



UNIVERSITY OF CENTRAL FLORIDA

# College *of* Medicine

## ***BCC 7114: CORE CLERKSHIP IN EMERGENCY MEDICINE***

Syllabus/Handbook  
2012 – 2013



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## Faculty

Students will complete their Emergency Medicine Clerkship at one of two clinical sites. The clinical clerkship faculty will consist primarily of Emergency Medicine attending and resident physicians as well as ancillary providers (nurse practitioners, physician assistants, doctors of pharmacy, etc.) at each clinical location.

### Orlando Health

#### Attendings

- Sara Baker, MD
- Daniel Brennan, M.D.
- Timothy Bullard, M.D.
- Brandon Carr, M.D.
- David Cassidy, M.D.
- Mark Clark, M.D.
- Kelly Cramm, M.D.
- Mary Cayley, MD
- Megan Crider, MD
- Jay Falk, M.D.
- Camillo Florez, M.D.
- Philip Giordano, M.D.
- Michael Kelly, M.D.
- Jay Ladde, M.D.
- Stephen Leech, M.D.
- Carolyn Lyon, M.D.
- Paula Mueller, M.D.
- John O'Brien, M.D.
- Linda Papa, M.D.
- Gary Parrish, M.D.
- George Ralls, M.D.
- Jose Ramirez, M.D.
- Efren Salinero, M.D.
- Sal Silvestri, M.D.
- James Tesar, M.D.
- Josef Thundiyil, M.D.
- Kurt Weber, M.D.

#### Residents

- Brian Batt
- Sheila Blakley
- Jillian Davison
- Sarina Doyle
- Amy Dumais
- Danielle Hollingworth
- Alison Le Pera
- Anna Liberatore
- Laura Magnuson
- Michelle Ramia
- Michael Sanders
- Erin Smith
- Jesse Standifer
- Mark Chappell
- John Cheesebrew
- Whit Davis
- Karen Dimitru
- Garrett Fidalgo
- Christen Gregory
- Brian Johnson
- Erin Lambert
- J. Ben Luck
- Neal Mangalat
- Sitha Mangipudy
- Jason Schiel
- Zach Stamile
- Andrew Thomas

### **OH Residents continued**

- Miriam VanderMey
- Albie Alfonso
- Ayanna Baker
- Ian Backstrom
- Kate Bondani
- Antonio Cabrera
- Megan Core
- Matthew DuMouchel
- Kristen Dunlap
- Brian Head
- Matt Mokrohisky
- Carolina Pereira
- Jesus Roa
- Shawn Robertson
- Rebecca Wessinger

### **Florida Hospital**

#### **Attendings**

- Bethany Ballinger, MD
- Dennis Hernandez, MD
- Dale Birenbaum, MD
- Steven Nazario, MD
- Jose Rubero, MD
- Ademola Adewale, MD
- Katia Lugo, MD
- Alfredo Tirado, MD
- Caroline Molins, MD
- Cliff Denney, MD
- Marc Santambrosio, DO
- Renee Cleveland, MD
- Kimberly Buffkin, MD
- Lisa O'Grady, MD
- Vanessa Diaz, MD
- Herbert Cooper, MD
- Miguel Acevedo, MD

#### **Residents**

- Megan Leonard, MD
- Marshall Naquin, MD
- Vu Nguyen, MD
- Paul Passafiume, MD
- Breckon Pav, MD
- Kevin Steinwachs, MD
- Javier Benitez ,MD
- Doran Heist, MD
- Troy Mostaan, MD
- Lauren Py, MD
- Jill Ward, MD
- Hebron White, MD
- David Holland MD
- Jorge Insignares MD
- Frankie Mendiola MD
- Bret Sanders, MD
- Kristen VanderVelde, DO
- Zachary Wilson, MD

## Clerkship Contacts

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**Emergency Medicine Site Director, Florida Hospital**

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## **Clerkship Overview**

The University Of Central Florida College Of Medicine M4 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. A case presentation will be required.

### **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 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

Emergency Medicine clerkship students are required to log the following patient encounters and procedures in OASIS. Students should review their patient encounters at the mid-point of their rotation and discuss any concerns about meeting this requirement with the Clerkship Director.

- 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 and Materials

Colorado Compendium, First Edition (located on Meds)

### Supplementary (Optional) Text and Materials

Rosen's Emergency Medicine: Concepts and Clinical Practices, 7th Ed., Elsevier Health, 2010, ISBN: 0323054722

Tintinalli's Emergency Medicine: A Comprehensive Study Guide, Seventh Edition, McGraw-Hill, 2010, ISBN: 9780071484800

Pediatric Emergency Medicine, Baren, et al, Saunders, 2007, ISBN 1416000879

### 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 15 minutes with 5 minute discussion.

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

## 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.

For additional information, descriptions, directions and/or maps to the various clinical sites, please access the “Site Locations” tab of MEDS/Blackboard.

## **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

For additional information, site descriptions, directions and/or maps to the various clinical sites, please access the “Site Locations” tab of MEDS/Blackboard.

## 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 of (A) Excellent Performance, (B) Good Performance, (C) Conditional Performance, in order of excellence. 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. Faculty may specify that some programs (selectives/electives) can be graded using a (P) pass/ (F) fail grade designation. All grade options for the program are subject to approval by the M.D. Program Curriculum Committee.

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 (A, B or C 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	70%
Case Presentation	20%
Participation and Attendance	10%
	100%

Grading Scale (%)	
90-100	A
80 – 89	B
70 – 79	C
<70	F

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 Clerkship Attendance Policy

The University of Central Florida College of Medicine recognizes the primacy of the Core Clerkships as critical components of medical students' education. The following policy is intended to address the amount of time that students can miss from their Clerkship for approved circumstances. The goal is to ensure that students obtain sufficient experience to meet the objectives of the Clerkship curriculum.

1. Students are expected to attend all scheduled hours of instruction. Mandatory session and participation requirements in modules and clerkships and remediation due to absence are determined by the Module/Clerkship Directors. The student will be held responsible for any material covered during the excused absence, but will be permitted a reasonable amount of time to complete any missed work. Recognizing that situations arise which require students to miss time from their module/clerkship responsibilities, the procedures presented below will be followed when absence is necessary:
2. 1. Students on both required and elective rotations in the fourth year will be allowed to miss no more than **three** full days of responsibilities as excused absences for the following:
  - ☐ Illness
  - ☐ Family emergencies
  - ☐ Presentation at professional meetings
  - ☐ Residency interviews
3. Absences due to illness or family emergencies should be reported to the individual responsible for the rotation (i.e. the director or his/her designee), as well as the supervising physician/chief resident on service. Such absences must be reported on the first day of any absence. Approval for anticipated leaves, including residency interviews and student presentations at professional meetings, must be requested in advance **prior to the start of the affected rotation** (or as soon as the student becomes aware of the need for a leave) and approved by the Clerkship or Elective Director. Such absences must also be reported in writing to the Clerkship Coordinator for documentation purposes. Once approved, the student must inform their supervising physician/chief resident of the anticipated absence. The student absence form will be completed and forwarded to the Office of Student Affairs. Clerkship coordinators can assist with this process.
4. Absences exceeding three days will require make-up, the nature of which will be determined by the Clerkship or Elective Director. Examples include the taking of additional call or weekend shift.
5. The three days of excused absences do not include, for example, vacation or social events.
6. In the event of an absence from the clerkship without permission from the Clerkship Director, the student will lose 5 points per absence from their final clerkship grade. In addition, it will be at the Clerkship Director's discretion to require additional remediation (e.g., the taking of extra call).
7. Any questions or problems during the clerkship should be addressed with the Clerkship or Elective Director.
8. Students taking Away Electives will be required to follow the policies of the host school.

## Appendix 2 - Dress Code for Patient Care and Clinical Activities

Students must maintain an appearance that conveys a professional image and is suitable for duties in all patient care areas including patient encounters in the ambulatory setting and hospital wards.

Acceptable requirements for appearance include the following:

- a) Photo identification badge must be worn at all times when engaged in College of Medicine sanctioned activities off campus, as appropriate.
- b) White lab coats should be clean, wrinkle free and in good repair.
- c) *Professional clothing*: Pressed slacks or skirt as appropriate for gender. Neat, clean shirt or top.
  - a. Men should wear dress shirts or polo shirts with collar. Ties are optional but are recommended for patient care.
  - b. For women, low cut, midriff, strapless or see-through blouses, shirts or dresses are not acceptable. Undergarments should not be visible.
  - c. T-shirts with slogans or pictures are not allowed.
  - d. Jeans, shorts, miniskirts and athletic shoes are not considered professional clothing.
  - e. Shoes should be clean with heels no greater than 2 inches.
  - f. Scrubs should only be worn as appropriate at the discretion of the team.
- d) Jewelry selection: Two earrings per ear maximum may be worn and must be appropriate for patient care areas. Other than earrings, no visible piercings are allowed. Bangle bracelets are not recommended.
- e) Makeup should project a professional image.
- f) Hair must be clean and styled in such a manner as to prevent inadvertent contamination during patient care and other professional duties. Unusual and unprofessional hair styles or color are not allowed. Long hair should be controlled in the back and unable to fall forward during activities. Facial hair must be neatly groomed or clean-shaven.
- g) Headgear that is not worn for religious purposes is not allowed.
- h) Fingernails should be clean and maintained at a reasonable length of ¼” or less. Acrylic nails are not allowed.
- i) Body art/tattoos should not be visible.
- j) For patient comfort purposes excessive perfumes, colognes, aftershaves, scented lotions etc. should not be worn in patient care settings.
- k) Gum chewing or use of any tobacco products is not allowed in clinical settings.
- l) Socks must be worn by men and when appropriate for women.

## Appendix 3 – Oasis

OASIS is the online mechanism for completing evaluations both by students and preceptors. It will facilitate completion of students' clinical logs and submission of duty hours tracking for clerkship students. Preceptors will be given their user names prior to the start of the clerkship and the first time they log in, they will be given a new password. For any questions regarding OASIS, contact Ken Staack, at 407-303-3667.

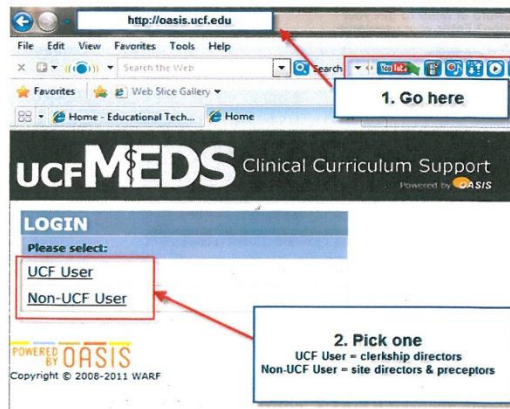
### OASIS



#### What does it do:

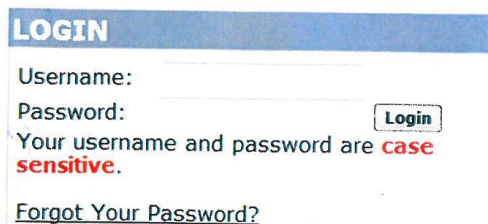
- Student schedules
- Patient logs
- Evaluations
  - Clerkship evaluated by students
  - Faculty/preceptors evaluated by students
  - Student self evaluations
  - Students evaluated by faculty/preceptors
- Gradebook
- Duty hours tracking
- Mid-clerkship student evaluations
- Final student evaluations

#### How to access:



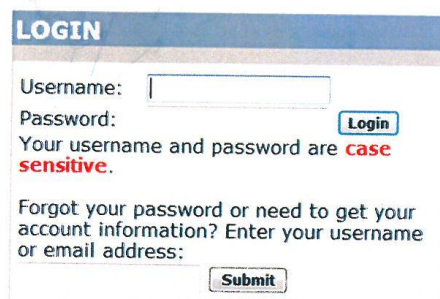


UCF users log-in looks like this: (For clerkship directors)



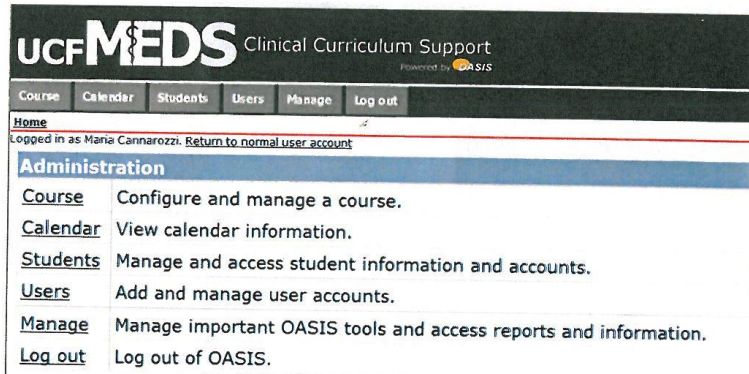
A screenshot of the UCF user login page. It features a blue header with the word "LOGIN" in white. Below the header, there are two input fields: "Username:" and "Password:". To the right of the "Password:" field is a blue "Login" button. Below these fields, a message states: "Your username and password are **case sensitive**." At the bottom, there is a link that says "Forgot Your Password?".

Non-UCF users log-in looks like this: (for site directors & preceptors)



A screenshot of the Non-UCF user login page. It has a blue header with "LOGIN" in white. Below the header, there are "Username:" and "Password:" input fields, followed by a blue "Login" button. A message below the fields reads: "Your username and password are **case sensitive**." Below this message, there is a text prompt: "Forgot your password or need to get your account information? Enter your username or email address:" followed by a "Submit" button.

Main screen looks like this:



A screenshot of the UCF MEDS main screen. The top section is a dark header with the "UCF MEDS" logo and the text "Clinical Curriculum Support" and "Powered by OASIS". Below the header is a navigation bar with links: "Course", "Calendar", "Students", "Users", "Manage", and "Log out". Below the navigation bar, there is a "Home" link and a message: "Logged in as Maria Cannarozzi. Return to normal user account". The main content area is titled "Administration" and contains a list of links and descriptions: "Course" (Configure and manage a course.), "Calendar" (View calendar information.), "Students" (Manage and access student information and accounts.), "Users" (Add and manage user accounts.), "Manage" (Manage important OASIS tools and access reports and information.), and "Log out" (Log out of OASIS.).

If you have problems accessing OASIS, contact Ed Tech at [comedtech@mail.ucf.edu](mailto:comedtech@mail.ucf.edu) or (407) 266-1459

## Appendix 4 – FERPA

**FERPA**, the Family Educational Rights and Privacy Act of 1974, as Amended, protects the privacy of student educational records. It gives students the right to review their educational records, the right to request amendment to records they believe to be inaccurate, and the right to limit disclosure from those records. An institution's failure to comply with FERPA could result in the withdrawal of federal funds by the Department of Education.

As a Faculty Member, you need to know the difference between **Directory Information** and **Personally Identifiable Information or Educational Records**:

Personally Identifiable Information or Educational Records **may not** be released to **anyone** but the student and only then with the proper identification.

*Parents and spouses must present the student's written and signed consent **before** the University may release Personally Identifiable Information or Educational Records to them.*

*(Please refer callers to the COM Registrar's Office 407-266-1397, UCF COM, Room 115F)*

### General Practices to Keep in Mind:

- Please **do not** leave exams, papers, or any documents containing **any** portion of a student's Social Security Number, Personal Identification Number (PID), grade or grade point average outside your office door or in any area that is open-access.
- Please **do not** record attendance by passing around the UCF Class Roster, which may contain the student's PID.
- Please **do not** provide grades or other Personally Identifiable Information/Education Records to your students via telephone or email.

#### **DIRECTORY INFORMATION**

(May be disclosed, unless the student requests otherwise. *Please refer such requests to your department office or to the Registrar's Office.*):

- Name
- Current Mailing Address
- Telephone Number
- Date of Birth
- Major
- Dates of Attendance
- Enrollment Status (Full/Part-time)
- Degrees/Awards Received
- Participation in Officially Recognized Activities and Sports
- Athletes' Height/Weight

#### **PERSONALLY IDENTIFIABLE INFORMATION** (any data other than "Directory Information", **may not be disclosed**)

*Including, but not limited to:*

- Social Security Number
- Student ID - PID (PeopleSoft)
- ISO Number
- Residency Status
- Gender
- Religious Preference
- Race/Ethnicity
- Email Address

#### **EDUCATIONAL RECORDS**

*Including, but not limited to:*

- Grades/GPA
- Student's Class Schedule
- Test Scores
- Academic Standing
- Academic Transcripts

