



UNIVERSITY OF CENTRAL FLORIDA  
College *of* Medicine

***MDI 8710 (Various Locations):  
CLERKSHIP IN EMERGENCY  
MEDICINE: AI and Core Rotation***

Syllabus/Handbook

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## **Osceola Regional Medical Center**

### **Attendings**

- Jose Rubero, MD
- Tracy MacIntosh, MD
- Latha Ganti, MD
- David Lebowitz, MD
- Javier Rosario, MD
- Vanessa Diaz, MD
- Ayanna Walker, MD
- Larissa Dub, MD

## **Clerkship Contacts**

**Jay Ladde, MD, FACEP, FAAEM,  
Emergency Medicine Site Director,  
Orlando Health Regional Medical Center**

86 W. Underwood St. Suite 200

Orlando, FL 32806

[jladde@hotmail.com](mailto:jladde@hotmail.com)

**Katie Lugo, MD  
Emergency Medicine Site Director,  
Florida Hospital East**

7727 Lake Underhill Rd

Orlando, FL 32822

[Klugomd@flhemclerkship.com](mailto:Klugomd@flhemclerkship.com)

**José A. Rubero, MD, FACEP, FAAEM  
UCF Emergency Medicine Clerkship Director  
Emergency Medicine Site Director,  
Osceola Regional Medical Center**

720 W. Oak Street, Suite 201

Kissimmee, FL 34741

[jose.rubero@ucf.edu](mailto:jose.rubero@ucf.edu)

**Carrie L. Chapman  
Residency Coordinator, EM Orlando Health**

Orlando Health

Residency Coordinator, EM Medicine

Orlando Health

86 W. Underwood St. Suite 200

Orlando, FL 32806

321.841.8366 (voice)

321-843-6780 (fax)

[carrie.chapman@orlandohealth.com](mailto:carrie.chapman@orlandohealth.com)

**Residency Coordinator, EM Florida Hospital**

Florida Hospital East Orlando

Program Coordinator, EM Residency

7727 Lake Underhill Rd

Orlando, FL 32822

407.303.6413 (voice)

407.303.6414 (fax)

[@flhosp.org](mailto:@flhosp.org)

**Stephanie Jorge**  
**Medical Student Coordinator,**  
**Osceola Regional Medical Center**  
720 W. Oak St, Ste 201  
Kissimmee, FL 34741  
407.518.3347  
[stephanie.jorge@hcahealthcare.com](mailto:stephanie.jorge@hcahealthcare.com)

**Ken Staack, MEd**  
**M4 Clerkship Coordinator**  
UCF COM  
6850 Lake Nona Blvd., Suite 409  
Orlando, FL 32827  
407.266.1110 (voice)  
[Ken.staack@ucf.edu](mailto:Ken.staack@ucf.edu)

## **Clerkship Overview**

The University Of Central Florida College Of Medicine M4/M3 Emergency Medicine Clerkship will introduce the student to the initial assessment, evaluation, diagnosis, and treatment of typical chief complaints seen in an emergency department. The student will spend 4 weeks in a busy emergency department seeing both pediatric and adult patients suffering from medical, surgical, or traumatic disease. Students will be responsible for the assessment and management of their patients while working closely with other students, residents, fellows, and attending physicians as well as hospital staff, nurses, respiratory therapists, and chaplains. Students will observe and may participate in a variety of procedures. Regular attendance at weekly didactic and hands-on conferences, simulation sessions, and journal clubs is required.

Students are required to do 12 shifts consisting in 8 hours including nights and weekends. As per site director, the shifts can be a combination of adult emergency department, pediatric emergency department, ultrasound experience and/or EMS ride along.

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

Students are taught to appreciate the dynamic state of emergency medicine knowledge, the necessity for maintaining currency, and the means to do it. Although the primary teaching method employed in this Clerkship is tutorial by individual faculty members, students are also exposed to a series of videotaped lectures from the American College of Emergency Medicine covering common emergency problems.

Weekly meetings will be held with individual students by the Site Director discretion.

### **University Course Catalog Description**

This 4 week core clerkship introduces the student to initial evaluation and workup as well as diagnostic ordering and treatment of patients presenting to the emergency department.

### **Prerequisites**

Successful completion of M3 first semester term

### **Credit Hours**

6 Credit Hours

## Clerkship Objectives and Goals

Students are expected to develop basic diagnostic skills in emergency medicine. These basic skills include performing a detailed history and physical exam, the collection of appropriate cost-effective laboratory data and radiographs, the performance of appropriate procedures, and the formulation of relevant differential diagnosis and treatment plans.

Students will develop basic skills and understanding of wound repair, abscess drainage, and ultrasound usage as well as developing skills in central line insertion, lumbar puncture, joint aspiration, slit lamp exam, dental blocks, and airway interventions through either direct supervision by residents, fellow, or attendings or by assisting residents, fellows, and attendings in these procedures..

During the 4 week rotation, the students will achieve competence in six areas listed below (based on ACGME core competencies):

### **Patient care:**

Student must be able to provide patient care that is compassionate, appropriate, and effective for the treatment of health problems and the promotion of health. Students are expected to:

1. Communicate effectively and demonstrate caring and respectful behaviors when interacting with patients and their families.
2. Gather essential and accurate information about their patients.
3. Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment.
4. Develop and carry out patient management plans.
5. Counsel and educate patients and their families.
6. Use information technology to support patient care decisions and patient education.
7. Understand and be able to explain all medical and invasive procedures considered essential for level of training including but not limited to laceration repair, abscess drainage, lumbar puncture, endotracheal intubation, and central line placement. Provide health care services aimed at preventing health problems.
8. Work with health care professionals, including those from other disciplines to provide patient-focused care.

### **Medical Knowledge:**

Students must demonstrate knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care. Students are expected to:

1. Demonstrate an investigatory and analytic thinking approach to clinical structure.
2. Know and apply the basic and clinically-supportive sciences which are appropriate to emergency medicine.



3. Demonstrate basic skills necessary to evaluate common emergency department complaints including chest pain, abdominal pain, shortness of breath, fever, vaginal bleeding, blunt trauma.

### **Practice-based learning and improvement:**

Students must be able to investigate and evaluate their patient care practices, appraise, and assimilate scientific evidence, and improve their patient care practices. Students are expected to:

1. Analyze practice experience and perform practice-based improvement activities using systematic methodology.
2. Locate, appraise, and assimilate evidence from scientific studies related to their patients' health problems.
3. Apply knowledge of study designs and statistical methods to the appraisal of clinical studies and other information on diagnostic and therapeutic effectiveness.
4. Use information technology to manage information, access on-line medical information, and support their own education.
5. Facilitate the learning of students and other health care professionals.

### **Interpersonal and communication skills:**

Students must be able to demonstrate interpersonal and communication skills that result in effective information exchange and teaming with patients, their families, and professional associates. Students are expected to:

1. Create and sustain a therapeutic and ethically sound relationship with patients.
2. Use effective listening skills and elicit and provide information using effective nonverbal, explanatory, questioning, and writing skills.
3. Work effectively with others as a member or leader of a health care team.

### **Professionalism:**

Students must demonstrate a commitment to carrying out professional responsibilities, adherence to ethical principles, and sensitivity to a diverse patient population. Students are expected to:

1. Demonstrate respect, compassion, and integrity.
2. Demonstrate a commitment to ethical principles pertaining to provision or withholding of care, patient information confidentiality, and informed consent.
3. Demonstrate sensitivity to patients' cultures, gender, age, and disabilities.

### **Systems-based practice:**

Students must demonstrate an awareness of and responsiveness to the larger context and system of health care and effectively call on system resources to provide care that is optimal. Students are expected to:

1. Practice cost-effective health care and resource allocation that does not compromise quality.
2. Advocate for quality patient care and assist in dealing with system complexities.

## Patient Types/Clinical Conditions

Students during the Emergency Medicine clerkship will experience the following patient encounters.

- Abdominal Pain
- Alcohol dependence/abuse
- Asthma/COPD/Dyspnea
- Back Pain/Injury
- Cerebrovascular Disease/Stroke
- Chest Pain
- Coronary Artery Disease/Myocardial Infarction/CHF
- Delirium/Dementia/Altered Mental Status
- Diabetes/DKA
- Electrolyte Imbalance/Renal Disease
- Fever/Sepsis/Shock
- Gastrointestinal Hemorrhage/Disease
- Headache/Injury
- Musculoskeletal Disorders/Trauma/Injury
- Eye/Nose/Ear/Throat Disease/Injury
- Pediatric Disease
- Poisonings/Overdose/Toxicology
- Resuscitation (Trauma and Medical)
- Skin Infections/Abscesses
- Seizures/Syncope/Neurologic Disease
- Thoracoabdominal Trauma
- Urinary Tract Disease/Infection/Obstruction
- Vaginal Bleeding/Pelvic Pain/Disease/Pregnancy
- INTERPRET RADIOGRAPHS
- INTERPRET ELECTROCARDIOGRAMS
- INTERPRET CT
- Airway Techniques/Endotracheal Intubation
- Central Line Placement
- Peripheral Line Placement
- Fracture/Dislocation Reduction
- Abscess Drainage
- Wound Repair
- Bedside Ultrasound
- Urinary Catheter Placement
- Slit Lamp/Wood's Lamp
- Chest Tube Insertion
- Nasogastric Tube Insertion
- Prescription Writing

## Teaching Modalities

This Clerkship is designed to introduce the student to the initial assessment, evaluation, diagnosis and treatment of typical chief complaints seen in an emergency department. The initial presentation of patients presenting with an acute medical problem often requires proper treatment and/or referral. Any physician who takes care of patients needs to have the basic skills necessary to recognize potentially life-threatening disease and serious medical illness that may require further evaluation and treatment. This clerkship will help lay the foundation for the typical evaluation, diagnosis, and treatment of a wide variety of acute medical and surgical disease in all patient populations.

## Required Texts, Resources, and Materials

1. USMLE Road Atlas to Emergency Medicine (This text can be found online via the UCF COM library)
2. [www.floridaemclerkship.com](http://www.floridaemclerkship.com)
3. <https://cdemcurriculum.com/m4/>
4. <https://cdemcurriculum.com/m3/>
5. The following texts give a good overall foundation of Emergency Medicine but are certainly not all inclusive. The following additional reading is suggested for more in-depth information. The topics listed are the suggested areas of emphasis. Students are encouraged to read more in depth about the actual patient presentations they are seeing on the rotation.
  - a. Clinical Procedures in Emergency Medicine, authors James Roberts MD and Jerris Hedges MD, Saunders Company, Philadelphia Pennsylvania.
  - b. Emergency Medicine-Concepts and Clinical Practice, edited by Peter Rosen, Mosby, St. Louis, Missouri.
  - c. Emergency Medicine: A Comprehensive Study Guide, edited by Judith Tintinalli, MD, et al, The McGraw-Hill Companies, Inc., New York.

### Supplementary Articles

#### **Dopamine vs. Norepinephrine in Treatment of Shock**

March 3, 2010 J. Stephen Bohan, MD, MS, FACP, FACEP [Emergency Medicine](#)

A large randomized trial shows no difference in death rates with the two agents overall but significantly higher mortality with dopamine among patients with cardiogenic shock.

#### **Alteplase Is Effective Up to 4.5 Hours After Onset of Ischemic Stroke**

August 27, 2010 Kristi L. Koenig, MD, FACEP [Emergency Medicine](#)

But earlier is better.

#### **Conventional Cardiopulmonary Resuscitation Is Better Than Compression-Only CPR for Children with Noncardiac Causes of Arrest**

March 2, 2010 Kristi L. Koenig, MD, FACEP [Emergency Medicine](#)

Among patients aged 1–17 years with primary cardiac arrest, conventional CPR and compression-

only CPR similarly improved outcomes over no bystander CPR, but for children with noncardiac causes of arrest, conventional CPR was better.

### **Compression-Only CPR Is Best for Untrained Bystanders**

November 12, 2010 Kristi L. Koenig, MD, FACEP [Emergency Medicine](#)

A meta-analysis demonstrates that dispatcher-assisted chest-compression-only cardiopulmonary resuscitation increases survival compared with traditional CPR in adults with witnessed out-of-hospital cardiac arrest.

### **Ketamine and Propofol Are Equally Effective for Procedural Sedation in Adults**

June 18, 2010 Diane M. Birnbaumer, MD, FACEP [Emergency Medicine](#)

But propofol is associated with more-rapid recovery and less respiratory depression.

### **Systemic Steroids for Pharyngitis Pain?**

June 4, 2010 Diane M. Birnbaumer, MD, FACEP [Emergency Medicine](#)

A meta-analysis suggests modest benefit.

### **Tranexamic Acid Reduces Mortality After Major Trauma**

June 15, 2010 Kristi L. Koenig, MD, FACEP [Emergency Medicine](#)

This promising new therapy is inexpensive and easy to administer.

### **Muscle Relaxant Adds No Benefit to Ibuprofen for Cervical Strain**

February 5, 2010 Kristi L. Koenig, MD, FACEP [Emergency Medicine](#)

Pain relief did not differ among patients who received ibuprofen, cyclobenzaprine, or both drugs.

### **Wound Closure After 6 Hours Does Not Increase Infection Rates**

August 5, 2010 Diane M. Birnbaumer, MD, FACEP [Emergency Medicine](#)

Location of the wound was a more important predictor of infection than the time to closure.

### **Rapid Treatment and Discharge of Patients with Recent-Onset Atrial Fibrillation or Flutter**

July 2, 2010 Kristi L. Koenig, MD, FACEP [Emergency Medicine](#)

Rapid cardioversion and discharge home is safe for emergency department patients who present within 48 hours of onset of atrial fibrillation or flutter.

## Case Presentation Assignment

Constitutes 20% of your final course grade.

Mandatory assignment.

Date to present will generally be in last week of block and will be determined during rotation.

Format:

1. Title Slide
2. Chief Complaint
3. Concise description of history and physical findings.
4. Medical decision-making and differential diagnosis with brief discussion.
5. Laboratory and study findings.
6. Final diagnosis with discussion.
7. Cited literature.

Present using computer (power point, keynote, etc.).

May use multimedia.

Limit to 10-15 minutes.

Please choose a case that you saw or were a part of during your rotation that exemplifies common serious pathology, rare disease, or interesting findings.

Grading will be based on:

1. Presentation skills
2. Format
3. Discussion of findings and final diagnosis
4. Creativity and use of technology will factor

## Required Procedure/Cases

**Students will be responsible to have a check list where he/she will see at least one patient with a complaint covering each of the following required topics during the rotation and be prepared with the possibility of presenting the case to the other students or at the residency conference.**

1. Chest pain
2. Shortness of Breath
3. Abdominal Pain
4. OB-GYN Emergencies
5. Toxicology
6. Altered Mental Status
7. Trauma
8. Airway Management
9. Pediatric Emergencies
10. Environmental Emergencies
11. Headache
12. Stroke
13. Procedures
  - Laceration repair
  - Incision and drainage
  - IV insertion

## Duty Hours

**The University of Central Florida College of Medicine will follow the duty hour guidelines set by the Accreditation Council for Graduate Medical Education (ACGME), ACGME 2011.**

1. *Duty hours are defined as all clinical and academic activities related to the education of the medical student i.e., patient care (both inpatient and outpatient), administrative duties relative to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled activities, such as didactic sessions, grand rounds and conferences. Duty hours do not include reading and preparation time spent away from the duty site.*
  - a. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.
  - b. Adequate time for rest and personal activities will be provided and will consist of a 10-hour time period between all daily duty periods and after in-house call.
  - c. In-house call must occur no more frequently than every third night.
  - d. Continuous on-site duty, including in-house call, must not exceed 24 consecutive hours. Students may be on site for up to 4 additional hours in order to participate in didactic activities.
  - e. Students must be provided with one day (24 consecutive hours) in seven, free from all educational and clinical responsibilities, averaged over a four-week period.
2. This policy will be published on the College of Medicine website, in the clerkship handbooks, and in the faculty and preceptor handbooks. This information will also be covered in the COM Clerkship Orientation.

**Oversight of this policy will be the responsibility of the Clerkship Director and the relevant Clerkship Site Director/s. Students are responsible for tracking and logging their duty hours in OASIS.** Faculty and students with concerns regarding possible duty hour violations should report those concerns directly to the Clerkship Director in a timely fashion. Failure to keep duty hour log up to date in OASIS may result in participation point penalization from final grade.

**Students and Clerkship Directors will be given a Clerkship Duty Hours Agreement** to co-sign acknowledging the policy.

## **Clinical Locations**

### **Orlando Health**

#### **IMPORTANT FIRST DAY INSTRUCTIONS FOR OH:**

ALL 4<sup>TH</sup> YEAR STUDENTS WILL BE REQUIRED TO REPORT AT 10:00 AM TO THE GME CONFERENCE ROOM.

- Bring OH Badge & White Lab Coat
- If you have not heard from the GME office or the Emergency Medicine Department the week before your rotation starts, please contact Margaret Orr or Ken Staack.

#### **OH Graduate Medical Education Building**

86 W. Underwood St.  
Orlando FL 32806

The **Emergency Medicine Residency Office** is also located on the second floor of the GME Building.

#### **Orlando Regional Medical Center**

1414 Kuhl Ave.  
Orlando, FL 32806

#### **Arnold Palmer Hospital for Children**

92 W. Miller St.  
Orlando, FL 32806

#### **Winnie Palmer Hospital for Women & Babies**

83 W. Miller St.  
Orlando, FL 32806

### **Florida Hospital- East**

#### **IMPORTANT FIRST DAY INSTRUCTIONS FOR FH:**

- If you have not heard from the Florida Hospital Emergency Medicine Department the week before your rotation starts, please contact Margaret Orr or Ken Staack.

#### **Florida Hospital - East Orlando**

7727 Lake Underhill Rd  
Orlando, FL 32822



## **Osceola Regional Medical Center**

### **IMPORTANT FIRST DAY INSTRUCTIONS FOR Osceola Regional Medical Center:**

Please contact Stephanie Jorge, Medical Student Coordinator for badging instructions prior to start.

Please also review the Osceola EM Student Orientation Guide for specific rotation instructions and guidelines.

## Grading and Evaluation Policies

The College will use a letter system for the M.D. program where grades are assigned for overall performance in a given Clerkship or clerkship. Students' performance in academic course work will be evaluated by assignment of grades using a (P) pass/ (F) fail grade designation. The (F) grade (Unacceptable Performance) is given to students who fail a Clerkship/clerkship, who demonstrate inappropriate professional behaviors, or who fail to attend or participate in required course activities. Other grade actions include an (I) showing incomplete work, a (W) indicating that a student withdrew from the course, an (R\*) followed by a grade showing that the student repeated the course (Grade Forgiveness), and a (T) used as a "temporary grade" for performance pending review by the SEPC. The (T) is used when a student has an overall passing grade but may require further study to strengthen their fund of knowledge in one or more subject areas in a Clerkship. The (T) grade is replaced when remediation is accomplished.

The instructor assigns an I (incomplete grade) when a student is unable to complete a Clerkship or clerkship due to extenuating circumstances, and when all requirements can clearly be completed in a short time following the close of regular classes. In all circumstances where a student receives an (I), the student and faculty member must complete an agreement that specifies how and when the incomplete grade will be made up, which will be considered by the appropriate SEPC. All students receiving financial assistance (federal and institutional loans), will be cautioned that the terms of the assistance require that the (I) grade must be made up by the agreement date. Minimal competency in each Clerkship/clerkship is a composite score of 70 or above (P grade).

A (T) entry identifies students whose performance, although within the passing range, requires study and re-evaluation in one or more areas within the Clerkship/clerkship. A (T) is used as a "temporary grade" for Clerkship/clerkship grades when students have achieved an overall score that would indicate a passing grade, but they have shown weak or marginal performance in one or more of the traditional subject areas that are included in the overall Clerkship/clerkship. The overall performance of students receiving a (T) in lieu of a grade is reviewed by the Student Evaluation and Promotion Committee with the Clerkship/Clerkship Director to determine how the student may improve their fund of knowledge in the identified subject area(s). The (T) grade is replaced by the final Clerkship/clerkship grade when remediation is successfully accomplished in knowledge, skills, attitudes and/or behavior.

In this Clerkship, the final assessment follows this approximate weighting to assessment activities:

Assessment	Percent of Final Grade
Clinical Evaluations	60%
Case Presentation	20%
Professionalism and Attendance	10%
SAEMTests	10%
<hr/>	
	100%

A student may appeal his or her course grade if he or she feels that the grade was assigned in a manner not in accordance with the clerkship statement of policy distributed at the beginning of the clerkship. This is not a process for appeal of established clerkship grading policies. The appeal is directed initially to the Clerkship Director and then to the Assistant Dean for Undergraduate Medical Education for resolution at an informal level.

If resolution of the issue is not made to the student's satisfaction, then a formal appeal is made in writing to the Office of Faculty and Academic Affairs stating the reasons for the appeal. After an appropriate hearing and review, the Associate Dean for Faculty and Academic Affairs will recommend final disposition of the appeal. A student wishing to appeal to the Dean concerning the recommendation must make a written request within 10 school days of receipt of written notification of the recommendation from the Office of Faculty and Academic Affairs. Acting as the university President's representative, the Dean of the College of Medicine shall make a final decision on the matter within 10 school days of receipt of the student's request for review. (See Student Handbook for more details.)

## Grade Dissemination

You can access your Clerkship grades at any time using "myUCF Grades" in the student portal or by reviewing your final evaluation in OASIS. If you need help accessing myUCF Grades, see the online tutorial: <https://myucfgrades.ucf.edu/help/>.

## Course Grading Policy

### Late Work Policy:

Graded materials will be considered individually by the Clerkship Director.

### Extra Credit Policy:

Generally, there are no sources for "extra credit" in required COM Clerkships. Specific exceptions may be granted for unusual circumstances by the Clerkship Director.

## Grades of "Incomplete:

The current university policy concerning incomplete grades will be followed in this course. Incomplete grades are given only in situations where unexpected emergencies prevent a student from completing the course and the remaining work can be completed the next semester. Please see the COM Student Handbook or the Office of Student Affairs for more details.

## End of Clerkship Evaluation

Shift evaluations will be collected by the clerkship director at the end of each shift and used in the preparation of the end of clerkship evaluation. The final summative evaluation will be completed electronically by the clerkship director in OASIS.

## Course & Faculty Evaluations

We value your input! In order for clerkship administration to improve this clerkship we need your comments about the strengths and weaknesses of the experience. All clerkship administrators are available to discuss issues at any time. You do not need to wait until you complete the clerkship evaluation to offer suggestions.

Students are required to complete a clerkship evaluation form and appropriate faculty/resident evaluation forms as appropriate. These evaluations will be completed in OASIS. Grades will not be released until these evaluations are completed.

## Professionalism

Per university policy and classroom etiquette; mobile devices **must be silenced** during all classroom and lab lectures. Cell phones may not be used in the hospital and are not allowed in many ICUs. Those not heeding this rule will be asked to leave the classroom/lab immediately so as to not disrupt the learning environment. Please arrive on time for all class meetings. Students who habitually disturb the class by talking, arriving late, *etc.*, and have been warned may suffer a reduction in their final class grade.

## **The UCF Creed:**

Integrity, scholarship, community, creativity and excellence are the core values that guide our conduct, performance, and decisions. These values comprise the guiding principles that direct the actions of the University, its students, and its employees.

### **Integrity**

I will practice and defend academic and personal honesty.

### **Scholarship**

I will cherish and honor learning as a fundamental purpose of my membership in the UCF community.

### **Community**

I will promote an open and supportive campus environment by respecting the rights and contributions of every individual.

### **Creativity**

I will use my talents to enrich the human experience.

### **Excellence**

I will strive toward the highest standards of performance in any endeavor I undertake.

## **UCF COM Honor Code:**

Honor and integrity should embody all that we, as medical professionals, undertake. How we act as students is highly indicative of what our character will be like in both the professional and personal realms of our lives. Practicing integrity now makes integrity in the workplace so much more attainable. The Office of Student Affairs will provide support and assistance to the Charter class in the development of the Medical Student Honor Code.

As the Charter class of the College of Medicine you will be called upon to initiate the establishment of Medical Student Honor Code policies. The attached pledge of honor provides a basis for beginning this process, and it is requested that each of you read and sign this pledge form showing your acceptance and support.

## **Academic Conduct Policy:**

The University of Central Florida is committed to a policy of honesty in academic affairs. Examples of conduct for which students may be subject to academic and/or disciplinary penalties including expulsion are:

**Cheating:** whereby non-permissible written, visual, or oral assistance including that obtained from another student is utilized on examinations, course assignments or projects. The unauthorized possession or use of examination or course related material may also constitute cheating.

**Plagiarism:** whereby another's work is deliberately used or appropriated without any indication of the source, thereby attempting to convey the impression that such work is the student's own. Any student failing to properly credit ideas or materials taken from another has plagiarized.

**Unauthorized assistance:** communication to another through written, visual or oral means. The presentation of material which has not been studied or learned, but rather was obtained solely through someone else's efforts and used as part of an examination, course assignment or project. The unauthorized possession or use of examination or course related material may also constitute cheating.

**Commercial Use of Academic Material:** Selling notes, handouts, etc. without authorization or using them for any commercial purpose without the express written permission of the university and the Instructor is a violation of this rule.

NOTE: A student who has assisted another in any of the aforementioned breach of standards shall be considered equally culpable. In cases of cheating or plagiarism, the instructor may take appropriate academic action ranging from loss of credit for a specific assignment, examination, or project to removal from the course with a grade of "F." In addition, the instructor may request disciplinary action through the office of student rights and responsibilities as outlined in *The Golden Rule*.

Please note: M.D. students are also subject to all College of Medicine policies as reflected in the M.D. Program Student Handbook.

## **College of Medicine Policy on Student Mistreatment & Abuse**

Medical students should report any incidents of mistreatment or abuse to the UCF College of Medicine Associate Dean for Students immediately. It is the policy of the UCF College of Medicine that mistreatment or abuse will not be tolerated. Anyone made aware of any such mistreatment or abuse should notify the COM Associate Dean for Students at 407-266-1353.

## **Bloodborne Pathogen and Communicable Disease Exposures**

In the case of a student exposure to a bloodborne pathogen through needle stick should occur, the student on the pediatric clerkship can refer to hospital's Health Policy on Needle Stick Exposure. Students are also encouraged to reference the UCF COM Student Handbook: ([http://www.med.ucf.edu/students/affairs/documents/infectious\\_diseases\\_and\\_environmental\\_hazards.pdf](http://www.med.ucf.edu/students/affairs/documents/infectious_diseases_and_environmental_hazards.pdf))

## **Standard Precautions**

Refer to the UCF COM Student Handbook:

([http://med.ucf.edu/students/affairs/documents/student\\_handbook\\_2010.pdf](http://med.ucf.edu/students/affairs/documents/student_handbook_2010.pdf)) Section VII. Health Policy E. Exposure to Infectious Disease and Environmental Hazards.

## **HIPAA and Patient Confidentiality**

All HIPAA and Patient Confidentiality agreements should be completed through the office of Student Affairs at the UCF College of Medicine prior to beginning of clerkship.

***Disclaimer: The Clerkship Directors(s) reserve the right to modify the content and/or the grading policy of the class if necessary, to ensure the academic integrity of the clerkship.***

## Appendix 1 – UCF COM M4/M3 Clerkship Attendance Policy

**Policy Title:** M-3 Clerkships and M-4 Senior Required and Elective Rotations Attendance Policy

**Policy Number** (relate to LCME Element as applicable): UCF COM Policy 8.1

**Applies to:** All third and fourth year medical students at the University of Central Florida College of Medicine (UCF COM).

**Date:** 12/16/2016

**1.0 Purpose:** To specify anticipated and unanticipated absences during the third and fourth year of medical school.

**2.0 Policy Statement:**

### **General Attendance Policy:**

As a member of a health care team during the third and fourth years of medical school, students are expected to attend all scheduled hours of clinical responsibilities and didactic instruction. There is no guaranteed time off for secular holidays. Students are expected to follow the holiday practice of the clinic/hospital/site at which they are rotating. Clinical responsibilities such as night call and rounding take precedence over holiday schedules. If situations arise which require students to miss time from clerkship responsibilities, the guidelines below will be followed. Additional remediation may be required at the Clerkship Director's discretion (e.g., the taking of extra call). The Clerkship or rotation director should be notified prior to the start of the rotation of requests for absences for religious observances (see "Religious Observances" under "Absences/Attendance" in the UCF COM Student Handbook).

### **Excused Absences: Definitions and Required Actions:**

#### ***Anticipated Absences:***

- ***Presentation of research at professional meeting***
  - *Maximum of one meeting per academic year; and*
  - *Same research project may not be presented at more than one meeting; and*
  - *Time away is only for presentation of data and travel time; and*
  - *Requests must be submitted to Clerkship Directors for approval no later than 6 weeks prior to date of presentation.*
  - *If approved, the student is responsible for notifying the attending/resident and their team in advance of all anticipated absences.*
  - *The student must complete the absence form, have it signed by the Clerkship Director and forward it to the Office of Student Affairs.*
  
- **Requests for exceptions to this policy (e.g., for those on National Committees or those with compelling reasons to give additional research presentations) must be discussed with the Clerkship Director in advance.**
  
- ***Residency interviews***
  - During interview months of October-January, students will be allowed to take time off for interviews.
  - On 4-week rotations, the maximum number of days allowed is 4 (no more than 3 consecutive days). On 2-week rotations, the maximum is 2 days. Requests for additional days must be discussed and approved by the rotation director. If request exceeds the maximum number allowable, student may be required to repeat the rotation.
  - Requests must be submitted in writing to rotation director/s prior to the start of the affected rotation/s or within 24 hours of an interview offer during the course of the rotation.



- Once approved, the student is responsible for notifying the attending/resident and their team in advance of all anticipated absences.
- *The student must complete the absence form, have it signed by the rotation director and forward it to the Office of Student Affairs.*

- **Meeting with core advisor or Dean of Students**

- *May schedule one meeting with advisor or Dean of Students during each clerkship/elective*
- *Meeting/s must be approved in advance by the Clerkship Director; and*
- *Meeting/s must be scheduled at a time that minimizes disruption of clinical responsibilities, didactics and other clerkship activities; and*
- *Absence includes time for meeting and appropriate travel time only; and*
- *Students are required to be present at clinical sites before and after meeting/s as dictated by their clinical schedules.*

- **Health Care Visits (e.g., well visits, preventive care): students should try to schedule these appointments when on vacation or not on clinical duty, but if this is not possible, they can apply for an excused absence:**

- *Meeting/s must be approved in advance by the Clerkship Director; and*
- *Meeting/s must be scheduled at a time that minimizes disruption of clinical responsibilities, didactics and other clerkship activities; and*
- *Absence includes time for meeting and appropriate travel time only; and*
- *Students are required to be present at clinical sites before and after meeting/s as dictated by their clinical schedules.*

**Unanticipated Absences:**

- **Hospitalization of student**

- **Death of family member**

- **Illness**

- *An excused absence may be granted if you are ill.*
- *An excused absence due to illness requires that a note from your physician be obtained and given to the Clerkship Coordinator within 24 hours of the first day missed if: illness lasts 72 hours or more at any time, lasts 24 hours during the final week of a rotation, or at the discretion of the Clerkship Director; and*
- *The Clerkship Coordinator and the attending physician/resident physician on your clinical team are notified by you in a timely fashion (e.g., before the start of AM rounds); and*
- *The student absence form is completed, signed by the Clerkship Director and forwarded to Student Affairs.*

**Unexcused Absences: Definitions and Required Actions:**

- Unexcused Absences include:

- *Vacations, personal days or social events, including weddings, graduations or birthdays*
- *Taking Step 2 exams during the third year*
- *If the student chooses to travel for personal reasons during the rotation (e.g., a weekend off), it is expected that the student will return to her/his clinical responsibilities on time. Delays in returning (e.g., bad weather, missed flights) will be considered as unexcused.*
- *Missing any portion of the Orientation to the Third Year, the M3 Capstone, the M4 Capstone or the Longitudinal Curricular Sessions*

- *In the event of an absence from the clerkship without permission from the Clerkship Director, the student will lose 5 points for each unexcused day. These points will be taken off the final clerkship grade.*

- *Additional remediation may be required at the Clerkship Director's discretion (e.g., the taking of extra call).*

- *Unexcused absences impact upon assessment of a student's professionalism and will be reported to the student SEPC.*

