

**FLORIDA STATE UNIVERSITY  
COLLEGE OF MEDICINE**

**OBSTETRICS & GYNECOLOGY THIRD YEAR CLERKSHIP  
Course Number – BCC 7130**

**2006-2007 SYLLABUS  
(Revised July 2006)**

**COURSE DESCRIPTION**

Obstetrics and Gynecology is a six-week clinical clerkship. The goal of the clerkship is to acquaint the student with the varied aspects of medical care for women, with emphasis on acquiring the basic skills of gynecologic and obstetrical history taking and physical examination, participating and assuming responsibility in the evaluation and care of outpatients and inpatients, and acquiring practical experience in the operating and delivery room areas with close supervision by staff. Formal and informal daily teaching sessions and rounds with the clerkship faculty and residents are a part of the six-week experience. Clerkship directors at the regional campuses meet with students once per week for teaching, evaluation and feedback. Each student presents a case to the clerkship director each week. These sessions are constructed so as to cover the Association of Professors of Gynecology and Obstetrics objectives under the guidance of clerkship faculty. The criteria used in determining the final grade are the performance evaluations and the National Board Subject shelf examination.

**COURSE OBJECTIVES**

The course objectives are designed to achieve the clinical competencies and objectives of the Florida State University College of Medicine as applied to obstetrics and gynecology, as well as to incorporate the educational objectives of a third year clinical clerkship as defined by the Association of Professors of Gynecology and Obstetrics.

By the completion of the clerkship in Obstetrics and Gynecology, the student will be able to:

- (1) Demonstrate professionalism in relationships with obstetrical and gynecological patients.
  - Respectful, altruistic attitudes
  - Ethically sound practice
- (2) Effectively communicate with women patients, demonstrating awareness of gender, age, cultural, and disability issues.

- Demonstrate interviewing and communication skills that are sensitive to individual abilities and perspectives.
  - Effective communication
  - Impact of gender and differences in power relationships on physician-patient interaction
  - Women as active partners in their health care
- Perform a comprehensive and a problem-focused women's health history, including the following:
  - Menstrual history
  - Obstetric history
  - Gynecologic history
  - Contraceptive history
  - Sexual history
  - Pertinent family history
  - Pertinent social history

(3) Describe current recommendations for preventive screening and routine health maintenance throughout the life cycle of women.

- Cardiovascular disease
  - Lipid profiles
  - Hypertension
  - Diabetes
  - Smoking
- Common malignancies
  - Cervical cancer
  - Breast cancer
  - Colon cancer
  - Lung cancer
  - Skin cancer
- Weight management
  - Nutrition
  - Exercise
- High-risk sexual behavior
- Family planning
- Genetic counseling and testing
- Pre-conceptional and prenatal counseling
- Osteoporosis

(4) Discuss the pathophysiology, etiology, differential diagnosis, and treatment options for conditions and functions that are specific to women or have interventions that are specific to women:

- Normal pregnancy and birth
- Complications of pregnancy and birth
  - Spontaneous abortion
  - Ectopic pregnancy
  - Preterm labor
  - Preeclampsia-eclampsia syndrome
  - Medical complications during pregnancy

- Third trimester bleeding
  - Obstetric emergencies
  - Maternal and newborn mortality
  - Perinatal psychiatric disorders
  - Normal and abnormal menstruation
  - Female sexual response, function, and dysfunction
  - Contraception
  - Sexually transmitted disease
  - Benign vaginal and vulvar conditions
  - Urogenital disorders
  - Endometriosis
  - Reproductive endocrinology
  - Infertility
  - Menopause and possible sequelae
  - Breast disease
  - Gynecologic cancers
- (5) Perform a gender and age appropriate comprehensive and problem-targeted physical examination, demonstrating proficiency in the techniques of:
- Pelvic examination, including bimanual, speculum, and rectal exams
  - Pap smear and genital cultures
  - Breast examination
  - Instruction in breast self examination
- (6) Perform the following procedures in normal obstetrics:
- Diagnose pregnancy
  - Routine prenatal examination
  - Diagnose labor
  - Diagnose ruptured membranes
  - Follow the course of labor using a labor curve
  - Determine cervical dilatation
  - Interpret basic patterns on a fetal monitoring strip
  - Spontaneous vaginal delivery
  - Repair of episiotomy or perineal laceration
- (7) Demonstrate proficiency in scrubbing, sterile technique, and operative assistance.
- (8) Discuss the major classes of drugs used in obstetrics and gynecology and appropriately apply pharmacologic principles to the management of common reproductive problems in women.
- (9) Demonstrate the ability to apply the biopsychosocial model and patient-centered clinical method to the understanding of patient presentations in the context of obstetrics and gynecology including:
- Psychological implications of pregnancy
  - Psychological implications of reproductive system abnormalities.
- (10) Identify and assist victims of physical, emotional, and sexual violence and abuse.
- (11) Access and critically evaluate new information and adopt best practices that incorporate knowledge of sex and gender differences in health and disease.
- Use of evidence-based medicine and practice guidelines

- Use of internet resources and databases
- (12) Discuss the impact of gender-based societal and cultural roles and contexts on health care and on women.
- (13) Demonstrate awareness of the physician's own sexuality on his/her interactions with patients, including appropriate boundary-setting behavior.
- (14) Demonstrate knowledge of legal issues in obstetrics and gynecology.
- Informed consent
  - Legal obligations to protect patient interests
- (15) Describe ethical issues that arise in the practice of obstetrics and gynecology and demonstrate a professional manner of approaching them.
- (16) Discuss the impact of health care delivery systems on populations and individuals receiving health care.
- Gender and sex inequality in financing and delivery of care
  - State and national health policy decisions
  - Public health programs, including family planning, WIC, etc.

## **CLERKSHIP FACULTY**

Janet E. Shepherd M.D.  
Education Director for Obstetrics and Gynecology

Pensacola Regional Campus  
Clerkship Director: Suzanne Bush, M.D.

Clerkship Faculty:  
Richard Cardosi, M.D.  
Steven DeCesare, M.D.  
John Grammer, M.D.  
Charles A. Horan, M.D.  
Kurt Jones Sr., M.D.  
John Lanza, M.D.  
Dina Navarro, D.O.  
Jill Prafke, M.D.  
Barry Ripps, M.D.  
Brian Sontag, D.O.  
B.L. Stalnaker, M.D.  
Sidney Stuart, M.D.  
James Thorp, M.D.

Orlando Regional Campus  
Clerkship Director: Kristin Jackson, M.D.

Clerkship Faculty:  
John Busowski, M.D.  
Armando Fuentes, M.D.

David A. Hill, M.D.  
Ricardo Larrain, M.D.  
Jorge Jesus Lense, M.D.  
Gargey Patil, M.D.  
Mark Trolice, M.D.  
Christopher Walker, M.D.  
Jack Wilson, M.D.

Sarasota Regional Campus

Clerkship Director: Washington Hill, M.D.

Clerkship Faculty:

John Abu, M.D,  
Felice Baron, M.D.  
Ruth Dyal, M.D.  
James Fiorica, M.D.  
Paul Leicher , M.D.  
Ezer Ojeda, M.D.  
Evelyn Santiago, M.D.  
Ramon Santos, M.D.  
Michael Shroder, M.D.  
John Sullivan Jr., M.D.  
Christopher Swain, M.D.  
John Yenari, M.D.

Tallahassee Regional Campus

Clerkship Director: Arthur Clements, M.D.

Clerkship Faculty:

Alexander Brickler, M.D.  
David Dixon, M.D.  
Andrea Friall, M.D.  
Kenneth McAlpine, M.D.  
Vikki McKinnie, M.D.  
Jeffrey Myers, M.D. (Thomasville)  
David O'Bryan, M.D.  
Donald Willis, M.D.  
Henry Breland, M.D.

Rural Track

Clerkship Faculty:

Vanessa King-Johnson, M.D.

## TEACHING AND LEARNING METHODS

The clerkship is primarily an apprenticeship-style experience with a single OB/GYN clerkship faculty member. This contact is designed to provide the student with an appreciation of what a practicing community obstetrician/gynecologist does, both in out-patient settings and at the hospital. The student makes hospital rounds with the faculty member and scrubs in on scheduled surgeries and emergency surgeries or deliveries that occur during the student's assigned hours. On the days the student spends in the office, he or she is expected to perform at least one comprehensive work-up and 5 or 6 follow-up histories and physical examinations. All patient encounters are recorded electronically for review with the clerkship director, and to ensure that the student experiences a variety of cases. It is expected that approximately 2/3 of the patient encounters will involve moderate or full participation.

In addition, where available, students work with an OB/GYN specialist in maternal-fetal medicine, reproductive endocrinology, and/or gynecologic oncology for the equivalent of one day during the rotation. As in all third year rotations, one half-day per week is spent at the student's community-based Doctoring 3 longitudinal clinical experience and one half-day per week is devoted to Doctoring 3 didactic sessions.

Clerkship directors meet with students once every week. Each student presents a case to the clerkship director during this meeting. Current readings and MedCases are discussed. The clerkship director also reviews log entries and makes suggestions (alternate clinical experiences, readings, web sites) for learning any uncovered topics/diagnoses.

Clerkship directors observe and certify that each student has met competency standards in the performance of these areas:

- Full history specific to OB/GYN presenting symptoms
- Clinical breast exam
- Pelvic exam, Pap smear, and genital cultures

There are also hospital and/or residency didactic sessions determined by the specific site and the clerkship faculty's schedule.

### Call and weekends

Students are on-call every 4<sup>th</sup> night with their preceptor or another designated physician. Because much of the clinical activity in OB/GYN occurs at night, students are expected to remain on site at the hospital when on call. When on call and not otherwise occupied, students are encouraged to become involved in cases managed by residents, when available. Each student works at least 2 weekend days per 6 week clerkship. Students are given time off to rest and study after they have spent a night at the hospital.

## List of Minimum Required Cases for Obstetrics and Gynecology

These numbers represent the minimum number of patients to be evaluated by each student to ensure ample experience across the usual scope of practice for obstetrics and gynecology, balanced with the desire to have a student workload that is busy but not oppressive. The feasibility of this number has been confirmed by reviewing data on the CDCS system for the first 2 years of clinical rotations.

Prenatal care - 5  
Labor - 2  
Obstetric problem - 3  
Vaginal delivery (observed/assisted) - 2  
Vaginal delivery (performed) - 1  
C-section (assisted) - 1  
Postpartum care - 2  
Pap smear (performed) - 5  
Pelvic exam (performed) - 5  
Breast exam (performed) - 5  
Menstrual abnormality - 1  
Urogenital infection – 1  
Abnormal Pap smear - 1  
Pelvic pain - 1  
Infertility - 1  
Contraception – 1  
Menopause - 1  
Gyn surgery (assisted) -1  
Laparoscopy (observed/assisted) – 1  
Postop management - 1

Appropriate exposure to diverse kinds of patients is assured by scheduling patients specifically for student encounters and monitoring patient encounters on a weekly basis utilizing the CDCS electronic patient encounter system. If it becomes apparent to a Clerkship Director that a student has not seen and is not likely to see the required cases, either the student is assigned to additional faculty where the experiences can take place, or the student is exposed to the experiences secondarily through reading assignments, discussion with clerkship faculty, and/or computerized MedCases.

## TEXTBOOKS

### Required:

Obstetrics and Gynecology, 5<sup>th</sup> edition (Beckmann, Ling, Barzansky). Lippincott Williams and Wilkins, 2006. (Note: This is not available as an electronic book from the Medical Library Website.)

### Recommended library e-resources that support this clerkship:

Solomon, Diane	<a href="#">Bethesda System for Reporting Cervical Cytology, 2nd ed.</a>	2004	R2Library
Speroff, Leon	<a href="#">Clinical Gynecologic Endocrinology and Infertility, 7th ed.</a>	2005	Ovid
DiSaia, Philip J.	<a href="#">Clinical Gynecologic Oncology, 6th ed.</a>	2002	<a href="#">MDConsult Books</a>
Mazur, Michael T.	<a href="#">Diagnosis of Endometrial Biopsies and Curettings, 2nd ed.</a>	2005	R2Library
Craig, Sabrina D.	<a href="#">Medical Complications in Pregnancy</a>	2005	R2Library
Novak, Emil	<a href="#">Novak's Gynecology, 13th ed.</a>	2002	Ovid
Gabbe, Steven G.	<a href="#">Obstetrics - Normal and Problem Pregnancies, 4th ed.</a>	2002	<a href="#">MDConsult Books</a>
Gershenson, David M.	<a href="#">Operative Gynecology, 2nd ed.</a>	2001	<a href="#">MDConsult Books</a>
Sanfilippo, Joseph S.	<a href="#">Pediatric and Adolescent Gynecology, 2nd ed.</a>	2001	<a href="#">MDConsult Books</a>
Cunningham, F. Gary	<a href="#">Williams Obstetrics, 22nd ed.</a>	2005	<a href="#">Harrison'sOnline/AccessM</a>

## SELF STUDY PROGRAM

Obstetrics and Gynecology includes healthcare of women throughout the lifespan, special attention to women's reproductive issues and reproductive system pathologies, and intensive care of women during pregnancy, delivery, and the postpartum period. Subspecialists devote entire careers to Maternal-Fetal Medicine, Reproductive Endocrinology, and Gynecologic Oncology. This self-study program has been designed to assist students in managing the vast amount of information in ob/gyn, particularly that for which they will be held responsible on National Board Examinations. Students may certainly design their own reading programs, but adherence to this one will provide an organized exposure to the core concepts of the third-year clerkship.

The material is divided into general topics, with chapters from the Beckmann textbook assigned at a rate of about one a day. Each chapter provides a concise summary of an important aspect of the specialty, and concludes with an illustrative case study and review questions. Students may want to read chapters out of this order as they



encounter specific clinical entities. In addition, because the chapters are so brief, students are expected to supplement this reading with material from the suggested reading list appropriate to cases they encounter clinically.

Med Cases, computerized problem-based learning experiences, are an integral part of the clerkship learning experience, and can be accessed via the Medical Library Website. Students are expected to perform 10 Med Cases during the ob/gyn rotation. These interesting and informative exercises have been chosen to assist in applying each week's reading assignments to real-life situations. Students should be prepared to discuss the assigned readings and Med Cases at their weekly meetings with the clerkship director.

### Week One – Orientation to Obstetrics & Gynecology

Chapter 1 – Health Care for Women

Chapter 2 – Ethics in Obstetrics and Gynecology

Chapter 3 – Embryology, Anatomy, and Reproductive Genetics (a review of basic science material from year 1 and 2 as applied to ob/gyn)

Chapter 4 – Maternal-Fetal Physiology

Chapter 33 - Gynecologic Procedures

Chapter 34 – Reproductive Cycle

Chapter 48 – Human Sexuality

Chapter 49- Sexual Assault and Domestic Violence

### Week Two – Essentials of Obstetrics

Chapter 5 – Antepartum Care

Chapter 14 – Abortion

Chapter 6 – Intrapartum Care

Chapter 7 – Abnormal Labor

Chapter 8 – Intrapartum Fetal Surveillance

Chapter 9 – Immediate Care of the Newborn

Chapter 10 – Postpartum Care

Chapter 12 – Postpartum Hemorrhage

Chapter 13 – Postpartum Infections

Chapter 24 - Obstetric Procedures

Med Cases #203 – Arrest of second stage of labor

#521 – Lack of prenatal care with a size/date discrepancy

### Week Three – Complicated Obstetrics

Chapter 11 – Isoimmunization

Chapter 16 – Medical and Surgical Conditions of Pregnancy (Concentrate on those conditions that you encounter clinically, and consider researching them further in Cherry and Merkatz's Complications of Pregnancy, available on Ovid. In addition, all students should carefully study #6 Glucose Intolerance and Diabetes Mellitus.)

Chapter 17 - Hypertension in Pregnancy

Chapter 18 – Multifetal Gestation  
Chapter 19 – Fetal Growth Abnormalities  
Chapter 20 - Third Trimester Bleeding  
Chapter 21 - Postterm pregnancy  
Chapter 22 – Preterm Labor  
Chapter 23 – Premature Rupture of Membranes

Med Cases #433 – First prenatal visit, 16 weeks, diabetic  
#435 – No prenatal care, twins, dyspnea, nausea and vomiting

#### Week Four – Essentials of Gynecology

Chapter 15 - Ectopic pregnancy  
Chapter 25 - Contraception  
Chapter 26 – Sterilization  
Chapter 27 – Vulvitis and Vaginitis  
Chapter 28 – Sexually Transmitted Disease  
Chapter 29 - Pelvic Relaxation, Urinary Incontinence, and Urinary Tract Infections  
(also see Geriatric Review Syllabus, Chapter 20)  
Chapter 30 - Endometriosis  
Chapter 31 – Dysmenorrhea and Pelvic Pain  
Chapter 32 – Disorders of the Breast

Med Cases #403 Spotting and sharp RLQ pain of three days duration  
#429 Heavy menstrual bleeding and worsening cramping

#### Week Five – Reproductive Endocrinology and Infertility

Chapter 35 – Puberty  
Chapter 36 – Amenorrhea and Dysfunctional Uterine Bleeding  
Chapter 37 – Hirsutism and Virilization  
Chapter 38 – Menopause  
Chapter 39 – Infertility  
Chapter 40 – Premenstrual syndrome

Med Cases #232 - Increased facial and body hair  
#544 – Primary infertility

#### Week Six – Gynecologic Oncology

Chapter 41 – Cell Biology and Principles of Cancer Therapy  
Chapter 42 - Gestational Trophoblastic Disease  
Chapter 43 – Vulvar and Vaginal Disease and Neoplasia  
Chapter 44 – Cervical Neoplasia and Carcinoma  
Chapter 45 – Uterine Leiomyoma and Neoplasia  
Chapter 46 – Endometrial Hyperplasia and Cancer

## Chapter 47 - Ovarian and Adnexal Disease

Med Cases #425 – Desire for second opinion on an abnormal Pap smear

#432 – Left adnexal mass detected on routine pelvic examination

## **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 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/she 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

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 70<sup>th</sup> 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)

A student may receive a “Pass” grade if he/she meets 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 10<sup>th</sup> 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)

A student is at risk for a grade of “Fail” if he/she meets 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 10<sup>th</sup> 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)

**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.

## **COURSE EVALUATION**

Thoughtful student feedback is vital to assuring a high quality clerkship. All students are given an opportunity to provide constructive feedback to the faculty and clerkship directors using the on-line evaluation system. Numerical ratings and comments by all students are solicited at the end of the clerkship.

## **FSU COM ATTENDANCE POLICY**

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.

### **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**

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

### **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:

Register with and provide documentation to the student disability Resource Center (SDRC);

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.