University of South Florida Movement College of Medicine

Morsani College of Medicine Lehigh Valley Campus

Inpatient Internal MedicineFourth Year Acting Internship MDI 8200

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.





Acting Internship (AI) Catalog Description

Students will functionally be "interns" on general medicine inpatient teams at Lehigh Valley Health Network hospitals. Students will be given direct patient care responsibilities and clinical duties usually assigned to the first-year house officer. Housestaff and the attending physician will closely supervise these clinical responsibilities. The level of clinical responsibilities will be distinctly above that of a third-year clerkship rotation in internal medicine. Participating students will have an in-depth, autonomous inpatient experience so they may confidently assume such care in their PGY-1 year regardless of their career choice. Mandatory attendance, excluding patient emergencies, is expected at morning report, noon conference, and grand rounds. Students are also encouraged to participate in the monthly journal club and the M&M conferences.

Acting Internship Director/Coordinator Contact Information

NAME	E-MAIL	PHONE
CLERKSHIP DIRECTOR		
Clark Veet, MD	Clark.Veet@lvhn.org	(w) 484-664-2480 (Mon-Fri 8am-5pm)
	CLERKSHIP COORDINATOR	
Melissa Keyser	Melissa.Keyser@lvhn.org	484-862-3165 (office hours 8:00am-4:00pm M-F)
	DEPARTMENT OF MEDICINE CONT	ACTS
NAME	TITLE	PHONE
Timothy Friel, MD	Chair, Dept. of Medicine	484-862-3200
Joseph Candio, MD	Vice-Chair, Dept. of Medicine	484-862-3200
Stacey Smith, MD	Chief, Dept. of Medicine	484-862-3200
Brian Costello, DO	Program Director, IM	484-862-3200
Cheryl Bloomfield, MD	Transitional Residency Program	484-862-3200
Thomas Doherty, MD	Adult Medicine 3 rd year Clerkship Director	484-661-4650

Acting Internship Director's Welcome - How To Be Successful

Greetings!

Welcome to the inpatient adult medicine acting internship. You will effectively function as interns on the medical ward teams at Lehigh Valley Health Network hospitals. You will be providing direct patient care and while completing all duties usually assigned to a first-year intern. The medical team, residents, and attending will work closely with you and provide supervision. This experience is intended to be more rigorous than your 3rd year Internal Medicine clerkship and will prepare you for residency. You will be seeing more patients, arranging more tests and consults, and truly putting your clinical decisions into action. As a participating student, you will have a complete inpatient experience so that you may confidently assume such care in your PGY-1 year, regardless of your career choice. Attendance is mandatory at morning report, noon conference and grand rounds (except for when there are patient emergencies). Your clinical experiences will be complemented by Entrustable Professional Activities tailored to the inpatient setting. You are also encouraged to participate in the monthly journal club and the M&M conferences. We look forward to working with you!

Best,

Clark Veet, MD Acting Internship Clerkship Director

ACTING INTERNSHIP OBJECTIVES MAPPED TO PROGRAM OBJECTIVES (PCRS)

OBJECTIVES FOR ACTING INTERSHIPS

Course Objective	Program Objective	EPA
Student will demonstrate the ability to gather a history from patients with a variety of clinical conditions within the course's specialty	1.2 Gather essential and accurate information about patients and their conditions through historytaking, physical examination, and the use of laboratory data, imaging, and other tests	EPA 1: Gather a history and perform a physical examination
Student will demonstrate the ability perform a physical exam with a variety of clinical conditions within the course's specialty	1.2 Gather essential and accurate information about patients and their conditions through historytaking, physical examination, and the use of	EPA 1: Gather a history and perform a physical examination

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	laboratory data, imaging,	
	and other tests	
Student will demonstrate the	1.4 Interpret laboratory	EPA 2: Prioritize a
ability prioritize a differential	data, imaging studies, and	differential diagnosis
diagnosis and give rationale for	other tests required for the	following a clinical
prioritization	area of practice	encounter
Student will demonstrate the	1.2 Gather essential and	EPA 3: Recommend and
ability to recommend and interpret	accurate information about	interpret common
diagnostic tests for patients based	patients and their	diagnostic and screening
upon their differential diagnosis	conditions through history-	tests
	taking, physical	
	examination, and the use of	
	laboratory data, imaging,	
	and other tests	
	1.4 Interpret laboratory	
	data, imaging studies, and	
	other tests required for the	
	area of practice	
	1.4 Interpret laboratory	EPA 4: Enter and discuss
	data, imaging studies, and	orders and prescriptions
	other tests required for the	
	area of practice	
	45041.6	
	1.5 Make informed	
	decisions about diagnostic	
Student will demonstrate the	and therapeutic	
ability to create and implement a	interventions based on	
therapeutic plan based upon their	patient information and	
differential diagnosis which	preferences, up-to-date	
includes entering orders and	scientific evidence, and	
prescriptions.	clinical judgment	
	1.6 Develop and carry out	
	patient management plans	
	patient management plans	
	2.2 Apply established and	
	emerging bio-physical	
	scientific principles	
	fundamental to health care	
	for patients and populations	
	2.3 Apply established and	

emerging principles of	
clinical sciences to	
diagnostic and therapeutic	
decision-making, clinical	
problem-solving, and other	
aspects of evidence-based	
health care	
2.4 Apply principles of	
epidemiological sciences to	
the identification of health	
problems, risk factors,	
treatment strategies,	
resources, and disease	
prevention/health	
promotion efforts for	
patients and populations	
25 And advantage	
2.5 Apply principles of	
social-behavioral sciences	
to provision of patient care,	
including assessment of the	
impact of psychosocial and cultural influences on	
health, disease, care seeking, care compliance,	
and barriers to	
and attitudes toward care	
Student will demonstrate the 4.5 Maintain EPA 5: Documer	nt a
ability to document a clinical comprehensive, timely, and clinical encounter	
encounter in the patient record legible medical records patient record	
1.2 Gather essential and EPA 1-5	
accurate information about	
patients and their	
conditions through history-	
taking, physical	
examination, and the use of	
laboratory data, imaging,	
Student will demonstrate the and other tests	
ability to see multiple patients in a	
clinical session while maintaining 1.3 Organize and prioritize	
accuracy and thoroughness of their responsibilities to provide	
history taking, physical exam skills, care that is safe, effective,	
ability to create a differential and efficient	

diagnosis and implementation of the clinical plan.	1.4 Interpret laboratory data, imaging studies, and other tests required for the area of practice	
	1.5 Make informed decisions about diagnostic and therapeutic interventions based on patient information and preferences, up-to-date scientific evidence, and clinical judgment	
	1.6 Develop and carry out patient management plans	
	3.9 Obtain and utilize information about individual patients, populations of patients, or communities from which patients are drawn to improve care	
Student will demonstrate the ability provide a concise yet pertinent oral presentation of a clinical encounter	4.2 Communicate effectively with colleagues within one's profession or specialty, other health professionals, and health related agencies	EPA 6: Provide an oral presentation of a clinical encounter
	4.3 Work effectively with others as a member or leader of a health care team or other professional group	
	8.5 Demonstrate trustworthiness that makes colleagues feel secure when one is responsible for the care of patients	

	8.7 Demonstrate self-	
	confidence that puts	
	patients, families, and	
	members of the health care	
	team at ease	
Student will demonstrate the	2.1 Demonstrate an	EPA 7: Form clinical
ability to investigate clinical	investigatory and analytic	questions and retrieve evidence to advance
questions and apply evidence they	approach to clinical	
obtained from the literature to	situations	patient care
patient care.	2612212	
	3.6 Locate, appraise, and	
	assimilate evidence from	
	scientific studies related to	
	patients' health problems	
	2711	
	3.7 Use information	
	technology to optimize	
	learning	
Student will participate in the	1.3 Organize and prioritize	EPA 8: Give and receive
patient handover process to	responsibilities to provide	a patient handover to
responsibly transition care	care that is safe, effective,	transition care
	and efficient	responsibility
Student will demonstrate the	3.8 Participate in the	EPA 9: Collaborate as a
ability to collaborate as a member	education of patients,	member of an
of an interprofessional team	families, students, trainees,	interprofessional team
	peers, and other health	
	professionals	
	4.2 Communicate	
	effectively with colleagues	
	within one's profession or	
	specialty, other health	
	professionals, and health	
	related agencies	
	4.3 Work effectively with	
	others as a member or	
	leader of a health care team	
	or other professional group	
	6.1 Work effectively in	
	various health care delivery	
	settings and systems	

	relevant to one's clinical	
	specialty	
	6.2 Coordinate patient care	
	within the health care	
	system relevant to one's	
	clinical specialty	
	cliffical specialty	
	7.1 Work with other health	
	professionals to establish	
	and maintain a climate of	
	mutual respect, dignity,	
	diversity, ethical integrity,	
	and trust	
	7.2 Use the knowledge of	
	one's own role and the	
	roles of other health	
	professionals to	
	appropriately assess	
	and address the health care	
	needs of the patients and	
	populations served	
	populations served	
	7.3 Communicate with	
	other health professionals	
	in a responsive and	
	-	
	responsible manner that	
	supports the maintenance	
	of health and the treatment	
	of disease in individual	
	patients and populations	
	7.4 Participate in different	
	team roles to establish,	
	develop, and continuously	
	enhance interprofessional	
	teams to provide patient-	
	and population-centered	
	care that is safe, timely,	
	efficient, effective, and	
	equitable	
Student will demonstrate the	1.3 Organize and prioritize	EPA 10: Recognize a
ability to recognize if a patient	responsibilities to provide	patient requiring urgent
I I ability to recognize if a batient		

care that is safe, effective,	or emergent care and
and efficient	initiate evaluation and
	management
1.8 Provide appropriate	
referral of patients	
including ensuring	
continuity of care	
throughout transitions	
•	
outcomes	
1.7 Counsel and educate	EPA 11: Obtain informed
patients and their families	consent for tests and/or
·	procedures
1	•
enable shared decision-	
making	
1.1 Perform all medical,	EPA 12: Perform general
diagnostic, and surgical	procedures of a
procedures considered	physician
essential for the area of	
practice.	
	and efficient 1.8 Provide appropriate referral of patients including ensuring continuity of care throughout transitions between providers or settings, and following up on patient progress and outcomes 1.7 Counsel and educate patients and their families to empower them to participate in their care and enable shared decision-making 1.1 Perform all medical, diagnostic, and surgical procedures considered essential for the area of

CATALOG OBJECTIVES FOR THIS ACTING INTERNSHIP:

- 1. Introduce the student to hospital-based care and management
- 2. Learn how to perform adequate and thorough history and physical examinations
- 3. Write appropriate progress notes and all orders for therapeutic and diagnostic intervention with appropriate counter signature
- 4. Participate on short call every fifth night as scheduled with the assigned team
- 5. Learn and participate in internal medicine procedures including: paracentesis, thoracentesis, lumbar puncture, and central line placement if available
- 6. Transition patients from the Medical Intensive Care Unit
- 7. Communicate inpatient management and outcomes with patient's primary care provider
- 8. Participate and learn appropriate discharge planning, utilization of system-based care in the management of their patients, and how to complete discharge summaries
- 9. Learn to interpret EKGs, radiographic studies, PFTs, and appropriate laboratory studies

Acting Internship Design and Schedules

Students will work alongside house staff and attending physicians in providing care to the patient. Acting interns will mimic the schedule of interns on the clinical teaching service. Acting interns may work directly with attending physicians on hospitalist services. Schedules may vary depending on the clinical service or location. Schedules will be provided in advance of rotation for review.

This rotation is designed to be time-intensive and will require active participation to ensure you are adequately prepared for intern year. Absences, including those for residency interviews, must be kept to a minimum and will require makeup. Acting internship rotations should, in general, be avoided during interview-heavy months during your fourth year.

Acting Internship Locations

ECLS/HMS and Muhlenberg Hospital Units

ECLS: 5K

• Locations with "K" are in the Kasych Pavilion. The Kasych elevators are located past the library down the hall to the right. Take the elevator to the 5th floor. The Med/Surg unit is located to the right as you exit the elevators. Locations may change based on hospital volume.

HMS: Please call ASCOM phone - 610-402-6873

• Locations numbered "7" A, B or C are located on the 7th floor of the Pool Pavilion. The Pool elevators are located straight through the main entrance of the hospital past the service desk. There will be signs indicating where A, B and C are located once you exit the elevator. Locations may change based on hospital volume.

Muhlenberg:

• Check in at the service desk at the main entrance. Students will round on either 6T or 7T. Additional contact information will be provided prior to the start of the rotation.

Acting Internship Educational Sessions/Materials

EDUCATIONAL SESSIONS

Noon Conference/Didactics/M&M

- Currently being held in hybrid both in person and via WebEx in light of the current COVID-19 pandemic. Locations are subject to change.
- Acting intern is responsible for obtaining education schedule from resident or attending

RECOMMENDED READINGS

- Wing and Schiffman. Cecil Essentials of Medicine, 10th Ed., 2021. ISBN-13: 978-0323722711
- Jameson, et al., Harrison's Principles of Internal Medicine 20th Ed., McGraw-Hill, 2021. ISBN-13: 978-1259644030
- Pocket Medicine: The Massachusetts General Hospital Handbook of Internal Medicine, 7th Ed., 2019. ISBN-13: 978-1975142377 (New 8th edition available September 2022)

FINAL GRADING RUBRIC (H, PC, P, R, I, F, S, U)

Final grades are intended to assess the performance of the student during the acting internship in an accurate and fair manner. Grades may differ from prior grades in other clerkship rotations due to more higher rotation expectations commensurate with education level. Evaluations are meant to provide accurate feedback to students with the intention of improving their skills and ultimately providing better care to patients.

Grades reflect all completed evaluations during the clinical rotation. It is encouraged that all acting interns seek out both formal and informal feedback on a regular interval during the rotation. In addition, it is advisable to seek evaluations from as many house staff and attending physicians as possible to ensure a fair an unbiased evaluation. Students at risk of failing this rotation will be provided written notification at the halfway point.

Clinical Duty Hours:

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.

Attendance Guidelines

Students are expected to attend all scheduled Acting Internship didactic conferences, lectures, workshops, and daily patient rounds. Mandatory sessions and participation requirements in the clinical years are determined for individual Acting Internships. Recognizing that situations arise that require students to miss time from their lectures/clinical responsibilities, the procedures presented below will be followed when an unplanned absence is necessary.

Emergencies for Personal Illness, Family Illness, etc.

The student will contact the direct supervising preceptor/attending, resident/intern, and the Acting Internship Director (Clark.Veet@lvhn.org) to report his/her absenteeism on the first day of being absent. He/she should indicate the nature of the unexpected illness or emergency. The Office of Student Affairs must be notified of all absences by telephone (813-974-2068) or via e-mail (kkz@usf.edu) or on the Lehigh campus Dr. Melissa Brannen (Melissa L.Brannen@lvhn.org). It will be the prerogative of Acting Internship 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 Acting Internship Director and coordinator.

In order to be excused from a mandatory Acting Internship event the student must first contact the Acting Internship Director directly and the Acting Internship coordinator. The Acting Internship Director will make the determination to grant or deny a request in addition to any required remediation.

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

Scheduling Time Off

The student will submit a written email request to the Acting Internship Director for permission to miss any clinic or ward experience, scheduled exams, Acting Internship projects, or mandatory sessions for scheduled time off. The forms are called **Absence Request** form and **Exam Absence Request** form. A copy of the written request must be sent to the Office of Student Affairs Acting Internship and the coordinator. The request should be submitted 6 weeks in advance or as soon as the student knows of the scheduled event PRIOR to the start of the Acting Internship.

Last minute requests (received after the start of the Acting Internship) will require supporting documentation. The decision to grant or deny the request and determine subsequent action

will be at the full discretion of the Acting Internship Director. As such, any excused absences may require additional days and/or additional material and may proportionally affect the final grade.

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

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 Acting Internship Director. Additional makeup time may require consecutive weekend days.

Students are expected to fulfill all time commitments for the Acting Internship. All missed time must be made up. The appropriate timing for the remediation will be subject to the Acting Internship Director's discretion and should be fulfilled within a 2-month period.

M4 – GUIDELINES FOR EXCUSED AND UNEXCUSED ABSENCES

EVENT	ABSENCE EXCUSED?	MAKE UP TIME NEEDED?
Student illness, including infections that could put	Yes	Yes, if > 1 day missed.
patients or other staff at risk		Student responsible to reschedule missed
113K		experiences.
Illness or death of a close family member or close	Yes	Yes, if > 2 days missed.
friend		Student responsible to reschedule missed experiences.
Residency interviews	Yes	Yes, if > 2 days missed.
*It is highly advised you do not schedule acting internships during interview-heavy months; multiple missed days may require repeating Al		Student responsible to reschedule missed experiences.
Religious holidays	Yes	Yes, if > 1 day missed.

	Notification must be made 2 months prior to AI schedule completion when possible. Reasonable accommodation will be made to schedule around requested observed holidays during rotation.	Student responsible to reschedule missed experiences.
Presentation at a medical conference	Yes	Yes, if > 1 day missed.
	Notification must be made 2 months prior to AI schedule completion when possible. Reasonable accommodation will be made to schedule around conference during rotation. Proof of registration must be provided.	Student responsible to reschedule all missed experiences.
Birthdays, Trips, Reunions, and other personal	No.	Yes, for all days missed.
activities	Absence will impact final grade.	Student responsible to reschedule all missed experiences.

Participation and Professionalism Policy

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 clerkship 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 Acting Internship Director in consultation with the Acting Internship Director at the alternate campus and the applicable Assistant Dean of Curriculum.

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 Acting Internship

Director in consultation with the Acting Internship Director at the alternate campus and the applicable Assistant Dean of Curriculum.

<u>Professional Behavior and Values Policy</u>

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	Comes on time and is prepared Informs others when they will be unable to attend
Accountability	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
	Acknowledges and accepts consequences of actions
Self-Assessment and Improvement	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	Demonstrates courtesy, politeness and patience
Interactions	Maintains appropriate boundaries
with Others	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	Develops rapport with patients
Care	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: <u>Behavior Concern Report</u>

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:

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 <u>The Office of the Student Ombudsman</u>, at (813) 974-0835 or <u>Student Conduct and Ethical Development</u>, 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)

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.

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

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.

LINK TO MCOM STUDENT HANDBOOK

https://health.usf.edu/medicine/mdprogram/student-affairs/handbook

LINK TO UNIVERSITY REGULATIONS AND POLICIES

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

List of Acting Internship Faculty / Conflict of Interest

ECLS Faculty

Cheryl Bloomfield, MD

Vincent Cheng, DO

Brian Costello, DO

Jeffery Debuque, DO

Thomas Doherty, MD

Michael Goldner, DO

Darryl Gaines, MD

Stacey Smith, MD

Gisela Vargas, MD

Clark Veet, MD

Wen Zhang, DO

GIMS Faculty

Waqas Adeel, MD

Khaled Almoselli, MD

Ravindra Bhati, MD

Zhe Chen, MD

Smita Desai

Francis DiStefano, DO

Jeaninne Einfalt, DO

Ditina Ghetia, MD

Andrew Hamarich, DO

Abdul Haseeb, MD

Syed Hassan, MD

Shadi Jarjous, DO

Janet Laflouf, DO

Paul Layden, MD

Shuisen Li, DO

Yuan Li, DO

Muhammad Majeed, MD

Vipul Makwana, MD

Ashley McBrearty, DO

Vikranth Mulkanoor, DO

Ioana Nistor, MD

Md. S. Rahman, MD

Bhumika Patel, DO

Kaushik Patel, MD

Vishal Patel, MD

Roje Saleet, MD

Marnina Shelkin, DO

Lisa Silvotti, DO

Satinder Singh, MD

Gina Verdetti, DO

Ali Yazdanyar, DO

Muhammad Zafar, MD