

University of South Florida College of Medicine

CRITICAL CARE 4th YEAR SENIOR ELECTIVE MDC 8340

SYLLABUS 2022-2023



COVID 19 COMPLIANCE STATEMENT

All students must be aware of and comply with university policies regarding Covid-19. They should also be aware of and comply with the policies at the clinical affiliates where their clinical training occurs. Failure to do so may result in disciplinary action

COURSE SYLLABUS

Overall Goals

The senior Critical Care elective is designed to foster acquisition of a basic foundation in critical care knowledge, skills and attitudes that will contribute to a student's general professional education and subsequent practice as a resident physician. The Course curriculum is grounded in a philosophy that emphasizes problem solving and clinical skills to be taught at the bedside.

Through technology, Critical Care Medicine affords a unique ability to amalgamate the biomedical and clinical sciences thus demonstrating applied human physiology, pharmacology and disease states.

Regardless of future career path, the knowledge and skills attained from this Course will be invaluable to the appropriate care of sick patients in the future. **The student should treat this experience as an Acting Internship (Sub-intern).**

Director/Coordinator contact information.

Key Contacts

Course Director

Dr. Jennifer Cox

Office: N/A

Pager: 332-•6879

Email: CoxJD@moffitt.org

Course Coordinator Tamar Cassagnol

Office: N/A

E-•mail: tcassagnol@usf.edu

Phone: 974-•2718

Course Director's Welcome

Welcome to the Senior Critical Care rotation. This Course is designed to foster acquisition of a basic foundation in critical care knowledge, skills and attitudes that will contribute to a student's general professional education and subsequent practice as a resident physician. Course curriculum is grounded in a philosophy that emphasizes problem solving and clinical skills to be taught at the bedside. Through technology, Critical Care Medicine affords a unique ability to amalgamate biomedical and clinical sciences thus demonstrating applied human physiology, pharmacology and disease states. Regardless of future career path, knowledge and skills attained from this Course will be invaluable to the appropriate care of sick patients in the future.

During your rotation at the various critical care units, you will be caring for critically ill patients with multiple medical problems. The only successful way to care for these patients is through a team approach, which includes nurses, respiratory therapists, critical care physicians, pharmacists, and other consultants. Every patient admitted to the ICU will have a designated primary attending. On many occasions, multiple co-primary

Attendings and services are in charge of the decision making process. Due to the nature of the critical care practice and patient load, communication between members of the ICU team is of the utmost importance. We hope that you will have a productive and enjoyable education experience during your ICU rotation. We welcome any suggestions which can improve the ICU teaching experience.

Sincerely,

Jennifer D. Cox, MD, FCCP

Critical Care Medicine Course Director

Assistant Professor, Pulmonary Critical Care and Sleep

Medicine CoxJD@moffitt.org

ELECTIVE OBJECTIVES MAPPED TO PROGRAM OBJECTIVES (PCRS)

The following is a list of the clinical competencies for a Sub-internship in the 4th year:

I. Communication

1. Knowledge. Sub-interns should demonstrate knowledge of:
 - a. Guidelines governing patient confidentiality regarding written communication and verbal communication with patient and family members
 - b. The importance of cultural issues governing health care decision making by patients
2. Skills. Sub-interns should demonstrate the ability to:
 - a. Communicate with patients and patient's family members
 - b. Summarize the reason for patient admission and rationale for clinical plan
 - c. Demonstrate the ability to present oral and written summaries of patients to members of the health care team
3. Attitudes and professional behavior. Sub-interns should demonstrate the ability to effectively communicate with physician and non-physician members of the health care team and consultants

II. Coordination of care

1. Knowledge. Sub-interns should demonstrate knowledge of:
 - a. How to contact members of the health care team, consultants, and other hospital personnel
 - b. How to transfer care throughout a patient's hospitalization including end of day and end of service coverage
2. Skills. Sub-interns should be able to:
 - a. Realize when consultant care is needed and utilize appropriate consultants
 - b. Cooperate with physician and non-physician members of the health care team including nursing staff, physician assistants and nurse practitioners, social workers, therapists, pharmacists, nutrition support staff, discharge planners and others as appropriate
 - c. Identify house staff on-call and communicate transfer of patient's care responsibilities to other house staff (e.g. "sign out") when transfer of patient care duties

is required.

- d. Demonstrate proficiency in coordinating a comprehensive and longitudinal patient care plan
- e. Communicate plan with outpatient health care provider and community resources when necessary, arranging for appropriate follow-up

3. Attitudes and professional behavior. Sub-interns should demonstrate:

- a. Respect for all members of the health care team
- b. Attributes of responsibility, dependability and patient respect

III. Information management

1. Knowledge. Sub-interns should demonstrate knowledge of:

- a. How to access the clinical information system in use at their hospital
- b. How “panic values” are communicated from the hospital laboratory to the responsible intern
- c. The necessity for a systematic method to track clinical/laboratory/radiologic data
- d. Patient confidentiality regulations governing medical records and clinical information

2. Skills. Sub-interns should demonstrate the ability to:

- a. Prioritize tasks for daily patient care in order to efficiently utilize time
- b. Document in an organized and efficient manner – admission, daily progress, transfer, on-call and discharge documents/notes
- c. Systematically organize daily tasks and be able to prioritize effectively
- d. Demonstrate the ability to access evidence based medicine to solve clinical problems

IV. Procedures

1. Knowledge. Sub-interns should be able to describe:

- a. The indications, contraindications, risks and benefits of commonly performed procedures as appropriate to particular service
- b. How the information obtained from these procedures will enhance the patient’s care
- c. How to assess patients’ competence to provide informed consent for a procedure
- d. Potential procedure related risks to the operator and the need for universal precautions

2. Skills. Sub-interns should be able to:

- a. Recognize clinical situations where one or more procedures are indicated
- b. Effectively explain the rationale, risks and benefits of the procedure to the patient
- c. Obtain and document informed consent, if necessary
- d. Personally perform, with supervision, the appropriate procedure – **if offered by clinical team**
- e. Write a procedure note – if procedure performed by student

3. Attitudes and professional behavior. Sub-interns should be able to demonstrate respect for patient autonomy and the principles of informed consent

CATALOG OBJECTIVES FOR THIS COURSE:

The following is a list of the specific goals and objectives for this senior Course:

- Foster appreciation for multidisciplinary care of patients; i.e. nurses, pharmacists, respiratory therapists, nutritionists, physical/occupational/speech therapists, consultants etc.
- Learn how to prioritize multiple problems which occur simultaneously in critically ill patients. Improve learning skills through formulation of differential diagnoses.
- Participation in family conferences, end of life discussions, procedures and protocols for withdrawal of care.
- Participation in “code blues” is encouraged.
- Learn the basics of mechanical ventilation so that the student will be able to write correct and appropriate ventilator orders for patients needing mechanical ventilation.
- Learn the concepts and pitfalls of weaning patients from mechanical ventilation after acute respiratory failure and chronic respiratory failure.
- Be able to define and recognize the different types of shock; i.e. cardiogenic, neurogenic, anaphylactic, septic.
- Know how to treat the different types of shock.
- Know the indications and side effects of inotropic and vasopressor medications; i.e. dobutamine, milrinone, norepinephrine, phenylephrine, dopamine, epinephrine, vasopressin.
- Understand the pathophysiology, causes, and treatment of ARDS.
- Recognize the different types of respiratory failure; i.e. hypoxic versus hypercapnic versus combination of both.
- Exposure to pulmonary artery catheters either through direct contact or through lecture.
- Knowledge of the literature, including the 2021 Surviving Sepsis Campaign.
- Understand and implement knowledge of pulmonary physiology as it relates to ventilation and perfusion matching.
- Define thromboembolic disease from DVT to PE.
- Management of DVT/PE.
- Direct contact or exposure to a wide variety of patient illness including (but not limited to) pneumonia (community acquired, hospital acquired, and ventilator associated), PE/DVT, acute MI, acute CHF, acute stroke, critical care anemia, GI bleeding, fluid and electrolyte management, ICU psychosis/delirium, and malnutrition.

Elective Design and Schedules

Course Logistics

Clinical locations include Tampa General Hospital and the James A. Haley Veterans Hospital. ***Actual rotation assignments will be determined by your career track. Selections may also require randomization.*** The bulk of the student’s time will be spent in direct patient care. In addition, lectures are

given per schedule provided on the first day of the rotation. The student will be functioning as an Acting or Sub-Intern.

The Critical Care Course is four weeks total in duration. Each student will spend four weeks in one of the following critical care rotations acting as a **Sub intern**:

TGH rotations:

Medical ICU - PCCM (PCCM = Pulmonary Critical Care Medicine)
TRAUMA/Surgical ICU

JAHVA rotations:

Medical ICU – PCCM (PCCM = Pulmonary Critical Care Medicine)
Surgical ICU

James A. Haley Veterans Hospital

The James A. Haley Veterans Hospital (JAHVA) has very strict guidelines for the right and privilege to use their computerized patient system. Because assignments can't be anticipated, ALL students participating in Critical Care must come on Day 1 with access to this system. If you are assigned to the JAHVA and do not have the appropriate access, you will be dropped from the course and required to enroll at a later date. Please note, however, there is no guarantee that a later date will be available, potentially impacting your eligibility for graduation.

Didactic Sessions Format

Attendance at all scheduled lectures and small group sessions and participation is MANDATORY. See Canvas for dates and times. Didactic sessions will be posted on Canvas and PowerPoint presentations will be available for review. You can access Canvas at <https://my.usf.edu> using your NetID and password. **It is important that you regularly check Canvas for updates.**

Conferences: Integrated conferences will occur on the first Monday and Tuesday of the rotation but are subject to change based on faculty availability and the USF holiday schedule. Lectures are given at the University of South Florida College of Medicine, STC or via TEAMS. Room assignment or TEAMS links will be noted on Canvas. The conferences/reviews and workshops will be moderated by the lecturing faculty and/or the Course Director. The purpose of the integrated conferences is to disseminate information about critical care, therapies, and interventions, particularly to the area of focus being discussed.

The student is expected to attend any conference associated with his/her/their assigned service unless there is a conflict with a mandatory Course requirement.

Rotation Schedule

The majority of this rotation will be spent in clinical experiences that will focus on **learning how to prioritize multiple problems which occur simultaneously in critically ill patients.**

Students are expected to check email/Canvas **at least daily** for important announcements, changes, and updates to the current schedule. Important contact information for both Attendings and coordinators is posted on Canvas under Staff Information.

As noted above, lectures (conferences) will be offered on the first Monday and Tuesday during the first week of the rotation and are subject to change based on the faculty availability and USF holiday schedule. Students will be expected to be **on time**. Attendance is mandatory for all simulation sessions and thus students are excused from their clinical duties at these times. Appropriate professional attire is required.

Duty Hours

The student will follow the schedule/rotation of the team. Please take an opportunity at the beginning of the rotation to clarify responsibilities and expectations with the ward team, particularly the senior resident/fellow and the attending physician. Students are expected to be full participants in the execution of team duties at all times.

You will be expected to do days and nights.

During the rotation, it is expected that the student will work five (5) days per week. The student is encouraged to round on HIS/HER/THEIR patients at least one weekend day each week for continuity of care.

Daily work hour requirements may vary between the different rotations and on a daily basis within the student's rotation. It is unlikely that the student will have excessive work hour requirements on his/her/their service. However, it is the student's responsibility to inform the Course Director, Dr. Jennifer Cox, if work hours are perceived to be excessive.

Clinical Locations

Medical ICU Pulmonary Critical Care Medicine at Tampa General Hospital

Report to MICU on 6E Room E655

Contact Medical Resident assigned for that month

Medical ICU Pulmonary Critical Care Medicine at James A. Haley VA Hospital

Report to: James A. Haley VA, MICU/4West; take the main elevators to the 4th floor and walk straight ahead to the MICU.

Contact Medical Resident assigned for that month

Surgical ICU at James A. Haley VA Hospital

Report to the Surgery Intensive Care Unit on the 2nd floor of James Haley VA Hospital. (Once you get off of the main elevators, it's on the side opposite of the food court).

Contact: Surgical Resident assigned to SICU for the month

Trauma/Surgical ICU at Tampa General Hospital

Report to the Surgery/Trauma ICU central unit on 5K in the Bayshore Pavilion at TGH.

Contact: Surgical Resident on service for the month

Logbook Requirements

The student is required to keep a **complete** record of all of the clinical encounters throughout the rotation. The primary tool for entering, maintaining, and tracking accurate records is the **EValue** system. In order for the Course Director to monitor and facilitate the student clinical experience, it will be necessary for the student to keep their logbooks up to date.

1. **At a minimum, students should update the logbooks once weekly.** Ongoing continuous care of patients through hospitalization – minimum of 2; maximum of 3 patients on a daily basis. Procedures – log all experiences and level of participation (observe, assist, perform).
2. Timely completion of the logbook weekly will earn the student 100% of the logbook component.
3. Students not fulfilling this requirement will receive an incomplete for the course until the requirement is met. Students not compliant with logbook requirements may be required to remediate this work at the discretion of the Course Director.

Process for non-compliance with the logbook

The Critical Care Course has assigned **20%** of the total grade to the logbook experience. Weekly reports will be generated showing total number of encounters and the achieved diagnoses and procedures. A **'No encounters for the week'** report will indicate to the Course Director that the students have failed to maintain timely, complete, and accurate records of their patient encounters. If the student is listed as delinquent in his/her/their encounters, the student will receive an email notification of the infraction. Subsequent delinquencies will result in loss of points from the overall Course grade, including the possibility of dropping an entire grade level. After the second delinquency, the student's record will be presented to the APRC (Academic Performance Review Committee) for review. Failure of any part of the Course is failure for the entire Course.

Curricular Design

Core Content Outline

Respiratory

- Applied physiology
 - Respiratory system mechanics
 - Ventilation and perfusion relationships
 - Right-to-left intrapulmonary shunting
 - Alveolar dead space
- Management of respiratory failure

- Hypoxemic RF
- Hypercapnic RF
- Basic ventilator management
- Arterial blood gas analysis
 - Normal
 - Abnormal - metabolic vs. respiratory
- Differential diagnosis and diagnostic approach to respiratory distress, acute hypoxemia, and hypercapnia
- Indications for intubation and mechanical ventilation

Cardiovascular

- Applied cardiopulmonary physiology
 - Determinants of cardiac output and the principles of oxygen delivery
 - Determinants of myocardial oxygen consumption
 - Understanding of preload, afterload, and contractility
 - Role of vasopressors and inotropes
- Hypotension
 - Differential diagnosis of circulatory shock (cardiogenic, anaphylactic, neurogenic, hypovolemic, obstructive, and distributive)
 - Diagnostic plan and management
- Arrhythmias
 - Recognition and management of supraventricular and ventricular arrhythmias, including assessment of precipitating cause
- Myocardial infarction
 - Recognition and initiate therapy for acute MI and identify potential complications

Neurology

- Altered mental status
 - Approach to coma, delirium and encephalopathy
- Meningitis
- Approach to patient with cerebral vascular accident
- Critical Illness polyneuropathy/myopathy

Renal

- Applied renal, fluid and electrolyte physiology
- Acute renal failure
 - Differential diagnosis, diagnostic approach, and management
 - Indications for emergency dialysis
- Acid-base disturbances
 - Differential diagnosis, diagnostic approach, and management

Gastrointestinal

- Acute abdomen
 - Differential diagnosis, diagnostic approach and management
- Gastrointestinal hemorrhage
 - Differential diagnosis, diagnostic approach and management
 - Indications for endoscopy

- Stress ulcer & critical care gastropathy
- Motility disorders of critical illness
- Liver Dysfunction
 - End-stage liver disease, hepatorenal syndrome
 - Hepatic encephalopathy: Differential diagnosis, diagnostic approach and management

Hematologic

- Coagulopathy
 - Differential diagnosis, diagnostic approach and management
- Indications for blood and plasma products
- Thromboembolic disease & prophylaxis

Metabolic/Nutrition

- Management of hyperglycemia, DKA, HONKC
- Adrenal insufficiency
- Thyroid disease
- Toxic ingestions
- Principles of nutrition: enteral and parenteral
- Evaluation of nutritional status and how this differs in the critically ill patient

Infectious Disease

- Fever
 - Differential diagnosis, diagnostic approach and management
 - Nosocomial pneumonia, catheter-related infections, sepsis, septic shock
 - Appropriate antibiotic selection
 - Vasopressor Therapy

Ethical Issues

- Ethical decision making
 - Patient autonomy and informed consent
 - Advanced directives and code status
 - Discuss withholding and withdrawing therapy

Textbooks and Other Resources

Recommended

Paul L. Marino, MD

The ICU Book: 4th edition. Lippincott, Williams & Wilkins. Baltimore, 2014. This book is available in the HSC bookstore.

We will provide a pdf link to the 3rd edition on Canvas.

Surviving Sepsis Campaign. 2021: www.survivingsepsis.org

National Heart, Lung, Blood Institute (NHLBI) ARDS Clinical

Network: www.ardsnet.org Chest Journal: www.chestjournal.org

Society of Critical Care Medicine
(SCCM): www.sccm.org (RICU) Up-to
Date: www.uptodate.com
MD Consult: www.mdconsult.com

EKG Interpretation Websites: <http://www.ecglibrary.com/>
<http://library.med.utah.edu/kw/ecg/>
<http://www.emedu.org/ecg/voz.php>
http://www.rnceus.com/course_frame.asp
[exam_id=43&directory=case](http://www.rnceus.com/course_frame.asp?exam_id=43&directory=case)

Rapid Interpretation of EKGs (Dale Dubin, MD)
The Only EKG Book You'll Ever Need

Grading

Course Grade Determination

Final grades will be submitted to the registrar's office within two weeks of the completion of the rotation. The components of the Course grade are listed below.

Component	Percentage of Total Grade
Professionalism	15%
Clinical rotation assessments (Mid-term and Final)	35%
1 Simulation Session	20%
Logbook	20%
4 EKG Quizzes	10%

In addition to submitting quality work, professionalism dictates timeliness. Therefore, point value will be lost for late work.

Professionalism (15% of Course Grade)

Frequent and/or significant lapses in Professional Behavior can result in decrease in grade or failure of the Course. Refer to the Professionalism Tab on Canvas for the National Board of Medical Examiners® Behaviors Reflecting Professionalism document.

Clinical rotation assessments (35% of Course Grade)

- Mid-term Evaluation, on paper and completed by intern, resident, attending or fellow
- Final Evaluation by E*Value and completed by attending ONLY at end of rotation
- Documentation of weekend and in-house call if applicable

- Students are responsible for giving mid-term Evaluation Form to "reviewer" and then is returned to Ms. Cassagnol via Canvas upload.
- Students are responsible for insuring that Ms. Cassagnol receives the name of the attending to complete final evaluation online, via Canvas submission.
- Justification through insights from the Attending is required for Above Average or Exceptional scores. Assessment value will be realigned to account for absence of comments at the discretion of the Course Director.

1 Simulation Session (20% of Course Grade)

- Practical Exam with a series of appropriate tasks
- Leadership skills
- Attendance is mandatory for all sessions. Students missing coursework may be required to remediate this work at the discretion of the Course Director.

Logbook Assessment (20% of Course Grade)

- **All students must make weekly logbook entries** of ongoing continuous care of patients through hospitalization – minimum of 2, maximum of 3 patients on a daily basis.
- Procedures as available – log all experiences and level of participation (observe, assist, perform).
- Logbooks must be uploaded to Canvas at mid-term and at the end of the rotation.
- Completion of logbook expectations by the end of **week 4** will earn the student **100%** of the logbook component.

4 EKG Quizzes (10% of Course Grade)

- **2-3 EKG's interpretation due each Monday of rotation for total of 8**
- Questions for an EKG Competency (Pre-test) Examination will be a multiple choice format derived from EKG Conference with Dr. Kevin O'Brien (See Cardiology Review). There are 12- questions, each associated with a 12-lead ECG. 20--30 minute time limit. This Pre-test will be given during the second day of the rotation. Additional weekly EKG homework will be assigned if it is found that the student is deficient on this pre-•test.
- Students missing coursework may be required to remediate this work at the discretion of the Course Director.

Midterm and End of Course Student Evaluation

Students will receive feedback from their attending at the midpoint of the rotation in order to remediate any areas identified as needing work. At the end of the rotation, a summative evaluation from the **Attending** will be reviewed with the student. The midterm evaluation can be given to the **Intern, Resident, Fellow or the Attending** on the service, but the final **MUST** be performed by the **Attending**. If the Attending requests a midterm evaluation please make sure you provide one. You can submit a Resident/Fellow evaluation as well. Even though it is

acceptable for the midterm to be completed by a Fellow, Resident, or Intern it is recommended that it be completed by the Attending to ensure important feedback prior to the final.

Attendings will discuss with the student any areas requiring improvement. They will be realistic in their scoring on the evaluations. **An 'On Target' on the midterm evaluation is an appropriate rating for the majority of the students. These students are to be seen as performing at a level expected at this time in their training.** If there are clear deficiencies in a student's knowledge and skills, a 'Needs Work' rating is appropriate. Specific examples are required. A 'Meets Expectations' rating on the final evaluation indicates that the student is performing at the norm in clinical acumen assessment and skills. Specific examples are required. An 'Above Expectations' assigned to a student shows that the student has exceptional skills and thus requires no further instruction or training. Examples of above average and exceptional skills will be needed. Scores will be adjusted if none are provided.

"The mid & final evaluation forms are incomplete unless a copy of the student's most updated log book data is signed by the faculty at time of evaluation"

Grading Standards

Honors (H): $\geq 95\%$

Pass with Commendation (PC): 90% to 94%

Pass (P): $\geq 75\%$

Fail (F) : $<75\%$

Remediate (R) or Incomplete (I): All Course requirements have not been successfully completed and one or more require(s) remediation or completion.

Honors Eligibility

Students often ask about what preceptors look for in distinguishing the "expected level" from the "truly outstanding or exceptional" student. Here are some of the attributes seen in the exceptional student:

- Accurate and complete data collection, including the H&P, on a consistent basis.
- Integrating the data base into a well thought out and logical assessment and/or differential diagnosis that are well articulated both verbally and in the written record.
- Developing a management plan that is clearly linked to the assessment and which is cost effective and practical given the context of the patient's life circumstances.
- Demonstrating that the student has read on and learned from each patient seen on the rotation.
- Demonstrating superior professional and humanitarian traits in the patient interface.

A "P" rating is indicative of the majority of students who are seen as performing at a level expected at this time in his/her/their training.

Unsuccessful Course

- A failing grade on the departmental exams. (Passing is 75%)
- A failing overall cumulative performance. (Passing is 75%)
- Unprofessional behavior, including failure to maintain timely and accurate patient logbook data.
- Unprofessional behavior, including displaying unprofessional behavior to residents, fellows, attendings, and support staff.
- Failure to complete **any** component of the Course including Professionalism.

Course Remediation

- Remediation will be required for students who fail the departmental exam or any other component.
- Remediation will be required for students displaying unprofessional behavior to residents, fellows, attendings and support staff.
- Remediation will be required for students displaying unprofessional behavior including failure to maintain timely and accurate patient logbook data.
- Remediation in the form of additional clinical sessions, case studies or oral presentations will be required for students with excessive absences from the Course.
- Remediation occurs at the full discretion of the Course Director. Remediation will be conducted by the Course Director in consultation with the Associate Dean for Undergraduate Medical Education and Associate Dean for Student Affairs.

Grade Appeal

A student may appeal a Course grade if the student has evidence that the grade was assigned in an erroneous manner. Within five (5) school days after the receipt of the grade, the student may appeal in writing to the responsible Course director any assigned grade that they dispute. See handbook for details of the process.

Course Evaluation

The student **must** complete a course evaluation at the end of this Course. The student will use the EValue system to enter and submit his/her/their evaluation. Course evaluations are due no later than 5 days following the end of the Course. Constructive comments are welcome. **Students failing to comply with this requirement will be reported to the Associate Dean of Student Affairs for action.**

Students are expected to review and be familiar with the student handbook in general.
<https://health.usf.edu/medicine/mdprogram/student-affairs/handbook>

In particular for this course students are expected to review the following areas in the handbook for specific details:

MCOM Clinical Years Monitoring Student Time Guideline

MCOM students are held to the same work hour guidelines as are residents, per ACGME guidelines:

- Students are limited to a maximum of 80 duty hours per week including in-house call, *averaged* over four weeks.
- Students must be given one day out of seven free from all clinical and educational responsibilities, *averaged* over four weeks.
- Students cannot be scheduled for in-house call more than once every three nights, *averaged* over four weeks.
Students may not work more than 28 consecutive hours.
- Students should be given at least ten hours for rest and personal activities between daily duty periods and after in-house call.
- Students, residents, and faculty are not permitted to allow/require deviation from the above rules.

The student will follow the schedule/rotation of the team. Please take an opportunity at the beginning of the rotation to clarify responsibilities and expectations with the ward team, particularly the senior resident/fellow and the attending physician. Students are expected to be full participants in the execution of team duties at all times.

You will be expected to do days and nights.

During the rotation, it is expected that the student will work five (5) days per week. The student is encouraged to round on HIS/HER/THEIR patients at least one weekend day each week for continuity of care.

Daily work hour requirements may vary between the different rotations and on a daily basis within the student's rotation. It is unlikely that the student will have excessive work hour requirements on his/her/their service. However, it is the student's responsibility to inform the Course Director, Dr. Jennifer Cox, if work hours are perceived to be excessive.

Attendance Policy

During the clinical years, the student's responsibilities lie within the individual Course. **Attendance within Critical Care Medicine Senior Course is a demonstration of attitude and professional behavior. This behavior impacts all members of the**

healthcare team including fellow students and patients. Any absence from the Course may have a direct impact on student performance, the broad-spectrum clinical experience, and evaluation of professionalism, overall grade and the successful completion of the Course.

Remediation in the form of additional clinical sessions, case studies, written material or oral presentations may be required for students with absences from the Course. There is a maximum of three absences for school related or medical problems allowed, before time will need to be made up.

Students are expected to attend all scheduled Course didactic conferences, lectures, workshops and daily patient rounds. **These are mandatory components in the Critical Care Medicine Senior Course.** Recognizing that situations may arise that will require a student to miss time from his/her/their lectures/clinical responsibilities, the procedures presented below will be followed when an unplanned absence is necessary:

Emergencies: Personal illness, family illness, etc.

The student will contact the direct supervising preceptor and resident/intern/rotation or section head and the Course Director in charge to report his/her/their absenteeism on the first day of being absent. He/she/they should indicate the nature of the unexpected illness or emergency. The Office of Student Affairs (OSA) must be notified of all absences by telephone (813-974-2068) or via e-mail at (kkz@usf.edu). It will be the prerogative of the Course Director, following consultation with the student, to excuse the absence or request additional information about the absence. This may include requesting a physician's note or an explanation of the absence in detail. The [Absence Report](#) form will be completed by the student and forwarded to the Office of Student Affairs and copied to the Course Director and coordinator.

In order to be excused from a mandatory Course event, the student must first contact the Course Director (**Dr. Jennifer Cox** Jennifer.Cox@moffitt.org), directly and send a copy of the request to the Office of Student Affairs and the Course coordinator (**Tamar Cassagnol** tcassagnol@usf.edu). The Course Director will make the determination to grant or deny a request in addition to any required remediation.

At the full discretion of the Course Director, excused absences may require remediation of missed Course work, additional days and/or additional material and may proportionally affect the final grade of the Course.

Scheduling Time Off

The student will submit an electronic Absence Request form (found on Canvas) for permission to miss any clinic or ward experience for interviews or out of town meetings. In addition to the online [absence request form](#), the student must follow up with an email to the course

coordinator ([Tamar Cassagnol tcassagnol@usf.edu](mailto:tcassagnol@usf.edu)) indicating the dates and reasons for absence.

The request should be submitted *as soon as the student knows of the scheduled event*. Last minute requests will require supporting documentation.

Consideration will be given for activities such as elected student representation to various committees and/or organizations. The student must provide any supporting documentation requested to the Office of Student Affairs addressing absenteeism. Students who miss scheduled hours are expected to acquire the same level of competency as other students involved in the elective.

Opportunities for remediation of missed clinical time, mandatory elective components and/or additional material (if deemed necessary by the individual Course Director) will be scheduled so as to not impact the clinical experience of the other students in the elective, or detract from the required components of the current course or other courses in which they are enrolled. Written permission from the current Course Director is required for absences for any instances of remediation.

In the student's elective year (4th Year), it is recommended that no time is used from a required elective to fulfill any missing components from another required elective unless the student receives permission in writing from the affected Elective Director and it is copied to the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education and the Vice Dean for Educational Affairs.

Last minute requests (received after the start of the Course) will require supporting documentation. **The decision to grant or deny the request and determine subsequent action will be at the full discretion of the course Director. As such, ANY excused absences may require remediation of missed work, additional days and/or additional material and may proportionally affect the final grade.**

Excused absences may proportionally affect final grade and/or may require remediation of missing course work, additional days and/or additional material at the discretion of the Course Director. Students are expected to fulfill all time commitments for the Elective. All missed time must be made up. The appropriate timing for the remediation will be subject to the Course Director's discretion and should be fulfilled within a 2-month period.

This Course (as with all Courses within the college) cannot grant permission for anticipated missed time in other Courses (this includes periods around holidays).

Holidays and Religious Observations

All students, faculty, and staff at the USF have a right to expect that the University will reasonably accommodate their religious observances, practices and beliefs. Students are expected to attend classes and take examinations as determined by the University. The

University will attempt, at the beginning of each academic term, to provide written notice of the class schedule and formal examination periods. The University, through its faculty, will make every attempt to schedule required classes and examinations in view of customarily observed religious holidays of those religious groups or communities comprising the University's constituency.

No student shall be compelled to attend class or sit for an examination at a day or time prohibited by his or her religious belief.

Students are expected to notify their course Directors/coordinators if they intend to be absent for an announced examination, in accordance with this policy, prior to the scheduled religious holiday.

Students absent for religious reasons will be given reasonable opportunities to make up any work missed.

In the event that a student is absent for religious reasons on a day when the instructor collects work for purposes of grading (homework, pop quiz, etc.), the student shall be given a reasonable opportunity to make up such work or shall not have that work averaged into the student's grade at the discretion of the instructor.

Holidays

Students are expected to report to their scheduled clinical duties during holidays unless otherwise specified by their course Director.

Any student who believes that he or she has been treated unfairly with regard to the above should contact the Office of Student Affairs.

M4 – GUIDELINES FOR EXCUSED AND UNEXCUSED ABSENCES

EVENT	ABSENCE EXCUSED?	MAKE UP TIME NEEDED?
Student illness, including infections that could put patients or other staff at risk	Yes	Yes, if > 3 days missed. Student responsible to reschedule missed experiences.
Illness or death of a close family member or close friend	Yes	Yes, if > 3 days missed. Student responsible to reschedule missed experiences.
Birthdays, Trips, Reunions, and other personal activities	No, absence will impact final grade!	Yes, for all days missed. Student responsible to reschedule all missed experiences.

Religious holidays	Yes, if notification is made 2 months prior to Course schedule completion. Reasonable accommodation will be made to schedule around requested observed holidays during rotation.	Yes, if > 3 days missed. Student responsible to reschedule missed experiences.
Presentation at a medical conference	Yes, if notification is made 2 months prior to Course schedule completion. Attempts will be made to schedule the student so that the absence is minimally disruptive. Proof of registration must be provided.	Yes, if > 3 days missed. Student responsible to reschedule all missed experiences.

Professionalism

As a medical student at USF, you are responsible for adhering to the policies set forth in the College of Medicine M.D. Program Student handbook. The student can access a copy of the handbook on the web site for the College of Medicine Office of Student Affairs located at [Student Handbook | USF Health](#).

In addition, please take note of the policies highlighted in this section. Some of these are specific only to this Course. Refer to the Professionalism Tab on Canvas for the National Board of Medical Examiners® Behaviors Reflecting Professionalism document.

Behaviors Reflecting Professionalism

Embedding Professionalism in Medical Education: Assessment as a Tool for Implementation Baltimore, Maryland May 15-17, 2002

Altruism

- Offers to help team members who are busy
- Contributes to the profession: active in local and national organizations such as AAMC – Organization of Student Representatives
- Does not use altruism as an excuse to misprioritize or to rationalize certain behaviors (“I can’t be with my family because my patients need me.”)

Honor and Integrity

- Forthcoming with information; does not withhold and/or use information for power
- Admits errors
- Deals with confidential information discreetly and appropriately
- Does not misuse resources (e.g. school computers and patient’s food)

Caring and Compassion

- Treats the patient as an individual, taking into account lifestyle, beliefs, personal idiosyncrasies support system
- Communicates bad news with sincerity and compassion
- Deals with sickness, death, and dying in a professional manner with patient and family members
- Supports a balance in personal and professional activities for peers and subordinates

Respect

- Respects institutional staff and representatives: respects faculty during teaching sessions
- Respects patient rights/dignity (privacy/confidentiality/consent); knocks on door, introduces self, drapes patients appropriately, and shows respect for patient's privacy needs
- Demonstrates tolerance to a range of behaviors and beliefs
- Does not disturb small group sessions

Responsibility and Accountability

- Demonstrates awareness of own limitations, and identifies developmental needs and approaches for improvements
- Cares for self appropriately and presents self in a professional manner (i.e. demeanor, dress, hygiene)
- Recognizes and reports errors/poor behavior in peers
- Informs others when not available to fulfill responsibilities and secures replacement
- Takes responsibility for appropriate share of team work
- Arrives on time
- Accountable for deadlines; completes assignments and responsibilities on time
- Answers letters, pages, e-mail and phone calls in a timely manner

Excellence and Scholarship

- Masters techniques and technologies of learning
- Is self-critical and able to identify own areas for learning/practice improvement
- Has internal focus and direction, setting own goals
- Takes initiative in organizing, participating and collaborating in peer study groups

Leadership

- Teaches others
- Helps build and maintain a culture that facilitates professionalism
- Does not provide disruptive leadership (e.g. organizing pranks, inappropriately confronting authority figures)

ACGME policy on professionalism

IV.A.5.e) Professionalism

Residents must demonstrate a commitment to carrying out professional responsibilities and an adherence to ethical principles. Residents are expected to demonstrate:

1. Compassion, integrity, and respect for others;
2. Responsiveness to patient needs that supersedes self-interest;
3. Respect for patient privacy and autonomy;

4. Accountability to patients, society and the profession; and,
5. Sensitivity and responsiveness to a diverse patient population, including but not limited to diversity in gender, age, culture, race, religion, disabilities, and sexual orientation.
6. High standards of ethical behavior, and
7. A commitment to continuity of patient care

IV.A. USF Resident Policy

A. Residents' Responsibilities - Residents are expected to conduct themselves as professionals in all situations. As such, residents are expected to dress appropriately, use appropriate language, refrain from actual or perceived harassment and interact with patients, families, and co-workers in a congenial and constructive manner. As mature adults with professional responsibility and standing, residents must be committed to quality excellence in all aspects of their activities and are expected to positively represent the University and the Affiliated Hospitals in all activities, both within and outside of the workplace.

USF "Attire"

1. Attire (Professional)

Appropriate standards of attire are required for all physicians, healthcare professionals, residents, and medical students. This standard of dress is intended to encourage patients' confidence in their physicians and to help patients and families recognize physicians, residents, and students as members of the healthcare team.

While in contact with patients, all physicians (residents and attendings), medical students and other healthcare professionals with clinical privileges shall wear a white coat, along with shirt and tie for men and properly coordinated attire for women. A suit coat may be substituted for a white coat.

Approved attire within the hospitals shall not include shorts, cutoffs, jeans, or similar casual clothing (e.g. T-shirts, jerseys). Footwear shall be clean and appropriate to the occasion. Men shall wear socks. No thongs (flip-flops, sandals) or heavy boots shall be permitted. **(HINT: Consider also dressing in appropriate attire while in contact with your Coordinator or other physicians you'd like to leave with a positive impression. j.c.)**

Hair shall be trimmed, groomed, clean, and a length chosen so that the hair does not dangle into the face or onto the body of a patient during physician examination or other patient care activities.

Scrub clothing will be provided as appropriate for specific patient care areas. Staff in these areas shall, upon leaving the area for short periods of time, wear designated protective cover garments or white lab coats. Persons entering a sterile area (e.g. operating room) shall don a new set of clean scrubs.

Disposable accessories (e.g. masks and shoe covers) must be properly discarded upon leaving areas at any time and replaced upon re-entry. Hospital scrub clothing shall not be removed from the facility.

Personnel outside the hospitals with scrub clothing shall be subject to corrective discipline. See Appendix 5.A. for specific hospital policies.

Enforcement of this dress code is the responsibility of the Hospitals' Chief of Staff, College of Medicine Department Chairs, and Division Chiefs or their designees.

Required Diagnoses and Procedures

Diagnoses
Acid-base imbalance
Acute CHF
ARDS
Cardiac disease (Arrhythmias, MI, etc.)
CNS-related condition (delirium, ICU psychosis, meningitis, etc.)
Electrolyte imbalance
Hyperglycemia/Hypoglycemia
Jaundice
Malnutrition
Mechanical ventilation management
Sepsis
Shock – Septic, Cardiogenic, Neurogenic, Anaphylactic
SIRS
Ventilator associated tracheobronchitis/pneumonia

Procedures
ABG
Arterial line
Bronchoscopy
Central line
Chest tube placement/management
Code Blue
Endotracheal intubation
Percutaneous tracheostomy
Swan-Ganz catheter

In addition, the following table represents required diagnoses that there is high likelihood will be seen or managed during the rotation. While these are minimum requirements, it is expected that the student will encounter these specific diagnoses more than once. If the student has had no exposure on a firsthand basis by the midterm evaluation date, the student should initiate independent study in the form of literature review, textbook readings, and/or peer and faculty discussion to satisfy these requirements. Appropriate documentation is to be recorded

within EValue in a timely fashion. Other diagnoses evaluated and followed by the student should be appropriately documented in EValue.

Diagnoses
Pneumonia – CAP, HAP, VAP
PE/DVT
Acute MI
Acute CHF
Acute CVA
GI Bleeding- upper and lower
ICU psychosis/delirium
Shock- Septic, Cardiogenic, Neurogenic, Anaphylactic
Post-operative care, complicated and uncomplicated

Getting Help

Any student having academic or personal problems during the rotation is encouraged to contact the Course Director and the Office of Student Affairs as soon as possible. In this way, we can provide the student appropriate counseling during the rotation. If there are academic concerns regarding the student’s rotation, we can make the appropriate suggestions. Alternatively, if there are other problems, we can place you in contact with the appropriate services available to our medical students. It is the responsibility of the student to advise the Course Director if he or she require special accommodations.

Participation Grade shall include but is not limited to:

- Unexcused absence, late attendance in the classroom or clinical activity, late or delinquent assigned curriculum assignments (self-learning assignments, PXDX, etc), late Absence Request Forms and Absence Report forms.
- The delay in any assignment, activity, or elective particular policy is left to the discretion of the Course Director.
- Each participation violation without the approval of the Course Director will be subject to a decrease in the Participation Grade.
- Serial participation citations will be subject to a review in professionalism by the Course Director in consultation with the Course Director at the alternate campus [if applicable] and the applicable Assistant Dean of Curriculum.

Residency Interviews

Students are expected to schedule residency interviews during months that they are not scheduled to have a clinical course. Student may miss up to 2 days for interviews, but those days must be made up.

Professionalism Policy:

Any breach of the professionalism as described in the MCOM handbook including but not limited to the professionalism values section and the social media participation guidelines, may be grounds for remediation or failure of the course as determined by the Course Director in consultation with the Course Director at the alternate campus [if applicable] and the applicable Assistant Dean of Curriculum.

Professionalism guidelines and procedures

Professionalism is grounded in the fundamental values of honesty, integrity and fairness and is an essential part of the practice of medicine. Students are expected to display and will be examined by these exemplary behaviors. Students are expected to uphold their responsibility to their profession, and to appreciate that behaviors outside of the classroom and clinical learning environments can impact their progression through program.

In addition to behavioral standards related to the medical profession, students are expected to uphold the principles of honor set forth by the University of South Florida in The Commitment to Honor.

Attitudes or behaviors inconsistent with compassionate care; refusal by, or inability of, the student to participate constructively in learning or patient care; derogatory attitudes or inappropriate behaviors directed at patients, peers, faculty or staff; misuse of written or electronic patient records; substance abuse; or other unprofessional conduct can be grounds for dismissal and will be reviewed by the APRC.

In conferring the M.D. degree, the University of South Florida certifies that the student is competent to undertake a career as a Doctor of Medicine under supervised practice. The M.D. degree also certifies that, in addition to competency in medical knowledge and skills, the graduate possesses those personal traits and behaviors essential to the profession of medicine as judged by the faculty, residents and student the student’s peers.

Professionalism – Graduates will be able to demonstrate the following attributes:

MCOM Professional Attributes	
Value Anchor	Behavior
Responsibility and Accountability	Comes on time and is prepared
	Informs others when they will be unable to attend
	Assures continuity of patient care when absent
	Completes assignments, documentation and responsibilities on time
	Complies with rules/procedures
	Shares workload appropriately and takes on additional responsibilities when appropriate to help the team
	Responds to communications in a timely manner
Self-Assessment and Improvement	Acknowledges and accepts consequences of actions
	Accepts and modifies behavior in response to constructive feedback in an appropriate manner
	Acknowledges limitations of knowledge, authority and ability
	Shows the appropriate level of self-confidence

	Asks appropriate questions
	Consistently goes beyond the minimum in seeking knowledge and professional expertise
	Balances availability to others with care for one's self
	Provides leadership or participates in outreach to the community
Ethical Behavior	Attributes ideas appropriately
	Demonstrates honesty and integrity
	Recognizes potential ethical dilemmas
Appropriate Interactions with Others	Demonstrates courtesy, politeness and patience
	Maintains appropriate boundaries
	Maintains appropriate appearance and demeanor
	Respects diversity
	Considers others' points of view
	Demonstrates insight into the impact of their communication & behavior on others
Patient-Centered Care	Develops rapport with patients
	Incorporates patient's views on health and illness into care
	Demonstrates compassion toward patients
	Advocates for the patient

During medical school, development of professional behavior is monitored by both faculty and students. Faculty and students can report professionalism concerns confidentially using the report below linked here: [Behavior Concern Report](#)

Academic Honesty

All students of the College of Medicine are asked to sign a copy of the Student Pledge of Honor when they begin the first year. The Honor Code represents a model by which students begin to frame their professional behaviors and standards aspired to by future physicians and researchers. Any action that conflicts with the spirit of professional and personal behavior as described in The Preamble to the Student Pledge of Honor shall constitute violations of the Honor Code. A student whose actions are inconsistent with the spirit of the Honor Code may be accused by another student of violating the community spirit. Such actions include, but are not be limited to:

- lying
- cheating
- stealing
- plagiarizing the work of others
- causing purposeful or neglectful damage to property
- impeding the learning process of a colleague
- jeopardizing patient care in any way
- failing to pursue others' actions thought to be in violation of the Honor Code
- Failure to comply with exam administration guidelines as experienced in Years 1-4.

In the interest of promoting personal responsibility, a student who suspects a peer of violating the Honor Code is encouraged to confront that peer with the grievance and to attempt to resolve it independently. Should this not be possible, a suspected violation of the Honor Code shall be reported to any Honor Representative within three school days and the procedures set forth in the Honor Code bylaws are to be implemented.

The bylaws describe a procedure by which a satisfactory resolution to the situation may be achieved. The fundamental points of this process include a trial by a jury of peers, protection of anonymity, and self-government within the College of Medicine. The accused shall have the right to appeal any decision of the Honor Trial Jury.

Standard Precautions (formerly called Universal Precautions)

The USF Health Sciences Center endorses the use of Standard Precautions for all patients and all blood, body fluids and body substances. Standard Precautions embrace the concept that all patients are to be considered potentially infectious; precautions are appropriate when there is the potential for exposure to blood, body fluids, and other potentially infectious material. Precautions include:

- Wash hands before and after patient contact
- Wear gloves when contact with body substances, mucous membranes, and/or non intact skin is likely
- Wear mask and goggles/face shield when face/mucous membranes may be splashed or aerosolized
- Wear gown or plastic apron when clothing may become soiled
- Dispose of all sharps (e.g. needles, scalpel blades) in designated red biohazardous containers
- Use resuscitation device when providing mouth-to-mouth resuscitation

Bloodborne Pathogen & Communicable Disease Exposures

Report immediately all exposures to supervisor. Supervisor will access evaluation/treatment through the Occupational Health Department at the facility where the incident occurs.

Consult orange exposure cards for specific names and phone numbers. The Infectious Disease Center (974-3163) or the Infectious Disease Fellow on call (974-2201) is available as needed.

Note: The site where the exposure occurs is responsible for the initial exposure management.

HIPAA and Patient Confidentiality

As a medical student, you are required to abide by the HIPAA rules and regulations. Each time a patient sees a doctor, is admitted to a hospital, goes to a pharmacist or sends a claim to a health plan, a record is made of his or her confidential health information. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 was enacted by Congress to create a national standard for protecting the privacy of patients' personal health information (PHI). This regulation requires safeguards be in place to protect the security and confidentiality of an individual's protected health information.

HIPAA affects all healthcare organizations and its components, including:

- Health care providers (including medical students),
- Health plans,
- Employers,
- Public health authorities
- Life insurers
- Clearinghouses
- Billing agencies
- Information systems vendors
- Service organizations, and Universities.

Primary Goals of HIPAA:

1. Improved efficiency in healthcare delivery by standardizing electronic data interchange, and
2. Protection of confidentiality and security of health data through setting and enforcing standards.

Examples of Protected Health Information:

Protected health information (PHI) is individually identifiable information, which is created, modified, received or maintained by a covered entity that relates to an individual's past, present or future physical or mental condition, treatment or payment for care. This information is protected if transmitted in electronic, written or oral form. The following information may be considered PHI or may contain PHI:

- Diagnosis of a certain condition
- Procedure codes on claim forms
- Explanation of Benefits (EOB)

Protected health information does not necessarily need to provide an individual's name, address or social security number to be considered individually identifiable information. Training activities take place in clinical areas that may pose risks that unauthorized individuals may overhear, see, or receive PHI. We can never completely eliminate these incidental disclosures, but we must take reasonable measures to reduce them. Whenever possible, discuss cases in private areas where the conversations cannot be overheard. When appropriate, avoid the use of names or other identifiers when discussing cases.

Training documentation maintained by students will often contain PHI. Patient logs maintained on EValue are HIPAA compliant. Students are fond of keeping "cheat sheets" and crib notes on patients that they are following. Please be aware that patient lists, trackers, and any similar documentation should be treated as PHI. You should maintain the privacy of these entities as you would the patient's records.

Student Mistreatment Policy & Procedures

Policy's Objectives:

USF Health's Morsani College of Medicine is committed to assuring a safe, encouraging, and supportive learning environment that reflects commitments to professionalism, respect, diversity, and virtues such as integrity, compassion, and kindness. All MCOM faculty and staff are expected to conduct themselves in a professional manner and contribute to creation of a culture that is supportive of learning. Mistreatment, bullying, discrimination, harassment, and sexual harassment are prohibited at MCOM. The student mistreatment policy, in accordance with LCME standard 3.6, ensures that concerns about the learning environment are promptly dealt with and resolutions reached in a fair and just manner. The College forbids any retaliatory action against students who present grievances in good faith.

This policy aims to safeguard medical students from mistreatment by any faculty member or staff associated with MCOM, including clerkship directors, attending physicians, residents, and other medical students by:

- educating members of MCOM about student mistreatment;
- prohibiting medical student mistreatment by anyone associated with MCOM;
- encouraging the early identification of medical student mistreatment as a preventative measure;
- identifying individuals to whom medical students can report mistreatment;
- requiring those who receive complaints regarding student mistreatment to report the complaint to the appropriate administrator;
- providing a confidential system for reporting mistreatment;
- assuring confidentiality to the fullest extent possible;
- assuring that all reports of mistreatment will be thoroughly and promptly addressed;
- providing an avenue for corrective action.

Reports of mistreatment will preferably be addressed within an informal framework when appropriate, but formal procedures are available for use when necessary.

Medical Student Mistreatment Defined

Mistreatment is any decision, act, or condition affecting a student that is determined to be illegal or unjust or that has created unnecessary hardship. Mistreatment may take the form of verbal or physical abuse, discrimination for any reason, or a requirement for individual service activity that is independent of requirements for other team members. When such an incident occurs, the student should take steps to address it. Students should be aware that medical student training is a rigorous process and feedback may occasionally be uncomfortable.

Examples of Mistreatment Include but are not limited to:

- verbal attacks or speaking insultingly to or about a person public belittling or humiliation (e.g., beyond the appropriate use of the Socratic method)
- threat of harm or being physically attacked (e.g., hitting, slapping, or kicking a person, or throwing instruments at a person)
- requiring performance of personal services (e.g., shopping, babysitting)
- intentional neglect or lack of communication (e.g., neglect, in a clerkship, of students with interests in a different field of medicine) or other instances that cause unwarranted exclusion from reasonable learning or professional opportunities

- disregard for student safety
- denigrating comments about a student's field of choice
- threat of grading and other forms of assessment as a reward or punishment other than course/clinical performance
- assigning duties as punishment rather than education
- other behaviors which are contrary to the spirit of learning and/or violate trust between the teacher and learner

Examples of Behavior that might be unpleasant but is not considered Mistreatment include but are not limited to:

- pointing out that a student's summary of a patient is inadequate in front of a group of Her or his peers
- pointing out that a student's research seminar is inadequate in front of a group of her or his peers
- asking a student to stand for 45 minutes observing a surgical or laboratory procedure without assisting (in the context of having other learning opportunities)

Supervision Policy

Medical students may not provide care in an unsupervised fashion. Supervisors must either hold a faculty appointment or be supervised in their teaching and assessment role by an individual who has a faculty appointment. This may include residents, fellows, and other licensed health professional faculty supervising an activity within their scope of expertise or practice. As defined below, medical students may be supervised at one of two broad levels: 1) Direct observation or 2) Immediately available indirect supervision.

Direct observation: The supervising physician is physically present (or continually on virtual telehealth visits) with the medical student and the patient.

Immediately available indirect supervision: The supervising physician is not physically (or continually on virtual telehealth visits) present with the medical student and the patient but is immediately available to provide direct supervision (or to join the telehealth visit) upon request, thus requiring that the supervising physician remain physically present within the hospital or other site of patient care.

Medical student education is progressively graduated in both experience and responsibility with primary attention to the benefit and safety of the patient. The level of responsibility delegated to a medical student should be appropriate to the student's level of training, the nature of a patient's condition, the complexity of care and the judgment of the supervisor. The supervisor is responsible for oversight and delineation of duties and graded responsibilities for care provided by the medical team. Students are responsible for being aware of their limitations, roles, and responsibilities and may not practice outside of that scope of service. Students who are asked to provide care outside of their scope of service or who have concerns about the level of supervision they are being given should contact the Associate Dean for Student Affairs, the Associate Dean for Undergraduate Medical Education, or their course/clerkship director if applicable. This policy also applies to medical students on rural or global health rotations.

Title IX Policy:

Title IX provides federal protections for discrimination based on sex, which includes discrimination based on pregnancy, sexual harassment, and interpersonal violence. In an effort to provide support and equal access, USF has designated all faculty (TA, Adjunct, etc.) as Responsible Employees, who are required to report any disclosures of sexual harassment, sexual violence, relationship violence or stalking. The Title IX Office makes every effort, when safe to do so, to reach out and provide resources and accommodations, and to discuss possible options for resolution. Anyone wishing to make a Title IX report or seeking accommodations may do so online, in person, via phone, or email to the Title IX Office. For information about Title IX or for a full list of resources please visit: <https://www.usf.edu/title-ix/gethelp/resources.aspx>. *If you are unsure what to do, please contact Victim Advocacy – a confidential resource that can review all your options – at 813-974-5756 or va@admin.usf.edu.*

Diversity, Equity, and Inclusion Statement:

The vision of the Morsani College of Medicine (MCOM) Student Diversity and Enrichment programs is to encourage and promote an environment that welcomes and embraces diversity in the student body. We diligently ensure that all students feel supported and accepted in order to optimize their educational experience. USF MCOM defines diversity not solely limited to race and ethnicity, but also encompass talents, life skills and special attributes.

Should you need further assistance or more information about our many USF Health Morsani College of Medicine's diversity-driven events, outreach, and support programs, please contact the Office of Student Diversity and Enrichment at (813) 396-9944 or visit the OSDE contact page directly. More information about USF Health and its commitment to diversity [can be found here](#).

For any disputes in which a student has allegedly violated USF policies or rules, please contact [The Office of the Student Ombudsman](#), at (813) 974-0835 or [Student Conduct and Ethical Development](#), ALN 109, (813) 974-9443 for assistance.

Evaluation Compliance Policy

Student feedback is an essential component for continuous quality improvement of our teaching faculty and curriculum development. Morsani College of Medicine (MCOM) has implemented the following guidelines for all students currently enrolled:

1. Students will be required to complete a minimum of 80% of the evaluations assigned to them
2. All evaluations should be completed within 25 days upon receipt

3. Students may suspend evaluations only given the following circumstances:
 - a. The evaluation was assigned in error
 - b. The student did not spend enough time with an educator to properly evaluate them
4. At most students will be permitted to suspend up to 20% of their evaluations. Once a student exceeds a 20% suspension rate their evaluations will be reviewed on a case by case basis
5. Comments provided on evaluations should be constructive, respectful, and made in a professional manner

Please note that levels of anonymity are strictly enforced and fail safes are put into place to ensure a student cannot be identified from their evaluation.

Student evaluation completion compliance rates will be monitored on a quarterly basis and any student found to be out of compliance at the time will be required to attend a mandatory one hour session to complete any pending evaluations. Students will receive a notice via email that they are required to attend the mandatory session to complete their evaluations. Failure to complete evaluations and/or attend the mandatory sessions may result in the following disciplinary actions:

1. A written notice from the Associate Dean of Undergraduate Medical Education
2. A mandatory meeting with the Associate Dean of Undergraduate Medical Education
3. Appearance before the Academic Performance Review Committee (APRC)

**Above is a summary of the USF Student Evaluation Policy. Please review MCOM's Student Handbook for the full text of this policy.*

Sessions Recording Policy

In this class, software will be used to record live class lectures and discussions. As a student in this class, your participation in live class discussions will be recorded. These recordings will be made available only to students enrolled in the class, to assist those who cannot attend the live session or to serve as a resource for those who would like to review content that was presented. Recording may be used in subsequent semester for instructional purposes in necessary. Participation in the sessions is considered consent for recording. In courses in which video of students might be captured due to online software being used, students who prefer to participate via audio only will be allowed to disable their video camera so only audio will be captured. A student's use of video during the session is considered consent for the video to be recorded and used as previously described.

This option to disable video will not apply to video proctored exams. Please discuss recording options with your instructor. Students may use the recordings as a resource to review content. Copying or distributing the video recordings by students is prohibited and considered a professionalism violation.

Student Accessibility and Accommodation

University of South Florida Morsani College of Medicine (MCOM) is committed to providing equitable access to learning opportunities to students with documented disabilities (e.g., mental health, attentional, learning, chronic health, sensory, or physical).

To ensure access to this class, and program, please contact Student Accessibility Services to engage in a confidential conversation about the process for requesting reasonable accommodations in the classroom and clinical settings.

Accommodations are not provided retroactively. Students are encouraged to register with Student Accessibility Services as soon as they begin their program. The University of South Florida Morsani College of Medicine encourages students to access all resources available through Student Accessibility Services for consistent support and access to their programs. More information can be found online at [Student Accessibility Services](#).

Support and Referral Resources

Title IX and Responsible Employees: All USF faculty (adjunct, TA, etc) are designated Responsible Employees. If you have experienced sexual harassment, sexual violence, relationship violence or stalking, Responsible Employees are here to listen and connect you to resources. When a disclosure is made to a Responsible Employee, they will notify the Title IX Office on your behalf and that office will send you an email with your rights, policies, and resources (if it is safe to do so). You are not obligated to respond to this email and The Title IX Office does not share information about the report unless requested by the discloser or as required to address imminent risk to members of our community.

Confidential Resources (listed below) are available and will not be required to notify the Title IX office of disclosures of sexual harassment. If you are not sure what to do, you are encouraged to contact Victim Advocacy to confidentially explore your options including: injunctions & protective orders; changes in accommodations, living arrangements, class schedules, & transportation; assistance with academic Issues-missed classes, late assignments, etc. The Title IX Office can also provide academic, on-campus housing and USF workplace accommodations, as well as other supportive measures.

CONFIDENTIAL RESOURCES	NONCONFIDENTIAL RESOURCES
Victim Advocacy SVC 2057 813-974-5756 24/7 Line: 813-974-5757 https://www.usf.edu/student-affairs/victim-advocacy/	Title IX ALN 172 813-974-4373 https://www.usf.edu/title-ix/
Counseling Center	Student Outreach & Support

SVC 2124 813-974-2831 https://www.usf.edu/student-affairs/counseling-center/	SVC 2058 813-974-6130 https://www.usf.edu/student-affairs/student-outreach-support/
Ombudsman Free, confidential conflict resolution ALN 191 813-974-0835 https://www.usf.edu/student-affairs/ombuds/	Student Conduct & Ethical Development ALN 109 813-974-9443 https://www.usf.edu/student-affairs/student-conduct-ethical-development/index.aspx
Student Health Services SHS 100 813-974-2331 https://www.usf.edu/student-affairs/student-health-services/	Dean of Students MSC 4301 813-974-6677 https://www.usf.edu/student-affairs/dean-of-students/
OFF CAMPUS CONFIDENTIAL	OFF CAMPUS NONCONFIDENTIAL
The Crisis Center Rape Crisis Center, Suicide Prevention, Trauma Counseling, Community Resources 1 Crisis Center Plaza Tampa, FL 33613 Dial 211 https://www.crisiscenter.com/	Hillsborough County Sheriff's Office 2008 E. Ave 8 th Tampa, FL 33605 Nonemergency: 813-247-8200 Emergency: 911 https://teamhcsoco.com/
The Spring of Tampa Bay Domestic Violence Shelter 211 N Willow Ave Tampa, FL 33606 813-247-7233 https://thespring.org/	Tampa Police Department 411 N Franklin Street Tampa, FL 33602 Nonemergency: 813-276-3200 Emergency: 911 https://www.tampagov.net/police

LINK TO MCOM STUDENT HANDBOOK

<https://usf.app.box.com/s/3f61yj1s6pifqi3y54g6ett1gvhp69vf>

LINK TO UNIVERSITY REGULATIONS AND POLICIES

<http://regulationspolicies.usf.edu/policies-and-procedures/pdfs/policy-11-008.pdf>

Primary Faculty for Clinical Rotations and Lectures

Name	Pager	Email
Arthur Andrews	332-3000	arthur.andrews@va.gov
Debabrata Bandyopadhyay	N/A	debabrata@usf.edu
Karl Calero	N/A	kcalero@usf.edu
Eduardo Celis	N/A	eduardo.celis@moffitt.org
John Cha	332-3198	jcha@usf.edu

David Ciesla	332-0791	dciesla@usf.edu
Jennifer Cox	332-6879	jennifer.cox@moffitt.org
Donald Davis	332-0791	dmdavis2@usf.edu
Timothy Floreth	N/A	tfloreth@usf.edu
Mark Hartney	201-1275	Mark.Hartney1@va.gov
Thomas Herron	457-0777	therron2@usf.edu
Colleen Jakey	813-299-4126	N/A
Jose Herazo Maya	N/A	jherazomaya@usf.edu
Melissa Hoffman Tukey	510-504-7631	melissatukey@usf.edu
Brenda Juan-Guardela	412-616-1071	brendajuan@usf.edu
Angela LaFace	457-0346	alaface@usf.edu
Steven Lorch	N/A	slorch@usf.edu
Anita Magoon	N/A	amagoon@usf.edu
Carlos Martinez-Balzano	315-447-8283	cdmb1984@gmail.com
Gaetane Michaud	N/A	gaetanemichaud@usf.edu
William Miller	N/A	william.miller@uchospitals.edu
Veeshal Modi	202-4409	veeshalmodi@usf.edu
Ana Negron	201-3847	ana.negron@va.gov
Kevin O'Brien	201-6865	obrienk@usf.edu
Vanessa Ohleyer	457-1515	vanessa.ohleyer@va.gov
Kapil Patel	N/A	kapilpatel@usf.edu
Jason Prater	202-4307	jprater2@usf.edu
Ricardo Restrepo	332-1002	ricardo@usf.edu
Erica Schwaiger Kemp	457-0319	erica.kemp@va.gov
Adam Schwartz	N/A	ajschw@gmail.com
Rakesh Shah	457-0235	rakesh.shah@va.gov
Chakrapol Sriaroon	332-1793	csriaroo@usf.edu
Zachary Stachura	457-0762	zstachura@usf.edu
Amit Tandon	N/A	amit.tandon@moffitt.org
Thomas Truncale	201-0532	thomas.truncale@va.gov
Askin Uysal	N/A	askinuysal@usf.edu
Keriann VanNostrand	908-872-5835	kvannost3@gmail.com
Terry Wright	457-1167	Terry.Wright@va.gov

