

2009

College of Osteopathic Medicine Syllabus

Nova Southeastern University

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College of Osteopathic Medicine



**INTERDISCIPLINARY GENERALIST CURRICULUM (IGC)
PRECEPTORSHIP I AND II
FIRST-YEAR STUDENT COURSE SYLLABUS
FOR COM 5171 (FALL 2009) AND COM 5172 (WINTER 2010)**

**NOVA SOUTHEASTERN UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE
COURSE SYLLABUS**

NAME OF COURSES: INTERDISCIPLINARY GENERALIST CURRICULUM (IGC)
PRECEPTORSHIP I & II

CLASS/SEMESTERS/YEARS: M-1 FALL 2009 and M-1 WINTER 2010

COURSE DESIGNATIONS: COM 5171 M1, CRN # 21735 (Fall 2009)
COM 5172 M1, CRN # TBA (Winter 2010)

DATES: 8/17/2009 – 12/1/2009 for *Fall 2009 Semester

CAMPUS-BASED SCHEDULE				
DATE	DAY	TIME	PLACE	CLASS/SESSION/ ACTIVITY
8/17/09	Monday	3:10 P.M. - 5:00 P.M.	Steele Auditorium	IGC Orientation
8/21/09	Friday	5:00 P.M. Deadline	On-Line	Complete WebCT Courses: (1) HIPAA Security (2) HIPAA Privacy (3) OSHA
10/5/09	Friday	1:10 P.M. - 2:00 P.M.	Steele Auditorium	Mid-Semester Debriefing
11/4/09	Wednesday	9:10 A.M. - 12:10 P.M. Collection Time (no lecture)	Steele Auditorium (Collection box placed inside auditorium)	Submit IGC Primary Care Assignment (Sections A & B)
12/1/09	Tuesday	11:10 A.M. - 12:00 Noon	Steele Auditorium	IGC Wrap-Up Session

Note: See IGC course schedule for all field-based IGC sessions.

CONTACT HOURS: 28 Hours (*Fall 2009 Semester)
Includes 4 hours in Steele Auditorium + 6 sessions (i.e., 24 hours) in field assignments at Physician Mentor's offices and/or COM²Serve Sites (hours do not include on-line courses)

CREDIT HOURS: 1 hour each semester

COURSE DIRECTOR: DEBRA COHN STEINKOHL, M.H.S.A.
Administrative Director, IGC Program
Course Director, IGC Preceptorship I, II, III & IV
Assistant Professor, NSU-COM Dept. of Family Medicine and Public Health Program

CONTACT INFO: ROOM 1441 OR 1411 (4TH floor HPD Terry Admin. Bldg.)
PHONE: (954) 262-1441 or contact IGC secretary at (954) 262-1411
FAX: (954) 262-4773
E-MAIL: steinkol@nsu.nova.edu

OFFICE HOURS: 9:00 A.M.- 1:00 P.M. & 2:00 P.M.- 5:00 P.M.
Monday - Friday (or by appointment)

* Winter 2010 Semester meeting dates and hours are included in a separate addendum distributed in January at the beginning of the Winter Semester.

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Section B.

Logs, Assignments, Scheduling Forms, & Evaluations

Section A.

I. FACULTY ROSTER*

IGC Administrative Director:

Debra Cohn Steinkohl, M.H.S.A.
Assistant Professor,
Department of Family Medicine,
Division of Community Medicine

IGC Co-Project Directors:

Edward Packer, D.O.
Chair and Associate Professor
NSU-COM Department of Pediatrics

Samuel Snyder, D.O.
Chair and Associate Professor
NSU-COM Department of Internal Medicine

Barbara Arcos, DO
Chair and Assistant Professor
NSU-COM Department of Family Medicine

IGC Business of Medicine Instructors:

Pablo Calzada, D.O., M.P.H.
Assistant Dean of Clinical Operations &
Assistant Professor,
NSU-COM Department of Family Medicine

Mohsin Jaffer, M.D.
Clinical Associate Professor
NSU-COM Department of Family Medicine

Robert Oller, D.O.
Chief Executive Officer
NSU Health Care Systems

* Please refer to the August 2009 roster of IGC Primary Care Physician Mentors and COM² Serve organizations for a complete list of IGC teaching partners.

II. COURSE DESCRIPTION

The Interdisciplinary Generalist Curriculum (IGC) Preceptorship for first-year students is comprised of either the IGC Physician Mentor Program or the Community Medicine (i.e., COM²Serve) Program. The premise of the IGC Program is that exposure to professional role models is a significant determinant of medical students' career choices. In addition, an early clinical experience is an essential learning component for medical students to begin to correlate classroom knowledge with actual patient encounters. The IGC Preceptorship I and II Courses expose first-year medical students to clinical settings by either matching each student with a community-based Physician Mentor for a primary care rotation, or by assigning select students to a COM²Serve track in multiple sites. The College of Osteopathic Medicine in Community Service (i.e., COM²serve) organizations provide health care and other needed services to medically underserved, minority, or at-risk populations.

Instructional Activities and Methods

During the academic semester, most M1 students accompany an assigned Primary Care Physician Mentor in his/her practice for a minimum of six sessions each semester. Physicians in the IGC network of over 190 Physician Mentors are affiliated/contracted with one or more managed care companies or third-party payers. Students engage in the delivery of patient care and learn about the administrative/business aspects of practice under the direction of their Physician Mentor. Depending on the comfort level of the preceptor, students also perform patient histories and physical examinations within the limits of their ability.

A limited number of students (i.e., approximately 30) may elect to participate in an IGC Community Medicine track (i.e., COM²Serve Track) as an alternative to the regular Physician Mentor Program. The differences between these two tracks are that students in the COM²Serve Track must be selected through an application process; they are assigned to multiple IGC sites that target medically underserved, minority or at-risk patient populations as opposed to an assignment to one primary care site; students are assigned to one less IGC session each semester; and the times and days assigned for IGC sessions vary, and typically include some Saturdays and evenings as well as Tuesday and Friday afternoons. There are also differences in the Student Assessment form and the Primary Care Assignment. The IGC COM²Serve track is supported through NSU's Area Health Education Center (AHEC) Program.

In addition to field rotations with primary care physicians, the M1 IGC Courses incorporate other teaching methodologies such as lectures and group discussions. Before leaving campus, students are given an orientation on the logistics and requirements of the IGC Course, including an overview of the three primary care disciplines involved and a review of the learning objectives. Prior to beginning their community-based IGC sessions, students are required to complete three online WebCT Courses (i.e., HIPAA Security Course #176, HIPAA Privacy Course #233, and the on-line OSHA Course). The IGC Debriefing and Wrap-Up sessions are held to assess the students' progress and experience.

III. COURSE GOALS

The overall goals of the IGC Preceptorship I and II courses include the following:

- To develop students' interests in primary care and community health through assignment to positive Physician Mentors who practice general internal medicine, family medicine, or general pediatrics, and who are role models with a passion for mentoring students and teaching quality clinical medicine.

- To enhance, enrich and integrate student education in the first two years of medical school by providing early clinical training as a basis for applying and correlating campus-based classroom, laboratory and small group education.
- To educate students about the practice of cost-effective and evidence-based medicine, as well as the finances, policies and practices of various types of health care delivery systems so that students may understand the specific challenges and opportunities that face physicians on the business side of practice.

The long-term goals of the four-semester IGC Program are to prepare NSU-COM graduates for delivering quality patient care while successfully managing the business aspects of medical practice, and to increase the number of graduates entering the three primary care disciplines of family medicine, general internal medicine, and general pediatrics.

IV. COURSE OBJECTIVES & CORE COMPETENCIES OF OSTEOPATHIC EDUCATION

IGC I and II address six of the seven core competencies of osteopathic medical education (i.e., competencies #2 - #7). The applicable core competencies include: medical knowledge, patient care, interpersonal and communication skills, professionalism, practice-based learning and improvement, and systems-based practice.

IGC PROGRAM LEARNING OBJECTIVES

Upon successful completion of the IGC Preceptorship I and II Courses, the student will be able to:

1. apply basic/clinical science knowledge and demonstrate accepted standards of clinical medicine and skills necessary to prevent and recognize medical problems and institute treatment in a primary care setting (consistent with the student's current level of medical education).
2. Demonstrate an appropriate level of comfort and proficiency in interacting and communicating with patients, families, physicians and other members of the health care team.
3. provide case examples to describe how Physician Mentors integrate information from the patient interview, physical examination and medical records into a patient assessment and a plan for effective patient care (*note: this objective is for students in the Physician Mentor Track only*).
4. Describe how Physician Mentors demonstrate professionalism in promoting and advocating for the welfare of patients, how they exhibit empathy and sensitivity in the care of diverse patient populations, and how they are able to tailor their care by considering factors such as ethics, socio-economics, ethnicity, culture, age, gender, behavior and lifestyle into medical decision-making.
5. Describe how Physician Mentors utilize community resources (e.g., foundations, associations, community organizations) to advocate for the health and welfare of their patients, and to improve patient outcomes.
6. summarize the specific ways in which IGC Physician Mentors interface with third-party payers and utilize a systems-based approach to conduct the business aspects of their practice or organization, including methods to manage quality of care and apply 'best practices'.
7. Demonstrate the ability to be a self-directed learner by utilizing a variety of information resources to keep current with new developments in medicine, to improve patient care, to utilize evidence-based approaches to best practices, and to critically analyze the medical literature for accuracy and usefulness.
8. list career options in family medicine, general internal medicine or general pediatrics, and outline their most and least interesting features (*note: this objective is for students in the Physician Mentor Track only*).

9. demonstrate an increased awareness of organizations and community efforts that provide health care and other needed services to medically underserved and at-risk patient population, and participate in community service (*note: this objective is for students in the COM²Serve Track only*).

V. COURSE SCHEDULE

ROTATION HOURS:

Unless scheduled otherwise, M1 students in the Physician Mentor Track are generally required to attend IGC Physician Mentor sessions for four hours, but not less than three hours, on assigned Tuesday afternoons. The start time is generally the time that the office reopens following lunch (i.e., 1:00 P.M. or 2:00 PM). Some students may be assigned to M1 preceptors who prefer their M1 students to go on Fridays afternoons or other free time periods. Students who have IGC sessions that are less than three hours in duration must schedule one or more additional session(s) to make up the time.

GROUP ASSIGNMENTS:

First-year students are divided into two groups, Groups A or B. M1 students attend Physician Mentor sessions for approximately four hours, typically on alternating Tuesday afternoons, for 6 sessions per semester. Students in Group A will typically attend every other Tuesday, from August 25th through November 10th, and students in Group B will attend from September 1st through November 25th (students have until Monday, November 30th to complete a minimum of 6 sessions). Students in the Physician Mentor track who are assigned on a flexible Friday schedule may communicate with their preceptor to arrange a schedule of any 6 free Friday afternoons, although a recommended schedule is listed below. Students assigned to the COM²Serve track receive an individualized IGC schedule, and the sessions may be scheduled on free Tuesday or Fridays as well as weekend and weeknights that do not conflict with class schedules. The **Fall 2009 Semester IGC Physician Mentor Schedule** is provided on the following page.

VI. ATTENDANCE/PUNCTUALITY

ATTENDANCE

100% attendance in all IGC sessions is required in order to pass the course. Since there is no written examination, student attendance must be ensured in order to meet the learning objectives and academic course requirements. Perfect attendance qualifies a student to "pass" the IGC course. The procedure for attaining excused absences is outlined below, and differs according to IGC experience.

1. Attendance for **Physician Mentor or COM²Serve sessions** (i.e., six Physician Mentor sessions and five COM²Serve sessions for the Fall 2009 semester) is required unless there is a waiver granted for an excused absence that is pre-approved by the IGC Course Director. Students must seek prior approval from their Physician Mentor if they wish to reschedule an IGC Physician Mentor session. Students are also required to notify their Physician Mentor if they must be absent, and they must reschedule the session at a mutually agreeable time. There are possible make-up days listed on the schedule that may already be assigned to another M1 or M2 student. Students must contact the IGC office, and not the site, to request assistance in rescheduling a COM²Serve session if a true conflict should arise.
2. Attendance at all **IGC auditorium sessions** (i.e., including lectures, orientations, debriefing meetings and wrap-up sessions) is required unless there is a written excused absence pre-approved by the IGC Course Director. **Students without prior approval will have an unexcused absence from an IGC auditorium session and will therefore receive a failing grade.**

3. Timely and successful completion of the WebCT **HIPAA Security, HIPAA Privacy and OSHA Online Courses** is required, with a deadline of August 21st at 5:00 PM. No student will be allowed to start their IGC field sessions without completing the three WebCT online courses.

PUNCTUALITY

Students are expected to arrive at their Physician Mentor offices or COM²Serve sites at the scheduled time specified for that preceptor. It is professionally inappropriate to arrive late for IGC sessions as this serves to inconvenience mentors who volunteer their time in the midst of busy schedules. Mentors can elect to dismiss a tardy student from that day's activities, which can result in an unexcused absence. In the event that a student expects to be late, he or she must seek prior approval from the preceptor at the clinical site. If a student arrives late and has a convincing reason (e.g., a problem is encountered on the road such as a car accident or a break-down), it is up to the preceptor to determine whether or not the tardy arrival is excused.

M1 SCHEDULE

Off Campus Session #	Groups Groups A & B alternate Tuesdays	Day	Date	Time	Activity	Location
	All M1s	Monday	August 17	3:10 - 5:00 PM	IGC Orientation	Steele Auditorium
	All M1s	Friday	August 21	5:00 PM Deadline	Deadline to complete HIPAA Security, HIPAA Privacy and OSHA Courses on WebCT	On-Line (WebCT)
Session #1	Group A	Tuesday	August 25	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	Group B	Tuesday	September 1	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	M1 "Other" Group	Friday	August 28	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
Session #2	Group A	Tuesday	September 15	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	Group B	Tuesday	September 22	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	M1 "Other" Group	Friday	September 18	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
Session #3	Group A	Tuesday	September 29	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	Group B	Tuesday	October 6	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	M1 "Other" Group	Friday	September 25	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	All M1s	Monday	October 5	1:10 - 2:00 PM	IGC Debriefing Meeting	Steele Auditorium
Session #4	Group A	Tuesday	October 13	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	Group B	Tuesday	October 20	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	M1 "Other" Group	Friday	October 9	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
Session #5	Group A	Tuesday	October 27	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	Group B	Tuesday	November 3	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	M1 "Other" Group	Friday	October 23	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	All M1s	Wed	November 4	9:00 AM - 12:10 PM Collection Time (no lecture)	Due Date: Primary Care Assignment Sections A & B (COM ² Serve Section B only)	Steele Aud. (IGC assignment box)
Session #6	Group A	Tuesday	November 10	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	Group B	Tuesday	November 17	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
	M1 "Other" Group	Friday	November 20	1:00 - 5:00 PM	Physician Mentor Session	Assigned Office
Makeup Days	M1 "Other" Group	**Additional Free Fridays (Sept. 4, Sept. 11, Oct. 2, Oct. 30, Nov. 6)				
Makeup Days	For Tuesday Groups A or B	**Free Monday or Wednesdays (Nov. 6, Nov 23, Nov 25, Nov 30) (select Fridays may be available depending on office hours and if no other students are scheduled)				
	All M1s	Tuesday	December 1	11:00 - 12:00 noon	IGC Wrap Up Session	Steele Auditorium

* The Winter 2010 Semester Schedule is distributed during the January 2010 IGC Student Orientation.

** Students must arrange any make-up sessions with their Physician Mentors. If students assigned to the same preceptor require a make-up session, then they must communicate with each other so days are assigned in an equitable manner. Students assigned to the same preceptor are allowed to swap dates. Students may arrange to make up a missed day on a free Monday or Wednesday in November as long as there are no academic conflicts. Tuesday students may also substitute a free Friday afternoon if there are no other M1s or M2s scheduled.

VII. PROFESSIONAL CONDUCT

PROFESSIONAL DEMEANOR

Students must demonstrate professionalism and conduct themselves as courteous and responsible medical professionals at all times. Dignity, respect, and gratitude are valuable virtues in the development of a physician's character. Appropriate attitude, behavior, dress and grooming must be demonstrated at all assigned IGC sessions and at all IGC meetings. Students must also demonstrate a professional demeanor by remaining open to receiving constructive criticism. IGC Mentors provide a written assessment of student conduct on the *Student Assessment by Preceptor*. **Students can receive a failing grade in the IGC Course purely based on inappropriate attitude, behavior or dress.**

COMPLIANCE WITH POLICY

During all IGC experiences, students are expected to comply with the general rules and medical ethics established by the physician office or IGC-affiliated site and must conduct themselves appropriately with the personnel in charge of the organization (e.g., including security guards and receptionists). Any problems or difficulties should be communicated immediately to the IGC Office.

DRESS CODE AND EQUIPMENT

Students shall manifest keen awareness of personal hygiene and dress in a neat, clean, professional manner. Unless specifically instructed otherwise by the IGC preceptor or the IGC Program Office, students will dress in professional attire along with a clean, white, NSU-approved clinical jacket along with a Nova Southeastern University identification badge. Open-toe or open-back shoes must never be worn for IGC rotations, and heel height should be moderate. Professional attire is typically business-appropriate shoes and a business shirt and tie for men, and a professional dress, skirt or pants ensemble for women. Special attention must be paid to attire being the appropriate length, fit, and style, and students are asked to dress tastefully and conservatively. However, the preference of some Physician Mentor offices and COM²Serve sites may be a business casual or other form of dress (e.g., some pediatric practices, public health department-sponsored home visits, health fairs, etc.). Surgical scrubs are rarely appropriate for IGC rotations. Students are expected to bring a standard diagnostic kit and stethoscope to all IGC sessions, unless instructed otherwise by the Physician Mentor.

TITLE

Students will be treated as professionals by clinical personnel and vice versa. Students may be extended the courtesy of being referred to as "Student Doctor ____" in clinical settings. As a group, students will be referred to as "Student Physicians". Since courtesy and a professional demeanor are essential traits for physicians, students need to extend similar courtesy to all preceptor office personnel at all times.

VIII. STUDENT ASSESSMENT/LOGS/ASSIGNMENTS

Students in the IGC Physician Mentor Track will complete and submit their Physician Mentor attendance log/progress report and diagnostic patient log, and students in the COM²Serve Track will submit their

COM²Serve assignments/attendance logs at the end-of-semester IGC Wrap-Up Session. The Fall 2009 Semester Primary Care Assignment (i.e., Sections A and B for students in the Physician Mentor Track, and Section B for students in the COM²Serve Track) is due on Wednesday, November 4th. The assignments are to be submitted between 9:00 A.M. and 12:10 P.M. and placed in the IGC assignment collection box inside the Steele Auditorium. The Winter 2010 Semester Primary Care Assignments are due on a date to be announced in January, 2010. All logs and/or assignments must be kept current so that they may be submitted for review at any interim point during the semester. If the IGC logs, assignments and "student assessment by preceptor" are not submitted in an acceptable manner, then an incomplete grade (i.e., "IP") will be given. Students with unauthorized late submissions of assignments will receive a grade of "F". For students who request and are granted extensions, an incomplete grade (i.e., "IP") will be given if the IGC assignment(s) are submitted after grades are entered. After 10 working days from the date grades are entered, an extension must be requested and granted by the IGC Course Director or the incomplete grade will be changed to an "F".

STUDENT ASSESSMENT BY PRECEPTOR

Students must receive a passing score on the *Student Assessment by Preceptor* that is completed by the Physician Mentor during the student's last session, or by each COM²Serve preceptor at the conclusion of each IGC experience. Students in the COM²Serve Track have a modified *Student Assessment by Preceptor* form that is to be completed for each IGC experience or site, and this is provided in a separate M1 COM²Serve Addendum that is distributed to the M1 students in the COM²Serve Track. By the end of each semester, the student is responsible for hand-delivering or having their preceptor(s) mail or fax the completed, signed form(s) to the IGC office. In order to qualify for a grade of "pass", a student must receive "satisfactory" ratings in questions #1 and #2 of Section A (i.e., "attendance/punctuality") and no more than one "unsatisfactory" rating in Section B. In addition, students in the Physician Mentor track must have a score of "below average" or higher in Section C (i.e., "overall student rating"). An incomplete ("IP" grade) will be issued if this form(s) is/are not received by the end of the semester.

PHYSICIAN MENTOR ATTENDANCE LOG/DAILY PROGRESS REPORT

The Physician Mentor Attendance Log must include the date and the Physician Mentor's original signature for each session attended. If the student has more than one preceptor at a given clinic site, all of these names must be included at the top of the log. If a student changes to another preceptor office during the semester, the dates for sessions spent with each preceptor must be clearly indicated. Any absences excused by the IGC Course Director must be clearly indicated on the log, and a brief written description of the clinically relevant information learned at an approved "substitute" session must be attached to the log. M1 students in the COM²Serve Track do not complete a separate attendance log. These students are required to obtain the signature of their COM²Serve Mentors on the COM²Serve Write-Ups for each assigned session, and this method of tracking attendance is found on the *COM²Serve Student Assessment by Preceptor* form.

IGC PATIENT DIAGNOSTIC LOG

For students in the Physician Mentor Program, a diagnostic log, containing patient profiles and diagnoses on patients seen, must be kept for each Physician Mentor session. The first page must include the Physician Mentor's signature and the student's name. Although volume of patients seen does not necessarily equate to quality of the learning experience, the number of documented patients must be sufficient (i.e., a minimum of 18 patients for the Fall 2009 Semester, and no less than three patients per session) in order to receive a passing grade. M1 students in the COM²Serve track do not complete a patient log.

PRIMARY CARE ASSIGNMENT

Students are required to complete an assignment that addresses the IGC Physician Mentor learning objectives and summarizes their perceptions of primary care practice while on rotations at their assigned Physician

Mentor's Office. For students in the Physician Mentor track, both Section A and B of the assignment is included in Section B of this syllabus, and can be downloaded from the IGC link in Sharklink. For students in the COM²Serve track, Section A of the Primary Care Assignment is entirely different from students in the traditional Physician Mentor Track, while Section B differs only slightly. The M1 IGC COM²Serve Written Assignments, which are a substitute for Section A of the *IGC Primary Care Assignment*, and the *COM²Serve Student Assessment by Preceptor Form/Attendance Log* are documents contained in a separate M1 COM²Serve Addendum. This is distributed to the M1 students in the COM²Serve Track, along with the COM²Serve schedules, during the IGC student orientation for the Fall and Winter Semesters.

During the Fall 2009 semester, all Primary Care Assignments are due and will be collected inside the Steele Auditorium on Wednesday, November 5th between 9:00 A.M. and 12:10 P.M. The Winter 2010 Primary Care Assignments are also due several weeks prior to the IGC Wrap-Up Session (date TBA). Assignments must be submitted with an original signature from the Physician Mentor or the COM²Serve Mentor. Physician Mentors must also indicate whether Section A of the initial submission was satisfactory and appropriate, or whether it was unsatisfactory with modifications needed. For a passing grade (i.e., a score of "acceptable" or better in both Sections A and B), responses to the questions must be well thought out and clearly articulated. Students receiving an NSU faculty score of "not acceptable" in Section A and/or Section B will have one opportunity to re-do and resubmit the weak components of the assignment in order to meet the requirements for passing the IGC Course. The primary care assignment comprises 50% of the IGC Course grade, with Section A and Section B each representing 25% of the course grade.

IX. GRADING POLICY AND REMEDIATION

The IGC Preceptorship I and II Courses are graded as follows:

P (Pass)

F (Fail)

The minimum requirements for achieving a grade of "Pass" include: (1) 100% attendance at all IGC meetings, lectures and Physician Mentor or COM²Serve sessions; (2) timely and accurate completion of all logs, evaluations, questionnaires and assignments; (3) timely and successful completion of the HIPAA Security, HIPAA Privacy and OSHA WebCT Online Courses; (4) a passing score on the *Student Assessment(s) by Preceptor*; (5) a minimum score of "acceptable" on both sections A and B of the *Primary Care Assignment*; and (5) a passing score on the *Patient Diagnostic Log* (the latter is not applicable for students in the COM²Serve track).

Abidance with all of the requirements detailed in this syllabus is required in order to receive a passing grade in the IGC Course. **Failure to meet the course requirements will result in a failing grade.** If the IGC logs, assignments and "student assessment by preceptor" are not submitted in a timely and acceptable manner, then an incomplete grade (i.e., "IP") will initially be given if within 10 working days from the last day of the semester. Students with unauthorized late submissions of assignments will receive a grade of "F". For students who request and are granted extensions, an incomplete grade (i.e., "IP") will be given if the IGC assignment(s) are received after grades are entered. After 10 working days from the date grades were submitted, a written extension must be requested and granted by the IGC Course Director or the incomplete grade will be converted to an "F". Criteria for remediating an "F" are established by the IGC Course Director, and is in accordance with the specific deficiency(ies) attributing to the failed grade. The Course Director may request a course of action from the IGC Co-Project Directors (see page 2) and subsequently, from the Student Progress Committee in areas relating to student deficiencies (e.g., failed or incomplete grades). Unless there is a special circumstance leading to prior written approval by the IGC Course Director, a student is not permitted to start the next IGC Course or to be promoted to the M2 year until the prior semester's IGC grade is recorded as a "Pass".

X. EVALUATIONS/QUESTIONNAIRES

Students must complete all IGC evaluations and questionnaires on a timely basis as indicated (i.e., either at the IGC orientation or by the end-of-semester IGC wrap-up session). These include, but are not limited to, the *IGC Physician Mentor Program Evaluation*, *Student Confidentiality Statements*, *Student Scheduling Forms*, and any additional evaluations or questionnaires.

A number of aspects of the IGC Program are evaluated to ensure that NSU-COM students are getting the most out of their experiences. A variety of evaluation instruments and methods are used to gauge the effectiveness of students and preceptors, as well as the success of the overall program. Information is tabulated, analyzed, and presented to the IGC Co-Project Directors for use in program planning.

PHYSICIAN MENTOR and COM²SERVE PROGRAM EVALUATION

Students' evaluations of the Physician Mentor and COM²Serve Programs focus on their perception of "amount learned" and achievement of the program objectives. The results are used to determine strengths and weaknesses in the preceptor network. Preceptor-specific scores and COM²Serve site-specific scores are available for review by request, and the decision of whether NSU-COM will continue individual IGC preceptor and site teaching relationships are often based on these evaluations.

STUDENT SCHEDULE FORM FOR SWITCHING PHYSICIAN MENTORS

Students are required to change Physician Mentors after their M1 year in order to gain exposure to another primary care discipline as an M2. All M1 students in the COM²Serve track are placed with a Physician Mentor as an M2. Students are given an opportunity to indicate a desired primary care specialty, location, and student partner. Geographic preference for placement is given to those students who had a driving time of greater than 40 minutes (from the average COM²Serve site or Physician Mentor's office to the student's home) during the previous year. M1 student reassignments for an IGC placement or selection of track during or between the Fall 2009 and the Winter 2010 semesters will only be considered for students who have a strong need for a change in their IGC assignment.

XI. ROLE OF PRECEPTORS/INSTRUCTORS

PRIMARY CARE PHYSICIAN MENTORS

The Physician Mentor is chosen because of his/her commitment and desire to advancing the clinical education of M1 and M2 students, and to be a role model to medical students. They must be a licensed primary care physician in good standing from the Florida Department of Health (family medicine physician, general internist or general pediatrician), must have affiliation(s) with managed health care organizations or third-party payers, and must have experience with the overall management of their practices. The Physician Mentor is sincerely appreciated by the students and the College and is invaluable to the success of this program. The names of the 2009/2010 Physician Mentors, sorted by the three primary care specialties, can be found in the August 2009 Listing of Primary Care Physician Mentors.

The mentor physician is expected to:

- orient the student to the role of a primary care physician, both in patient care and office/clinic operations;
- expose the student to patient care by giving the student the opportunity to observe the Physician Mentor in active practice;
- educate the student through discussions about primary care and the business of medicine, and through explanations of his/her medical decision-making;
- provide the student with the opportunity to perform patient histories and physical examinations (H & Ps) within the limits of the student's ability. Physician Mentors help guide the student in the selection of their patient case (Section A of the IGC Primary Care Assignment) and provide feedback to assist the student in integrating information from the patient H & P into an assessment and treatment plan;
- adhere to student-specific teaching schedules including dates and times for teaching sessions. Preceptors must notify the student or call the IGC Office if they have to miss or reschedule teaching sessions;
- provide timely and constructive feedback on student performance, including student attitude, patient and medical team rapport, clinical skills and learning initiative. In addition, they must thoughtfully complete the end-of-semester student assessment form on a timely basis, and provide daily progress indicators toward a student meeting clinical learning objectives.
- periodically review the IGC Course Syllabus (including course goals and learning objectives), and keep abreast of the schedule of M1 courses and the classroom/laboratory curriculum to be consistent with the NSU-COM learning objectives. Physician mentors should strive to tailor clinical teaching to the students' personal and academic level of knowledge and skill;
- sign off on the Patient Diagnostic Log, the Physician Mentor Attendance Log/Progress Report, and the Primary Care Assignment.

A medical student of Nova Southeastern University is not a licensed physician and, therefore, is legally and ethically not permitted to practice medicine. A student may be involved in assisting in the care of a patient, but only under the direct supervision of a licensed physician. The preceptor is responsible for the medical care of the patient and for countersigning all allowable documents, progress notes and other records written by the student. A student may not administer therapy or medication, unless under the direct supervision of a licensed physician.

XII. ROLE OF STUDENT

The student is to take responsibility for his/her own learning by:

- acting in a professional manner with all patients, preceptors, instructors and staff;
- meeting all schedule requirements and keeping track of all schedule revisions or updates;
- thoroughly and thoughtfully completing all logs, progress reports, assignments, evaluations and questionnaires, and submitting these materials on a timely basis;
- consulting with the IGC Course Director on any problems or concerns encountered during the IGC rotation.
- taking an active role in striving to maximize IGC learning opportunities.

Section B.

LOGS

ASSIGNMENTS

ASSESSMENT FORMS

SCHEDULING FORMS

Note: Section B contains a complete packet of forms for both the Fall 2009 and Winter 2010 Semesters.

**FALL 2009 SEMESTER
IGC FORMS**

Nova Southeastern University College of Osteopathic Medicine
M1 IGC Physician Mentor Attendance Log and Daily Progress Report
Fall 2009

Student Name: _____, _____
Last First

Name of Preceptor: _____, _____
Last First

Preceptor's Signature: _____

Session # and Date	Session #1 Date: _____	Session #2 Date: _____	Session #3 Date: _____	Session #4 Date: _____	Session #5 Date: _____	Session #6 Date: _____	Session #7 Date: _____
Preceptor's Signature							
*Progress was made today in the following area of clinical patient care (check at least 1 per session):							
History							
Chief Complaint/ HPI							
Past Med/Surgical Hx							
Allergies/Medications							
Family Hx/Social Hx							
Screening Tests/Diet/ Immunizations/							
Physical Exam							
Vital Signs							
Focused Phys Exam							
Comprehensive Physical Exam							
Assessment & Plan							
Diagnostic Decision- Making							
Care Management and Treatment							
Other							
Asked/answered level- appropriate questions/ demonstrated medical knowledge							
Communications/ rapport with patient & family							
Communications/ rapport with staff and physician(s)							
Professional appearance & conduct (reliable, punctual, professional demeanor)							
Researched medical conditions & treatment							
Recommended community resources							
Business of medicine/ practice management							

* M1s are not expected to make progress in all objectives listed, and several areas of clinical care are not in the curriculum until the M2 year.

Nova Southeastern University College of Osteopathic Medicine
IGC Patient Diagnostic Log for Students in the Physician Mentor Track

M-1 Fall 2009 or M-1 Winter 2010

Student Name: _____, _____
Last First

Name of Preceptor: _____, _____
Last First

Preceptor's Signature: _____ (1st page only)

Session # (i.e. #1 – 5)	Patient Profile: Age & Gender (e.g. 15 y/o male) If patient is age 90 or greater, write "89+" No Names Please	Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)
1		
2		
3		
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13		
14		
15		

* Please do not record patient names, dates of sessions, or exact ages if patients are age 90 or greater (HIPAA Violation).

IGC Patient Diagnostic Log, Page 2

Session # (i.e. #1 – 5)	Patient Profile: Age & Gender (e.g. 15 y/o male) If patient is age 90 or greater, write “89+” No Names Please	Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)
16		
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* Please do not record patient names, dates of sessions, or exact ages if patients are age 90 or greater (HIPAA Violation).

M1 IGC PRIMARY CARE ASSIGNMENT

Fall 2009

FOR FACULTY USE ONLY

Student Name: _____, _____
Last First

Preceptor Name: _____, _____
Last First

Preceptor's Signature: _____ Spec: FM ___ IM ___ Ped ___

I agree that the student's initial submission was: ___ satisfactory/appropriate ___ unsatisfactory

	Very Good to Outstanding	Acceptable	Not Acceptable
Section A (Q #1, #2, #3)			
Section B (Q #4, #5, #6, & #7)			

Note: This assignment is to be typed, and students are free to reformat pages according to space needed.

Section A: Comprises 50% of assignment grade for students in the Physician Mentor Program

(note: students in the COM²Serve track are provided separate *Written Assignments* to substitute for Section A).

1. Provide one case example (excluding mental health diagnosis) that describes how your Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan. To select a case, it is recommended that the patient have a new, singular chief complaint that needs to be evaluated.

A. Patient Age _____ Gender _____

B. Chief Complaint::

C. Key facts obtained through medical history (including a history of present illness):

D. Key findings obtained through patient physical examination (including pertinent vital signs and pertinent positive and negative findings):

E. Key findings revealed through a review of the patient chart (that was useful in the assessment):

F. What additional information would you like to have obtained (i.e., from a more extensive patient history and/or physical) to reach a diagnosis?

G. Working diagnosis(es)/assessment: _____

H. If laboratory or diagnostic tests were ordered, explain why they were indicated by stating how the results were used to justify the final diagnosis:

I. Final Diagnosis(es): _____

Was the final diagnosis(es) considered within the initial/working assessment listed in 1G above?

2. Treatment Plan:

3. State any example of how your Physician Mentor tailors/modifies his treatment and/or instructions to best fit the patient and their individual circumstances (e.g., consider factors such as age, gender, socio-economics, culture, ethnicity, ethics, lifestyle, etc). *Note: this does not have to be related to the case above.*

Section B: For students in both the Physician Mentor Track and the COM²Serve Track (comprises 50% of assignment grade)

4. Name and **describe** three community resources (e.g., foundations, associations, etc.) that are available to assist one of the following patient populations: (please circle the population you select)

- Infants or children
- Geriatric patients
- Special populations at risk (e.g., HIV, physically handicapped, medically indigent, homeless, substance abuse, chronic illness support/management, etc.)

Community Resource #1:

Community Resource #2:

Community Resource #3:

5. Summarize the specific ways in which the Physician Mentor or COM²Serve Site must work with third-party payers such as Medicare or private/public managed care organizations (MCOs), or abide by other business/operating principles. Provide two paragraphs incorporating two of the following (and circle the two that you select). *Note: It is often helpful to interview the Administrator or Office Manager.*

- Quality management/medical records
- Standards of care/best practices/evidenced-based medicine
- Referrals to specialists or for diagnostic tests
- Use of electronic systems for practice management (e.g., billing, F/U visits, formularies, patient records, practice guidelines, etc.)
- MCO contract and reimbursement criteria (e.g., capitation vs. fee-for-service)
- Pre-authorizations for surgery or hospitalizations
- Drugs covered by health plans (or access to medicine)
- Utilizing hospitalists to manage inpatients
- Membership verification
- Conflict resolution with managed care organizations
- Concurrent review of hospitalized patients
- Comparing/contrasting different MCO plans
- Physician profiling/data sharing
- Other (please list) _____

6. Demonstrate the value of self-directed learning by utilizing a minimum of 3 information resources to seek out information relative to any case that you saw with your Physician Mentor or at a COM²Serve site.

A. Indicate what information you are seeking:

B. List the three information resources utilized (note: you must use a minimum of one on-line search and one journal article); compare the usefulness of each in your specific search; and briefly summarize the information obtained:

1. Resource #1 – On-Line Search (other than a journal article/abstract):

2. Resource #2 – Journal Article:

3. Resource #3 – Other

C. Where were these information resources accessed (i.e., your IGC site, at home, library, etc).

7. Outline the features that interest you most and least about the primary care discipline (i.e., I.M., FM, Pediatrics) to which you were assigned for your IGC rotation. (Note: During the Winter 2010 Semester, you may leave this blank if the preceptor is the same as during the Fall 2009 Semester.) Students in the COM²Serve Track may skip this question.

A. Assigned Primary Care Discipline (please circle one): *Internal Medicine* *Family Medicine* *Pediatrics*

B. Factors that interest you most:

C. Factors that interest you least:

**NSU College of Osteopathic Medicine
IGC Physician Mentor Program
Student Assessment By Preceptor
Fall 2009**

M1

M2

Date: _____

Student First Name

Student Last Name

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Since our students are only in their first or second year, their ability to diagnose and manage patients should not be evaluated. We would like, however, to have your opinion on individual students' attitudes, demeanor, dependability and progress. Please FILL IN one rating for each item.

Grading Criteria for Student Assessment Form (Note-This is only one part of the student's overall grading criteria): To "Pass", the student must receive satisfactory ratings in both questions of Section A (i.e. #1 and #2), no more than one "unsatisfactory" rating in Section B, and a minimum overall rating in Section C of "Below Average". Any unsatisfactory rating will require a follow-up by the applicable department chair.

Section A

SATISFACTORY

UNSATISFACTORY

- | | | |
|-------------------------------|-----------------------|-----------------------|
| 1. Attendance and punctuality | <input type="radio"/> | <input type="radio"/> |
| 2. Professional appearance | <input type="radio"/> | <input type="radio"/> |

Section B

Exceptional Above Average Average Below Average Unsatisfactory

- | | | | | | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Conduct (exhibits professional demeanor, attitude & behavior) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Patient rapport (communication skills & attitude) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Medical team rapport (cooperates with other health professionals and office staff) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Dependability | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Enthusiasm (seems to enjoy and show interest in learning). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Inquisitiveness (asks questions when appropriate) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Ability to be a self-directed learner (e.g. motivated to look up medical information) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Medical knowledge (applies basic & clinical science according to the student's level of medical education) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. Progress through rotation (shows consistent effort and growth) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Quality of primary care written assignment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section C

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. Your overall rating of this student is: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|

Section D Please provide a summary statement to justify your ratings above: _____

Any additional comments may be written on the back. A written explanation must accompany any unsatisfactory ratings. Thank you.

Physician Name (Please Print) First Name

Last Name

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Signature of Physician Mentor _____ Phone _____

Please return this form to the IGC Office by mail: Nova Southeastern University College of Osteopathic Medicine (IGC Dept.)
3200 S. University Drive, Ft. Lauderdale, FL 33328 (Room 1441)

You may also fax to (954) 262-4773 (or you may hand it directly to your student for submission). For questions call (954) 262-1441 or 1411.

NSU COLLEGE OF OSTEOPATHIC MEDICINE M1 2009/2010 IGC STUDENT SCHEDULING CHANGE FORM

Note: This is optional (for students to apply for a change in Physician Mentor assignment)

Instructions: The purpose of this form is to help reschedule you to a new IGC Physician Mentor for the Winter Semester. Using ink only, completely fill in the appropriate bubbles and write legibly. You may use the comment section to ask questions or make requests.

Last Name

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First Name

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Please check if your address or phone number has changed.

Address: _____
Street
City
Zip code

Home Phone# _____ Cell Phone# _____

Location of your residence:

Dade County: South Central North

Palm Beach County: South Central North

Broward County:	South Broward Between Griffin Rd. & the Dade Boundary	Central Broward Between Griffin Rd. & Oakland Park Blvd.	North Broward Between Oakland Park Blvd & palm Beach Boundary
East of Turnpike	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
West of Turnpike	<input type="radio"/>	<input type="radio"/> (NSU Campus is here)	<input type="radio"/>

Current Physician Mentor Name: _____

Current Specialty of IGC Physician Mentor: Family Medicine Internal Medicine Pediatrics

Location of current mentor (city or town name): _____

Average driving distance from current physician mentor's office to your home:

under 15 minutes between 15-30 minutes between 30-35 minutes over 45 minutes

Why are you requesting a different IGC physician mentor?

Specialty desired for new IGC assignment: Family Medicine Internal Medicine Pediatrics

Preferred Location

Dade	<input type="radio"/> South	<input type="radio"/> Central	<input type="radio"/> North
Palm Beach	<input type="radio"/> South	<input type="radio"/> Central	<input type="radio"/> North
Broward: East of Turnpike	<input type="radio"/> South	<input type="radio"/> Central	<input type="radio"/> North
Broward: West of Turnpike	<input type="radio"/> South	<input type="radio"/> Central	<input type="radio"/> North

Have you ever been licensed in the health care industry? No Yes (List _____)

Please list any other languages that you speak: _____

COMMENTS _____

**WINTER 2010 SEMESTER
IGC FORMS**

Nova Southeastern University College of Osteopathic Medicine M1 IGC Physician Mentor Attendance Log and Daily Progress Report

Winter 2010

Student Name: _____, _____
Last First

Name of Preceptor: _____, _____
Last First

Preceptor's Signature: _____

Session # and Date	Session #1 Date: _____	Session #2 Date: _____	Session #3 Date: _____	Session #4 Date: _____	Session #5 Date: _____	Session #6 Date: _____	Session #7 Date: _____
Preceptor's Signature							
*Progress was made today in the following area of clinical patient care (check at least 1 per session):							
History							
Chief Complaint/ HPI							
Past Med/Surgical Hx							
Allergies/Medications							
Family Hx/Social Hx							
Screening Tests/Diet/ Immunizations/							
Physical Exam							
Vital Signs							
Focused Phys Exam							
Comprehensive Physical Exam							
Assessment & Plan							
Diagnostic Decision-Making							
Care Management and Treatment							
Other							
Asked/answered level-appropriate questions/ demonstrated medical knowledge							
Communications/ rapport with patient & family							
Communications/ rapport with staff and physician(s)							
Professional appearance & conduct (reliable, punctual, professional demeanor)							
Researched medical conditions & treatment							
Recommended community resources							
Business of medicine/ practice management							

* M1s are not expected to make progress in all objectives listed, and several areas of clinical care are not in the curriculum until the M2 year.

Nova Southeastern University College of Osteopathic Medicine
IGC Patient Diagnostic Log for Students in the Physician Mentor Track

M-1 Fall 2009 or M-1 Winter 2010

Student Name: _____, _____
Last First

Name of Preceptor: _____, _____
Last First

Preceptor's Signature: _____ (1st page only)

Session # (i.e. #1 - 6)	Patient Profile: Age & Gender (e.g. 15 y/o male) If patient is age 90 or greater, write "89+" No Names Please	Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)
1		
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14		
15		

* Please do not record patient names, dates of sessions, or exact ages if patients are age 90 or greater (HIPAA Violation).

IGC Patient Diagnostic Log, Page 2

Session # (i.e. #1 – 6)	Patient Profile: Age & Gender (e.g. 15 y/o male) If patient is age 90 or greater, write "89+" No Names Please	Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)
16		
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* Please do not record patient names, dates of sessions, or exact ages if patients are age 90 or greater (HIPAA Violation).

M1 IGC PRIMARY CARE ASSIGNMENT

Winter 2010

FOR FACULTY USE ONLY

Student Name: _____, _____
Last First

Preceptor Name: _____, _____
Last First

Preceptor's Signature: _____ Spec: FM ___ IM ___ Ped ___

I agree that the student's initial submission was: : ___ satisfactory/appropriate ___
unsatisfactory

	Very Good to Outstanding	Acceptable	Not Acceptable
Section A (Q #1, #2, #3)			
Section B (Q #4, #5, #6, & #7)			

Note: This assignment is to be typed, and students are free to reformat pages according to space needed.

Section A: Comprises 50% of assignment grade for students in the Physician Mentor Program

(note: students in the COM²Serve track are provided separate *Written Assignments* to substitute for Section A).

- Provide one case example (excluding mental health diagnosis) that describes how your Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan. To select a case, it is recommended that the patient have a new, singular chief complaint that needs to be evaluated.
 - Patient Age _____ Gender _____
 - Chief Complaint::
 - Key facts obtained through medical history (including a history of present illness):
 - Key findings obtained through patient physical examination (including pertinent vital signs and pertinent positive and negative findings):
 - Key findings revealed through a review of the patient chart (that was useful in the assessment):
 - What additional information would you like to have obtained (i.e., from a more extensive patient history and/or physical) to reach a diagnosis?
 - Working diagnosis(es)/assessment: _____
 - If laboratory or diagnostic tests were ordered, explain why they were indicated by stating how the results were used to justify the final diagnosis:
 - Final Diagnosis(es): _____
Was the final diagnosis(es) considered within the initial/working assessment listed in 1G above?
- Treatment Plan:
- State any example of how your Physician Mentor tailors/modifies his treatment and/or instructions to best fit the patient and their individual circumstances (e.g., consider factors such as age, gender, socio-economics, culture, ethnicity, ethics, lifestyle, etc). *Note: this does not have to be related to the case above.*

Section B: For students in both the Physician Mentor Track and the COM²Serve Track (comprises 50% of assignment grade)

4. Name and describe three community resources (e.g., foundations, associations, etc.) that are available to assist one of the following patient populations: (please circle the population you select). This must be different than the three selected during the Fall 2008 semester.

- Infants or children
- Geriatric patients
- Special populations at risk (e.g., HIV, physically handicapped, medically indigent, homeless, substance abuse, chronic illness support/management, etc.)

Community Resource #1:

Community Resource #2:

Community Resource #3:

5. Summarize the specific ways in which the Physician Mentor or COM²Serve site must work with third-party payers such as Medicare or private/public managed care organizations (MCOs), or abide by other business/operating principles. Provide two paragraphs incorporating two of the following (and circle the two that you select). This must be different than the two selected during the Fall 2009 semester. *Note: It is often helpful to interview the Administrator or Office Manager.*

- Quality management/medical records
- Standards of care/best practices/evidenced-based medicine
- Referrals to specialists or for diagnostic tests
- Use of electronic systems for practice management (e.g., billing, F/U visits, formularies, patient records, practice guidelines, etc.)
- MCO contract and reimbursement criteria (e.g., capitation vs. fee-for-service)
- Pre-authorizations for surgery or hospitalizations
- Drugs covered by health plans (or access to medicine)
- Utilizing hospitalists to manage inpatients
- Membership verification
- Conflict resolution with managed care organizations
- Concurrent review of hospitalized patients
- Comparing/contrasting different MCO plans
- Physician profiling/data sharing
- Other (please list) _____

6. Demonstrate the value of self-directed learning by utilizing a minimum of 3 information resources to seek out information relative to any case that you saw this semester with your Physician Mentor or at a COM²Serve Site.

A. Indicate what information you are seeking:

B. List the three information resources utilized (note: you must use a minimum of one on-line search and one journal article); compare the usefulness of each in your specific search; and briefly summarize the information obtained:

1. Resource #1 – On-Line Search (other than a journal article/abstract):

2. Resource #2 – Journal Article:

3. Resource #3 – Other

C. Where were these information resources accessed (i.e., your IGC site, at home, library, etc).

7. Outline the features that interest you most and least about the primary care discipline (i.e., I.M., FM, Pediatrics) to which you were assigned for your IGC rotation. (Note: During the Winter 2010 Semester, you may leave this blank if the preceptor is the same as during the Fall 2009 Semester.) Students in the COM²Serve Track may skip this question.

A. Assigned Primary Care Discipline (please circle one): *Internal Medicine* *Family Medicine* *Pediatrics*

B. Factors that interest you most:

C. Factors that interest you least:

**NSU College of Osteopathic Medicine
IGC Physician Mentor Program
Student Assessment By Preceptor
Winter 2010**

M1
M2

Date: _____

Student First Name

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Student Last Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Since our students are only in their first or second year, their ability to diagnose and manage patients should not be evaluated. We would like, however, to have your opinion on individual students' attitudes, demeanor, dependability & progress. Please FILL IN one rating for each item.

Grading Criteria for Student Assessment Form (Note-This is only one part of the student's overall grading criteria): To "Pass", the student must receive satisfactory ratings in both questions of Section A (i.e. #1 and #2), no more than one "unsatisfactory" rating in Section B, and a minimum overall rating in Section C of "Below Average". Any unsatisfactory rating will require a follow-up by the applicable department chair.

Section A

	SATISFACTORY	UNSATISFACTORY
1. Attendance and punctuality	<input type="radio"/>	<input type="radio"/>
2. Professional appearance	<input type="radio"/>	<input type="radio"/>

Section B

	<u>Exceptional</u>	<u>Above Average</u>	<u>Average</u>	<u>Below Average</u>	<u>Unsatisfactory</u>
1. Conduct (exhibits professional demeanor, attitude & behavior)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Patient rapport (communication skills & attitude)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Medical team rapport (cooperates with other health professionals and office staff)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Dependability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Enthusiasm (seems to enjoy and show interest in learning).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Inquisitiveness (asks questions when appropriate)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.. Ability to be a self-directed learner (e.g. motivated to look up medical information)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Medical knowledge (applies basic & clinical science according to the student's level of medical education)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Progress through rotation (shows consistent effort and growth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Quality of primary care written assignment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section C

1. Your overall rating of this student is:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Section D

Please provide a summary statement to justify your ratings above: _____

Any additional comments may be written on the back. A written explanation must accompany any unsatisfactory ratings. Thank you.

Physician Name (Please Print) First Name

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Last Name

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Signature of Physician Mentor _____

Phone _____

Please return this form to the IGC Office by mail: Nova Southeastern University College of Osteopathic Medicine (IGC Dept.)
3200 S. University Drive, Ft. Lauderdale, FL 33328 (Room 1441)

You may also fax to (954) 262-4773 (or you may hand it directly to your student for submission). For questions call (954) 262-1441 or 1411.

NOTICES OF NONDISCRIMINATION

Nova Southeastern University admits students of any race, color, sexual orientation, and national or ethnic origin.

ACCREDITATION

Nova Southeastern University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools (1866 Southern Lane, Decatur, Georgia 30033-4097, Telephone number: 404-679-4501) to award associate's, bachelor's, master's, educational specialist, and doctoral degrees.



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