

# Florida State University College of Medicine Advanced Family Medicine Clerkship (BCC-7176)

## Course Description:

The goal of the Advanced Family Medicine Clerkship (“the Clerkship”) is to expose students to the broad scope of practice possible in family medicine. Consistent with the FSU COM mission that emphasizes training physicians to care for patients in rural areas and patients who are medically underserved, the Clerkship takes place in settings that expose students to these patient populations.

Students care for patients under the direction of clerkship faculty, family medicine residency faculty and/or family medicine residents in both the ambulatory and inpatient settings. The Clerkship emphasizes the active participation by students in the evaluation and management of patients with common patient problems/conditions. Students also have opportunities to improve basic clinical skills and learn new procedures/examination techniques. Students document their clinical experience using the CDCS system.

## Hours/Call:

The Clerkship is four weeks in duration and includes the care of hospitalized in-patients, ambulatory out-patients, attendance at lectures and conferences (where available) and readings appropriate for the patients being seen. The student will work at least 5 full days per week and take appropriate night and weekend call based on the clerkship faculty member’s call schedule and/or customary call requirements for students rotating on the family medicine residency service.

## Faculty Participating in Course Delivery:

Education Director, FSUCOM, Department of Family Medicine/Rural Health:  
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Clerkship Director, Tallahassee Campus: Suzanne Harrison, MD

Clerkship Director, Orlando Campus: Douglas Meuser, MD

Clerkship Director, Pensacola Campus: Dennis Mayeaux, MD

Clerkship Director, Sarasota Campus: Stella King, MD

The Clerkship Directors work with community-based clerkship faculty and/or residency faculty to supervise and monitor students during the Clerkship. Supervising physicians are family physicians or physicians affiliated with the teaching program of an approved family medicine residency. Resident physicians may participate in the supervision of

Clerkship students, but are not the student's primary physician supervisor.

### Course Goals and Objectives:

Option A: Family Medicine Residency Rotation: This option is available at FSU COM affiliated Family Practice Residency Programs, and includes care of patients in both outpatient and inpatient settings. Under the supervision of residency faculty and residents, students are exposed to the variety of problems encountered in a family practice residency patient population. This rotation provides the opportunity to compare the medical problems of patients cared for in a residency practice (largely, an urban underserved population) with the problems of patients seen during the community-based third-year family medicine clerkship. Students see patients in the residency practice, but also see patients on the inpatient service, in the nursing home and in the patient's home, when appropriate. In addition to emphasizing the patient problems encountered, the scope of health-care services provided by the family physician in these settings is highlighted. Opportunities for increasing learner independence are encouraged, with a special emphasis on patient management, procedural skills and coordination of care experiences. The student is also introduced to key practice management principles. This rotation is designed to go beyond the ambulatory experience of the third-year Clerkship and give the student a broader experience in Family Medicine.

The objectives of Option A are to: 1) document and discuss the common patient problems seen in an urban family medicine residency program, with an emphasis on recognition, diagnosis and treatment; 2) analyze and compare these patient problems with patient problems commonly seen in a private family physician's office; 3) discuss the challenges of providing patient care at the transitions between different locations where care is provided—particularly those that impact the transition between ambulatory and inpatient care; 4) apply appropriate clinical judgment to perform accurate clinical assessments, navigate complex decision making processes and exercise cost-conscious use of medical resources; 5) demonstrate the ability to perform initial assessments and create diagnostic and therapeutic plans for hospitalized patients; 6) discuss the indications and technical skills necessary to perform patient procedures commonly performed by family physicians; 7) recognize the importance of practice management in the operation of a residency practice; 8) demonstrate knowledge and skill in interacting with patients of different SES and from different cultural backgrounds; and, 9) improve documentation skills—including documentation of patient care activities in both the ambulatory and inpatient settings. Students and clerkship faculty access these objectives via the Clerkship Blackboard site.

### Option B: Family Medicine Rural Medicine Rotation:

This option may be completed at approved family medicine practices situated in rural communities, and includes care of patients in outpatient and inpatient settings. Under the supervision of community faculty, students are exposed to the variety of problems encountered in a rural family medicine patient population. This rotation provides the opportunity to compare the medical problems of patients cared for in a rural practice with

the problems of patients seen during the community-based third-year family medicine clerkship. Students see patients in the clerkship faculty's office, but also participate in patient care at other locations, including hospital outpatient and inpatient facilities, nursing homes and patient homes, when appropriate. In addition to emphasizing the problems seen, the scope of services provided by the family physician in rural settings is highlighted. Opportunities for increasing learner independence are encouraged, with a special emphasis on patient management, procedural skills and coordination of care experiences. The student is also introduced to key practice management principles. This rotation is designed to go beyond the ambulatory experience of the third-year Clerkship and give the student a broader experience in Family Medicine.

The objectives of Option B are to: 1) document and discuss the common patient problems seen in a rural family medicine practice, with an emphasis on recognition, diagnosis and treatment; 2) analyze and compare these patient problems with patient problems commonly seen in other family medicine settings; 3) discuss the challenges of managing patient care at rural locations where sophisticated diagnostic and treatment services may not be available; 4) apply appropriate clinical judgment to perform accurate clinical assessments, navigate complex decision making processes and exercise cost-conscious use of medical resources; 5) demonstrate the ability to perform initial assessments and create diagnostic and therapeutic plans for hospitalized patients; 6) discuss the indications and technical skills necessary to perform patient procedures commonly performed by rural family physicians; 7) recognize the importance of practice management in the operation of a rural family medicine practice; 8) demonstrate knowledge and skill in interacting with patients of different SES and from different cultural backgrounds; 9) improve documentation skills—including documentation of patient care activities in both the ambulatory and inpatient settings; and, 10) demonstrate knowledge of the lifestyle advantages of living and working in a rural location. Students and clerkship faculty access these objectives via the Clerkship Blackboard site.

#### Medical Content Areas:

By the completion of the clerkship—regardless of which Option or site is selected--the student should be able to diagnose and manage uncomplicated patients with the following diseases/conditions:

##### Targeted diagnoses (in-patient)

1. Chest pain/angina/acute coronary syndrome
2. Congestive Heart Failure
3. Pneumonia/Lower respiratory infection
4. Acute gastrointestinal bleeding
5. Acute abdominal pain
6. Asthma/COPD exacerbation
7. TIA/CVA

##### Targeted diagnoses (out-patient)

1. Adult Health Maintenance

2. Hypertension
3. Acute URI/Acute Sinusitis
4. Mood Disorders (esp. depression)
5. Diabetes Mellitus
6. Degenerative Joint Disease
7. Low Back Pain
8. Common Genitourinary infections

Students are expected to encounter **at least one patient with each of the 15 diseases/conditions listed above** during the 4-week clerkship. If students are unable to encounter at least one patient with the specified disease or condition, a remediation plan suggested by the Clerkship Director or Education Director must be completed prior to the end of the Clerkship.

FSU COM Competencies:

The educational objectives for the Advanced Family Medicine Clerkship contribute to the successful achievement of FSU College of Medicine competencies. The competency domains addressed by each course objective are listed below, and followed by the specific objective(s) that relate to that competency domain.

- Communicating with Patients, Families and Colleagues: Objective A8/B8.
- Application of Basic Biomedical and Behavioral Science to Patient Care: Objectives A2/B2, A4/B4, A5/B5, A6/B6 and A8/B8.
- Essential Clinical Skills: Objectives A1/B1, A3/B3, A4/B4, A5/B5, A6/B6, A8/B8 and A9/B9.
- Problem Solving and Critical Thinking: Objectives A2/B2, A3/B3, A4/B4, A5/B5 and B10.
- Life-Long Learning and Information Management: Objectives A7/B7 and A9/B9.
- Social, Cultural and Community Context of Health, Illness and Care: Objectives A1/B1, A2/B2, A3/B3, A8/B8 and B10.
- Personal Awareness: Objectives A8/B8 and B10.
- Organizations, Systems, and Quality Improvement: Objectives A3/B3, A5/B5, A7/B7 and A9/B9.

The major content areas in the Advanced Family Medicine Clerkship also contribute to the successful completion of FSU COM competencies. Considered collectively, these major content areas contribute to student achievement in the following FSU COM competency domains:

- Application of Basic Biomedical and Behavioral Sciences to Patient Care
- Essential Clinical Skills
- Problem Solving and Critical Thinking
- Life-Long Learning and Information Management

Instructional Methods:

This clerkship is a structured sub-internship in family medicine completed in facilities where exposure to patients is guaranteed. The rotation emphasizes an apprenticeship-style learning experience, with experiential learning under the supervision of his/her clerkship faculty and/or residency faculty supervisor.

Students work with faculty physicians who provide patient care in both out-patient and in-patient settings. Students learn to perform initial assessments and create diagnostic and therapeutic plans of patients with common medical diseases/conditions.

The focus of the Advanced Family Medicine Clerkship, however, is not just on specific diagnoses, but on care provided in different settings and to different groups of patients.

Students on the Advanced Family Medicine Clerkship are expected to have primary responsibility to manage at least 16 family medicine inpatients during the four-week clerkship (at least 4 per week). Management expectations include: a) performing an admission history and physical examination; b) formulating an initial problem list, treatment plans, and writing admission orders; c) making daily rounds, monitoring the patient's progress, writing progress notes and ordering additional tests and/or treatments; and, d) performing the discharge assessment and paperwork.

Students are also expected to manage at least 32 family medicine outpatients during the four-week clerkship (at least 8 per week). Management expectations include: a) gathering an appropriate history and performing the appropriate physical examination; b) formulating preliminary diagnostic impressions; c) creating a diagnostic and therapeutic plan; and, d) writing/documenting progress notes.

The minimum number of patient encounters per student (16 inpatients and 32 outpatients) reflects the estimated minimum number of patients necessary to expose students to a family medicine perspective on common medical problems in both ambulatory and hospitalized patients. Exposure to the number and kinds of patients needed to meet clerkship objectives is assured by weekly monitoring of data entered into the CDCS system by the student. This monitoring is the responsibility of the Clerkship Director at the student's home campus, regardless of the site where the student is completing the Clerkship.

Didactic teaching sessions are available during rotations with an affiliated Family Medicine Residency Program. These include: morning report, grand rounds, inpatient service discussions and/or a topical noon lecture series. The presence and timing of these sessions vary from site to site. These didactic sessions are considered supplementary to the clinical learning objectives of the Clerkship. Evaluation of student's recording of progress notes and discharge summaries is done by the clerkship faculty member and/or residency faculty during the course of patient care activities.

The NBME FM Content Exam is given on the last day of the clerkship.

The Clerkship Director at each regional campus—though not the primary teacher in this clerkship--coordinates and monitors the student experience. The minimum responsibilities of each Clerkship Director during the Advanced Family Medicine Clerkship include:

- 1) Working with the clinical coordinator at the regional campus, to provide the student with information so that the student knows where and when to meet on the first day of the Clerkship.
- 2) Working with the clinical coordinator, to insure that the student has been enrolled in the current version (academic year 2006-2007) of the course and has access to the Clerkship Blackboard website.
- 3) Contact the student after one (1) week of the Clerkship to insure that things are going well, and that he/she understands Clerkship expectations.
- 4) Monitor CDCS entry weekly during the clerkship. Identify and intervene with non-compliers when potential non-compliance is recognized. Work with rotation coordinator to meet CDCS patient minimums. If CDCS minimums are not being met, identify (with Education Director) alternate education experiences.
- 5) Contact rotation coordinator half-way through the clerkship. Find out how the student is doing. If problems have been identified, clarify the nature and magnitude of the problems. Ask specifically if student is at risk of failing the Clerkship. Relay this information—good or bad--to Regional Campus Dean. If student is at risk, work with rotation coordinator to develop remediation plan for student.
- 6) At the end of the clerkship, review the student's clinical assessment, their final CDCS data, and any other interactions you've had with the student and complete the Clerkship Director's narrative online.

### Student Evaluation and Grading:

The following items will be used for student evaluation:

The primary evaluation method used to evaluate the student's clinical performance will be direct observation and formative feedback by the supervising clerkship faculty member, other physicians and/or resident physicians.

At the completion of the clerkship, the supervising clerkship faculty member(s) or in the case of students at family medicine residency programs, the faculty rotation coordinator, will provide summative assessments of the student's clinical proficiency, using on-line student evaluation forms. This on-line format includes opportunities for recording narrative comments about student performance. Depending on the amount of direct exposure the Clerkship Director has with a student, the Clerkship Director may also complete a summative assessment of student performance.

Clerkship students also take the Family Medicine NBME subject exam at the end of the clerkship.

The Clerkship Director receives, reviews, and collates all the evaluation forms completed by clerkship faculty, residency faculty physicians, other physicians/health professionals and residents, and forwards these to the Education Director. The Education Director also reviews the student's NBME subject exam score, and assigns the student's final grade for the Clerkship using established grading criteria.

In addition to the clinical performance evaluation and the NBME Family Medicine subject exam, the student must complete the required number of entries into the CDCS system.

FSU COM has adopted an Honors/Pass/ Fail grading system and a uniform policy governing the assignment of grades. Students on the Advanced Family Medicine Clerkship will be assigned grades based on the following:

**NOTE: THIS IS IN PROCESS OF BEING UPDATED--**  
**EXAMINATION AND GRADING POLICY FOR REQUIRED THIRD AND FOURTH YEAR CLERKSHIPS AND ELECTIVE ROTATIONS**

The following methods are used to assess student progress through the third and fourth years:

- Performance on the NBME subject examinations or on the FSU COM internal clerkship-specific examinations to assess knowledge acquisition following required clerkships;
- Ratings of student professionalism and clinical skills as recorded by clerkship faculty, residents and clerkship director using standardized FSU COM assessment forms following required clerkships and electives.
- Ratings of student performance completed by patients and clinical staff.
- Performance on required projects, including compliance with CDCS requirements.
- Performance on Objective Structured Clinical Examinations (OSCE) to assess key clinical skills, including clinical reasoning (These assessments are not part of individual clerkship grades, but assess achievement of FSU COM competencies.)
- Performance on the USMLE Step 2 examinations—both CK and CS exams. (These assessments are not part of individual clerkship grades, but are standardized exams to assess both knowledge acquisition and clinical skills development.)

All students are expected to meet the stated clerkship-specific competencies/objectives in order to pass the clerkship. Third year students who do not meet these clerkship competencies/objectives are required to remediate deficiencies before being advanced to the fourth year curriculum. Fourth year students who do not achieve the stated clerkship competencies/objectives will be required to remediate deficiencies before being permitted to graduate. All students will be provided frequent opportunities to assess their performance in non-graded exercises and to identify areas of strength and weakness prior to graded examinations.

### **Grading of Required Clerkships:**

It is the responsibility of the Education Director in the appropriate discipline to review the appropriate student assessments and assign the student's clerkship grade.

### **Grading Standards for Required Clerkships:**

FSU COM has adopted the following Honors/Pass/ Fail grading system and a uniform policy governing the assignment of grades to students completing the required clerkships. Grades are based on student performance on the NBME subject examination, or, in the case of the geriatrics or emergency medicine clerkship, an internal FSU content exam, clerkship faculty assessments of the student performance, the clerkship director's summary, compliance with CDCS data entry requirements, clerkship-specific papers or projects (when required) and in some clerkships, patient and staff evaluations. See specific syllabi for details.

**A student may be assigned an “Honors” grade if he meets either of the “Honors Criteria” below:**

Honors Criteria 1:

- 1) A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
- 2) A student must receive “Almost all of the time/Consistently excellent and exemplary performance” ratings in at least 12 of the 17 remaining subcategories and have no “Occasionally/Needs considerable improvement, showed little growth or progress” or “Rarely/Very problematic, area of grave concern” ratings on the assessment form; AND
- 3) A student must achieve a score on the NBME subject examination that is at least 1.0 SD above the national mean for shelf exam scores by students completing clerkships of comparable length during the same quarter of the academic year (note: all NBME subject exam scores taken by fourth year students shall be referenced using exam scores by students in the fourth quarter of third year); OR
- 4) A student must achieve a pre-determined honors-level score on the internal clerkship-specific exam; AND
- 5) Successful completion of any required projects and/or papers.

Or

Honors Criteria 2:

- 1) A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND



- 2) A student must receive “Almost all of the time/Consistently excellent and exemplary performance” ratings in at least 15 of the 17 remaining subcategories and have no “Occasionally/Needs considerable improvement, showed little growth or progress” or “Rarely/Very problematic, area of grave concern” ratings on the assessment form; AND
- 3) A student must achieve an NBME subject exam score at or above the 70<sup>th</sup> percentile when compared with subject exam scores by students completing clerkships of comparable length during the same quarter of the academic year (note: all NBME subject exam scores taken by fourth year students shall be referenced using exam scores by students in the fourth quarter of third year); OR
- 4) A student must achieve a pre-determined alternate pathway honors-level score on the internal clerkship-specific exam; AND
- 5) Successful completion of any required projects and/or papers.

**A student may receive a “Pass” grade if they meet the “Pass Criteria” below:**

Pass Criteria:

- 1) A student must receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; AND
- 2) A student must receive “Most of the time/Consistently good, performance improved with experience” ratings in at least 15 of the 17 remaining subcategories on the assessment form and have no more than 2 “Occasionally/Needs considerable improvement, showed little growth or progress” in the remaining 17 subcategories; AND
- 3) A student must achieve a score on the NBME subject examination that is no more than 1.99 SD below the national mean for shelf exam scores by students completing clerkships of comparable length during the same quarter of the academic year (note: all NBME subject exam scores taken by fourth year students shall be referenced using exam scores by students in the fourth quarter of third year); OR
- 4) A student must achieve a score above a predetermined minimum passing score on the internal clerkship-specific exam; AND
- 5) Successful completion of any required projects and/or papers.

**A student is at risk for a grade of “Fail” if they achieve any of the “Fail Criteria” below:**

Fail Criteria:

- 1) A student does **not** receive affirmation (a “yes” rating) in all 6 subcategories of the clerkship assessment form pertaining to “Professionalism” and “Ethical Standards”; OR
- 2) A student receives one or more “Rarely/Very problematic, area of grave concern” ratings in any of the remaining 17 subcategories on the rating form; OR

- 3) A student receives a “Occasionally/Needs considerable improvement, showed little growth or progress” rating in 3 or more of the remaining subcategories; OR
- 4) A student achieves a score 2.0 SD or more below the national average of students completing clerkship of comparable length during the same quarter of the academic year on the retake of his/her NBME subject exam. (note: all NBME subject exam scores taken by fourth year students shall be referenced using exam scores by students in the fourth quarter of third year); OR
- 5) He/she does not achieve a score above a predetermined minimum passing score on the retake of the internal clerkship-specific exam; OR
- 6) He/she does not successfully complete any required projects and/or papers.

**Students who fail the initial post-clerkship NBME subject exam or fail to achieve a minimum passing score on the internal clerkship-specific exam:**

Students who fail the initial post-clerkship NBME subject exam or fail to achieve a minimum passing score on the initial internal clerkship-specific exam will receive an initial clerkship grade of “IR” and the Student E and P Committee will be notified. The student will be given one additional opportunity to re-take the examination and achieve a passing score. If a passing score is achieved on the re-take examination, the “IR” grade will be changed to a grade of “Pass.” (A student who fails the initial exam cannot achieve an “honors” grade regardless of the score on the re-take exam.) This re-take examination must be completed prior to the beginning of the student’s fourth year curriculum, or in the case of a fourth year student, prior to graduation.

If a third year student does not pass the re-take examination, the student must repeat the entire clerkship prior to being promoted to his/her fourth year, at the discretion of the Student E and P Committee. If a fourth-year student does not pass the re-take examination, the student must repeat the entire clerkship prior to being allowed to graduate.

**Students who fail to meet CDCS requirements for required clerkships:**

Data from the CDCS system is used to assess and direct individual educational objectives for each student. This makes accurate and timely data entry into the CDCS system imperative for clerkship students. Failure to comply with the CDCS data-entry standards established for the clerkship may result in a lowering of the student’s clerkship grade, and in cases of blatant noncompliance, may result in a student’s failing the clerkship due to concerns of professionalism.

**Students who receive poor evaluations by patients or staff:**

Patient and staff evaluations are important pieces of information about student performance, and are required to be collected during all third-year required clerkships. While this information is used for formative feedback in all clerkships, in some clerkships, this information may be used in grade determinations. The clerkship syllabus will clearly indicate how these patient and staff evaluations are to be used. Consistently low evaluations by either patients or staff may result in a lowering of the student’s

clerkship grade, and in extreme cases, may result in a student's failing the clerkship due to concerns about professionalism. Consistently high evaluations by patients or staff may also result in elevating the student's grade from a "pass" to an "honors" grade for students in certain students who fall just below the "honors" cutoffs.

**Impact of Clerkship grades on the student's overall FSU COM grade point average:**

Clerkship grades are translated to numerical equivalents by the FSU COM Office of Student Affairs and the FSU Registrar in order to calculate the student's grade point average (GPA). The numerical equivalents used for this calculation are:

"Honors"	=	4.0 "quality points"
"Pass"	=	3.0 "quality points"
"Fail"	=	0.0 "quality points"

Clerkship/FSUCOM Attendance Policy:

**COM Philosophy**

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) or the Regional Campus Dean (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 3/4**

If the student knows in advance of an upcoming legitimate absence, the "Advance Notification of Absence from Educational Activity(ies) form should be completed, signed by the student and given to the regional campus dean. The Regional Campus Dean will forward the request to the Education Director for the discipline, who after consultation with the Regional Campus Dean and the Clerkship Director, will make the final decision regarding the student's request and give the student the implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.). Final decisions regarding implications for the student's grade shall rest with the education director. The clerkship director will notify the faculty member of the decision. The form will be filed in the Office of Student Affairs.

If the absence occurs due to an unforeseen emergency, the student should contact the clerkship director and the Regional Campus Dean immediately to report the absence including the reason for the absence. The Regional Campus Dean will notify the Education Director for the discipline, who after consultation with the clerkship director and regional campus dean will make the final decision regarding implications of the student's absence. The implications for the absence (e.g., remediation, course grade adjustment, make-up exam, etc.) will be given to the student by the education director. Final decisions regarding implications for the student's grade shall rest with the education director. The clerkship director will notify the faculty member of the decision. The form will be filed in the Office of Student Affairs.

#### **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.

### Course Evaluation:

Each student will be given the opportunity to provide constructive feed-back to the clerkship faculty and directors using the on-line evaluation system. Numerical ratings and student comments will be sought at the end of the clerkship. Thoughtful student feed-back and faculty evaluation are vital to improving the quality of the clerkship learning experience.

### Resource needs:

All of the physical resources necessary for this course are either in place or currently being recruited. Affiliation agreements with each of the participating hospitals and residency programs are in place, and new affiliations are occurring all the time. Rural sites are also being identified and recruited. Student learning areas complete with computers, textbooks and internet access are available at each regional campus site and at the Family Medicine Residency Programs.

Taken together, these resources—people, equipment, materials, services—seem adequate to provide an excellent educational experience for students.

## Required Readings

Reading of the medical literature and/or medical textbooks is strongly encouraged, but not required. It is anticipated that what the student reads will be dictated largely by individual student education needs and the care needs presented to the student by a particular patient.

## Academic Honor System:

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 academic community, and (3) to foster a high sense of integrity and social responsibility on the part of the University community.” Violations of this Academic Honor System will not be tolerated in this clerkship. Specifically, incidents of plagiarism of any type or referring to any unauthorized material during examinations will be rigorously pursued.

## ADA Statement:

Students with disabilities needing academic accommodations should: 1) Register with and provide documentation to the Student Disability Resource Center (SDRC) in Kellum Hall (644-9566), and 2) bring a letter to the instructor from the SDRC indicating that you need academic accommodations. Specific arrangement should be settled with the instructor five (5) working days prior to the beginning of the course.