College of Osteopathic Medicine Syllabus

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INTERDISCIPLINARY GENERALIST CURRICULUM (IGC)
PRECEPTORSHIP I AND II
FIRST-YEAR STUDENT COURSE SYLLABUS
FOR COM 5171 (FALL 2007) AND COM 5172 (WINTER 2008)
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 2007 and M-1 WINTER 2008

COURSE DESIGNATIONS: COM 5171, CRN # 21830 (Fall 2007)
COM 5172, CRN # TBD (Winter 2008)

DATES: 8/17/2007 - 12/6/2007 for *Fall 2007 Semester

<table>
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<tr>
<td>8/17/07</td>
<td>Friday</td>
<td>10:10 A.M. - 12:00 Noon</td>
<td>Steele Auditorium</td>
<td>IGC Orientation</td>
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<td>1:10 P.M. - 2:00 P.M.</td>
<td>Steele Auditorium</td>
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<td>5:00 P.M. Deadline</td>
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<td>Complete HIPAA Courses: (1) HIPAA Security &amp; (2) HIPAA Privacy</td>
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<td>Steele Auditorium</td>
<td>Mid-Semester Debriefing</td>
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<td>11/12/07</td>
<td>Monday</td>
<td>10:10 A.M. - 12:10 P.M.</td>
<td>Steele Auditorium (Collection box)</td>
<td>Submit IGC Primary Care Assignment (Sections A &amp; B)</td>
</tr>
<tr>
<td>12/6/07</td>
<td>Thursday</td>
<td>9:10 A.M. - 10:00 A.M.</td>
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<td>IGC Wrap-Up Session</td>
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Note: See IGC course schedule for all field-based IGC sessions.

CONTACT HOURS: 25 Hours (*Fall 2007 Semester)
Includes 5 hours in Steele Auditorium + 5 sessions (i.e., 20 hours) in field assignments at Physician Mentor’s offices

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 2008 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 Dean of Clinical Operations;
Acting Chair and Associate Professor,
NSU-COM Department of Family Medicine

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

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

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

* Please refer to the August 2007 roster of IGC Primary Care Physician Mentors and COM²Serve 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 five sessions during the fall semester, and a minimum of six sessions during the winter semester. Physicians in the IGC network of over 165 Physician Mentors are affiliated/contracted with one or more managed care companies. Students observe both 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 may also perform patient histories and physical examinations within the limits of their ability.

A limited number of students (i.e., approximately 40) 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 underserved patient populations as opposed 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 Friday afternoons. There are also differences in the Student Assessment form and the Primary Care Assignment.

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 two online HIPAA Courses (i.e., the NSU HIPAA Security Course and the NSU HIPAA Privacy Course). They are also required to attend the IGC OSHA Training Course scheduled the week prior to starting their IGC sessions. 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 through exposure to Physician Mentors who practice general internal medicine, family medicine, or general pediatrics.
To enhance and enrich 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 so that students may understand the specific challenges and opportunities that face physicians and healthcare organizations 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 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 healthcare team.

3. provide a case example to describe how the Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan (note: this objective is for students in the Physician Mentor Track only).

4. describe how the IGC 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 IGC 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 IGC mentor interfaces with managed care plans and/or conducts the business aspects of the practice or organization, including methods to manage quality of care and apply 'best practices'.

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 (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 Friday 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 students to go on days other than Fridays (i.e., Monday afternoons). 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 X or Y. M1 students attend Physician Mentor sessions for approximately four hours, typically on alternate Fridays, for 5 sessions during the Fall semester. Students in Group X will typically attend every other Friday, from August 24th through October 26th, and students in Group Y will attend from August 31st through November 9th (students have until Friday November 30th to complete a minimum of 5 sessions). Students in the Physician Mentor track who are not assigned on a regular Friday PM are given a schedule of possible dates/times (i.e., Mondays after 2:00 PM, select Friday AMs, etc.) to complete their required sessions on a flexible schedule to be arranged with their Physician Mentor. Students assigned to the COMServe track receive an individualized IGC schedule, and the sessions may be scheduled on regular IGC Fridays as well as other days and times that do not conflict with class schedules. The Fall 2007 Semester IGC Physician Mentor Schedule is provided below:

<table>
<thead>
<tr>
<th>Group</th>
<th>Date</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>X &amp; Y</td>
<td>September 28, 11:10 - 12:00 noon</td>
<td>IGC Debriefing Meeting</td>
<td>Steele Auditorium</td>
</tr>
<tr>
<td></td>
<td>August 17, 10:10 - 12:00 noon</td>
<td>IGC Orientation, OSHA Training Lecture, HIPAA Courses</td>
<td>Steele Auditorium, Online Learning Center</td>
</tr>
<tr>
<td></td>
<td>August 24, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td></td>
<td>August 31, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td></td>
<td>September 7, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
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<tr>
<td></td>
<td>September 14, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
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<tr>
<td></td>
<td>September 21, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
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<tr>
<td></td>
<td>September 28, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>X</td>
<td>October 5, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>Y</td>
<td>October 12, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td></td>
<td>October 26, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td></td>
<td>November 9, 1:00 - 5:00 PM</td>
<td>Physician Mentor Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td>X &amp; Y</td>
<td>November 12, 10:00 AM - 12:10 PM</td>
<td>Due Date: Primary Care Assignment</td>
<td>Steele Auditorium</td>
</tr>
<tr>
<td></td>
<td>November 16, 1:00 - 5:00 PM</td>
<td>** Make-Up Session</td>
<td>Assigned Office</td>
</tr>
<tr>
<td></td>
<td>November 30, 1:00 - 5:00 PM</td>
<td>** Make-Up Session</td>
<td>Assigned Office</td>
</tr>
</tbody>
</table>

* The Winter 2008 Semester Schedule is distributed during the January 2008 IGC Student Orientation.

** Students must ask permission and arrange any make-up sessions with their Physician Mentor. If students from both groups X and Y require a make-up session, then they must work with their preceptor to assign the make-up session in an equitable manner. Group X students may schedule a makeup session on a Group Y day if Group Y students have completed their sessions (and visa versa). Students may also request make-up sessions on free Monday P.M.s or Friday A.M.s as long as there are no academic conflicts. Students in Group B may ask the Histology Course Director for permission to switch to an early Histology Lab if an IGC session can be scheduled from 2:30 - 5:30 or later.
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 or COMServe sessions (i.e., five Physician Mentor sessions and four COMServe sessions for the Fall 2007 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 must contact the IGC office, and not the site, to request assistance in rescheduling a COMServe session if a conflict should arise.

2. Attendance at all IGC auditorium sessions (i.e., including lectures, orientations, OSHA training, 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 HIPAA Security and the HIPAA Privacy Online Courses is required, with a deadline of August 17th at 5:00 PM. No student will be allowed to start their IGC field sessions without completing the two HIPAA courses as well as the OSHA training.

PUNCTUALITY

Students are expected to arrive at their Physician Mentor offices or COMServe 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.

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

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, homeless shelters, public health department-sponsored home visits, health fairs, etc.). 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 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 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 2007 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 Monday, November 12th. 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 2008 Semester Primary Care Assignments are due on a date to be announced in January, 2008. 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 applicable 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 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 that is completed by the Physician Mentor during the student's last session, or by each COM^Serve preceptor at the conclusion of each IGC experience. Students in the COM^Serve 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 COM^Serve Addendum that is distributed to the M1 students in the COM^Serve 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

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 COM^Serve Track do not complete a separate attendance log. These students are required to obtain the signature of their COM^Serve Mentors for each assigned session, and this method of tracking attendance is found on the COM^Serve 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 20 patients for the Fall 2007 Semester, and no less than three patients per session) in order to receive a passing grade. M1 students in the COM^Serve 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 the Department of Student Services website (com@nsu.nova.edu). For students in the COM^Serve 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 COM^Serve Assignments, which are a substitute for Section A of the IGC Primary Care Assignment, and the COM^Serve Student Assessment by Preceptor Form/Attendance Log are documents contained in a separate M1 COM^Serve Addendum. This is distributed to the M1 students in the COM^Serve Track, along with the COM^Serve schedules, during the IGC student orientation for the Fall and Winter Semesters.
During the Fall 2007 semester, all Primary Care Assignments are due and will be collected inside the Steele Auditorium on Monday, November 12th between 9:00 A.M. and 12:10 P.M. The Winter 2008 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 COMSserve 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 CRITERIA**

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, OSHA training, and Physician Mentor or COMSserve sessions; (2) timely and accurate completion of all logs, evaluations, questionnaires and assignments; (3) timely and successful completion of the HIPAA Security and the HIPAA Privacy 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 COMSserve 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. 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 remedying an "F" are established by the IGC Course Director, and is in accordance with the specific deficiency(ies) attributed 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 and COMSERVE PROGRAM EVALUATION

Students’ evaluations of the Physician Mentor and COMServe 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 COMServe 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 COMServe 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 COMServe 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 2007 and the Winter 2008 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 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 2007/2008 Physician Mentors, sorted by the three primary care specialties, can be found in the August 2007 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 2007 and Winter 2008 Semesters.
FALL 2007 SEMESTER
IGC FORMS
Nova Southeastern University College of Osteopathic Medicine
M1 IGC Physician Mentor Attendance Log
For Students in the Physician Mentor Track

*Fall 2007

Student Name: ____________________________________________
                                      Last    First

Name of Preceptor: __________________________________________
                                      Last    First

<table>
<thead>
<tr>
<th>Date</th>
<th>Preceptor's Signature</th>
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<tbody>
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* This log is required for students in the Physician Mentor Track only. Students in the COM2Serve Track have to submit write-ups for each session that include the preceptor's signature.
# IGC Patient Diagnostic Log for Students in the Physician Mentor Track

**Student Name:**

**Name of Preceptor:**

**Preceptor’s Signature:**

<table>
<thead>
<tr>
<th>Session # (i.e. #1 - 6)</th>
<th>Patient Profile: Age &amp; Gender (e.g. 15 y/o male)</th>
<th>Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)</th>
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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).
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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).
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, socioeconomics, 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 private or 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 COM Serve 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 2008 Semester, you may leave this blank if the preceptor is the same as during the Fall 2007 Semester.) Students in the COM Serve 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:
Student Name: [First Name] [Last Name] 
Date ___________ 

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
1. Attendance and punctuality [O] [O]
2. Professional appearance [O] [O]

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

Section C
1. Your overall rating of this student is: [O] [O] [O] [O] [O]

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 Name] [Last Name] 

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:  
O M1  
O M2  
Semester:  
O Fall 2007  
O Winter 2008

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.  
   Strong Point of Program  
   Did Not Occur

2. The learning objectives were discussed with me by relevant personnel.  
   Occurred and was Satisfactory  
   Occurred but Needs Improvement

3. The expectations of my role as a student in the physician's practice setting were defined.  
   Did Not Occur

4. I found the clinical experience consistent with the objectives set.  
   Did Not Occur

5. I felt that my physician mentor served as a role model.  
   Occurred but Needs Improvement

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

7. The physician mentor explained the thinking process used in making decisions about patient care.  
   Did Not Occur

8. I was given the time to ask questions and receive additional information.  
   Occurred but Needs Improvement

9. The physician demonstrated interest in me as a student.  
   Occurred but Needs Improvement

10. The physician mentor seemed to enjoy teaching me.  
    Did Not Occur

11. I was given support and positive reinforcement by relevant personnel.  
    Did Not Occur

12. My physician mentor gave me constructive feedback.  
    Occurred

13. I had a chance to see many aspects of how a primary care physician office functions.  
    Did Not Occur

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

15. I was able to observe the concept of "whole patient" care, including psychosocial and ethical issues.  
    Did Not Occur

16. Participation increased my knowledge of managed care.  
    Did Not Occur

17. Overall, how much did you learn in this program?  
    Did Not Occur

18. To what extent has this program increased your interest in practicing primary care medicine?  
    Did Not Occur

19. Prior to starting the IGC program, to what extent were you interested in practicing primary care medicine?  
    Did Not Occur

A Great Deal  
Some  
Very Little

Fall 2007 / Winter 2008

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
M1 2007/2008 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.

<table>
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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 2008 SEMESTER
IGC FORMS
Nova Southeastern University College of Osteopathic Medicine
M1 IGC Physician Mentor Attendance Log
For Students in the Physician Mentor Track

*Winter 2008

Student Name: ____________________________
Last                     First

Name of Preceptor: ____________________________
Last                     First

<table>
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<th>Date</th>
<th>Preceptor’s Signature</th>
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Nova Southeastern University College of Osteopathic Medicine
IGC Patient Diagnostic Log for Students in the Physician Mentor Track

Student Name: ____________________________  Last Name
                                        First Name

Name of Preceptor: ____________________________  Last Name
                                           First Name

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

<table>
<thead>
<tr>
<th>Session # (i.e. #1 – 6)</th>
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**IGC Patient Diagnostic Log, Page 2**

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M1 IGC PRIMARY CARE ASSIGNMENT
Winter 2008

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

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?
         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 listed in IG 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:

6. Summarize the specific ways in which the Physician Mentor or COM²Serve Site must work with private or 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.

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 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 2008 Semester, you may leave this blank if the preceptor is the same as during the Fall 2007 Semester.) Students in the COM²Serve Track may skip this question.

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

C. 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>Question</th>
<th>Satisfactory</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Attendance and punctuality</td>
<td></td>
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<tr>
<td>2. Professional appearance</td>
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</tbody>
</table>

### Section B

<table>
<thead>
<tr>
<th>Question</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>
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<tr>
<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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<tr>
<td>8. Medical knowledge (applies basic &amp; clinical science according to the student's level of medical education)</td>
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<tr>
<td>9. Progress through rotation (shows consistent effort &amp; growth)</td>
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<tr>
<td>10. Quality of primary care written assignment.</td>
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</tbody>
</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)**

<table>
<thead>
<tr>
<th>First</th>
<th>Last</th>
<th>Phone</th>
</tr>
</thead>
</table>

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.
<table>
<thead>
<tr>
<th>PHYSICIAN NAME</th>
<th>First</th>
<th>Last</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th></th>
<th>Strong Point of Program</th>
<th>Occurred and was Satisfactory</th>
<th>Occurred but Needs Improvement</th>
<th>Did Not Occur</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>I was given an orientation by my mentor.</td>
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<tr>
<td>2.</td>
<td>The learning objectives were discussed with me by relevant personnel.</td>
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<td>3.</td>
<td>The expectations of my role as a student in the physician's practice setting were defined.</td>
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<td>4.</td>
<td>I found the clinical experience consistent with the objectives set.</td>
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<td>5.</td>
<td>I felt that my physician mentor served as a role model.</td>
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<td>6.</td>
<td>I was presented with medical information that was meaningful and relevant to me.</td>
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<td>7.</td>
<td>The physician mentor explained the thinking process used in making decisions about patient care.</td>
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<tr>
<td>8.</td>
<td>I was given the time to ask questions and receive additional information.</td>
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<td>9.</td>
<td>The physician demonstrated interest in me as a student.</td>
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<td>10.</td>
<td>The physician mentor seemed to enjoy teaching me.</td>
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<tr>
<td>11.</td>
<td>I was given support and positive reinforcement by relevant personnel.</td>
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<tr>
<td>12.</td>
<td>My physician mentor gave me constructive feedback.</td>
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<tr>
<td>13.</td>
<td>I had a chance to see many aspects of how a primary care physician office functions.</td>
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<tr>
<td>14.</td>
<td>I was able to observe diagnostic problem solving during patient interviews.</td>
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<tr>
<td>15.</td>
<td>I was able to observe the concept of &quot;whole patient&quot; care, including psychosocial and ethical issues.</td>
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<tr>
<td>16.</td>
<td>Participation increased my knowledge of managed care.</td>
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<tr>
<td>17.</td>
<td>Overall, how much did you learn in this program?</td>
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<tr>
<td>18.</td>
<td>To what extent has this program increased your interest in practicing primary care medicine?</td>
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<tr>
<td>19.</td>
<td>Prior to starting the IGC program, to what extent were you interested in practicing primary care medicine?</td>
<td></td>
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</tr>
</tbody>
</table>

Continued on Back...

Fall 2007 / Winter 2008
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
2007/2008 IGC Student Scheduling Form
for M1's to Schedule Next Year's Physician Mentor Assignment

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:

Street

City

Zipcode

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

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

Broward County: Between Griffin Rd. & the Dade Boundary (South Broward) Between Griffin Rd. & Oakland Park Blvd. (Mid Broward) Between Oakland Park Blvd. & Palm Beach Boundary (North Broward)

<table>
<thead>
<tr>
<th>Broward County</th>
<th>Dade: ○ South ○ Central ○ North</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Palm Beach: ○ South ○ Central ○ North</td>
</tr>
<tr>
<td></td>
<td>Broward: East of Turnpike: ○ South ○ Central ○ North</td>
</tr>
<tr>
<td></td>
<td>West of Turnpike: ○ South ○ Central ○ North</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 Fam Med again.) ○ Family Medicine ○ Internal Medicine ○ Pediatrics

If you are requesting Fam Med for the 2nd time, please list your 2nd 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

Have you ever been licensed in the health care industry? ○ Yes ○ No

Please list any other languages that you speak: ________________________________________________

List

OPTIONAL: Students at NSU-COM are responsible for their own transportation to their IGC physician mentor's office. However, if you would prefer to be placed with another student due to transportation constraints, please request:

○ I am requesting a student partner because I don't own/lease a vehicle.

○ I would prefer a student partner to drive or ride-share.

Comments: ________________________________________________
NOTICES OF NONDISCRIMINATION AND ACCREDITATION

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

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.