1999

College of Osteopathic Medicine Second Year Student Course Syllabus Fall 1999-Winter 2000

Nova Southeastern University

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College of Osteopathic Medicine

INTERDISCIPLINARY GENERALIST CURRICULUM (IGC) PRECEPTORSHIP III & IV
SECOND-YEAR STUDENT COURSE SYLLABUS
For IDC 6514 (Fall 1999) and IDC 6624 (Winter 2000)

Published by the Interdisciplinary Generalist Curriculum Program Office
July 1999
IGC COURSE SYLLABUS

COURSES: INTERDISCIPLINARY GENERALIST CURRICULUM (IGC) PRECEPTORSHIP III & IV

COURSE #s: IDC 6514 (Fall 1999) and IDC 6624 (Winter 2000)

CREDIT HOURS: 4 per semester

YEAR/SEMESTER: M-2 FALL 1999 and WINTER 2000

MEETING DATES: (*Fall 1999 Semester)

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>TIME</th>
<th>PLACE</th>
<th>MEETING TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/28/99</td>
<td>Wedn.</td>
<td>1:10 - 2:00 P.M.</td>
<td>Hull Aud.</td>
<td>IGC Orientation</td>
</tr>
<tr>
<td>7/30/99</td>
<td>Friday</td>
<td>10:10 - 12:00 A.M.</td>
<td>Hull Aud.</td>
<td>Managed Care Lecture</td>
</tr>
<tr>
<td>11/10/99</td>
<td>Wedn.</td>
<td>2:10 - 4:00 P.M.</td>
<td>Hull Aud.</td>
<td>Managed Care Panel</td>
</tr>
<tr>
<td>11/29/99</td>
<td>Monday</td>
<td>10:10 - 11:00 A.M.</td>
<td>Hull Aud.</td>
<td>IGC Wrap-Up Session</td>
</tr>
</tbody>
</table>

Note: See IGC course schedule, individualized student schedules, & assigned managed care schedules/directions for all field-based IGC sessions.

TOTAL HOURS: 68 HOURS (*Fall 1999 Semester)
Includes 6 hours in Hull Auditorium + 62 hours in field assignments at physician mentor's offices or managed care organizations.

COURSE DIRECTOR: DEBRA COHN STEINKOHL, M.H.S.A.
Administrative Director, IGC Program
Course Director, IGC Preceptorship III
Assistant Professor, Dept. of Family Medicine

CONTACT INFO: ROOM 1441 OR 1411 (4th floor HPD Admin. Bldg.)
PH: (954) 262-1441 or 1411
FAX: (954) 262-4773 (back-up fax: 262-1798)
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OFFICE HOURS: 9:00 A.M. - 1:00 P.M. & 2:00 P.M. - 6:00 P.M.
Monday - Friday (or by appointment)

* Winter 2000 Semester meeting dates and hours are included in a separate addendum distributed at the beginning of the Winter 2000 Semester.
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**Section B.**

Logs, Assignments, Assessment Forms, Scheduling Forms, & Evaluations
### I. FACULTY ROSTER*

<table>
<thead>
<tr>
<th>IGC Administrative Director:</th>
<th>Managed Care Instructors/MCO Liaisons:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debra Cohn Steinkohl, M.H.S.A.</td>
<td></td>
</tr>
<tr>
<td>Assistant Professor,</td>
<td>Mayda C. Antun, M.D., MBA</td>
</tr>
<tr>
<td>Department of Family Medicine,</td>
<td>Medical Director</td>
</tr>
<tr>
<td>Division of Community Medicine</td>
<td>Beacon Health Plan</td>
</tr>
</tbody>
</table>

**IGC Project Director:**

Cyril Blavo, D.O., M.P.H. & T.M.
Professor, Department of Pediatrics
Chair, Department of Pediatrics

**IGC Co-Project Directors:**

Camille Bentley, D.O.
Assistant Professor
Department of Family Medicine
Chair, Dept. of Family Medicine

A. Alvin Greber, D.O.
Professor, Dept. of Internal Med.
Chair, Dept. of Internal Medicine

**NSU Managed Care Liaison:**

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

Alfredo Ginory, M.D.
Medical Director, MSO &
Vice President of Medical Affairs, SMC;
Mary McCluskey, M.D.
Medical Director of Case Management &
Quality Improvement
Health System One

Marc W. Bloom, M.D.
Senior Vice President & Medical Director
HIP Health Plan of Florida

Melvin Fletcher, M.D.
Vice President of Medical Affairs
Blue Cross Blue Shield of Florida/
Health Options

William Kirsh, D.O., M.P.H.
President & Chief Operating Officer
Foundation Health, a Florida Health Plan

Edward H. Cottler, M.D.
Medical Director
United Healthcare of Florida

Neil Natkow, D.O.
President & Chief Executive Officer
PhyTrust

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* For a complete list of Physician Mentors by specialty, please refer to the August 1999 listing of IGC Primary Care Physician Mentors.
II. COURSE DESCRIPTION

The Interdisciplinary Generalist Curriculum (IGC) Program, now in its fifth year of operation at NSU-COM, is comprised of two components: (1) The IGC Physician Mentor Program; and (2) The IGC Managed Care Program. The premise of the 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 III and IV courses expose second-year medical students to clinical settings by matching each student with a community-based physician mentor for a primary care rotation. Additionally, the IGC Program exposes students to the central role of the primary care physician in managed health care and to the various components of managed care organizations (MCOs) by assigning each student to rotate at the headquarters of one or more MCO teaching partners.

**Instructional Activities and Methods**

During each Semester, students accompany an assigned Primary Care Physician Mentor for 12 to 15 four-hour sessions in his/her practice. Each physician in the IGC network of over 125 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 the Physician Mentor. Depending on the comfort level of the preceptor, students also perform patient histories and physical examinations within the limits of the student’s ability.

In addition, students rotate for 3 four-hour sessions per year at the headquarters (or affiliated provider sites) of an IGC partner managed care organization. During each semester, students are assigned anywhere from 0 to 3 MCO sessions (i.e., students who have 3 sessions assigned during the Fall Semester will have 12 Physician Mentor sessions, and they will have no MCO sessions during the Winter Semester). Students learn how a managed care organization operates by rotating through various departments/experiences such as Medical Operations, Case/Disease Management, Physician Committee Meetings, Utilization Management, Quality Management, HMO Clinic Administration, and Provider/Practice Management. The learning experience is individually structured for each MCO depending on their unique operational dynamics, departmental composition, and the organization’s philosophy.

In addition to preceptor mentoring, the IGC Program incorporates other teaching methodologies such as lectures, small group discussions and interactive seminars/panel discussions. Before leaving campus, students are given an orientation on the logistics of the IGC mentoring experience, including a review of the learning objectives. To assess the students’ progress and experiences, debriefing sessions and a wrap-up session are also held with the students.
III. COURSE GOALS

The overall goals of the IGC Preceptorship III and IV courses include the following:

- To develop students' interest in primary care through exposure to positive physician mentors whom practice General Internal Medicine, Family Medicine, or General Pediatrics.
- To educate students about the practices and principles of various types of integrated health care delivery systems (i.e., managed care) and to apply this information to aid in understanding the specific challenges and opportunities which face physicians in managed care environments.
- To enhance student's overall learning in the “pre-clinical” years of medical school by providing a clinical experience as a basis for applying/correlating campus-based classroom and small group education.

The long-term goal of the four-semester IGC Program is to prepare NSU-COM graduates for delivering quality patient care while working within a managed care environment, 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 these courses, the student will be able to:

1. Apply the knowledge and clinical skills necessary to recognize medical problems and institute treatment in a primary care setting.

2. Provide case examples to describe how the Physician Mentor integrates information from the medical history (i.e., through interviewing, physical examination, and appropriate diagnostic and laboratory tests) into definitive diagnoses and treatment plans.

3. Describe how the Physician Mentor incorporates psychological, ethical, familial and ethnocultural factors in medical decision-making.

4. Describe how the Physician Mentor utilizes community resources for his or her patients.

5. Summarize the specific ways in which the Physician Mentor must work with managed care plans.

6. Compare and contrast the similarities and differences among approaches to the care of diverse patient populations.
Continued, Course Objectives: IGC Physician Mentor Program

7. Demonstrate the value of self-directed learning by utilizing information resources to seek out information relevant to patient care.

8. Explore career options in Family Medicine, General Internal Medicine or General Pediatrics, and outline the features that interest you most and least.

IGC MANAGED CARE PROGRAM LEARNING OBJECTIVES

Upon successful completion of the assigned managed care sessions, the student will be able to assess the impact that managed care might have on a physician's practice (i.e., through hands-on experience with four out of the nine processes below):

1. **Utilization Management (In-House):** By observing the pre-certification and authorization processes at the intake level, the student will be able to examine the use of specific medical criteria, assignment of length of stay, and the denial process by utilizing personal experience with an authorization representative of a managed care organization.

2. **Utilization Management (On-Site):** By making medical rounds with an onsite (hospital) review nurse or hospitalist physician, the student will be able to examine the application of length of stay criteria and the determination of medical necessity for continued hospital stay. The student will also have an opportunity to examine the hospital discharge planning process and to understand the concept of continuity and coordination of care.

3. **Case Review/Rounds:** By observing the health plan’s “grand rounds” of the review of hospitalized patients, the student will be able to cite three examples from one of each of the following processes: (a) how medical criteria impact in-patient admissions/length of stay; (b) how case management is initiated; (c) the steps taken in the discharge planning process works/how it is optimized; (d) how inpatient disease management can benefit patients; (e) how the concurrent review process works; (f) the steps taken by the MCO to ensure for the most cost-effective delivery of care.

4. **Case/Disease Management:** The student will be able to examine the case management of chronic and catastrophic cases as well as the implementation of disease/illness management programs (e.g., asthma, diabetes, CHF, renal failure, obstetrics) conducted by the case manager.

5. **Quality Management/Improvement:** The student will be able to examine how an MCO monitors and maintains the health care and services provided to its members to promote adequate access, acceptable outcomes, cost-efficiency, patient satisfaction and effect improvements as needed. The student will also be able to recognize the importance of appropriate medical record documentation.

6. **Provider/Practice Management:** The student will be able to examine the process of provider management including credentialing, contracting, compensation models, provider orientations/education, procedures for referrals, authorizations, record-keeping, and billing issues.
Continued, Course Objectives: IGC Managed Care Program

7. **HMO Clinic Administration:** By observing the administration of a staff model delivery system, the student will be able to examine the dynamics of patient flow and managed care operations in a multiple physician clinic setting.

8. **Medical Operations:** By shadowing the medical director of an MCO, the student will be able to recognize factors that determine medical necessity, application of benefits, physician education, and the interrelationship with the plan’s physician network.

9. **Committee Meetings:** By attending physician committee meetings (e.g., Peer Review, Credentialing, Quality Improvement), the student will be able to recognize the important role that physicians play in ensuring for the quality of care delivered by MCOs.

### V. COURSE SCHEDULE

**GROUP ASSIGNMENTS:**

The class is divided into two main groups (i.e., Group A and Group B), and 24 subgroups which are derived from a student’s placement with one of six managed care organizations. Students taking IGC on Tuesdays are in Group A and students taking IGC on Thursdays are in Group B. Students rotate weekly with their IGC Physician Mentor with the exception of the three sessions per year with their assigned Managed Care Organization.

**ROTATION HOURS:**

Physician Mentor sessions are approximately four hours in duration, from 1:00 P.M. to 5:00 P.M. or from 2:00 P.M. to 6:00 P.M. (depending on the physician’s lunch schedule). Some Physician Mentors ask their students to join them for hospital patient rounds or occasional lunch/dinner meetings which take place prior to 1:00 P.M. or after 6:00 P.M. Students are generally required to attend IGC Managed Care Headquarters sessions from 1:00 p.m. to 5:00 P.M. Exceptions include night-time physician committee dinner meetings at MCOs, certain field experiences which may specifically start at 1:30 or 2:00 P.M., or special lectures or symposia scheduled during the semester. Students must refer to their applicable managed care schedules, direction sheets, and special memorandums for specific locations and rotation hours.
# M2 IGC Schedule

## Fall Semester 1999

<table>
<thead>
<tr>
<th>All M2's (Groups A &amp; B) Gen'l IGC Sessions (Mandatory Attendance)</th>
<th>Group A Tues IGC Sessions</th>
<th>Group B Thursday IGC Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Wednesday, July 28</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IGC Orientation</td>
<td></td>
<td>Managed Care Sessions are from 1:30 - 4:30 p.m.</td>
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<tr>
<td>1:10 - 2:00 P.M. Hull Aud</td>
<td></td>
<td>Physician Mentor Sessions typically begin at 1:00</td>
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<tr>
<td><strong>Friday, July 30</strong></td>
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<td></td>
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<tr>
<td>Managed Care 201 Lecture</td>
<td></td>
<td></td>
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<tr>
<td>10:10 A.M. - 12:00 Hull Aud</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1:10 - 4:00 P.M. Hull Aud</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Group A Session</th>
<th>Group B Session</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Aug</td>
<td>Physician Mentor Session</td>
<td>12-Aug</td>
</tr>
<tr>
<td>17-Aug</td>
<td>Physician Mentor Session</td>
<td>19-Aug</td>
</tr>
<tr>
<td>24-Aug</td>
<td>Physician Mentor or Managed Care Session</td>
<td>26-Aug</td>
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<tr>
<td>31-Aug</td>
<td>Physician Mentor or Managed Care Session</td>
<td>2-Sep</td>
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<tr>
<td>7-Sep</td>
<td>Physician Mentor or Managed Care Session</td>
<td>9-Sep</td>
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<tr>
<td>14-Sep</td>
<td>Physician Mentor or Managed Care Session</td>
<td>16-Sep</td>
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<tr>
<td>21-Sep</td>
<td>Physician Mentor or Managed Care Session</td>
<td>23-Sep</td>
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<tr>
<td>28-Sep</td>
<td>Physician Mentor or Managed Care Session</td>
<td>30-Sep</td>
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<tr>
<td>5-Oct</td>
<td>Physician Mentor or Managed Care Session</td>
<td>7-Oct</td>
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<tr>
<td>12-Oct</td>
<td>Physician Mentor or Managed Care Session</td>
<td>14-Oct</td>
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<tr>
<td>19-Oct</td>
<td>Physician Mentor or Managed Care Session</td>
<td>21-Oct</td>
</tr>
<tr>
<td>26-Oct</td>
<td>Physician Mentor or Managed Care Session</td>
<td>28-Oct</td>
</tr>
<tr>
<td>2-Nov</td>
<td>Physician Mentor or Managed Care Session</td>
<td>4-Nov</td>
</tr>
<tr>
<td>9-Nov</td>
<td>Physician Mentor or Managed Care Session</td>
<td>11-Nov</td>
</tr>
<tr>
<td><strong>Wednesday, Nov 10</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>IGC Managed Care Panel Hull Auditorium</td>
<td></td>
<td></td>
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<tr>
<td>2:10 - 4:00 P.M.</td>
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<tr>
<td><strong>Monday, November 29</strong></td>
<td></td>
<td></td>
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<tr>
<td>IGC Wrap-Up Session</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:10 - 11:00 A.M. Hull Aud</td>
<td></td>
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</table>

**Total: 4 IGC Meetings/Lectures**

**Total: 15 IGC Sessions in Field (Group A)**

**Total: 15 IGC Sessions in Field (Group B)**

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**Note:** These IGC session dates do not include evening physician committee dates for assigned MCO sessions. Evening sessions always substitute for a regular afternoon session (i.e., at some other time during the semester).

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**The Winter 2000 Schedule is distributed during the IGC Student Orientation for IDC 6624 Course in January 2000.**

**Students have a total of 15 community-based IGC sessions (i.e., from 12 to 15 Physician Mentor sessions and from 0 to 3 MCO sessions).**

Note: All students will have the same number of MCO and Physician Mentor sessions by the end of the Winter 2000 Semester.
VI. ATTENDANCE/PUNCTUALITY

ATTENDANCE

1. Attendance at all scheduled Physician Mentor office sessions is required unless there is a written excused absence approved by the IGC Course Director.

2. Attendance at all Managed Care sessions is required unless there is a written excused absence approved by the IGC Course Director. Even in the event of an emergency (i.e., non life-threatening), students are required to contact the IGC Office prior to missing the scheduled session. Students who “stand-up” a preceptor will receive a failing grade.

3. Attendance at all IGC meetings (i.e., including lectures, orientations, debriefings and wrap-up sessions) is required unless there is a written excused absence approved by the IGC Course Director.

TARDINESS

Students are expected to arrive at their Physician Mentor offices and Managed Care Corporations at the scheduled time specified for that rotation. 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 or managed care 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 breakdown), 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 and dress must be demonstrated at all assigned physician mentor sessions, managed care sessions, and at all IGC meetings. Physician Mentors provide a written assessment of student conduct on the Student Assessment by Preceptor and Managed Care Mentors assess student’s professionalism directly on the Managed Care Program Attendance Log. 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 office or MCO-affiliated site and must conduct themselves appropriately with the personnel in charge of the organization (e.g., including security guards). Any problems or difficulties should be communicated immediately to the IGC Office.

DRESS CODE

Students shall maintain a critical awareness of personal hygiene and dress in a neat, clean, professional manner. Unless specifically instructed otherwise by the Physician Mentor or managed care preceptor, students will dress in professional attire along with a clean white clinical jacket with a Nova Southeastern University identification badge. Students are to abide by the dress code enforced at their assigned MCO. At the MCO headquarters, this is typically a suit and tie for men and the professional equivalent for women. At the MCO-affiliated clinics, hospitals, or SNFs, a white clinical jacket over professional attire is required. Surgical scrubs are never 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 and managed care personnel at all times.

VIII. COURSE RESOURCES

All instructional materials are supplied by the IGC Program at no cost to the students. These resources include the following:


2. A compilation of articles and other learning resources that address primary care and managed care.
IX. STUDENT LOGS/ASSIGNMENTS

Students will complete and submit all attendance sheets, logs, and assignments by the end-of-semester IGC Wrap-Up Session. Logs must be kept current so that they may be submitted for review at any interim point during the semester. If these items are not submitted on time, an incomplete grade (I) will be issued.

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 (e.g., for attending student conventions) must be clearly indicated on the log, and a brief written description of the clinically-relevant information learned at these “substitute” sessions must be attached to the log.

MANAGED CARE HEADQUARTERS ATTENDANCE LOG

The Managed Care Headquarters Attendance Log must include all of the following information from the designated departmental preceptor assigned to an M2 student for each managed care session: (a) the preceptor’s printed name; (b) the preceptor’s title; (c) the preceptor’s signature; (d) experience type or department name; (e) date; (f) a “yes” or “no” score under “punctuality”; and (g) a “yes” or “no” score under “displayed professional conduct”. Since many sessions are held at facilities visited only once by the student, it is imperative that M2 students remember to bring their original attendance log to all IGC sessions.

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 36 patients) in order to receive a passing grade.

PRIMARY CARE WRITTEN ASSIGNMENT

Students are required to complete a detailed write-up that summarizes their learning experiences and perceptions of primary care practice while on rotations at their assigned Physician Mentor’s Office. For a passing grade, responses to the questions must be well thought out and clearly articulated.
MANAGED CARE WRITTEN ASSIGNMENT

Students are required to complete a one-page Managed Care Assignment for each of their field-based managed care sessions. For a passing grade, responses must be well thought out and clearly articulated (e.g., several-word responses are not acceptable).

X. GRADING CRITERIA

This Course is graded as follows:

PH (Pass with Honors)  P (Pass)  F (Fail)

The minimum requirements for achieving a grade of “Pass” include: (1) 100% attendance at all IGC meetings, physician mentor sessions and managed care 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 passing score on the Diagnostic Log; (5) a passing score on the Primary Care Written Assignment; (6) a passing score on the Managed Care Written Assignment; (7) a positive score (i.e., “yes”) assessing “Professional Conduct” on the Managed Care Program Attendance Log for all managed care sessions; and (8) no more than two “tardy” arrivals on the Managed Care Program Attendance Log.

The minimum requirements for achieving a grade of “Pass with Honors” include: (1) see #1, #2, #4, #5, #6 and #7 above; (2) a score of “Pass with Honors” on the Student Assessment by Preceptor; and (3) no “tardy” arrivals on the Managed Care Program Attendance 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 any of the requirements will result in a failing grade.

STUDENT ASSESSMENT BY PRECEPTOR

Students must receive a passing score on the Student Assessment by Preceptor form which is completed by the physician mentor during the student’s last session. The student is responsible for having their preceptor mail or fax this in by the end of each semester. Two “unsatisfactory” scores or an “unsatisfactory” score in “attendance/punctuality” constitutes a failure. To “pass with honors”, a student must receive a minimum of 7 out of 10 “exceptional” ratings without any “below average” or “unsatisfactory” ratings in the other three questions. An incomplete (“I” grade) will be issued if this form is not received by the end of the semester.
XI. EVALUATIONS/QUESTIONNAIRES

Students must complete all IGC evaluations and questionnaires on a timely basis (i.e., by the end-of-semester IGC wrap-up session). These include, but are not limited to, the IGC Physician Mentor Program Evaluation, the IGC Managed Care Program Evaluation, the Practice Choice and Primary Care Interest Factors Survey, 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 Project Director and Co-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 to continue individual IGC preceptor relationships are often based on these evaluations.

MANAGED CARE PROGRAM EVALUATION

Students’ evaluations of the IGC Managed Care Program focus on their perceptions of the learning experience, of the preceptors, and of the impact that the experience had on students’ interest in careers involving managed care. In addition, this evaluation depicts the most valuable and least valuable features of the rotation, and evaluates the department-specific learning experiences for each of the six MCOs. The results are used to determine strengths and weaknesses of training sessions conducted by the managed care corporations, and are therefore essential to the curricula planning and development process.

STUDENT SCHEDULE FORM FOR SWITCHING PHYSICIAN MENTORS

Students have the opportunity to change physicians after the Fall semester in order to gain exposure to the other primary care disciplines. If a change is requested, 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 semester.
XII. 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 1999/2000 Physician Mentors, sorted by the three primary care specialties, can be found in the August 1999 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. M-2 students are capable of doing a complete and comprehensive H & P and learn focused/symptom-oriented H & P in the course of their second year;
- 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 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 complete the student assessment form on a timely basis;
- periodically review the IGC Training Guide and 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 Written 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 orders, progress notes and other records and documents written by the student. A student may not administer therapy or medication, unless under the direct supervision of a licensed physician.
MANAGED CARE PRECEPTORS

The specific teaching responsibilities of the six Managed Care Organizations are included in written proposals/agreements tailored to each of the MCO teaching partners. In addition, the managed care preceptors are expected to:

- review the specific learning objectives for each MCO teaching session with the student;
- monitor the student’s attendance, punctuality and professionalism, and complete the student’s attendance logs;
- adhere to student-specific teaching schedules including dates and times for teaching sessions. Preceptors must call the IGC Office if they have to miss a teaching session.

XIII. ROLE OF STUDENT

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

- acting in a professional manner with all 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: This contains a complete packet of forms for both the Fall 1999 and Winter 2000 Semesters.
Nova Southeastern University College of Osteopathic Medicine
IGC Physician Mentor Attendance Log

Fall 1999  ○  Winter 2000  ○

Student Name: ____________________________  Last  First

Student's Year:  M-1  ○  M-2  ○

Name of Preceptor: ____________________________  Last  First

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<tr>
<th>Date</th>
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The number of sessions required varies by student year, by semester, and for M2s, by student sub-group (i.e., the number of managed care rotations within a semester impacts the number of Physician Mentor Sessions).
# Nova Southeastern University College of Osteopathic Medicine
## IGC Diagnostic Program Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Profile (e.g. 15 year old male)</th>
<th>Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)</th>
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</table>
1. Provide one case example that describes how your Physician Mentor integrates information from the medical history into definitive diagnoses and treatment plans.

A. Patient Age ________ Gender ________
B. Presenting problems or symptoms:

C. Key facts obtained through patient interview:

D. Key facts obtained through patient physical examination:

E. List diagnostic and/or laboratory tests needed for differential diagnosis and justify reasons for ordering each:

F. Final Diagnosis(es):

2. Provide one case example that describes how your Physician Mentor incorporates two out of the following four factors into medical decision making: (1) psychological (2) ethical (3) familial, and (4) ethnocultural

A. Patient Age ________ Gender ________
B. Presenting problems or symptoms:
C. Describe how the diagnosis was reached by incorporating information from two out of four factors below:
   1. Psychological
   2. Ethical
   3. Familial
   4. Ethnocultural

D. Describe how the treatment plan is affected by 2 out of the 4 factors below:
   1. Psychological
   2. Ethical
   3. Familial
   4. Ethnocultural

E. By incorporating the case example above, compare and contrast the similarities and differences among approaches to the care of diverse patient populations. (For example, assume you had to treat a patient with a similar diagnosis from a different patient demographic population; or assume you had to conduct a diagnosis on several demographically diverse patients who have similar presenting problems).
3. Name and describe three community resources 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, substance abuse, etc.)

Community Resource #1:

Community Resource #2:

Community Resource #3:

4. Summarize the specific ways in which the Physician Mentor must work with managed care plans in his/her practice. Provide one paragraph incorporating a minimum of three of the following (and circle the three that you select):

- Membership verification
- MCO contract and reimbursement criteria
- Referrals to specialists or for diagnostic tests
- Pre-authorizations for surgery or hospitalizations
- Quality management/medical records
- Conflict resolution
- Concurrent review of hospitalized patients
- Other (please list) ____________________________
5. 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).

6. 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.

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:
### IGC Managed Care Attendance Log

- **Term:** Fall 1998 ○ Winter 2000 ○

**Student Name:**

**Assigned Managed Care Organization(s):**

<table>
<thead>
<tr>
<th>Date</th>
<th>Department</th>
<th>Preceptor Name</th>
<th>Preceptor Title</th>
<th>Preceptor’s Signature</th>
<th>*Professional Conduct</th>
<th>Student was Punctual</th>
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</table>

*Professional Conduct: Did the student display professional conduct and demeanor during the session?*
MANAGED CARE ASSIGNMENT (Fall 1999/Winter 2000)

Student Name: ________________________________

Managed Care Organization: ________________________________

Department Name: ________________________________

Date: ________________________________

Instructions: Please complete one assignment page for each of your managed care rotations and attach to the managed care attendance log. This will be submitted at the IGC Wrap-Up Session. Responses must be clearly thought out and well articulated using complete sentences.

A. What are the three most valuable things that you learned today? (be specific)

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

B. Please describe how this experience might impact your practice as a physician:

________________________________________________________________

________________________________________________________________

________________________________________________________________

C. Other Comments (Optional):

________________________________________________________________

________________________________________________________________

________________________________________________________________
MANAGED CARE ASSIGNMENT (Fall 1999/Winter 2000)

Student Name: ____________________________

Managed Care Organization: ____________________________

Department Name: ____________________________

Date: ____________________________

Instructions: Please complete one assignment page for each of your managed care rotations and attach to the managed care attendance log. This will be submitted at the IGC Wrap-Up Session. Responses must be clearly thought out and well articulated using complete sentences.

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1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

B. Please describe how this experience might impact your practice as a physician:

__________________________________________

__________________________________________

__________________________________________

C. Other Comments (Optional):

__________________________________________

__________________________________________
MANAGED CARE ASSIGNMENT (Fall 1999/Winter 2000)

Student Name: ________________________________

Managed Care Organization: __________________________

Department Name: ________________________________

Date: ________________________________

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A. What are the three most valuable things that you learned today? (be specific)

1. __________________________________________

2. __________________________________________

3. __________________________________________

B. Please describe how this experience might impact your practice as a physician:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

C. Other Comments (Optional):

______________________________________________________________________________________

______________________________________________________________________________________
Instructions: Please complete one assignment page for each of your managed care rotations and attach to the managed care attendance log. This will be submitted at the IGC Wrap-Up Session. Responses must be clearly thought out and well articulated using complete sentences.

A. What are the three most valuable things that you learned today? (be specific)

1. 

2. 

3. 

B. Please describe how this experience might impact your practice as a physician:

C. Other Comments (Optional):
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 with Honors", the student must receive (7) or more "exceptional" ratings without any "below average" or "unsatisfactory" ratings in the other three questions. To "Pass", the student must receive no more than one "unsatisfactory" rating, but a student cannot pass if the "unsatisfactory" rating is in "attendance & punctuality". Any unsatisfactory rating will necessitate a follow-up by the applicable department chair.

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<tr>
<th>Item</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
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<td>4. Professional appearance</td>
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<td>5. Patient rapport (communication skills &amp; attitude)</td>
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<td>6. Medical team rapport (cooperates with other health professionals and office staff)</td>
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<td>7. Enthusiasm (seems to enjoy and show interest in learning)</td>
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<td>8. Inquisitiveness (asks questions when appropriate)</td>
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<td>9. Medical knowledge (applies basic &amp; clinical science according to the student's level of medical education)</td>
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<td>10. Progress through rotation (shows consistent effort &amp; growth)</td>
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Please provide additional comments on back. A written explanation is required on back if any ratings above are unsatisfactory. This form must have the physician mentor's signature below. Thank you.

**Physician Name (Please Print)**

First: ______________________ Last: ______________________

Signature of Physician Mentor: ______________________

Address: ______________________ 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.
### NSU College of Osteopathic Medicine
### IGC Physician Mentor Program Evaluation

**Class**  
- [ ] M1  
- [ ] M2

**PHYSICIAN NAME**

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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  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

2. The learning objectives were discussed with me by relevant personnel.  
   - [ ] Strong Point of Program  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

3. My role in the physician's practice setting was defined.  
   - [ ] Strong Point of Program  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

4. I found the clinical experience consistent with the objectives set.  
   - [ ] Strong Point of Program  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

5. I had the opportunity to observe a clinician as a role model.  
   - [ ] Strong Point of Program  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

6. I was presented with knowledge that was meaningful and relevant to me.  
   - [ ] Strong Point of Program  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

7. The physician mentor explained the thinking process used in making decisions about patient care.  
   - [ ] Strong Point of Program  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

8. I was given the time to ask questions and receive additional information.  
   - [ ] Strong Point of Program  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

9. The physician demonstrated interest in me as a student.  
   - [ ] Strong Point of Program  
   - [ ] Occurred and was Satisfactory  
   - [ ] Occurred but Needs Improvement  
   - [ ] Did Not Occur

10. The physician mentor seemed to enjoy teaching me.  
    - [ ] Strong Point of Program  
    - [ ] Occurred and was Satisfactory  
    - [ ] Occurred but Needs Improvement  
    - [ ] Did Not Occur

11. I was given support and positive reinforcement by relevant personnel.  
    - [ ] Strong Point of Program  
    - [ ] Occurred and was Satisfactory  
    - [ ] Occurred but Needs Improvement  
    - [ ] Did Not Occur

12. I was given criticism in a constructive manner.  
    - [ ] Strong Point of Program  
    - [ ] Occurred and was Satisfactory  
    - [ ] Occurred but Needs Improvement  
    - [ ] Did Not Occur

13. I had a chance to see many aspects of how a primary care physician office functions.  
    - [ ] Strong Point of Program  
    - [ ] Occurred and was Satisfactory  
    - [ ] Occurred but Needs Improvement  
    - [ ] Did Not Occur

14. I was able to observe diagnostic problem solving during patient interviews.  
    - [ ] Strong Point of Program  
    - [ ] Occurred and was Satisfactory  
    - [ ] Occurred but Needs Improvement  
    - [ ] Did Not Occur

15. I was able to observe the concept of "whole patient" care, including psychosocial and ethical issues.  
    - [ ] Strong Point of Program  
    - [ ] Occurred and was Satisfactory  
    - [ ] Occurred but Needs Improvement  
    - [ ] Did Not Occur

16. Participation increased my knowledge of managed care.  
    - [ ] A Great Deal  
    - [ ] Some  
    - [ ] Very Little

17. Overall, how much did you learn in this program?  
    - [ ] A Great Deal  
    - [ ] Some  
    - [ ] Very Little

18. To what extent has this program increased your interest in practicing primary care medicine?  
    - [ ] A Great Deal  
    - [ ] Some  
    - [ ] Very Little

19. Prior to starting the IGC program, to what extent were you interested in practicing primary care medicine?  
    - [ ] A Great Deal  
    - [ ] Some  
    - [ ] Very Little

---

**Fall 1999 / Winter 2000**

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**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. Additional Comments:

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
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____________________________________________________________________
____________________________________________________________________
NSU College of Osteopathic Medicine
1999 IGC Student Scheduling Form
Switching Physician Mentors

Instructions: The purpose of this form is to help schedule you in your upcoming 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.

First Name

Last Name

Address: __________________________

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

Location of your residence - Dade: ○ South ○ Central ○ North
Palm Beach: ○ South ○ Central ○ North
South ○ Central ○ North

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

Current Physician Mentor Name: ____________________________________________

Current Specialty: ○ 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 30 and 45 minutes
○ Between 15 and 30 minutes ○ Over 45 minutes

Stay with this physician if possible? ○ Yes ○ No

Specialty desired for upcoming rotation: (This specialty must be different from your current specialty.)
○ 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 2000 SEMESTER
IGC FORMS
Nova Southeastern University College of Osteopathic Medicine  
IGC Physician Mentor Attendance Log

Fall 1999 ● Winter 2000 ●

Student Name: ____________________________ Last ______ First _______

Student’s Year:  M-1 ● M-2 ●

Name of Preceptor: ____________________________ Last ______ First _______

<table>
<thead>
<tr>
<th>Date</th>
<th>Preceptor’s Signature</th>
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The number of sessions required varies by student year, by semester, and for M2s, by student sub-group (i.e., the number of managed care rotations within a semester impacts the number of Physician Mentor Sessions).
Nova Southeastern University College of Osteopathic Medicine
IGC Diagnostic Program Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Patient Profile (e.g. 15 year old male)</th>
<th>Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)</th>
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<tbody>
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</tbody>
</table>
| Date | Patient Profile  
|------|----------------
|      | (e.g. 15 year old male) 
|      | No Names Please) |
|      | Diagnoses  
|      | (e.g. 1. Gastroenteritis) 
|      | 2. Otitis Media) |
1. Provide one case example that describes how your Physician Mentor integrates information from the medical history into definitive diagnoses and treatment plans.

A. Patient Age _______ Gender _______

B. Presenting problems or symptoms:

C. Key facts obtained through patient interview:

D. Key facts obtained through patient physical examination:

E. List diagnostic and/or laboratory tests needed for differential diagnosis and justify reasons for ordering each:

F. Final Diagnosis(es):

2. Provide one case example that describes how your Physician Mentor incorporates two out of the following four factors into medical decision making: (1) psychological (2) ethical (3) familial, and (4) ethnocultural

A. Patient Age _______ Gender _______

B. Presenting problems or symptoms:
C. Describe how the diagnosis was reached by incorporating information from two out of four factors below:
   1. Psychological
   2. Ethical
   3. Familial
   4. Ethnocultural

D. Describe how the treatment plan is affected by 2 out of the 4 factors below:
   1. Psychological
   2. Ethical
   3. Familial
   4. Ethnocultural

E. By incorporating the case example above, compare and contrast the similarities and differences among approaches to the care of diverse patient populations. (For example, assume you had to treat a patient with a similar diagnosis from a different patient demographic population; or assume you had to conduct a diagnosis on several demographically diverse patients who have similar presenting problems).
3. Name and describe three community resources 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, substance abuse, etc.)

Community Resource #1:

Community Resource #2:

Community Resource #3:

4. Summarize the specific ways in which the Physician Mentor must work with managed care plans in his/her practice. Provide one paragraph incorporating a minimum of three of the following (and circle the three that you select):

- Membership verification
- MCO contract and reimbursement criteria
- Referrals to specialists or for diagnostic tests
- Pre-authorizations for surgery or hospitalizations
- Quality management/medical records
- Conflict resolution
- Concurrent review of hospitalized patients
- Other (please list) ________________________________
5. 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).

6. 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.

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 with Honors", the student must receive (7) or more "exceptional" ratings without any "below average" or "unsatisfactory" ratings in the other three questions. To "Pass", the student must receive no more than one "unsatisfactory" rating, but a student cannot pass if the "unsatisfactory" rating is in "attendance & punctuality". Any unsatisfactory rating will necessitate a follow-up by the applicable department chair.

<table>
<thead>
<tr>
<th>Item</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. Dependability</td>
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<td>2. Attendance and punctuality</td>
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<td>3. Conduct (exhibits professional demeanor, attitude and behavior)</td>
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<td>4. Professional appearance</td>
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<td>5. Patient rapport (communication skills &amp; attitude)</td>
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<td>6. Medical team rapport (cooperates with other health professionals and office staff)</td>
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<td>7. Enthusiasm (seems to enjoy and show interest in learning)</td>
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<td>8. Inquisitiveness (asks questions when appropriate)</td>
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<td>9. Medical knowledge (applies basic &amp; clinical science according to the student’s level of medical education)</td>
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<td>10. Progress through rotation (shows consistent effort &amp; growth)</td>
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Please provide additional comments on back. A written explanation is required on back if any ratings above are unsatisfactory. This form must have the physician mentor's signature below. Thank you.

Physician Name (Please Print)

First

Last

Signature of Physician Mentor ____________________________________________

Address ____________________________________________ 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.
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: , Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

2. The learning objectives were discussed with me by relevant personnel.  
   Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

3. My role in the physician's practice setting was defined.  
   Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

4. I found the clinical experience consistent with the objectives set.  
   Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

5. I had the opportunity to observe a clinician as a role model.  
   Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

6. I was presented with knowledge that was meaningful and relevant to me.  
   Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

7. The physician mentor explained the thinking process used in making decisions about patient care.  
   Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

8. I was given the time to ask questions and receive additional information.  
   Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

9. The physician demonstrated interest in me as a student.  
   Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

10. The physician mentor seemed to enjoy teaching me.  
    Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

11. I was given support and positive reinforcement by relevant personnel.  
    Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

12. I was given criticism in a constructive manner.  
    Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

13. I had a chance to see many aspects of how a primary care physician office functions.  
    Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

14. I was able to observe diagnostic problem solving during patient interviews.  
    Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

15. I was able to observe the concept of "whole patient" care, including psychosocial and ethical issues.  
    Occurred and was Satisfactory: , Occurred but Needs Improvement: , Did Not Occur:  

16. Participation increased my knowledge of managed care.  
    A Great Deal: , Some Due: , Very Little:  

17. Overall, how much did you learn in this program?  
    A Great Deal: , Some Due: , Very Little:  

18. To what extent has this program increased your interest in practicing primary care medicine?  
    A Great Deal: , Some Due: , Very Little:  

19. Prior to starting the IGC program, to what extent were you interested in practicing primary care medicine?  
    A Great Deal: , Some Due: , Very Little:  

Fall 1999 / Winter 2000
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. Addditional Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________
Instructions: The purpose of this form is to help schedule you in your upcoming 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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<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
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Address: ____________________________________________

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

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

Palm Beach:  
- South
- Central
- North

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<th>Broward</th>
<th>Between Griffin Rd. &amp; the Dade Boundary</th>
<th>Between Griffin Rd. &amp; Oakland Park Blvd.</th>
<th>Between Oakland Park Blvd. &amp; Palm Beach Boundary</th>
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<td>West of the turnpike</td>
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Current Physician Mentor Name: ______________________________________

Current Specialty:  
- 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 and 30 minutes
- Between 30 and 45 minutes
- Over 45 minutes

Stay with this physician if possible?  
- Yes
- No

Specialty desired for upcoming rotation: (This specialty must be different from your current specialty.)
- 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: ___________________________________________
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