

**Florida State University  
College of Medicine**

**Pediatrics Third Year Clerkship  
Course Number – BCC 7130  
2006 – 2007 Syllabus**

Dear M-3 Student:

Welcome to Pediatrics! The entire pediatric team is very excited about having you with us over the next six weeks. The Pediatric Team includes me as Director of Pediatric Education, your on-site clerkship director, and your individual pediatric clerkship faculty member. We hope that you will fully enjoy your time with us, whether or not you find pediatrics to be your ultimate career choice.

Pediatrics is the only specialty in which one may see, at one extreme, a 500 gram premature infant, and at the other extreme, a 136kg (300 pound) football player for a sports physical exam. As is true in all of medicine, you will need to understand the pathophysiological basis of disease. However, in Pediatrics you also must understand the interaction between the disease and the child's developmental milestones and psychosocial processes. There will always be MUCH TO LEARN. Textbook resources for your use are found in the libraries of your regional campus facilities, and multiple other resources are available electronically.

Please don't hesitate to challenge any of us with questions. There is no such thing as a stupid question. The only stupid thing is not taking the opportunity to ask your questions. Get involved and work hard. But, most of all, ENJOY THE KIDS!! They are terrific.....and fun.

If there is anything any of us can do for you while you are on service, please don't hesitate to let us know. For a routine matter, you should first contact your faculty member. If something more urgent arises, please contact your onsite clerkship director. I will always be willing to talk with you about any of your experiences or concerns regarding the pediatric clerkship. I will also be happy to talk with anyone about careers in Pediatrics and Pediatric Residency Programs. My phone number is (850) 644-2346. My e-mail address is [harold.bland@med.fsu.edu](mailto:harold.bland@med.fsu.edu).

I hope that you will have fun learning with and from the kids.

Sincerely,

*Harold Bland*

Harold Bland, M.D.

Director of Pediatric Education

## **COURSE DESCRIPTION**

Pediatrics is a six-week clinical clerkship that encompasses both outpatient and inpatient responsibilities. Each student will spend four of the six weeks with a general pediatrician in his/her office. The student will work one-on-one with this pediatrician, and learn how to obtain pediatric histories and perform physical examinations on children of various ages. The student will also become proficient in giving anticipatory guidance to children and their families. Each pediatrician will orient the student to his/her office, and it is important that the student understand the expectations of this faculty member. Students at each regional campus will spend two weeks on the inpatient service. Students in Orlando and Pensacola will work with the Pediatric Residency programs for their inpatient experience, and will function as part of the "pediatric team". Students in Sarasota and Tallahassee will work with Pediatric Hospitalists during their inpatient rotation. Any student assigned to a rural track for his/her pediatric rotation will spend the two-week inpatient portion at one of the four main regional campus sites. Clerkship directors at the regional campuses meet on a weekly basis with each student for case-presentations, teaching, evaluation and feedback. The Education Director of Pediatrics will assign the final grade based upon faculty evaluations, performance in the clerkship meetings, and performance on the Pediatric Shelf Exam.

### **Definition of a Pediatrician**

*Pediatrician* describes a medical specialist who deals with the diseases of and prevention and promotion of health in infants, children (hereafter used to include infants, children, and adolescents) and adolescents. Pediatrics involves recognition of normal and abnormal mental and physical development as well as the diagnosis and management of acute and chronic problems.

Pediatrics is a discipline that deals with biological, social, and environmental influences on the developing child and with the impact of disease and dysfunction on development. Children differ from adults anatomically, physiologically, immunologically, psychologically, developmentally, developmentally, and metabolically. The pediatrician understands this constantly changing functional status of his/her patient's incident to growth and development, and the consequent changing standards of "normal" for age.

A pediatrician is able to define accurately the child's health status, collaborate with other professionals and with parents to formulate management plans as needed, and act as a consultant to others in the problems and diseases of children. In turn, he/she knows when and how to use pediatric sub-specialists and other consultants. In so doing, he/she knows what to anticipate and is prepared personally to guide further management in concert with the consultant. He/she has the knowledge and skills to recognize and to react appropriately to life threatening situations in children.

## **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 pediatrics, as well as to incorporate the educational objectives of a third year-clinical clerkship as defined by the Committee on Medical Student Education in Pediatrics.

There is **(1) critical competency: The student will be able to recognize the child who is seriously ill**

### **Learning Objectives:**

The student will:

1. Gain experience in the day-to-day management of seriously ill children. This management will include:
  - Monitoring patient medications
  - Calculation of fluids and electrolytes, both deficit and maintenance
  - Calculation and management of caloric intake
  - Recording of output (urine and stool)
  - Interpretation of laboratory and imaging studies
  - Delivering “bad news”
  - Discharge planning
2. Be able to recognize the signs and symptoms of a child who is seriously ill
3. Perform physical examinations which are both accurate and comprehensive on newborns, infants, toddlers, school-age children, and adolescents
4. Successfully conduct “dyad” interviews, including questions for the parent or caretaker, and age-appropriate questions for the child
  - The student must demonstrate the ability to interview the older child/ adolescent in private by asking the parent (caretaker) to leave the room
5. Establish rapport with children of all age groups in order to obtain an accurate history and perform an appropriate physical examination
  - Learn how to examine the infant and toddler while the child is on the parent’s lap
6. Use developmental assessment as part of the physical examination for all age groups
  - This includes an understanding of the administration of, and limitations of, the Denver Developmental Screening Test
  - This includes an understanding of the importance of gestational age in the developmental assessment of young children
7. Recognize the importance of determining the psychosocial condition (status) of the child at each visit
8. Measure and understand the vital signs in children of various age groups
  - Demonstrate knowledge of the use of appropriate size cuffs
  - Demonstrate knowledge of variations of temperature according to the device used for measurement (oral, rectal, axillary, ear)
  - Understand that normal values of heart rate, respiratory rate, and blood pressure change with age

9. Routinely and accurately measure, record, and plot growth parameters on appropriate growth charts. These parameters should be reviewed at each visit.
  - Height
  - Weight
  - OFC (Head Circumference)
10. Conduct “well-child” (health supervision) visits, including discussion of age-appropriate health supervision topics
  - Immunization information and advice
  - Safety issues
  - Dietary advice
  - Information on expected child-development
  - Age-appropriate behavioral concerns
11. Conduct health supervision visits on healthy adolescents incorporating preventive counseling and identification of high-risk behaviors in these key areas:
  - Sexuality/sexual activity (sexual orientation, contraception, STDs)
  - Substance abuse, including alcohol
  - Tobacco use
  - Personal safety (motor vehicles and seatbelt use, firearms, violence)
12. Describe the advantages of breastfeeding and recognize common difficulties experienced by breastfeeding mothers
  - Advise mothers with concerns regarding breastfeeding
13. Identify the child failing to grow appropriately (Identify the child with failure to thrive)
14. Identify factors that contribute to the development of obesity in childhood
15. Experience the process of resuscitation and stabilization of the newborn in the delivery room
  - Become familiar with the APGAR scoring system, and its interpretation
16. Describe the signs and symptoms of the common acute illnesses presenting in the pediatric patient
17. Gain experience in the diagnosis and management of fluid and electrolyte disturbances
  - Calculate deficit and maintenance IV fluid requirements for a child with severe dehydration
  - Learn how to write orders for fluid and electrolyte management
  - Explain how to use oral rehydration therapy for mild and moderate dehydration
18. Describe the physical and behavioral signs of the child who has been physically or sexually abused, or of the child who is a victim of child neglect
  - Summarize the physical findings expected in the “shaken-baby syndrome”
  - Describe his/her responsibilities for reporting these suspected events
19. Demonstrate professionalism in relationships with the pediatric patient and family
  - Self-analyze to become aware of personal biases or prejudices
  - Respect the cultural differences found in varying patient populations
  - Observe rules of privacy and confidentiality, particularly in regards to the adolescent patient

20. Develop critical thinking skills and the ability to use evidence-based medicine in formulating clinical decisions
- Demonstrate the ability to formulate a reasonable differential diagnosis based on the history obtained and the physical examination performed

## **CLERKSHIP FACULTY**

Harold Bland M.D.  
Education Director for Pediatrics

**Orlando Regional Campus :**  
Clerkship Director: Joan Meek, M.D.

Clerkship Faculty Members:

Emily Aguilar, M.D.  
Nicole Bramwell, M.D.  
Lisa Cavelle-Benjamin, M.D.  
Veenod Chulani, M.D.  
Greg Coffman, M.D.  
Mark Didea, M.D.  
David Duany, M.D.  
Sally Elias, M.D.  
Branda Holson, M.D.  
Zane Kalter, M.D.  
Thomas Lacy, M.D.  
Colleen Moran, M.D.  
Joseph Savona, M.D.  
Samuel Smith, M.D.  
Thidaporn Tanpattana, M.D.  
Julie Ward, D.O.

**Pensacola Regional Campus :**  
Clerkship Directors: Michelle Grier, M.D.  
Robert Wilson, M.D.

Clerkship Faculty Members:  
Michelle Beasley, M.D.  
Paul Berger, M.D.  
Tara Gonzales, M.D.  
Edward Kohaut, M.D.  
Quetheline Lanza, M.D. (Helvetius)  
Teresa Mahaffey, M.D.  
Marian Stewart, M.D.  
John VanOstenbridge, M.D.

Updated Last: 7/14/2006

Malcolm White, M.D.

**Sarasota Regional Campus:**

Clerkship Director: Cynthia Samra, M.D.

Clerkship Faculty Members:

Patricia Blanco, M.D.

Luciara De Souza, M.D.

Donald Featherman, M.D.

Alfredo Giangreco, M.D.

Catherine Giangreco, M.D.

David Hash, M.D.

Azima Kahn, M.D.

Katherine Keeley, M.D.

Jacqueline Kelly, M.D.

Jennifer Mayer, M.D.

Susan Mihm, M.D.

Joanne Murren-Boezem, M.D.

Joseph Scarano, M.D.

Florentina Taylor, M.D.

Chinyre Uwah-King, M.D.

**Tallahassee Regional Campus:**

Clerkship Director: Harold Bland, M.D.

Clerkship Faculty Members:

Amy Cooper, M.D. (Thomasville)

Dean Dalrymple, M.D.

Mignon Emenike, M.D.

Uchenna Emenike, M.D.

Kennessa Hugger, M.D.

David Jones, M.D.

Timothy Jones, M.D. (Thomasville)

Elizabeth King, M.D.

Balil Khodr, M.D.

Charles Long, M.D.

Todd Patterson, D.O.

Kathryn Simmons, M.D.

Joseph Sorenson, M.D. (Thomasville)

Thomas Truman, M.D.

Benjamin Wilds, M.D. (Thomasville)

Linda Zak, M.D.

**Rural Track:**

Clerkship Faculty Members:

Doyle Bosse, M.D.  
Joseph Sherrel, M.D.

## **COURSE DETAILS**

### **OUTPATIENT SERVICE:**

You will be working with a carefully selected pediatrician in his or her office, and will spend four days per week with this individual. The physician will orient you on the first day to the office practice, and introduce you to the other staff members. You are expected to make hospital rounds with him/her, care for infants in the normal newborn nursery, and see patients in the office daily. You should do one extensive workup per day on a patient that you have no information on, including the write-up of the full history and physical examination, and should see at least five or six patients per day for which you have been given the previous history and medical problems. You will obtain the history, examine the patient, and report your findings to your attending physician. At the end of the day, or at some other designated time, you should sit down with your attending and discuss some of the patients that you have seen. On one afternoon per week, the clerkship director at your campus will meet with you to talk about some of your experiences and to discuss the CLIPP Cases that have been assigned. Please remember to record electronically all of your patient encounters and procedures so that we can assure that you receive the needed experiences. It is expected that approximately 2/3 of your patient encounters will involve moderate or full participation.

As in all third year rotations, one-half day each week is spent at the student's Doctoring 3 longitudinal clinical experience, and one-half day per week is devoted to the Doctoring 3 didactic sessions.

### **INPATIENT SERVICE:**

You will be working with an attending physician and perhaps resident physicians as well. You will be caring for hospitalized children, and will learn how to manage the child and deal with the family stresses of having a child in the hospital environment. You are expected to attend morning report, round on your patients early in the day, present your patients to the attending during attending rounds, and attend any Grand Rounds or noon conferences that may be scheduled. You are expected to do a comprehensive work-up on one new patient per day, and should follow at least 2 or 3 other patients each day. You will follow your patients daily until they are discharged or until you are off service. You are expected to do an independent patient work-up, i.e., you will take the history and perform the physical exam before talking to anyone who may have already seen the child. This work-up should be complete, and will require extensive time to perform and write-up. It is very likely that you may work with sub-specialist consultants on your patients. Take advantage of these learning opportunities. In certain hospital environments, you may be caring for infants in the newborn nursery as well as children on the pediatric floor. If so, you should take the advantage to learn how to teach baby-care to the mother while she is hospitalized. You will have call while on the inpatient service. You will be on call one night each of the two weeks of your inpatient rotation, and will also take call on either the Saturday or Sunday of the weekend separating the two weeks of the rotation. Please speak with your attending about further details of the call. You will be told who you are on call with. Please

make certain that you let that individual know how to reach you so that you will not miss out on important learning experiences. You will likely be asked to present a PowerPoint presentation to your inpatient faculty during the last week of your inpatient rotation. This will be on a topic that is agreed upon between you and your attending faculty member. This will be a 10-15 minute presentation. You will still attend your longitudinal clinic and the Doctoring 3 course. The remainder of the time you will spend at the hospital. Take some extra time to get to know the kids and their families. Playing games with the children can help to establish comfortable relationships.

## **List of Minimum Required Cases for Pediatrics**

The numbers listed with the conditions/cases reflect what students are encountering as listed in their CDCS logs. These conditions are what any student in a pediatric clerkship in any medical school would be expected to encounter.

Allergic rhinitis- 1  
Atopic dermatitis/Eczema- 1  
"Rash" (viral exanthem)- 1  
Otitis media- 5  
Pharyngitis- 3  
URI ("cold")- 3  
Fever- 2  
Routine physical exam with anticipatory guidance- 5  
Abdominal pain- 1  
Nausea/vomiting-1  
Neonatal jaundice- 1  
Newborn with breastfeeding problems- 1  
Conjunctivitis- 1  
ADHD- 1  
Cough- 1  
Asthma- 1  
UTI (Urinary Tract Infection)- 1  
Minor trauma- 1  
In hospital care of the newborn- 1  
Delivery attendance- 1  
Infectious disease on inpatient service- 1  
Pulmonary infection- 1  
Fluid and electrolyte management- 1  
Child with cardiac murmur- 1  
Diabetes- 1

These encounters are monitored by the Clerkship Directors through the CDCS data entries. If it becomes apparent to a Clerkship Director that a student has not had exposure to the expected patient encounters, every effort will be made to specifically select the required patients for that student to see. If these opportunities for specific patient encounters do not occur, the student will



Updated Last: 7/14/2006

be exposed to the experiences secondarily through reading assignments, completion of computerized MedCases, or discussion with clerkship faculty.

### **ELECTRONIC PATIENT LOG:**

Please conscientiously and promptly record all patient encounters, including diagnoses, patient demographics, and your extent of involvement in any procedure performed on the patient.

### **ELECTRONIC AND READING RESOURCES:**

Each student will be utilizing the CLIPP curriculum which is a national curriculum sponsored by the Committee on Medical Student Education in Pediatrics (COMSEP). CLIPP stands for computer learning in pediatric programs. Each student must register individually by going to [clippcases.org](http://clippcases.org) and receiving a password. This password will allow you access to the pediatric cases. There have been a total of 31 cases developed, and these cases have been chosen to represent the curriculum that most medical schools feel ought to be taught in a third-year pediatric clerkship. The cases vary in length, but most can be completed within one hour. You will be assigned six of these cases per week, so that the final week of your clerkship can be reserved for review time. You will be required to document that you have completed each case. There may be weekly tests and/or a final test over these CLIPP cases.

There is a CD ROM on breastfeeding produced by the American Academy of Pediatrics. One of these CDs is at each regional campus, and must be used only at the campus. This CD **must not leave the regional campus for any reason**. This is a very valuable resource to use in preparing to answer questions from breastfeeding mothers.

There is no required textbook and no required readings, but the following are good resources:

Pediatric Clerkship Guide, (Jerold C. Woodhead)  
Mosby, St. Louis, 2003

Pediatrics for Medical Students, 2<sup>nd</sup> Edition (Bernstein and Shelov)  
Lippincott Williams and Wilkins, Baltimore, Maryland, New York, New York, and Philadelphia, Pennsylvania, 2003

Guidelines for Perinatal Care, 5<sup>th</sup> Edition  
American Academy of Pediatrics and The American College of Obstetricians and Gynecologists, 2002

Bates' Guide to Physical Examination and History Taking, 9<sup>th</sup> Edition (Bickley and Szilagy) Chapter 18: Assessing Children: Infancy Through Adolescence  
Lippincott Williams and Wilkins, Baltimore, Maryland, New York, New York, and Philadelphia, Pennsylvania, 2007

### **WEEKLY ASSIGNMENTS**

**WEEK #1**

- Breastfeeding module on the CD ROM
- CASE # 1- Prenatal and newborn visits
- CASE #2- Infant well child (2, 6, and 9 months)
- CASE #3- 3-year-old well-child visit
- CASE #4- 8-year-old well-child check
- CASE #5- 16-year-old girl's health maintenance visit
- CASE #6- 16-year-old boy's presports physical

**WEEK #2**

- CASE #7- Newborn with respiratory distress
- CASE #8- 6-day-old with jaundice
- CASE #9- 2-week-old with lethargy
- CASE #18- 2-week-old with poor weight gain
- CASE #15- 6-week-old with vomiting
- CASE #25- 2-month-old with apnea

**WEEK #3**

- CASE #26- 9-week-old not gaining weight
- CASE #10- 6-month-old with a fever
- CASE #12- 10-month-old with a cough
- CASE #29- Infant with hypotonia
- CASE #19- 16-month-old with first seizure
- CASE #14- 18-month-old with congestion

**WEEK #4**

- CASE #28- 18-month-old with developmental delay
- CASE #24- 2-year-old with altered mental status
- CASE #30- 2-year-old with sickle-cell disease
- CASE #17- 3-year-old refusing to walk
- CASE #11- 5 year-old with fever and adenopathy
- CASE #31- 5 year-old with puffy eyes

**WEEK #5**

- CASE #13- 6-year-old with chronic cough
- CASE #21- 6-year-old with a rash
- CASE #16- 7-year-old with abdominal pain and vomiting
- CASE #20- 7-year-old with a headache
- CASE #27- 8-year-old with abdominal pain
- CASE #23- 11-year-old girl with lethargy and fever
- CASE #22- 16-year-old girl with abdominal pain

**WEEK #6**

- Use time to review for pediatric subject exam (SHELF Exam)

## **EVALUATION:**

Your evaluation will be based on your performance in the physician's office, your knowledge base when discussing cases with your pediatric faculty, your interactions with the physician's office staff and nursing staff, your interactions with the patients and their families, and your performance on the inpatient portion of the rotation. You will be evaluated by your primary outpatient clerkship faculty member, by the clerkship director at your site, and by the physician in charge of the inpatient block. In addition, you will take the SHELF exam in pediatrics at the end of the rotation. You will have weekly quizzes based upon the CLIPP cases. You will be asked to evaluate your experience on the clerkship, and this is very important in helping to improve the rotation. The details of the grading requirements are included in this document. There are no quotas. It is possible for everyone to earn Honors, but this is unlikely. Your final grade is assigned by the Director of Education for Pediatrics, and is based on all of the above mentioned data.

## **EXAMINATION AND GRADING POLICY For 3<sup>rd</sup> 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 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
- 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 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 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 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 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**

Students who fail the initial post-clerkship NBME subject 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.

**FSU COM ATTENDANCE POLICY (4/17/06)**

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**

#### **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



Updated Last: 7/14/2006

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.