to patient care.</p>	<ol style="list-style-type: none"> 1. Written and practical exams and quizzes, OSCE, and NBME Subject Exam 2. Observation by faculty and TAs
Practice-based Learning	<p>Demonstrate strategies and habits of lifelong learning.</p> <p>Demonstrate the ability to acquire information and critically appraise its validity and applicability.</p> <p>Demonstrate the ability to recognize when one has reached the limits of their knowledge when applying it to understanding clinical problems.</p> <p>Engage in self-evaluation.</p> <p>Develop a personal health behavior plan and strategies for reducing the impact of chronic stress in the life of a physician.</p>	<ol style="list-style-type: none"> 1. Written exams; 2. Reflective self- and peer assessment 3. Response to formative assessment and feedback
Communication Skills	<p>Demonstrate verbal skills and non-verbal behaviors that promote the building of rapport and trust between student and patient.</p> <p>Demonstrate team skills in group activities, including shared</p>	<ol style="list-style-type: none"> 1. Observation by faculty, TAs, and/or standardized patients; 2. Performance on the

	<p>accountability for the success of all team members.</p> <p>Engage in peer feedback on team performance.</p>	<p>OSCE;</p> <ol style="list-style-type: none"> Participation in group exercises Peer feedback and self-evaluation within the assigned teams and during course activities
Professionalism	<p>Demonstrate professional values, attitudes and behaviors in all interactions with faculty, staff, peers and patients and in all activities.</p> <p>Define professional behavior for a medical student and discuss issues related to the transition to physician-in-training.</p> <p>Practice self-evaluation and reflection concerning personal and observed differences and biases and how they impact interaction with peers, staff, standardized patients and faculty.</p> <p>Demonstrate appropriate respect for the dignity of body donors and their remains.</p>	<ol style="list-style-type: none"> Observation by faculty, TAs, staff, peers, and/or standardized patients; Performance on the OSCE; Participation in group exercises and simulation activities. Peer and self-evaluation Reflective assignments
<p>Notes: Students observe physician-patient encounters during weekly "Orientation to the Patients" and "Grand Rounds." Faculty and other invited presenters model behavior expected during patient encounters. Students are encouraged to ask questions of the participating patients, demonstrating respect and humanism.</p>		

Learning Events, Locations, and Materials

Large group presentations/discussions (Location: Auditorium)

Presentations will focus on major biopsychosocial concepts in the context of clinical presentations, aimed at stimulating active student participation in the application of knowledge. **The student must read the assigned material before attending a scheduled session** in order to intelligently discuss issues or ask for clarification about a concept. All sessions are intended to be very interactive between students and faculty and among students. Large group sessions are not intended to present all information; students are expected to study information in the assigned text or other materials to supplement material presented in class. The textbook assignments will be the benchmark for the level of detail examined. The radiology component of the course will focus on the recognition of anatomic structures using various radiologic techniques.

Grand Rounds (Location: Auditorium)

Each week will end with a clinical presentation that emphasizes biopsychosocial concepts and patient-centered skills covered during the week. The material presented may be included on the examinations. These sessions will emphasize the relationship between the physical exam and human structure and the role of anatomical knowledge in developing a differential diagnosis and treatment plan.

Human Structure Laboratory (Location: Anatomy laboratory, lower level, Biomedical Sciences building)

The laboratory experience is designed to integrate structure identification with anatomical relationships and clinical significance. The ability to recognize and understand anatomical relationships is essential in many aspects of the practice of medicine from performing a basic physical examination to the interpretation of radiographic images. The assignments will focus on the normal anatomy and common variations seen in the human body. The study room in the anatomy laboratory is equipped with models, skeletons, computers, anatomy software, a computer and LCD projector. The anatomy laboratories and student study rooms are available to students 24 hours a day, seven days a week.

Students will be assigned to Lab Teams, which will be divided into **red (α)** and **blue (β)** sub-teams. The red and blue sub-teams will alternate every other day in taking responsibility for the dissections. The "dissecting" sub-team will study the human cadaver, and the "non-dissecting" sub-team will study cross-sectional imaging and radiology of the entire body by anatomical regions and practice the related physical exam.

One member of each sub-team (**α and β**) will be assigned as the team captain for the week. At the end of the lab period (4:30 p.m.), the captain for the dissecting team will meet with the entire non-dissecting team and review the dissection completed that day. All items identified in bold print in the dissection guide should be shown to the “non-dissecting” team. These daily meetings are essential so that the teams are ready to trade assignments each day.

Exchange of information between the **α and β** teams must occur so that all students are able to benefit from every laboratory assignment. The team members are responsible to see that the exchange of information occurs on a frequent basis.

During lab hours students of the non-dissecting sub-teams have specific assigned times to view the dissections and to work with faculty and TAs in the CLC.

Clinical Learning Center (CLC) (Location: Lower level, Thrasher building).

The CLC is a simulated medical facility that provides a realistic and technologically-advanced learning environment.

During Medicine 1, students have scheduled time two mornings and two afternoons each week in the CLC to learn and practice physical examination skills. In addition, each student will be assessed on their physical exam skills each Thursday morning in the CLC. **Students who have not yet achieved the required level of performance will be required to attend performance adjustment training in the CLC on the following Friday morning. Attendance at all scheduled CLC sessions is mandatory.**

Students will work in groups of 2- 4 and have the opportunity to practice with each other and with standardized patients (SPs). The SPs are individuals who are trained to portray a patient with a specific condition in a realistic, consistent way and who permit students to interview and/or examine them. COM faculty and TA's will observe you and provide real-time feedback on your skills.

Following each morning CLC session, students will receive a “Student Practice Plan” identifying both general and specific skills that need particular attention and practice.

“Practice (alone) does not make perfect. Only perfect practice makes perfect.” Vince Lombardi

Students are required to attend and participate in all scheduled CLC sessions. Students with a legitimate reason to miss one of these sessions must request an approved absence through Student Affairs. 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 may generate a Report of Concern for Unprofessional Behavior. (See details in [CLC-Specific Absence Policies](#).)

CLC schedules, exam performance expectations and clinical skills resources will be posted on Blackboard.

Learning Communities (LCs, third floor of the Thrasher building)

Physical exam practice

Continued practice is needed to maintain and to improve clinical skills—including physical exam skills. You should use every opportunity to practice, not just scheduled times in the CLC. Practice with a classmate is part of your Team approach. In addition to improving your clinical skills, comfort, and confidence, this is an opportunity to practice giving and receiving honest and helpful feedback. TA's will be available during assigned practice times to assist student learning.

Radiology & cross-sectional imaging

The objective of the radiology cross-section component of the course is not to train radiologists, but to enable students to apply their understanding of anatomic relationships to interpret and recognize structures visualized by a variety of radiologic techniques. RadSIM (radiology self-instructional module – produced by Dr. Romrell and previous TAs), a useful learning tool, is available on the course Blackboard site.

Self-Study

Blocks of time are planned each day for independent, self-directed use of resources including videotaped demonstrations, interactive software, the Internet, textbooks, and consultation with faculty and TAs.

Required Materials

1. Bickley, LS and Szilagyi, G. Bates' Guide to Physical Examination and History Taking, 11th e.
2. Moore, Keith, L., Dalley, Arthur F., Agur, Anne M. R. Clinically Oriented Anatomy (7th, 2013 edition), Lippincott Williams and Wilkins
3. Tank, Patrick W. Grants Dissector (15th, 2012 edition) Lippincott, Williams & Wilkins
4. Sadler, T. W. Langman's Medical Embryology (12th, 2012 edition) Lippincott, Williams & Wilkins
5. Choose ONE of the following atlases:
 - a. Agur, A.M.R. and Lee, M.J. Grant's Atlas of Anatomy (12th, 2008 or 13th, 2012 edition) Lippincott, Williams & Wilkins *More "accurate" illustrations*
 - b. Netter, F.H. Atlas of Human Anatomy (4th, 2008 or 5th, 2012 edition) Icon Learning systems/Elsevier *Popular with students*
 - c. Rohen, J.W., Yokochi, C. and Lutjen-Drecoll, E. Color Atlas of Anatomy: A Photographic Study of the Human Body (7th edition, 2011) Lippincott, Williams & Wilkins
 - d. Gilroy, A.M., MacPherson, B.R. and Ross, L.M. Atlas of Anatomy (2008) Thieme *Excellent illustrations*

Recommended:

6. Fadem, B. Behavioral Science in Medicine. Philadelphia; Lippincott, 2004 (also available on Reserve in the COM Library)
7. Weir, J., and Abrahams, P.H. Imaging Atlas of Human Anatomy (3rd edition, 2005 or 4th edition, 2010) Mosby
8. Steele DJ, Susman JL, McCurdy FA. Student Guide to Primary Care: Making the Most of Your Early Clinical Experience. Philadelphia; Hanley & Belfus, 2003

Additional required readings will be assigned from a variety of sources. These readings will be provided to you and posted on Blackboard when possible.

9. 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.
10. Other materials for dissection laboratory sessions
 - a. Lab coat or scrubs (required)
 - b. Dissection gloves (provided)
 - c. Eye protection – this can be glasses or safety glasses (required)
 - d. Dissecting kit (optional – we supply basic tools)
 - e. Plastic apron (optional)

Grading System

Description of Student Assessment Methods and Grading

Unit examinations

There will be three integrated unit exams that include written, practical, and clinical skills components. There will also be a final written assessment that focuses on the content presented in The Values and Virtues of Medicine components of the course (weeks 1, 2 and 12).

Written exams

Multiple choice and other question formats are used to assess both content knowledge and application skill (ability to solve problems, 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 be presented in context with standardized patient encounters during the examination. The comprehensive NBME subject exam in Anatomy will be administered after the Unit 3 written exam.

Students must score a cumulative average of $\geq 70\%$ on all written and practical exams to pass the examination component of the course. Students with a written exam average below 70% in any content domain risk failing Medicine 1, and being referred to the Student Evaluation and Promotions Committee.

Practical exams

Practical exams are comprised of structures tagged on the cadavers, models and skeletons for identification. The expected level of detail is comparable to most of the BOLD TEXT structures in the dissector. Application questions about normal radiology and cross-sectional anatomy may be in association with CLC and/or OSCE stations.

Clinical skills exams / Objective Structured Clinical Examination (OSCE)

In addition to the weekly assessment of clinical skills, there will be a summative assessment of these skills with Unit exams 1 and 2 and a final OSCE with Unit exam 3. 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 $\geq 75\%$ on the Medicine 1 OSCE in order to pass the clinical skills portion of the course. Students who do not achieve a score of 75% or higher on the OSCE must remediate these clinical skills. This OSCE remediation will occur prior to the beginning of the fall semester and must be coordinated with the clinical block director and Ms. Danforth. Students scoring below 75% who are unable to successfully remediate these deficits will receive a grade of "Fail" for Medicine 1 and be referred to the Student Evaluation and Promotions Committee.

Formative Quizzes

Throughout the course there will formative on-line quizzes and formative practical quizzes that allow students to self-assess their mastery of the material. Although quiz scores do not contribute to the course exam average, they should be taken seriously. 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

Medical Students (Class of 2018)

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 6037 (Medicine 1) 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 (or specific content domains), as proposed by the block directors and determined by decision of the Student Evaluation and Promotion Committee.
2. A passing score on the NBME subject exam as determined by the block directors. (The NBME is a nationally normed exam which does not report a "percent correct" score.)
3. 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. Students may be asked to complete a Performance Improvement Program, the purpose of which is to assist the student in developing the skills and habits necessary to succeed in the curriculum as well as to address specific performance deficits.
4. Attendance and satisfactory participation in all required sessions: all sessions of Values and Virtues, all activities scheduled in the CLC, Grand Rounds, 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](#)).
6. A score $\geq 75\%$ on the Medicine 1 OSCE. Students who do not achieve a score of 75% 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 block directors and the CLC director, and must be completed prior to the beginning of the fall semester. Students scoring below 75% who are unable to successfully remediate will receive a grade of "Fail" for Medicine 1, and will be referred to the Student Evaluation and Promotion Committee.
7. Satisfactory completion of all assignments.

BRIDGE Students (Graduate Program)

BRIDGE students will be held to the same requirements listed above. In addition, they will be assigned a letter grade (A, B+, B, C+, C, D or F) according to the scale below, based on the average of all written and practical exams and the NBME subject exam (i.e., not including the OSCE score or the week 12 written assessment). 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 ($\geq 80\%$) in all required courses to remain in the [program](#).

Grading Scheme for BRIDGE Students: Medicine 1

A = $> 90\%$
B+ = 87 – 89.9%
B = 80 – 86.9%
C+ = 77 – 79.9%
C = 70 – 76.9%
D = 65 – 69.9%
F = $< 64.9\%$

Course Evaluation

Students will have the opportunity to provide constructive feedback through evaluation forms completed throughout the semester. Evaluations will include both content and facilitation/teaching. Feedback is encouraged at all times on all components of the course and will assist the block directors in providing a timely continuous quality improvement.

Policies

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

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 Program (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 on for 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 them 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 a TA 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 block 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**, 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.**

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 casual sandals.

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, when working in the CLC during Medicine 1, **clean** scrub clothes may also be worn. **Note: CLC scrubs must be kept separate from any scrub outfits worn in the anatomy lab.** On those occasions when students are examining each other, you will be informed of the appropriate apparel for that session. A white lab coat is required after the white coat ceremony.

Professional appearance: Long hair must be pulled back and secured. Facial hair must be neatly groomed or clean shaven. 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.

Human Cadaver Laboratory Rules and Protocol



Protocol for the FSU-COM Human Cadaver Laboratory

Dr. Lynn Romrell is the former Executive Director (served for 25 years) and is currently the representative of Florida State University College of Medicine on the Anatomical Board of the State of Florida. As a member of the Anatomical Board, he is responsible to ensure that dignity is always shown for the remains of the individuals who will their bodies to the State of Florida for the education of medical students and other students in the health care disciplines.

Lab activity

1. Access. The anatomy lab will be open 24 hours a day, 7 days a week during the semester. After hours, the anatomy lab can be accessed by the card reader.
2. All students, faculty and approved guests must sign the "Pledge of Respect" form.
3. Authorized Personnel. Only COM medical students, faculty and other health-related personnel and facility workers are permitted access to the lab. FSU badges are the best form of I.D. All unauthorized persons will be told to leave immediately. After scheduled course hours, campus police regularly patrol the area and will escort trespassers from the lab and report the person(s) responsible for the unauthorized entry to appropriate authorities for corrective purposes. Immediate family members and health-oriented guests of medical students must first receive authorization from Dr. Romrell before being allowed entry into the lab. The lab doors should not be opened for anyone "knocking" other than for an authorized person (i.e. student forgetting their card). Visitation is **NOT** permitted during scheduled dissection periods. During any visit of authorized guests, they should avoid all opened cadaver tanks. Minors will NOT be admitted except as part of an organized tour. It is the responsibility of all authorized personnel, faculty and students, to enforce these rules. It is the LAW that donors to the Florida Anatomical Board are guaranteed the respect and confidentiality in the spirit by which their gift was donated to our institution. Any disrespect to the cadavers will be dealt with accordingly.
4. According to Florida law, removal of any cadaver parts, whatsoever, from the laboratory is a crime of grave robbery.
5. NO photographs are to be taken of the cadavers or anything in the laboratory, except with written permission from Dr. Romrell who serves as the local authority for the State Anatomical Board.
6. NO eating, drinking or smoking is allowed in the laboratory or amphitheater.
7. NO radios or tape players are allowed in the laboratory, unless used with earphones.
8. Personal protection in the lab:
 - Do not wear sandals or open toe shoes in the lab.
 - Recommend wearing scrubs or lab coats. Some prefer an additional plastic apron for protection from fluids.
 - Recommend wearing of gloves.
 - Wear glasses or protective goggles **when using a saw or when there is a danger of a splash with fluids**.
 - Material Safety Data Sheets of chemicals used in the laboratory are available in the lab.
 - Use dust mask when using electric bone saws.
9. First aid for cuts in the lab: First aid kits are available in the lab
 - Remove gloves and wash cut area.
 - Cover with sterile bandage.
 - Put on clean gloves.
 - Contact a faculty member if you have questions or concerns.
10. All lab coats, dissecting equipment and books should be stored in the locker room or in the cadaver tank. Anything left out after regular lab sessions will be thrown out during daily lab cleaning. **Gloves and soiled clothing should not be worn outside of the dissection lab.**
11. Skeletons are available in the lab. Do not remove them from their stands or take them apart.
12. Disarticulated bones are also available, and should not be removed from the lab or approved study areas. Report any broken bone specimens to a faculty member for repair/replacement.
13. The soap for washing hands is located on the sinks and locker rooms.

14. **Rule to Remember** - DO not try to catch a dropped tool or retrieve a tool dropped in the tank. In case of injury in the lab during regular lab sessions, notify a faculty member. If a significant injury occurs after regular lab hours, go to the emergency room.

Lab waste containers: There are three types - locate them, learn them, and use them correctly. These are emptied by three different disposal services, which refuse to empty incorrectly parceled waste.

- Type 1. Red-bagged buckets located under each cadaver table which are to be used for disposal of body tissues.
- Type 2. Regular waste receptacles located around the lab for the disposal of waste paper, gloves, etc.
- Type 3. Red Sharps containers located around the lab for the disposal of scalpel blades and other sharp objects.

Anatomical Models: All models should be handled with clean hands or clean gloves only. There are study areas for looking at the models.

Dissection Tank and Cadaver

1. Each group is responsible for keeping the cadaver table clean.
2. The cadaver is covered with a cloth material. Always cover the cadaver with this cloth when leaving the lab. Do not remove the metal tag used to identify the donated body. This is used to identify the body at the time of cremation.
3. There is one plastic bottle at each table. Fill it only with a wetting solution located in the large containers at the perimeter of the lab. Use this daily to wet down the cadaver/cloth upon leaving the lab.
4. There is one sponge at each table. It is the responsibility of each group to keep the cadaver and cadaver tray clean.
5. If a dissecting tool falls into the bottom of the cadaver tank, do not retrieve it. Replacement tools are available.
6. If there is a problem or concern about your cadaver (odor, mold, and fixation) or tank (broken mechanism) contact the block director.

Keeping your cadaver moist and in good condition and your cadaver table clean, results in a more pleasant lab experience and successful dissection exercises.