College of Osteopathic Medicine

INTERDISCIPLINARY GENERALIST CURRICULUM (IGC)
PRECEPTORSHIP I AND II
FIRST-YEAR STUDENT COURSE SYLLABUS
FOR IDC 5211 (FALL 2005) AND IDC 5421 (WINTER 2006)
NSU COLLEGE OF OSTEOPATHIC MEDICINE
IGC COURSE SYLLABUS

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

CLASS & SEMESTERS: M1 FALL 2005 and M1 WINTER 2006

COURSE DESIGNATIONS: IDC 5211 (Fall 2005) and IDC 5421 (Winter 2006)

AUDITORIUM DATES: (*Fall 2005 Semester)

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>TIME</th>
<th>PLACE</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/26/05</td>
<td>Friday</td>
<td>10:10 A.M. - 12:00 Noon</td>
<td>Steele Auditorium</td>
<td>IGC Orientation</td>
</tr>
<tr>
<td>10/21/05</td>
<td>Friday</td>
<td>10:10 A.M. - 12:00 Noon</td>
<td>Steele Auditorium</td>
<td>Mid-Semester Debriefing</td>
</tr>
<tr>
<td>11/15/05</td>
<td>Tuesday</td>
<td>9:10 A.M. - 12:10 P.M. Collection Time</td>
<td>Steele Auditorium</td>
<td>Submit Primary Care Assignment</td>
</tr>
<tr>
<td>12/5/05</td>
<td>Monday</td>
<td>10:10 A.M. - 11:00 A.M.</td>
<td>Steele Auditorium</td>
<td>IGC Wrap-Up Session</td>
</tr>
</tbody>
</table>

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

CONTACT HOURS: 29 HOURS (*Fall 2005 Semester)
Includes 5 hours in Steele Auditorium + 24 hours in field assignments at Physician Mentor's offices

CREDIT HOURS: 1 credit 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
Note: Refer to Page 2 for Faculty Roster

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

OFFICE HOURS: 9:00 A.M. - 1:00 P.M. & 2:00 P.M. - 5:30 P.M.
Monday - Friday (or by appointment)

* Winter 2006 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, Assessment Forms,  
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:
Pablo Calzada, D.O., M.P.H.
Assistant Professor and Chair, NSU-COM
Department of Family Medicine

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

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

IGC Academic Development Liaison:
Ronnie Martin, D.O.
Associate Dean for Academic Affairs
and Professor, NSU-COM
Department of Family Medicine

NSU Business of Medicine Liaison:
Robert Oller, D.O.
Chief Executive Officer
NSU Health Care Systems

* For a complete list of Physician Mentors by specialty and organization, please refer to the August 2005 listing of IGC Primary Care Physician Mentors.
II. COURSE DESCRIPTION

The Interdisciplinary Generalist Curriculum (IGC) Preceptorship for first-year students is comprised of the IGC Physician Mentor 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 matching each student with a community-based Physician Mentor for a primary care rotation.

Instructional Activities and Methods

During each semester, M1 students accompany an assigned Primary Care Physician Mentor in his/her practice for a minimum of six sessions. Each physician in the IGC network of over 145 Physician Mentors is affiliated/contracted with one or more managed care companies. Students observe both patient care and administrative aspects of managed care under the direction of their Physician Mentor. Depending on the comfort level of the preceptor, students may also perform patient histories and physical examinations within the limits of their ability.

In addition to field rotations with primary care physicians, the M1 IGC Courses incorporate other teaching methodologies such as lectures and interactive 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. 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 through exposure to Physician Mentors who practice general internal medicine, family medicine, or general pediatrics.

- To enhance student education in the first two years of medical school by providing clinical experience as a basis for applying/correlating campus-based classroom and small group education.

- To educate students about the financial and policy implications, as well as the practices and principles, of various types of health care delivery systems (e.g., managed care) 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-side 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

IGC PHYSICIAN MENTOR PROGRAM LEARNING OBJECTIVES

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

1. apply the basic/clinical science knowledge and demonstrate clinical skills necessary to recognize medical problems and institute treatment in a primary care setting (consistent with the student's current level of medical education).

2. demonstrate the ability to establish good patient rapport and achieve an appropriate level of comfort in working with patients and physicians, and the other members of the health care team.

3. provide case examples to describe how the Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan.

4. describe how the Physician Mentor cares for diverse patient populations, and how he/she is able to tailor his/her care by incorporating factors such as ethics, socio-economics, ethnicity, culture, age, gender, and lifestyle into medical decision-making.

5. describe how the Physician Mentor utilizes community resources (e.g., foundations, associations, etc.) to improve patient outcomes for his/her patients.

6. summarize the specific ways in which the Physician Mentor conducts the business aspects of his/her practice and interfaces with managed care plans.

7. demonstrate self-directed learning by utilizing information resources relevant to patient care.

8. list career options in family medicine, general internal medicine or general pediatrics, and outline their most and least interesting features.
V. COURSE SCHEDULE

ROTATION HOURS:

Unless scheduled otherwise, M1 students are generally required to attend IGC Physician Mentor sessions for four hours every other Friday afternoon from 1:00 P.M. to 5:00 P.M. For offices that are closed for lunch at 1:00, students may be required to begin at 2:00 P.M. and stay until 6:00 P.M.

GROUP ASSIGNMENTS:

First-year students are divided into two groups, Groups X and Y, primarily on an alphabetical basis. Group X and Group Y students attend Physician Mentor sessions for four hours on alternate Fridays. A student listing by group assignment is distributed each semester at the IGC Student Orientation Session. The Fall 2005 Semester Schedule is provided below*

<table>
<thead>
<tr>
<th>Group</th>
<th>Day</th>
<th>Date</th>
<th>Time</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>X &amp; Y</td>
<td>Friday</td>
<td>August 26</td>
<td>10:10 - 12:00 noon</td>
<td>IGC Orientation</td>
<td>Steele Aud.</td>
</tr>
<tr>
<td>X</td>
<td>Friday</td>
<td>September 9</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>Y</td>
<td>Friday</td>
<td>September 16</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>X</td>
<td>Friday</td>
<td>September 23</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>Y</td>
<td>Friday</td>
<td>September 30</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>X</td>
<td>Friday</td>
<td>October 7</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>Y</td>
<td>Friday</td>
<td>October 14</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>X &amp; Y</td>
<td>Friday</td>
<td>October 21</td>
<td>10:10 - 12:00 noon</td>
<td>IGC Debriefing Meeting</td>
<td>Steele Aud.</td>
</tr>
<tr>
<td>X</td>
<td>Friday</td>
<td>October 21</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>Y</td>
<td>Friday</td>
<td>October 28</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>X</td>
<td>Friday</td>
<td>November 4</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>Y</td>
<td>Friday</td>
<td>November 11</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>X &amp; Y</td>
<td>Tuesday</td>
<td>November 15</td>
<td>9:00 AM - 12:10 PM (collection time)</td>
<td>Due Date: Primary Care Assignment</td>
<td>Steele Aud. (IGC assignment box)</td>
</tr>
<tr>
<td>X</td>
<td>Friday</td>
<td>November 18</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>Y</td>
<td>Friday</td>
<td>December 2</td>
<td>1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>X &amp; Y</td>
<td>Monday</td>
<td>December 5</td>
<td>10:10 - 11:00 AM</td>
<td>IGC Wrap Up Session</td>
<td>Steele Aud.</td>
</tr>
</tbody>
</table>

* The Winter 2004-2005 Schedule is distributed during the IGC Student Orientation for IDC 5421.

Students in Group X will rotate 6 times, every other Friday, from September 9th through November 18th. Students in Group Y will rotate 6 times, every other Friday, from September 16th through December 2nd.
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 in the assigned number of Physician Mentor sessions (i.e., a minimum of six sessions each 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. Students may contact the IGC office to assist in scheduling a make-up Physician Mentor session at a substitute site if a scheduling conflict should arise. This is particularly true when students are notified that their Physician Mentor session will be cancelled (e.g., when preceptors are absent).

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.

PUNCTUALITY

Students are expected to arrive at their Physician Mentor offices at the scheduled time specified for that preceptor. It is professionally inappropriate to arrive late for rotations 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.
VII. PROFESSIONAL CONDUCT

PROFESSIONAL DÉMÉANOR

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 and dress must be demonstrated at all assigned Physician Mentor sessions and at all IGC meetings. Physician 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

While on rotations, students are expected to comply with the general rules and medical ethics established by the physician's office and must conduct themselves appropriately with all personnel. Any problems or difficulties should be communicated immediately to the IGC Office.

DRESS CODE

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 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. However, some Physician Mentor offices may prefer a business casual form of dress (e.g., some pediatric practices). Surgical scrubs are rarely appropriate for IGC rotations.

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 and appropriate courtesy to all preceptor office personnel at all times.
VIII. STUDENT ASSESSMENT/LOGS/ASSIGNMENTS

Students will complete and submit their Physician Mentor attendance log and their diagnostic patient log at the end-of-semester IGC Wrap-Up Session. The Fall 2005 Semester Primary Care Assignment is due on Tuesday, November 15th. The assignment is 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 2006 Semester Primary Care Assignment is due on a date to be announced in January, 2006. All logs and assignments must be kept current so 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 a timely and acceptable manner, then an incomplete grade (i.e., "IN") will initially be issued if within 10 working days from the last day of the semester. After 10 working days, a written extension must be requested and granted by the IGC Course Director or the incomplete grade will be converted to an "F".

STUDENT ASSESSMENT BY PRECEPTOR

Students must receive a passing score on the Student Assessment by Preceptor form that is completed by the Physician Mentor during the student’s last session. By the end of each semester, the student is responsible for hand-delivering or having their preceptor mail or fax a completed form (i.e., including all four sections along with the physician’s signature) 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”), no more than one “unsatisfactory” rating in Section B, and a score of "below average" or higher in Section C (i.e., “overall student rating”). An incomplete (“IN” grade) will be issued if this form is not received by the end of the semester.

PHYSICIAN MENTOR ATTENDANCE LOG

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 a “substitute” session must be attached to the log.

IGC PATIENT DIAGNOSTIC LOG

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 24 patients) in order to receive a passing grade.

PRIMARY CARE ASSIGNMENT

Students are required to complete a type-written write-up 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. This form is included in Section B of this syllabus, and can be downloaded from the IGC link in the Department of Student Services website (com@nsu.nova.edu). During the Fall 2005 semester, this assignment is due and will be collected inside the Steele Auditorium on Tuesday, November
15th between 9:00 A.M. and 12:10 P.M. The Winter 2006 Primary Care Assignment is also due several weeks prior to the IGC Wrap-Up Session (date TBA). This assignment must be submitted with an original signature from the Physician Mentor that indicates 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. This 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 CRITERIA

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

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\begin{align*}
\text{P (Pass)} & \quad \text{F (Fail)} \\
\end{align*}
\]

The minimum requirements for achieving a grade of "Pass" include: (1) 100% attendance at all IGC meetings, lectures and Physician Mentor sessions; (2) timely and accurate completion of all logs, evaluations, questionnaires and assignments; (3) a passing score on the Student Assessment by Preceptor; (4) 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.

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., "IN") will initially be given if within 10 working days from the last day of the semester. After 10 working days, a written extension must be requested and granted by the IGC Course Director or the incomplete grade will automatically 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. All information is tabulated, analyzed, and presented to the IGC Co-Project Directors for use in program planning.

**PHYSICIAN MENTOR PROGRAM EVALUATION**

Students’ evaluations of the Physician Mentor Program 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 are available for review at the preceptor’s request, and the decision of whether NSU-COM will continue individual IGC preceptor 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. Students are given an opportunity to indicate a desired primary care specialty, location, and student partner. Selection preference is given to those students who had a driving time of greater than 40 minutes (from Physician Mentor’s office to home) during the previous year. M1 student reassigments during or between the Fall 2005 and the Winter 2006 semesters will only be considered for students who have a strong need for a change in their Physician Mentor assignment.

**XI. ROLE OF PRECEPTORS/INSTRUCTORS**

**PRIMARY CARE PHYSICIAN MENTORS**

The Physician Mentor is chosen because of his/her role as a primary care physician (family medicine physician, general internist or general pediatrician), his/her desire to be a role model to medical students, and his/her affiliation and experience with managed health care. 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 2005/2006 Physician Mentors, sorted by the three primary care specialties, can be found in the August 2005 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 managed health care, 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.
- 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 student assessment form on a timely basis;
• periodically review the IGC Course Syllabus (including course goals and learning objectives);
• sign off on the Patient Diagnostic Log, the Physician Mentor Attendance Log, 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, 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

EVALUATIONS

Note: Section B contains a complete packet of forms for both the Fall 2005 and Winter 2006 Semesters.
FALL 2005 SEMESTER
IGC FORMS
Nova Southeastern University College of Osteopathic Medicine
M1 IGC Physician Mentor Attendance Log

Fall 2005 ☑ or Winter 2006 ☑

Student Name: ____________________________  
Last ______  First ______

Name of Preceptor: ____________________________  
Last ______  First ______

<table>
<thead>
<tr>
<th>Date</th>
<th>Preceptor's Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
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<tr>
<td>2.</td>
<td></td>
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<tr>
<td>3.</td>
<td></td>
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<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
</tr>
</tbody>
</table>
Nova Southeastern University College of Osteopathic Medicine  
IGC Patient Diagnostic Log  

M-1 Fall 2005 ☑  or  M-1 Winter 2006 ☑  

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Preceptor:</th>
<th>Last</th>
<th>First</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Preceptor's Signature:</th>
<th>(1st page only)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Session # (i.e. #1 – 6)</th>
<th>Patient Profile: Age &amp; Gender (e.g. 15 y/o male) If patient is age 90 or greater, write “89+” No Names Please</th>
<th>Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
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IGC Patient Diagnostic Log, Page 2

<table>
<thead>
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IGC PRIMARY CARE ASSIGNMENT
M-I Fall 2005  M-I Winter 2006

Student Name: ___________________________  ___________________________
Last                        First

Preceptor Name: ___________________________  ___________________________
Last                        First

Preceptor's Signature: ___________________________  Spec: FM  IM  Ped

I agree that the student's initial submission was:  (Please check one below)

satisfactory & appropriate       unsatisfactory

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)

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?

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, socioeconomics, culture, ethnicity, ethics, lifestyle, etc).  Note: this does not have to be related to the case above.
Section B: (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 must work with private or public managed care organizations in his/her practice. Provide one or two paragraphs incorporating two of the following (and circle the two that you select). Note: It is often helpful to interview the Practice Administrator or Office Manager at your assigned IGC site.
   - Quality management/medical records
   - MCO contract and reimbursement criteria (e.g., capitation vs. fee-for-service)
   - Referrals to specialists or for diagnostic tests
   - Pre-authorizations for surgery or hospitalizations
   - Drugs covered by health plans
   - Utilizing hospitalists
   - Membership verification
   - Conflict resolution with managed care organizations
   - Concurrent review of hospitalized patients
   - Use of electronic systems for practice management (e.g., billing, F/U visits, formularies, patient records, practice guidelines, etc.)
   - Comparing/contrasting different MCO plans
   - Physician profiling/data sharing
   - Standards of care/best practices
   - Other (please list)
6. From a case that you saw with your Physician Mentor, demonstrate the value of self-directed learning by utilizing a minimum of 3 information resources to seek out information relative to the case.

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 Physician Mentor's office, 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 2006 Semester, you may leave this blank if the preceptor is the same as during the Fall 2005 Semester.)

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:
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 listed.

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 (i.e. Section C) of "Below Average". Any unsatisfactory rating will necessitate a follow-up by the applicable department chair.

### Section A

<table>
<thead>
<tr>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
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<tbody>
<tr>
<td>1. Attendance and punctuality</td>
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<tr>
<td>2. Professional appearance</td>
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### Section B

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

### Section C

1. Your overall rating of this student is:  

### Section D

1. 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 [ ] Last [ ]

**Signature of Physician Mentor**

Phone [ ]

Please return this form to the IGC Office, Nova Southeastern University College of Osteopathic Medicine, 3200 South University Drive, Ft. Lauderdale, FL 33328 (Room 1441). You may also fax this form to (954)262-4773. For questions, please call (954)262-1441 or 1411.
# NSUCOM IGC Physician Mentor Program Evaluation

**Class:**  
M1  
M2  

**Semester:**  
Fall 2005  
Winter 2006  

**PHYSICIAN NAME**  
First  
Last  

For each item below, please **COMPLETELY FILL IN** the appropriate response with dark ink.  
**Note:** This evaluation is for the **Physician Mentor Program** only and not the Managed Care component.

### 1. I was given an orientation by my mentor.

### 2. The learning objectives were discussed with me by relevant personnel.

### 3. The expectations of my role as a student in the physician's practice setting were defined.

### 4. I found the clinical experience consistent with the objectives set.

### 5. I felt that my physician mentor served as a role model.

### 6. I was presented with medical information that was meaningful and relevant to me.

### 7. The physician mentor explained the thinking process used in making decisions about patient care.

### 8. I was given the time to ask questions and receive additional information.

### 9. The physician demonstrated interest in me as a student.

### 10. The physician mentor seemed to enjoy teaching me.

### 11. I was given support and positive reinforcement by relevant personnel.

### 12. My physician mentor gave me constructive feedback.

### 13. I had a chance to see many aspects of how a primary care physician office functions.

### 14. I was able to observe diagnostic problem solving during patient interviews.

### 15. I was able to observe the concept of "whole patient" care, including psychosocial and ethical issues.

### 16. Participation increased my knowledge of managed care.

### 17. Overall, how much did you learn in this program?

### 18. To what extent has this program increased your interest in practicing primary care medicine?

### 19. Prior to starting the IGC program, to what extent were you interested in practicing primary care medicine?

---

Родимо: Fall 2005 / Winter 2006
IGC Physician Mentor Program Evaluation Form

20. If a student friend who had not yet gone through the IGC Physician Mentor Program asked you about your experience, what would you tell this person?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

21. Would you want your preceptor's job? (Please explain your answer.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

22. Please provide additional comments (include a description of the teaching methods utilized by your mentor):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
**NSU College of Osteopathic Medicine**

**M1 2005/2006 IGC Student Scheduling Form**

**To Change Physician Mentor Assignments**

**Instructions:** The purpose of this form is to help schedule you in your IGC rotation. Using black ink only, completely fill in the appropriate bubbles without using X's or check marks. When writing in boxes, please print only 1 character per box.

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<tr>
<th>Last Name</th>
<th>First Name</th>
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Address: __________________________________________________________

Home Phone #: _____________________________ Please check if your address or phone number has changed. ○

Cell Phone #: _____________________________

Location of your residence - Dade County: ○ South ○ Central ○ North

Palm Beach County: ○ South ○ Central ○ North

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<tr>
<th>Broward County</th>
<th>Between Griffin Rd. &amp; the Dade Boundary (South Broward)</th>
<th>Between Griffin Rd. &amp; Oakland Park Blvd. (Mid Broward)</th>
<th>Between Oakland Park Blvd. &amp; Palm Beach Boundary (North Broward)</th>
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<td>West of the turnpike</td>
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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 30-45 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: ○ South ○ Central ○ North

Palm Beach: ○ South ○ Central ○ North

Broward: East of Turnpike: ○ South ○ Central ○ North

West of Turnpike: ○ South ○ Central ○ North

Comments:______________________________________________________________
WINTER 2006 SEMESTER
IGC FORMS
Nova Southeastern University College of Osteopathic Medicine
M1 IGC Physician Mentor Attendance Log

Fall 2005 ☐ or Winter 2006 ☐

Student Name: ____________________________  Last            First

Name of Preceptor: _________________________  Last            First

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<tr>
<th>Date</th>
<th>Preceptor’s Signature</th>
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Nova Southeastern University College of Osteopathic Medicine  
IGC Patient Diagnostic Log

M-1 Fall 2005 ☑ or M-1 Winter 2006 ☑

Student Name: ___________________________  ___________________________

Last                      First

Name of Preceptor: ___________________________  ___________________________

Last                      First

Preceptor’s Signature: ___________________________  (1st page only)

<table>
<thead>
<tr>
<th>Session #</th>
<th>Patient Profile: Age &amp; Gender (e.g. 15 y/o male)</th>
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IGC PRIMARY CARE ASSIGNMENT
M-1 Fall 2005  M-1 Winter 2006

Student Name: ___________________________  __________________
  Last                                      First

Preceptor Name: ___________________________  __________________
  Last                                      First

Preceptor's Signature: ___________________________  Spec: FM __ IM __ Ped __

I agree that the student's initial submission was: (Please check one below)
  satisfactory & appropriate  unsatisfactory

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)

2. 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 _______

E. Chief Complaint:

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

G. 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?

J. Working diagnosis(es)/assessment:

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

L. Final Diagnosis(es):

  Was the final diagnosis(es) considered within the initial/working assessment?

4. Treatment Plan:

5. 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: (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 must work with private or public managed care organizations in his/her practice. Provide one or two paragraphs incorporating two of the following (and circle the two that you select). Note: It is often helpful to interview the Practice Administrator or Office Manager at your assigned IGC site.
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   - MCO contract and reimbursement criteria (e.g., capitation vs. fee-for-service)
   - Referrals to specialists or for diagnostic tests
   - Pre-authorizations for surgery or hospitalizations
   - Drugs covered by health plans
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   - Use of electronic systems for practice management (e.g., billing, F/U visits, formularies, patient records, practice guidelines, etc.)
   - Comparing/contrasting different MCO plans
   - Physician profiling/data sharing
   - Standards of care/best practices
   - Other (please list) __________________
6. From a case that you saw with your Physician Mentor, demonstrate the value of self-directed learning by utilizing a minimum of 3 information resources to seek out information relative to the case.

D. Indicate what information you are seeking:

E. 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:

4. Resource #3 – Other

F. Where were these information resources accessed (i.e., your Physician Mentor's office, 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 2006 Semester, you may leave this blank if the preceptor is the same as during the Fall 2005 Semester.)

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

D. 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 2005/Winter 2006

Student Name:  
First  
Last  
Date  
M1  
M2

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 listed.

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 (i.e. Section C) of "Below Average". Any unsatisfactory rating will necessitate a follow-up by the applicable department chair.

<table>
<thead>
<tr>
<th>Section A</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attendance and punctuality</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>2. Professional appearance</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Section C</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Your overall rating of this student is:</td>
<td>○</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section D</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Please provide a summary statement to justify your ratings above.</td>
<td></td>
</tr>
</tbody>
</table>

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

Physician Name (Please Print)  
First  
Last  
Phone  

Signature of Physician Mentor  

Please return this form to the IGC Office, Nova Southeastern University College of Osteopathic Medicine, 3200 South University Drive, Ft. Lauderdale, FL 33328 (Room 1441). You may also fax this form to (954)262-4773. For questions, please call (954)262-1441 or 1411.
NSUCOM IGC Physician Mentor Program Evaluation

Class: ○ M1  ○ M2
Semester: ○ Fall 2005  ○ Winter 2006

PHYSICIAN NAME
First: ________________________________
Last: ________________________________

For each item below, please COMPLETELY FILL IN the appropriate response with dark ink.

Note: This evaluation is for the Physician Mentor Program only and not the Managed Care component.

1. I was given an orientation by my mentor.
2. The learning objectives were discussed with me by relevant personnel.
3. The expectations of my role as a student in the physician's practice setting were defined.
4. I found the clinical experience consistent with the objectives set.
5. I felt that my physician mentor served as a role model.
6. I was presented with medical information that was meaningful and relevant to me.
7. The physician mentor explained the thinking process used in making decisions about patient care.
8. I was given the time to ask questions and receive additional information.
9. The physician demonstrated interest in me as a student.
10. The physician mentor seemed to enjoy teaching me.
11. I was given support and positive reinforcement by relevant personnel.
12. My physician mentor gave me constructive feedback.
13. I had a chance to see many aspects of how a primary care physician office functions.
14. I was able to observe diagnostic problem solving during patient interviews.
15. I was able to observe the concept of "whole patient" care, including psychosocial and ethical issues.
16. Participation increased my knowledge of managed care.
17. Overall, how much did you learn in this program?
18. To what extent has this program increased your interest in practicing primary care medicine?
19. Prior to starting the IGC program, to what extent were you interested in practicing primary care medicine?

A Great Deal  Some  Very Little
Participation increased my knowledge of managed care.

Fall 2005 / Winter 2006

Continued on Back...
IGC Physician Mentor Program Evaluation Form

20. If a student friend who had not yet gone through the IGC Physician Mentor Program asked you about your experience, what would you tell this person?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

21. Would you want your preceptor's job? (Please explain your answer.)

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

22. Please provide additional comments (include a description of the teaching methods utilized by your mentor):

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
NSU College of Osteopathic Medicine
2005/2006 IGC Student Scheduling Form
For M1s to Schedule Next Year's Physician Mentor Assignments

Instructions: The purpose of this form is to help schedule you in your M2 IGC rotation. Using black ink only, completely fill in the appropriate bubbles without using X's or check marks. When writing in boxes, please print only 1 character per box.

Last Name

First Name

Address:

If you plan on moving for your M2 year, please write your future address (if known) and city:

Home Phone #: __________________

Cell Phone #: __________________

Location of your residence - Dade County:  
- South  
- Central  
- North

Palm Beach County:  
- South  
- Central  
- North

<table>
<thead>
<tr>
<th>Broward County</th>
<th>Between Griffin Rd. &amp; the Dade Boundary (South Broward)</th>
<th>Between Griffin Rd. &amp; Oakland Park Blvd. (Mid Broward)</th>
<th>Between Oakland Park Blvd. &amp; Palm Beach Boundary (North Broward)</th>
</tr>
</thead>
<tbody>
<tr>
<td>East of the turnpike</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>West of the turnpike</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

M1 Physician Mentor Name: __________________

M1 Specialty of IGC Physician Mentor:  
- Family Medicine  
- Internal Medicine  
- Pediatrics

Location of M1 mentor (city or town name):

Average driving distance from M1 physician mentor's office to your home:
- under 15 minutes  
- between 15-30 minutes  
- between 30-45 minutes  
- over 45 minutes

Specialty desired for new IGC assignment: (This specialty must be different from your M1 specialty unless you are requesting Family Medicine again.
- Family Medicine  
- Internal Medicine  
- Pediatrics

If you are requesting Family Medicine for the second time, please list your second choice:
- Internal Medicine  
- Pediatrics

Preferred Location:
- Dade:  
  - South  
  - Central  
  - North
- Palm Beach:  
  - South  
  - Central  
  - North
- Broward: East of Turnpike:  
  - South  
  - Central  
  - North
- West of Turnpike:  
  - South  
  - Central  
  - North

Comments: __________________

Please check if your address or phone number has changed.  o
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