College of Osteopathic Medicine Second Year Syllabus

Nova Southeastern University

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INTERDISCIPLINARY GENERALIST CURRICULUM (IGC)
PRECEPTORSHIP III AND IV
SECOND-YEAR STUDENT COURSE SYLLABUS
FOR IDC 6512 (FALL 2006) AND IDC 6722 (WINTER 2007)
NOVA SOUTHEASTERN UNIVERSITY
COLLEGE OF OSTEOPATHIC MEDICINE
COURSE SYLLABUS

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

CLASS/SEMESTERS/YEARS: M-2 FALL 2006 and M-2 WINTER 2007

COURSE DESIGNATIONS: IDC-6512 (Fall 2006) and IDC-6722 (Winter 2007)

DATES: July 31, 2006 – November 13, 2006 (Fall Semester Only)

<table>
<thead>
<tr>
<th>AUDITORIUM DATES</th>
<th>DAY</th>
<th>TIME</th>
<th>PLACE</th>
<th>CLASS/MEETING TYPE</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/31/06</td>
<td>Monday</td>
<td>10:10 A.M. - 12:00 noon</td>
<td>Morris Auditorium</td>
<td>IGC Orientation: Physician Mentor Program and COMServe Program</td>
</tr>
<tr>
<td>Course Begins</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10/23/06</td>
<td>Monday</td>
<td>9:00 A.M. - 12:10 P.M.</td>
<td>Morris Auditorium</td>
<td>This is not a meeting. IGC Primary Care Assignments (not logs) will be collected by placement inside the IGC collection box.</td>
</tr>
<tr>
<td>Primary Care Assignment Due</td>
<td></td>
<td>1:00 P.M. - 2:00 P.M.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11/13/06</td>
<td>Monday</td>
<td>3:10 P.M. - 5:00 P.M.</td>
<td>Morris Auditorium</td>
<td>This is a combined session comprised of the IGC Business of Medicine/Practice Management Seminar and the end of semester wrap-up meeting (all remaining assignments are due).</td>
</tr>
<tr>
<td>Business of Medicine/Practice Management Seminar &amp; Wrap-Up Session</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: See IGC course schedule, individualized student Physician Mentor assignments, and schedules/directions for all assigned COMServe and Managed Care/Business of Medicine field-based IGC sessions.

CONTACT HOURS: 36 or 40 TOTAL CONTACT HOURS (Fall 2006 Semester Only)
4 lecture hours; 32 or 36 clinical or small group hours (i.e., 8 or 9 sessions)

Note: Students who have 8 sessions during the Fall Semester will have 1 addition session during the Winter Semester, and students who have 9 sessions during the Fall Semester will have 1 less session during the Winter Semester. These sessions include 7 sessions at Physician Mentor’s offices, 1 session at a COMServe site, and half the class has 1 (i.e., 9th) session with a Managed Care/Business of Medicine Program during the Fall Semester and the other half has this special session during the Winter Semester.

CREDIT HOURS: 2 hours 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 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.- 5:30 P.M.
Monday - Friday (or by appointment)

* Winter 2007 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
<table>
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<th>Section A.</th>
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<tbody>
<tr>
<td><strong>I. FACULTY ROSTER</strong>*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IGC Administrative Director:</th>
<th>Managed Care Organization/ Business of Medicine Instructors:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Debra Cohn Steinkohl, M.H.S.A. Assistant Professor, Department of Family Medicine, Division of Community Medicine</td>
<td>Melvin Fletcher, M.D. Vice President of Medical Affairs Blue Cross/Blue Shield of Florida Health Options</td>
</tr>
<tr>
<td><strong>IGC Co-Project Directors:</strong></td>
<td>Tamer Gozleveli, D.O. Clinical Assistant Professor NSU-COM Department of Family Medicine</td>
</tr>
<tr>
<td>Pablo Calzada, D.O., M.P.H. Assistant Professor and Chair, NSU-COM Department of Family Medicine</td>
<td>Dan Hudec, M.D. Medical Director of Quality/Regulatory Compliance Blue Cross/Blue Shield of Florida Health Options</td>
</tr>
<tr>
<td>Edward Packer, D.O. Chair and Associate Professor, Department of Pediatrics</td>
<td>Mohsin Jaffer, M.D. Clinical Associate Professor NSU-COM Department of Family Medicine</td>
</tr>
<tr>
<td>Samuel Snyder, D.O. Associate Professor and Chair, NSU-COM Department of Internal Medicine</td>
<td>Alan S. Whiteman, Ph.D. President Healthcare Integration Consultants</td>
</tr>
</tbody>
</table>

**NSU Business of Medicine Liaison:**

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

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* For a complete list of IGC Mentors by specialty and organization, please refer to the August 2007 listing of IGC Primary Care Physician Mentors and COM²Serve Partner sites.
II. COURSE DESCRIPTION

The Interdisciplinary Generalist Curriculum (IGC) Program has three components: (1) The IGC Physician Mentor Program; (2) The IGC Managed Care/Business of Medicine Program; and (3) the College of Osteopathic Medicine in Community Service (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 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 clinical rotation where they are also exposed to the central role of the primary care physician in managed health care and/or the management of their practices. In addition, students learn about the business aspects of practice as well as the various components of managed care organizations (MCOs) by assigning each student to either an MCO teaching partner or to attend a special conference or seminar on healthcare systems, policy and access. In addition, students rotate through community-based clinics and other service organizations that provide health care to medically underserved or at-risk populations.

Instructional Activities and Methods

IGC Physician Mentor Program: During each semester, students accompany an assigned Primary Care Physician Mentor for a minimum of 7 four-hour sessions in his/her practice. Each physician in the IGC network of over 150 Physician Mentors is affiliated/contracted with one or more managed care companies. Students observe both patient care and the business aspects of clinical practice under the direction of the 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.

IGC Managed Care/Business of Medicine Program: Students are assigned to either an IGC Managed Care Organization (MCO) or to another Business of Medicine experience for a four-hour session per academic year (i.e., either in the Fall '06 or the Winter '07 semester). With the MCO experience, students learn how the managed care industry operates by learning about various topics such as Medical Operations, Case/Disease Management, Utilization Management, Quality Management, Provider/Practice Management, and the processes & function of MCO Committees. In the Business of Medicine experience, students begin to understand the many complex factors that influence the way medicine is practiced and financed in the United States.

College of Osteopathic Medicine in Community Service (COM²Serve) Program: Students rotate for a minimum of 2 four-hour sessions per academic year at COM²Serve partner organizations in order to fulfill the community service component of their IGC Preceptorship Course. Through the COM²Serve Program, medical students are involved in service learning by participating in designated health fairs or medical missions, or through placement at community health centers, migrant farmworker clinics, and other subsidized
or free community clinics, as well as with homeless shelters, public health departments, hospice programs and other community-based organizations. The COMServe partner organizations provide health care and other needed services to medically underserved, minority, or at-risk populations.

In addition to field rotations with primary care physicians, community service organizations, public health departments, and managed care organizations, 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 and requirements of the IGC Program, including a review of the learning objectives. To assess the students' experiences, a wrap-up session is 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' interests in primary care and community health through exposure to positive physician mentors who practice general internal medicine, family medicine, or general pediatrics.

- To educate students about the financial and policy implications, as well as the practices and principles, of various types of health care delivery systems (e.g., managed care) so that students may understand the specific challenges and opportunities that face physicians on the business side of practice.

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

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

### IV. COURSE OBJECTIVES

**IGC PHYSICIAN MENTOR PROGRAM LEARNING OBJECTIVES**

(Note: this also includes the learning objectives for the IGC COMServe Program)

Upon successful completion of the IGC Preceptorship III and IV courses, the student will be able to:

1. apply the basic/clinical science knowledge and demonstrate clinical skills necessary to recognize medical problems and institute treatment in a primary care setting (consistent with the student's current level of medical education).
2. demonstrate the ability to establish good patient rapport and achieve an appropriate level of comfort in working with patients and physicians and the other members of the health care team.

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

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

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

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

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

8. demonstrate an increased awareness of organizations and community efforts that provide health care and other needed services to medically underserved and at-risk patient populations, and participate in community service.

9. list career options in family medicine, general internal medicine or general pediatrics, and outline the most and least interesting features.

**IGC MANAGED CARE/BUSINESS OF MEDICINE PROGRAM LEARNING OBJECTIVES**

Upon successful completion of the assigned Managed Care/Business of Medicine sessions, the student will be able to assess the impact that healthcare policy and the infrastructure of healthcare systems might have on a physician’s practice (i.e., through educational experiences with a minimum of three out of the nine areas below):

1. **Conference or Seminar on Healthcare Systems, Policy and Access:** By attending a health professions conference or seminar, the student will gain proficiency in understanding the complex issues facing physicians as they strive to ensure access of quality health care to patients while maintaining both a fair level of professional compensation and a balance in control of the healthcare system.

2. **Seminar on Practice Management:** By attending a seminar comprised of local healthcare leaders and practicing professionals, the student will be able to explore topics impacting the way physicians manage their practices, including: marketing/patient relations, contracting for third-party reimbursement systems, office economics/operations, staffing/human resources, billing, coding, medical records, credentialing, practice guidelines/policies and range of services.

3. **Utilization Management:** Through discussions with managed care staff, administrators or hospitalists, the student will be able to examine the pre-certification, authorization, care denial and discharge planning processes, including the use of specific medical criteria for assignment of length of stay, and will understand the concept of continuity and coordination of care.
4. **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: (a) how medical criteria impact in-patient admissions/length of stay; (b) initiation of case management; (c) the steps taken in the discharge planning process; (d) inpatient disease management; (e) the concurrent review process; (f) the steps taken by the MCO to ensure the most cost-effective delivery of care.

5. **Case/Disease Management:** The student will be able to analyze the benefits of utilizing a population-based approach to the prevention and management of chronic and catastrophic disease by reviewing various approaches to the case management of patients enrolled in disease management programs (e.g., asthma, diabetes, CHF, transplantation, cancer, renal failure, high-risk pregnancy).

6. **Quality Management/Improvement:** The student will be able to analyze 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 to affect improvements as needed. The student will also be able to understand the importance of appropriate medical record documentation and practice guidelines.

7. **Provider/Practice Management:** The student will be able to analyze the process of provider management including credentialing, contracting, compensation models, provider orientations/education, procedures for referrals, authorizations, record-keeping, and billing issues.

8. **Medical Operations:** Through discussions with the medical director of an MCO, the student will be able to describe factors that determine medical necessity, application of benefits, quality and cost-effectiveness of care, physician education, and the interrelationship with the plan's physician network.

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

## V. COURSE SCHEDULE

**GROUP ASSIGNMENTS:**

The class is divided into two main groups, Group A and Group B, each representing one-half of the class. Students taking IGC on Tuesdays are in Group A and students taking IGC on Thursdays are in Group B. Students rotate with their IGC Physician Mentor during all designated field-based IGC sessions, except for the one session per semester when they are assigned to a COM²Serve organization or experience (i.e., 2 sessions per year), and the one session per year with a Managed Care Organization or a Business of Medicine experience.
# M2 IGC Schedule

## Fall Semester 2006

<table>
<thead>
<tr>
<th>All M2's (Groups A &amp; B)</th>
<th>Group A: Tuesday IGC Sessions</th>
<th>Group B: Thursday IGC Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gen'l IGC Sessions</td>
<td>Start time for Physician Mentor sessions vary (typically 1:00 or 2:00).</td>
<td>Start time for Physician Mentor sessions vary (typically 1:00 or 2:00).</td>
</tr>
<tr>
<td>(Mandatory Attendance)</td>
<td>See Managed Care &amp; COM²Serve schedules for start times.</td>
<td>See Managed Care &amp; COM²Serve schedules for start times.</td>
</tr>
<tr>
<td>-------------------------</td>
<td>----------------------------------------------------------</td>
<td>----------------------------------------------------------</td>
</tr>
<tr>
<td>Monday, July 31</td>
<td>Jul 31</td>
<td>Jul 31</td>
</tr>
<tr>
<td>10:10 AM - 12:00 (Morris Aud)</td>
<td>IGC Orientation &amp; Intro. to COM²Serve</td>
<td>IGC Orientation &amp; Intro. to COM²Serve</td>
</tr>
<tr>
<td>Field Session #1</td>
<td>Aug 8</td>
<td>Aug 10</td>
</tr>
<tr>
<td>Physician Mentor Session</td>
<td></td>
<td>Physician Mentor Session</td>
</tr>
<tr>
<td>Field Session #2</td>
<td>Aug 15</td>
<td>Aug 17</td>
</tr>
<tr>
<td>Physician Mentor Session</td>
<td></td>
<td>Physician Mentor Session</td>
</tr>
<tr>
<td>Field Session #3</td>
<td>Aug 22</td>
<td>Aug 24</td>
</tr>
<tr>
<td>Physician Mentor or COM²Serve</td>
<td></td>
<td>Physician Mentor or COM²Serve</td>
</tr>
<tr>
<td>Field Session #4</td>
<td>Aug 29</td>
<td>Aug 31</td>
</tr>
<tr>
<td>Physician Mentor or COM²Serve</td>
<td></td>
<td>Physician Mentor or COM²Serve</td>
</tr>
<tr>
<td>Field Session #5</td>
<td>Sep 6</td>
<td>Sep 7</td>
</tr>
<tr>
<td>Physician Mentor or COM²Serve</td>
<td></td>
<td>Physician Mentor or COM²Serve</td>
</tr>
<tr>
<td>Managed Care/Business of Medicine Session (Date TBA)</td>
<td>TBA</td>
<td>TBA</td>
</tr>
<tr>
<td>MCO/Business of Medicine Session (Note: This 9th session is assigned for half the class)</td>
<td>TBA</td>
<td>MCO/Business of Medicine Session (Note: This 9th session is assigned for half the class)</td>
</tr>
<tr>
<td>Field Session #6</td>
<td>Sep 26</td>
<td>Sep 28</td>
</tr>
<tr>
<td>Physician Mentor or COM²Serve</td>
<td></td>
<td>Physician Mentor or COM²Serve</td>
</tr>
<tr>
<td>Field Session #7</td>
<td>Oct 17</td>
<td>Oct 19</td>
</tr>
<tr>
<td>Physician Mentor or COM²Serve</td>
<td></td>
<td>Physician Mentor or COM²Serve</td>
</tr>
<tr>
<td>Monday, October 23</td>
<td>Oct 23</td>
<td>Oct 23</td>
</tr>
<tr>
<td>9:00 AM - 12:10 PM &amp; 1:00-2:00 PM</td>
<td>Primary Care Assignment Due (Collection Box in Morris Aud.)</td>
<td>Primary Care Assignment Due (Collection Box in Morris Aud.)</td>
</tr>
<tr>
<td>Field Session #8</td>
<td>Oct 24</td>
<td>Oct 26</td>
</tr>
<tr>
<td>Physician Mentor or COM²Serve</td>
<td></td>
<td>Physician Mentor or COM²Serve</td>
</tr>
<tr>
<td>Monday, November 13</td>
<td>Nov 13</td>
<td>Nov 13</td>
</tr>
<tr>
<td>Total: 2 or 3 IGC Meetings/Lectures</td>
<td><strong>Total: 8 or 9 Community-Based IGC Sessions (Group A)</strong></td>
<td><strong>Total: 8 or 9 Community-Based IGC Sessions (Group B)</strong></td>
</tr>
</tbody>
</table>

*The Winter 2007 Schedule is distributed during the IGC Student Orientation for the IDC 6512 Course in January 2007.*

**Students have a total of 8 or 9 community-based IGC sessions (i.e., all students have 7 Physician Mentor sessions & 1 COM²Serve session, plus half of the class has one Fall Semester MCO/Business of Medicine Session (date TBA), which is their 9th session, and half has this in the Winter Semester. If students are scheduled for a Business of Medicine session during the Fall semester, then they will have 9 IGC sessions, and they will have 8 total IGC sessions if scheduled for Business of Medicine during the Winter 2007 semester. All students will have the same total number of IGC sessions each year.**

Note: These IGC session dates do not include COM²Serve sessions that often take place during evening or weekend hours, or on non-IGC days.

An IGC field-based session that does not fall on a regular Tuesday or Thursday IGC day will always substitute for a regular Physician Mentor session (i.e., during the same week or at some other time during the semester).
ROTATION HOURS:

Physician Mentor sessions and COM²Serve sessions are approximately four hours in duration, and are usually scheduled on Tuesdays or Thursdays from 1:00 P.M. to 5:00 P.M. or from 2:00 P.M. to 6:00 P.M. (depending on the preceptor's lunch schedule). Some Physician Mentors ask their students to join them for hospital patient rounds or other learning experiences that take place during times and days not specifically scheduled for the IGC Course. As long as students are not scheduled for a class or lab, they may schedule additional or alternative sessions directly with their IGC Physician Mentors. In addition, several of the COM²Serve experiences are scheduled during evenings or weekends (e.g., evening or Saturday clinics, or health fairs). Students are generally required to attend IGC Managed Care or Business of Medicine sessions from 1:00 P.M. to 5:00 P.M. Exceptions include physician committee dinner meetings at MCOs, certain field experiences, or special lectures, symposia or conferences scheduled during the semester. Students must refer to their applicable MCO/Business of Medicine and COM²Serve schedules, direction sheets, and special memorandums for specific locations and rotation hours. A master IGC course schedule for regularly assigned sessions is included on the previous page.

VI. ATTENDANCE/PUNCTUALITY

ATTENDANCE

100% attendance in all IGC sessions is required in order to pass the course. Since there is no written course 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 procedures for attaining excused absences (outlined below) differ according to the IGC experience.

1. Attendance in the assigned number of Physician Mentor sessions 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 with their Physician Mentor. Students may contact the IGC office to assist in scheduling a make-up Physician Mentor session at a substitute site if a Physician Mentor is absent and when it is not feasible to re-schedule with the assigned Physician Mentor.

2. Attendance at all Managed Care/Business of Medicine sessions and COM²Serve sessions is required unless there is a written excused absence pre-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. Since these sessions are specially assigned according to detailed schedules, students who “stand-up” a Managed Care/Business of Medicine or COM²Serve preceptor will receive a failing grade.

3. Attendance at all IGC auditorium sessions (i.e., including lectures, symposia, orientations and wrap-up sessions) is required unless there is a written excused absence pre-approved by the IGC Course Director. Students without prior approval will have an unexcused absence from an IGC auditorium session and will therefore receive a failing grade.
PUNCTUALITY

Students are expected to arrive at all IGC field sessions at the scheduled time specified for that assignment. 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. If a student arrives late and has a convincing reason (e.g., car broke down, atypical highway delays), 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 community-based sessions and at all IGC meetings. Students must also demonstrate a professional demeanor by remaining open to receiving constructive criticism. 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

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

VIII. COURSE RESOURCES

The IGC Program, at no cost to the students, supplies all instructional materials. These resources may include a compilation of articles and practice guidelines that address primary care, managed care, healthcare economics, and the future of healthcare delivery in the USA.

IX. STUDENT ASSESSMENT/LOGS/ASSIGNMENTS

Students will complete and submit attendance logs, diagnostic patient logs, student assessments and assignments by the end-of-semester IGC Wrap-Up Session. The two exceptions include: (1) the COM²Serve Attendance Log/Written Assignment, which is due within five working days subsequent to attending each COM²Serve session; and (2) the IGC Primary Care Assignment, which is due on Monday, October 23rd (placed in a collection box in the Morris Auditorium from 9:00 AM - 12:10 PM, and from 1:00 PM - 2:00 PM). The Winter 2007 Primary Care Written Assignment is also due several weeks prior to the Wrap-Up Session (date TBA). All logs and assignments must be kept current so that they may be submitted for review at any interim point during the semester. If the IGC logs, assignments and "student assessment by preceptor" are not submitted in an acceptable manner, then an incomplete grade (i.e., "IN") will initially be given if within 10 working days from the last day of the semester. Students with unauthorized late submissions of assignments will receive a grade of “F”. For students who both request and are granted extensions, an incomplete grade (i.e., “IN”) will be given if the IGC assignment(s) are submitted after grades are submitted. After 10 working days from the date grades were submitted, a written extension must be requested and granted by the IGC Course Director or the incomplete grade will be converted to an "F".

STUDENT ASSESSMENT BY PRECEPTOR

Students must receive a passing score on the Student Assessment by Preceptor form that is completed by the physician mentor during the student's last session. By the end of each semester, the student is responsible for hand-delivering or having their preceptor mail or fax a completed form (i.e., including all four sections along with the physician's signature) to the IGC office. In order to qualify for a grade of “pass”, a student must receive "satisfactory" ratings in questions #1 and #2 (i.e., “attendance/punctuality”) of Section A, no more than one “unsatisfactory” rating in Section
B, and a score of "below average" or higher in Section C. An incomplete ("IN" grade) will be issued if this form is not received by the end of the semester.

PHYSICIAN MENTOR ATTENDANCE LOG

The Physician Mentor Attendance Log must include the date and the Physician Mentor’s original signature for each session attended. If the student has more than one preceptor at a given clinic site, all of these names must be included at the top of the log. If a student changes to another preceptor’s office during the semester, the dates for sessions spent with each preceptor must be clearly indicated. Credit will not be given for any community-based IGC session attended during scheduled class time (i.e., students may not elect to miss class to attend an IGC session).

MANAGED CARE/BUSINESS OF MEDICINE ATTENDANCE LOG

The Managed Care/Business of Medicine Attendance Log must include all of the following information from the designated departmental preceptor assigned to an M2 student for the 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 sessions are held at facilities visited only once by the student, it is imperative that students remember to bring their original attendance log to all IGC sessions. Students may be notified that it is not necessary to submit this attendance log if the assignment consists of an auditorium-based, large group session where an alternative means is utilized to record student attendance.

IGC PATIENT DIAGNOSTIC LOG

A diagnostic log, containing patient profiles and diagnoses on patients seen, must be kept for each Physician Mentor session. The first page must include the Physician Mentor’s signature and the student’s name. Although volume of patients seen does not necessarily equate to quality of the learning experience, the number of documented patients must be sufficient (i.e., a minimum of 24 patients per semester) in order to receive a passing grade.

PRIMARY CARE ASSIGNMENT

Students are required to complete a type-written assignment that addresses the IGC Physician Mentor learning objectives and summarizes their perceptions of primary care practice while on rotation at their assigned Physician Mentor’s Office. This form is included in Section B of this syllabus, and can be downloaded from the IGC Course Syllabi found under Academic Resources for Current Students in the NSU College of Osteopathic Medicine website (COM@nsu.nova.edu). During the Fall 2006 semester, this assignment is due on Monday, October 23rd. A collection box will be placed in the Morris Auditorium from 9:00 A.M. - 12:10 P.M. and from 1:10 PM - 2:00 PM. The Winter 2007 Primary Care Assignment is also due several weeks prior to the IGC Wrap-Up Session (date TBA). The assignment must be submitted with an original signature from the Physician Mentor that indicates whether Section A of the initial submission was satisfactory and appropriate, or whether it was unsatisfactory with modifications needed. For a passing grade (i.e., a
score of "acceptable" or better in both Sections A and B), responses to the questions must be well thought out and clearly articulated. Students receiving an NSU faculty score of "not acceptable" in Section A and/or Section B will have one opportunity to re-do and resubmit the weak components of the assignment in order to meet the requirements for passing the IGC Course. This primary care assignment comprises 80% of the total "assignment" grade (i.e., Section A is 40%, and Section B is 40%).

MANAGED CARE/BUSINESS OF MEDICINE WRITTEN ASSIGNMENT

Students are required to complete a one-page Managed Care Assignment for their scheduled Managed Care/Business of Medicine (MCBOM) session. Half of the class will be required to complete this additional session during the Fall 2006 Semester, and the other half of the class will complete this session during the Winter 2007 Semester. For a passing grade (i.e., a score of "acceptable" or better), responses must be well thought out and clearly articulated (e.g., several-word responses are not acceptable). Students receiving a score of "not acceptable" 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. During the applicable semester (i.e., when the student's Managed Care/Business of Medicine experience is scheduled), this Managed Care/Business of Medicine Written Assignment comprises 10% of the total "assignment" grade.

COM²SERVE WRITTEN ASSIGNMENT

Students are required to complete a one-page COM²Serve Assignment for each of their scheduled sessions each semester. For a passing grade (i.e., a score of "acceptable" or better), responses must be well thought out and clearly articulated (e.g., several-word responses are not acceptable). Students receiving a score of "not acceptable" will have one opportunity to re-do and resubmit the weak components of the assignment in order to meet the requirements for passing the IGC Course. This COM²Serve Assignment comprises 20% of the total "assignment" grade during the semester when a student is not assigned to a Managed Care/Business of Medicine experience. It comprises 10% of the total "assignment" grade during the semester when a student is assigned to a Managed Care/Business of Medicine experience.

X. GRADING POLICY & REMEDIATION

The IGC Preceptorship III and IV 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, Physician Mentor sessions, COM²Serve sessions and Managed Care/Business of Medicine sessions; (2) timely and accurate completion of all logs, evaluations, questionnaires and assignments; (3) a passing score on the Student Assessment by Preceptor; (4) a minimum score of "acceptable" on all components of the two or three applicable assignments (note: Sections A and B of the Primary Care Assignment comprises 80% of the total "assignment" grade, the COM²Serve assignment comprises 10% of the "assignment" grade if a managed care assignment is required that semester or 20% if no managed care assignment is required that semester), and the Managed
Care/ Business of Medicine Written assignment, applicable for half of the class each of two semesters, comprises 10% of the total "assignment" grade; (5) a passing score on the Patient Diagnostic Log; (6) a positive score (i.e., "yes") assessing "Professional Conduct" on the Managed Care Program Attendance Log; and (7) a positive score (i.e., "yes") assessing "Punctual Arrival" on the Managed Care Program Attendance Log (if applicable for that semester).

If the IGC logs, assignments and "student assessment by preceptor" are not submitted in a timely and acceptable manner, then an incomplete grade (i.e., "IN") will initially be given if within 10 working days from the last day of the semester. Students with unauthorized late submissions of assignments will receive a grade of "F". For students who both request and are granted extensions, an incomplete grade (i.e., "IN") will be given if the IGC assignment(s) are submitted after grades are submitted. After 10 working days from the date grades were submitted, a written extension must be requested and granted by the IGC Course Director or the incomplete grade will be converted to an "F".

Criteria for remediating an "F" is established by the IGC Course Director, and is in accordance with the specific deficiency(ies) attributing to the failed grade. The Course Director may request a course of action from the IGC Co-Project Directors (see page 2) and subsequently, from the Student Progress Committee in areas relating to student deficiencies (e.g., failed or incomplete grades). Unless there is a special circumstance leading to prior written approval by the IGC Course Director, a student is not permitted to enroll in the Winter '07 Semester IGC Course, or their M3 clinical rotations, until the prior semester's IGC grade is recorded as a "Pass".

XI. 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 Co-Project Directors for use in program planning.

PHYSICIAN MENTOR PROGRAM EVALUATION

Students' evaluations of the Physician Mentor Program focus on their perception of "amount learned" and achievement of the program objectives. The results are used to determine strengths and weaknesses in the preceptor network. Preceptor-specific scores are available for review at the preceptor's request, and the decision of whether to continue individual IGC preceptor relationships are often based on these evaluations.
STUDENT SCHEDULE FORM FOR SWITCHING PHYSICIAN MENTORS

Students are encouraged to keep the same Physician Mentor assignment for the entire M2 year. They do, however, have the opportunity to change Physician Mentors after the Fall Semester in order to gain exposure to another primary care discipline. If a change is requested, students are given an opportunity to indicate a desired primary care specialty. Selection preference is given to those students who had an unsatisfactory IGC learning experience 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, his/her affiliations with managed health care organizations, and his/her experience with the overall management of their practices. The Physician Mentor is sincerely appreciated by the students and the College and is invaluable to the success of this program. The names of the 2006/2007 Physician Mentors, sorted by the three primary care specialties, can be found in the August 2006 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 should be capable of doing a complete and comprehensive H & P and are required to 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 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.

An NSU medical student 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.

**MANAGED CARE/BUSINESS OF MEDICINE PRECEPTORS**

The specific teaching responsibilities of the partner Managed Care/Business of Medicine Organizations are included in written proposals/agreements tailored to each of the teaching partners. In addition, the Managed Care/Business of Medicine preceptor is expected to:

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

**COM²SERVE PRECEPTORS**

Com²Serve partner organizations are selected because of their commitment to serving the health and well-being of underserved and at-risk populations. Com²Serve preceptors are caring professionals who are selected based on their desire to assist medical students in reaching out to serve the vast needs in our community. The Com²Serve organizations are non-paid, volunteer service learning sites that are invaluable to the success of the IGC program. The names of the 2005/2006 Com²Serve partner organizations can be found in the August 2005 Listing of Com²Serve sites. The Com²Serve preceptor is expected to:

- monitor student attendance and complete student 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 or reschedule 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 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

EVALUATIONS

SCHEDULING FORMS

Note: Section B contains a complete packet of forms for both the Fall 2006 and Winter 2007 Semesters.
FALL 2006 SEMESTER
IGC FORMS
Nova Southeastern University College of Osteopathic Medicine  
M2 IGC Physician Mentor Attendance Log

Fall 2006

Student Name: ______________________, ______________________  
Last               First

Name of Preceptor: ______________________, ______________________  
Last               First

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Note: The number of required Physician Mentor Sessions for the Fall 2006 Semester is listed in the course schedule (distributed during the Fall Semester IGC Orientation).
Nova Southeastern University College of Osteopathic Medicine
IGC Patient Diagnostic Log

M-2 Fall 2006 O or M-2 Winter 2007 O

Student Name: ____________________________

Name of Preceptor: _________________________

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

| Session # (i.e. #1 – 7) | Patient Profile (age & gender) (e.g. 15 year old male)
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* Please do not record date of session (HIPAA Violation) and do not write exact age if patient is age 90 or greater.
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<th>Session # (i.e. #1-7)</th>
<th>Patient Profile (age &amp; gender) (e.g. 15 year old male) If patient is age 90 or greater, write (89+). No Names Please</th>
<th>Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)</th>
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A minimum of 24 patient encounters is required. Attach additional pages as needed.
IGC PRIMARY CARE ASSIGNMENT

M-2 Fall 2006  M-2 Winter 2007

Student Name: ____________________________

Preceptor Name: ____________________________

Preceptor’s Signature: ____________________________

Section A: (comprises 40% of grade for total "assignments")

1. Provide one case example (excluding a mental health diagnosis) that describes how your Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan. 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 history of present illness):
       D. Key findings obtained through patient physical examination (including pertinent vital signs and pertinent positive and negative findings):
   E. Did a review of the patient chart reveal any information that was useful in the assessment? If so, what?
   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. Based on above, list a differential diagnosis (minimum of three, usually including the final diagnosis):
   H. If laboratory or diagnostic tests were ordered, what was the objective of each test and how were the results used to justify your final diagnosis:
   I. Final Diagnosis(es):

2. Treatment Plan (on case above):

3. State a specific example of how your Physician Mentor tailors/modifies his/her treatment or instructions to best fit the patient and their individual circumstances (i.e., a specific patient encounter where your physician had to consider a factor such as age, gender, socio-economics, culture, ethnicity, ethics, lifestyle, etc).
Section B: (comprises 40% of grade for total "assignments")

4. Name and describe one specific community resource (e.g., foundation, association, etc.) that is available to assist one of the patient populations listed below (please circle the population you select). Describe how you would have your patients utilize this resource as a practicing physician, and why your patients might benefit from this resource (Suggestion: you might ask a staff member in your IGC office or a patient).

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

5. Write a paragraph on one issue to be considered in determining the future of healthcare delivery in the USA. The paragraph must include the following: a.) statement of the problem; b.) description of a potential solution(s); c.) obstacles/problems toward implementation; d.) your position on the issue.

Some examples include:
- Designing/Implementing a National/Universal Healthcare System
- Medicare or Medicaid Reform (e.g., children's healthcare coverage, etc.)
- Distribution of Healthcare Professionals
- Cost Effectiveness of Practices/Physicians (e.g., practice guidelines, automated systems, physician profiling, etc).
- Issues on Aging of US Population (e.g., palliative care, ethics of rationing, healthcare benefits, etc.)
- Privacy of Records vs. Portability/Access to Records
- Employer-Sponsored Healthcare Benefits (e.g., trends, pitfalls, self-insured companies, etc.)
- Drug Benefits/Pharmaceutical Industry Cost Controls
- Issues of Provider Compensation (e.g., medical malpractice, compensation models, etc.)
- Ethical Considerations (e.g., genetic testing, stem cell research, multi-tiered benefits, healthcare as a right vs. a privilege, rationing, etc.)
- Other
6. From any 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 according to the categories outlined below (in #1, #2 and #3) and briefly summarize the information obtained. For #4 below, critically analyze the accuracy or usefulness of the information obtained from the professional resources (i.e., #1 and #2 below) as compared to information contained in the lay/public resource (i.e., described in #3 below).

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


3. Resource #3 – A "lay/public" reference (which might, or might not be credible), such as that obtained by conducting a general key word search on the internet, or information from a tabloid or magazine.

4. Critically analyze the accuracy or usefulness of the information obtained from resource #1 and #2 as compared to #3 above (i.e., how the non-professional public's perspective might differ from a professional's perspective based upon the information obtained).

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 2007 Semester, you may leave this blank if the preceptor is the same as during the Fall 2006 Semester.)

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

B. Factors that interest you most:

C. Factors that interest you least:
COM^2 SERVE ATTENDANCE LOG & WRITTEN ASSIGNMENT

M-2 Fall 2006 □ or M-2 Winter 2007 □

Student Name: ____________________________  Last  First

Name of COM^2 Serve Assignment/Organization: __________________________________________

Date: ____________________________

Instructions: Please complete and submit this assignment within one week subsequent to your COM^2 Serve experience. Responses must be clearly thought out and well articulated using complete sentences.

1. If you had patient (or client) contact, approximately how many patients did you see (or number of cases)? __________

2. Describe how you helped serve the community with this assignment. If direct community service was not provided, describe how this experience might impact you in the future.

3. What did you personally gain/learn from this assignment?

4. Describe how this organization or your COM^2 Serve mentor tailors their services to address the specific ethno-cultural, socioeconomic, age or lifestyle characteristics of their clients.

5. Describe why you feel this is, or is not, a worthwhile IGC experience.

COM^2 Serve Preceptor's Name (Print): ____________________________

Title: ____________________________

Preceptor's Signature: ____________________________

Phone #: ____________________________
MANAGED CARE/BUSINESS OF MEDICINE ASSIGNMENT
M-2 Fall 2006 □  or  M-2 Winter 2007 □

Student Name: ___________________________  ___________________________

Managed Care Organization/ Program: _______________________________________

Date: __________________________

Instructions: Please complete this written assignment for your IGC Managed Care/Business of Medicine session and attach it behind the Managed Care/Business of Medicine attendance log (if applicable). 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):

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________
Nova Southeastern University College of Osteopathic Medicine  
* IGC Managed Care/Business of Medicine Attendance Log

Fall 2006 ☐ or Winter 2007 ☐

Student Name: __________________________________________

Assigned Program or Organization(s): ____________________________

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<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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* Students assigned to a campus-based large group session may be exempt from submitting this attendance log (due to having an alternative means for recording attendance).

** Professional Conduct: Did the student display professional conduct and demeanor during the session?
For each item below, please COMPLETELY FILL IN the appropriate response with dark ink.

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

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

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):

______________________________________________________________________________

______________________________________________________________________________

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______________________________________________________________________________
Student Name: 

First | Last | 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.

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

<table>
<thead>
<tr>
<th>Section B</th>
<th>Exceptional</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Unsatisfactory</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct (exhibits professional demeanor, attitude &amp; behavior)</td>
<td></td>
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<tr>
<td>2. Patient rapport (communication skills &amp; attitude)</td>
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<tr>
<td>3. Medical team rapport (cooperates with other health professionals and office staff)</td>
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<tr>
<td>4. Dependability</td>
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<tr>
<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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<tr>
<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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</table>

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

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

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

Physician Name (Please Print) 

First | Last | Phone 
--- | --- | --- 

Signature of Physician Mentor 

Please return this form to the IGC Office, Nova Southeastern University College of Osteopathic Medicine, 3200 South University Drive, Ft. Lauderdale, FL 33328 (Room 1441). You may also fax this form to (954)262-4773. For questions, please call (954)262-1441 or 1411.
Instructions: The purpose of this form is to help reschedule 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.

Last Name

First Name

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

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

Current Physician Mentor Name: ________________________________

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

Specialty of Physician Mentor last year (M1): ○ Family Medicine ○ Internal Medicine ○ Pediatrics

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

Location of M1 mentor (last year): ________________________________

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 2007 SEMESTER
IGC FORMS
## Nova Southeastern University College of Osteopathic Medicine
### M2 IGC Physician Mentor Attendance Log

**Winter 2007**

**Student Name:** __________________________________, ____________________________

**Last** | **First**
---|---

**Name of Preceptor:** __________________________________, ____________________________

**Last** | **First**
---|---

<table>
<thead>
<tr>
<th><strong>Date</strong></th>
<th><strong>Preceptor's Signature</strong></th>
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<tbody>
<tr>
<td>1.</td>
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</table>

**Note:** The number of required Physician Mentor Sessions for the Winter 2007 Semester is listed in the course schedule (distributed the first week of January, 2007).
# IGC Patient Diagnostic Log

**Nova Southeastern University College of Osteopathic Medicine**

**M-2 Fall 2006 ☐ or M-2 Winter 2007 ☐**

<table>
<thead>
<tr>
<th>Session # (i.e. #1 - 7)</th>
<th>Patient Profile (age &amp; gender) (e.g. 15 year old male) If patient is age 90 or greater, write (89+). No Names Please</th>
<th>Diagnoses (e.g. 1. Gastroenteritis 2. Otitis Media)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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</table>

*Please do not record date of session (HIPAA Violation) and do not write exact age if patient is age 90 or greater.*
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<td>36</td>
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</tbody>
</table>

A minimum of 24 patient encounters is required. Attach additional pages as needed.
IGC PRIMARY CARE ASSIGNMENT
M-2 Fall 2006 O M-2 Winter 2007 O

Student Name: ______________________ Last First

Preceptor Name: ______________________ Last First

Preceptor's Signature: ______________________ Spec: FM IM Ped

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

Section A: (comprises 40% of grade for total "assignments")

1. Provide one case example (excluding a mental health diagnosis) that describes how your Physician Mentor integrates information from the patient interview and physical examination into an assessment and treatment plan. 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 history of present illness):
   D. Key findings obtained through patient physical examination (including pertinent vital signs and pertinent positive and negative findings):
   E. Did a review of the patient chart reveal any information that was useful in the assessment? If so, what?
   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. Based on above, list a differential diagnosis (minimum of three, usually including the final diagnosis):
   H. If laboratory or diagnostic tests were ordered, what was the objective of each test and how were the results used to justify your final diagnosis:
   I. Final Diagnosis(es):

2. Treatment Plan (on case above):

3. State a specific example of how your Physician Mentor tailors/modifies his/her treatment or instructions to best fit the patient and their individual circumstances (i.e., a specific patient encounter where your physician had to consider a factor such as age, gender, socio-economics, culture, ethnicity, ethics, lifestyle, etc).
Section B: (comprises 40% of grade for total "assignments")

4. Name and describe one specific community resource (e.g., foundation, association, etc.) that is available to assist one of the patient populations listed below (please circle the population you select). Describe how you would have your patients utilize this resource as a practicing physician, and why your patients might benefit from this resource (Suggestion: you might ask a staff member in your IGC office or a patient).
   - Infants or children
   - Geriatric patients
   - Special populations at risk (e.g., HIV, physically handicapped, medically indigent, homeless, substance abuse, chronic illness support/management, other __________________________)

5. Write a paragraph on one issue to be considered in determining the future of healthcare delivery in the USA. The paragraph must include the following: a.) statement of the problem; b.) description of a potential solution(s); c.) obstacles/problems toward implementation; d.) your position on the issue.
   Some examples include:
   - Designing/Implementing a National/Universal Healthcare System
   - Medicare or Medicaid Reform (e.g., children's healthcare coverage, etc.)
   - Distribution of Healthcare Professionals
   - Cost Effectiveness of Practices/Physicians (e.g., practice guidelines, automated systems, physician profiling, etc.)
   - Issues on Aging of US Population (e.g., palliative care, ethics of rationing, healthcare benefits, etc.)
   - Privacy of Records vs. Portability/Access to Records
   - Employer-Sponsored Healthcare Benefits (e.g., trends, pitfalls, self-insured companies, etc.)
   - Drug Benefits/Pharmaceutical Industry Cost Controls
   - Issues of Provider Compensation (e.g., medical malpractice, compensation models, etc.)
   - Ethical Considerations (e.g., genetic testing, stem cell research, multi-tiered benefits, healthcare as a right vs. a privilege, rationing, etc.)
   - Other __________________________
6. From any 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 according to the categories outlined below (in #1, #2 and #3) and briefly summarize the information obtained. For #4 below, critically analyze the accuracy or usefulness of the information obtained from the professional resources (i.e., #1 and #2 below) as compared to information contained in the lay/public resource (i.e., described in #3 below).

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


3. Resource #3 – A "lay/public" reference (which might, or might not be credible), such as that obtained by conducting a general key word search on the internet, or information from a tabloid or magazine.

4. Critically analyze the accuracy or usefulness of the information obtained from resource #1 and #2 as compared to #3 above (i.e., how the non-professional public's perspective might differ from a professional's perspective based upon the information obtained).

7. Outline the features that interest you most and least about the primary care discipline (i.e., IM., FM, Pediatrics) to which you were assigned for your IGC rotation. (Note: During the Winter 2007 Semester, you may leave this blank if the preceptor is the same as during the Fall 2006 Semester.)

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

B. Factors that interest you most:

C. Factors that interest you least:
COM²SERVE ATTENDANCE LOG & WRITTEN ASSIGNMENT

M·2 Fall 2006 □ or M·2 Winter 2007 □

Student Name: ____________________________, ____________________________
Name of COM²Serve Assignment/Organization: ______________________________________
Date: ____________________________

Instructions: Please complete and submit this assignment within one week subsequent to your COM²Serve experience. Responses must be clearly thought out and well articulated using complete sentences.

1. If you had patient (or client) contact, approximately how many patients did you see (or number of cases)? __________

2. Describe how you helped serve the community with this assignment. If direct community service was not provided, describe how this experience might impact you in the future. ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________

3. What did you personally gain/learn from this assignment? ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________

4. Describe how this organization or your COM²Serve mentor tailors their services to address the specific ethno-cultural, socioeconomic, age or lifestyle characteristics of their clients. ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________

5. Describe why you feel this is, or is not, a worthwhile IGC experience. ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________
                                                                                       ________________________________________________________________

COM²Serve Preceptor’s Name (Print): ____________________________
Title: ________________________________________________________________
Preceptor’s Signature: ________________________________________________
Phone #: ____________________________
MANAGED CARE/BUSINESS OF MEDICINE ASSIGNMENT

M-2 Fall 2006 ☐ or M-2 Winter 2007 ☐

Student Name: __________________________, __________________________

Managed Care Organization/ Program: ______________________________________

Date: __________________________

Instructions: Please complete this written assignment for your IGC Managed Care/Business of Medicine session and attach it behind the Managed Care/Business of Medicine attendance log (if applicable). 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):

_________________________________________________________________

_________________________________________________________________

_________________________________________________________________
Nova Southeastern University College of Osteopathic Medicine  
* IGC Managed Care/Business of Medicine Attendance Log

Fall 2006 ☐ or Winter 2007 ☐

Student Name: ____________________________________________

First                      Last

Assigned Program or 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>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

1.

* Students assigned to a campus-based large group session may be exempt from submitting this attendance log (due to having an alternative means for recording attendance).

** Professional Conduct: Did the student display professional conduct and demeanor during the session?
### NSUCOM IGC Physician Mentor Program Evaluation

**Class:** M1  
**Semester:** Fall 2006  
**PHYSICIAN NAME**  
First:  
Last: 

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

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

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

**Fall 2006 / Winter 2007**
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):

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<th>SATISFACTORY</th>
<th>UNSATISFACTORY</th>
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<tbody>
<tr>
<td>1. Attendance and punctuality</td>
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<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>3. Medical team rapport (cooperates with other health professionals and office staff)</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>4. Dependability</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>5. Enthusiasm (seems to enjoy and show interest in learning)</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>6. Inquisitiveness (asks questions when appropriate)</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>7. Ability to be a self-directed learner (e.g. motivated to look up medical information)</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>8. Medical knowledge (applies basic &amp; clinical science according to the student's level of medical education)</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>9. Progress through rotation (shows consistent effort &amp; growth)</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
<tr>
<td>10. Quality of primary care written assignment.</td>
<td>o</td>
<td>o</td>
<td>o</td>
</tr>
</tbody>
</table>

| Section C | o | o | o | o |

| Section D | o | o | o | o |

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

Physician Name (Please Print)

First [] Last [] Phone []

Signature of Physician Mentor []

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