

INTRODUCTION TO CLINICAL PRACTICE 1A

COURSE GUIDE

UNIVERSITY OF FLORIDA

College of Medicine

Department of Community Health and Family Medicine

CLASS OF 2025

November 29 – December 17, 2021

COORDINATED BY

UNIVERSITY OF FLORIDA

AREA HEALTH EDUCATION CENTERS PROGRAM

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I. General Overview

A. DESCRIPTION OF COURSE

Introduction to Clinical Practice 1A is a three-week course that takes place at the end of the fall semester of the first year. This course is a joint effort between the University of Florida Area Health Education Center (AHEC) and the College of Medicine. The primary learning activity is the preceptorship, during which each student spends two weeks in the office of a primary care physician. Housing is provided by AHEC if the student is assigned to a site that is in North Florida away from Gainesville or Jacksonville and not in their hometown. The other component, the "Pre-preceptorship," consists of a series of lectures and activities just before the preceptorship begins. These sessions cover practical aspects of patient care, expanding upon the preparation that students receive earlier in the first semester.

B. ADMINISTRATIVE STRUCTURE

Course Director: **Diane Howell, MD** **Office: (352) 273-8580**
Course Director, ICP
Assistant Professor
diane.howell@peds.ufl.edu

Course Coordinator: **Kathleen Freeman** **Office: (352) 273-8580**
Office of Medical Education **Fax: (352) 273-7899**
Harrell Medical Education Bldg, 445
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preceptorship@health.ufl.edu

Teaching Faculty: Over 150 primary care physicians act as preceptors for this course. Preceptors are primarily located in Florida and students' home towns, but there are preceptors participating from other states around the country as well. Lectures are offered by an interdisciplinary team including faculty from the Departments of Family Medicine, Internal Medicine, Geriatrics, and Pediatrics.

C. OVERVIEW OF COURSE CONTENT

During the week-long "pre-preceptorship," students will participate in a series of lectures and activities which increase knowledge of common medical conditions and medications, integrative medicine, preventive care and the care of special populations in primary care. Students will not have an exam but rather will create an individualized learning plan as a part of the week to turn in for the course director's review. Students then travel to their site, before spending the next 2 weeks with their preceptor. The daily activities of each student will be determined by the specialty and scope of practice of the preceptor, and will be somewhat variable. Students are expected to participate in all aspects of the preceptor's practice, including hospital duties, hospital conferences, medically related presentations, home visits, etc.

D. EDUCATIONAL PHILOSOPHY

“Introduction to Clinical Practice,” an innovative course added to the curriculum in 1992, was spawned from comments of many students who desired earlier clinical exposure in order to balance and enhance the basic science curriculum. The course has been very successful by exposing students to strong physician role models who demonstrate the relevance of basic science to the clinical practice of medicine and providing a glimpse of the contemporary practice of medicine in a community setting.

The foremost educational goal of the College of Medicine is to provide each student with a general professional education. This course plays an important part in helping students reach this goal by providing an in-depth, immersion experience in primary care. During this course, students will participate in didactic and small group activities to expand their knowledge and clinical skills. During the preceptorship, they will have numerous opportunities to practice history- taking skills, participate as part of a health care team and learn about the clinical conditions commonly encountered in primary care.

It is firmly believed that by exposing students to strong physician role models early in their education, they will be better focused and more highly motivated to become caring, competent physicians in whatever area of medicine they choose. There are basic standards of caring and responsibility that all physicians should possess. What better way to introduce these basics than by placing students with community physicians who demonstrate these standards in the daily practice of medicine?

E. COURSE TIMETABLE

PRE-CLERKSHIP

- Six weeks prior:** Student lottery occurs to assign sites
- One month prior:** Student matches sent to preceptors
- One week prior:** Preceptors remind colleagues and staff of student arrival
Students participate in pre-preceptorship in Gainesville: Lectures and exercises to further prepare students for the Preceptorship and formulation of individualized learning plan

CORE CLERKSHIP

December 6-December 17, 2021

- Day 1** Students share individualized learning plan (ILP) with preceptor
Set date for mid-preceptorship review with student
Set date for final review with student
Students make note of their first day impressions in their learning plan
- Midpoint** Mid-preceptorship Review
Review ILP and student’s progress
- Final Day** Final Review, including ILP progress
Review final evaluation with student
Students make note of their final day impressions in their learning plan

POST CLERKSHIP **Final Evaluations of student – Due January 14, 2022 @ 5PM**

Filed within two weeks of clerkship’s last day (an extra week has been provided due to the winter break)

F. UNIVERSITY OF FLORIDA'S AREA HEALTH EDUCATION CENTERS

AHEC's (Area Health Education Centers) purpose is to provide community-based education and training for students in health professions and to implement programs that meet the local needs of rural and underserved communities. The funds for these programs are derived from federal, state, and local sources.

The AHEC Program at the University of Florida has oversight of the activities of four regional centers: West Florida AHEC in Crestview (near Pensacola), Big Bend AHEC in Tallahassee, Suwannee River AHEC in Alachua (near Gainesville), and Northeast Florida AHEC in Jacksonville. Together, these four Centers span across thirty-seven counties from Duval on the east coast to Escambia on the Florida-Alabama border and from Marion County to the Florida- Georgia border. AHEC's priorities are to support rural and medically underserved communities and populations; increase access to primary care; promote interdisciplinary approaches to health care; engage in service learning and health promotion activities; promote cultural sensitivity; and provide service to diverse populations based upon need. In addition, AHEC supports the statewide health priorities and interests of the Florida Department of Health and has been successful in developing and maintaining a statewide tobacco training and cessation program.

AHECs today continue to fill an important role in public and community health. It is important for health professions students to know about AHEC, its mission, programs, and staff, dedicated professionals available to help support students as they enter and grow in their health careers.

G. OBJECTIVES & LEARNING ACTIVITIES

Course Goal

The primary goal of the course is to provide an early clinical experience in medical school, which will allow students to experience general practice in a community setting with a strong primary care role model. In this setting, students will be able to practice their recently acquired interviewing skills and learn to function in their role as medical professionals.

Course Objectives

This course will provide an opportunity for students to develop the following competencies:

Core Disciplines – Competencies unique to the course

Competency: Patient Care

Objective 1A: Students will demonstrate the ability to obtain a focused history.

Activities: Practice in the preceptorship setting.

Evaluation: By listening to students' presentations of patient histories, preceptors will directly assess each student's competency in history taking. Preceptors should also directly observe each student's history taking ability at least twice: once early in the preceptorship and once during the last week of the preceptorship. Students will have printed cards for preceptors to sign off on that students have taken histories on their own. We ask that this card document at least 20 histories that were initiated by the students.

Objective 1B: Students will become engaged in all aspects of their preceptor's practice and take advantage of opportunities to participate in all aspects of community life.

Activities: Participation during the preceptorship

Evaluation: By direct observation of student involvement, preceptors will assess each student's achievement of this objective.

Human relationships and communication

Objective 2: Students will demonstrate knowledge about psychological, social, and economic factors and cultural diversity as they pertain to health care, and demonstrate evidence of inquiry into familial and other support systems.

Activities: Practice and instruction obtained during the preceptorship.

Evaluation: By direct observation and by listening to students' presentations of patient histories, preceptors will directly assess each student's knowledge of psychological, social, and economic factors and their ability to inquire about them when pertinent.

Competency: Interpersonal and Communication Skills

Objective 3: Students will effectively engage the patient and family in verbal communication.

Activities: Practice obtained during the preceptorship.

Evaluation: By listening to students' presentations of patient histories and evaluation the quality and accuracy of information, preceptors will be able to indirectly assess each student's ability to engage in effective verbal communication. Preceptors will also directly observe each student communicating with patients once during the formulation of a Learning Plan and once during the last week of the preceptorship.

Professional behavior

Competency: Professionalism

Objective 4: Students will demonstrate respect for patients, families, and members of the health care team; be truthful and honest with colleagues; communicate an attitude of empathy and caring; place patient's well-being over self-interest (altruism) and be dedicated to patient care; show ability to resolve conflicts between personal moral convictions and patient's choices; preserve patient confidentiality; and show appropriate self-assessment and willingness to admit mistakes.

Activities: Workshop of Ethical Issues, Practice during the preceptorship

Evaluation: Via direct observation of each student's behavior during the preceptorship, preceptors will assess their achievement of this objective.

H. COURSE MECHANICS

1. Preceptor Selection:

Preceptors will be selected from the primary care specialties of Family Medicine, General Internal Medicine, and Pediatrics. At the Course Director's discretion, select Emergency Medicine selections may be made available. All participants will receive information specific to the course objectives.

2. Preceptor Assignment:

A complete list of preceptors including location, specialty, and housing arrangements will be made available to the first year class prior to the course. A lottery will be utilized by all students to establish the choice sequence. Students will be matched based on their choice sequence. Preceptors must agree to accept the specific student assigned to them. If the preceptor rejects an assignment, alternate arrangements will be made for the student from a list of reserve preceptors. Students may arrange their own preceptorship outside of the UF-AHEC area and outside of Gainesville. Those preceptors must complete all required paperwork prior to hosting a student.

3. Housing

Students selecting to stay in the Gainesville area or within a 1-hour drive from Gainesville or those selecting to do a home-based rotation will not be provided housing. Eligible Jacksonville area sites will have dorm housing available. The AHEC Centers will provide housing for the other students completing rotations in their regions. It will be the option of the AHEC office to select the housing in subsidized situations. The student will also have the option of arranging his/her own housing if desired. **No housing subsidy will be available if students arrange their own housing.** Mechanisms of housing subsidy payments will be at the discretion of the AHEC office.

4. AHEC Coordinator

At certain sites, AHEC coordinators may visit you on site or will host a meeting of all students in their service areas. The mechanics of the visit will be presented will be arranged at the discretion of the AHEC coordinator. **If this is applicable to your site, attendance is mandatory.**

5. Liability Insurance

Students will be provided \$200,000 per occurrence protection by the University of Florida, JHMHC Self Insurance Trust Fund. This is the usual coverage for any approved clinical educational experience.

Preceptors should be aware that the student is an unlicensed individual, not authorized to practice medicine. Custom and usage have established that students do observe and “practice” under the supervision of fully licensed physicians, legally authorized to practice medicine. The ultimate responsibility for the medical activities of students always rests on the shoulders of the teacher-preceptor.

At the same time, it should be recognized that there is very little risk under the usual conditions of a teaching environment. To our knowledge, there are no cases in which a suit has been brought against a University of Florida medical student or against a precepting physician for the activities of a student/preceptor under his/her supervision on an outside rotation.

I. EVALUATION OF STUDENT PROGRESS AND PERFORMANCE

Feedback

Preceptors are encouraged to provide students with regular, informal feedback on their performance and suggestions for improvement. At the conclusion of the course, we ask preceptors to complete a summative, written evaluation.

Student Grades

Students will be graded on a pass-fail basis. Grades will be determined by:

1. The preceptor evaluation of student performance in the following competencies: professionalism, patient care and interpersonal & communication skills
2. Completion of all course assignments:
 - Course/preceptor evaluations
 - Completion of Individualized learning plan including first and last day impressions
 - Turning in your initialed history cards
3. Completion of housing checklist and return of apartment/room key as instructed by AHEC Coordinator or Dorm Housing manager

J. STUDENT RESPONSIBILITIES

Establish a collegial relationship with your preceptor.

Students are asked to contact their preceptors and introduce themselves prior to the Preceptorship experience. We hope that the Preceptorship will be a rewarding experience for both the preceptor and the student. The preceptor should be able to answer most questions that arise during the rotation.

Be aware of AHEC requirements and follow them

If you are matched to a site affiliated with AHEC/AHEC Housing, please be responsive to any requests or communication from the AHEC coordinator and follow any requirements provided.

Complete the learning objectives of the course

The basic responsibility for addressing course objectives rests with the student. The preceptor's role is to act as a resource and provide or suggest the appropriate patient care experiences in the preceptor's office, community hospital, nursing home, or other care facilities in her/his community. We expect the student will ask the preceptor's advice and follow her/his directions on the optimal means for accumulating the necessary clinical and community experiences. It is most important to remember that we hold the student responsible for accomplishing the objectives and exercises. The preceptor's role is as a clinical teacher and supervisor.

Learning Specialist

Students who perform two standard deviations below the mean on an exam or for the course overall are required to meet with the Learning Specialist, Jim Gorske (jgorske@ufl.edu). Failure to meet with the Learning Specialist within two weeks of the exam or the end of the course will result in an appearance before the Academic Status Committee.

Integrate into the usual work pattern of the practice

During the first day of the Preceptorship, the preceptor and the student should determine the program specifics (e.g., hours of hospital rounds, clinic hours, call responsibilities, dress code, etc.). We suggest that the student assume the preceptor's schedule unless it is extremely inconvenient or logistically impractical.

Provide a high level of patient care congruent with your level of training, and ask for the preceptor's supervision and consultation whenever necessary

We expect students to ask for their preceptors' supervision and consultation as they participate in patient care activities. Because students are not licensed physicians, the preceptor must see every patient at some point during the office visit and countersign all prescriptions and medical record entries written by the student.

Practice safety in a clinical environment

Clinical experiences by their nature involve students in a variety of settings, locations and communities, as well as with a variety of patients/clients. Students are expected to exercise good judgment and reasonable caution in ensuring their own safety during clinical experiences (e.g., lock car doors, travel with classmates when possible, be aware of security services). Patient care areas may have the potential for exposure to hazardous substances such as radioactive materials. Students who require protection beyond those of all staff are to notify faculty prior to any clinical assignments. If any time students believe the clinical setting is unsafe, students should take appropriate steps to protect themselves and their patients, including leaving the setting if necessary. Contact the course instructor or any college administrator immediately so that appropriate arrangements can be made.

Complete all written assignments on the web, including your Individualized Learning Plan, First Day Impressions and Last Day Impressions

Students are asked to complete an individualized learning plan (ILP) through your pre-preceptorship CLG activity. As a part of this learning plan, we will also request that you write down your feelings, thoughts, or impressions on the first day of the Preceptorship and again on the last day as a portion of your ILP. Writing assignments will not be graded but are required for completion of the course. **The link for these assignments will be posted on canvas.**

Have your preceptor sign off on at least 20 histories that you obtained, and upload a photo or PDF (no .HEIC images, please) to Canvas.

Because of the large number and wide variety of sites used, it is essential for us to monitor the quality of the learning experience at every site. We also want to provide students with a tangible tool to support their need to initiate the taking of a history on their own on a regular basis throughout preceptorship.

Be a good representative of the College of Medicine

Please remember that you are a guest in the community where you complete your preceptorship. Throughout the year, AHEC Coordinators and preceptors work together on a variety of professional advisory boards, community programs, committees, and educational programs. It is essential that you follow the guidelines for housing and the student-preceptor relationship described on the pages of this Handbook. AHEC Coordinators and the UF College of Medicine maintain strong, ongoing relationships with community preceptors. It is expected that you will work toward this goal as well.

K. PRECEPTOR RESPONSIBILITIES

Allow the student to perform AT LEAST 20 histories on their own and use the postcard the student has to sign off on them.

This is a course requirement that every student **must** meet. Students who do not perform at least 20 independent histories may be required to remediate this after the preceptorship is over.

PLEASE DO NOT PUT YOUR STUDENT IN THIS POSITION – THANK YOU! If you anticipate that it will be difficult for your student to perform 20 independent histories, please notify Dr. Howell right away.

Assist the student with focused learning related to their Individualized Learning Plan (ILP)

Prior to starting with you, students will have formulated an ILP to target certain skills that they would like to particularly work on during preceptorship. Please review this with them at the outset of your time together and provide learning opportunities and feedback along the way to assist them in achieving their learning goals. You should also feel free to help them adjust their ILP to better fit your clinical setting or their identified learning needs.

Communicate freely with the preceptorship staff

The Preceptorship staff welcomes contact concerning student progress and is available to offer general assistance or answer any questions you might have. Please see page 3 for contact information.

Maintain a collegial relationship with the medical student

The students are anticipating an enjoyable clinical educational experience in your practice. This will be enhanced when a collegial relationship can be established between you and your student. The students are instructed to contact their preceptors before the scheduled rotation time to introduce themselves and arrange a meeting time and place for the first day.

Provide opportunities for supervised clinical experience

The Preceptorship is a clinical rotation and should include as much student-patient interaction as possible. Before beginning the Preceptorship, UF students have been taught how to obtain a focused history and how to perform portions of the physical exam. Each student has practiced these skills and received feedback on performance. However, as first year students, you will need to

monitor each student's clinical skills and arrange patient care responsibilities at appropriate levels. We suggest that you observe the student with several patients to assure yourself that the student has acceptable skills before allowing him/her to see patients without your direct observation. A minimal expectation is that the preceptor allows students to conduct some patient interviews on their own. Because the student is not a licensed physician, you have the responsibility for countersigning every medical record entry and prescription written by the student. In addition, you should see the patient during some part of the medical visit. Many preceptors elect not to allow students at this level to make entries into the patient's permanent record, while others encourage it.

Inform patients that they are being seen by a supervised University of Florida medical student

Please take a moment to introduce the student to your patients and to establish an informed consent system that best meets the needs of the patient population, yourself, and the student. Patients are usually receptive when medical students contribute to their care.

Provide an orientation to the community and life outside the clinic

The preceptorship is intended to provide students with further training in the context of a community. In order to understand how a physician is responsible to a community, the student needs to make an effort to understand local health needs, the existing delivery system, the available resources, and your relationship with the community.

Please invite the student to share experiences that you would consider integral to the life of a physician in the community. These activities can include night calls, evening rounds, meetings at local clubs, school boards, CME activities, etc.

Directly observe the student's performance

There is no substitute for direct observation of students. You are able to provide much more meaningful feedback if it is coupled with knowledge gained from observation. It is difficult to take time to do this and you may not be able to do it often, but it is a critical element in the learning process. We suggest that you devise a mechanism in your schedule that allows you to directly observe the student performing a task at least once daily. At a minimum, direct observation should occur at the start and again during the final week of the preceptorship.

Provide the student with constructive feedback: the essential ingredient for learning

People learn when they are told specific behaviors they have done that are "good" and behaviors that "need improvement". Feedback should be given as descriptions of specific behaviors with both positive and negative comments. Feedback needs to be given in a private setting, not in front of patients or staff. Ideally, feedback should be given within minutes of the observed behavior (e.g. "That was a very good history you just obtained." Or "Be sure to always ask about non-prescription medications, too.") Summative feedback should be given on a weekly bases (e.g. "Your history taking really improved this week. The main areas for improvement now are ____.")

Perform a careful evaluation of clinical performance

Your official evaluation of the student, using the Evaluation of the Student Performance Form shown in the appendices, is very important. It will serve as a major factor in our determination of the student's grade for the entire Preceptorship. Your specific comments regarding the student's strengths and areas needing improvement, written on the evaluation form, are invaluable. We will send you feedback from the students' evaluation of the preceptorship as well.

Complete an evaluation of the course from your perspective as a preceptor

We value feedback from preceptors and use it to make improvements in the course.

L. AHEC COORDINATOR RESPONSIBILITIES (At Applicable Sites)

Establish and maintain relationships with new and returning preceptors.

Throughout the year, AHEC Coordinators interact with preceptors to maintain strong, professional relationships. As part of AHEC's mission, they support the practices of physicians working in primary care in a variety of ways.

Maintain housing arrangements

AHEC Coordinators develop and maintain a list of safe and appropriate short-term housing for students assigned to sites within our AHEC area.

Assess students' professional behavior, as opportunity permits

Interaction with others and the ability to follow program requirements are important aspects of professionalism. We have asked the AHEC coordinators to help us assess professionalism by letting us know about any examples of either exemplary or questionable behavior during the preceptorship.

AHEC Organizational Structure

(See map on next page for region structure)

Center Office: Northeast Florida (7 counties)

Coordinator: Tonia Harris
Address: 2223 Oak Street
Jacksonville, FL 32204
(904) 482-0189
tharris@northfloridaahec.org

Center Office: Big Bend (14 counties)

Coordinator: Allison Wiman
Address: 2815 Remington Green Circle
Suite 100
Tallahassee, FL 32308
(850) 224-1177
awiman@bigbendahec.org

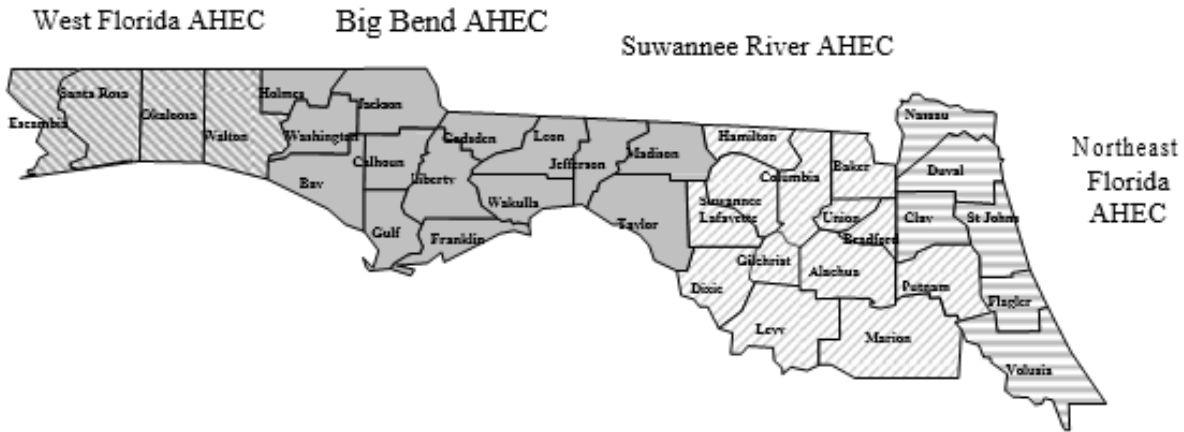
Center Office: Suwannee River (12 counties)

Coordinator: Sarah Catalanotto
Office: 14646 NW 151 Blvd.
Alachua, FL 32615
(386) 462-1551
sarahc@srahec.org

Center Office: West Florida (4 counties)

Coordinator: Paige Arnup
Address: 1455 South Ferdon Blvd.
Suite B-1 Crestview,
FL 32536
(850) 862-2552
pcollier@wfahec.org

University of Florida AHEC Program Office Service Area by County



II. Appendices

Introduction to Clinical Practice

Final Student Assessment Form

Student _____ Preceptor _____

This evaluation is based on competency achievement. Below is a set of competency statements we have selected to assess in this course. Please select a category from the five point scale below for each competency statement and circle the one you think best characterizes the student's performance. You should take into account the student's level of training as a first year medical student.

STUDENT EVALUATION LABEL SYSTEM

Has Demonstrated Competency

EXEMPLARY: The student has performed consistently in a manner that is truly outstanding. The performance is worthy as a model.

SUPERIOR: The student has performed consistently in a manner that is clearly above average competency; his or her performance may occasionally be outstanding but not consistently so.

COMPETENT: The student has performed consistently in a manner that is at or above the minimum level of competency, his or her performance may occasionally be superior, but not consistently so; no significant portion of his performance has been below the minimum level of competency.

Has Not Demonstrated Competency

MARGINAL: The student has performed in a manner that is marginal in relation to the minimal level of competency. In some aspects or at some times performance may have been above the minimum level, but in other aspects or at other times performance has been below the minimum level; confidence has not been engendered that the student has demonstrated mastery of the pertinent competency. Review required.

NOT ACCEPTABLE: The student performed in a manner that is below the minimum level of competency; while his or her performance may occasionally meet or even exceed the minimum level, this is the exception rather than the rule.

Core Discipline Competency (competency unique to course)

1. Student demonstrates engagement and interest in all aspects of your practice in the community. They take advantage of opportunities to participate in all aspects of community life and your role in that community.

Has not demonstrated competence		Demonstrated competence		
Not acceptable	Marginal	Competent	Superior	Exemplary

Human Relationships and Communication Competencies

2. Student effectively engages the patient and family in verbal communication.

Has not demonstrated competence		Demonstrated competence		
Not acceptable	Marginal	Competent	Superior	Exemplary

Professional Behavior Competencies

3. Student appropriately demonstrates respect for patients and members of the health care team.

Has not demonstrated competence		Demonstrated competence		
Not acceptable	Marginal	Competent	Superior	Exemplary

4. Student demonstrates an attitude of caring in their dealings with patients.

Has not demonstrated competence		Demonstrated competence		
Not acceptable	Marginal	Competent	Superior	Exemplary

5. Student demonstrates the ability to overcome personal biases in the delivery of health care.

Has not demonstrated competence		Demonstrated competence		
Not acceptable	Marginal	Competent	Superior	Exemplary

6. Demonstrates an appropriate self-assessment of personal values, knowledge and ability.

Has not demonstrated competence		Demonstrated competence		
Not acceptable	Marginal	Competent	Superior	Exemplary

7. Demonstrates initiative in patient care and a consistently good work ethic.

Has not demonstrated competence		Demonstrated competence		
Not acceptable	Marginal	Competent	Superior	Exemplary

Diagnostic Competencies

8. Demonstrates ability to obtain a focused patient history.

Has not demonstrated competence		Demonstrated competence		
Not acceptable	Marginal	Competent	Superior	Exemplary

9. Are there aspects of this student's performance that suggest a need for special attention?

Yes No Comments:

10. Do you believe this student's performance warrants a failing grade?

Yes No Maybe Comments:

FURTHER COMMENTS:

What are this student's particular areas of strength?

What areas of performance need special attention for improvement?

Additional comments and recommendations:

Signature of Evaluator

Date

III. FINAL THOUGHTS

- Planning and preparation are essential to a good experience for both the student and the preceptor.
- Get off to a good beginning. Nothing is more important than getting started on the right foot. Remember: "You never get a second chance to make a good first impression."
- Students love frequent feedback, an opportunity to learn new knowledge from a "real world" physician, and plenty of hands-on clinical experience.
- Documentation is critical. A good final impression may be life changing. Provide the student with a sit-down final interview and document your findings by mailing in the Preceptor Final Evaluation of Student form.
- Remember, "To teach is to learn again." That's why physicians give of their time and serve as preceptors. Thank you!

IV. ATTENDANCE POLICY FOR REQUIRED EDUCATIONAL ACTIVITIES

Students are allotted the following breaks: Thanksgiving and a winter break (see the academic calendar for details). Thanksgiving break starts at the conclusion of clinical/academic responsibilities on Wednesday, and ends at the beginning of clinical/academic responsibilities on Monday. Third and fourth year students on scheduled clerkships and electives are **NOT** automatically off on official one day holidays listed on the academic calendar.

Clerkship directors, at their discretion may permit students a holiday (example: on Labor Day, outpatient clinics are closed, and a clerkship director may give the students assigned there the day off).

RELIGIOUS HOLIDAYS

The COM recognizes that there are other holidays, both religious and secular, which are of importance to some individuals and groups. Students who wish to observe these holidays must inform the director before the course or clerkship begins, if applicable. The director may provide the student with an alternative arrangement to make-up the day(s) missed, on-call assignments, and examinations and other projects. The timing of make-up work is at the discretion of the course/clerkship director and may fall during vacation periods. Missed days which cannot be completed before the course end date will result in a grade of "Incomplete". Students shall not be penalized due to absence from class or other scheduled academic activity because of religious observances.

If a faculty member is informed of, or is aware, that a significant number of students are likely to be absent from class because of a religious observance, a major examination or other academic event should not be scheduled at that time.

A student who is to be excused from class for a religious holy day is not required to provide a second party certification of the reasons for the absence. A student who believes that he or she has been unreasonably

denied an education benefit due to religious beliefs or practices may seek redress through the student grievance procedure, see <http://regulations.ufl.edu/wp-content/uploads/2013/03/4012.pdf>.

UNEXPECTED ABSENCES

In the case of an unexpected, single day absence due to illness, the student **MUST** notify the responsible faculty/mentor or senior resident (when on a clinical service) and the Course/Clerkship Administrator. If the student is unable to contact the Course/Clerkship Administrator, he/she should notify the staff in the Office of Student Affairs and Registration. If the absence is of greater duration than a single day, the staff in the Office of Student Affairs and Registration (352-273-7971) **MUST** be notified, in addition to the course director or supervising attending and Clerkship Administrator.

PLANNED ABSENCES

In the case of planned absences to attend meetings or family events such as a wedding or funeral, the student must contact the Course/Clerkship Administrator as far in advance as possible to discuss the requests and obtain the permission of the Course/Clerkship Director to be absent from assigned responsibilities. If permission is obtained for the planned absence, the student must notify the Office of Medical Education (UFMedEd@ahc.ufl.edu) of the approved dates for the absence.

ABSENCES FOR HEALTH SERVICES

Students are encouraged to maintain their own personal health throughout medical school. This includes their dental, mental and/or physical health. Ideally, students will make every effort to schedule these appointments at dates/times that do not conflict with required education activities. When this is not possible, students must submit their request for an excused absence to the relevant course/clerkship director(s). Upon approval, the director will notify the student of makeup requirements and due date, if appropriate. Additionally, students will not be penalized for absence from class or other scheduled academic activities for medical reasons. This applies to absences for acute illnesses as well as to absences due to regularly scheduled ongoing treatment for dental, mental or physical health. For any questions and/or concerns regarding this policy, students are to consult the Associate Dean for Medical Education or Student Affairs.

ABSENCES DURING JACKSONVILLE CLINICAL ROTATION

If the absence occurs while in Jacksonville on a clinical rotation, the Office of Education Affairs (904-549-5128) in Jacksonville **MUST** be notified in addition to the OME in Gainesville and the clerkship administrator in Jacksonville (904-244-5626).

Requirements for class attendance and make-up exams, assignments, and other work within the UF COM are consistent with the university policies that can be found at <https://catalog.ufl.edu/ugrad/current/regulations/info/attendance.aspx>.

STUDENT EMERGENCY PREPAREDNESS

During emergency conditions student safety is a priority.

- College of Medicine educational programs follow the University of Florida policies and procedures regarding the scheduling/cancelling of classes and operations. Adjustments in curriculum delivery will be made depending on the nature and extent of the emergency.
- Students on clinical rotations will be contacted by the clerkship directors regarding clinical operations. If clinical operations are open, students are expected to contact their faculty supervisor to confirm their attendance on inpatient clinical services and outpatient clinics to support patient care.

Students should check e-mail for safety announcement updates from the College of Medicine and University of Florida.

Additional information regarding UF emergency preparedness can be found at the following links.

- <https://emergency.ufl.edu/emergency-management-plans/>
- https://emergency.ufl.edu/wp-content/uploads/2013/08/UF-Basic-Plan_03042014.pdf

PANDEMIC EXPECTATIONS

The University of Florida College of Medicine faculty and the UF Health staff are an important part of the response to the current pandemic. Faculty, residents, fellows, and staff who are unable or unwilling to resume their clinical duties are required to take paid time off in the form of vacation or sick leave as long as they have the time available, or contact your HR representative regarding other leave options. University of Florida College of Medicine students are part of the healthcare team during clinical rotations, preceptorships, and patient experiences associated with required and elective courses. As members of the healthcare team, students are expected to provide care to all patients within our healthcare system at a level appropriate to their training and with supervision. Students should expect to have appropriate personal protective equipment available based on infection control recommendations in order to safely care for patients. Students will not be expected to care for patients with active SARS-CoV-19, however, they will not be prevented from doing so.

In the event that a student believes they should be exempted from certain clinical duties because of a high risk medical condition, the student will have to work with the Disability Resource Center (DRC) to identify appropriate accommodations. The request for accommodations will then be reviewed by the College of Medicine to ensure the goals and objectives of the clinical curriculum can be met.

In the event that a student is unable to perform the duties that are required to meet the goals and objectives of the course or clerkship, a leave of absence will be required. If the prolonged absence is due to a medical condition that will result in an absence greater than 6 weeks, the student should apply for a medical leave of absence. If a student is unwilling to work in the clinical setting because of concern for their own safety, then they should apply for a personal leave of absence. Please refer to the student

handbook for more information about leaves of absence. <https://osa.med.ufl.edu/files/2014/04/Policies-and-Procedures-Handbook.pdf>

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