

BMS 6832

DOCTORING 202 SYLLABUS

Spring 2008

Course Director

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Small Group Faculty

Harold Bland, MD

Lisa Granville, MD

Suzanne Harrison, MD

Gene Ryerson, MD

Dan Van Durme, MD

Maggie Blackburn, MD

Jose Rodriguez, MD

Karen Myers, ARNP

Kathy Lee, MD

John Gianini, MD

Michelle Manting, MD

Mariana Dangiola, MD

Kristen Parsley, MD

Robert Campbell, MD

Professor & Education Director, Pediatrics

Professor & Associate Chair, Geriatrics

Assistant Professor, Family Medicine and Rural Health

Professor & Chair, Clinical Sciences

Professor & Chair, Family Medicine and Rural Health

Assistant Professor, Family Medicine & Rural Health

Family Medicine & Rural Health

Assistant Professor, Family Medicine and Rural Health

Assistant Professor, Clinical Sciences

Assistant Professor, Clinical Sciences

Associate Professor, Clinical Sciences

Assistant Professor, Geriatrics

Assistant Professor, Clinical Sciences

Assistant Professor, Family Medicine and Rural Health

CLC Faculty

Harold Bland, MD

Maggie Blackburn, MD

Suzanne Harrison, MD

Alma Littles, MD (alt.)

Karen Myers, ARNP

Ken Brummel-Smith, MD

Gene Ryerson, MD

Curt Stine, MD

Dan Van Durme, MD

Steve Quintero, MD

Jose Rodriguez, MD

Kathy Lee, MD

John Gianini, MD

Michelle Manting, MD

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Kristen Parsley, MD

Lisa Granville, MD

Robert Campbell, MD

Professor & Education Director, Pediatrics

Assistant Professor, Family Medicine and Rural Health

Assistant Professor, Family Medicine and Rural Health

Associate Dean, Academic Affairs

Clinical Assistant Professor

Professor and Chair, Geriatrics

Professor & Chair, Clinical Sciences

Education Director, Family Medicine

Professor & Chair, Family Medicine and Rural Health

Assistant Professor, Family Medicine and Rural Health

Family Medicine & Rural Health

Assistant Professor, Clinical Sciences

Assistant Professor, Clinical Sciences

Associate Professor, Clinical Sciences

Assistant Professor, Geriatrics

Assistant Professor, Clinical Sciences

Professor & Associate Chair, Geriatrics

Assistant Professor, Family Medicine and Rural Health

Lecturers (tentative)

Suzanne Bush, MD

Gerry Maitland, MD

Steven Quintero, MD

Gene Ryerson, MD

Jan Shepherd, MD

Dan Van Durme, MD

Michelle Manting, MD

Robert Campbell, MD

Clinical Assistant Professor, Clinical Sciences

Professor, Clinical Sciences

Assistant Professor, Family Medicine and Rural Health

Professor & Chair, Clinical Sciences

Professor, Clinical Sciences

Professor & Chair, Family Medicine and Rural Health

Associate Professor, Clinical Sciences

Assistant Professor, Family Medicine and Rural Health

Required and Recommended Learning Materials:

Required:

Seidel, H.M.; Ball, J.W.; Dains, J.E.; Benedict, G.W. Mosby's Guide to Physical Examination (6th Ed). St. Louis: Mosby, 2006.

Goodman, Lawrence R.; Felson, Benjamin. Felson's Principles of Chest Roentgenology: A Programmed Text (2nd Ed). Philadelphia: W.B. Saunders Company,

Dubin, Dale. Rapid Interpretation of EKG's...a programmed course (6th Ed). Tampa: COVER Publishing Company, 2000.

Harrison's Principles of Internal Medicine 16th Edition on line.

<http://harrisons.accessmedicine.com>

Recommended:

Andreoli, Thomas E; Carpenter, Charles CJ; Griggs, Robert C; Loscalzo, Joseph. CECIL Essentials of Medicine (6th Ed). Philadelphia: W.B. Saunders Company, 2004.

Bradford, Cynthia A. Basic Ophthalmology For Medical Students and Primary Care Residents (7th Ed). San Francisco: American Academy of Ophthalmology, 1999.

Doctoring Course Description and Objectives

Doctoring II is a component of a three year longitudinal curriculum with an educational mission of imparting to each medical student the fundamental patient centered skills important in health and disease as the basis of effective patient care.

Each year of the integrated curriculum has a unifying goal:

Doctoring I: Developing an appreciation of the basic history and physical examination across the lifespan utilizing a biopsychosocial approach

Doctoring II: Developing clinical reasoning and advanced clinical examination skills incorporating the pathophysiological basis of common diseases

Doctoring III: Advancing clinical reasoning and applying clinical skills concepts and principles in the provision of medical care

Doctoring 201 and 202 Courses bridge the gap between basic sciences and clinical medicine. These courses provide the basic knowledge and skills needed to evaluate patients while at the same time emphasizing the importance and integration of behavioral medicine, ethics, information technology, and professionalism. The course prepares the second-year medical student for clinical clerkships by developing a fund of knowledge and data-gathering skills. The basic elements of diagnostic reasoning are introduced.

Objectives for Doctoring 202

1. Develop an appreciation of interpersonal and situational dynamics of medical encounters that encompasses basic interpersonal concepts and processes, an understanding of patient centered medicine, and sensitivity to patient perspectives.
2. Demonstrate the ability to communicate compassionately and effectively with patients and other health professional.
3. Reinforce basic IT skills, in particular recording CDCS data in the PDA.
4. Explain clinical, physiologic and pathologic correlations as well as manifestations of disease that affect specific organ systems of the body.
5. Develop appropriate medical vocabulary in order to communicate clinical knowledge to other health professionals.
6. Demonstrate the ability to obtain a focused history for specific complaints.
7. Describe the relevant focused physical examination for specific complaints.
8. Demonstrate the ability to elicit and concisely present an accurate, comprehensive medical history.
9. Demonstrate the ability to generate a differential diagnosis.
10. Demonstrate skill in laboratory test selection and interpretation in order to solve clinical problems.

The Doctoring 202 objectives relate to the FSU COM competencies as follows:

FSU COM Competency	Doctoring Objective
Professional Values, Attitudes, Behaviors	1
Moral Reasoning	
Communicating with Patients, Families & Colleagues	2, 3,5
Application of Basic Biomedical & Behavioral Sciences	4
Essential Clinical Skills	6,7,8,9,10
Problem Solving & Critical Thinking	9,10
Lifelong Learning & Information Management	3
Social, Cultural, Community Context of Health, Illness & Care	
Personal Awareness	
Organizations, Systems, and Quality Improvement	

Course Components

- Large group class presentations / discussions
 - Introduction of major concepts
 - Explain difficult concepts
 - Relate the content to clinical applications
 - Include interactive discussions
- Small group sessions
 - Meet in student community and other small group rooms
 - Generally, eight groups, each with one faculty and 10 students.
 - Discussion and approach to a clinical problem or symptom with an introduction to differential diagnosis
 - Group assignment and location will be posted on blackboard
- Special small group sessions
 - ECG reading sessions
 - Chest x-ray reading sessions
- Clinical Learning Center (CLC) skills training laboratory
 - Meets in CLC building
 - 2 students meet with one faculty member
 - Schedule with dates and times for each group will be posted on blackboard
- Final Objective Structured Clinical Exam (OSCE)
 - Meets in the CLC.
 - Scheduled during the last week of the semester
- Preceptorships
 - Occur in assigned preceptor's office every other week
 - Preceptor assignments are from November 5, 2007 to December 7, 2007.
 - This is a continuation of the Fall semester-Doctoring 201.
- Skills Laboratory(Tentative)
 - Insertion of intervenous lines
 - Casting/splinting
 - Intubation/oxygen delivery devices
 - Insertion of nasogastric tubes/Foley catheters
 - Suturing
 - BLS(BCLS)
 - ACLS

Preceptorship within the Doctoring 2 Curriculum:

Doctoring students will each be assigned to a primary care (family practice, general, internal medicine, or general pediatrics) physician in the community. Students will remain with his preceptor from August 27, 2007 to December 7, 2007. The purpose of the preceptorship is to

provide the student with the opportunity to practice the interview, history taking, physical examination skills, clinical reasoning skills, and to observe patient care being delivered in a community-based setting. Students will be scheduled to spend 3-4 hours with the preceptor every other week. During alternate weeks students will be learning and practicing clinical skills in the CLC.

Clinical Learning Center

The Clinical Learning Center (CLC) is a simulated medical clinic that provides a realistic and technologically-advanced clinical learning environment to support your clinical education. In the CLC, students will work in pairs and have the opportunity to practice one-on-one interviews with standardized patients (SPs). SPs are individuals trained to portray medical histories, and illness experiences of “real” patients. COM faculty will observe your interactions, answer questions and provide feedback during your CLC sessions. Quizzes can be given at the beginning of each session based on the reading assignment for that session.

Professional Dress:

Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine. Professional attire should be worn in all settings where people from outside the COM, and especially patients, are seen including the Clinical Learning Center (CLC), a preceptor's office or clinic, a hospital or nursing facility, when interacting with a standardized patient during a small group activity, and when guest lecturers or other visitors will be present.

Note: Professional attire consists of clothes consistent with community norms, no jeans, seductive or revealing clothes, shorts or casual sandals. Closed toe shoes are required in clinical settings.

- For men, professional attire consists of slacks and a collared shirt. In the CLC and other clinical settings, a tie and lab coat is also required.
- For women, professional attire consists of a dress or skirt or slacks with a blouse. In the CLC and other clinical settings, a lab coat is required.

The established "norms" of certain clinical settings may modify these standards, but any variations in professional attire must be approved by the student's supervisor.

Confidentiality:

All clinical material presented is confidential. You are free to discuss this material with your classmates but not with anyone else (including roommates, spouses, etc.). When discussing clinical material among classmates, please be aware that others around you may hear (e.g. cafeteria line, elevators, halls, etc.).

Sometimes even when a specific name is not mentioned, the material may be specific enough to reveal patient identity. Furthermore, others around you may not realize you are discussing a simulated case from class. Therefore, it is best to not discuss cases / patients in public.

Information learned about your classmates and their families in class is considered confidential. You are not free to disclose this material without the specific consent of the person.

Be careful to keep all patient notes in a manner that is not accessible to others. Patient records, even if for a simulated patient in class, should be returned to faculty, destroyed, or kept in a secure place if needed for future reference.

Evaluation of Student Performance and Grading

The course grade will be determined by preparation, participation and performance on Clinical Learning Center including CLC quizzes, Objective Structure Clinical Examination(OSCE), and written examinations(3). The guidelines for contribution of each component to the final grade is presented below.

- Written examinations(3) 62%
 - Multiple choice formats
 - Material from lectures, small groups and assigned readings, and the Clinical Learning Center.

- OSCE(final) 10%

- Small group 8%
 - Preparation and participation
- Clinical Learning Center (CLC) 16%
 - Preparation (8%)
 - Quizzes (8%)

- Preceptorship/Skills Laboratory 4%
 - Preceptorship ratings (1%)
 - CDCS completion (1%)
 - Skill Laboratory (2%)

- Professionalism Pass/Fail
(Infractions can result in grade reduction, or possible course failure)

Course Grading Scale Guidelines

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%

Description of Evaluation Components

Written quizzes: the material for examinations will come from lectures, small group sessions, and assigned readings (not limited to textbook) and possibly some material from the Clinical Learning Center. Examination items may include multiple-choice questions (single best answer).

Objective Structured Clinical Examinations (OSCE): OSCEs are skills-based examinations conducted in the CLC and are the primary evaluation method for assessing your clinical skills. OSCE's typically consist of several "stations" (patient exam rooms). At each station, you are asked to perform a particular task. You are observed performing these tasks by a faculty member

and assessed against a standard set of observable criteria.

In the event a student wishes to review his/her OSCE performance, he may do so with permission of the course director. The following guidelines will apply:

1. For graded OSCEs with cases, the videos of individual cases or the entire OSCE must be viewed in the CLC and can only be viewed after all students have completed the OSCE. With permission of the course director, students may look at their graded checklist while in the CLC but the checklist must be returned to staff before the student leaves. No graded checklists are allowed outside the CLC.
2. For FOSCEs and graded mini-OSCEs without cases, videos may be made available to students on the network with the permission of the course director. A link to the web site will be emailed to the students. Also, with permission of the course director, graded checklists may be made available to students upon their request.
3. Students wishing to contest a FOSCE, OSCE, or individual case score, must score the checklist while viewing their video and bring perceived scoring discrepancies to the attention of the course director or his/her designee. The course director (or designee) will rescore the entire OSCE or case performance and the new score will be used for the grade.
4. Course directors may rescore any case, mini-OSCE, OSCE, or FOSCE at their discretion. The course director's score will be used for the grade.

The Doctoring preceptor will evaluate the student's performance in the following areas: professional behavior, relationship building and interviewing skills, medical history and physical examination skills, and oral/written communication skills. Comments from patients and staff at a given preceptorship site may contribute to the student's evaluation.

The guidelines for contribution of each course component and the course grading scale guidelines may be adjusted at the discretion of the course director.

Faculty and Course Evaluation:

Students will have the opportunity to evaluate each faculty member who teaches a major portion of the course, using a standard evaluation questionnaire. Students will also have the opportunity to evaluate the course at its conclusion. Suggestions and comments concerning the course, its material and conduct, are welcomed and may be made to the course director at any time. These evaluations will assist the course director in providing a continuous quality improvement process for the course.

FSU COM ATTENDANCE POLICY

COM Philosophy

We believe that:

Professionalism is a major component of our medical curriculum. We believe students should conduct themselves appropriately in the various educational activities of the curriculum. This conduct includes coming to educational activities on-time, using the laptop computers only for course work during the educational activity, and not disrupting the class if late. The faculty should also demonstrate professionalism, by starting and ending all scheduled educational

activities on time and providing a course schedule with clearly explained course policies in the course syllabus. Any changes in the schedule should be given to the students in a timely manner.

Students will be accountable and personally responsible for attending all educational activities (small groups, labs, clinical experiences, examinations, lectures, computer sessions, etc.).

Unexcused absences reflect negatively on the goals and objectives of the medical curriculum and demonstrate unprofessional behavior by the respective student.

We owe it to our state legislature and the citizens of the State of Florida to provide a quality educational program that meets the needs of our students in preparing them for the M.D. degree.

Attendance Policy

Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being *ready to start* at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he is to call and notify the Office of Student Affairs (Year 1/2) and request that they inform the supervisors/professors/clerkship faculty/education director for that activity. If at all possible, the student should also call and at a minimum, leave a message with one of the course/clerkship directors. *It is important that students realize that their absence or tardiness negatively impacts a number of other people.* Attendance, including timeliness, is part of the student's evaluation for professionalism. Negative evaluations may result in decreased grades and in severe cases, referral to the Student Evaluation and Promotion Committee.

Procedure for Notification of Absence

Year 1/2

If the student knows in advance of an upcoming legitimate absence, the "Advance Notification of Absence from Educational Activity(ies)" form should be completed with signatures from the student, the Assistant Dean for Student Affairs, the course faculty member and the Course Director. The form will be filed in the Office of Student Affairs. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the course director and final decisions regarding these actions shall rest with the course director.

If the absence occurs due to an unforeseen emergency, the student should contact the course director and the Assistant Dean for Student Affairs immediately to report the absence including the reason for the absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the course director and final decisions regarding these actions shall rest with the course director.

Remediation Policy for Absences from Examinations, Quizzes, Small Group Sessions, Laboratory Sessions, Clinical Learning Center Sessions, Preceptor visits, and Clerkship Call

The remediation policies for absences from examinations, quizzes, small group sessions, laboratory sessions and clerkship call are:

1. POLICY ON MISSED EXAMINATIONS: Students are required to take major in-term and final examinations. According to the curriculum committee a student can only be excused from an examination by a course/education director decision based on the personal situation of the student. The course/education director will determine the time of the exam make-up session. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same examination given to the other students.
2. POLICY ON MISSED QUIZZES: Students are required to take scheduled and unscheduled quizzes in the courses. A student can only be excused from a quiz by a course director decision based on the personal situation of the student. The student must make arrangements with the course/education director to make up a missed quiz. Also, according to the curriculum committee decision and the existence of the FSU-COM honor code, the student will be given the same quiz given to the other students.
3. POLICY ON MISSED SMALL GROUP SESSIONS, LABORATORY SESSIONS, CLINICAL LEARNING CENTER SESSIONS, PRECEPTOR VISITS, AND CLERKSHIP CALL: The student should contact the course director, small group leader or education director for instructions on remediation of the missed session and material covered.

Remediation Policy for Students Who Fail a Course

Remediation of courses/clerkships will be planned and implemented by a combined decision of the Evaluation and Promotion Committee in collaboration with the course/education director.

Un-excused Absences

It will be the responsibility of the course/education directors to clearly state in their respective course/clerkship syllabi the implications for having an un-excused absence from a scheduled educational or examination activity in a course or clerkship.

Doctoring 202 Course Specific Absence Policy

CLC Absences

Planned absences: require students to complete the proper forms and obtain the required permissions prior to the absence. Schedule changes or session remediation for planned CLC absences is negotiated in advance. Students arranging for a schedule change or completing a remediation session will be evaluated by a CLC faculty and scored using the same criteria used in a regular CLC session. In the case of an approved, planned absence where the session is completed by a schedule change or via remediation session, the student will not incur a grading penalty.

Unplanned, but excused, CLC absences: Unplanned but excused absences are student absences due to circumstances beyond the student's control. Examples of unplanned, but excused absences include student illness and/or family death. The Doctoring Course Directors will decide whether or not an unplanned student absence qualifies as an excused absence. In the case of any unplanned absence, students are expected to contact the CLC, and inform the CLC Director (or, if the director is unavailable, a CLC staff member) that the student will not be in the CLC and the reason for the unplanned absence.

Impact of excused absence on the student's grade: If the CLC absence qualifies as an "excused" absence, a remediation plan will be developed by the student and the Course Director. In most situations, remediation of the missed CLC session must occur within one week. These remediation sessions will be evaluated by a CLC faculty and scored using the same criteria as regular CLC sessions. In the case of an unplanned, but excused absence, the student will not incur a grading penalty.

Unplanned and unexcused CLC absences: Unplanned and unexcused absences are any unplanned student absences that do not qualify as an excused CLC absence. These generally are due to circumstances within the student's control. Examples of unplanned and unexcused absences include the student who forgets about a CLC session, the student who skips CLC to study for an exam and/or any absence where an able student fails to contact the CLC director (or, if the director is unavailable, a CLC staff member) to inform them that the student will not be in the CLC.

Impact of unexcused absence on the student's grade: If the CLC absence does not qualify as an "excused" absence, the student will not be allowed to remediate the missed session. This may result in the student receiving a "0" for the session. This will reduce the student's grade for the CLC portion of the Doctoring Course, and may result in an overall reduction in his/her overall Doctoring grade. Students with an unplanned and unexcused absence, will still be responsible for the missed material in future OSCE's and written examinations. Students with multiple unplanned and unexcused absences will be referred to the Student Evaluation and Promotions Committee

Preceptorship Absences

Planned absences require students to complete the proper forms and obtain the required permissions prior to the absence. Schedule changes or session remediation for planned preceptorship absences are negotiated in advance. In cases of excused absences it is the student's responsibility to arrange for a make-up session within one week of returning to FSUCOM and to notify Karen Myers of the date the session was completed. In the case of an approved, planned absence where the session is completed by a schedule change or via remediation session, the student will not incur a grading penalty.

Unplanned, but excused, preceptorship absences: Unplanned but excused absences are student absences due to circumstances beyond the student's control. Examples of unplanned, but excused absences include student illness and/or family death. The Doctoring Course Director will decide whether or not an unplanned student absence qualifies as an excused absence. In the case of any unplanned absence, students are expected to contact the Doctoring Preceptor Coordinator and the preceptor as soon as possible and advise that the student will not be in the

preceptor's practice site and the reason for the unplanned absence. Notification of absence must occur at the first available time with the goal of advising the preceptor prior to the expected time of arrival.

Impact of excused absence on the student's grade: If the preceptorship absence qualifies as an "excused" absence, a remediation plan will be developed by the student and the preceptor and communicated to the Doctoring Preceptor Coordinator. In most situations, remediation of the missed preceptorship session must occur within one week. These remediation sessions will be evaluated by the preceptor and scored using the same criteria as regular preceptorship sessions. In the case of an unplanned, but excused absence, the student will not incur a grading penalty.

Unplanned and unexcused preceptorship absences: Unplanned and unexcused absences are any unplanned student absences that do not qualify as an excused preceptorship absence. These generally are due to circumstances within the student's control. Examples of unplanned and unexcused absences include the student who forgets about a preceptorship session, the student who skips preceptorship to study for an exam and/or any absence where an able student fails to contact the Doctoring Preceptor Coordinator and the preceptor to inform them that the student will not be in the preceptorship.

Impact of unexcused absence on the student's grade: If the preceptorship absence does not qualify as an "excused" absence, the student will not be allowed to remediate the missed session. This will result in the student receiving a "0" for the session. This may reduce the student's grade for the preceptorship portion of the Doctoring Course, and may result in an overall reduction in his/her overall Doctoring grade. Students with an unplanned and unexcused absence will still be responsible for completing the assignments for the preceptorship. Students with multiple unplanned and unexcused absences will be referred to the Student Evaluation and Promotions Committee

OSCE absences:

Planned absences: require students to complete the proper forms and obtain the required permissions prior to the absence. OSCE schedule changes (a student scheduled to complete the OSCE arranges to swap testing times with another student) to accommodate planned absences are negotiated in advance the CLC director. Students arranging for an OSCE schedule change will be scored using the same criteria used for other students completing the OSCE. Students arranging a schedule change to accommodate an approved planned absence will not incur a grading penalty.

Only schedule changes are permitted. Because of the expense involved in recruiting and using standardized patients, remediation for a missed OSCE is not an available option for planned absences. If a student misses an OSCE and is unable to arrange for a schedule change in advance, the student will receive a "0" for the OSCE. This will reduce the student's grade for the OSCE portion of the Doctoring Course, and may result in an overall reduction in his/her Doctoring grade.

Unplanned, but excused, OSCE absences: Unplanned but excused absences are student absences due to circumstances beyond the student control. Examples of unplanned, but excused absences include student illness and/or family death. The Doctoring Course Directors will decide

whether or not an unplanned student absence qualifies as an excused absence. In the case of any unplanned absence, students are expected to contact the CLC, and inform the CLC Director (or, if the director is unavailable, a CLC staff member) that the student will not be able to participate in the OSCE and the reason for the unplanned absence.

Impact of excused absence on the student's grade: If the OSCE absence qualifies as an "excused" absence, an attempt will be made to identify another student with whom the student can change testing schedules. If a schedule change is not possible, an attempt will be made to schedule a remediation for the missed OSCE before the end of the semester. If this is not possible, the student will receive an "I" for the Doctoring course until plans for remediation can be made the following semester.

Unplanned and unexcused OSCE absences: Unplanned and unexcused absences are any unplanned student absences that do not qualify as an excused absence. These generally are due to circumstances within the student's control. Examples of unplanned and 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 contact the CLC director (or, if the director is unavailable, a CLC staff member) to inform them that the student will not be able to participate in the OSCE.

Impact of unexcused absence on the student's grade: If the CLC absence does not qualify as an "excused" absence, the student will receive a "0" for the OSCE. This will reduce the student's grade for the OSCE portion of the Doctoring Course, and may result in an overall reduction in his/her Doctoring grade.

**University Curriculum Committee Approved
Academic Honor Policy and ADA Statement**

ACADEMIC HONOR POLICY:

The Florida State University Academic Honor Policy outlines the University's expectations for the integrity of students' academic work, the procedures for resolving alleged violations of those expectations, and the rights and responsibilities of students and faculty members throughout the process. Students are responsible for reading the Academic Honor Policy and for living up to their pledge to ". . . be honest and truthful and . . . [to] strive for personal and institutional integrity at Florida State University." (Florida State University Academic Honor Policy, found at <http://dof.fsu.edu/honorpolicy.htm>.)

AMERICANS WITH DISABILITIES ACT:

Students with disabilities needing academic accommodation should:

- (1) register with and provide documentation to the Student Disability Resource Center; and
- (2) bring a letter to the instructor indicating the need for accommodation and what type. This should be done during the first week of class.

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
(850) 644-9566 (voice)
(850) 644-8504 (TDD)
sdrc@admin.fsu.edu
<http://www.disabilitycenter.fsu.edu/>

