

FAMILY MEDICINE CLERKSHIP (BCC 6175) SYLLABUS

2006-2007

FACULTY PARTICIPATING IN THE PLANNING PROCESS

Curtis Stine, M.D., Education Director, Dept. of Family Medicine and Rural Health;
Douglas Meuser, M.D., Clerkship Director, Orlando Regional Campus;
Dennis Mayeaux, M.D., Clerkship Director, Pensacola Regional Campus;
Stella King-Turner, M.D., Clerkship Director, Sarasota Regional Campus; and,
Jeffrey Spike, Ph.D., Assistant Professor, Department of Medical Humanities and Social Services.

FACULTY PARTICIPATING IN CLERKSHIP DELIVERY

Curtis Stine, M.D.,
Douglas Meuser, M.D.,
Dennis Mayeaux, M.D.,
Stella King-Turner, M.D.,
Jeffrey Spike, Ph.D., and,
A host of clerkship faculty at each regional campus—Tallahassee, Orlando, Pensacola, Sarasota--and at the Marianna Rural Track site.

COURSE DESCRIPTION

The Family Medicine Clerkship is a six-week, community-based, clerkship. Students will spend at least 8 patient care sessions each week observing and providing care for patients under the direct supervision of a practicing family physician. These community-based family physicians are called “clerkship faculty” and are members of the College of Medicine’s clinical faculty.

The educational goals of the Family Medicine Clerkship include:

1. To familiarize each student with the principles and content that define the discipline of family medicine;
2. To provide opportunities for each student to apply these principles and content knowledge in a supervised family practice clinical experience; and,
3. To expose each student to an experienced and competent family physician role model.

The educational content of the Family Medicine Clerkship emphasizes the evaluation and treatment of ambulatory patients with common clinical problems/conditions. Inclusion of other educational content enriches the entire clerkship experience, but the core of the educational experience must focus on improving the student’s ability to recognize, evaluate and manage these common clinical problems/conditions in ambulatory patients.

In addition to the supervised clinical experience, students will document and analyze their clinical experience using the CDCS system, will complete two (2) required clerkship projects and will employ self-directed and faculty-directed learning activities to achieve clerkship objectives.

Sample Week Schedule:

The Doctoring 3 curriculum runs concurrently with all required clerkships throughout the entire third year. The Doctoring 3 curriculum requires students to participate in a Longitudinal Preceptorship* (one half-day every week) and a weekly half-day didactic session** held at the regional campus.

Monday	Tuesday	Wednesday	Thursday	Friday
AM Patient Care Session	AM Patient Care Session	Doctoring 3: Longitudinal Preceptorship*	AM Patient Care Session	Clerkship Projects
Lunch	Lunch	Lunch	Lunch	Lunch
PM Patient Care Session	PM Patient Care Session	Doctoring 3: Didactic Session**	PM Patient Care Session	PM Patient Care Session
		On Call with clerkship faculty		

RECOMMENDED TEXTBOOK

Fundamentals of Family Medicine: The Family Medicine Clerkship Textbook
 Robert B. Taylor, Editor, 3rd edition, 2003.
 Springer-Verlag New York, Inc., New York, NY.

TEACHING AND LEARNING METHODS

To insure equivalent learning experiences for all Family Medicine Clerkship students, a standardized curriculum is employed at all clerkship sites. This curriculum includes: 1. a common list of course objectives, including minimum numbers of clinical exposures to common medical conditions/problems; 2. a common recommended text; and, 3. required completion of one written project and participation in another project: the on-line asynchronous ethical discussion series.

The Family Medicine Clerkship begins with a two-hour didactic orientation session and ends with a half-day debriefing session. This terminal debriefing includes: 1) a structured review of clerkship objectives; 2) a review of student-collected CDCS patient data; and, 3) a review of the consultation/referral project. These orientation and debriefing sessions are coordinated and run by the clerkship directors at each of the regional campuses.

Between the orientation and debriefing sessions, the majority of the student’s education occurs via a “structured clinical apprenticeship” (supervised experiential learning).

Clerkship faculty supervise the clinical experiences and provide informal, patient-triggered teaching for students. These informal sessions emphasize appropriate clerkship content and may require the student to locate and read relevant information and report back to the clerkship faculty on an agreed-upon topic. Occasionally, clerkship faculty will provide more structured, formal teaching sessions for students, or students will attend formal medical teaching sessions (grand rounds, medical conferences, noon lectures, etc.) that occur in the community.

Consistent with the FSU College of Medicine education competencies, emphasis is placed on helping the student develop “life-long learning” skills. In the context of the Family Medicine Clerkship, students who become aware of an personal learning need are encouraged to utilize self-directed learning skills to identify, evaluate and utilize learning resources to meet that need.

In addition to the orientation and debriefing, the clerkship directors meet with students at least every other week. At these meetings, the clerkship directors review CDCS data to insure that clerkship objectives are being met. If it appears that students are not meeting minimum requirements for the numbers of patients or the types of problems expected, the clerkship director—collaborating with the clerkship faculty and the student—identifies an appropriate alternative educational activity.

In addition to this CDCS review, the clerkship director directly observes the student interacting with a patient. The purpose of this observation is to evaluate the student’s patient interaction/communication skills, medical interviewing skills, physical exam skills, clinical reasoning (medical decision-making) skills and clinical informatics skills. Formative feedback is provided during and after these observations.

Students must complete a written project--the Consultation/Referral Project. This is a self-directed learning activity that requires the student to analyze and reflect on a common patient care process: consultation/referral. This project will be reviewed and shared with other clerkship students during the terminal debriefing sessions. It will be reviewed/graded by the Education Director.

Students must also participate in weekly asynchronous, on-line discussions of ethical situations in family medicine. One ethical situation/case will be posted on the Family Medicine Clerkship Blackboard site each Friday afternoon. Students are expected to respond on-line by Monday with their thoughts about the case and with answers to any questions that are posed. Early in the week, students will review the responses of other clerkship students, and will be required to comment on at least one of their colleague’s comments before Thursday. These postings are monitored by the Education Director, the Clerkship Directors and/or Dr. Spike who facilitate the on-line discussion by commenting on student responses. A new case will appear each Friday for discussion during the following week.

Students are expected to take call from home with their clerkship faculty. Minimum on call expectations include: one weekday night/week and one weekend/clerkship. During

these on-call experiences, the student is expected to participate with the clerkship faculty in performing expected on-call functions. These functions may include: 1) evaluating and triaging patients via the telephone; 2) evaluating and treating patients in the physician's office; 3) evaluating and treating patients in the E.D.; and, 4) evaluating and treating patients in the in-patient setting.

CLERKSHIP OBJECTIVES

By the completion of the Family Medicine Clerkship, the student will be able to:

Objective
1. Identify and discuss common ethical dilemmas encountered in family medicine.
2. Demonstrate the ability to conduct a medical interview using behaviors and techniques that demonstrate respect, while facilitating information sharing and building a therapeutic relationship.
3. Demonstrate the ability to obtain accurate and complete problem-focused patient interviews for patients presenting with multiple problems during a single visit.
4. Demonstrate the ability to integrate clinical information from multiple sources (patient history, physical examination, diagnostic tests and existing medical records) to develop preliminary assessments/diagnoses.
5. Apply principles of clinical epidemiology and probabilistic reasoning to establish preliminary assessments/diagnoses.
6. Identify the most commonly seen patient problems in family medicine.
7. Demonstrate familiarity with the usual clinical presentations, usual physical exam findings, appropriate diagnostic tools and evidence-based treatments for each of the top 23 common patient problems seen by family physicians. (Note: the number in parentheses represents the minimum number of student-patient encounters required for each problem) <ul style="list-style-type: none"> a) Hypertension (4) b) Acute URI/Acute Sinusitis (4) c) Acute Lower Respiratory Infection (1) d) Otitis Media (1) e) Mood Disorders (esp. depressive disorders) (3) f) Anxiety Disorders (3) g) Diabetes Mellitus (3) h) Common Sprains/strains (2) i) Degenerative Joint Disease (2) j) Ischemic Heart Disease (2) k) Asthma (2) l) Low Back Pain (3) m) Lacerations/contusions (2) n) Arthralgias/myalgias/musculoskeletal pain syndromes (2) o) Skin infections (non-fungal) (1) p) Headache (3) q) Abdominal Pain (3) r) Bursitis/Tenosynovitis (2) s) Chronic Rhinitis (1) t) COPD (1) u) Thyroid Disease (1) v) UTI (1) w) Peptic Diseases of UGI (2)
8. Demonstrate familiarity with the common clinical presentations (including, physical exam abnormalities), appropriate diagnostic tools and evidence-based treatments for common mental health problems and emotional illnesses seen by family physicians.

9. Access evidence-based clinical resources for the common conditions/problems listed in objectives 7 and 8.
10. Apply principles of clinical epidemiology, probabilistic reasoning and cost-awareness when ordering diagnostic tests.
11. Identify and implement the current recommendations from the United States Preventive Services Task Force (USPSTF) re: delivery of preventive health services to adults and children, and discuss the quality of evidence for those recommendations.
12. Identify at least one patient with a health behavior that negatively impacts his/her health, assess the patient's willingness to change those behaviors and assist that patient in constructing an appropriate "behavioral change plan."
13. Demonstrate the ability to assess the patient's current understanding of his/her illness, establish the patient's most pressing educational needs and develop and implement a "patient education plan" to increase the patient's knowledge and understanding.
14. Using the medical record system available in the clerkship faculty's office, create a hand-written, transcribed or printed patient progress note that documents the encounter of at least one patient seen for each of these reasons <ul style="list-style-type: none"> a. An adult patient, new to the practice, who is seen for a health risk assessment and health maintenance activities. b. An adult patient, established in the practice, who is seen for at least 3 concurrent problems at the same visit. c. An adult or pediatric patient, either new to or established in the practice that is seen for a single acute medical problem.
15. Participate in and analyze the process of referral/consultation by: creating a referral/consultation letter, analyzing the process of referral/consultation and determining the characteristics that contribute to a successful referral/consultation.
16. Articulate those methods/activities utilized by the clerkship faculty to: 1) identify his/her professional educational needs; 2) update his/her professional knowledge/skills; and, 3) integrate that new knowledge/skill into his/her practice.
17. Design a personal education plan to expand his/her general medical knowledge and skills based on both a self-assessment and on the feedback/evaluation the preceptor.
18. Demonstrate awareness of the impact of culture, ethnicity, socioeconomic status, advancing age and gender on the patient's expression of illness and response to treatment, and demonstrate the ability to incorporate that awareness into patient interactions.
19. Articulate the theoretical and actual benefits of health care that is continuous, comprehensive, coordinated and is provided within the context of family and community.

EXAMINATION AND GRADING POLICY

For 3rd year clerkships in academic year 2006-2007

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.
- 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 achieve the stated competencies/objectives of each clerkship. Third year students who do not meet these clerkship competencies/objectives are required to remediate identified 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.

Clerkship Grading:

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

Elective Grading:

It is the responsibility of the Regional Campus Dean to approve or revise the grade proposed by the elective supervisor at the end of each approved elective

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 shelf 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 data entry requirements into the CDACS system, 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 “Consistently excellent and exemplary performance” ratings in at least 12 of the 17 remaining subcategories and have no “Needs considerable improvement, showed little growth or progress” or “Very problematic, area of grave concern” ratings on the assessment form; AND
- 3) A student must achieve a score on the NBME specialty shelf examination that is at least 1.0 SD above the national mean for shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all NBME shelf exam scores taken by fourth year students shall be referenced to 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.

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 “Consistently excellent and exemplary performance” ratings in at least 15 of the 17 remaining subcategories and have no “Needs considerable improvement, showed little growth or progress” or “Very problematic, area of grave concern” ratings on the assessment form; AND
- 3) A student must achieve an NBME score in at least the 70th percentile when compared with shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all NBME shelf exam scores taken by fourth year students shall be referenced to 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.

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 “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 “Needs considerable improvement, showed little growth or progress” in the remaining 17 subcategories; AND
- 3) A student must achieve a score on the NBME specialty shelf examination that is at or above the 10th percentile for shelf exam scores by students completing clerkships of comparable length at a similar time in the academic year (note: all NBME shelf exam scores taken by fourth year students shall be referenced to 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.

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 “Very problematic, area of grave concern” ratings in any of the remaining 17 subcategories on the rating form; OR
- 3) A student receives a “Needs considerable improvement, showed little growth or progress” rating in 3 or more of the remaining subcategories; OR
- 4) A student achieves a score below the 10th percentile of students completing clerkship of comparable length at a similar time in the academic year on the retake of his/her NBME specialty subject exam. (note: all NBME shelf exam scores taken by fourth year students shall be referenced to 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.

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”. They will be given one additional opportunity to re-take the examination to 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”

COURSE EVALUATION

Thoughtful student feedback is vital to assuring a high quality clerkship. All students are expected to provide constructive feedback to the clerkship faculty and clerkship directors using the on-line course evaluation system (MedEdIQ). This system collects both quantitative student ratings and narrative comments from students. Additional opportunities to discuss student concerns are provided at each meeting between the Clerkship Director and the student, including the debriefing session.

KNOWLEDGE BASED RESOURCES SUPPORTING COURSE

Befitting a 21st century medical school, all of the physical resources necessary for this course are in place. Student learning areas, complete with computers, selected textbooks, internet access and videoconferencing equipment, are available at each regional campus site. Students have been provided with a portable laptop computer, a personal digital assistant and the appropriate software for each. Copies of many required and recommended texts and medical journals are available through the FSU COM library, and many of these materials are available in on-line in their electronic version. An electronic log of patient encounters (CDCS) is provided to students and will be maintained by the Office of Medical Education.

STATEMENT REGARDING STUDENT WORK HOURS

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.

FSU COM ATTENDANCE POLICY (4/17/06)

COM Philosophy

We believe that:

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

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

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

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

Attendance Policy

Students are expected to attend all scheduled activities. Students are expected to be on time. Being on time is defined as being *ready to start* at the assigned time. If a student has an emergency that prevents her/him from attending a scheduled activity, s/he is to call and notify the Office of Student Affairs (Year 1/2) 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 Three and Four Required Clerkships

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 (see Fourth Year Scheduling Policies).

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. The form will be filed in the Office of Student Affairs

Year 4 Electives

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. The Regional Campus Dean, after consultation with the Elective 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 Regional Campus Dean, who will notify the Elective Director 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 Regional Campus Dean immediately to report the absence including the reason for the absence. The Regional Campus Dean, after consultation with the Elective 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 Regional Campus dean, who will notify the Elective Director of the decision. The form will be filed in the Office of Student Affairs

Remediation Policy for Absences from Examinations, Quizzes, Small Group 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, PRECEPTOR VISITS, AND CLERKSHIP CALL:** The student should contact the Course Director, small group leader, Clerkship Director or Education director for instructions on remediation of the missed session and material covered.

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.*

STUDENTS WITH DISABILITIES (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 you need academic accommodations. This should be done within the first week of class. Specific arrangements should be settled with the instructor 5 working days prior to each exam for which accommodations are being requested.