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**A. Florida State University College of Medicine
Primary Care Geriatrics Syllabus
Course Number – BCC 7174**

Faculty Members Participating in the Course Delivery

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Tallahassee Campus: Jacqueline Lloyd MD, Clerkship Director

Clerkship Faculty – (physicians) Agens, Pomidor, Kobylarz, Granville, Brummel-Smith, Sharma; (social worker) Presnell

Pensacola Campus: Donna Jacobi MD, Clerkship Director

Clerkship Faculty – (physicians) Paula Montgomery, Luis Navas, Jay Madlener, Andrea Hackel, Andy Somesan, Carol Preudhomme, Ruth Henchey; (ARNPs) Heim, Fillmore, Stanley, Morgan, Light, Johnson, Hoff; (neuropsychologist) Hutcheson

Orlando Campus: Ariel Cole MD, Clerkship Director

Clerkship Faculty – (physicians) Golden, Cole, Lehman, Louttit, Manoucheri, Salaguabang, Smuckler, Sovran, Mercado, geriatric fellows, and selected 3rd year FP residents at long term care facilities

Sarasota Campus: Bruce Robinson MD, Clerkship Director

Course Materials

Required Reading: Geriatric Review Syllabus online at FSUCOM Library

Required Resource: 2006 Geriatrics at Your Fingertips 8th Edition; Reuben et al; Blackwell Publishing

Supplemental Readings: Materials posted on Blackboard

Course Synopsis Primary Care Geriatrics BCC 7174**Goals of Course**

The major goal of this four week clerkship is to provide an in-depth exposure of the medical student to the intricacies, subtleties, barriers and obstacles to be overcome in providing quality primary care to older patients in settings in which it occurs. Under the direct supervision of selected geriatric practitioners, the student on this rotation has the opportunity to participate in the care of older patients in ambulatory, acute inpatient, emergency room, nursing facility, rehabilitation center and assisted living facility sites. An important component of this clerkship is that the student is assigned to follow at least 2 patients through stages of acute, restorative, rehabilitative, institutional, in home or community long term care. Expected student involvement in patient care includes taking histories, performing physical examinations, reviewing patient hospital records and complete medication histories, communicating with families, completing admission and discharge assessments and plans, and participating in patient focused team meetings. The student will perform as a member of the team, providing care for older adult patients with geriatric syndromes and common geriatric problems. Patients who are anticipated to transfer or transition across care settings over the course of the student's clerkship are selected for student assignment. The student, then, "follows" the patient by maintaining continuity of their participation in the care of that patient for as long as there are active learning issues and the patient is accessible in their new care setting.

There are multiple opportunities for the student to: improve their competency and comfort in caring for older patients in community settings; participate in multi- and interdisciplinary teams; hone their basic geriatric clinical skills; learn new examination techniques; utilize information technology at the point of care and perform functional and other geriatric assessments. Students will gain familiarity with the roles and responsibilities of other disciplines integral to comprehensive geriatric care and become familiar with the skills and attitudes required to function as a team member. The participating clinical facilities are located within reasonable driving distance of the regional campus. The student has opportunities to interact with several physicians and other health professionals involved in the care of each older patient in each of the formal care and community care settings. Three DxR online clinical decision making cases supplement the students active learning by allowing the student to work through cases including collection of history, physical, laboratory and diagnostic procedural data, formulation and justification of hypotheses and development of management plans. The student also is required to complete a PowerPoint presentation on a geriatric topic of his/her own choosing. The Clerkship Director coordinates assignments and monitors student activity with direction and assistance by clerkship faculty, local staff, and the system-wide Academic Coordinator and Education Director.

Diagnoses, and Clinical Problems

The following clinical problems/entities are encountered on this clerkship. Estimates of the minimum numbers of encounters necessary to accomplish the objectives of the clerkship are indicated in parentheses. The competencies and related specific objectives incorporated in this curriculum are applicable to the specific patients and geriatric care

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settings the students will encounter on this clerkship. Most of the patients encountered will have more than one of the following entities:

1. Calorie depletion, borderline and frank malnutrition, i.e. failure to thrive (2)
2. Functional impairment/functional assessment (8)
3. Urinary incontinence (4)
4. Electrolyte and/or fluid imbalance (2)
5. Balance/gait abnormality, impaired ambulation (2)
6. Depression (2)
7. Family dysfunction (1)
8. Frailty/acute functional decline (1)
9. Dementia, i.e. chronic brain failure (4)
10. Delirium, i.e. acute brain failure (2)
11. Medication Misadventure (2)
12. Falls (1)
13. Short or long term immobility and deconditioning (2)

Each student may require a different number of specific 'learning opportunities' to attain the expected level of proficiency. If the number, or type of patient followed during the clerkship does not present sufficient opportunity for the student to achieve course objectives, their clinical experience will be supplemented with additional online or paper study modules. This geriatric clerkship is designed to maximize and individualize student learning experiences to meet each student's most pressing educational need. We will assist each student in their process of developing life long and adult learner skills by helping them identify their *own specific educational goals* for this clerkship. We will specifically target deficiencies in their attainment of comprehensive geriatric curriculum goals. Every effort will be made to provide student-identified and student-centered opportunities to meet needs and achieve goals.

Course Learning Objectives

It is presumed that the medical student will have satisfactorily attained appropriate proficiency in the COM competencies and accomplished pre-requisite objectives as demonstrated by successful completion of the previous 3 years of medical school. The learning objectives for this course are displayed in the below table as they relate to and/or support the general competencies and learning objectives of Florida State University College of Medicine. There are a few instances where a COM objective is identical to one for this course. You should assume that those specific objectives label as "**Clerkship Objective**" will require you to provide "evidence" of their successful completion over the course of the clerkship. This "evidence" might be provided by demonstration of a skill, direct observation by faculty, oral or written presentation, or formal evaluation i.e. testing.

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<p>Clerkship Objective Completion of most of the course objectives is evidenced by student presentation on teaching rounds, discussions with clerkship faculty or the clerkship director, maintenance and faculty review of HIPAA compliant “shadow charts”, review of DxR cases and performance on the internally generated final exam.</p>	<p>COM General Competency (See table 1 below for #)</p>	<p>Integrated Curricular Theme (See table 2 below for #)</p>
<p>1. Effectively communicate with older adults with various cognitive and functional abilities and in a manner consistent with the patient’s/family’s cultural and ethnic context. Evaluation: Faculty Observation</p>	<p>A</p>	<p>6, 2, 9</p>
<p>2. Demonstrate awareness of the health care needs of aging patients and a willingness to care for the elderly. Note: Elective absence from this clerkship exceeding 10% of regular clerkship time may be construed as evidence of unwillingness to care for the older patient and the student may be subject to a reduction of grade as a consequence.</p>	<p>A</p>	<p>2</p>
<p>3. Perform nursing facility admission evaluations and participate in the development of multidisciplinary management plans for older patients. Evaluation: Faculty /Team Discussions</p>	<p>A</p>	<p>1,2</p>
<p>4. Demonstrate the ability to assess decision making capacity of the ill older adult. Evaluation: Faculty Observation</p>	<p>B</p>	<p>2</p>
<p>5. Discuss the role of the family and the doctor-family relationship in maintaining “patient-centered” care for the older adult family member; identify characteristics of conflict of interest and intrusion. Evaluation: Faculty /Team Discussion</p>	<p>B</p>	<p>1, 2, 6</p>
<p>6. Manage personal schedule and patient care responsibilities so that you see all patients on time, as assigned, and you attend all scheduled conferences meetings and lectures. Evaluation: Faculty Observation</p>	<p>B</p>	<p>3</p>
<p>7. Create and maintain secure a confidential HIPPA compliant “shadow chart” for continuity-across-transition patients. Evaluation: Faculty Review</p>	<p>B</p>	<p>1, 2, 3</p>
<p>8. Assist patients and their families in preparation for discharge by informing their decision making with explanation of goals of care and options of sites for that care. Evaluation: Faculty /Team Discussion</p>	<p>C</p>	<p>2</p>
<p>9. Describe the common causes and consequences of immobility in older patients. Evaluation: Faculty /Team Discussion</p>	<p>D</p>	<p>2</p>
<p>10. Identify the most common drugs/types likely to cause adverse effects in the older patient.(Beer’s List) Evaluation: Faculty /Team Discussion</p>	<p>D</p>	<p>2</p>
<p>11. Recognize the potential for adverse drug-disease, drug-food/supplement and drug-drug interactions. Scrutinize the older patient’s medications to identify those agents likely to increase his/her probability of having a fall. Evaluation: Faculty /Team Discussion</p>	<p>D</p>	<p>2</p>

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Clerkship Objective Completion of most of the course objectives is evidenced by student presentation on teaching rounds, discussions with clerkship faculty or the clerkship director, maintenance and faculty review of HIPAA compliant "shadow charts", review of DxR cases and performance on the internally generated final exam.	COM General Competency (See table 1 below for #)	Integrated Curricular Theme (See table 2 below for #)
12. Evaluate the medically ill older patient for the need of acute care, skilled nursing care, rehabilitative or restorative care. Evaluation: Faculty /Team Discussion	E	2
13. Discuss the signs and symptoms of dementia (chronic brain failure) and identify those which are more likely to respond to pharmacological intervention. Evaluation: Faculty /Team Discussion	E	2, 4
14. Identify signs, symptoms, causes, and consequences of under- and over- nutrition and hydration, electrolyte imbalance and infection. Evaluation: Faculty /Team Discussion /DxR	E	2
15. Assess the older patient for the ability to actively participate in a rehabilitation program (rehabilitation potential). Evaluation: Faculty Observation	E	2
16. Demonstrate the appropriate interpretation of laboratory tests and radiographic studies in making diagnostic and treatment decisions. Evaluation: Faculty /Team Discussion /DxR	F	2
17. Routinely use pocket PC/laptop resources to seek updated drug information. Evaluation: Faculty Observation	G	4, 7
18. Regularly present assigned patients and the 'shadow chart' to the clerkship director including their goals of care and progress towards goals. Evaluation: Faculty /Team Discussion /DxR	G	7
19. Create an appropriate power point presentation for one of the following audiences; educationally diverse, multidisciplinary, low health literacy or ethno-culturally diverse. Evaluation: Faculty Review	C, H	3, 6, 7
20. Provide every patient with ethno-culturally proficient, individualized and patient centered care. Evaluation: Faculty Observation	H	6
21. Develop a personal plan/strategy for attaining proficiency in the geriatric graduation competencies. Evaluation: Faculty Review	I	2
22. Perform as a member of the multidisciplinary geriatric care team across multiple settings acting as a 'medical advocate' for assigned patients. Evaluation: Faculty Observation	J	2,7

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Clerkship Objective Completion of most of the course objectives is evidenced by student presentation on teaching rounds, discussions with clerkship faculty or the clerkship director, maintenance and faculty review of HIPAA compliant “shadow charts”, review of DxR cases and performance on the internally generated final exam.	COM General Competency (See table 1 below for #)	Integrated Curricular Theme (See table 2 below for #)
23. Identify types and sites of formal long term care provided for older adult patients and describe appropriate admission criteria for each. Evaluation: Faculty /Team Discussion /DxR	J	2
24. The medical student will assist and or review with an older adult patient their emergency preparedness plan and/or review the plans of an aging agency or facility for dealing with an environmental emergency (hurricanes, etc.). Evaluation: Faculty Review	C, F	2

Table 1. COM General Competencies

#	COM Competency
A.	Professional values, attitudes and behaviors
B.	Moral reasoning and ethical conduct
C.	Communicating with patients, families and colleagues
D.	Application of basic biomedical and behavioral sciences to patient care
E.	Essential clinical skills
F.	Problem solving and critical thinking
G.	Lifelong learning and information management
H.	Social, cultural and community context of health, illness and care
I.	Personal awareness
J.	Organization, systems and quality improvement

Table 2. COM Integrated Curricular Themes

#	COM Integrated Curricular Theme
1.	Ethics
2.	Geriatrics
3.	Informatics
4.	Evidence-based Medicine
5.	Behavioral Science
6.	Culturally-Appropriate Care
7.	Professionalism
8.	Rural Medicine
9.	Care of the Underserved
10.	Humanities

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How the Course Will Achieve These Objectives

Students on this clerkship will be exposed to multiple opportunities to learn. The hallmark of clinical education is exposure to real patients in the clinical setting. Additionally, clinical environments themselves afford educational opportunity, as do lectures, conferences, or other didactics, and of course, reading and individual study by the student.

Educational Activities to be included in the required clerkship and monitored by the clerkship directors:

1. **Discharge Planning** in any setting for at least 1 patient.
2. **Utilization Review (UR)** and/or **Care Planning (CP)** meeting in any care facility at least once.
3. Geriatric **Emergency room** intake at least 1 encounter/rotation
4. **Nursing / Rehabilitation Facility** Admissions at least 3 admissions per rotation
5. Students will spend not more than two half days per week in an **ambulatory geriatric experience**
6. The student will participate in "**end-of-life care**" for at least one patient in any setting **or** in a home **visit** for at least one patient during the rotation.
7. Student will participate in a 'teaching supervision conference' with the clerkship director twice each week and additionally as necessary
8. The student will complete at least **3 DxR online case problems** during the rotation. Completion is defined as spending a minimum of **45 minutes** in the problem-solving process

The course objectives will be met by participation in these educational activities, and by attendance at selected noon conferences, etc., completion of selected readings, conferences with clerkship faculty, the clerkship director and facility health professionals of various disciplines including social work, physical and occupational therapy, advanced practice nursing (ARNP), speech therapy, pharmacy, and nutrition/dietary over the course of the rotation. Ample time is provided within the clerkship schedule for student self-study and transportation between clinical settings.

Students will complete a shadow chart transition form, in compliance with HIPPA regulations, for no less than four patients across a care setting, two of which must be a patient the student is following in continuity across settings. It is expected that students will complete the following types of documentation for their continuity of care patients as appropriate: routine progress notes, on-service and off-service notes, admission work-ups, discharge summaries and transfer/transition notes. All forms of documentation will be critiqued by the clerkship directors.

Students will also maintain an electronic record of their patient encounters in the CDCS system. The following guidelines are to be used when determining the "level of educational participation" to assign to each encounter.

Minimal: Limited contact with patient

Moderate: Some components history and/or physical exam

Full: History and physical exam + additional information such as differential diagnosis and/or treatment plan.

Students should record no more than one encounter per patient per day, per site. The first time visit question must be accurately answered. This clerkship is 4 weeks in duration and should involve the student in required clinical activities no more than 9 hours per day.

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Each student has scheduled a minimum of three hours with the clerkship director reviewing CDCS patient encounter data, listening to presentation of cases using the “shadow charts” and providing review of DxR cases and didactic instruction thereby assuring breadth of experience, completion of objectives, and engagement in educational activities. Considerable effort is made to ‘tailor’ the educational experiences to meet the specific needs and overall educational goals of the student, while maintaining the same general rotation schedule across all regional campuses.

There are regular faculty development meetings for clerkship faculty, clerkship directors, and all residents and associated health care professionals, who are made aware of the clerkship goals and objectives and FSUCOM standards for grading, treatment of students, and provision of feedback.

Instructional Methods and Scheduled Hours

The Clerkship will be offered at the Pensacola, Orlando, and Tallahassee campuses. The students will work a total of 160 - 180 hours per rotation (8-9 hours per day, five days per week), which includes time for driving between sites and library/reading study time. Each student will work with patients of multiple attendings during the rotation as geriatric care tends to lack continuity across sites. A general weekly schedule is provided here as an example. The specific schedule will be determined by each clerkship director to maximize each student’s opportunities for patient care and clinical education, using the varied and unique resources each regional campus provides.

Sample Schedule: 4TH YEAR Clerkship Essential Geriatrics

Students will adhere to 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.

	MON	TUES	WED	THURS	FRI
AM	Hospital Care- morning report, <u>in-patient</u> <u>rounds</u> Reading/Study	Ambulatory Care	Hospital Care- morning report, <u>in-patient</u> <u>rounds</u> Reading/Study	Ambulatory geriatric Care	Hospital Care- morning report, <u>in-patient</u> <u>rounds</u> Reading/Study
NOON	Working lunch, conference with Clerkship Director	Noon conference	Q/A, UR or rehab meeting	Care planning meeting or Noon conference	Working lunch, conference with Clerkship Director

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<p>PM</p>	<p>Teaching Conference</p> <hr/> <p>NH or Rehab Rounds</p>	<p>Ambulatory Geriatric Care</p>	<p>Rehab Facility</p>	<p>Other Community Care Setting (Hospice, independent living/retirement center, home visit, Assisted Living Facility)</p>	<p>Didactics/ Case based learning online/Independent study</p> <hr/> <p>Extended Care/SNF or Rehabilitation facility</p>
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Reading Assignments and Texts

Required Reading:

Geriatric Review Syllabus. American Geriatrics Society, 6th ed, 2006

GRS Chapter	1	Demography
GRS Chapter	2	Biology of Aging
GRS Chapter	7	Cultural Aspects of Aging
GRS Chapter	13, 14	Hospital Care/Perioperative Care
GRS Chapter	5	Health Care Financing
GRS Chapter	10	Pharmacotherapy
GRS Chapter	8	Physical Activity
GRS Chapter	15	Rehabilitation
GRS Chapter	9	Prevention
GRS Chapter	17	Community-Based Care
GRS Chapter	16	Nursing-Home Care
GRS Chapter	30	Dementia
GRS Chapter	32	Delirium
GRS Chapter	28	Falls
GRS Chapter	27	Gait and Balance
GRS Chapter	29	Osteoporosis
GRS Chapter	24	Malnutrition
GRS Chapter	18	Persistent Pain
GRS Chapter	33	Sleep Problems

Geriatrics at Your Fingertips

<https://campus.fsu.edu/bbcswebdav/courses/BCC7174-01.su06/Geriatrics%20at%20Your%20Fingertips>

EXAMINATIONS AND GRADING

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

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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.

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 CDCS 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

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- 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 score of 85 % on the internal primary care geriatrics 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 score of 80 % on the internal primary care geriatrics 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 above the 10th percentile for shelf exam scores by students

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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 at or above 70%, the minimum passing score on the internal primary care geriatrics 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 at or 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 at or above the 70% 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 primary care geriatrics 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.

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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.

FSU COM ATTENDANCE POLICY

COM Philosophy

We believe that:

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

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

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

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

Attendance Policy

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

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(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 requests an absence in advance, 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, 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 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, 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 campus dean. 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.

As a general rule there will be no excused absence from a required rotation except in cases of emergency. Under extenuating circumstances excused absence from a required rotation may be allowed for purposes of a residency interview if it is determined by the campus dean that the student has no alternative (see Fourth Year Scheduling Policies).

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. 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

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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.

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 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.