

**Florida State University College of Medicine
Student Syllabus 2006-2007
Clinical Clerkship in Emergency Medicine BCC 7180**

Education Director: Edward L. Bradley III, MD

Faculty Members Participating in the Course Delivery

Pensacola Campus: Mark Stavros, Clerkship Director

Clerkship Faculty – Michael Dupuis, Charles Neal,
Kim Landry, Peter Manis, Cameron Leuck, Tim Sumrall

Orlando Campus: Paula Mueller, Clerkship Director

Clerkship Faculty – Dale Birenbaum, Dan Brennan, Timothy Bullard, David Cassidy, ,
Mark Clark, Steven Corbett, Jay Falk, Philip Giordano, Michael Kelly, John O'Brien, J,
Rakesh Parekh, Gary Parrish, , Kevin Sallin, Salvatore Silvestri, James Tesar, Jay Ladde,
George Ralls

Tallahassee Campus: Javier Escobar, Clerkship Director

Clerkship Faculty – Paul D'Amico, Sarmed Ashoo, Lonnie Draper, Edward Eastman,
Michael Lusko, Anh-Vu Nguyen, Lynn Pararo III, Natalie Radford, Josh Simmons,
Matthew Snyder

Sarasota Campus: Edward Bradley, Clerkship Director

Clerkship Faculty – Joel Gerber, Reuben Holland, Brian Garby, Bill Colgate,
Debra Federer

Clerkship Faculty Development – Dennis Baker

Course Goals and Objectives

Goals: One of the principal goals of this clerkship is to introduce students to the role that Emergency Medicine plays in the management of acute disease. The Emergency Department provides an opportunity for significant clinical exposure and learning of many skills. Such skills include appropriately directed patient history and physical exams, differential diagnoses, medical decision making, and acquisition of procedural skills. In the ED, there will be exposure to a broad base of undifferentiated patients with a wide variety of personal, social, and cultural issues that influence patient care. This environment places a premium on physical exam skills and diagnostic reasoning, emphasizing the ability to recognize life-threatening situations and initiate resuscitation in a wide range of diseases with varying degrees of urgency. Students will also be taught to appreciate the dynamic state of emergency medicine knowledge, the necessity for maintaining currency, and the means to do it.

Objectives: Although this is not an exclusive list, at the completion of the clerkship, the student will be able to:

1. Perform an appropriate history and physical examination on pediatric, adult, and geriatric emergency department patients
2. Recognize common, urgent, and emergent problems, such as:
 - CNS emergencies; cerebrovascular event, transient ischemic attack, hypoglycemia, altered mental status, intracranial hemorrhage, hydrocephalus, neuromuscular disorders, meningitis
 - Cardiovascular emergencies; Acute coronary syndrome, aortic dissection, pericardial tamponade, deep venous thrombosis, pulmonary embolism,
 - Cutaneous emergencies and skin disorders
 - ENT emergencies; otitis, pharyngitis, peritonsillar abscess, epiglottitis, croup, dental disorders, epistaxis
 - Environmental emergencies; heat/cold related illness, near-drowning, electrical injuries, envenomations
 - Hematologic emergencies; anemia, thrombocytopenia, hemoglobinopathies, transfusion reactions
 - Infectious emergencies
 - GI emergencies; appendicitis, AAA, renal/biliary colic, pancreatitis, bowel obstruction, diverticulitis, mesenteric ischemia, GERD/GI bleeding, incarcerated/strangulated hernia
 - Obstetric and gynecologic emergencies: acute pelvic pain, ectopic pregnancy, vaginal bleeding, sexual assault
 - Ocular emergencies; glaucoma, traumatic eye injuries, eye infections
 - Pediatric Emergencies; febrile illness, gastroenteritis, pediatric abdominal emergencies,
 - Psychiatric emergencies; suicide attempts/ideation, acute psychosis
 - Renal emergencies: acute pyelonephritis, renal and ureteral calculi
 - Respiratory emergencies; asthma, COPD, spontaneous pneumothorax, pulmonary embolism, CHF, respiratory distress and failure
 - Toxicologic emergencies ;Overdose/ poisoning/ substance abuse
 - Traumatic emergencies; blunt and penetrating thoracoabdominal trauma, compartment syndrome, fractures, head and neck trauma, child and elder abuse
 - Urogenital emergencies: urinary retention, trauma
3. Develop a differential diagnosis for these common presentations.
4. Appreciate the moral and ethical considerations in caring for emergency patients
5. Demonstrate the ability to efficiently, professionally, and effectively communicate with patients, families, and colleagues.
6. Demonstrate the ability to recognize varying personal, social, and cultural issues that influence patient care
7. Demonstrate proper wound care and suture techniques for simple lacerations
8. Demonstrate proper splinting techniques for basic orthopedic injuries
9. Demonstrate the ability to place an IV catheter, NG tube, and an indwelling urinary catheter.

10. Interpret results of complete blood counts, chemistries, urinalysis, ABGs, and other common laboratory studies
11. Recognize ischemic patterns and arrhythmias on ECG tracings
12. Interpret radiographs of the chest, abdomen, and extremities
13. Recognize the capabilities and limitations of the prehospital EMS system
14. Recognize the indications for specialty or subspecialty consultation and/or admission
15. Apply real-time data acquisition to patient management

COM Competencies and Course Objectives

Professional Attitudes, Values, and Behavior – Objective # 5

Moral Reasoning and Ethical Judgment – Objective # 4

Communicating with Patients, Families, and Colleagues – Objective # 5

Application of Basic Sciences to Patient Care – Objectives # 10-12

Essential Clinical Skills – Objectives # 1, 7-9

Problem Solving and Critical Thinking – Objectives 2,3

Life Long Learning and Information Management – Objective # 15

Social, Cultural, and Community Context of Health, Illness, and Care – Objective # 6

Personal Awareness – Objective # 14

Organizations, Systems, and Quality Improvement – Objective # 13

How the Course Will Achieve These Objectives

These objectives are met by a combination of one-on-one supervision by Clerkship Faculty in the emergency department, attendance at selected hospital conferences, a post-rotation exam, and completion of selected readings.

This clerkship is conducted in selected practices specifically chosen to provide students comprehensive experiences in Emergency Medicine. These experiences include opportunities to assist/perform common invasive procedures, and opportunities to see a wide variety of patients for diagnosis and therapy of urgent medical and surgical conditions. The experiences occur in selected emergency department practices that have a broad mix of patients with common urgent problems.

The minimum number and types of patients to be worked up/evaluated by each student was determined by meetings between the Clerkship Directors and the Education Director. This process involved examining historical patient data from each site, dealing with the types and numbers of patients actually seen, and balancing these data with the necessity for exposure to a broad spectrum of patients and the desire to have a student work load that was busy without being oppressive. In addition, the exact number of patients for which each student has responsibility will also be regulated by the Clerkship Faculty, who will consider the complexity of cases, and the student's capacity to assume a role in the care of additional patients.

Based upon these considerations, it is anticipated that that the following general types of patients will be seen by students in the various Emergency Departments at each campus (figures in parentheses represent the minimal numbers of patients seen in each general category):

Surgical Emergencies: including ocular, dental, otolaryngologic, general surgical, vascular, orthopedic, urologic, neurosurgical, obstetrical, and gynecologic (20)

Traumatic Emergencies: including general principles, specific structural and organ injuries, and multitrauma (5)

Medical Emergencies: including cardiovascular, pulmonary, gastrointestinal, renal, infectious, neurologic, hematologic, allergic, and psychiatric. (20)

Pediatric Emergencies: including traumatic, medical, and surgical (10)

Toxicologic Emergencies: including overdose, poisoning, and substance abuse 5)

Environmental Emergencies: including bites and envenomations, burns, electrical, and temperature-related injuries (3)

Students who anticipate not achieving the minimum number of patients within any of these categories should notify their Clerkship Director with sufficient time to enable remedial action to be taken.

The majority of time that the student spends on the Clerkship in Emergency Medicine will be spent in an affiliated hospital Emergency Department as an apprentice to one or two emergency medicine physicians from the Emergency Medicine Clerkship Faculty. The course will last for 4 weeks and will encompass a variety of day, evening, and night shifts in order to introduce the student to differing patient populations, as well as an appreciation that Emergency Medicine is a 24 hour operation. In addition, each student will have weekly scheduled contact with the site-specific Clerkship Director, who will oversee student work-ups and CDCS patient-log entries, thereby assuring breadth of experience and avoiding duplication. Considerable efforts have been made to insure uniformity of teaching content among the different sites, including multiple faculty development meetings for Clerkship Faculty and Clerkship Directors, and continuous oversight by the Education Director.

Clerks will be expected to have mastered the required assignments (see below), and to have addressed the learning objectives. Conferences will be regarded as additive, and will not be a substitute for extensive text consultation, or for clinical encounters. It will be necessary for clerks to set up a reading schedule designed to cover the contents of the chosen emergency medicine text within the allotted four weeks.

Instructional Methods and Scheduled Hours

The Clerkship will be offered in the Emergency Departments of affiliated hospitals at the Pensacola, Orlando, Sarasota, and Tallahassee campuses. The students will work in the Emergency Department for a total of 128 hours/month, which is the equivalent of **four** eight-hour days/week. An additional day is reserved each week that has been specifically designated as a **reading day**, in order for the student to complete the assignments. This designated reading day is an integral part of the curriculum.

Each student will work with one or more Clerkship Faculty during the rotation. Shifts will be 8 hours in length, and will include at least 3 night shifts, 4 weekend shifts, with the remainder comprising day and evening shifts. The specific schedule will be determined by the assigned Clerkship Faculty, and will be communicated to the student with sufficient time to arrange personal affairs.

Students will adhere to the ACGME rules regarding the workweek, which include working no more than 80 hours per week, no more than 24 hours continuously, except an additional 6 hours may be added to the 24 to perform wrap-up duties, and have at least one of every 7 days completely off from educational activities.

CDCS Data Entry

Entering patient contacts into the CDCS system is an integral part of this rotation, and failure to properly do so may result in adverse consequences to your final grade.

Patients seen in the Emergency Department are to be coded as such. Patients seen in other locations should be appropriately coded.

A FULL patient contact is: one in which you do a focused H & P, participate in the management decisions, and assist in providing disposition. A MINIMAL patient contact is: one in which you spend 20 minutes or less, reading an x-ray, an EKG, looking at a lesion, etc. A MODERATE patient contact is: everything else.

Assignments and Texts

Required Lectures

The American College of Emergency Physicians Lecture Series will be used in this course. Eight lectures have been chosen from within this group, and you will be responsible for two lectures each of the four weeks you are on rotation, according to the following schedule:

- Week One: Abdominal Pain, Chest Pain
- Week Two: Altered Mental Status, Shortness of Breath
- Week Three: Toxicology, Trauma
- Week Four: Airway Management, Febrile Infants & Children

The Lecture Disc may be found in the office of the Regional Campus Student Co-coordinator.

Chapters in the following licensed required text are linked in blue for your convenience. It is important to remember that copying or printing the entire text is noncompliant with copyright laws. An exact amount that you are allowed to copy to your desktop and/or print for your own personal use has not been stated by the publisher. However, please copy and print only as you intend to use it for personal use, and do not revise, copy or distribute these materials to anyone not currently an FSU faculty, student or staff member.

Required Reading: (revised 4/22/05, links updated 9/20/06)

I: The Harwood-Nuss' Clinical Practice of Emergency Medicine, 4th Edition, edited by Allan B. Wolfson, Lippincott Williams and Wilkins, Philadelphia, Pennsylvania, 2005. Within this text, the following pages are considered required reading. The links take you first to the eZproxy login. You should have to log into eZproxy only once during a Blackboard session.

	Chapter	Inclusive Pages
High-risk chief complaints	6-14	58-109
Ophthalmic examination	15	112-116
Dental emergencies	23	150-153
ENT:		
Nontraumatic upper airway obstruction	25	163-166
Sore throat	26	167-171
Epistaxis	30	185-189
Abdominal pain	7	62-70
Acute diseases of the biliary tract	63	361-365
Acute appendicitis	68	387-391
Bowel obstruction	69	391-394
Diverticular disease	73	406-408
Aortic aneurysm/dissection	55	325-330
Abdominal aortic aneurysm	56	330-334
Low back pain	105	555-561
Urology:		
Urolithiasis	81	439-443
Acute scrotal pain	77	420-428
OB/Gyn:		
Pregnant vaginal bleeding	94	494-500
Ectopic pregnancy	95	500-505
Emergencies of late pregnancy	98	512-517
Gyn pelvic pain	88	470-474
Pelvic inflammatory disease	89	474-477
Sexual Assault	93	487-491
Trauma:		
General principles	169	890-899
Trauma airway management	170	899-907
Shock	171	907-912
Wound management	172	912-922
Trauma specifics	173-187	923-1021
Orthopedics:		
Approach to musculoskeletal injuries	188	1022-1033
Burns	197	1101-1107
Trauma in the elderly	203	1124-1128
General Medical Emergencies:		
Cardiovascular	41-47	246-294
Pericarditis/cardiac tamponade	48	294-297

Deep venous thrombosis	52	314-318
Syncope	9	76-80
Hypertension	49	297-303
Pulmonary:		
Pneumonia	33	206-213
Asthma	35	220-226
Chronic obstructive pulmonary disease	36	226-230
Pneumothorax	37	230-232
Pulmonary embolism	38	232-237
Gastrointestinal:		
Upper GI bleeding	59	345-349
Pancreatitis	67	382-387
Lower GI bleeding	60	349-352
Metabolic/Endocrine:		
Acid-base disorders	158	830-835
Diabetic ketoacidosis	160	842-846
Hyperosmolar hyperglycemic state	161	846-849
Diabetes	159	835-842
Potassium disorders	166	874-878
Infectious Disease:		
Skin/soft tissue infections	136	712-718
Meningitis	138	720-724
Sepsis	135	706-712
Neurology:		
Altered mental status/coma	215	1195-1198
Headache	110	578-588
Subarachnoid hemorrhage	111	588-592
Cerebrovascular disease	112	592-602
Seizure	113	602-610
Hematology:		
Sickle cell disease	154	810-815
Allergy:		
Anaphylaxis	131	686-691
Psychiatry:		
Medical Clearance	120	634-637
Pediatrics:		
Abuse: sexual/physical	234-235	1268-1273
Asthma	237	1277-1284
Bronchiolitis	238	1284-1287
Croup/epiglottitis	241	1297-1301
Intussusception	251	1359-1361
General approach to pediatric trauma	209	1162-1170
Toxicology:		
General approach	271	1436-1446

Acetaminophen	<u>280</u>	<u>1477-1482</u>
Carbon monoxide	<u>306</u>	<u>1578-1580</u>
Iron	<u>312</u>	<u>1596-1599</u>
Salicylate	<u>284</u>	<u>1493-1499</u>
Environmental:		
Heat/cold injuries	<u>351-353</u>	<u>1749-1760</u>
Electrical	<u>357</u>	<u>1770-1774</u>
Lightning	<u>358</u>	<u>1773-1775</u>

[Acute Emergencies and Critical Care of the Geriatric Patient](#), edited by Thomas Yoshikowa and Dean Norman, Decker, New York, 2000.

This book is located in NetLibrary. You may create your own password in NetLibrary and "check out" the e-book for 24 hours, or you may take your chances and read in 15 minute windows until/if someone else wants to read the same book.

Note the NetLibrary statement on printing and copying text. It isn't easy and you are not allowed to copy or print the entire book. However, this e-book is free for your use, because NetLibrary e-books are licensed for you as an FSU student.

1. Relevance of Aging Issues in the Emergency Department	Pages 1-10
2. Drug Dosage in the Critically Ill	Pages 31-48
3. Acute Vision Impairment	Pages 399-434
4. Hypothermia and Hypothermia	Pages 435-450
5..Diagnosis and Treatment of Abuse and Neglect	Pages 451-460

Total numbers of pages of assigned reading = 470

Additional Non-Required References:

1. [Clinical Procedures in Emergency Medicine](#), 3rd edition, authors James Roberts MD and Jerris Hedges MD, Saunders Company, Philadelphia Pennsylvania, 1998.
2. [Emergency Medicine-Concepts and Clinical Practice](#), 5th edition, edited by Peter Rosen, Mosby, St. Louis, Missouri, 2002
3. [Emergency Medicine: A Comprehensive Study Guide](#), 6th edition, edited by Judith Tintinalli, MD, et al, The McGraw-Hill Companies, Inc., New York, 2004.

Grading Policies

Grading Standards for Emergency Medicine :

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. In Emergency Medicine, grades are based on student performance on the internal FSU content exam, clerkship faculty assessments of the student performance, the clerkship director's summary, and compliance with CDCS data entry requirements.

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 minimum score of 74% on the internal Emergency Medicine examination), AND
- 4) CDCS data must be promptly and accurately entered, AND
- 5) A student must view all eight of the taped lecture series

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 a minimum score of 68% or more on the internal Emergency Medicine examination, AND
- 4) CDCS data must be promptly and accurately entered, AND
- 5) A student must view all eight of the taped lecture series.

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 of 55% or more on the internal Emergency Medicine examination, AND
- 4) CDCS data must be promptly and accurately entered, AND
- 5) A student must view all eight of the taped lecture series

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 of 54% or less on the internal Emergency Medicine examination, OR
- 5) CDCS data entry is inaccurate or persistently delayed, OR
- 6) A student fails to view all eight of the taped lecture series.

Students who fail to achieve a minimum passing score on the internal clerkship-specific exam:

Students who fail the internal Emergency Medicine subject 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 graduation. 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.

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"

Course Evaluation

Each student will be given the opportunity to provide constructive feed-back to the Clerkship Faculty and Clerkship Directors using the on-line evaluation system. Thoughtful student feed-back and faculty evaluation are vital to improving the quality of the clerkship learning experience.

End-of-Rotation conferences between the Clerkship Faculty/Clerkship Directors and the Education Director will be held to determine whether or not the stated goals and objectives of the course are being met. At this time, any suggestions for course improvement will be offered and discussed.

Resource Needs

All of the physical resources necessary for this course have been completed. Each of the selected Emergency Departments is currently operational. FSU Regional Medical Centers at each campus have been constructed or renovated. In each of these centers, Student Learning Communities, complete with computers, textbooks, and access to videoconferences, have been established. The support personnel required to run these Regional Medical Centers are in place. Affiliation agreements with participating hospitals permitting FSU medical students to have access to Emergency Department patients have been signed. An extensive Clinical Faculty of high caliber has been recruited.

Knowledge Based Resources Supporting Course

Befitting a 21st century medical school, students will have complete access to electronic versions of the literature and textbooks, personal computers, and personal digital assistants. A core electronic collection of medical reference, textbooks, and clinical decision tools is available for consultation 24/7 via the Medical Library website. Evidence-based medicine and pharmaceutical books and resources are available to students via PDA subscriptions subscribed by the FSU Medical Library.

A daily electronic log of their patients will be kept by the students and will be reviewed weekly by the Clerkship Director, who will insure that appropriate numbers of patients are being seen, and that the patient mix reflects common Emergency Department problems without undue duplication.

Attendance Policy

FSU COM ATTENDANCE POLICY

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 Regional Campus Dean 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 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

If the student requests an absence in advance, the “Advance Request for Absence from Educational Activity(ies)” form should be completed, signed by the student and given to the Regional Campus Dean. Requests for excused absences from a required clerkship should be rare and made only in situations that cannot be rescheduled to occur during a scheduled time off or during an elective. An excused absence from a required clerkship may be allowed when it is determined by the Regional Campus Dean that the student has no alternative

The Regional Campus Dean, after consultation with the Education Director 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 clerkship faculty member of the decision. The form will be filed in the Office of Student Affairs at the regional campus.

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, after consultation with the Education Director and the Clerkship Director 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 Regional Campus Dean. Final decisions regarding implications for the student’s grade shall rest with the Education Director. The Clerkship Director will notify the clerkship faculty member of the decision.

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 Education Director.

Un-excused Absences

Any unexcused absence will, at the very least, negatively impact the final grade in this course. Students achieving borderline grades may be assigned the lower grade when unexcused absences are present.

Honor Code

Students are expected to uphold the Academic Honor Code published in the Student Handbook: *The Academic Honor System of Florida State University is based upon the premise that each student has the responsibility (1) to uphold the highest standards of 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.*

Students With Disabilities

Students with disabilities needing academic accommodations should:

- (1) Register with the Student Disability Resource Center [SDRC], and provide documentation of their disability.
- (2) Bring a letter to the Clerkship Director from the SDRC indicating the need for academic accommodations. This should be accomplished within the first week of the rotation. Specific arrangements should be made with the Clerkship Director five working days prior to any examination for which accommodations are being requested.