

# Doctoring I (BMS 6017) Spring 2010

## Course Director

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## Course Assistant Director

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## Course Coordinator

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## Clinical Learning Center & Simulation Center

Director  
Debra Danforth, ARNP  
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## Informatics

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Office: Suite 2200  
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## Preceptorship Director

Karen Myers, ARNP  
Office: Family Med Suite  
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## Small Group and CLC Faculty

Includes faculty from the Departments of Clinical Sciences, Family Medicine and Rural Health, Geriatrics, Medical Humanities and Social Sciences

## Required Texts:

Lo, Bernard. Resolving Ethical Dilemmas A Guide for Clinicians (4<sup>th</sup> Ed). Philadelphia: Lippincott Williams & Wilkins, 2009. (available online)

Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Guide to Physical Examination. (6<sup>th</sup> Ed). St. Louis: Mosby, 2006.

Seidel HM, Ball JW, Dains JE, Benedict GW. Mosby's Physical Examination Handbook (6<sup>th</sup> Ed). St. Louis; Mosby, 2006.

*Blue Interviewing Skills* Booklet (provided during Summer course)

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

**Recommended Texts:**

Fadem, B. Behavioral Science in Medicine. Philadelphia; Lippincott, 2004 (available online)

Steele DJ, Susman JL, McCurdy FA. Student Guide to Primary Care: Making the Most of Your Early Clinical Experience. Philadelphia; Hanley & Belfus, 2003

**Doctoring Course Description and Goals**

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

Each year of the integrated curriculum has a unifying goal:

Doctoring 1: Developing an appreciation of the basic history and physical examination across the lifespan utilizing a biopsychosocial approach

Doctoring 2: Developing clinical reasoning and advanced clinical examination skills incorporating the pathophysiological basis of common diseases

Doctoring 3: Advancing clinical reasoning and applying clinical skills concepts and principles in the provision of medical care

Behavioral medicine, medical humanities, bioethics, information technology, and professionalism are incorporated throughout the curriculum to enhance understanding and development of clinical skills.

**Objectives for Doctoring 103**

1. Continue to 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. Continue to demonstrate use of communication skills and associate communication strategies with particular tasks
3. Given a variety of patient encounters, demonstrate the ability to elicit and present (verbally and in writing) relevant components of the comprehensive medical history and physical examination
4. Apply an understanding of the biopsychosocial model of illness and the dynamic relationship between psychological, social and cultural factors and human illness onset, course, and outcome to a variety of patient encounters
5. Demonstrate understanding of and skill in the use of standard precautions in healthcare settings
6. Demonstrate Information Technology (IT) skills including: knowledge of IT etiquette and policy at FSUCOM, accessing E-mail and internet, use of Blackboard, use of library resources for research, skill with creating Powerpoint presentations, and accessing clinically relevant resources on the PDA
7. Advance understanding of bioethics including fundamentals of clinical ethics, breaking bad news, and withholding and withdrawal of life sustaining interventions
8. Advance physical examination skills of the neurological, breast, male and female genitalia components and the "head to toe" screening examination
9. Refine understanding of clinical skills (medical history and physical examination) for specific age groups

10. Explore the patient's perspective of health care encounters through the preceptorship program

The Doctoring 103 objectives relate to the FSU COM competencies as follows:

FSU COM Competency	Doctoring Objective
Professional values, attitudes, behaviors	1,4
Moral reasoning and ethical conduct	7
Communicating with patients, colleagues	1,2,3,10
Application of basic biomedical sciences	4,8
Essential clinical skills	4,5,8,9
Lifelong learning	6
Social, cultural, community context of care	4,7,9,10
Personal awareness	7,8,10

### Instructional Methods and Environments of Learning

Doctoring I has several different components which allow for a variety of teaching and learning experiences to achieve the course objectives. Performance in all of these areas is assessed and contributes to the final grade in the course.

- Large group class presentations / discussions [15 sessions, 15 hours]
  - All students are responsible for content delivered
- Small group exercises [15 sessions, 22.5 hours]
  - Meet in student community small group rooms
  - Twelve groups, each with 2 faculty and 10 students.
  - Group assignment and location will be posted on BlackBoard
- Clinical Learning Center (CLC) skills training laboratory [7 sessions, 14 hours]
  - Meets in CLC
  - Sixty groups, each with 1 faculty and 2 students
  - Schedule with dates and times for each group will be posted on BlackBoard
- Preceptorship [6 sessions, 21 hours; 1/11/10 – 4/09/10]
  - Meets in assigned physician practice site
  - Each student assigned an individual preceptor
  - Schedule of dates and times for each student will be posted on BlackBoard
- Written assignments / Readings
  - To be completed/submitted in advance of scheduled activities. Due dates are specified with assignments
- Final Objective Structured Clinical Exam (OSCE) [4/26-27/10]
  - Meets in the CLC
  - Schedule of dates and times for each student will be posted on BlackBoard

### Sample Schedule

Monday	Tuesday	Wednesday	Thursday	Friday
8:00-12:00 Preceptorship	8:00-9:00 Large group 9:00 -10:30 or 10:30 -12:00 Small group	8:00-12:00 CLC or Preceptorship Note: students only attend on their assigned day & time		

The educational activities and environments represent an integrated complementary clinical skills curriculum. In general, the large group and small group exercises will develop students' knowledge, understanding and attitudes; the CLC sessions will primarily develop skills; and the preceptorship will provide opportunity to practice and apply in a clinical setting what has been learned in the various components of the course and to explore the patient's perspective of health care encounters.

### **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 students' clinical education. During the spring students will be scheduled in the CLC one time every two weeks to practice medical interviewing and physical examination skills. In the CLC, students will work in pairs and have the opportunity to practice one-on-one interviews and examinations with standardized patients (SPs). SPs are individuals trained to portray the chief concerns, medical histories, and illness experiences of "real" patients. In addition, students will practice appropriate physical exam maneuvers on human model simulators. COM faculty will observe student interactions, answer questions and provide feedback during the CLC sessions.

### **Preceptorship**

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 this preceptor for the semester. The purpose of the preceptorship is threefold: to provide the student with the opportunity to appreciate the patient's experience with health care; to practice interview, history taking and physical examination skills; and to observe patient care being delivered in a community-based setting. Students will be scheduled to spend 3-4 hours with a preceptor every other week. During alternate weeks students will be learning and practicing clinical skills in the CLC.

Following the preceptorship clinical experience, patient information is required to be entered into the CDCS (Clinical Data Collection System) within one week following the scheduled visit. All entries are due by Friday 8:00am the week following the visit. Students have advised us that CDCS entry within 24-48 hours is most efficient. Any entry that is late or missing will be reflected in the final Doctoring 103 course grade. If the date of an assigned visit needs to be rescheduled, Karen Myers must be contacted with information regarding the reason for the schedule change with a new visit date **prior** to the visit. Students will enter any date changes with the reason for the change into the survey on the intranet site <https://intranet.med.fsu.edu/sites/courses/doctoring/preceptorship/Lists/D103%20Spring%202010%20Preceptorship/overview.aspx> Students will enter the information into the CDCS ONLY under their assigned preceptors' name and the date attended. If one has any IT problems with the CDCS, please contact Kenneth Huggins or DL LaSeur immediately. If one can not enter CDCS with the PDA, please use the web page.

### **Equipment in the CLC and Preceptorship**

Students are expected to bring the following to each CLC and preceptorship session:

- FSUCOM student identification badge
- White coat
- A watch with capability to measure seconds

- A pen for writing
- The student's PDA
- Stethoscope
- An eye chart, oto-ophthalmoscope, pen light, reflex hammer, sphygmomanometer, tuning fork (as needed for the content of the CLC session; you can negotiate with your preceptor if all of this equipment will be required each time; in some environments it will be provided).

**Professional Dress:**

Medical students, faculty and staff are all ambassadors and representatives of the College of Medicine. Your appearance and behavior reflect upon all of us. 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 are 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. Once everyone has been through a lesson, 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.

Students found in violation of the confidentiality agreement may be referred to the Student Evaluation & Promotion Committee for breach of professionalism.

## Evaluation and Grading

The course grade will be determined by attendance, preparation, participation in all required activities and performance on quizzes, OSCEs, and examinations. The contribution of each component to the final grade is presented below.

- Examinations 40%
  - Interspersed course examinations (30%)
  - Final examinations (10%)
- Small Group 10%
  - Attendance , preparation and participation
- Clinical Learning Center (CLC) 20%
  - Attendance, preparation and participation (5%)
  - 5 Quizzes (15%)
  - One extra credit activity is available to replace a quiz score
- CLC Midterm OSCE 10%
- CLC Final OSCE 10%
  - Scheduled during Final Exam week
  - Must score 75% or more to pass the course
- Preceptorship 10%
  - Preceptorship ratings (4%)
  - CDCS completion (6%)
  - Learning Objectives “checklist” Pass/Fail
  - Medication reconciliation (two) Pass/Fail

Must submit online accurately completed “checklist” and Medication reconciliation to pass the course
- Medical Informatics Pass/Fail
  - Must pass OSCE PDA activity to pass the course
- Professional Behaviors Pass/Fail

Must pass Professional Behaviors content to pass the course

### Course Grading Scale

- 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%

Note: Violations of professional behaviors will result in reduction of the student’s final grade. Violations of professional behaviors may result in course failure. Professional behaviors include, but are not limited to, reporting to all course related activities on time and well prepared; submitting all course related assignments on time, fully and accurately completed; demonstrating respect for others; and demonstrating respect for authority. This applies to all course related activities and assignments whether or not points or grades are indicated for

the activity / assignment. Late assignments will earn no points. Students should be aware that they are considered representatives of FSUCOM at all times and should conduct themselves accordingly.

### **Description of Evaluation Components**

Written quizzes and examinations: the cumulative material for quizzes/examinations will come from lectures, small group sessions, CLC and assigned readings (not limited to textbook). Cumulative material includes course content from the previous semesters. Evaluation items may include multiple-choice questions (single best answer and extended matching), true/false, and short answers.

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. OSCEs typically consist of several “stations” (patient exam rooms). At each station, you are asked to perform a particular task (e. g. take a history of a patient’s present illness). You are observed performing these tasks by a faculty member and assessed against a standard set of observable, behavioral criteria.

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.

### **Course Evaluation**

Each student will be given the opportunity to provide constructive feedback through evaluation forms completed after CLC and small group sessions. Evaluations will include both content and facilitation/teaching. Evaluations are encouraged at all times on all components of the course and for convenience may be submitted at the time of the weekly CLC and small group sessions or at any time to the course director. These evaluations will assist the course director in providing a timely continuous quality improvement process for the course.

## **FSU COM ATTENDANCE POLICY**

Students will be accountable and personally responsible for attending all educational activities that fall within the following categories: small groups, team-based learning sessions, labs, clinical experiences, written or oral examinations and other evaluative periods (e.g.: quizzes, practical exams) and computer sessions. Lecture attendance is mandatory when outside speakers or patients have been arranged. Otherwise, attendance at lectures is encouraged, but not mandatory.

Students are expected to attend all scheduled activities. 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) or the Regional Campus Dean / Student Support Coordinator (Year 3/4) 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 tardiness, 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 online "Advance Request for Absence from Educational Activity(ies)" process should be followed as outlined below.

If the absence occurs due to an unforeseen emergency, the student should contact the course director and the Associate 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.

The online "Request for Absence" process should be used for all absences, including post-illness absences, regardless of whether the student is requesting an absence from one or more classes or the entire day. Here is how it works.

- 1) Student completes online form: <https://apps.med.fsu.edu/absence> (Form will only work in Internet Explorer)
- 2) The form is routed to Student Affairs for approval then to appropriate Course Directors/Instructors
- 3) Course Directors will approve/deny request
- 4) Students can check on the status of the progress of the request by clicking on the "Pending requests" link, where they will be able to see if the instructor(s) has taken action on the form. (If the instructor has not taken action within 24 hours, students can contact him/her directly to let him/her know that the request is pending.)
- 5) The student will receive an email indicating whether the request has been approved/denied.

Students must include all the courses/activities they plan to miss on the requested day of absence (lecture, small groups, quiz, exam, OSCE, etc.) If students plan to be gone the entire day and fail to include an activity/class on the form, they will NOT be excused from that particular activity/class. It will be considered unexcused. It is the student's responsibility to ensure the form is filled out completely with all the courses/activities they will miss for that particular day.

If a student's request has been denied, the email will not indicate the reason nor indicate which instructor denied the request.

Some reasons that are likely to automatically disqualify an advance request are: exams, CLC sessions and OSCEs -- unless it is for extreme circumstances (illness, family emergencies, etc).

### **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 and clerkship call are:



1. **POLICY ON MISSED EXAMINATIONS:** Students are required to take major in-term and final examinations. Based on Curriculum Committee policy, 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/clerkships. A student can only be excused from a quiz by a Course/Education 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 Student Evaluation and Promotion Committee in collaboration with the course/education director.

### **Unexcused Absences**

It is 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 103 Course Specific Absence Policy CLC Absences**

**Planned absences** require students to complete the proper forms and obtain the required permissions prior to the absence. CLC schedule changes (a student scheduled for the CLC arranges to swap times with another student) to accommodate planned absences are negotiated at least 2 weeks in advance. 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 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 CLC, and inform the CLC Director/Associate 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 CLC 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 will 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 will 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 the Preceptor Coordinator, 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 at the preceptorship site.

*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 will reduce the student's grade for the preceptorship portion of the Doctoring Course, and will 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 at least 2 weeks in advance. 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'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 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/Associate 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.

## **ADA STATEMENT:**

Students with disabilities needing academic accommodations should:

1. Register with and provide documentation to the Student Disability Resource Center (SDRC);
2. Bring a letter to the instructor from the SDRC indicating academic accommodations are needed. This should be done within the first week of class.

## **Academic Honor Code:**

Students are expected to uphold the Academic Honor Code published in the Florida State University Bulletin and the Student Handbook: *The Academic Honor System of the Florida State University is based on the premise that each student has the responsibility (1) to uphold the highest standards of academic integrity in the student's own work, (2) to refuse to tolerate violations of academic integrity in the University community, and (3) to foster a high sense of integrity and social responsibility on the part of the University community.*